

LOCAL										
	Recommendation	Owner/ Lead Entity	Stakeholders	Policy Change	New Staff Needed	Funding Needed	Short-Term & Prioritization	Long-Term & Prioritization	Ranking by FY	Budget Projection
Recruitment/ Communication	<p>Implement advertising campaign: Develop an interagency advertising campaign to broaden communication efforts using a variety of communication vehicles/platforms (radio, television, social media, etc.) to change perceptions, attract more people to the profession, and reach a wider variety of potential DSPs.</p> <p>Create a Communications and Outreach Program to Enhance Recruitment and Retention. The goal is to change the conversation around caregiving in America and Montgomery County, specifically. Offer a robust campaign in multiple languages. Increase advertising and change the way direct care workers are portrayed in the media; rebrand to make a more appealing profession – examine what exists and make enhancements to improve communication and outreach.</p>	<p>Lead: WSM Community Engagement/ Intergovernmental PIO</p>	<p>Implementation team, DHHS, Labor Relation, Montgomery County Economic Development Corporation (MCEDC), WorkSource Montgomery (WSM), Montgomery College, MCPS. Advisors for reaching population: Commission on Aging, Commission for People with Disabilities, Commission on Veteran Affairs, Office of Human Rights</p>	No	Consult with PIO	Yes – MDU between multiple departments & CBOs similar to current initiatives. General funds appropriated to multiple entities to use toward advertising/marketing.	Establish Campaign in short-term- HIGH need	Ongoing campaign to impact culture change- HIGH priority		
										FY24-26
Recruitment/ Communication	<p>Use Career Fairs to Recruit: Host at minimum an annual (offer additional fairs over time) career fair to target high school students; inspire a new generation and infuse the Montgomery County DSP pipeline. Career fairs will be used to promote and recruit high school students to enter the direct care service industry. The career fairs will be a partnership between Montgomery County Public Schools (MCPS), WorkSource Montgomery, Community Based Organizations (CBOs), and service providers.</p>	Lead: WSM	DHHS, MCPS, CBOs, Student guardians, Montgomery College, Home care partners, other vested entities.	No	WSM Pilot- Blueprint for Future funds	WSM Pilot- Blueprint for Future funds	Low hanging- can be accomplished within the next year	Ongoing		FY24
Recruitment/ Training	<p>Collaborate with Agencies Serving Minority Populations to Recruit Workers: Work with non-profits providing services to immigrant groups and agencies serving ethnically diverse communities to recruit new and mobilize returning DSPs, enroll them in on-line English courses, and connect them to certification & training programs.</p> <p>Launch Mentor Program: Recruit older adults to mentor and help their caretakers learn English. In exchange for mentoring, the participating older adults will receive some part time assistance (companionship, grocery shopping, light chore, etc.). The young adults (18+ post high school) will work part-time doing in-home direct services to allow them to learn more about the career path, gain skills, and earn income. To advance this program, an older adult and direct service worker mentoring toolkit will need to be developed.</p> <p>**Mentor Program recommendation aligns with the 2nd State recommendation/ 2nd tab line 5.**</p>	<p>Lead(s): WSM, Contractor TBD through RFI process & Implementation Team</p>	<p>Volunteer Montgomery, Charity Connect, Rotary, Asian, Hispanic Chambers, Interfaith Works, American Muslim Society, Literary Council, Gilchrist Center, Age-Friendly Montgomery, Office of Community Affairs, Collaboration Council, Welcome Back Center, Office of Grant Management, Minority Health Initiatives Program, Black Physicians Network, Office of Community Partnerships and any other vested entity.</p>	Possibly at contractor level	Yes	Yes	Advertising material development - short-term/ high need Recruitment effort w/ community groups - short-term/ medium need	Ongoing recruitment efforts with community groups Program Development- HIGH NEED Toolkit Development- High need- ongoing		
