

[AGENDA ITEM 6c]

Recommendations to Expand, Diversify and Improve Minnesota's Direct Care and Support Workforce

Olmstead Subcabinet

Cross-Agency Direct Care and Support Workforce Shortage Working Group

March 2018

Table of Contents

- Executive Summary 1**
- Recommendation Summary..... 2**
- Introduction 4**
- Home and community-based services and direct care and support professionals 6**
- Scope of the Workforce Shortage 9**
- Key Issues..... 12**
 - Impact on people and families 12**
 - Impact on direct care and support professionals 13**
 - Impact on service delivery 14**
 - Impact on policy 14**
- Key Recommendations..... 15**
 - Recommendation 1: Increase worker wages and/or benefits 15**
 - Recommendation 2: Expand the worker pool 16**
 - Recommendation 3: Enhance training for direct care and support professionals 18**
 - Recommendation 4: Increase job satisfaction (including quality of the job) 19**
 - Recommendation 5: Raise public awareness by promoting direct care and support careers 20**
 - Recommendation 6: Promote service innovation 20**
 - Recommendation 7: Enhance data collection 21**
- Conclusion and Next Steps 22**
- References 23**
- Additional Resources..... 24**
- Cross-Agency Direct Care and Support Workforce Shortage Working Group Membership Roster.... 25**
- Acknowledgements 27**

Executive Summary

In Minnesota, the direct care and support workforce shortage has reached an unprecedented level. The impact is felt across the industry, from self-directed services and personal care assistance to home and community-based waiver services. Without immediate action, the current crisis is expected to amplify given an expected drop in the prime working-age population in Minnesota by 2030.¹

The right to live and work in the community in the most integrated setting is at the heart of Minnesota's Olmstead Plan.² However, the Olmstead promise is hindered by the direct care and support workforce shortage — with the impact perhaps most evident to the people who depend on long-term services and supports. The widespread inability to find direct care and support workers jeopardizes the health and well-being of Minnesotans with disabilities and older adults who depend on these services to remain in the most integrated settings possible. Even when caregivers can be hired, many people with disabilities describe a pattern of compromising their own needs to accommodate caregivers. In other cases, family members are forced to walk away from their own careers to care for loved ones themselves.

Despite the depth of need and a passion for the work, existing direct care and support professionals often report poor job satisfaction due to low wages and lack of benefits, such as paid time off and health coverage. The need to earn a livable wage drives a striking percentage of direct care and support professionals out of the industry. This leaves agencies and other providers struggling — or unable — to provide the requested services to people in need.

The direct care and support workforce shortage is neither new nor unique to Minnesota. Nationwide research and longitudinal studies going back more than 25 years trace the emergence of a system-wide direct care and support workforce shortage in most states. More recent research in Minnesota — notably the 2016 Direct Care and Support Workforce Summit Summary Report and the 2016 report of the Minnesota Home Care Association to the Legislative Care Workforce Commission — have left no doubt that the top priority for action is to expand, diversify and improve the pool of workers who provide direct care and support services.³

This report aims to provide a set of clear and consistent strategic priorities for future action to address the growing crisis in the provision of direct care and support services in Minnesota. If implemented, the actions could produce meaningful progress toward alleviating the direct care and support workforce shortage in Minnesota.

¹ Minnesota State Demographic Center, *State of Minnesota (US)*, accessed February 26, 2018, <https://mn.gov/admin/demography/data-by-topic/aging/>

² Putting the Promise of Olmstead into Practice: Minnesota’s Olmstead Plan, *State of Minnesota (US)*, last modified February 2017, <https://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-292991.pdf>

³ Direct Care and Support Workforce Summit Summary Report, *State of Minnesota (US)*, last modified November 2016, <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-7271A-ENG>; Final Report and Recommendations on Strengthening Minnesota’s Health Care Workforce, *Minnesota Legislative Health Care Workforce Commission*, last modified December 2016, https://www.lcc.leg.mn/lhcwc/Legislative_Health_Care_Workforce_Commission_Final_Report_2016.pdf

Recommendation Summary

The following recommendations establish a framework to address the direct care and support workforce shortage:

1. Increase worker wages and/or benefits

Strategies:

- Provide a livable wage to enhance job satisfaction and retention, and address statutory limits on reimbursement rates that make it difficult for providers to pay direct care and support staff a livable wage
- Require provider reporting of wages paid to track progress toward a livable wage
- Offer or improve benefits provided to direct care and support professionals, including health coverage, paid time off and holiday pay
- Assess the potential of creating an employee pool group consisting of direct care and support professionals throughout the state to achieve the best possible health coverage at the most affordable price

2. Expand the worker pool

Strategies:

- Create incentives for high school and college students choosing career direct care and support career paths
- Expand the worker pool to nontraditional candidates
- Explore options to address transportation barriers for direct care and support professionals and the people who depend on their services
- Provide resources to help organizations utilize recruitment and retention strategies known to increase the quality of candidates hired
- Develop a service corps through partnerships with colleges, universities and/or private partners
- Develop apprenticeship opportunities

3. Improve the workforce by enhancing training for direct care and support professionals

Strategies:

- Assess the value of developing a training and scholarship program consistent with the Minnesota Department of Employment and Economic Development career pathway model
- Promote use of existing training and development options
- Provide tiered credential options and career ladders for direct care and support professionals

4. Increase job satisfaction (including quality of the job)

Strategies:

- Ensure access to effective supervision
- Recognize exceptional direct care and support work

5. Raise public awareness by promoting direct care and support careers

Strategies:

- Leverage Minnesota's career, training and business services to develop a statewide recruitment and promotional plan to attract jobseekers to direct care and support careers
- Create a recruitment and retention guide, promotional materials and public service announcements on direct care and support careers targeted to potential workers
- Develop an educational awareness plan on direct care and support careers targeted to high school students

6. Promote service innovation

Strategies:

- Identify and promote the use of technology solutions
- Support the development of service options for shared services and shared living in the most integrated setting
- Examine possible policy or regulatory barriers to the employment of potential workers or the accessibility of services by the people who need them

7. Enhance data collection

Strategies:

- Gather and report longitudinal direct care and support workforce data across long-term services and supports in Minnesota
- Identify ongoing data needs for monitoring workforce issues
- Gather and report annual direct care and support workforce data across service types and populations receiving long-term services and supports
- Monitor improvements or worsening of the workforce issues based on baseline data
- Provide funding to allow monitoring of the relationship between critical incidents, recidivism of institutionalization and emergency room visits based on reductions or increases in vacancy and turnover rates
- Provide funding to conduct a statewide study of emergency rescue personnel who respond to people who fall in their homes or need assistance with toileting or other activities of daily living due to lack of direct care and support staff

Introduction

The direct care and support workforce shortage is one of the single greatest issues impacting the ability of people with disabilities and elderly adults to live, work and be included in the communities and settings of their choice and to receive person-centered services.

