



INTRODUCTION

The California Department of Aging (CDA) is designing a Direct Care Workforce Training and Stipends Program: **Growing a Resilient and Outstanding Workforce in Home and Community (CalGrows)**. CalGrows will incentivize, support, and fund training and career pathways for the non-IHSS direct care Home and Community-Based Services (HCBS) workforce.

Collaborative Consulting facilitated 31 individual and group interviews encompassing 67 stakeholder voices to inform the design of CalGrows. Stakeholders represented community-based organizations, provider associations, advocacy groups, unions, and subject matter experts. We also surveyed direct care workers (DCWs), which we summarized in a separate report.

Type of Stakeholder	Number of Interviewees
Advocacy Organizations	7
Caregiver Resource Centers	4
Direct Care Workers Focus Group	10
Home and Community Based Services Provider Associations	12
Home and Community Based Services Providers	19
Subject Matter Experts	10
Unions	5

Discussion centered around stakeholders' perceptions of the direct care workforce training landscape and recommendations for designing CalGrows to meet the desired outcomes of increased skills, retention, job satisfaction, opportunities for career advancement, and improved quality of care and health outcomes for older adults and people with disabilities.

We synthesized stakeholder perspectives and insights in two main areas:

Gaps and challenges in direct care workforce training that CalGrows can address:

- The lack of a standard, systematic approach to training and oversight of the direct care workforce leads to gaps and duplication in training.
- Training is rarely tied to opportunities for career advancement and wage increases.
- Many employers lack the capacity and incentives to provide training to the direct care workforce.
- Direct care workers face many barriers to accessing and completing training.
- Fragmented systems create barriers to workforce recruitment, retention, and advancement.

Design considerations for CalGrows:

- Clearly articulate the direct care workers CalGrows will target and why.
- Develop core competencies as a basis for training content and career pathways.
- Make accessibility a priority.
- Offer customizable training modalities anchored in adult-centered learning.
- Deploy financial incentives to encourage training participation and retention in the field.
- Develop a vast network of partners to design and implement CalGrows.



- Employ a multi-pronged approach for outreach on CalGrows.
- Integrate oversight, evaluation, and learning into the design of CalGrows.

GAPS AND CHALLENGES IN TRAINING THAT CALGROWS CAN ADDRESS

Limitations within the direct care workforce training landscape include a lack of standards, advancement opportunities, employer capacity-related challenges, barriers to training access, and systemic challenges. These challenges contribute to obstacles to DCW recruitment, job satisfaction, retention, and career advancement. CalGrows can design an initiative to address many of the difficulties discussed in this section. Related design considerations are covered in the following section.

The lack of a standard, systematic approach to training and oversight of the direct care workforce leads to gaps and duplication in training. In the state regulatory environment, the different departments overseeing diverse care settings are not aligned in defining competencies or training requirements for direct care workers (DCW). For some DCWs, training requirements do not exist (e.g., for personal care aides). Formal training programs offered by community colleges often lack training for the roles DCWs fill. As a result, employers develop their own direct care workforce training requirements and mechanisms. DCWs frequently receive “cobbed together” training from various sources, depending on employer requirements, client needs, and their ability to navigate available opportunities.

A lack of standard competencies and consistent oversight creates gaps in DCW training and skillsets, affecting the quality of services DCWs provide. In addition, skill gaps can lead to DCW injury and burnout, negatively impacting workforce retention.

The lack of a standard approach to training and oversight of DCW competencies also limits DCWs' ability to transfer skills across employers and care settings and “stack” their skills (i.e., build on their gained experience). DCWs are commonly retrained upon hire, representing duplication of effort by employers and repetition of content for DCWs. In an economic environment where less challenging jobs for similar wages are plentiful, DCWs may not stay in a field where they cannot leverage their experience.

Direct care workforce training is rarely tied to opportunities for career advancement and wage increases. DCWs cannot translate training, experiences, and skills into career advancement and wage increases. There is a lack of clarity on how to build on basic training to advance into different roles along career pathways because few career pathways are available to DCWs. Stakeholders offered examples of career pathways for DCWs, including CNA pathways via the community college system and pathways designed by

“There might be a path for a certificate or program for some of these positions, but by and large, a lot of it is on-the-job... the luxury of formal training programs is few and far between for many of these types of positions.”