Career Pathway/ Training	<p>Entice & Recruit High School Students to Enter Career Field: Work with MCPS to expand the Work-Based Learning (WBL) Program to accommodate more high school students and interest them in the Direct Service Profession. MCPS students in the WBL program younger than 18 are approved to work DSPs by the Maryland Department of Labor. It's important to educate and promote this program to service providers. Work with MCPS to enhance, promote, and expand the WBL program beyond one school for students interested in the health care profession to start their careers in the direct care service industry.</p> <p>Arrange internship/apprenticeship programs where students can be introduced to in-home service work, build skills, and receive on-the-job training working in direct care while earning credits during their senior year. The enhanced program should be an incentivized pre-requisite which serves as a required introduction to a career in the healthcare industry for all MCPS students. The lead entity will keep track of students and provide data for graduates that remain in the direct care industry.</p>	Lead: MCPS, WSM, HHS & Montgomery College	Home Care organizations, CBOs providing direct care, Collaboration Council, Youth providers (LAYC, Identity, Gap busters, Impact Silver Spring, etc.) and other vested entities.	Ensure necessary policy/regulatory changes have been made to allow students under 18 to work under the supervision of a certified direct care worker.	Employ contract project manager responsible for data if needed to ensure tracking/data collection.	Yes - Provide funding for summer and part time jobs for those students who have gone through the training and an internship program to work on their own. Funds to expand the program beyond one school.	Expanding existing program beyond one school-HIGH need	Ongoing		
Career Pathway	<p>Create More Flexible Work Categories: Work with the Maryland Regional Direct Care Worker Collaborative (MRDCWC) to support the project with community colleges across Maryland to broaden the classification of DSPs (from unlicensed caregivers to CNAs) which will provide more fluidity among workers and professionalize the direct care vocation. This approach will reduce barriers to entry, afford the county the ability to promote training at all levels, and identify the needs for a formal and informal caregiver compensation structure.</p> <p>Create and refine career paths that outline and define the pathways to advancement in the DSP industry, to include formal education e.g. CNA, LPN, RN, etc., specializations e.g. certification in dementia care, wound care, end of life, etc., administrative/entrepreneurial DSP work e.g. owning and operating a home health agency, and independent studies/ create your own path.</p> <p>**This recommendation aligns with the 1st State recommendation/ 2nd tab line 4.** **This recommendation aligns with the 2nd State recommendation/ 2nd tab line 5.**</p>	Lead(s): The implementation team, and MRDCWC	For-Profit & Non-Profit Agencies, CBOs, individuals, job seekers, direct-care worker, WSM, Training Vendors, and other vested entities.	Joint state recommendation- Policy change needed at State level.	Implementation Team Project Manager	Yes	Medium need	Marketing/ Promotion/ Disseminate Information		FY24- High Priority
Training	<p>Increase Clinical Opportunities: Work with agencies and training vendors to expand hands-on clinical training opportunities. Partner with healthcare facilities and other settings to increase practicum placements.</p> <p>Assess the availability of in-home practicum opportunities and current county resources for DSP trainings through Montgomery College, WSM, and other institutions.</p> <p>Pilot Countywide "home lab". A "home lab" is a dedicated, controlled, mock training space for DSPs to train on how to care for someone in their home. Assess and determine long-term funding worthiness.</p>	Lead(s): Montgomery College and GROVS	Home Care Agencies, Healthcare partners, hospitals, Physician groups, healthcare institutions, MCPS, students, Training vendors, and direct care participants.	Possibly	Contract Project Manager	Yes	Pilot	Assessing for long-term worthiness		
Training	<p>Create Centralized, Standardized On-line Training Program: Create an on-line centralized training program that can be accessed by an individual interested in direct care work, DSPs, family caregivers, and service providers.</p> <p>Provide training modules for all agencies to use to train and continue to support computer-based training for direct service professionals.</p> <p>Certification will be provided after training completion. A "Home Lab" practicum will be the next step for field training.</p> <p>In addition, offer widespread access to Tyler Burke's Training Venue Model or similar; a universal toolkit for service providers to select from and create in-house customized training for DSPs.</p> <p>Completed training will grant the DSP access to join the proposed DSP registry to find open positions- registry is described in recommendation #12, row 15.</p> <p>**This recommendation aligns with the 2nd State recommendation/ 2nd tab line 5.**</p>	Lead: WSM & Montgomery College	Tech/ App Development contractor, CBO, homecare agencies, DHHS, MHEC, GROVS, Minority non-profit orgs, and Minority health initiatives/programs.	Possibly at State level- MHEC	Tech/ App Developer Contractor	Yes	HIGH need- assessment, feasibility study	Medium need- ongoing		