In Minnesota, the workforce shortage and high turnover rates among direct care and support professionals are impacting the daily lives of people who receive long-term services and supports across populations and service types. Affected services range from self-directed services provided in private homes and the community (such as the PCA Choice option) to home and community-based waiver services provided in licensed residential and employment settings.⁴

While these challenges have plagued the community long-term services and supports industry for decades, recent reports highlight the fact that the inability to find or replace workers who leave positions has reached an unprecedented level. In some cases, the workforce shortage has been described as a public health crisis that puts people’s lives at great risk. If Minnesota is to assure that people depending on these services and supports are able to live and work in the most integrated settings, action is needed now.

Minnesota’s Olmstead Plan calls on the Minnesota Department of Employment and Economic Development (DEED) and the Minnesota Department of Human Services (DHS) to work together to expand, diversify and improve Minnesota’s direct care and support workforce.⁵ Under this direction, a cross-agency workgroup was convened in May 2017 to address the direct care and support workforce shortage and high turnover rates. The workgroup includes people with disabilities who receive long-term services and supports, family members, state agency staff, staff from the Governor’s office, representatives from provider organizations, advocates, representatives from the colleges and universities in the Minnesota State system, and staff from DEED and DHS. A complete list of group members can be found at the end of this report.

Accordingly, DEED and DHS will:

1. Convene a cross-agency workgroup, including people with disabilities, the Office of Higher Education and colleges and universities in the Minnesota State system. The workgroup will focus on development of strategies and work plan activities to recruit, train and retain direct support workers to meet Minnesota’s direct service workforce needs.
2. Promote the development of recruitment and training programs that lead to meaningful career pathways for the direct service workforce.

⁴ PCA Choice, (*Minnesota Department of Human Services*), accessed February 26, 2018, <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/pca-choice.jsp>

⁵ Putting the Promise of Olmstead into Practice: Minnesota’s Olmstead Plan, *State of Minnesota (US)*, last modified February 2017, <https://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-292991.pdf>

Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce

3. Continue to work with key stakeholders (including people with disabilities who utilize services and their families, service providers and advocates) to set priorities and report on recommendations from the July 26, 2016 Workforce Summit.

This report — the first of two from the cross-agency working group — lays out a strategic vision for tackling the present crisis, but does not attempt to prescribe detailed actions. Recommendations for a detailed and specific action plan will be prepared following review and input from the Olmstead Subcabinet.

Under the federal Workforce Innovation and Opportunity Act (WIOA), Governor Mark Dayton presented Minnesota’s Combined State Plan to the U.S. Department of Labor in March 2016.⁶ The plan outlined a common vision for the future of workforce development in Minnesota: **to have a healthy economy where all Minnesotans have — or are on a path to — meaningful employment and a family-sustaining wage, and where all employers are able to fill jobs in demand.**

To fully realize the vision for a stronger workforce development system, Minnesota’s Combined State Plan focuses on two primary goals:

1. To reduce educational and employment disparities based on race or disability to provide greater opportunity for all Minnesotans
2. To build employer-led industry-sector partnerships focused on better understanding of the skills that employers need and connecting skilled workers to those opportunities

The best way to achieve these goals is to build on the state's robust career pathway system, which aligns with the purposes of WIOA and the needs of Minnesota's businesses and workforce.⁷

The strategic priorities and recommendations in this report derive from a review of numerous reports and documents — including demographic and labor market data, public comment and testimony, and reported and anecdotal evidence — and the direct experience of members of the working group. The result is a set of clear and consistent strategic priorities for future action to address the growing crisis in the provision of direct care and support services in Minnesota.

The overarching strategic priority is contained in the title of this report: the need to expand, diversify and improve Minnesota’s direct care and support workforce. To meet the critical need for direct care and support services, the working group believes that it will be essential to find innovative and creative ways to accomplish three related and overlapping sub-strategies:

1. Recruit more workers into the direct care and support workforce
2. Provide better compensation and benefits to enhance job satisfaction and retention
3. Provide better training to improve competency

Minnesota’s Olmstead Plan –Revision under Person-Centered Planning Topic – February 2017, Page 40

⁶ Minnesota’s Combined State Plan for WIOA, *Minnesota Department of Employment and Economic Development and Governor’s Workforce Development Board*, last modified March 2016, <https://mn.gov/deed/gwdb/priorities/wioa/>

⁷ The Career Pathways Toolkit: An Enhanced Guide and Workbook for System Development, *U.S. Department of Labor Employment and Training Administration*, October 2016, accessed February 26, 2018, https://careerpathways.workforcegps.org/resources/2016/10/20/10/11/Enhanced_Career_Pathways_Toolkit

Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce

Within the context of the overarching strategic priority and three sub-strategies, the working group has identified examples of several possible action items that could be employed to address the immediate crisis. Some of what we propose can and should be accomplished relatively quickly by seizing upon “low-hanging fruit.” Potential long-term solutions include regulatory and policy changes that will require political and institutional support and funding. The working group also recommends that additional research be conducted in a number of key areas.

The Cross-Agency Direct Care and Support Workforce Shortage Working Group looks forward to working with the Olmstead Subcabinet to review these recommendations and develop an implementation plan that will make meaningful progress toward resolving the workforce shortage crisis.

To define the scope and key issues of the direct care and support workforce shortage and high turnover rates, the working group:

- Reviewed existing reports and documents, including demographic and labor market data from the November 2016 Workforce Summit and the Direct Care and Support Workforce Summit Summary Report and Next Steps,⁸ the July 2016 Direct Care and Support Workforce Summit, and the number of workers in specific service categories:
 - Personal care aides: 60,450 workers
 - Home health aides: 30,160 workers
 - Nursing assistants: 29,320 workers
 - Social and human service assistants: 15,260 workers
- Evaluated current activities and their potential impact on the direct care and support workforce shortage
- Assessed the development of recruitment and training programs intended to promote meaningful career paths for direct care and support professionals
- Considered strategies to recruit, train and retain direct care and support professionals

The working group's priorities for action are based in large part on the recommendations from the July 2016 Direct Care and Support Workforce Summit.

Home and community-based services and direct care and support professionals

Home and community-based services promote independence by giving people with disabilities more choice and control — and the ability to live and work in the most integrated settings possible. In turn, people who have choice and flexibility in supports and services are more likely to report a higher quality of life. Better yet, home and community-based services are less expensive on average than institutional services.

As the direct care and support workforce shortage grows, however, options for Minnesotans who rely on home and community-based services are eroding.