Provider Association Stakeholder

“I think the universe is too large, too complex, and it needs to be standardized... [and] have some benchmarks or evidence that would support why you're learning these things and tie it back to the quality of care.”

Subject Matter Expert

“There is no ability to progress and gain credit for what you know and learn.”

Subject Matter Expert



individual employers. However, pathways aligned across regulatory departments and care settings do not exist. Most DCW training is not delivered with career advancement in mind.

DCWs have little incentive to pursue ongoing training, specialize in working with complex populations (e.g., those with mental health needs, dementia, etc.), or stay in a field where training is not acknowledged and reflected in career advancement and wage increases. Inability to communicate or reward the steps the direct care worker can take to advance their career is a barrier to recruitment, retention, and skill enhancement.

Many employers lack the capacity and incentives to provide training to the direct care workforce. Training is resource-intensive, and employers have limited capacity, time, and funding to design and deliver continuous training. Employer training challenges include identifying and accessing evidence-based training, securing trainers with expertise in specialized care areas, and meeting the needs of employees with different backgrounds and levels of experience.

“We do what we can based on the minimum requirements that there are out there.”

Provider Stakeholder

Challenges are further aggravated by an environment in which employers are experiencing high turnover, struggling to fill open positions, and have a limited ability to release DCWs from job responsibilities to attend training. Employers may be apprehensive about investing resources in training due to high turnover, especially when providing training for career advancement. An employer has little incentive to advocate for career advancement opportunities for their employees if there are shortages in filling current positions or if DCWs use the training to negotiate a higher-paid position elsewhere. Although some employers have addressed this challenge by creating pathways for advancement, widespread low compensation for DCWs presents an ongoing barrier to retention.

Direct care workers face many barriers to accessing and completing training. While DCWs desire training opportunities, programs, and content are often not accessible for various reasons, including:

- **Lack of resources to attend training:** Many DCWs do not have the financial resources to take time off work for training. Additionally, they may lack childcare, transportation, and other support necessary to participate in training opportunities.
- **Lack of linguistically appropriate training:** Opportunities to receive training in multiple languages are lacking. Even when training is provided in languages other than English, there is a gap in high-quality and culturally appropriate content translation.
- **Technology barriers:** DCWs have different levels of access to and experience with the technology platforms used to deliver training, making the acquisition of online training difficult.
- **Lack of experience in educational settings:** DCWs have different levels of education and may lack experience or comfort with educational settings commonly used to deliver training for career pathways, such as the community college system.

“There is a hunger for training, but it competes with the financial and time requirements of workers, which are the overwhelming factors in their lives.”

Provider Stakeholder



Fragmented systems create barriers to workforce recruitment, retention, and advancement. Structural challenges cut across the other challenges discussed in this section. California lacks an integrated system for community-based care, contributing to gaps in funding, regulation, and training standards, and DCWs receive inadequate compensation. These issues contribute to challenges for DCWs, including barriers to advancement, lack of support, and a perceived lack of respect. The COVID-19 pandemic intensified difficulties by increasing the demand for DCW jobs and the stigma around the profession.

“If we’re really going to have a conversation about what direct care workers need, they need to be paid better.”

Provider Stakeholder

There are barriers to addressing these issues, including a lack of coordination at the state level to address the challenges faced by the workforce and competing incentives at the employer level between wage levels, training, and retention. The impact of unaddressed challenges on the workforce in an economic environment with plentiful entry-level job opportunities leads to ongoing workforce recruitment and retention challenges (Figure 1 below). While many of these underlying challenges are beyond the scope of a training program, CalGrows’ design should consider the context of these challenges.

