

**Updated on Designated and Specialized Service Agency Workforce Investment
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Vermont Care Partners
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Workforce Investment Implementation has had Positive Results:

- The \$8.37 million investment represents a 2.1% overall increase in funding
- Over 2000 staff received pay raises
- The base salaries for direct care staff are now \$28,000 to \$29,000 annually
- Some staff received raises worth \$5,000 annually, an increase of up to 18%
- Staff recruitment and retention are improving in the positions affected
- Staff morale has improved – they feel recognized and valued
- Crisis staff are now receiving compensation levels that are more competitive
- Implementation in Developmental Services went smoothly, once the allocation was set

Challenges Encountered in Implementing the Funding:

- The original imbalance of the DAIL/DMH funding delayed implementation and finalization of the grant agreements with AHS
- The across the board rate increase in mental health did not line up with the funds needed at individual agencies to meet the mandates, this is being worked through collaboratively
- Across the board increases for the lowest paid staff led to inequities in pay for those earning just above \$14/hour who had greater lengths of service or greater responsibilities
- Increased health benefit costs reduced the impact of the salary increases
- Lack of flexibility in how funds can be applied has led to continued problems with labor market competition for other staff such as clinicians, who are essential to our work
- It would be more strategic if each agency had the flexibility to target compensation increases to meet its unique recruitment and retention requirements
- The funds couldn't be used to cover pressures such as infrastructure investments, like EMR
- For agencies with unions the targeted funding complicates the negotiations and agreements

Additional Data Analysis by Vermont Care Partners in Collaboration with AHS

Analysis by Pay Levels

- a. #/% staff earning between \$14.00/hour to \$14.99/hour, plus the cost of achieving a \$15/hour minimum wage.
- b. #/% staff earning between \$15/hour to \$20.00/hour, plus the cost of compression inclusive of length of Service (LOS) for staff earning \$15/hour to \$20/hour.
- c. #/% staff earning over \$20/hour, plus the cost of compression inclusive of LOS for staff earning above \$20/hour.

Market Rate Analysis by Vermont Care Partners

2016 findings, 2017 Study in Progress

In 2016 Vermont Care Partners did an analysis of 4 types of positions compared to market/state employees. This data is being updated with current salary information and state employee salary information. Here are the highlights of the 2016 analysis:

- Non-degree direct care staff earned salaries \$9,341 below State employees for equivalent work and length of employment
- Bachelors level staff earned salaries \$18,155 below state employees for equivalent work and length of employment
- Masters level clinicians earned salaries \$10,23 below state employees for equivalent work and length of employment
- Licensed clinicians earned salaries more than \$16,000 below state employees for equivalent work and length of employment
- As a percentage the pay differentials between DA staff and staff with similar credentials in state government vary from 28.6% to 59.2%
- Just Raising the DA and SSA direct care workers compensation up to the level of state employee compensation would require an investment of over \$43 million

Act 82 Health Benefits Analysis

A 2017 analysis comparing health benefits of the DA/SSA staff with state employees indicated that an additional \$12 million would need to be invested in DA/SSA health benefits to reach the level of benefits enjoyed by State employees. This represents a 25% increase in the cost of health benefits for our staff.