



Navigating Care

*Short-term American Rescue Plan Act funding
for California's Home and Community-Based Services
highlights the need for long-term sustainability*

MAY 2024





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Executive Summary

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA), which allocated a historic level of funding for Medicaid Home and Community-Based Services efforts in California.

Home and community-based services, also known as HCBS, are critical services that people with disabilities and older adults rely on to live independently in their own homes and communities. HCBS supports people with disabilities and older adults with activities of daily living, such as getting dressed, preparing meals, assisting with medications, maintaining employment, and using transportation. Over half of the \$3 billion in enhanced federal spending sent to California was used to support the state's overworked and underpaid caregivers, a population primarily made up of women and people of color, who are critical in supporting our state's older adults and disabled people.¹

Three years later, many of the ARPA funded programs are coming to an end, and this report finds that the specific programs funded that were aimed primarily at in-home caregivers, while critical and valuable, would still leave in place a problematic care system without sustained investments.

Key findings of this report include:

- Caregivers supporting disabled people, despite state attempts to raise their pay, experience significant dissatisfaction with their pay and working conditions, even as caregivers continue to gain personal satisfaction from their work.
- Paid job training programs aimed at both In-Home Supportive Service (IHSS) and other care workers, were popular and effective, but reached relatively few people and continue to overlook the need to make any changes to a system that fails to provide adequate compensation reflective of the knowledge and skill of this workforce.
- Rushed implementation, contractual challenges, and short timelines hampered the effectiveness of new programs, making them more expensive to launch and operate. Spending deadlines approached just as the programs were reaching their peak effectiveness. As one provider explained, "It's just like this massive investment of money for a very brief window of time. For the same amount of money, we could have made the program last."
- Many family caregivers—often unpaid—finally gained new opportunities to access training programs, respite care, and other services, but too few resources were directed at this large population, and these caregivers continue to be underserved by state and federal agencies.



1. State of California Department of Health Care Services. 2023. "Updated HCBS Spending Plan Projection." <https://www.dhcs.ca.gov/provgovpart/Documents/HCBS-Quarterly-Spending-Plan-Q2.xlsx>.

In order to take advantage of the momentum and knowledge gained as a result of this funding for home and community-based services, we recommend that policymakers:

- **Make direct care worker jobs good jobs** by establishing statewide collective bargaining rights and family-sustaining wages and benefits for the IHSS workforce, improving job quality for workers in the private pay market, and ensuring that family caregivers and care recipients receive the support and services they need.
- **Utilize public forums to highlight lessons learned from ARPA investments**—how these investments benefited care recipients, family caregivers, and care workers, and the shortcomings—and make the case for continued investments while engaging key stakeholders to guide prioritization of future funding.
- **Allow undocumented family members to become IHSS workers** for undocumented IHSS recipients newly covered through Medi-Cal expansion as proposed by Assemblymember Phil Ting in [Assembly Bill 1387](#).
- **Secure additional permanent state and federal funding streams** that enable all of California’s older adults and disabled people who need home and community-based services to receive them.





Introduction

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA), which allocated a historic level of funding for Medicaid Home and Community-Based Services efforts in California. ARPA was initially intended to be a down payment on an even more significant legislative package to dramatically expand the nation's commitment to investments in childcare, paid family and medical leave, and long-term care.² While the Build Back Better Act was passed by the U.S. House of Representatives, efforts to pass this historic piece of legislation stalled in the U.S. Senate, making ARPA funding a one-term expenditure to states to enhance their care infrastructure.

California has directed its funding allocation to support over 25 different initiatives in areas ranging from improving data infrastructure, expanding training and providing stipends, and increasing services to bolster the care workforce.³ With California's population of older adults projected to double over two decades through 2030, the state has directed approximately \$1.7 billion of its spending on programs that will affect HCBS caregivers directly through efforts to build, train, and sustain the workforce at a sufficient level to meet this increased demand.⁴ This effort is the primary focus of our research.

This federal funding comes at a time when the state of California has ramped up its own efforts to address the challenges that this underfunded care infrastructure poses to its population of aging adults. In January of 2021, just two months before President Biden signed ARPA into law, the state released its Master Plan on Aging. This plan aims to generate one million high-quality care jobs, acknowledging the disproportionate weight on women, especially women of color, who work as unpaid family caregivers or in paid positions that offer limited opportunities for career advancement and economic sustainability.

The COVID-19 pandemic further highlighted the importance of caregivers. As of February 2024, over 112,000 Californians have died in the state alone.⁵ With more people at risk, family members and other caregivers of older adults and disabled people made herculean efforts to protect the health of their loved ones. "COVID really shone a light on the value that caregivers have in keeping people safe in their homes," observed Corinne Eldridge, the CEO of the Center for Caregiver Advancement. The ARPA spending plan acknowledges that work by directing resources to caregivers.⁶

This moment represents a historic opportunity to leverage increased funding and attention to learn what works and advocate for a more robust system of home and community-based care in California and beyond. With this knowledge, policymakers can more effectively develop recommendations to strengthen and support affordable and accessible care in the home and community for older adults and disabled people, support family caregivers, and provide high-quality jobs with long-term career opportunities for care workers.

2. Committee on Rules. 2021. "H.R. 5376-Build Back Better Act."

<https://rules.house.gov/sites/republicans.rules118.house.gov/files/BILLS-117HR5376RH-RCP117-18.pdf>

3. State of California Department of Health Care Services. 2023. "Updated HCBS Spending Plan Projection."

<https://www.dhcs.ca.gov/provgovpart/Documents/HCBS-Quarterly-Spending-Plan-Q2.xlsx>.

4. State of California Department of Health Care Services. 2023. "Updated HCBS Spending Plan Projection."

<https://www.dhcs.ca.gov/provgovpart/Documents/HCBS-Quarterly-Spending-Plan-Q2.xlsx>.

5. New York Times Feb 20 2024. "Track Covid-19 in California."

<https://www.nytimes.com/interactive/2023/us/california-covid-cases.html>. Accessed 20 Feb. 2024.


6. Eldridge, Corinne. Personal Interview. 7 Dec. 2023.

Research Plan

The timing and nature of the HCBS ARPA spending in California presents a challenge for this study. This funding was not a singular program but rather a series of programs with overlapping audiences, timelines, and reporting periods. While the final sunset date for all ARPA HCBS spending is March 2025, most programs end earlier, and some have already passed their originally planned expiration date.⁷ Even programs in the same subject area, like job training, can have different coordinating agencies, timelines, and end dates. Some initiatives, like one-time payments of \$500 to care workers, are difficult to study without the necessary data and information from the relevant state agencies.⁸ Fortunately, the state has built in an evaluation process for many of these programs, which will ensure that we will learn more about their effectiveness over the coming years. For policymakers and advocates, however, waiting for all of the formal evaluations means forgoing an opportunity to gather current information to help improve the programs. We have an opportunity now to engage with the people who are among the most affected by these investments—care workers themselves, including family caregivers.

California's care workers have been overlooked and underpaid for generations. According to the California Health Care Foundation, 80% of California's direct care workers are women, 47% are immigrants and more than 75% are people of color. Almost half (47%) receive benefits including health insurance from public assistance programs due to low wages, and that number would be higher if not for the people locked out of benefits because of their immigration status.⁹

Hence, we shaped this study to amplify the perspectives of caregivers and concentrate on policy interventions that hold promise for potential systematic changes in how California supports caregiving.



Our focus revolves around three areas of ARPA spending and policy:

- 1** A multi-year state effort to raise the pay of care workers serving people with intellectual and developmental disabilities. This work began before ARPA but is aided significantly by ARPA funds and provides an opportunity to look at how pay influences care worker well-being and job satisfaction.
- 2** An examination of care worker workforce development efforts to streamline training, attract new workers, and promote career advancement in the field with the end goal of improving outcomes for care recipients
- 3** Whether supportive services and training made available by the HCBS spending plan alleviate the economic, physical, and emotional challenges that are placed on unpaid caregivers.

