HEALTH

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National Evaluation of the Demonstration to Improve the Recruitment and Retention of the Direct Service Community Workforce

John Engberg, Nicholas G. Castle, Sarah B. Hunter, Laura A. Steighner, Elizabeth Maggio

Prepared for The Centers for Medicare and Medicaid Services (CMS)
This work was prepared for the Centers for Medicare and Medicaid Services (CMS). The research was conducted in RAND Health, a division of the RAND Corporation.

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In 2003 and 2004, the Centers for Medicare and Medicaid Services (CMS) awarded ten grants under the Demonstration to Improve the Direct Service Community Workforce. These demonstration grants support strategies to help recruit, train, and retain direct service workers (DSWs) who provide personal assistance to people with disabilities who need help with activities of daily living. In September 2005, CMS awarded a contract to a consortium led by the RAND Corporation to provide an evaluation of the ten demonstration grants. RAND, with the assistance of the American Institutes for Research and the University of Pittsburgh Graduate School of Public Health, was responsible for a national evaluation that allowed recruitment and retention issues to be studied on a large scale.

This report provides the results of that evaluation. Following the cluster design required by CMS, it presents information about the implementation and outcomes related to the components of the initiatives, each of which was implemented by several of the grantees. This report was prepared for CMS, but it should also be of interest to individuals in the long-term care and home- and community-based services policymaking arenas who are concerned about access to a stable and high-quality direct service workforce.

This work was sponsored by CMS under contract 500-00-048, for which Kathryn King serves as project officer. Comments or inquiries are welcome and can be addressed to John Engberg (engberg@rand.org) or Sarah Hunter (shunter@rand.org). The research was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at http://www.rand.org/health.
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Purpose and Approach

This report evaluates ten demonstration grants made by CMS to improve the recruitment and retention of direct service workers. Direct service workers are individuals who are employed to provide personal care or nonmedical services to individuals who need assistance with activities of daily living. Direct service work is very physically and emotionally demanding. Compensation in this industry is too low to attract a stable and sufficiently trained pool of workers that is adequate for the needs of the vulnerable individuals who require their assistance. In this context, CMS funded demonstrations of a variety of initiatives aimed at improving the recruitment of individuals who would be a good match for this difficult job and reducing turnover in these positions. Each of these ten demonstrations had a local evaluator, charged with assessing the implementation and outcomes of the funded activities.

CMS also requested a national evaluation of the ten demonstration grants. The national evaluation used a cluster design to take advantage of the similarities and differences among the grants. Each grantee undertook one or more activities, which were then clustered by type of initiative—health care, training, mentoring, and so forth. Clustering allows the evaluator to better understand the implementation challenges and potential outcomes of an initiative type under varying circumstances. It also permits a comparison of grantee outcomes, allowing the evaluator to isolate the effect of each initiative type on recruitment and retention.

The RAND Corporation, with the assistance of the University of Pittsburgh Graduate School of Public Health and the American Institutes for Research, conducted the national evaluation of the DSW demonstration grants. The research team reviewed the quarterly reports filed by the grantees through a Web-based system, as well as other documents provided by the grantees and other organizations assisting the grantees. We collected primary data through introductory calls soon after the national evaluation was funded, site-specific logic models developed with project directors, and interviews with demonstration stakeholders during site visits conducted in the final year of grantee funding. We administered surveys of workers, consumers, agencies, and the grantees during the final year of grant funding. These data sources informed our comprehensive evaluation of both implementation and outcomes. We assessed the implementation challenges and successes experienced by the grantees, accounting for each grant’s unique context. We also examined the association of the grantee activities with changes in turnover and recruitment and with worker satisfaction, accounting for worker and job characteristics.

As with any evaluation, there are factors that limit our ability to draw definitive conclusions based on our analyses. Among the limiting factors are the tremendous variation in
grantee context, the deviation by grantees from planned activities, and the difficulty in obtaining timely survey responses from agencies, workers, and consumers, all of whom have many demands on their time. However, some patterns emerged from the combined implementation and outcome evaluations.

**Key Findings**

Our study found that stakeholders attributed the difficulties in recruitment and retention first and foremost to low pay relative to the challenges of the job. The perceptions of low pay and difficult work form an important lens through which to view the initiatives mounted by the grantees.

We also found that the substantial variation among the grantee sites made it very difficult to use the cluster design to compare among the initiative types or to generalize to a broader arena. The grantee sites varied in terms of client populations served, the labor markets in which they were situated, the constellation of direct care services provided, and the types of employment relationships used. However, some patterns emerged that can be used to inform future initiatives to increase recruitment and retention.

Despite significant efforts by grantees, implementation approaches struggled in many cases due to an incomplete understanding of workers’ needs. For example, we found that some grantees that tried to implement health care coverage or training initiatives offered a package that did not meet the needs of workers, thereby rendering the initiative ineffective in improving recruitment or retention. In other cases, implementation was delayed because the initiative was modified or completely revised to better serve the workers, thereby preventing a timely output and outcome evaluation. Although each grantee was required to have a local evaluation, these evaluations were highly variable across grantees and often not useful in guiding midcourse corrections, either because of a lack of resources devoted to the local evaluation or because the grantee did not appreciate the potential of local evaluators to provide formative assistance.

Both the implementation and outcome evaluations confirmed high turnover and difficulty in hiring. Our multivariate analysis of the survey responses showed that initiatives that provided peer mentoring or additional training for workers or supervisors were not associated with the outcome of improved recruitment or retention. Although peer mentoring was intended to improve retention for the mentee, the initiative seemed to have been most appreciated by the mentors. Moreover, the states that implemented mentoring initiatives spent few resources on this particular initiative, which probably contributed to its lack of impact. With regard to additional training findings, the results from our implementation analyses suggest that many sites struggled with participation. In addition, two sites offered training that did not adequately meet the needs of the workers.