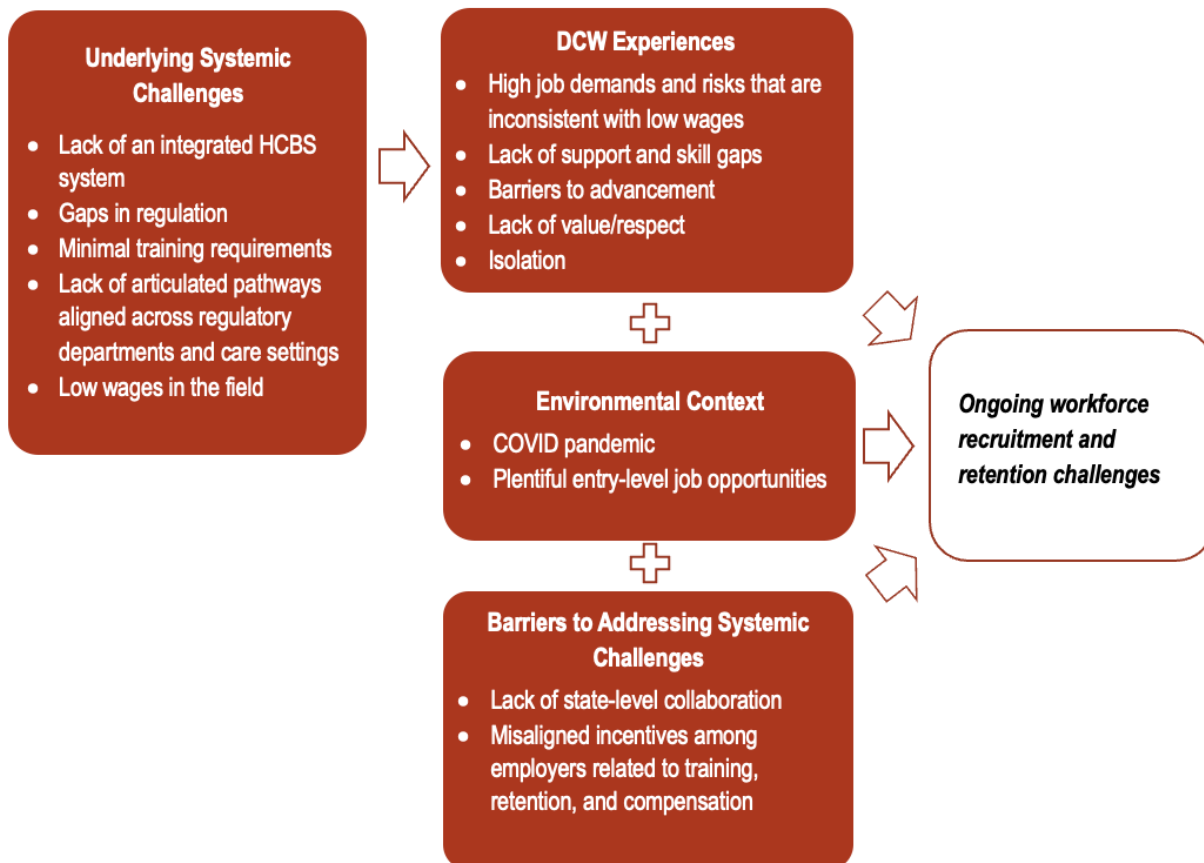


Figure 1. Systemic challenges impact workforce recruitment and retention



DESIGN CONSIDERATIONS FOR CALGROWS

The following section outlines design considerations for how CalGrows can meet its desired outcomes and address DCW training challenges and gaps. The design considerations are drawn from recommendations, DCW training strengths, and promising practices shared by the stakeholders we interviewed. The design recommendations center on defining the target workforce and core competencies to tailor training, creating effective and accessible methods for delivering training, and maximizing partnerships, outreach, and learning. The promising practices that informed the design recommendations discussed in this section are compiled by topic area in Appendix A for reference.

Articulate the direct care workers CalGrows will target.

Discussions of the various roles in the direct care universe indicate a need to clearly define the boundaries for CalGrows and the supporting rationale. Many stakeholders were confused by the inclusion of licensed roles and roles not involved in performing “hands-on” care, such as social workers, dieticians, activity coordinators, or case managers/coordinators, in the potential targeted workforce. Figure 2 lists the DCW roles mentioned by stakeholders that CalGrows could target; italicized text indicates the roles whose inclusion in the initiative stakeholders questioned.

“The department must decide how they define [the workforce] and where they want to focus. All these roles are critical; they serve an essential function. From my perspective, the frontline direct care workforce would be the non-licensed, non-certified staff providing hands-on care.”