	<p>Subsidize Training Costs for DSPs: Provide subsidized funding for individuals who want to take direct care professional training but who cannot afford tuition.</p> <p>County benefit for DSPs: offer repayment plans while an individual is employed, allowing them to pay back training fees over time. Offer a retention bonus; years of services translates to a percentage of the balance owed being forgiven annually and once full retention period is reached (number of years to be determined) payments will be voided entirely. County benefit for retention also includes waiving the annual fee for license renewals, CEU training fees, and memberships in paid associations.</p> <ul style="list-style-type: none"> Provide subsidy funding for non-WIOA DSP training directly to WSM or offer no cost tuition to Montgomery College. 	Home Care organizations, CBOs providing direct care, and DHHS.	Yes	Possibly	Yes	HIGH need		
Training/ Benefit		Lead: WSM, MCG/OHR/County Attorney & Montgomery College						
	<p>Create a County Health Care Benefit Package: Create a government healthcare benefit package or give DSPs access to existing county health plan. This benefit could also be extended to childcare workers.</p> <ul style="list-style-type: none"> Subsidize Discount Programs for In-Home Direct Care Workers: Create a county-wide discount benefits program for all DSPs working in Montgomery County including a transportation subsidy or free Ride-On bus passes. County Sponsored Child Care Benefit: Provide a stipend to those wishing to utilize certain, certified childcare entities to help alleviate some of the often-burdensome cost. This could be enabled through a County-run Day Care Program, vouchers, direct payment to workers, or other mechanisms. 	DSP workers, DSP agencies, DHHS, CC, CE office, EIC, CYF, DOT and County budget analyst.	Yes- Policy change on current county policy	Possibly	Yes	HIGH need- assess feasibility	HIGH need- ongoing	FY24 -High Priority
Benefits		Lead: OHR, Office of Legislative Oversight, ONB & County Atty.						
	<p>Develop Reward Programs to Encourage Retention: Assist providers and organizations in developing and funding a retention reward program to include but not limited to the following:</p> <ul style="list-style-type: none"> Offer discounts at local restaurants, coffee shops, movies or at places valued and needed by workers. Allow Montgomery County DSPs to gain access in county wellness program and recreational opportunities. Participation in the proposed registry for work flexibility as described in recommendation #12, row 15. 	DSP workers, DSP agencies, DHHS, OMB, CC, CE office, and County budget analyst.	Possibly	Possibly	Yes	HIGH need- assess feasibility	HIGH need- ongoing	FY24
Benefits/ Retention		Lead: OHR & County Atty.						
	<p>Support Partnerships Among Related Groups and Appoint a Program Manager: Establish a Program Manager position in the county to work with public schools, community, and faith-based non-profit organizations, service providers, stakeholders, and other state and regional groups to work together to realize the recommendations, address issues/problems as they arise, and coordinate across pertinent county and state agencies. A&D services, WorkSource Montgomery, MCPS, Montgomery College, Housing and Community Partnerships, MDH, MDA, etc.). The Program Manager will work in tandem with the implementation team- as described in recommendation #14, row 17.</p>	DHHS, WSM, GROVS, WAVES, MRDCWC, Medical Adult Day, Montgomery College, MCPS, Housing & Community Partners, MDH, MDOA, etc.	No	Possibly- Increase personnel @ CE Office	Yes	High Need	ongoing	FY24
Partnership		Lead: CE Office						