⁸ Direct Care and Support Workforce Summit Summary Report, *State of Minnesota (US)*, last modified November 2016, <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7271A-ENG>

Self-directed services

Many long-term services and supports have an element of self-direction. However, several services — such as consumer-directed community supports (CDCS) and PCA Choice — are specifically identified as “self-directed” because they’re intended to allow people (or family members or legal representatives) to design and manage their own services.⁹ This includes hiring, training, supporting and supervising staff — which may include family members, neighbors and other types of employees. In fact, the ability to recruit people who know the person or the family can sometimes bring people who otherwise would not pursue such work into direct care and support positions.

Although many people using self-directed services report paying higher wages and, therefore, fewer hours, Minnesota does not gather workforce data specifically about self-directed services. This makes it difficult to assess differences in turnover, vacancy rates and wages between self-directed and more traditional services.

Home care and personal care assistance

Home care and personal care assistance includes:

- Medical and health-related services
- Assistance with activities of daily living (such as bathing, dressing and eating)
- Assistance with instrumental activities of daily living (such as cooking, cleaning, budgeting and shopping)

Home care services may be used for short-term care for people moving home from a hospital or skilled nursing facility or continuing care for people who have ongoing needs. Home care services may also be provided away from home if normal life activities take people away from home.

Home care and personal care assistance workers often rely on public assistance, with 30 percent relying on food and nutrition assistance, 33 percent relying on Medicaid and 6 percent using cash assistance¹⁰. More than half of home care and personal assistance workers (54 percent) live below 200 percent of the federal poverty level.

Medical Assistance covers the following home care services:

- Equipment and supplies, such as wheelchairs and diabetic supplies
- [Home care nursing*](#)
- Home health aide

⁹ Consumer-directed Community Supports, *Minnesota Department of Human Services*, accessed February 26, 2018, <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/cdcs.jsp>; PCA Choice, *Minnesota Department of Human Services*, accessed February 26, 2018, <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/pca-choice.jsp>

¹⁰ State of Care: Assessing Minnesota’s Home Care Delivery Landscape, *Paraprofessional Healthcare Institute (PHI)*, May 2017, accessed February 26, 2018, <https://phinational.org/resource/state-of-care-minnesotas-home-care-landscape/>

Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce

- [Personal care assistance](#)
- [Skilled nursing* visits](#), either face to face or via telehome care technology
- Occupational, physical, respiratory and speech therapy

Home and community-based waiver services

Home and community-based services serve the largest number of people with disabilities and elderly adults in Minnesota. Home and community-based waiver programs¹¹ available to people who meet the eligibility criteria include:

- [Alternative Care](#), which supports certain home and community-based services for Minnesotans age 65 and older who are at risk of nursing home placement and have limited income and assets
- [Brain Injury \(BI\) Waiver](#), which supports people with acquired or traumatic brain injuries who need specialized nursing care (cognitive and behavioral supports)
- [Community Alternative Care \(CAC\) Waiver](#), which supports chronically ill and medically fragile people who need the level of care provided in a hospital
- [Community Access for Disability Inclusion \(CADI\) Waiver](#), which supports people with disabilities who require the level of care provided in a nursing facility
- [Developmental Disabilities \(DD\) Waiver](#), which supports people with developmental disabilities or related conditions who need the level of care provided in an intermediate care facility for people with developmental disabilities
- [Elderly Waiver \(EW\)](#), which supports people older than age 65 who require the level of care provided in a nursing facility

Current and projected use of home and community-based services

Of Minnesota’s approximately 5.3 million residents, an estimated 10 percent (or approximately 530,000) report a disability. The Disability Services Division oversees long-term services and supports for about 75,000 people with disabilities each year, with a goal to provide the right services at the right time to the people who need them.¹² The Minnesota Department of Human Services now directs more than 90 percent of long-term services and supports funding for people with disabilities to home and community-based services.

¹¹ Retrieved from the *Minnesota Department of Human Services*, Home and community-based services waivers website, <https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/hcbs-waivers.jsp>

¹² 2017 Biennial Report on Long Term Services and Supports for People with Disabilities, January 2017, *Department of Human Services Disability Services Division*, https://mn.gov/dhs/assets/2017-DSD-biennial-report_tcm1053-270683.pdf

Scope of the Workforce Shortage

The current and future demand for direct care and support professionals is rising. The U.S. Bureau of Labor Statistics does not include an occupational category specific to direct care and support professionals but rather provides the following three classifications:

- Personal care assistant
- Home health aide
- Nursing assistant

In 2015, there were nearly 4.5 million direct care and support workers in these categories — placing it among the top five fastest growing occupations in the U.S.¹³

The long-term services and supports system encompasses several occupations, including personal care assistants (PCAs) and home and community-based services (HCBS) provided in a person’s own home or in a provider-controlled setting, such as a foster care home or day program. To date the working group has focused on PCA services rather than HCBS long-term services and supports, but this is an area to be explored further in 2018.

In Minnesota, about 93,000 of direct care and support professionals provide services for people with disabilities and older adults each day. They work in a wide variety of environments, but most often in a person's home. The critical shortage of workers seriously hinders the ability of people with disabilities to maintain their health and well-being and to live and work in their communities.

A complicating factor is an unsustainably high rate of annual turnover within the direct care and support workforce, ranging from 40 to 60 percent nationally.¹⁴ One likely consequence of this turnover is inconsistent, poor-quality support.

Evidence also suggests that the work of direct care and support is not generally regarded as a viable career. It is seen as an entry-level job that offers no pathway for advancement into other health care careers, such as home health aide, certified nursing assistant or licensed nurse.

For example, the PCA occupation is viewed as a low-wage, dead-end job that is difficult, unreliable and sometimes dangerous. Given the stress and physical demands of their tasks, direct care and support workers are 3.5 times more likely than workers in other jobs to be injured while working. In addition, direct care and support workers often must seek multiple part-time jobs to achieve economic stability. In fact, it is not uncommon for PCAs to be eligible for public benefits because their work compensation is so low.¹⁵

¹³ Bureau of Labor Statistics (BLS), Fastest growing occupations. *Occupational Outlook Handbook*. U.S. Department of Labor, December 2015, <https://www.bls.gov/ooh/fastest-growing.htm>

¹⁴ State of Care: Assessing Minnesota’s Home Care Delivery Landscape, *Paraprofessional Healthcare Institute (PHI)*, May 2017, accessed February 26, 2018, <https://phinational.org/resource/state-of-care-minnesotas-home-care-landscape/>

¹⁵ Ibid

Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce

Comparisons between occupations are telling. According to Paraprofessional Healthcare Institute (PHI) data, among individuals working in home care occupations, 49 percent receive some form of public assistance, while just 35 percent of those working in nursing homes are on public assistance. In home care jobs, 30 percent receive food and nutrition assistance, 33 percent receive Medicaid, and 6 percent receive cash assistance. The comparable numbers for people working in nursing home jobs are: 19 percent receiving food and nutrition assistance, 24 percent receiving Medicaid, and 3 percent receiving cash assistance.