7. State of California Department of Health Care Services. 2023. "Updated HCBS Spending Plan Projection." <https://www.dhcs.ca.gov/provgovpart/Documents/HCBS-Quarterly-Spending-Plan-Q2.xlsx>.

8. Over \$170 million was allocated for these stipends, with over 500,000 stipends issued in January 2022 to In-Home Supportive Services (IHSS) providers. Non-IHSS providers were also eligible through an application process, and most payments were issued in 2023.

9. California Health Care Foundation. 2023. "California's Direct Care Workforce Quick Reference Guide." <https://www.capaihss.org/wp-content/uploads/2023/01/DirectCareWorkforce-QRG-CHCF-010323.pdf>.

Through data analysis, background research, and extensive interviews with policy advocates, program administrators, and most importantly caregivers themselves, our aim is to offer insight that will enable California to build a more robust care system for generations to come.



Methodology

This study makes use of a mix of quantitative and qualitative research methods, including surveys, interviews, and an extensive literature review that involves examining program documents, state and federal regulations, academic studies, advocacy materials, and government reports.

For our work on wages paid to caregivers of those with developmental disabilities, we constructed a survey that asked participants about their job satisfaction and quality of life, using validated survey instruments. This also included asking for demographic and wage information. Participants could take the survey in any of six provided languages.¹⁰ For this effort, we targeted key counties with high rates of people of color and enlisted the support of staff at the state Department of Developmental Services Regional Centers and the California Disability Services Association to help distribute the survey. Researchers also used targeted Facebook advertisements to reach potential survey participants, offering \$50 honorariums for interview participation and a chance to win a gift card for filling out the survey. 117 people completed the survey during the months of October through December 2023.

At the heart of this effort was our direct work speaking to people connected with caregiving in California. This story could only be told by listening to the caregivers themselves, hearing about their triumphs, challenges, and frustrations. In all, we interviewed 36 caregivers in California and two people who receive care. Of those caregivers, 19 were respondents to the developmental disabilities survey, enabling us to get more nuanced perspectives than the survey answers provided. We interviewed 15 caregivers who had participated in state-sponsored training programs, including 11 who participated in the In-Home Supportive Services (IHSS) Career Pathways program and four who used services offered by the CalGrows initiative. We also interviewed two unpaid family caregivers.

We conducted extensive interviews with experts from around California, including people who administer these programs. We spoke to 29 experts about their work, including 10 county or regional administrators and four administrators at the state level. These are the people who had primary responsibility for making these programs successful. Additionally, we spoke to 15 people from community based organizations, academia, and the advocacy community. Some of these experts ran programs that used ARPA funding to enhance their existing work supporting care workers and caregiving in California, while working in labor or academia to foster support for caregivers.

10. English, Spanish, Chinese, Korean, Vietnamese, and Tagalog.

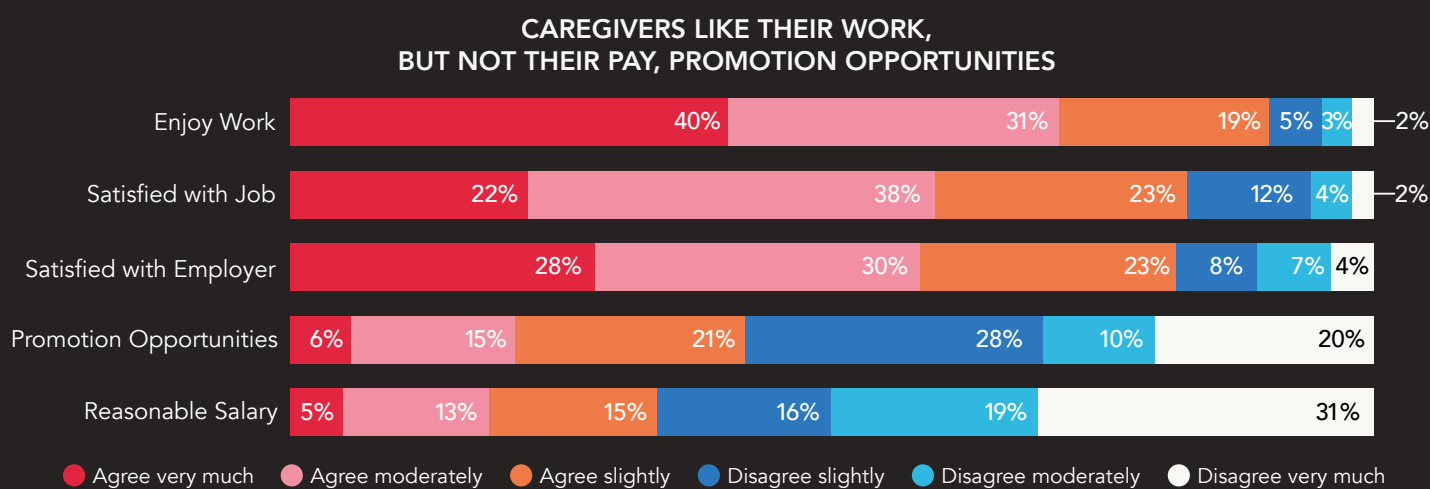
Wage Increases for Caregivers— What Have We Learned?

One of the most costly elements of the HCBS-ARPA spending plan focuses on increasing rates for providers of intellectual and developmental disability services, or Direct Support Professionals (DSPs), through Medi-Cal, California's Medicaid program. People with intellectual and developmental disabilities typically constitute approximately one-fourth of California's HCBS population and often have needs that require expensive, often round-the-clock care.¹¹ In California, this care is coordinated through 21 nonprofit regional centers to provide assessments, determine eligibility, provide case management, and link patients to home and community-based service providers.

Recognizing the critical need for support, a state-commissioned rate study determined that the state would need to spend an additional \$1 billion annually to raise compensation rates to a level that would ensure an adequate number of providers to care for this population and set in motion a plan that would raise rates to a targeted level by 2024. The HCBS Spending Plan dedicates \$945 million in addition to an ongoing \$1 billion allocated through the state budget to implement these compensation rate increases and strengthen the infrastructure for this critical work. Analyzing these changes and listening to the people who received these wage increases gives us an opportunity to look at the relationship between care worker salaries and job satisfaction, as well as quality of life, and desire to remain in the field.

Our detailed questionnaire for direct care workers who work with people with developmental disabilities measured job satisfaction and was also valuable in identifying care workers interested in partaking in further conversation. We conducted interviews with 19 of the survey respondents, ranging from 30-60 minutes in duration, enabling us to get much more detailed impressions of how caregivers felt about their work, income, and lives. While these issues of retention in the field would be better addressed by statewide evaluations, the surveys and interviews we conducted enabled us to identify both pain points and points of pride for care workers.

The clearest finding to emerge from both the survey and the personal interviews is perhaps not surprising—**care workers loved and valued their work, even as they expressed that their pay and long-term job prospects remained disappointing.**



Source: Survey of California Direct Care Workers who care for people with developmental disabilities.
Survey taken between October - December, 2023. n=105.

11. Konetzka, Tamara R. Dec. 2012. "Assessing the Health and Welfare of the HCBS Population." *Agency of Healthcare Research and Quality*. <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/hcbs/findings/find2.html>.

Care workers surveyed reported enjoying work and, to a lesser extent, being satisfied with their jobs. When faced with questions about satisfaction with employers, adequate promotion opportunities, and if they felt they were paid fairly, satisfaction levels decreased. While over half of those surveyed enjoyed their work, fewer than 1 in 20 reported they “very much” agreed that they received a reasonable salary. By contrast, over half very much disagreed with the idea that they received a reasonable salary.