Our implementation evaluation suggests, however, that much of the worth of the initiatives appears to be in demonstrating to the workers that they are valued. The positive response to this recognition of value, rather than any particular benefit provided to the worker, is consistent with the survey analysis that shows a positive impact on recruitment, retention, and job satisfaction from initiatives that launched marketing campaigns to promote the occupation of direct service work and initiatives that provided recognition for long-serving and high-performing workers. The implementation evaluation suggested that the health coverage ben-
Efforts offered to workers often were not tailored to their needs, but the positive impact of the health coverage initiatives on outcomes suggest that such coverage provided a signal to the workers that their work was valued. The implementation evaluation also found that the realistic job preview initiative was well received by participants, and the outcome evaluation showed that it had a positive association with outcomes, suggesting that increased information about the nature of the job will reduce turnover due to unrealistic expectations.
Acknowledgments

We would first like to thank Kathryn King, our project officer at CMS, for her support of this project. We also thank Carrie Blakeway at the Lewin Group, who provided assistance in bringing our team on board to participate in the evaluation of the demonstration. At AIR, Kaylin Ayotte assisted with data collection, organization, and analyses. At RAND, Stefanie Stern assisted with data collection, and Anna Marie Vilamovska, Erin dela Cruz, and Q Burkhart assisted with data organization and analyses. We thank Debra Saliba from RAND and Sheryl Larson from the University of Minnesota for their careful and insightful reviews of our work. Stacy Fitzsimmons, Gayle Stephenson, and Robert Hickam assisted with report production and Lauren Skrabala and James Torr with editing. And finally, this work could not have been accomplished without the participation of the project directors at each of the ten demonstration sites who helped develop site-specific logic models, helped plan the site visits, and reviewed our site-specific summary reports (see Appendix A).
### Abbreviations

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<tr>
<td>AHHC</td>
<td>Association for Home and Hospice Care (North Carolina)</td>
</tr>
<tr>
<td>AIR</td>
<td>American Institutes of Research</td>
</tr>
<tr>
<td>ANCOR</td>
<td>American Network of Community Options and Resources</td>
</tr>
<tr>
<td>ANOVA</td>
<td>analysis of variance</td>
</tr>
<tr>
<td>C-CARE</td>
<td>Community Care Attendant Resources and Education (Arkansas)</td>
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<tr>
<td>CAHC</td>
<td>Consumers for Affordable Health Care Foundation (Maine)</td>
</tr>
<tr>
<td>CAPT</td>
<td>Caregivers are Professionals, Too (North Carolina)</td>
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<tr>
<td>CDC</td>
<td>Career Development Certificate</td>
</tr>
<tr>
<td>CDS</td>
<td>University of Delaware Center for Disability Studies</td>
</tr>
<tr>
<td>CMR</td>
<td>Council on Mental Retardation (Kentucky)</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>CNA</td>
<td>certified nurse assistant</td>
</tr>
<tr>
<td>DAAS</td>
<td>Division of Aging and Adult Services (Arkansas)</td>
</tr>
<tr>
<td>DMAS</td>
<td>Department for Medical Assistance Services (Virginia)</td>
</tr>
<tr>
<td>DSHS</td>
<td>Department of Social and Health Services (Washington)</td>
</tr>
<tr>
<td>DSP</td>
<td>direct service or support professional/direct service or support provider</td>
</tr>
<tr>
<td>DSW</td>
<td>direct service worker</td>
</tr>
<tr>
<td>ECAT</td>
<td>Enhanced Care Assistant Training (Virginia)</td>
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<tr>
<td>EoC</td>
<td>Employer of Choice (Maine)</td>
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<tr>
<td>ESD</td>
<td>Employment Security Department (Washington)</td>
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<tr>
<td>FY</td>
<td>fiscal year</td>
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<tr>
<td>GED</td>
<td>General Educational Development credential</td>
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<td>HCBS</td>
<td>home- and community-based services</td>
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HCQA  Home Care Quality Authority (Washington)
HDI  University of Kentucky Human Development Institute
HIPAA  Health Insurance Portability and Accountability Act
HMO  health maintenance organization
HRA  health reimbursement arrangement
HSA  health savings account
IP  individual provider
ISU  Indiana State University
ITK  In the Know, Inc. (North Carolina)
LDS  Louisville Diversified Services (Kentucky)
LEADS  Leadership, Education, and Advocacy for Direct-care and Support (Maine)
NADSP  National Association of Direct Support Professionals
OMB  Office of Management and Budget
PASA  Personal Assistance Services Association (Maine)
PCA  personal care assistant
PHI  Paraprofessional Healthcare Institute
Pitt  University of Pittsburgh Graduate School of Public Health
PPO  preferred provider organization
PSO  pre-service orientation
RJP  realistic job preview
RWRC  Referral and Workforce Resource Center (Washington)
SAIL  Self-directed Assistance for Independent Living (North Carolina)
SCS  Seven Counties Services, Inc. (Kentucky)
SEIU  Service Employees International Union
SESRC  Washington State University Social and Economic Sciences Research Center
SMS  Strategic Management Systems
SPEAK  Support Providing Employees’ Association of Kentucky
SSPS  Social Service Payment System (Washington)
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<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families</td>
</tr>
<tr>
<td>UNM-CDD</td>
<td>University of New Mexico Center for Development and Disability</td>
</tr>
<tr>
<td>USM</td>
<td>University of Southern Maine</td>
</tr>
<tr>
<td>VGEC</td>
<td>Virginia Geriatric Education Center</td>
</tr>
<tr>
<td>VOA</td>
<td>Volunteers of America</td>
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<tr>
<td>WIB</td>
<td>Workforce Investment Board</td>
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More than 50 million Americans—20 percent of the U.S. population—are living with some kind of disability that, for nearly half of this population, affects their capacity to see, hear, walk, or perform other essential life functions (McNeil, 2001). The “graying” of America is exacerbating the problem: Because of advances in medicine, people are living longer, but with longevity comes the increased risk of an age-related disability requiring some level of assistance with the activities of daily living or simple nonmedical procedures to improve quality of life.