Direct Care and Support Occupations, Labor Market Information, Minnesota 2017

Occupation	2017 Median Wage	Number Vacancies, 2nd Quarter 2017	Vacancy Rate, 2nd Quarter 2017	Share Vacancies Part-time	Median Wage Offer, 2nd Quarter 2017	Projected Openings 2014 to 2024	Share Minority
Total, All Occupations	\$19.62	122,900	4.5%	44%	\$14.39	860,360	12.5%
Licensed Practical and Vocational Nurses	\$21.34	1,752	10.3%	46%	\$19.69	7,200	9.3%
Home Health Aides	\$12.79	914	3.6%	62%	\$12.36	16,190	23.2%
Nursing Assistants	\$14.77	2,543	8.2%	57%	\$13.67	9,180	23.2%
Personal Care Aides*	\$11.69	6,600	9.8%	72%	\$11.53	21,700	24.8%
Social and Human Service Assistants**	\$15.43	865	6.3%	64%	\$12.60	7,550	17.3%

Sources: [Occupational Employment Statistics](#), [Minnesota Job Vacancy Survey](#) and American Community Survey data for [Affirmative Action Statistics](#)

*This data does not include vacancies and employment related to self-directed supports and services, such as the PCA Choice, Consumer Support Grant (CSG), and Consumer Directed Community Supports (CDCS) programs.

**Includes case manager, human service technician, health service assistant, home-delivered meals coordinator, home visitor, supportive housing specialist and social services specialist.

This data aligns with more recent national data collected from the National Core Indicators direct support workforce Staff Stability Survey, which collected data from 20 states and the District of Columbia (NASDDDS & HSRI, 2018). In this survey, the median wage of direct care and support professionals across service types was \$11.41 per hour. Such data tracked over time reveals that the direct care and support workforce has not seen a meaningful increase in wages in years and earns below the poverty line for a family of four.¹⁶

¹⁶ Paying the price: How poverty wages undermine home care in America, *Paraprofessional Healthcare Institute*

Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce

When wages are adjusted for inflation over time, the small increases periodically given to direct care and support professionals do not keep pace with inflation and cost of living — and other industries requiring a lower skill level are able to provide more competitive wages with benefits. The same survey found that only 14.5 percent of agencies provide health insurance to all direct care and support professionals, and only 35.2 percent provide off paid time off.

The challenges affecting the direct care and support workforce have grown since the Direct Care and Support Workforce Summit Summary Report and Next Steps was issued in November 2016. At the time, it was reported that Minnesota had about 135,000 people working in direct care and support professions and would need an additional 59,000 in the coming years. Health care and social assistance is easily the largest employing industry in Minnesota, accounting for 16.7 percent of total employment¹⁷ — which means that competition for workers in the health care and social assistance sector is strong.

Labor force growth in Minnesota in the next decade will be minimal as changing demographics — such as more people retiring and fewer people entering the workforce — results in a decline in labor force participation. This will constrain employment growth and leave employers struggling to find workers to fill openings across most occupations, including long-term service and support positions. By 2030, the U.S. Census Bureau estimates that nearly 50,000 more Minnesota residents will reach age 65 than age 16. If Minnesota relies solely on the existing population, the prime working-age population could fall by 50,000 people by 2030 — leaving fewer workers in general to fill direct care and support positions.

Organizations are also burdened with the high costs associated with turnover. The cost of replacing a single direct care and support professional is estimated to be more than \$4,000.¹⁸ The impact of this high turnover can be disastrous. The national average annual turnover rate was 45.5 percent in 2016 (range 24.1 to 69.1 percent).¹⁹ The average vacancy rate was 9.8 percent, meaning that nearly one in 10 direct care and support positions in agencies stands vacant. The vacancy rate among part time positions is even higher.²⁰

To address these vacancies, organizations may pay existing staff overtime. A PCA agency may have an overtime limitation policy. If so, the PCA agency must also have a reasonable exception policy to any overtime limitation. However, the PCA program has only a single reimbursement rate that doesn't compensate for units of service that correspond to overtime hours for a given worker — and agencies

(PHI), 2015, accessed on February 26, 2018, <https://phinational.org/sites/phinational.org/files/research-report/paying-the-price.pdf>

¹⁷ Minnesota’s Combined State Plan for WIOA, *Minnesota Department of Employment and Economic Development and Governor’s Workforce Development Board*, last modified March 2016, <https://mn.gov/deed/gwdb/priorities/wioa/>

¹⁸ A. Hewitt et al, *Implementing Direct Care and Support Professional Credentialing in New York: Technical Report 2015*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, accessed on February 28, 2018, https://www.opwdd.ny.gov/opwdd_about/commissioners_page/DSP-CredentialingReport

¹⁹ National Core Indicators Staff Stability Survey Report 2016. *National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute (NASDDDS & HSRI)*, accessed February 26, 2018, https://www.nationalcoreindicators.org/upload/core-indicators/2016_Staff_Stability_Survey_Report_Final.pdf

²⁰ National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute [NASDDDS & HSRI]. (2018). *National Core Indicators Staff Stability Survey Report 2016*. Cambridge: Author. Retrieved from https://www.nationalcoreindicators.org/upload/core-indicators/2016_Staff_Stability_Survey_Report_Final.pdf

currently paying overtime are losing money given the current reimbursement rate. Similarly, the Consumer Support Grant and Consumer Directed Community Supports budget doesn’t change based on payment of overtime hours. The budget will be depleted more rapidly when a recipient pays overtime wages, which poses a risk of insufficient funds to cover the service plan year. In addition, employers must follow applicable federal and state wage and labor laws, including payment of overtime wages. Ultimately, the impact of the current PCA reimbursement rate requirements on the financial sustainability of PCA agencies and on the wages paid to direct care and support workers must be assessed.

Many staff report a dependence on overtime or extra earnings to stay in the field. However, working extra hours also subjects committed and skilled staff to burnout. In other cases, organizations simply can't provide the needed services because they can't keep up with the demand.

Key Issues

Impact on people and families

The working group heard from many people with disabilities regarding how significantly their lives have been impacted by the shortage of direct care and support professionals. Consider this example from Carla, a Minnesotan with a disability.

***Carla’s story:** “I am 52 years old. At the age of 16, I acquired a spinal cord injury that left me paralyzed below my shoulders. Those of us with disabilities find ourselves compromising our health and well-being to accommodate caregivers. I have allowed PCAs to bring their children, to be late, be on their phone and let my cares be shortened in order to have **any** caregiver at all. Consequently, we end up burning out our faithful, reliable workers just trying to function.*

I cannot hold a full-time job, catch Metro Mobility rides or participate in my community if I do not have reliable caregivers to get me in and out of bed daily. It is disheartening to see fast food workers being paid better than my caregivers. For example, my full-time caregiver has more than 30 years of experience and is paid \$11.27 per hour. Her salary has increased only 77 cents per hour in the past 10 years. Most do not receive paid time off or holiday pay and have minimal benefits. PCAs only receive raises when the state legislators approve an increase for reimbursement to home care agencies.”