The attitudes of workers in our survey reflect the realities of care workers in California. According to PHI, direct care workers in California in 2022 were paid a median hourly wage of \$15.44.¹² Although the attempts to raise wages for Direct Support Professionals is a strong first step, that effort is still underway, and would only reach a small percentage of caregivers in the state.

Despite general dissatisfaction with wages, caregivers who received salary increases expressed appreciation for them. “My salary increase does help,” stated a San Diego care worker with three years of experience, “because I can afford an extra meal and extra groceries and extra goods.”¹³

Care workers also expressed the ways in which additional money allowed the physical and emotional rest they so badly need. A San Francisco care worker of eight years said it simply allowed her to get some rest. While a Los Angeles caregiver put it similarly:

“the fact that I know that I’m going to be financially stable, is something that gives me psychological rest.”¹⁴

Care workers perceived that their salary increases were a direct result of the good work they did, rather than any statewide or governmental mandate. While we did not have the ability to know if Rate Model Implementation directly led to wage increases for these interviewees, worker comments indicated that they were not at all comfortable asking for raises, given the power disparity between themselves and their employers. “I really wouldn’t be comfortable asking them for a promotion. I would look as if I’m more greedy, like I’m ungrateful to ask for that...I believe I’ll add more worries,”¹⁵ said one care worker from San Diego. These concerns underscore why systematic efforts to raise wages are particularly valuable. If a care worker is afraid to ask for a raise for fear of being fired or looked down upon, it’s clear the solution is to ensure they are fairly compensated for their work.

Caregivers also expressed their desire to do more. While some caregivers expressed a desire solely to care for their own loved ones, many, like a four-year caregiver in Los Angeles, would like to make caregiving a long term career—and would like the opportunity to “progress in [her] career.”¹⁶ That desire for career advancement—and how the ARPA money was used to foster those opportunities, is the subject of this report’s next section.

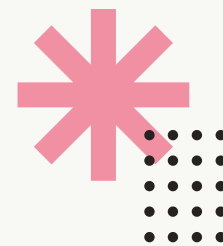
12. PHI. “Workforce Data Center.” https://www.phinational.org/policy-research/workforce-data-center/#_var=Wage+Trends&states=06. Accessed Feb. 2024.

13. To protect the anonymity of the respondents, we are only using general terms to describe them, rather than their names. All interviews were conducted between November 2023 and January 2024.

14. Personal Interview. 21 Nov. 2023.

15. Personal Interview. 28 Nov. 2023.

16. Personal Interview. 29 Nov. 2023.



Job Training— Exciting Opportunities, Bureaucratic Obstacles

California and the nation continue to experience severe shortages of care workers to meet the growing needs of the older adults and disabled people. According to PHI, the nation's aging population is expected to significantly increase, with the share of working-aged people declining as people are living longer and demands for care increases.¹⁷ In California, the shortage of direct care workers (DCWs)—estimated to be 3.2 million in the coming years—is exacerbated by low wages, difficult working conditions, and the challenge of providing language access and culturally competent care for an increasingly diverse population.¹⁸

For these reasons, California has identified training a new generation of care workers as vital to its needs. Unfortunately, today, this process is hampered by low wages, difficult working conditions, inconsistent licensing requirements, limited promotion opportunities, and negative perceptions of the work. According to a recent report, care jobs “are often erroneously termed as ‘unskilled’ or ‘low-skilled,’ which may contribute to the limited enforcement and expansion of training standards in direct care”¹⁹ PHI argues that this is tied to who does the work, stating, “The low wages afforded to direct care are fundamentally tied to systems of discrimination that have assigned low value to work traditionally performed by women, people of color, and immigrants—who still today comprise the majority of the direct care workforce.”²⁰

These problems can be combated by worker training that provides clear paths to promotional opportunities and increased wages. Indeed, the California Master Plan on Aging specifies that “the caregiving workforce can be grown through caregiver training and professional development opportunities, along with livable wages, job placement support, and improved job quality” as well as expanding career pathways for direct care staff and attempting to link training to wage increases.²¹ Unfortunately, advancement in the field is made difficult by a lack of career lattices that would enable direct care workers to transition easily in any direction across similar roles. Multiple licensing bodies, each with its own requirements, make it difficult for California care workers to move to a second job without repeating lengthy (60-120 hour) training programs. Furthermore, formal career pathways to advanced health care roles like nursing, are difficult to access for direct care workers. While caregiving provides experiential knowledge relevant to more advanced health care careers, hours worked as a personal care aide are not transferable towards nursing professions. Many DCWs come from marginalized communities that face barriers to healthcare career advancement. In California, 80% of DCWs are women, almost half are immigrants, and 75% are Latinx, Asian, Black, or multiracial.²² Evidence from nursing shows a more in entry-level nursing jobs, while advanced nursing professions are majority white.

17. Campbell, Stephen, et al. 2021. “Caring for the Future: The Power and Potential of America’s Direct Care Workforce.” Public Health Institute. <https://www.capaihss.org/wp-content/uploads/2023/01/Caring-for-the-Future-2021-PHI.pdf>.

18. California Department of Aging. Jan 2021. “California’s Master Plan for Aging.” <https://www.aging.ca.gov/download.ashx?IE0rcNUV0zZe1bBmXluFyg%3d%3d>. Accessed 12 September 2022.

19. Campbell, Stephen, et al. 2021. “Caring for the Future: The Power and Potential of America’s Direct Care Workforce.” PHI. <https://www.capaihss.org/wp-content/uploads/2023/01/Caring-for-the-Future-2021-PHI.pdf>.

20. Campbell, Stephen, et al. 2021. “Caring for the Future: The Power and Potential of America’s Direct Care Workforce.” PHI. <https://www.capaihss.org/wp-content/uploads/2023/01/Caring-for-the-Future-2021-PHI.pdf>.

21. California Department of Aging. Jan 2021. “California’s Master Plan for Aging.” <https://www.aging.ca.gov/download.ashx?IE0rcNUV0zZe1bBmXluFyg%3d%3d>. Accessed 12 September 2022.

22. California HealthCare Foundation. 2023. “California’s Direct Care Workforce Quick Reference Guide” <https://www.capaihss.org/wp-content/uploads/2023/01/DirectCareWorkforce-QRG-CHCF-010323.pdf>.

RACE/ETHNICITY OF CALIFORNIA NURSES (2022)

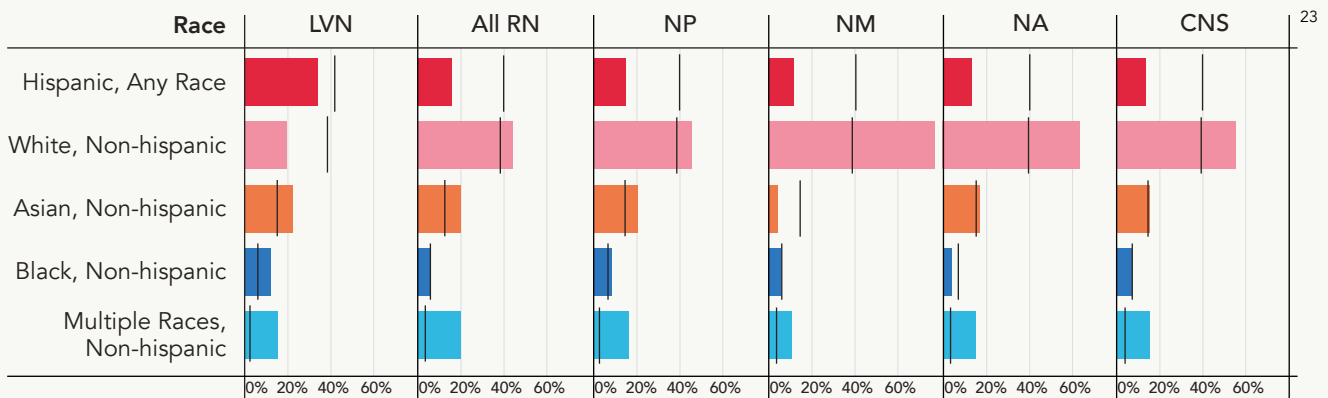


Chart from <https://hcai.ca.gov/wp-content/uploads/2022/09/Agenda-Item-8-The-State-of-the-Nursing-Workforce-in-California.pdf>.
Original source: Department of Consumer Affairs Healing Arts Survey