Current policies, such as the Americans with Disabilities Act and the U.S. Supreme Court’s Olmstead decision, the New Freedom Initiative, and Executive Order 13217 (Bush, 2001), are aimed at increasing the autonomy and quality of life of individuals with disabilities, moving them away from institutional settings and into communities through the provision of services and supports, such as personal assistance services (Castle, 2008).

The groups of workers providing these personal assistance services do not have a uniform occupational title. In this report, we refer to these workers as direct service workers (DSWs). Other terms that could be used for these workers include direct support professionals and peer support professionals. Job titles for DSWs include personal care assistant, personal assistant, and home health aide.

The emphasis on home- and community-based services as an alternative to institutional care has created a growing demand for workers in this field. Yet, the U.S. Bureau of Labor Statistics projects about a one-fourth to one-third shortfall over the next decade in the supply of the workers who will provide such assistance (BLS, 2001). Moreover, a shortfall of approximately 900,000 DSWs is likely by 2020 (Office of the Assistant Secretary for Planning and Evaluation, 2006). This projected labor shortage and increasing demand for DSWs have brought attention to the need to improve the recruitment, retention, and training of the direct service workforce.

As a group, DSWs are highly diverse. Their demographic characteristics vary according to region; however, a profile can be constructed based on our review of available literature and our own preliminary work. These workers are typically female (80–100 percent) and 32–42 years old (Stone and Wiener, 2001). They also have varying education levels. In nursing homes 13–40 percent never graduated from high school, whereas in home health, 35 percent have a college degree (see NDSWRC, 2008). Minorities account for approximately half of the workforce, depending on the location and type of employment relationship (Stone and Wiener, 2001). For example, approximately 60 percent of home health care services and 50 percent of facility-based nursing care services are provided by minorities (NDSWRC, 2008). According to the U.S. Bureau of Labor Statistics’ Occupational Outlook Handbook (2002), the mean hourly wage of personal care aides (a sample category of the direct care workforce) was $9.51
in 2002. Wage statistics for other categories are provided in a review by Hewitt and Larson (2007), who note that “wages have always been low” (p. 180). New immigrants, often with limited English-speaking abilities, are playing an increasingly important role in complementing this waning workforce (Stone and Wiener, 2001).

DSWs care for people of all ages and across multiple disability groups, including individuals with intellectual and developmental disabilities and the elderly (Hewitt, Larson, et al., 2004). One commonality across settings in which these workers are employed is concern regarding turnover. For example, the most recent Institute of Medicine (IOM) study of long-term care (2008) and a review of home care (Castle et al., 2007) have voiced concerns about turnover among caregivers.

The nature of the workforce—varying levels of education, poor training practices, and low pay—contributes to high turnover rates for agencies and facilities that employ DSWs. The turnover rate is high overall (Hewitt and Larson, 2007), commonly above 50 percent annually (Wiener, Tilly, and Alexcixh, 2002), and this has a direct negative effect on both the care and safety of consumers. In the 1980s, Knapp and Missiakoulis (1983) and Staw (1980) discussed six mechanisms through which staff turnover was likely to influence elder care: (1) added expense for the agency, thereby diverting dollars from care; (2) interference with continuity of care; (3) an increase in the number of inexperienced workers; (4) weakened standards of care; (5) inducement of psychological distress in some elders; and (6) increased workload for remaining staff.

The typical market response to the increasing demand for workers would be increased compensation to boost supply. However, it is hypothesized that because little formal training has traditionally been required, compensation for DSW positions has remained low. It is further hypothesized that because some individuals are willing to work as independent contractors, sometimes without proper reporting for tax and regulatory purposes, competition from low-paid workers has affected DSW compensation (Hewitt and Larson, 2007). In addition, benefits are often poor or nonexistent (Anderson, Wiener, Greene, et al., 2004; Larson, Hewitt, and Knoblauch, 2005; Ebenstein, 2006). As is typical in workforces with low skill requirements and disbursed work sites, unions have not played a significant role in increasing wages or benefits. Quality of care is also recognized as highly variable (IOM, 2008). Higher compensation levels for DSWs might be offset, however, through savings from reduced turnover expenses and improved quality of care, and there are likely to be supplemental incentives, such as better working conditions, to encourage entry into the workforce.

Improving job satisfaction is another response to recruitment and retention issues. Job satisfaction is defined as “the favorableness or unfavorableness with which employees view their work” (Grieshaber, Parker, and Deering, 1995, p. 19). Many studies have examined the job satisfaction of DSWs (e.g., Bergman et al., 1984; Parsons et al., 2003). A review of these studies showed a consistent association between job satisfaction and turnover or turnover intent (Castle et al., 2007). Moreover, not all dissatisfied employees leave provider organization, even if they report that they intend to leave (Castle et al., 2007). Dissatisfied employees often exhibit an unreliable work ethic, including taking unscheduled days off and being tardy (Castle et al., 2007). Dissatisfied employees may also show more aggression toward other workers (Spector, 1997) or toward elders in their care (Parsons et al., 2003).

Applicant-attraction theories suggest that, in addition to retaining staff, factors promoting job satisfaction could be significant for attracting new employees to an organization (Proenca and Shewchuk, 1997), especially since an inadequate number of new caregivers are enter-
ing the health and human services workforces (American Nurses Association, 2001) even as the U.S. population ages and requires more caregivers.

Another issue affecting retention is that many DSWs are inadequately trained (see, e.g., Alecxih and Blakeway, 2005; Harris-Kojetin, Lipson, et al., 2004; Larson, Hewitt, and Lakin, 1994; Larson, Sauer, et al., 1998; Morris and Stuart, 2002). This lack of training leads to low satisfaction on the part of the worker (Leon, Marainen, and Marcotte, 2001) as well as on the part of consumers and their families (Anderson, Wiener, and Khatutsky, 2006; McDonald, 2007; Mor Barak, Nissly, and Levin, 2001; Pillemer, 1996).