The direct care and support workforce shortage poses various risks to people with disabilities, including the risk of:

- Maltreatment (such as neglect, abuse or financial exploitation)
- Hospitalization
- Serious injury or death
- Institutionalization

Family members also reported to the working group how the workforce shortage is impacting their lives. Consider this example from Ann, a Minnesotan caring for a son with a disability.

Ann's story: *"Before choosing to have our quadriplegic son live with us after his spinal cord accident six years ago, I took the time to check out group homes. The decision to have him live at home was based on one simple fact. When I called the director of the group home I was unable to leave a message because his "mailbox was full." Our son has lived with us since that time.*

The shortage of PCAs became apparent immediately and my husband, oldest son and myself had no choice but to step in and do as much as we could ourselves. Finding a PCA with knowledge of working with a quad was no easy task. I am 63 and my husband is 64. We have used our retirement funds to outfit our home with the equipment our son needs for daily living, including an elevator.

*The ongoing issue is finding qualified PCAs who **want** to be involved in a life that is physically challenging for them, at times personally uncomfortable, and has a low pay rate. We depend on PCAs to get our son up, assist with his toileting and shower needs, dress him, prepare his meals, physically stretch him, massage his muscles for increased circulation, and put him to bed. As aging parents, our worst fear is that our son will not have qualified PCAs to help with his needs due to the concerns stated above. We have done as much as we possibly can to ensure he has a home adapted to his limitations but are not assured he will have staffing to help with his daily care."*

Impact on direct care and support professionals

Direct care and support professionals report feeling undervalued in the work they do and the support they provide. They also discuss low wages and lack of benefits as significant barriers to being able to do the work they love. Consider this example from Kimm, a PCA who left a high-paying job to care for a family member and then decided she loved direct care and support work.

Kimm's story: *"My introduction to PCA services happened when our family moved my husband's bachelor uncle into our home after he suffered a debilitating stroke. We were not able to recruit a male caregiver (uncle's preference) that we felt comfortable having in the same house with our 10-year-old daughter. We were willing to pay out of pocket due to our uncle not yet qualifying for services. Because of the poor candidate pool, we decided that our best option was for me to quit my job and provide the 24/7 care ourselves. This caused our family to lose tens of thousands of dollars in income, in addition to the "free" services that we committed to provide.*

What I learned while working as a PCA for the next five years was that we weren't alone in finding caregivers who could be trusted to show up, learn new skills, be honest, have the client's best interest at heart and be flexible in work schedules. What I also learned is that there are plenty of people who have what it takes to be a great caregiver, but the pay and benefit structure puts them in an impossible place. Most caregivers do not make enough money to obtain and retain safe housing, have access to reliable transportation, be able to afford healthcare, support dependents or save for retirement. There are no "office hours." Homecare workers must be ready to work day or night, weekends and holidays. (I currently "fill in" on weekends due to the shortage.)

There is no correlation of pay to the complexity of care provided. The pay is the same supporting a total care client (ventilator dependent tetraplegia), a child in foster care with fetal alcohol syndrome or a senior citizen who needs a hand around the home to remain independent. That leaves the "more difficult" clients with fewer options. In the event that all of this isn't enough of a

deterrent, if a client is hospitalized or dies there is no safety net. The caregiver simply must go without pay. Every single caregiver in the state of Minnesota is put in a position of making a decision to take care of themselves or to take care of someone else. This is not acceptable. Nobody wins. Not the PCAs who love their jobs, not the clients who need services to live independently, not the families who are left to pick up the pieces when everything falls apart. And everything falls apart frequently.”

Impact on service delivery

Providers commonly report difficulty finding staff to provide requested services. A number of provider agencies have been forced to shut down because they could not find staff to fulfill their obligations. Consider this example from a provider, Lynn Noren of Rise, Inc., who is a member of the working group.

Rise’s story: *“Rise is a non-profit organization serving people who have disabilities in the Twin Cities metropolitan area and throughout central Minnesota. We support the people we serve in employment, housing and other habilitative services. We serve nearly 3,000 people annually and have 350 staff team members. Among the largest challenges Rise faces is attracting and retaining staff members, especially direct care and support professionals (DSPs). The turnover rate for DSPs at Rise in 2017 was more than 40 percent, very much aligned with the national average for this job category. Turnover at this level makes it difficult to provide the high-quality, person-centered services that we aspire to.*

Instead of supporting the growth of our direct care and support team as professionals, the constant churn of employees forces us to focus on basic onboarding and scheduling of employees. Ninety percent of our team members express satisfaction with their jobs. However, many report that the wages are too low and that they must work multiple jobs to make ends meet — so they leave human services to pursue jobs with higher pay. We have not been able to provide wage increases to our team in the past three years, since our payment rates have not increased and can be changed only through legislative action. In my 38 years at Rise, there has never been a time where this issue has challenged us so significantly.”

Impact on policy

Current policy must not create unintended barriers to either of the following:

- The development of innovations in the recruitment and retention of qualified direct care and support professionals
- The development or use of support and service innovations that allow people to live or work in the most integrated settings

Key Recommendations

In the months leading to the preparation of this report, the Cross-Agency Direct Care and Support Workforce Shortage Working Group reviewed numerous reports and documents — including demographic and labor market data, public comment and testimony, and reported and anecdotal evidence — and the direct experience of its members. The result is a set of clear and consistent themes that form the framework of this report and serve as the strategic priorities for future action to address the growing crisis in the provision of direct care and support services in Minnesota.

The right to live and work in the community in the most integrated setting is at the heart of Minnesota’s Olmstead Plan.²¹ But the promise of Olmstead is being hindered by a severe workforce shortage affecting the provision of services needed by Minnesotans with disabilities. The widespread inability to find PCAs jeopardizes the health and well-being of Minnesotans with disabilities and older adults depending on these services to remain in their homes.

This workforce crisis is neither new nor unique to Minnesota. Nationwide research and longitudinal studies go back more than 25 years and trace the emergence of a system-wide long-term services and supports worker shortage here and in most other states.

More recent work done in Minnesota — notably the Direct Care and Support Workforce Summit Summary Report in 2016, the report of the Minnesota Home Care Association to the Legislative Care Workforce Commission in 2016, and the survey and review conducted by this working group over the past several months — have left no doubt that the top priority for action is to expand, diversify, and improve the pool of workers who provide direct care and support services.²²

The following recommendations establish a framework to address the direct care and support workforce gaps that affect people at highest risk of institutionalization and/or loss of ability to live or work in integrated settings in communities of their choice. A subsequent report will detail the need for further fiscal and policy data analysis to support implementation of any selected recommendations.