Recognizing the importance of addressing these issues, California prioritized increasing training opportunities for care workers when approving its ARPA-enhanced HCBS spending plan. Most caregivers supported by the state are paid through the In-Home Supportive Services (IHSS) program. IHSS workers are contracted through county agencies, although many of these workers (about 70%) support a family member.²⁴ The state's plan directed \$295.1 million to a "Career Pathways" training program for IHSS workers, to be administered by the California Department of Social Services (CDSS). Another \$150 million was allocated to support non-IHSS workers who provide care, primarily through the CalGrows (Growing a Resilient Outstanding Workforce in the Home and Community) program, administered through the California Department of Aging.²⁵ The different structures and audiences of these programs, while providing similar services, highlight the complexities and inefficiencies inherent in California's job training infrastructure.



23. LVN - Licensed Vocational Nurse, RN - Registered Nurse, NP - Nurse Practitioner, NM - Nurse Manager or Nurse Midwife, NA - Nursing Assistant or Nurse Aide and CNS - Clinical Nurse Specialist.

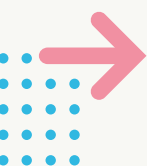
24. Hunt, Lauren, et al. Jan. 2023. "California's Direct Care Workforce: Who they are, the work they do, and why it matters." California Health Care Foundation.

<https://www.capaihss.org/wp-content/uploads/2023/01/CA-Direct-Care-Workforce-CHCF-010423.pdf>.

25. State of California Department of Health Care Services. 2023. "Updated HCBS Spending Plan Projection." <https://www.dhcs.ca.gov/provgovpart/Documents/HCBS-Quarterly-Spending-Plan-Q2.xlsx>.

Obstacles to Program Design

From the inception of the IHSS Career Pathways and CalGrows programs, administrators with the implementing agencies faced intense pressure to establish services within a few months due to looming federal expenditure deadlines of the one-time funds made available through ARPA. In the summer of 2022, CalGrows conducted an extensive stakeholder engagement process to shape the program's design. This involved surveying over 600 DCWs in four languages and conducting three focus groups with a total of 10 DCWs.²⁶ This process identified primary logistical barriers for DCWs in accessing training: not having enough time to participate, training not offered at convenient times, DCWs not being allowed to use work time for training, and cost. In essence, multiple stakeholders, including CalGrows official Renita Polk, identified two key obstacles: "time and money."²⁷ While time and money have long proven significant barriers for workers seeking training, ARPA funding made much needed money available to the California government to address these problems, but with inadequate time to do so.



A rushed implementation timeline resulted in challenges with program structure, impacted course offerings, and contractual issues that led to an inefficient use of resources.


Both CalGrows and California Department of Social Services (CDSS) Career Pathways providers rushed to publicize their programs and develop computer systems and organizational structures that would meet the needed demand while completing a bidding process to vendors that would offer training. According to Kayt Norris, Senior Director of Growth and Innovation at Homebridge (which supplies about 85% of Career Pathways online training sessions), her organization had to do a "massive scale up" to be able to customize over 100 courses, translate content into Spanish, Chinese, and Armenian, set up a student support team, develop an online course catalog and training registration system, and hire a team of 20 plus experienced teachers to lead over 1,000 live training sessions a month, just months after they got the contract.²⁸ Many CalGrows providers had similar experiences. Homebridge had to secure partnerships and customize courses in order to expand their online offerings before gauging demand, creating financial risk. Perhaps for this reason, only Homebridge and the Center for Caregiver Advancement successfully bid to offer courses to IHSS providers, as other potential vendors opted out. Homebridge exceeded their initial estimates and had little difficulty signing up participants (quite the opposite, in fact), but had they been provided more time and flexibility, "they would have done things differently," Norris admitted. For example, they could have streamlined access to training programs for prospective participants to ease their participation.

In order to maximize class availability for IHSS workers in a period of just a few months, IHSS Career Pathways administrators engaged counties and the two contracted vendors to offer classes. This approach resulted in multiple vendors with inconsistencies in business processes. For example, the length of classes varied across vendors. Protocols for registering for coursework were also different from one vendor to another, often with no provided instructions. Contracting challenges added further complications; United Way was originally subcontracted to provide technical support and assistance for IHSS workers and CalGrows through their 211 service, but this contract was canceled three months after it began without explanation. DCWs, meanwhile, turned to informal Facebook


26. California Department of Aging. 8 Aug. 2022. "Stakeholder Interview Synthesis." Collaborative Consulting Inc. <https://www.aging.ca.gov/download.ashx?IE0rcNUV0zak7uo1GWWhbRg%3d%3d>.

27. Polk, Renita, Personal Interview. 12 Dec. 2023.

28. Norris, Kayt. Personal Interview. 4 Dec. 2023.




groups to help support one another in navigating the confusion. Word spread through the Facebook groups that courses offered through Homebridge were easiest to access, leading to overcrowded or limited availability for Homebridge classes due to high demand.



“These classes—they’re hard to get in... And then they don’t even tell you how to do anything. I’ve just been signing up and taking classes. And then I just know from Facebook that they say as soon as you take the class to report it. So that’s all I’ve been doing. I don’t know if I’m doing it right. I don’t know. I don’t know. They don’t really help you with the classes.”²⁹

—IHSS Worker from San Diego County

Impacted classes and a lack of guidance in selecting classes resulted in care workers encountering difficulties accessing training that aligned with their job requirements or personal interests. Others had trouble attending classes in person. “I tried 6 months [to get into one course]... still, I didn’t get that course,” an IHSS Worker in Los Angeles County reported.³⁰ The incentive structure rewarded caregivers for having taken certain course patterns, but without sufficient coaching and assistance, caregivers were not always sure which classes to take. The result was an often confusing and transactional training program where participants scrambled to take whatever courses they could get as long as they would be paid for them, leading to issues of “superusers” in too many (or incorrect) courses while others struggled to get into any. The rushed process also hampered the program’s ability to create an effective waiting list system, leaving coveted classroom spots unfilled when someone dropped out of the course.



In contrast to fostering systemic change, the prevailing preference leaned heavily toward “Shovel Ready” programs.


The job training effort, especially on the IHSS Career Pathways side, reveals a fundamental problem. Given time and program flexibility from the state, many providers would have experimented with creating novel approaches, designing new course sequences including requiring some prerequisites, and considering new training modalities, but the need to get to scale immediately precluded those possibilities.

Despite the recognition of a need for systemic change, questions persist about what it would look like to establish career ladders into advanced healthcare professions for care workers. The efforts of the California Future Health Workforce Commission, convened by major health philanthropies in 2017 and made up of experts in health care, community health, education, and health policymaking, was charged with creating a strategy to narrow the gap between today’s health care workforce and what will be needed by the state. The Commission urged the state “to establish and scale a universal home care worker family of jobs with career ladders and associated training.”³¹ Although the state has implemented many of the Commission’s recommendations, it has not acted on creating a career ladder for caregivers.

29. Personal Interview. 29 Nov. 2023.

30. Personal Interview. 16 Dec. 2023.

31. The commission, chaired by the presidents of the University of California and Dignity Health, advocated for adopting a new universal home care worker (UHCW) role and job family with three levels. The entry-level home care worker would demonstrate proficiency with providing personal care and assistance with activities of daily living. The second level adds paramedical tasks such as administering oral care and catheter care for people with moderate functional limitations and cognitive decline. The third level adds additional paramedical services for complex individuals such as people with dementia and requires remote oversight by a licensed professional.