	<p>Create DSP Registry: Create an online registry like "Thumbtack & Task Rabbit App" of workers who have been trained and certified and are looking for positions — and enable direct service participants to access this registry to search for DSPs with specific characteristics (e.g., languages spoken, cultural background, part-time /full time availability, geographic location, available hours, ability to drive, etc.)</p> <p>Enable private pay clients to use registry to find workers to hire on their own without having to use an agency. Provide "how to" training via the training system for families employing their own DSPs. Enable private pay clients, providers, hospitals, nursing homes, and others to find trained and certified direct care workers for temporary assignments to cover DSP vacations, emergencies, and respite for family caregivers.</p> <p>Incorporate a Centralized Scheduler into the registry. "Uber"-like "on demand" scheduler so when someone "calls out" practitioners can fill in for extra hours / pay when they have time (practitioner must be in the system with required and updated background checks, TB test, certifications, etc. This registry must be available for use in multiple languages.</p>	Home Care Agencies, County Economic Development-CE Office, DSP workers, families, DSP participants, hospitals, CBOs, and all other vested entities.	Possibly	Yes- Contract Project Manager	Yes	Medium need - assess feasibility	Need depends on feasibility- if relevant- ongoing	FY24
Technology/ Economic Development/ Program		Lead: TEBS, TBD						
	<p>Execute Cluster Care based on Geo Mapping: Encourage agencies to support and implement "cluster care" using geo mapping to serve residents in assisted living, senior building, HOCS, NORCs, etc. This concept will streamline agency efforts to serve clients in proximity more efficiently. This model allows clients to purchase services in shorter durations at less expense. In addition, it will reduce drive time, mitigate DSPs leaving Montgomery County for higher wages, and other factors that impact working conditions. Seek county funding for geo mapping project toward a greater economic benefit for the provider network and community. Hire a consultant and/or work with CountySTAT.</p>	DHHS, WSM, Homecare Agencies, Direct Service Workers, and CountyStat	Yes	Possibly need consultant or county staff	Yes			FY26zation
Working Conditions		Lead: Provider Network						
	<p>Establish an Ongoing Implementation Workgroup: Convene an on-going workgroup to create a strategy to address the increasing demand for direct care services. This workgroup should represent all stakeholders and cast a broader net than this current TF. The implementation team will monitor and support the roll out of the recommendations made by TF. The implementation team will serve as a "watchdog" to ensure all approved recommendations are instituted as intended. The implementation team will monitor all relevant changes that impact recruitment and retention and provide annual reports. The implementation team will serve as the primary entity voicing the needs, identifying the trends, and proposing ongoing ideas to improve and sustain the Montgomery County direct care workforce.</p>	In-Home Direct Care Workers, Direct Care Recipients, Home Care Agencies, County Council, MCPS, WSM, Montgomery College, HHS, MCEC, Boards & Commissions to Include: Age Friendly Initiative, Commission on Aging, Commission on People with Disabilities, MDOA, DDA, Dept of Labor, MD State Assembly	Possibly	Yes- Contract Project Manager	Yes- Funding for additional contract staff		HIGH need- ongoing	FY26
General		Lead: CE Office						
	<p>Exclude Developmental Disabilities Administration (DDA) from this examination and final recommendations DDA participated on the taskforce for a several months. After several meetings the DDA representatives determined there were too many difference between DDA and Aging to be examined together. Therefore DDA withdrew from the study and ask to be removed from the final report. DDA has requested a separate examination of DDA specific direct care workers which excludes a rate examination as DDA has recently examined and adjusted rates.</p>					IMMEDIATE IMPLEMENTATION- HIGH need- ongoing	Establish All encompassing governing body to address evolving needs	FY24
General		Lead: DDA						

STATE	Recommendation	Owner/ Lead Entity	Stakeholders	Policy Change	New Staff Needed	Funding Needed	Short-Term & Prioritization	Long-Term & Prioritization
Career Pathway/ Training/Wages	An Increased Skill Set + Higher Wages: Currently most certificates and/or years of experience in the direct care industry does not translate to higher wages. Establish a structured compensation scale that links increased skillset, years of service, and/or formal training to higher wages. **This recommendation aligns with the 5th local recommendation/ 1st tab, line 8.** - LINE 9	Lead: Labor Relations (State & Federal partnership)	In-Home Direct Care Workers, Home Care Agencies, County Government (HHS & Labor Relations), Feds (Dol & DHHS), County Council, Hospitals, Long-Term Care Facilities, and MC State Legislative representatives.	Yes	Research team to draft wage tier structure	unknown	High need to create the tiered wage infrastructure	HIGH need- ongoing to reexam as cost of living increases