Assessment of progress or trends to support the following key recommendations will require specific criteria and measures and, in some cases, the identification or development of new data sources.

Recommendation 1: Increase worker wages and/or benefits

A. Provide a livable wage to enhance job satisfaction and retention, and address statutory limits on service rates that make it difficult for providers to pay direct support staff a livable wage.

Human service organizations across the United States struggle to retain direct care and support professionals, given the complexity of the role compared with other industries paying similar wages. Campaigns have been launched in various states to address this issue.

²¹ Putting the Promise of Olmstead into Practice: Minnesota’s Olmstead Plan, *State of Minnesota (US)*, last modified February 2017, <https://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-292991.pdf>

²² Direct Care and Support Workforce Summit Summary Report, *State of Minnesota (US)*, last modified November 2016, <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7271A-ENG>; Final Report and Recommendations on Strengthening Minnesota’s Health Care Workforce, *Minnesota Legislative Health Care Workforce Commission*, last modified December 2016, https://www.lcc.leg.mn/lhcwc/Legislative_Health_Care_Workforce_Commission_Final_Report_2016.pdf

For example, direct care and support professionals in New York recently launched a successful campaign to increase the wages paid to direct care and support professionals over five years. This will increase the rate of pay for direct care and support professionals in the state above minimum wage, making these roles competitive with fast food and other lower skilled jobs. The case for increasing reimbursement rates was linked to a survey of wages paid to direct care and support professionals across the state and what would be needed to make a living wage (www.bfair2directcare.com).²³

Similarly, Minnesota has a cost of living calculator that employers use to set wage rates that will attract staff and reduce turnover. The table below summarizes data from that calculator based on per hour wages:

Cost of Living in Minnesota, 2017 [Source: [Cost of Living in Minnesota](#)]

- Single no children: \$14.35
- Single, one child: \$25.64 per hour
- Partnered 1 full time, 1 part time, 1 child: \$17.69
- Partnered 2 full time, 2 children: \$19.59

- B. Require provider reporting of wages paid to track progress toward a livable wage.**
- C. Offer or improve benefits provided to direct care and support professionals, including health coverage, paid time off and holiday pay.**
- D. Assess the potential of creating an employee pool group consisting of direct care and support professionals (personal care aides, home health aides, nursing assistants and social and human service assistants) throughout Minnesota to achieve the best possible health coverage at the most affordable price.**

Recommendation 2: Expand the worker pool

- A. Create incentives for choosing career direct care and support career paths (such as tax breaks, loan forgiveness, education payments or scholarships).**

DEED workforce centers agree to post position for individual livable wage and individuals looking for workers

Consider examples from two parents who found college students to be their best source of direct care and support workers.

***Darian’s story:** “We have three children, including Jason, who is a quadriplegic. He is 17 years old. We have had PCAs assisting in our home for about 14 years. Some PCAs were only with us for a year or less. The most consistent PCAs who stayed the longest were college students. We were fortunate to have six PCAs begin working for us in their freshman or sophomore year in college.*

²³ Cost of Living Data Tools, *Minnesota Department of Employment and Economic Development, Labor Market Information*, 2017, accessed February 26, 2018, <https://mn.gov/deed/data/data-tools/col/>

Most stayed with us until they graduated. The experience was great for them because they got to learn some of the cares for our son (practical experience) while also learning in school. It also helped some of them decide what type of area they may want to specialize in. What we have also found is that the hourly wage they receive is enough to keep them working with us while in school, but not significant enough to keep their interest after graduating. They look for higher paying jobs to ensure they can meet basic living expenses and pay off school loans. A system that helps these students before and after graduating would help ensure they continue to be interested in home care."

Lisa's story: *"My son was starting his junior year of college in September 2014 when he suffered a life-altering spinal cord injury. As a quadriplegic he requires a caregiver to help him with all aspects of daily living, including transfers to and from his bed/wheelchair, bladder, bowel, dressing, hygiene, cooking, eating, transportation, and being set up so he can use his phone, laptop and other devices.*

This past fall he returned to the University of Wisconsin-Madison as a full-time student to finish his degree. Finding caregivers was top on his list for being able to go back to school. Using his network of friends and colleagues as well as the Care.com website, he was able to find three college students to provide his cares. One of the students is studying occupational therapy and lives with my son, and another has graduated and is applying to occupational therapy schools. Both students consider the experience very valuable for obtaining admission into occupational therapy graduate programs and ultimately reaching their professional goals."

B. Expand the worker pool to nontraditional candidates.

Direct care and support professionals across the United States tend to be female and are increasingly diverse, including many immigrants. One unique program in Texas has created a pathway for people with disabilities to access postsecondary educational options that lead to a career in direct care and support. Students take courses in the [Bridge to Career in Human Services program](#) at Texas A&M University in the first semester, and they complete a supervised work experience in the second semester that prepares them for employment as a direct support professional.

Another approach is to work in accordance with Minnesota Department of Employment and Economic Development initiatives to attract people of color and people with disabilities capable of providing direct care into the profession.

"Individuals with disabilities are vital members of the workforce and they represent an untapped resource for many businesses looking for quality, dependable employees. Direct care and support services make employment possible for those who require personal care in their living environments and workplaces."

*Steven Ditschler
President and CEO, ProAct, Inc.
Member, Governor's Workforce Development Board
Member, State Rehabilitation Council*

C. Explore options to address transportation barriers for direct care and support professionals and the people who depend on their services.

Strategies include:

- Loaner cars for workers to get to their jobs
- Shuttles to transport workers to worksites
- Programs to help people obtain a driver’s license and secure a vehicle
- Funding to fix vehicles that may need repair

D. Provide resources to help organizations utilize recruitment and retention strategies known to increase the quality of candidates hired.

Evidence-based hiring strategies known to increase retention have been demonstrated in the direct care and support workforce. Strategies include:

- Targeted marketing fliers placed in promising locations
- Structured behavioral interview questions
- Customized public service announcements
- Customized realistic job previews (www.nationaladvocacycampaign.org and www.thearc.org)

E. Develop a service corps through partnerships with colleges, universities and/or private partners.

Partnering with professional programs or the Department of Education to offer college students an opportunity to join a service corps is an innovative way to generate interest and mobilize greater numbers of students to become part of the direct care and support workforce. When employed by home care providers, students would be supervised, trained and paid for their work in addition to receiving other incentives through the service corps.

F. Develop apprenticeship opportunities.

The Minnesota Pipeline Program and the Minnesota Apprenticeship Initiative provide opportunities for organizations to train workers in the health care field. These existing programs could be leveraged as part of a broader effort to expand the pool of direct care and support professionals.