In most large industries, management understands that a poorly trained workforce will result in poor outcomes (sales, manufactured products, or services) and low worker satisfaction. This realization has not been adequately addressed by DSW employers. One reason that workforce training has not been adequately addressed may be inadequate training, skills, and tools provided to employers and supervisors (Murphey and Joffe, 2005; O’Nell and Hewitt, 2005; PHI, 2005a, 2005b).

In an internal evaluation, the U.S. Department of Health and Human Services found that health insurance coverage is rarely offered to DSWs but that it would be viewed as an important incentive for entering this field (DHHS, 2002b). State-level studies have found that low wages and poor benefits are by far the most commonly cited reason for DSW turnover (see, e.g., Iowa Caregivers Association, 2000; Melissa Mulliken Consulting, 2003; NYSARC, 2000; Utah Association of Community Services, 2001; Washington Division of Developmental Disabilities, 2001).

The Bureau of Labor Statistics projects that the national economy will experience a nearly 40-percent increase in the number of service worker positions over the next decade. This rapid growth suggests that such positions represent what is known in the field of industrial/organizational psychology as an emerging occupation. Skill standards for many DSW categories exist (see, e.g., DHHS, 2002; Larson, Doljanac, et al., 2007), but training has not always kept pace with these standards (Edmundson, 2002). In many cases, the transformation and fluidity of emerging occupations, the changing characteristics of consumers, and changing service provisions mean that neither the position’s duties nor the skills required of incumbents are well understood. This lack of understanding is a critical problem; research indicates that a lack of fit between position duties and requisite employee skills is a precursor of voluntary turnover among employees (Gustafson and Mumford, 1995; Wanous, 1992; Williams, Labig, and Stone, 1993).

DSW labor force issues affect state and federal Medicaid programs directly and indirectly. Medicaid is affected directly because it pays for a substantial portion of DSW labor through reimbursements. Although there is considerable variation by state in the extent to which nonmedical assistance with activities of daily living is covered, Medicaid is the main source of payment for home- and community-based services (Wiener, Tilly, and Alecxih, 2002), covering nonmedical services provided by DSWs through the personal care benefit option and 1915(c) waivers. State Medicaid programs are further affected because many states cover additional nonmedical support services through state-funded programs (Wiener, Tilly, and Alecxih, 2002). Thus, both state programs and Medicaid programs suffer when quality of care deteriorates because of high turnover rates and an inadequate labor supply.

The Medicaid program is also affected indirectly by the labor-force issues because lower cost and better quality would make home- and community-based services more attractive as an alternative to institutional nursing home care. Without a viable direct service workforce to
deliver personal care services, Medicaid will not realize quality improvements from shifting patients to home or community-based settings. Failure to address these workforce issues could ultimately create significant barriers to home- and community-based services for Medicaid beneficiaries, significantly increase Medicaid program costs, and impede compliance with federal mandates and initiatives to increase access to home- and community-based services.

The U.S. Congress has demonstrated significant interest in the shortage of DSWs who provide personal assistance to individuals with disabilities or long-term illnesses (Scanlon, 2001; GAO, 2002). The problems associated with this shortage are likely to increase due to the ever-growing elderly cohort and the increasing use of community-based long-term care services. To better improve understanding of this problem, it is necessary to improve recruitment and training practices for DSWs, which are frequently informal and lead to a workforce that is unprepared for the physical and emotional challenges of personal care.

**National Evaluation of the Demonstration to Improve Recruitment and Retention of the Direct Service Community Workforce**

Starting in fiscal year (FY) 2003, the Centers for Medicare and Medicaid Services (CMS) awarded more than $10 million in demonstration grants to state agencies and private, non-profit organizations to test creative approaches for attracting new DSWs and for retaining DSWs once they begin work.

In all, ten grantees received funds for three-year demonstrations that were conducted at 11 sites: The grants were awarded to state agencies in Arkansas, Maine, New Mexico, Virginia, and Washington and to a state university-based center in Delaware. The remaining projects were conducted by nonprofits: Volunteers of America (VOA, in Alabama and Oklahoma),1 Pathways for the Future, Inc. (in North Carolina), Seven Counties Services, Inc. (in Kentucky), and Arc BRIDGES, Inc. (in Indiana).

In the process of designing their own unique initiatives, each of the grantees proposed to implement one or more of five basic types of initiatives:

- health care coverage
- enhanced training or education
- merit-based recognition
- worker registry
- enhanced recruitment.

Although each setting and implementation process was unique, by categorizing each component of an initiative into one of these five basic types, CMS provided an opportunity to distinguish which type or combination of types showed the most promise for improving the recruitment and retention of DSWs.

A preliminary process review of the demonstration projects by the Lewin Group (2005b) revealed that there was more diversity in the initiative components than had originally been

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1 The VOA project was initially set for New Orleans. When Hurricane Katrina hit the city in 2005, the Louisiana activities were modified, and the demonstration was moved to VOA sites in Alabama and Oklahoma.
expected. That review recategorized the components into nine types of initiatives, plus a residual “other” category.

In 2005, CMS awarded the RAND Corporation a contract to conduct a national evaluation to gauge the effectiveness of the direct service workforce demonstrations. The results of that evaluation are the subject of this report.

In this report, we describe the combined evaluation of all of the CMS demonstration projects. RAND teamed with the University of Pittsburgh Graduate School of Public Health (Pitt, hereafter) and American Institutes for Research (AIR) to collect consistent information from all initiative sites. Although each grantee had its own local evaluation, these evaluations varied in their scope, methods, and the type of information collected. CMS requested that RAND conduct an evaluation that would permit easy comparisons among the initiatives and increase the knowledge base by compiling the insights gained from each respective initiative.