Provider Association Stakeholder

A broad versus a narrow approach to defining the target population affords different potential benefits:

- **A broadly defined target workforce:**
 - Provides an opportunity to open career pathways to a range of roles and levels.
 - Allows more DCWs to experience the benefits of training opportunities.
 - Allows more DCWs to receive incentives.
- **A narrowly defined target workforce:**
 - Affords greater ease in compiling appropriate training content.
 - Focuses on those who have had a dearth of training opportunities.
 - Reduces duplication with other initiatives.
 - Allows for more meaningful stipends for a smaller number of DCWs.
 - Facilitates evaluation of the initiative

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|---|--|
| <ul style="list-style-type: none"> • <i>Activity coordinators</i> • <i>Care managers and coordinators</i> • Certified nursing assistants (CNA) • Community health workers, navigators, or promotores • Dementia care specialists • <i>Dieticians</i> • Home care aides | <ul style="list-style-type: none"> • Geriatric aides • Health coaches • Kitchen workers • Personal care assistants or attendants • <i>Social workers</i> • <i>Therapists</i> • Transportation providers • Unpaid family caregivers |
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Figure 2. Potential direct care workers for CalGrows (italicized text indicates the roles whose inclusion in the initiative stakeholders questioned).



Develop core competencies as a basis for training content and career pathways. Compiling standard DCW competencies is essential for designing an effective training program, addressing challenges in the training landscape, and moving towards career pathways.

DCW competencies should be measurable, build on each other, and be transferable. CalGrows can determine foundational core competencies for a broad range of DCWs and develop specialized and advanced competency tracks that build on the core. Developing competencies will add value to the training initiative and benefit the field by providing a framework for:

- **Designing training and career paths:** Outlining competencies creates a framework for developing standardized training around core competencies. It creates a foundation for training tracks and career pathways that help DCWs build on their skills.
- **Developing a system for assessing skill levels:** Over time, certification for core competencies could be developed. Tying certificates or other forms of credit (e.g., badges) to core competencies creates a system for measuring worker skill levels and operationalizing the oversight, transferability, and stackability of skills. Formally recognizing skills appeals to DCWs and contributes to a sense of professionalization and respect that underlies a sense of fulfillment on the job.

“[There’s value in] an ability to say, ‘I checked this off and I know and I’m confident in my skills. And now other people, based on the rubric of this competency, also see that I have the skills to do this. So, there’s real value in a personal perspective as well as from a systems perspective of knowing X number of people have a set of skills and can contribute to the overall system in a way that wasn’t being honored or measured previously.”

Worker Association / Union Stakeholder

We grouped examples of potential DCW competencies shared by stakeholders into the following categories: **foundational competencies**, including aspects of physical care and socio-emotional care; **advanced and specialized** skills for working in different settings and with special populations and needs; and DCW **personal and career development skills** (Table 1 below). Further input is needed to develop, organize, and operationalize core competencies, training tracks, and career pathways. CalGrows could convene an advisory group with subject matter experts, employers, state departments, and DCWs to advance this work.

<p>Foundational Skills: Physical Care Aspects</p>	<ul style="list-style-type: none"> • Hygiene – bathing, toileting, wound care • Mobility and proper lifting/moving • Home safety • Food safety and nutrition • Warning signs and observational skillsets • Disaster planning and emergency response
<p>Foundational Skills: Socio-Emotional Care Aspects</p>	<ul style="list-style-type: none"> • Care coordination and communication • Person-centered care • Myths of aging/addressing ageism • Communication with older adults • Motivational interviewing • Relationship and rapport building



	<ul style="list-style-type: none"> • Navigating family dynamics and interactions • Cultural competency and culturally responsive care • Diversity and inclusion • Non-violent communication • Trauma-informed care • De-escalation • Empathy training
Advanced Skills and Specializations	<ul style="list-style-type: none"> • Cognitive impairment, dementia, and Alzheimer's • Chronic conditions (diabetes, obesity, etc.) • Neurological conditions (e.g., Parkinson's) • Medication management • Complex medical needs • Paramedical skills • Mental and behavioral health, including substance use disorder • Autism • End-of-life
Personal and Career Development Skills	<ul style="list-style-type: none"> • Digital literacy • ESL • Math literacy • Financial management and planning • Self-care and mental health; mindful caregiving • Leadership and management skills

Table 1. Potential DCW competencies

CalGrows can use a core competencies framework to organize existing training content and identify gaps for new content development. Online and in-person training for DCWs already exists. Stakeholders highlighted a variety of content to draw from, including training courses for DCW roles (e.g., Paraprofessional Health Institute); resource libraries with content relevant to DCWs (e.g., Caregiver Resource Centers); and topic areas with high-quality training (e.g., dementia training). Figure 3 below provides a list of training content sources recommended by stakeholders. CalGrows can review existing content to determine what can be repurposed for the DCWs in alignment with a competencies framework and then identify gaps where new training needs to be developed.