That lack of a career ladder or more flexible “career lattice” system is evident in the job training systems offered through IHSS Career Pathways and CalGrows. Instead of implementing systemic changes to establish a natural progression of career advancement, including financial incentives, aligned with increased skill sets for all direct care workers, the state opted for career coaching in IHSS Career Pathways and CalGrows. While career coaching may allow workers to do their current job better, job training will help workers progress in their career beyond their current role. This coaching aimed to support professional development through a complex system of similar DCW job classifications. Even then, the definition and strength of the career coaching element varied between the programs and were compromised by contractual issues. Although funding was allocated for career coaching in IHSS Career Pathways, the contract was canceled within three months of launch. Ultimately, Department of Social Services staff ended up assuming the career coaching component for IHSS Career Pathways participants, but the focus shifted more towards answering programmatic questions than supporting career advancement.³² The career coaching component was also supported by CalGrows but came to an end in the fall of 2023 when the contract was canceled.³³

Despite these structural difficulties, **participants overwhelmingly found the course content to be helpful, successfully addressing many of the time and money barriers that typically hinder care workers from training.**

Our research finds that the stakeholder engagement undertaken to inform program design was largely successful in addressing barriers to accessing training. Both IHSS Career Pathways and CalGrows courses incentivize participation by paying providers for completing coursework, much of which is offered online and is self-paced to accommodate care workers’ unpredictable and non-traditional schedules. Some participants reported being able to complete coursework on the job, especially if referred to the program by their employer. In addition, classes are offered in English, Spanish, Armenian, Cantonese, Mandarin, Russian, Vietnamese, and Korean. Participants interviewed found the course material and delivery to be engaging and relevant to their day-to-day challenges on the job. However, due to the condensed implementation timeline of the programs, many complications arose that jeopardized the accessibility of training (see next section).

Over the six months preceding March 30, 2023, a total of 3,269 providers received payment for completing an IHSS Career Pathways program course, and 1,359 individual providers completed at least 15 hours of training or more in the subsequent career pathways. With the program expanding month by month, higher numbers would be expected for more recent months. For CalGrows, 5,316 caregivers have participated in the job training courses offered through the CalGrows portal through November 30, 2023, with over 26,000 training courses completed.³⁴ Both programs’ initial evaluation documents show satisfaction with the courses, and providers reported increased levels of knowledge (Homebridge data evaluations employ a pre/post design that asks questions both before and after the class to gauge learning).

32. Wang, Cindy. Personal Interview. 22 Dec. 2024.

33. CalGrows is hoping to restart career coaching.

34. California Department of Social Services. Nov 2023. “In-Home Supportive Services Career Pathways Program: Interim Evaluation Report to the Legislature.” <https://www.cdss.ca.gov/Portals/9/Adult-Programs/IHSS/Reports/Career%20Pathways%20Interim%20Leg%20Report.pdf>; Polk, Renita, Personal Interview. 4 Jan. 2024.

Our own interviews with care providers offered almost **universal acclaim for the classes themselves**, even if participants had other concerns with the program.

“The IHSS Career Pathways classes like Personality Disorders, Approach to Trauma Survivors, Psychosis and Mania have helped me learn about people with trauma—their emotional and mental challenges and how to interact with them, what triggers them, what not to say...it’s all about how you approach people with these conditions. I learned a lot of little things I didn’t think about before but now I do. Things are a lot better [with my client]. Our relationship is a lot better.”

—IHSS Worker caring for an accident survivor in San Diego County³⁵

Participants appreciated the opportunity to connect with other care workers, often through online breakout groups. “It’s kind of nice because you meet, or you’re able to communicate with other people who are in your shoes” said an IHSS Worker caring for a disabled family member living at home in Sacramento County, “I know I’m not alone, you know. Someone else is going through it too.”³⁶ Participants also enjoyed classes that encouraged personal growth and self-care. One Sacramento caregiver of a disabled family member appreciated the focus on self-care, which can be difficult to maintain while doing this work. Talking of a series of mindfulness classes, she explained that “they actually have you do like a meditation during (the class) and stuff like that to slow things down. And (remind ourselves) it’s okay.”³⁷ Others expressed their appreciation for opportunities to learn about financial literacy, memory care, and disability care. Ultimately, many caregivers shared the sentiments of a caregiver with 18-years of experience, who said that “In every class there’s actually something that you learn like ‘hey this pertains to my situation’. They are very helpful. I can’t even express that enough.”³⁸



Programs talk of career advancement but fail to integrate program achievements into salary increases or other long-term benefits.

Although students enjoy the courses, many are confronted quickly by the “now, what?” problem. Despite passing the class and gaining valuable knowledge, the courses offered few tangible markers of success and no connection to increased pay or better working conditions. This complaint was echoed by virtually everyone we spoke to, from care workers to course providers to advocates and even some government officials. State officials and course providers expressed that they would have liked to design programs that offered usable credentials but that the time crunch—and most importantly, the state infrastructure—made that impossible.

While both the IHSS Career Pathways and CalGrows programs have a stated intention to help individuals advance their careers, what this entails is not clear nor are there metrics to measure success. For example, in the IHSS Career Pathways Interim Evaluation Report to the Legislature, the Department of Social Services states that when surveying IHSS Career Pathways participants, “56 percent of respondents stated their objective was ‘to grow or advance in my career’” while “78 percent of respondents replied affirmatively that they believed they would ‘be better able to advance in a career in home care or healthcare.’”³⁹

35. Personal Interview. 30 Dec. 2023.

36. Personal Interview. 6 Jan. 2024.

37. Personal Interview. 6 Jan. 2024.

38. Personal Interview. 19 Dec. 2023.

39. California Department of Social Services. Nov 2023. “In-Home Supportive Services Career Pathways Program: Interim Evaluation Report to the Legislature.” <https://www.cdss.ca.gov/Portals/9/Adult-Programs/IHSS/Reports/Career%20Pathways%20Interim%20Leg%20Report.pdf>.

However, the program does not provide a tangible path to career advancement beyond general skills training. This point was recognized by our interviewees:

"Now, if I decided to leave IHSS and go take a Licensed Vocational Nurse (LVN) class somewhere...then it'd be easier for me to take, because I'd have the knowledge or some of the training that they would teach me. So it would be a little easier. But they're not giving you any advance (credit) in anything."⁴⁰

—IHSS Provider in Stanislaus County

Another caregiver agreed:

"I would really really encourage [the state] to continue to offer... on demand classes for family caregivers, but if they want to increase uptake among people who are interested in a career in healthcare, they should pair it with... actually getting credit for the courses and taking courses where you're working towards some certificate or licensing."⁴¹

—IHSS Provider in Los Angeles County

Brandi Wolf, Policy and Research director for SEIU Local 2015 expressed that "the union's hopes and dreams for this were that this historic investment would create a pathway for us to prove the value of training for IHSS providers within their career." While she believes that the program has been a "step in the right direction," it has been inadequate with respect to professionalizing caregiving or leading to a path where caregivers earn what they deserve.⁴² Ultimately, she argues, the goal should not be course completion for its own sake, but a system in which "compensation is representative of the level of training that caregivers have," something that the ARPA funding does little to address.⁴³

Not only are actual career pathways not offered through the IHSS Career Pathways or CalGrows programs, but training participants are not recognized or rewarded for skills they have worked hard to acquire. Caregivers with specialized skills are not paid a higher salary or provided a professional accreditation that could be leveraged for future career advancement, a fact that was not lost on our interviewees:

"A lot of us don't have the potential to climb (in our careers) because even with the (IHSS) Career Pathways program, we have the education—the one thing they can't take from us. But they don't give us (the opportunity) to advance with it. It's like these certificates (of course completion). I asked (an IHSS Career Pathways instructor): What do we do with these? What do we do with these in real life? I know that we're getting them and I know that we're taking all of these steps. But what can we do (with the certificates) outside of IHSS? And she says it's only for our knowledge."