As part of our study, we interviewed the grantees, a sample of agencies and workers, and other interested parties, such as trainers, health insurance providers, and local evaluators during visits to all grantee sites. (Each site was visited by a team of two researchers.)

We also mailed surveys to a sample of the agencies, workers, and consumers who participated in the demonstrations and to a comparison sample of agencies, workers, and consumers who were not affiliated with the grantee in each of the states with a demonstration grant (i.e., nonparticipants). By using the same survey instruments for both groups, we could directly compare worker satisfaction, intent to leave, consumer satisfaction, and agency administrative data among participating and nonparticipating sites. We also surveyed grantees about their demonstration project expenditures.

We used the information accumulated through the site visits and surveys, as well as our review of information reported quarterly to CMS by the grantees via a Web-based reporting tool, to examine the challenges and successes encountered during implementation of the initiatives and to estimate the impact of each initiative on worker recruitment and retention.

One of the goals of our evaluation was to use the component design of the demonstrations to add power to the inferences. For example, six of the grantees implemented some form of health care coverage for DSWs. By examining the implementation successes and challenges of any one grantee, we gained some insight into the promise of using health care coverage to improve recruitment and retention; by looking for patterns among the six grantees and comparing their experiences with the experiences of the four grantees that did not implement a health care coverage component, we gained much richer insights that allowed us to distinguish the general value of a health care coverage component to the industry as a whole. For our implementation analyses, we used a modified version of the Lewin Group’s ten categories for initiative type (see Lewin Group, 2008).

We also looked for patterns using a component structure when we examined the survey data from workers, consumers, and agencies. Using multivariate analysis allowed us to parse out the impact of each component (e.g., health care coverage). In order to maintain the statistical power to determine the impact of each component, we used a six-category structure to examine the impact of each component, almost doubling our power (on average) from what it would have been if only one component were demonstrated at each site.

The rich detail of both the qualitative and quantitative analyses permitted us to investigate the mechanisms by which particular initiative types worked. For example, starting with the survey and quarterly report data, we could determine whether a particular type of initiative—say, merit or longevity-based recognition—improved overall job satisfaction. If so,
we could look to see whether it worked by improving satisfaction with worker-client interactions or by improving agency-worker interactions. By first examining patterns from the survey data analysis and then looking for corroboration in the site-visit interview data, we developed a more nuanced picture of the initiatives than either alone could offer.

In Chapter Two of this report, we present a qualitative analysis of the site-visit interview data, Web-based report data, and other project documents, which enabled our assessment of the implementation of each type of initiative. Our implementation analysis is supported by Appendix A, in which we provide summaries of each grantee’s demonstration, and Appendix B, which contains our site-visit interview protocols. Chapter Three presents findings from our analysis of the surveys of participating and comparison workers, including descriptions of worker and job characteristics in each state, and a multivariate analysis of the initiative components’ effects on workers’ job satisfaction and other factors. Chapter Four presents findings from our analysis of surveys of participating and comparison agencies, including descriptions of the agencies and their human resource practices, and a longitudinal analysis of turnover, vacancy, and retention information from both the surveys and the Web-based reports. Chapters Three and Four are supported by appendixes that describe the survey methods (Appendix C) and present the survey instruments (Appendix D), additional descriptive statistics from the worker surveys (Appendix E), and our statistical modeling methodology (Appendix F). In Chapter Five, we summarize and discuss our findings. Appendix G contains the instrument with which we collected cost data from each grantee, Appendix H presents a summary of these cost data, and Appendix I summarizes our consumer survey data.
In this chapter, we describe the implementation analyses conducted on each type of initiative undertaken by the grantees. First, we discuss the methods of our analysis, including the design, approach, data collection, and analysis procedures. The results from the implementation analyses are organized by initiative type, with key findings regarding the planning and implementation of the initiatives and outcomes observed, followed by a list of recommendations that were derived from these implementation analyses (titled “Things to Consider”). Entities interested in implementing any of these initiatives may find these sections useful when planning similar efforts.

Methods

Implementation Analyses Design and Approach
The approach for the implementation analyses used a multiple-case-study design. This approach provided a means of understanding the implementation context across the different demonstration sites. Using this approach, we document and describe the specific initiatives implemented by the grantees, identify patterns in key domains across grantees, document issues related to implementation and outcomes, and explore initiative costs and sustainability. As detailed in the following paragraphs, information about the grantees and their implementation experiences were collected over a three-year period from a variety of sources. This approach is called data triangulation (Patton, 1987), collecting data about a particular issue from multiple sources to increase validity. The following section outlines this data collection effort.

Implementation Analyses Activities
During the first year, the implementation analysis focused mainly on document review. Upon initiation of the national evaluation in September 2005, the implementation analysis team (Sarah Hunter from RAND and Laura Steighner from AIR) reviewed the Lewin Group’s reports (2005a, 2005b) and existing quarterly reports completed by the ten grantees. Grant proposals, when available, were also shared with the team. The document review process provided background on each grantee and the initiatives that were selected. As part of this process, the evaluation team categorized the grantees according to the initiatives that they were implementing to help organize future data collection efforts and initiate comparisons across sites.

Following the early document review phase, the evaluation team conducted a meeting with each of the grantees as a means of introduction to the implementation analyses, discussing with the grantees upcoming site visits and plans to gather additional information regarding
the demonstrations. These meetings were conducted via telephone by John Engberg, Nicholas Castle, and Sarah Hunter from March to May 2006. In April 2006, the national evaluation team met personally with project directors at the New Freedom Initiative conference held in Baltimore, Maryland. At the conference, representatives from each of the demonstration sites and the national evaluation team participated in a two-hour intensive group session on implementation issues, led by the Lewin Group. During this session, the implementation analyses team was responsible for note taking and reporting on implementation issues that grantees identified. This information was later distributed as part of the Lewin Group’s technical assistance efforts. In addition, several of the grantees presented their demonstration efforts at a poster session that the evaluators attended.