- Alzheimer's Association dementia care practice recommendations and training
- Caregiver Resource Centers
- CMS nursing home training on dementia
- Community Care Options
- Disability Rights California
- Paraprofessional Health Institute
- Training developed under Geriatric Workforce Enhancement Programs
- United Domestic Workers (UDW) Resource Center

Figure 3. Stakeholder-recommended sources for training content



DCW competencies can inform the development of pathways for career advancement. Pathways for DCW career advancement support retention and showcase the different opportunities available. Pathways should have short steps for rapid progress tied to role changes and salary increases. Stakeholders envisioned pathways towards endpoints, including CNA, Medical Assistant, Licensed Vocational Nurse, Licensed Social Worker, and allied health roles. CalGrows has an opportunity to support the design of career pathways to address areas of worker shortages and encourage the workforce to stay in HCBS settings. CalGrows could collaborate with employers and community colleges to design and implement pathways customized to different employer staff and locations, grounded in a shared core competencies framework.

Core competencies and career pathways also provide opportunities for growing the workforce pipeline. Not enough people are entering the DCW pipeline. One way this can be addressed is by improving messaging around the profession to attract more individuals to the workforce. Although recruitment campaigns are beyond the scope of the CalGrows initiative, clear communication and education about core competencies and career pathways can support workforce recruitment goals. They will contribute to a sense of professionalization and speak to the opportunities in the field.

“I think that an area that I'm not sure anybody really focuses on is how do we raise awareness around this opportunity as a career field... how do we promote this as a highly regarded, dignified field and attract people to it?”

Provider Stakeholder

Other recommended strategies to build the workforce pipeline include implementing awareness campaigns about job opportunities and the value of caregiving; increasing outreach to students at the secondary education level; and developing internship programs that encourage paid placements in the field throughout the state (e.g., a “Caregiver Corps” in the style of AmeriCorps).

Make accessibility a priority. Training must be designed and delivered to acknowledge and reduce the access barriers DCWs commonly face. Wage replacement and coverage of costs to attend training are non-negotiable for training accessibility. Other recommended practices to increase accessibility include:

- **Logistical accessibility:**
 - Offer training on different days and times to accommodate schedules.
 - Provide in-person and remote options for attending training.
 - Address transportation barriers (e.g., provide rides, reimburse transit/gas, hold training in transit/pedestrian-accessible locations).
 - Provide childcare supports such as on-site childcare or vouchers.



- **Educational accessibility:**
 - Balance learning styles with educational experiences and skills.
 - Consider differing levels of technology literacy and access, and offer technology support.
 - Be aware that delivering training online might improve accessibility for those with challenging schedules, but it may reduce accessibility for those who struggle with remote learning platforms or unreliable internet access.
 - Consider different reading and writing levels and provide support, such as ESL tutors.
 - Offer coaching to help identify and address enrollment and retention barriers.
- **Cultural and linguistic accessibility:**
 - Make training accessible to and meaningful for a workforce whose diversity is essential to serving the diverse populations who need care.
 - Deliver training in multiple languages with culturally appropriate content translation.

“You have to meet someone's basic needs before they're going to stay in [training] for the long term.”

Subject Matter Expert

Offer a mix of customizable training modalities anchored in adult-centered learning. Given DCWs' array of roles and qualifications and how training is delivered, they will have wide-ranging experience levels and needs. CalGrows can choose adult-centered learning methods for providing content to meet these needs while ensuring learning retention and application.