—IHSS Provider in Stanislaus County⁴⁴



40. Personal Interview. 25 Nov. 2023.

41. Personal Interview. 25 Nov. 2023.

42. Wolf, Brandi. Personal Interview. 19 Dec. 2023

43. Wolf, Brandi. Personal Interview. 19 Dec. 2023

44. Personal Interview. 25 Nov. 2023.



Source: Chart from Legislative Analyst's Office, The California Legislature's Nonpartisan Fiscal and Policy Advisor.
Original Source: Occupational Employment and Wage Statistics published by the Employment Development Department. Low-wage occupations had an estimated median wage below \$17.50 an hour in the first quarter of 2023. Employment estimates are for May 2022.

IHSS = In-Home Supportive Services.



California's largest low-wage occupation is home health and personal care aides, almost 75% of which are IHSS workers. To one Black IHSS worker, not tying training progress to an increase in wages in the IHSS Career Pathways program seemed to be a deliberate design feature to maintain low wages and suppress economic mobility of IHSS workers, who the interviewee observed has more Black workers than any other type of DCW classification. To the interviewee, this was consistent with other state initiatives from which IHSS workers are excluded.

"I was hoping that when we were sitting here taking all of these classes that IHSS would pay us better, or take care of us and say, 'Hey, because you're taking the steps to get this knowledge, let us pay you accordingly.' But they don't look at that and it's really hard, because each county (IHSS worker) in the state of California gets paid different. Where in California they passed this law where all Certified Nursing Assistants and Licensed Vocational Nurse and any medical health worker will get \$25 an hour. They excluded IHSS even though we're a medical based program. They excluded us. And even though (now) we have more knowledge and more classes—us African Americans, they just basically said, 'Shh! You guys are at home. Those (clients) are your family and whatever you do, that's okay.'"

—IHSS Provider in Stanislaus County⁴⁵

45. Personal Interview, 25 Nov. 2023.



CalGrows program exemplified the challenges and possibilities of ARPA expenditures.

Although CalGrows ARPA budget is less than the funds directed to the larger IHSS Career Pathways program, its adoption is noteworthy from a policy perspective. Unlike IHSS Career Pathways, which targeted the large well-established In-Home Supportive Services (IHSS) network, CalGrows was designed to offer similar training to unlicensed and certified nursing assistants who were not IHSS participants.⁴⁶ This held open the possibility that CalGrows would accommodate a more diverse group in terms of employer arrangements, but also made participation harder to predict.

The majority of CalGrows spending (\$89 million) was directed to an “Innovation Fund.” This fund awarded grants ranging from \$50,000 to \$8 million to 78 organizations for a variety of “free” training programs aimed at their own employees, community members, and others interested. CalGrows hired a consultant that created a website aimed at providing caregivers access to courses offered by Innovation Fund grantees, as well as select IHSS courses. CalGrows also offered career coaching and other services to participants. As of early January 2024, over 600 courses are available to care workers and caregivers on that site. Finally, CalGrows will retain access to the course content created for its program for future training initiatives.

As with other programs under the ARPA spending umbrella, the timeline proved a significant challenge. CalGrows launched officially only in May 2023 (although some grantees began work in March 2023), with an end date of December of 2023 (a recent extension will allow some aspects of the program to run until September 2024). As with IHSS vendors, grantees had to staff up and develop curriculum quickly knowing that many newly hired employees would have an exceptionally short term.

As grantees individually created classes, it led to a significant duplication of effort in the CalGrows catalog. For example, a recent search for courses on “understanding dementia and Alzheimers” revealed 175 courses. Many aspects of the CalGrows program essentially duplicated IHSS Career Pathways offerings (in fact CalGrows students are sometimes sent to courses with IHSS providers).⁴⁷ While CalGrows made efforts to improve website searchability and make eligibility information more accessible, a dizzying array of rules creates a lack of clarity for potential participants regarding which classes they are eligible for, which will come with compensation, or even additional compensation through a concentration in a specific area.

Beyond the issue of course duplication, the short timeline added additional challenges. To promote the courses, CalGrows initiated a radio advertising campaign and paid ads on platforms like Instagram and Facebook. While aimed primarily at those taking care of older adults in the home, initial response to the ads often came from people who were ineligible for CalGrows services. Other services, like their career coaching services, were initially very successful but ended abruptly when the California Department of Finance ended their contract with their vendor for the program. This also caused delays both to innovation fund grantees and to course takers, who had their payments stopped while a new contractor was found. In all, the short time window and some likely foreseeable chaos led to inefficiencies in the program.

Nevertheless, the CalGrows program’s programmatic diversity holds the potential to bring new ideas to the state’s efforts to reach potential caregivers.

46. A new program, Caring4Cal, sponsored by the California Department of Health Care Access and Information, recently has begun to provide training more specific to earning licensure in medical fields.

47. “Caregiver Trainings” CalGrows. <https://www.calgrows.org/caregiver-trainings>. Accessed 28 Jan. 2024.

Examples include:

- **Vision y Compromiso (VyC)** developed a 40-hour training in Spanish for promotoras and community leaders who work with multigenerational families. In 2023, funding through CalGrows enabled VyC to deliver the Aging with Dignity training to at least 100 promotoras.⁴⁸
- **PathPoint** allocated \$800 per employee for completing various training opportunities and remaining employed. One notable aspect of the program was the Diversity, Equity, Inclusion, & Accessibility (DEIA) training program, with approximately 226 participants receiving compensation upon completion.⁴⁹
- **Alameda County Care Alliance** is using trusted local leaders, particularly in communities of color, to conduct outreach that will enable caregivers to seek training.
- Other organizations have worked with faith-based communities, employed one-on-one job shadowing, and even used video game technology for training.

A statewide evaluation of the CalGrows program by researchers at UCSF—expected in late 2024 or early 2025—should yield more information about program successes and obstacles. The hope is that the lessons learned from the evaluation will provide “a good starting point for a permanent program.”⁵⁰

Unpaid Caregivers and their (small) slice of the ARPA pie

The California Department of Aging estimates that two-thirds of all older adults requiring long-term services and support (LTSS) receive all help from unpaid relatives, friends, and neighbors—often referred to collectively as “family caregivers.” According to the AARP, approximately 4.4 million family caregivers provide support for older adults and disabled people in California—totaling over 4 billion hours of care each year.⁵¹ With half of all Americans over 65 expected to need some long-term support at some point, this presents a significant challenge as family caregiving falls disproportionately on women and people of color, especially Black, Brown, and immigrant women.

In 2020, 1 in 4 Californian caregivers provided 20 or more hours per week of care to a family member or friend, but only around 1 in 11 caregivers received pay for the hours devoted to caregiving. While this causes emotional and financial stress for significant numbers of family caregivers—routinely giving up sleep, harming their health, and forgoing paid employment—the negative repercussions are even greater for caregivers of color, including 20% who reported experiencing “significant financial stress.”⁵² As Christina Irving, Client Services Director at Family Caregiver Alliance, points out, unpaid family caregivers not only are forgoing income, but they are financially responsible for expenses ranging from incontinence supplies to mental health support to home modifications like grab bars and wheelchairs—often with no support from Medicare.⁵³ Although California’s passage of paid family leave in 2002 was designed to alleviate some of this challenge and recent improvements to the program will support the most underpaid workers to be able to take paid family leave beginning in 2025,⁵⁴ the scale of the problem of ensuring that one’s family member—and oneself—can be cared for is a crisis that remains unabated in California and across the nation.