In early 2007, the implementation analysis team worked with the grantee project directors to develop logic models based on current implementation activities. The team utilized the grantees’ most recent quarterly reports and conducted telephone conferences with the project directors to develop the logic models. This work was an update of the logic models developed by the Lewin Group at the early stages of grant implementation (2005a). To ensure the accuracy of the facts presented, a draft was shared with each grantee for its review and comment. This is a common approach used in evaluations to address internal validity (Yin, 1994; Schatzman and Straus, 1973). These logic models are available in the grantee summaries in Appendix A of this report.

Also during this time, the implementation analysis team developed semistructured interview protocols in preparation for the grantee site visits. Site visits were conducted between April and October 2007 and typically involved one and a half days of interviews. Hunter and Steighner conducted each of the site visits. Each site visit consisted of interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, DSWs, the local evaluator, and other key stakeholders (e.g., health insurance providers training developers) to obtain a variety of perspectives about the demonstration. Sample generic protocols are available in Appendix B of this report. Prior to each site visit, we tailored each of the protocols to the respective interviewees and grant initiatives. A list of interviewees for each site is included in the grantee summaries provided in Appendix A. For each site visit, one member of the implementation analysis team was responsible for conducting the interview, while the other team member took notes on a laptop computer. All interviews were recorded to ensure the accuracy of the notes taken. Following the site visits, the implementation analysis team reviewed the interview notes, along with any additional materials that were provided during the site visit (e.g., evaluation reports, training manuals, URLs for Web sites), to develop grantee-specific reports.

These grantee-specific summaries (see Appendix A) describe the demonstration as implemented at the time of the site visits. In these summaries, we report the background or history of the demonstration, provide a description of each initiative as implemented at the time of the sites visit, specify results from local performance monitoring activities, and, finally, report on our site-visit participants’ perceptions about outcomes, facilitators and barriers to implementation, contextual issues, sustainability plans, and lessons learned. In many cases, implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal.

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1 Due to logistical issues, Hunter was unable to attend the site visit in Arkansas, and Steighner was unable to attend the site visit to Indiana. For both cases, RAND and AIR, respectively, provided a research assistant (Kaylin Ayotte from AIR and Stephanie Stern from RAND) to serve as note taker during these visits.
or initial implementation reports (see, e.g., Lewin Group, 2005a, 2005b). When available, variation from the proposed plan is described. In some cases, the original team that developed the demonstration plan was not available to the RAND/AIR team; therefore, we were unable to fully document variations from proposed demonstrations. We took a similar approach to the grantee summaries as that used in the development of the logic models, sharing drafts of the grantee summaries with the project directors for their review and comment to increase internal validity. Subsequently, the implementation analysis team derived initiative-specific themes and recommendations based on grantee experience, presented later in this chapter.

During the site visits, grantees were also asked to estimate the costs associated with the different initiatives. Following the site visits in fall 2007, the implementation analysis team requested that each grantee complete a worksheet outlining its grant spending for its initiatives, evaluation, and overhead and other administrative costs (see worksheet in Appendix G). Completed worksheets were submitted by December 2007, and the information is included in the grantee summaries in Appendix A and a summary of cost information in Appendix H. Due to the post hoc nature of this request, some grantees had difficulty providing this information by initiative and the other categories specified because they did not track their expenses in this manner.

Implementation Analyses. The results reported in this chapter were developed from key implementation analysis activities described in the previous section, such as reviews of interview notes from the site visits, final reports submitted by the grantees, reports from the Lewin Group and the Paraprofessional Healthcare Institute (PHI). The two implementation analysis team members who conducted the site visits prepared site-specific summaries, looking for critical issues related to the implementation of the various grant initiatives by assessing consistencies across sites and factors that explained differences. After reviewing the available materials, the two team members independently developed a list of implementation themes (e.g., what facilitated or deterred implementation) and recommendations for each initiative and for the demonstrations overall. Next, the two team members met and discussed the themes and recommendations that had been developed independently and created a revised set based on consensus. The results from this consensus process are presented here.

We used the structure shown in Table 2.1 to categorize the various initiatives implemented by the grantees. We analyzed nine initiatives across the ten demonstration grants: health care coverage, DSW training, supervisor and consumer supervisor training, job previews, peer mentoring initiatives, merit-based and longevity recognition initiatives, registry, marketing campaigns, and targeted recruitment strategies. The top panel of the table shows the originally planned start and end dates of each grant (with the actual end date in parentheses) and date of each of our site visits. The lower panel lists the initiatives and shows the quarter, if available, and year in which the initiative was implemented.

The next sections of this chapter are organized by initiative, followed by a section that conveys recommendations across initiatives and demonstration sites.
Table 2.1
Crosswalk of Initiatives, by Grantee

<table>
<thead>
<tr>
<th>Demonstration Step</th>
<th>AR</th>
<th>DE</th>
<th>IN</th>
<th>KY</th>
<th>ME</th>
<th>NM</th>
<th>NC</th>
<th>VA</th>
<th>VOA</th>
<th>WA</th>
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</table>

### Initiative Type

<table>
<thead>
<tr>
<th>Initiative Type</th>
<th>AR</th>
<th>DE</th>
<th>IN</th>
<th>KY</th>
<th>ME</th>
<th>NM</th>
<th>NC</th>
<th>VA</th>
<th>VOA</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care coverage</td>
<td>Q2 2004&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Q1 2005</td>
<td>Q3 2005</td>
<td>2004</td>
<td>—&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Q1 2005 to Q3 2006&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
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<td></td>
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<tr>
<td>Supervisor and consumer supervisor training</td>
<td>Q1 2006</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Realistic job previews</td>
<td>Q4 2004</td>
<td>Q1 2005</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Peer mentoring</td>
<td>Q4 2004</td>
<td>Q4 2004</td>
<td>Q1 2005</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Merit-based or longevity recognition</td>
<td>2006</td>
<td>Q1 2005</td>
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<td></td>
<td></td>
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<tr>
<td>Worker registry</td>
<td>Q2 2007</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Marketing campaign</td>
<td>Q3 2005</td>
<td>2004</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Targeted recruitment strategy</td>
<td>Q2 2006</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Other (e.g., mileage reimbursement, professional association membership, organizational-level incentives)&lt;sup&gt;g&lt;/sup&gt;</td>
<td>Q1 2005&lt;sup&gt;h&lt;/sup&gt;</td>
<td>Q2 2004&lt;sup&gt;i&lt;/sup&gt;</td>
<td>Q1 2005</td>
<td>Q2 2004&lt;sup&gt;j&lt;/sup&gt;</td>
<td>2005</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Table 2.1—Continued