Recommendation 3: Enhance training for direct care and support professionals

A. Assess the value of developing a training and scholarship program consistent with the Minnesota Department of Employment and Economic Development career pathway model.

At first, offer competency-based training and development that would enrich basic skills for direct care and support professionals and lead to improved pay or career advancement. In the future, assess the value of additional credentialing as part of the program.

B. Promote use of existing training and development options

A number of nationally validated competency sets have been identified for the direct care and support workforce, and several online competency-based training options are readily available (such

Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce

as DirectCourse). Competency-based training has been shown to lower turnover and increase quality of supports provided.²⁴

In Minnesota, DirectCourse is available to providers at reduced costs. DirectCourse includes basic and advanced courses in employment services, personal care assistance, mental health recovery, community inclusion, and direct care and support for people with developmental disabilities. Incentives may be provided to organizations that use this program to train and develop staff beyond required minimal training as well as to workers who complete training.

Training topics could include:

- Job safety and safe practices
- Person-centered practices
- Building better relationships between workers and the people receiving services

C. Provide tiered credential options and career ladders for direct care and support professionals.

Tiered credential options and career ladders can incentivize direct care and support professionals to develop a specialized skill set and increase their tenure in the field. At one Ohio high school, students can earn a certificate of initial or advanced proficiency that they can use to gain postsecondary employment in the direct care and support workforce (www.swcsdcareertech.com/c3po.html). Similarly, the National Alliance for Direct care and support Professionals provides a nationally recognized tiered credential program that can be paired with a wage increase to reward increased skill (nadsp.org).

Pairing training and development options with a nationally recognized credential (such as the National Alliance of Direct care and support Professionals Credential Program) can increase professional recognition and identity. Credentialing also provides justification for pairing a wage increase with increased skill development, which can also increase retention.

Recommendation 4: Increase job satisfaction (including quality of the job)

A. Ensure access to effective supervision.

Direct care and support positions come with high accountability, little training and, in many cases, a complete lack of supervision. Many direct care and support professionals never see a supervisor and rarely receive any type of observational or hands-on feedback about their work. These jobs are difficult and require skill and ongoing development and support. Access to effective supervision and compensation for time spent with supervisors and qualified professionals must be built into rate structures. Training programs for supervisors and qualified professionals are critical as well.

²⁴ A. Hewitt et al, Implementing Direct Care and Support Professional Credentialing in New York: Technical Report 2015. *Minneapolis: University of Minnesota, Research and Training Center on Community Living*, accessed on February 28, 2018, https://www.opwdd.ny.gov/opwdd_about/commissioners_page/DSP-CredentialingReport; J. Kramme & A. Hewitt, *New York State Workforce Credentialing Programs Comparative Analysis, Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration*

B. Recognize exceptional direct care and support work.

Recognition may include nominating exceptional direct care and support professionals for statewide awards. The Moving Mountains Award is a national example of an award that recognizes exceptional organizational practices in direct care and support (nadsp.org/moving-mountains).

Recommendation 5: Raise public awareness by promoting direct care and support careers

A. Leverage Minnesota's career, training and business services to develop a statewide recruitment and promotional plan to attract jobseekers to direct care and support careers.

A number of campaigns to recognize direct care and support professionals and build awareness of the career field have been launched across the United States. In tandem with Direct Support Professional Recognition Week, Minnesota could launch a campaign to build awareness of these important professional roles.

B. Create a recruitment and retention guide, promotional materials and public service announcements on direct care and support careers targeted to potential workers.

These materials would be used by Workforce Centers, service providers, colleges, universities and the Department of Labor. The ANCOR model, developed by the Institute on Community Integration at the University of Minnesota, serves as an example.

C. Develop an educational awareness plan on direct care and support careers targeted to high school students.

Recommendation 6: Promote service innovation

A. Identify and promote the use of technology solutions.

Technology solutions may include:

- Use of GPS and other technology to help people navigate their communities more effectively
- Use of sensors that alert staff when assistance is needed or unusual behavior patterns arise (such as a sensor on the bed to indicate sleep apnea or a sensor in the bathroom to indicate excessive or inadequate urination)
- Use of an electronic medication dispenser that can be programmed to open at the correct time(s) and provide the correct dose(s), reducing the need for medication support

B. Support the development of service options for shared services and shared living in the most integrated setting.

C. Examine possible policy or regulatory barriers to the employment of potential workers or the accessibility of services by the people who need them.

Examine regulatory or reimbursement barriers that may discourage overtime payment for any worker or full-time employment for workers receiving other public benefits.

Recommendation 7: Enhance data collection

A. Gather and report longitudinal direct care and support workforce data across long-term services and supports in Minnesota.

B. Identify ongoing data needs for monitoring workforce issues.

Centralizing data regarding the direct care and support workforce, including its strengths and issues, can be an important step in implementing effective solutions for stabilizing the workforce.

Participating in national data collection, which would allow Minnesota’s data to be compared with that of other states, can also be useful. Examples include the National Core Indicators Staff Stability Survey, which was most recently completed by 20 states and the District of Columbia.²⁵

C. Gather and report annual direct care and support workforce data across service types and populations receiving long-term services and supports.

This data would include details such as:

- Demographics of the direct care and support workforce
- Crude separation/turnover rates
- Vacancy rates
- Starting wages, average wages and highest wages
- Full-time/part-time status of the workforce
- Benefits offered and utilized
- Use of overtime
- Percent of the workforce with more than one job
- Costs associated with employee turnover
- Staffing ratio to people supported (by setting type, service type, direct care and support professionals and frontline supervisor)

D. Monitor improvements or worsening of the workforce issues based on baseline data.

E. Provide funding to allow monitoring of the relationship between critical incidents, recidivism of institutionalization and emergency room visits based on reductions or increases in vacancy and turnover rates.

F. Provide funding to conduct a statewide study of emergency rescue personnel who respond to people who fall in their homes or need assistance with toileting or other activities of daily living due to lack of direct care and support staff.

²⁵ National Core Indicators Staff Stability Survey Report 2016. *National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute (NASDDDS & HSRI)*, accessed February 26, 2018, https://www.nationalcoreindicators.org/upload/core-indicators/2016_Staff_Stability_Survey_Report_Final.pdf

Conclusion and Next Steps

This report proposes action items that, if implemented, could produce meaningful progress toward alleviating the direct care and support workforce shortage. By laying out a strategic vision for tackling the present crisis but not attempting to prescribe detailed actions, this report serves as a starting point for critically important future work.

A subsequent report will detail the need for further fiscal and policy data analysis to support implementation of any selected recommendations. This subsequent report, which will offer a more detailed and specific action plan, will be prepared after the Olmstead Subcabinet has reviewed and evaluated the strategic recommendations laid out in the current report.