Training opportunities should be customizable for different needs, levels of experience, and motivations within the workforce. Individualized or modular training approaches can provide DCWs with different entry points into training based on skill levels. These approaches will honor the experience DCWs have gained and target further training to their needs and

“I remember reading an evaluation of one of our trainings, and they said, ‘I only needed to know about this one problem I'm having with one care issue, but I had to sit through all the rest.’ That's a waste of someone's time, and it also denigrates their experience, and it's not productive, and they'll look at training as being, ‘oh, that thing I have to sit through.’ So, they need to have some assessment to start people at different places.”



interests. Not all DCWs want to advance on a career pathway; some may wish to become better at or more fulfilled in their current role, and training should allow for different scenarios. Furthermore, customized approaches help reduce training duplication and encourage DCW engagement in training.

CalGrows will need to balance the appropriate length and cohesiveness of training when allowing for self-directed learning approaches to ensure that targeted “micro lessons” or “a la carte training” are not at the expense of depth and deliver content that builds towards an educational goal. DCW screening assessments corresponding to defined competencies and tracks can facilitate customization, ensuring the training is appropriate to individual needs. Understanding DCW’s interests in training opportunities and career advancement will be crucial for designing the right approach to outreach and recruitment.

Engagement in training should be supported via mixed training modalities, including opportunities for hands-on practice. Offering a variety of training modalities is not only essential to accessibility but also to ensuring different types of content are delivered effectively. Some content might be suitable to cover via videos and remote methods, while hands-on practice is essential to master other skills (e.g., operating a Hoyer lift). A strength of the employer-led approach to training DCWs that CalGrows can build on is on-the-job practice and experiential learning. Applying knowledge is essential to mastering the skills necessary to perform direct care, and opportunities for on-the-job practice facilitate training tailored to the DCW’s responsibilities, the care setting, the team in which the DCW is integrated, and the needs of clients served.

Live group training offers benefits and effective content delivery. Through shared experience and discussion, live group sessions can build teamwork and job satisfaction. At the same time, self-directed and remote training options may be more feasible and desirable for some DCWs.

Retention and application of learning can be supported via ongoing resources and opportunities for learning and sharing. A self-directed way to reinforce training retention and continuous learning is to facilitate access to resources that allow DCWs to review and refresh content after training. For example, short videos on skills can be housed in a central repository and made available to DCWs and providers. DCWs can also benefit from ongoing opportunities for sharing and learning with on-the-job coaching and mentoring to support skill application and retention. Peer support groups are a valuable approach for continuous learning and sharing of best practices, as well as helping to address worker isolation and burnout.

“It’s different to be told to transfer a patient than to learn to transfer a patient with someone who knows how to do it.”

Provider Stakeholder

Deploy financial incentives to encourage training participation and retention in the field. Wage replacement and funds to offset costs associated with training are financial incentives fundamental to the



accessibility of training. Additional financial incentives, such as stipends, are an important tool that can be used to encourage DCWs to participate in CalGrows and to stay in the field. Stakeholders recommended maximizing the benefits of stipends for participation and retention goals. Many stakeholders cautioned that the sustainability of outcomes like retention and job satisfaction is challenging if the training is not paired with hourly wage increases.

Provide stipend amounts that are meaningful to DCWs. Perspectives on meaningful stipend amounts vary, from \$500 for a single payment to \$5000 over time. Higher incentives could also be offered to encourage participation in training on specialized or in-demand skills. DCWs should be provided with an opportunity to share their input on the incentives that would be meaningful to them.

“Training creates an expectation for, and should ideally result in, ongoing wage and compensation increases.”

Subject Matter Expert

Distribute stipends incrementally. Provide stipends up front, at intermediate points, and at the end of training to incentivize participation and encourage completion.

Use stipends to incentivize DCWs to stay in the field. Stipends can be tied to requirements for a specified duration of employment to encourage retention. However, tracking and enforcing conditions might be challenging to implement. An alternative is to offer ongoing incentives that acknowledge and reward sustained service (e.g., at service anniversaries) or training over time (e.g., ongoing annual training requirements with associated stipends).

Avoid interfering with other income-based benefits. CalGrows should distribute stipends strategically to ensure that stipends do not interfere with DCWs’ access to subsidized healthcare and other benefits by increasing their income (i.e., the benefits cliff).

Develop a vast network of partners to design and implement CalGrows. Identifying and fostering opportunities for collaboration and partnership in designing and implementing CalGrows will promote buy-in and strengthen the initiative. Options for participation in the design process and customization during implementation will lead to ownership. A recommended approach to partnership development was to convene advisory boards or workgroups for design and implementation areas such as core competencies, curriculum, retention, and evaluation. The advisory groups could represent subject matter experts, employers, state departments, and direct care workers. Ongoing partnership development will contribute to the successful deployment of CalGrows.