Career Pathway/ Training	Create Different Training Tracks: Distinguish training mastery needs between institutional work and home care. Establish tiers based on levels of care needed. Define these tracks with set criteria. Examine impact of DC Model - Consistent training that allows DSPs to work in various long-term care environments. **This recommendation aligns with the 3rd, 5th and 6th Local recommendation/ 1st tab, line 6,8,10.** - LINE 7,9, 11	Lead: Department of Education	Home Care Agencies, State Government (HHS & Labor Relations), Feds (Dol & DHHS), Training vendors, Hospitals, Long-term Care Facilities, other vested entities.	Yes	Unknown	Unknown	High need- define training tracks	Medium need- ongoing reexamination
Career Pathway/Wages/ Training	Compensate Family Caregivers and allow care recipients to hire/manage their own DSPs: Allow live-in family members providing care to use skills acquired to receive compensation for the care they provide. Former Gov. Hogan cancelled the Independent Provider (IP) Program in MD several years ago. The IP program allows the car recipient to be the "employer of record" and pay their live-in caregiver as an employee. the TF recommends Gov. Moore analyze the IP program for consideration of reinstatement.	Lead: MDH	Home Care Agencies, State Government (HHS & Labor Relations), Feds (Dol & DHHS), Training vendors, other vested entities.	Yes	Unknown	Unknown	High need- lobbying for policy change and potential program reinstatement	High need- ongoing- Promoting pathways to compensation
Training	Increase Clinical Opportunities: Increase number of clinical opportunities needed to certify CNAs/GNAs.	Lead: Department of Education	Dept of Labor, Training Vendors, other vested entities	Yes	Unknown	Yes	High need- Feasibility study	HIGH need- ongoing
Training	Require Field Work as Part of Training: Define requirements to alleviate the pipeline issue and require direct care training to anyone entering the medical profession in any capacity. Require those entering the health care field to spend a mandatory defined period in the direct care industry (either in-home care or institutional). This would serve as a prerequisite field training for all medical professionals.	Lead: Department of Education	Dept of Labor, Training Vendors, MHEC, Board of Nursing, other vested entities	Yes	Yes	Yes	Medium need- Feasibility study	Medium need-ongoing Implementation plan and analysis
Wages	Increase Medicaid Reimbursement Rate and Differentiate Rates Among Different Geographic Areas in the State of Maryland: Take action to increase Medicaid reimbursement rates while also requiring that DSPs be paid a higher hourly wage, for example, 25% more than the state's minimum wage. Increase Medicaid reimbursement rate for Montgomery County based on cost of living.	Lead: MDH in collaboration with CMS	State/ CMS	Yes	Yes	Yes	High need- immediate attention	HIGH Need- Ongoing-High lift, long term but need to get started. Set mandated wage floor.
Working Conditions	Create and Support In-Home Care Standards: Create a consistent state standard of practice for caregivers and care recipients to protect themselves. Establish healthy and safety standards aimed at protecting the caregiver/ care recipient relationship- establishing a safety net for all stakeholders. Examine DC "Bill of Rights" for domestic care workers and build upon it. This is to emphasize "keeping yourself safe" to practitioners.	Lead: State	State/ CMS	Yes	Unknown	Unknown	High need- ongoing	
Career Pathway	Create More Flexible Work Categories: The Maryland Department of Higher Education Commission (MHEC) should create, define, approve, and codify multiple DSP career pathways, to include formal education e.g. CNA, LPN, RN, etc., specializations e.g. certification in dementia care, wound care, end of life, etc., administrative/entrepreneurial DSP work e.g. owning and operating a home health agency, and independent studies/ create your own path.	Lead: MHEC	DSP Agencies, College & University Systems, Maryland Regional Direct Service Worker Collaborative	Yes	Unknown	No Yes	Medium Need	

FEDERAL

	Recommendation	Owner/ Lead Entity	Stakeholders	Policy Change	New Staff Needed	Funding Needed	Short-Term & Prioritization	Long-Term & Prioritization
Career Pathway/ Training	Maximize Use of Degrees from Other Countries: Create a pathway to fast-track skilled documented immigrants and allow them to work as DSPs while waiting on verification (recertification process) of their healthcare credentials from their home countries.	Lead: Federal Gov.	Documented immigrants, CBOs in the recertification space, direct care recipients, home care agencies	Yes	Yes	Yes	High need- immediate policy change	Medium need- ongoing