The working group invites the Subcabinet to prioritize the actions that it will support and champion as essential steps toward increasing, diversifying and improving the direct care and support workforce in Minnesota — specifically identifying the actions that:

- Hold the greatest promise for success
- Have the most realistic chance of development, funding and implementation
- Must be shepherded through regulatory reform or the legislative process

The Subcabinet can be the force that harnesses the political will and agency commitment to mandate concrete action for measurable results.

References

- Minnesota’s Direct Care Workforce, Minnesota Labor Market Information Office (Minnesota Department of Employment and Economic Development, October 2017)
- [Workforce Innovation and Opportunity Act](#) (Minnesota Department of Employment and Economic Development)
- [Minnesota Momentum: Aligning Opportunities and Resources for Minnesota’s Workforce](#) (Minnesota Governor's Workforce Development Board, 2017)
- [Direct Care and support Workforce Summit Summary Report and Next Steps](#) (Minnesota Department of Human Services, November 2016)
- [Direct Care and support Workforce Initiative Directory of Leaders–Lists and contacts](#) (Minnesota Department of Human Services, January 2017)
- [Status of Long-Term Services and Supports Legislative Report](#) (Minnesota Department of Human Services, August 2017)
- [2017 Biennial Report on Long-Term Services and Supports for People with Disabilities](#) (Minnesota Department of Human Services Disability Services Division, January 2017)
- [Direct Care and support Workforce: Top Five Major Themes](#) (Minnesota Department of Human Services, July 2016)
- [Direct Care and support Workforce, 1-page graphic](#) (Minnesota Department of Human Services, July 2016)
- [Competency-Based Training and Worker Turnover in Community Supports for People With IDD: Results From a Group Randomized Controlled Study](#) (Intellectual and Developmental Disabilities, 2015)
- [Occupational Outlook Handbook: Fastest Growing Occupations](#) (U.S. Bureau of Labor Statistics, 2015)
- [2016 Staff Stability Survey Report](#) (National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute, 2018)
- [Paying the Price: How Poverty Wages Undermine Home Care in America](#) (Paraprofessional Healthcare Institute, 2015)

Recommendations to Expand, Diversify and Improve Minnesota’s Direct Care and Support Workforce

- [Report to the President 2017: America’s Direct care and support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy](#) (President’s Committee for People with Intellectual Disabilities, 2017)
- Bogenshutz, M., Nord, D., & Hewitt, A. (2015). Competency based training and worker turnover in community supports for people with IDD: Results from a group randomized controlled study. *Intellectual and Developmental Disabilities*, 53. 182-195. doi:10.1352/1934-9556-53.3.182
- Bureau of Labor Statistics [BLS], U.S. Department of Labor. (2015, December). Fastest growing occupations. *Occupational Outlook Handbook*. Retrieved from <https://www.bls.gov/ooh/fastest-growing.htm>

Additional Resources

- [Sample Career Ladder/Lattice for Long-term Health Care](#) (CareerOneStop/U.S. Department of Labor)
- [Career Pathways Toolkit](#) (WorkforceGPS/U.S. Department of Labor)
- [Vocational Rehabilitation Services for People with Disabilities](#) (Minnesota Department of Employment and Economic Development)
- [State Rehabilitation Council](#) (Minnesota Department of Employment and Economic Development)
- [Minnesota Governor’s Workforce Development Board](#)
- [Labor Market Information Office Service Summary](#) (Minnesota Department of Employment and Economic Development)
- [Minnesota's Growing Home-Based Care Industry](#) (Minnesota Department of Employment and Economic Development)
- [Disabled Veterans Program](#) (Minnesota Department of Employment and Economic Development)
- [Research and Data Assistance Available at DEED](#) (Minnesota Department of Employment and Economic Development)

Cross-Agency Direct Care and Support Workforce Shortage Working Group Membership Roster

Department of Employment and Economic Development

- Adesewa Adesiji, (Employment & Training Programs Division)
- Oriane Casale (Labor Market Information Office)
- Betsy Hjelseth (Labor Market Information Office)
- Kay Kammen (Governor’s Workforce Development Board)
- Steve Kuntz (Vocational Rehabilitation Services)
- David Niermann (Employment & Training Programs Division)

Department of Human Services

- Curtis Buhman (Disability Services Division)
- Katherine Finlayson (Disability Services Division)
- Pamela McCauley (Economic Assistance and Employment Supports Division)
- Dan Newman (Disability Services Division)
- Jovon Perry (Economic Assistance and Employment Supports Division)
- Linda Wolford (Disability Services Division)

Department of Health

- Nitika Moibi (Office of Rural Health & Primary Care, Division of Health Policy)

Governor's Workforce Development Board

- Steven Ditschler (ProAct, Inc.)
- Mary Ferguson (Essentia Health)

Governor's Office

- Emma Corrie (Strategic Workforce Initiatives)

Disability Community / Leaders / Advocates

- Jeff Bangsberg
- Diane Drost
- Lori Dusan
- Lance Hegland
- Mohamed F. Mourssi-Alfash
- David Sherwood-Gabrielson

Employers / Service Providers

- Andre Best (Best Home Care and Minnesota First Provider Alliance)
- Jesse Bethke Gomez, MMA (Metropolitan Center for Independent Living)
- Jarod Champeaux, MHA (Heartland PCA and Minnesota HomeCare Association)
- Shelly Elkington, RN (Avenues for Care, Inc. and Minnesota First Provider Alliance)
- Lynn Noren (Rise, Inc.)

Recommendations to Expand, Diversify and Improve Minnesota's Direct Care and Support Workforce

Direct Support Professionals

- Tyler Frank (SEIU Healthcare MN)
- Robin Pikala (SEIU Healthcare MN)

Higher Education Representation

- Claire Benway (Research and Training Center on Community Living, Institute on Community Integration, University of Minnesota)
- Valerie DeFor (HealthForce Minnesota)

Acknowledgements

Staff from DHS and DEED who collaborated to create this report to the Olmstead Subcabinet would like to acknowledge the contributions of the many individuals who helped to create this report. First, we would like to thank all of the members of the Cross-Agency Direct Care/Support Workforce working group. This group attended numerous meetings, generated many ideas, connected our group to many people and shared many personal stories or those of others. In addition, they put together the recommendations that are listed in this report. They are truly a group of dedicated, caring and responsive individuals who share the mission of wanting to expand, improve and diversify Minnesota's direct care workforce.

We would also like to acknowledge the extra time and effort given by several members of this group who went above and beyond the call of duty to make this report happen. Particularly, David Sherwood-Gabrielson, Jesse Bethke Gomez, Claire Benway and Oriane Casale, who provided a great deal of writing or information for this report. In addition, thanks to Jeff Bangsberg and Diane Drost for providing the stories that bring to light how this issue impacts individuals on a daily basis. Thanks also to members who provided input, feedback and suggestions to make this a better report.