“Suppose employers see a special program they can access to get free training for their team, some consultation, a career ladder within the organization, and learn about how that's worked for other organizations. In that case, I could see them being great partners for the state. It's a real benefit for them to participate.... That's the key to success. If they're not partners, it will not work because people won't even hear about it.”

Employer motivators must be leveraged to build buy-in and support for a training program. Despite concerns about employee turnover following training, employers will be interested in the outputs and outcomes of a well-designed training initiative. Benefits include free and vetted training content, resources for onboarding and training (e.g., expert trainers), enhanced skills for their workforce, access to

Advocacy Stakeholder



best practices for retention and career pathways, and the opportunity to participate in a well-designed, recognized training program as a workforce recruitment tool. Employers' buy-in can be facilitated by promoting program benefits, soliciting input from employers into the design, providing support to leverage existing content and approaches, and allowing for customization of the training initiative to their care settings and geographic locations.

CalGrows should collaborate to deliver and evaluate DCW training. There are opportunities to maximize training capacity in delivering CalGrows training, such as partnering with community colleges, contracting with training entities, and offering employers funding to increase their ability to deliver training. A mixed approach could involve an outside entity or online resource providing core content, while employers provide on-the-job and practice training components. The method should consider the complexity of delivering content that maximizes accessibility, customization, engagement, capacity, and sustainability for the long term. Additionally, there is an opportunity to form partnerships with research entities to evaluate training outcomes.

“I hope the CDA isn't taking a step back and redesigning the wheel here and saying, ‘All right, well, that's one of our target populations. Now, let's go through an RFP process. Let's put this all out for bid; let's get a pilot. We'll get the group some great training.’ And then they're going to go away in two years. Throughout, it's about developing partnerships and developing the network's ability to do the work with folks.”

Provider Stakeholder

Employ a multi-pronged approach for outreach on

CalGrows. CalGrows should integrate DCW outreach and engagement planning into its design. Because DCWs work in multiple settings and roles, outreach about CalGrows should utilize networks to reach DCWs, including employers, community hubs, word of mouth from friends and family, and social media. Stakeholders offered recommendations for increasing awareness and outreach around the initiative.

- **Ensure outreach is culturally appropriate:** Communicating about the initiative should be linguistically and culturally appropriate; input from DCWs can help inform the outreach strategy.
- **Leverage DCW networks and other trusted sources for outreach:** Outreach on the initiative should be delivered by trusted sources. Incentivizing DCWs who recruit their friends and colleagues can help encourage word-of-mouth outreach.
- **Partner with organizations to promote the program:** Create partnerships with employers to promote the initiative to their workforces. To conduct outreach, consider partnering with community-based organizations, churches, unions, and workforce development boards.
- **Utilize social media:** Use a variety of social media channels to reach the DCW workforce, including social media channels that are popular among cultural groups of focus (e.g., WhatsApp, WeChat).

Integrate oversight, evaluation, and learning into the design of CalGrows. Evaluation should be built into CalGROW's design to understand what does and does not work to achieve the outcomes of interest. CalGrows could incorporate mechanisms for assessing training implementation, such as surveys on training satisfaction and perceptions of skill development. Outcomes like retention and career advancement are exciting but more challenging to track. Evaluation design should consider getting feasible results without an unreasonable burden on employers or DCWs (e.g., by using existing reporting requirements and metrics).



CONCLUSION

There is widespread consensus among stakeholders that DCWs desire training opportunities. Stakeholder discussions revealed complex challenges and needs to consider when designing CalGrows and significant areas of opportunity. CalGrows can address numerous gaps in the DCW training landscape and reach the desired outcomes of increased DCW skills, job satisfaction, retention, career advancement opportunities, and improved care delivery quality. The variety of needs and recommendations that emerged from discussions, as well as the complex environment in which CalGrows will be implemented, suggest the importance of continuing to define clear goals for CalGrows, seeking input and expertise from those closest to the work, and prioritizing collaborative efforts to address challenges and barriers where possible.