48. Arthur, Debbie. “Re: Request for information on CalGrows program.” Received by Hanna Hamilton, 5 Jan. 2024.

49. Loza, Lauren. “Re: Request for information on CalGrows program.” Received by Hanna Hamilton, 3 Jan. 2024.

50. Polk, Renita. Personal Interview. 12 Dec. 2023.

51. AARP. March 2023. “Number of Family Caregivers, Hours, and Economic Value of Caregiving, by State, 2021.”

52. Tan, Sean et al. Nov 2021. “Who Is Caring for the Caregivers? The Financial, Physical, and Mental Health Costs of Caregiving in California.” *UCLA Center for Health Policy Research*.

<https://healthpolicy.ucla.edu/sites/default/files/2023-04/caregivers-policybrief-dec2021.pdf>.

53. Irving, Christina. Personal Interview. 13 Dec. 2023.

54. Press Release : Governor Newsom’s Signature on SB 951 (Durazo) Propels California Back into National Leadership on Paid Family Leave. 30 Sep, 2022. <https://www.workfamilyca.org/blog/press-release-governor-newsom-signs-sb-951>.



Despite the significant need for assistance for family caregivers, many of whom have to leave their jobs in order to support family or loved ones, federal and state programs undervalue the true cost of aging and disability care while continuing to leave care workers underpaid. For example, Medi-Cal, which funds the majority of long-term care services and supports including home and community-based care, has long been under-resourced, exacerbating the challenges faced by family caregivers. ARPA HCBS spending loosened eligibility rules, enabling unpaid family caregivers to access some programs that had only been available to paid workers. Family caregivers gained the opportunity to access supports such as limited respite services, and job training through ARPA funding, and even those limited steps point the way toward potentially valuable changes that could be made in the future. Despite these incremental advancements, it is crucial to recognize that systemic issues persist in the allocation of resources for aging and disability care.

California's ARPA plan has allowed family caregivers to benefit from Coordinated Family Supports, a vital effort aimed at reducing the disparity between white and Latinx families who need care for a family member with an intellectual or developmental disability. In 2022, Disability Voices United found that documented disparities in the use of California Regional Center services on the basis of race, ethnicity, and geography had worsened in almost all areas of the state, despite a six-year, \$66 million effort to address them.⁵⁵ Recent data from the Regional Center of the East Bay (RCEB) highlights this problem. In December 2023, recipients who identified as White received well over three times the benefits of those who identify as Latinx (\$43,269 to \$12,718) on an annual basis.⁵⁶ This disparity stems directly from a system that provides substantially more services to adults with disabilities living independently in their communities or in residential settings such as group homes, intermediate care facilities, nursing homes, and other forms of congregate care. Regional center case managers are only required to meet with adults living in the family home once a year, much less often than they meet with those in communal settings. This has a disparate impact on Latinx and Asian families because there are less services provided to those living with their families, leading to reduced access to services compared to those in other living arrangements.

The ARPA-funded Coordinated Family Support (CFS) program addresses this barrier to service access by hiring case coordinators to work directly with families who have a disabled adult living in the home. This \$50 million program operates statewide, bolstering the resources of the state's 21 Regional Centers. These coordinators design action plans that, within 90 days, address identified family needs such as housing assistance, disability accommodations, barriers to accessing services, provider training, transportation to medical appointments, language interpretation, and future planning for older adults. This program holds the possibility of equalizing opportunities for those receiving support and services at home, potentially addressing structural factors that lead to some communities receiving fewer services than others. This program, however, is in the early stages, so future study will be needed. Further, as with other assistance to unpaid family caregivers, the program is not targeted directly to unpaid caregivers, but is designed in a way that enables them to access services that had long been inaccessible.

55. Disability Voices United. 26 Oct. 2022. "A Matter of Race and Place: Racial and Geographic Disparities Within California's Regional Centers Serving Adults with Developmental Disabilities."

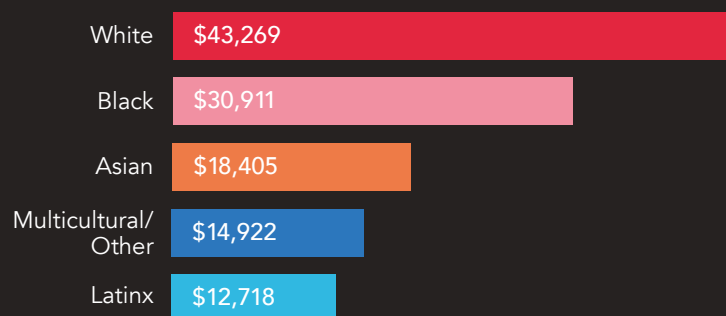
<https://disabilityvoicesunited.org/wp-content/uploads/2022/10/A-Matter-of-Race-and-Place.pdf>.

56. Regional Center for the East Bay. Dec. 2023. "Purchase of Services Expenditure and Demographic Data."

<https://v6q90e.p3cdn1.secureserver.net/wp-content/uploads/2023/12/Final-RCFY-2022-2023.pdf>.

AT THE REGIONAL CENTER FOR THE EAST BAY, WHITE FAMILIES RECEIVED MORE THAN TRIPLE THE ANNUAL AID OF HISPANIC ONES

2023 Per Capita Expenditures. Source: Regional Center of East Bay. 2023. Purchase of Services Expenditure and Demographic Data.



California's experience with the CalGrows worker training program similarly exemplifies both the strengths and weaknesses of how ARPA spending in California has supported family caregivers. As discussed in the last section, CalGrows opened training to non-IHSS workers, allowing family caregivers to take valuable courses covering topics like dementia care, preventing falls, and understanding the aging process. As with paid care workers, unpaid family caregivers could sign up for courses on the CalGrows website and choose from live in-person training or self-paced remote courses. Program rules, however, specifically prevented unpaid caregivers from being compensated for their time, adding an additional challenge for people who likely already face difficulties in securing care for their loved ones. While those receiving payment for caregiving over the previous 60 days could conceivably earn as much as \$6,000 in incentives for taking courses—including \$30 an hour for taking certain classes—family caregivers are only allowed to take classes free of charge. Moreover, some classes available only targeted paid caregivers, something not clear until after beginning the registration process.

The lack of a distribution mechanism for information also restricted participation. Caregiving can be isolating work, and caregivers must first become aware of available courses in order to take them, yet there is no centralized database of people caring for family members. Despite efforts by CalGrows administrators to target this population through advertising campaigns, the results are predictably constrained by these challenges.

Similar opportunities and barriers exist with the courses offered from the CalGrows Innovation Fund, which provided grants to 79 nonprofits to provide free training to community members. As with courses taken through the website, unpaid caregivers cannot receive stipends for taking courses. While certain programs funded by CalGrows like JFS Care actively recruited unpaid caregivers, the lack of a sustained effort to reach this population has limited the reach of these newly available resources. Said Steven Barlam, CEO of JFS Care, "[W]e thought that this would attract new caregivers to the industry, but we haven't seen that."⁵⁷ "The lack of financial reimbursement to people new to the field," he continued, "has been a significant obstacle. Given that one of the primary goals of this funding is to help California address its shortage of professional caregivers, ARPA may be seen as a missed opportunity."

57. Barlam, Steven. Personal Interview. 20 Dec. 2023.

Conclusion

Both the Biden Administration and the State of California attempted to use ARPA funding to address systematic problems in the support of caregiving. As mentioned earlier in the report, ARPA was proposed as a down payment—not a fix in itself—and was to be followed with significant funding that would have fundamentally changed the nature of caregiving across the country. According to the White House, the Build Back Better plan would have “permanently improve[d] Medicaid coverage for home care services for seniors and disabled people, making the most transformative investment in access to home care in 40 years, when these services were first authorized for Medicaid.”⁵⁸ California, in turn, folded some of the spending into an already-announced initiative to improve care for the older adults and disabled people, including by improving the wages for some caregivers.