NOTE: Dates in cell indicates the quarter, if known, and year in which the grantee began the initiative.

a VOA stands for Volunteers of America. Originally, the grant was for VOA Greater New Orleans; however, due to Hurricane Katrina, remaining grant funds were divided into (1) developing a video on the aftermath of the hurricane, (2) implementing new DSW training in Alabama, and (3) developing and implementing supervisor training in Oklahoma.

b Offered benefit prior to grant period.

c Due to lack of enrollment, Virginia’s health insurance initiative was abandoned. The grantee conducted focus groups to understand DSWs’ health insurance needs.

d These efforts were phased in across four sites over a 1.75-year period.

e Supervisor training began.

f Family caregiver training offered.

g This final category represents a collection of initiatives that were not comparable across grant sites and were, therefore, not included in the cross-site analysis. Note that the SPEAK professional association is discussed in this report with merit-based or longevity recognition initiatives and DSW training.

h Mileage reimbursement started in 2005.

i Referral bonus offered prior to grant period.

j Refers to the Employee of Choice program, the first of three initiatives to support wellness (organizational incentives).
Initiative Findings

Health Care Coverage

Six grantees proposed a health care coverage initiative as part of their demonstration activities: Indiana, Maine, New Mexico, North Carolina, Virginia, and Washington. Previous research shows that the DSW workforce is more likely to be uninsured compared to the general population (Case, Himmelstein, and Woolhandle, 2002). Lack of health care benefits, coupled with low wages, may help explain the high turnover rates in the field, averaging 50 percent (Seavey, 2004). Thus, the general concept underlying the health care coverage initiative was that it would help with recruitment and/or retention by making the job more attractive to workers.

In Indiana, New Mexico, and North Carolina, the initiatives helped support the provision of a health insurance benefit to workers in participating agencies. Virginia conceptualized a similar plan, but it was never initiated. In Maine and Washington, the initiative included outreach activities for a health insurance coverage option already available to workers in those states. The overall goal of the grantees regarding this initiative was to provide health care coverage or make it more accessible to DSWs.

Summary of Grantee Initiatives

Table 2.2 presents a summary of the characteristics and costs of the health care coverage initiatives conducted by each of the grantees. For a complete summary of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

Cross-Site Highlights

Unlike some of the other demonstration initiatives, the health care coverage initiative received additional attention from PHI, which produced two reports describing the various health insurance initiatives and early lessons learned (published in April 2006 and January 2007). The following are the major highlights from our review of the grantees (including findings from our site-visit interviews and the reports from PHI) regarding the implementation and effectiveness of their health care coverage initiatives. In general, this initiative was implemented differently across the grantees and sometimes within a demonstration site (e.g., in North Carolina, each participating agency selected its own insurance plan), making it difficult to draw cross-site conclusions. Despite these differences, we have identified several common themes and issues across sites. This section is divided into two major categories: implementation and outcomes.

Implementation

Common implementation themes pertained to support for health care coverage options, eligibility criteria, complicated health care coverage options, and perceptions that “nothing in life is free.”

- **Support for health care coverage options.** Designing a demonstration around a health care coverage benefit is challenging. Across sites, grantees and potential participating agencies expressed concern about using grant funds to subsidize a health insurance product that would be difficult to sustain after the grant period ended. In Indiana, they forged ahead, using grant money to support a health care coverage initiative that they had provided prior to the demonstration, and they were confident that they would find a way to continue the initiative after the grant ended. Agencies in North Carolina and New Mexico
Table 2.2  
Summary of Health Care Coverage Initiatives, by Grantee

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Approach to Health Coverage</th>
<th>Target Population</th>
<th>Eligibility Requirements</th>
<th>Workers’ Cost</th>
<th>Employers’ Cost</th>
<th>Other Costs</th>
<th>Total Initiative Costs</th>
<th>Cost&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>Subsidize employer-sponsored insurance</td>
<td>DSWs employed by grantees</td>
<td>Workers with at least 30 core scheduled hours per week</td>
<td>$133 to $222 per month plus deductibles and co-pays</td>
<td>50% of the premium; costs range from $183 to $272 per month</td>
<td>Grant covers $50 per month per employee subsidy</td>
<td>$367 to $563 per month per employee depending on deductible</td>
<td>$670,599</td>
</tr>
<tr>
<td>Maine</td>
<td>Outreach to agencies to support insurance</td>
<td>26 home care agencies; small businesses, self-employed, sole proprietors, and uninsured persons</td>
<td>Full-time workers</td>
<td>Employees pay 0–40% of monthly premiums plus co-pays and deductibles</td>
<td>Employers pay 60% of monthly premiums; costs range from $188 to $203 per month per employee</td>
<td>Grant pays for 100% of outreach costs; state pays up to 40% of premium</td>
<td>$313 to $338 per month per employee</td>
<td>$208,000</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Subsidize health care reimbursement arrangement</td>
<td>DSWs employed by 7 agencies previously not offering insurance</td>
<td>Workers who are not already insured through another means</td>
<td>Workers do not pay premiums, but face significant, reimbursable expenditures</td>
<td>No cost to employers</td>
<td>Grant covers 100% of $111 cost</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Subsidize workers’ share of premiums</td>
<td>DSWs employed by 4 agencies already offering insurance</td>
<td>Workers who work a minimum of 30 hours per week</td>
<td>$0 for plans requiring an employee contribution less than the subsidy amount; higher otherwise</td>
<td>About $120 per month per employee for mini-medical plans; higher for comprehensive plans</td>
<td>Grant covers $108 per month per employee subsidy</td>
<td>$132.68 to $585 per month per employee</td>
<td>$853,080</td>
</tr>
<tr>
<td>Virginia</td>
<td>Subsidize employer-sponsored insurance</td>
<td>75 to 100 DSWs employed by 4 agencies</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>$236,000</td>
</tr>
<tr>
<td>Washington</td>
<td>Outreach to enroll workers in insurance initiative</td>
<td>Independent providers potentially eligible for coverage</td>
<td>DSWs who work at least 86 hours per month for 3 consecutive months</td>
<td>$17 per month per employee premium, modest co-pays, $150 deductibles, 20% co-insurance</td>
<td>$500 per month per employee</td>
<td>Grant pays for 100% of marketing; state pays premium</td>
<td>$237 to $497 per month per employee</td>
<td>$864,000&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).