Appendix A: Recommended and promising practices for training and stipends

Area	Promising Practices
Training design	<ul style="list-style-type: none"> • Create advisory boards and work groups to provide expert input on different topic areas, for example, competencies/curriculum, career pathways, and workforce retention. • Invite providers to join advisory boards and work groups to access expertise and secure buy-in. • Solicit input via DCW advisory boards or focus groups on interests, challenges, and messaging. • Collaborate cross-departmentally at the state level to share expertise, address siloes, reduce gaps, and ensure alignment.
Career pathways	<ul style="list-style-type: none"> • Foster employer-community college partnerships to design and implement pathways. • Provide funding to employers to create programs and supports for their employees for career advancement (e.g., tuition reimbursement, licensing fee reimbursement).
Accountability and oversight	<ul style="list-style-type: none"> • Assess competencies and provide measures of achieved competencies (e.g., certificates, badges) upon training completion. • Create a registry or centralized platform to track DCW training completion and competencies. • Tie ongoing training requirements to state funding where possible.
Accessibility and wraparound supports	<ul style="list-style-type: none"> • Offer trainings at a variety of times and a variety of days to meet scheduling needs. • Provide a combination of in-person and remote options for training. • Deliver training in multiple languages; ensure culturally/linguistically appropriate translations. • Address transportation needs (e.g., provide rides, reimburse transit/gas, hold trainings in transit/pedestrian-accessible locations). • Provide support for DCWs with childcare responsibilities (e.g., onsite childcare, vouchers). • Consider differing levels of technology literacy and access, and provide technology support (internet access, devices, education, technical assistance) accordingly. • Consider different reading and writing levels, and provide supports, including ESL, accordingly. • Conduct ongoing outreach during recruitment and training via counseling and coaching (e.g., enrollment and application support, advising on career paths, reaching out when classes missed).
Training and retention incentives and stipends	<ul style="list-style-type: none"> • Provide hourly wages during training at a rate equal to or higher than current wages. • Provide up-front payment to incentivize participation in training. • Deliver intermediate stipends as training is completed to encourage participation and retention. • Recognize service milestones with monetary incentives to encourage retention (e.g., distributing incentives over multiple years via a “train and stay” program). • Provide higher stipends for completing trainings for specialized or in-demand skills. • Combine incentives with requirements/expectations to stay with employers and within the field. • Distribute stipends strategically to avoid interfering with other income-based benefits DCWs receive (i.e., avoid pushing recipients off the “benefits cliff”).



<p>Outreach and recruitment to the existing workforce</p>	<ul style="list-style-type: none"> • Communicate about program by partnering with a variety of groups to reach hard-to-reach individuals, e.g., community-based organizations and churches, union, employers, workforce development boards. • Ensure outreach is linguistically and culturally appropriate. • Leverage relationships and ensure outreach is delivered by trusted sources. • Leverage DCW personal networks for outreach, e.g., provide incentives for DCWs to recruit their friends and colleagues to the program. • Create partnerships with employers and develop/communicate clear employer incentives to ensure they promote the program among their workforces. • Use social media to conduct outreach and recruitment, including social media channels that are popular among cultural groups of focus (e.g., WhatsApp, WeChat). • Include non-urban, lower resourced communities in outreach and recruitment.
<p>Outreach to build worker pipeline</p>	<ul style="list-style-type: none"> • Create statewide apprenticeship or internship programs (e.g., AmeriCorps-style program), and place workers in settings and geographic areas with worker shortages. • Create more linkages between educational programs and paid practice opportunities in community-based care settings. • Conduct outreach and awareness-raising about direct care work at the secondary school level. • Recruit existing DCWs to share experience and advise potential workforce (via hotline, panels). • Create outreach and supports specific to the needs of potential workers who are refugees, immigrants, or undocumented. • Create awareness-raising campaigns that include positive messaging about gerontology and communicates the value of direct care work.
<p>Evaluation and learning</p>	<ul style="list-style-type: none"> • Form research partnerships to demonstrate evidence-based outcomes. • Require training entity to perform ongoing monitoring of metrics. • Leverage existing provider metrics and reporting to minimize burden. • Use regulatory body registries to track intermediate outcomes like retention in the field. • Share results and evidence-based best practices with providers (e.g., via a central repository).