Political barriers prevented the Biden Administration from the Build Back Better legislative package. This, combined with California policymakers’ concerns regarding California’s budget deficit, means that such levels of new spending will continue to encounter challenges in the short-term. The California ARPA experience demonstrates why one-time spending, while valuable, is no match for structural changes accompanied by a spending plan that is organized, provides proper incentives, and can be sustained for the long haul.

While it will be years before we know the full impact of all the spending on caregiving that came with ARPA in California, our interviews show that we can draw a number of conclusions:

Demand for courses, wage increases, and additional support was strong.

Survey data, course sign ups, and interviews reveal that care workers, caregivers, and care recipients have critical needs that are not being addressed adequately by the current system. Even with a hurried setup, limited course windows, and insufficient (and insufficiently targeted) advertising, care workers and caregivers flocked to courses that would enable them to improve care for the people that they assisted. With only modest financial support (and for some, not even that) and despite the obstacles, care workers and caregivers actively sought out these courses, finding classes and programs that provided both financial and educational opportunities.

ARPA programs benefited people’s lives.

The ability to take a course, receive a stipend, or acquire some career coaching provided definite value to recipients. Those with increased wages explained how the additional money helped, while those with new knowledge complained about the challenges accessing courses, but rarely about the courses themselves. Family caregivers finally got access to some services from which they had previously been locked out.

The rushed timelines for spending worked against innovation and change, and the quick sunset periods means that now-successful programs will be canceled when they are finally functioning at peak efficiency.

While state actors have been debating creating new classifications for care workers and highlighting a need to change the training paradigm for years, the rapid infusion of cash brought by ARPA did little to change the status quo. As one interviewee put it, “the time between when the ARPA money came down, and when you had to actually have programs running—and there were, a lot of rules and

58. The White House. “The Build Back Better Framework: President Biden’s plan to rebuild the middle class.” <https://www.whitehouse.gov/build-back-better/#:~:text=The%20Build%20Back%20Better%20framework%20will%20permanently%20improve%20Medicaid%20coverage,were%20first%20authorized%20for%20Medicaid>. Accessed 10 Jan. 2024.

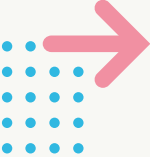
structures—there wasn't a lot of time to necessarily think and plan this out in ways that might have been more effective." With no established consensus on how to move forward and program rules that rewarded safety over innovation, programs mostly reinforced existing, insufficient systems of care. Nevertheless, many government and program officials lamented that, notwithstanding the obstacles, they had created valuable programs that would now have to be dismantled.

Much of the progress made from this spending may be ephemeral.

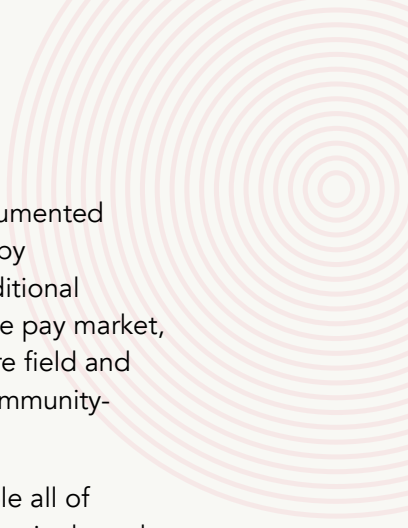
Over half a million people received stipends for their caregiving work during the pandemic. These \$500 payments are valuable, but not life changing. While data is still preliminary, job training programs have only reached a fraction of the state's caregivers, limiting the numbers of care recipients who will benefit from that knowledge. With a "churn" of 33% in the field, many of those caregivers may leave the profession in the coming years, especially as their increased knowledge will mostly not lead to increased pay. And though efforts to raise pay for care workers supporting those with disabilities is the kind of fundamental change that the state needs, pay for those workers will in many cases not be enough to compete with the new \$25/hour minimum wage that will go to "covered health care employees" who work "primarily on the premises of a healthcare facility" or even a \$20 minimum wage for fast-food-industry workers.⁵⁹

Policy Recommendations

The findings of this study point to the need for sustained investments at both the state and federal levels as well as policy reforms that would lead to the structural changes needed to meet the demand for services and supports that older adults, people with disabilities, and family caregivers rely on, such as:

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- 1 Make direct care worker jobs good jobs by supporting statewide collective bargaining rights and family-sustaining wages and benefits for the IHSS workforce. Currently, wages and benefits for IHSS providers are bargained at the county level with the local public authorities. Statewide collective bargaining rights would strengthen the bargaining power of direct care workers, including family caregivers. Deeper partnerships with labor unions actively promote career advancement of IHSS workers and a scaled credentialing system that ties advancements in training to salary increases. Strong implementation of such policies will also continue to support and strengthen the quality of care that older adults and disabled people need and deserve to live and age with dignity.
 - 2 Utilize public forums to highlight lessons learned from ARPA investments, how these investments benefited care recipients, family caregivers, and care workers, and make the case for continued investments while engaging key stakeholders to guide prioritization of future funding. This should build upon and take place in collaboration and coordination with existing stakeholder mechanisms to address the State's care needs such as the Master Plan on Aging and the Disability and Aging and Community Living Advisory Committee.

59. Ibarra, Ana B. 13 Oct. 2023. "New California law raises minimum wage to \$25 for health care workers." CalMatters. <https://calmatters.org/health/2023/10/california-minimum-wage-health-care-law/>; State of California Legislature. 13 October 2023. "Minimum Wages: Health care workers." Senate Bill No. 525: Chapter 890. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525.

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- 3 Allow undocumented family members to become IHSS workers of undocumented IHSS recipients newly covered through Medi-Cal expansion as proposed by Assemblymember Phil Ting in [Assembly Bill 1387](#). This bill, alongside additional reforms to strengthen labor standards for direct care workers in the private pay market, would support the urgent need to recruit more workers into the direct care field and improve working conditions for direct care workers providing home and community-based services outside of the IHSS program.
 - 4 Secure additional permanent state and federal funding streams that enable all of California's older adults and disabled people who need home and community-based services to receive it and support a strong workforce. This requires identifying policy and funding mechanisms that enable Medi-Cal to serve more people in need of aging and disability care. Additionally, this calls for supporting legislation establishing a statewide long term care social insurance program so that all Californians who are not currently eligible for Medi-Cal are better able to afford and access aging and disability care in the home and community. At the federal level, previously introduced federal legislation such as the HCBS Access Act and a new non-Medicaid long term care public benefit would go a long way toward ensuring that everyone has access to the care they need.

Acknowledgments

This report is the result of a collaboration between Caring Across Generations and Northeastern University's Community to Community (C2C) Impact Engine led by Adam Parker at Northeastern University, supported by Yeen Lama at Caring Across Generations and Dr. Alicia Modestino at C2C. The dedicated team included Hanna Hamilton, Rob Moore, Juan Guerrero, Betsy Block, Eleanor White, Josh Lown, and Florence Davis.

We extend our gratitude to the Research Director at United Domestic Workers/ AFSCME, California Coalition on Family Caregiving, Lindsay Imai Hong of Hand in Hand: The Domestic Employers Network, and Ian Kamus and Aquilina Versoza at the Pilipino Workers Center for their invaluable contributions. Their insights and involvement significantly enhanced the depth of our research.

Special appreciation goes to Jaimie Worker, Nicole Jorwic, and Laura Ordoñez at Caring Across for their support during the editing phase, and the report's design by Christine Lhowe. Deep appreciation also goes to Hagar Dickman at Justice in Aging and Brandi Wolf at SEIU2015 and Tory Cross at Caring Across Generations for reviewing and providing valuable feedback to the report.

Above all, we express deep appreciation to care workers, caregivers, people who receive care, care advocates and experts who generously shared their stories and experiences with us. Their invaluable insights played a pivotal role in shaping and enriching the depth of this report. This report would not have been possible without you.