<sup>b</sup> This cost also includes the costs of the worker registry, a much larger initiative.
also used grant funds to subsidize various health care insurance initiatives, although some agencies in North Carolina and the New Mexico grantee selected less comprehensive (i.e., mini-medical) plans that they felt might be easier to support after the grant ended. In Virginia, the plan was to subsidize the employer portion of a comprehensive health insurance product, but the grantee was unable to find agencies that were willing to participate. In Maine, the product offered by the state and marketed by the grantee was often perceived as cost-prohibitive by both employers and workers. In Washington, the initiative consisted of outreach and education efforts to inform independent providers about their state-sponsored health benefits.

- **Eligibility criteria.** In Maine, North Carolina, and Washington, full-time employment status was used as part of the eligibility criteria for health care coverage, whereas in Indiana and New Mexico, part-time staff were eligible for coverage but received a smaller benefit. In New Mexico, the targeted sample of workers dropped dramatically after it was learned that a large proportion of the workers were contract staff rather than full-time employees and therefore ineligible for the benefit. In many states, a significant proportion of the worker population does not work full-time for one individual or agency, making it difficult to meet eligibility requirements for health care coverage. In addition, we learned that DSWs, especially those who worked as individual providers in residential settings, were susceptible to fluctuations in work hours, making them vulnerable to losing their health care coverage. For example, a DSW may work mainly for one consumer to achieve full-time status; however, the consumer may become ill and require hospitalization. This may reduce the DSW’s work hours below full-time status, effectively ending the DSW’s eligibility in the health care coverage initiative.

- **Complicated health care coverage options.** Across sites, the DSWs targeted by this effort had trouble understanding the coverage options available to them. Grantees attempting to offer or market a health insurance product learned that their outreach needed to be tailored to this workforce. In many cases, the outreach was modified over time to better meet the needs of workers. For example, in New Mexico, a significant proportion of the grant coordinator’s time was spent on finding ways to better communicate health care coverage benefits to DSWs and explaining instructions for reimbursement. In Maine, the grantee subcontracted with a nonprofit organization to specifically tailor messages for DSWs and their employers about the new health care coverage benefit available to them.

- **Perceptions that “nothing in life is free.”** In some sites that subsidized a significant portion of the cost of the health care coverage option (e.g., New Mexico and some of participating agencies in North Carolina) or marketed a new low-cost product (e.g., Washington), the coverage was met with skepticism by a subset of workers. We learned that some employers and workers were hesitant to support or enroll in the initiatives because they did not believe that the coverage was actually free or low-cost. In addition, many expressed concern that they would jeopardize their own or their family’s Medicaid or other government benefit status by being enrolled in the new health care coverage option.

### Outcomes
Common themes in the outcomes pertained to meeting workers’ needs, addressing past unmet needs, and the impact on workplace climate resulting from the provision of a health care coverage option.
• **Meeting workers’ needs.** Contrary to the literature reporting a lack of health insurance coverage among the direct service workforce, we learned that the majority of full-time DSWs at the sites we visited did not report a lack of health care coverage. For example, in Maine and North Carolina, only about a third of the workers surveyed reported not having some form of health care coverage. In Virginia, where the initiative was never launched, more than half the respondents surveyed by the grantee reported already having some form of health care coverage. We hypothesize that improvements in recruitment and retention may not affect organizations equally because of variations in the perceived need for health care coverage. As mentioned earlier, the grantee in Indiana had already offered a similar product; therefore, changes over time would be difficult to attribute to the demonstration (along with the fact that it employed a series of initiatives—not just the health care coverage option). We speculate that offering health care coverage may eventually lead to more workers being covered by the associated plan rather than through some other source, which would, in turn, attract new workers to the field. Many workers reported being covered by an income-based, government-funded, subsidized health care plan (e.g., Medicaid or Medicare) that could be replaced by health care coverage that applied to all DSWs. Many DSWs reported that they are able to work in the field only because they have affordable health care coverage from some other source.

• **Addressing past unmet needs.** In Washington and New Mexico, a large segment of the DSW population had been previously uninsured or covered by a government-subsidized program. This could have made it harder for DSWs to understand the unfamiliar structure of private-pay health insurance products. Some grantees were concerned about providing coverage to individuals who previously had little access to medical care. They warned that their health care coverage costs could increase for DSWs because: (1) they were not receiving preventive care and (2) the nature of the work placed DSWs at high risk for injury. Future research may want to look at the costs associated with insuring a population with past unmet needs to examine whether health insurance for DSWs is associated with additional costs. Health care coverage that is not sensitive to individual risk may be a more appropriate vehicle to offer to this workforce.

• **Impact on workplace climate.** In most demonstration sites, it was not possible to examine health care coverage in isolation from other initiatives. We have little information regarding whether health care coverage influences recruitment or retention. However, some evidence suggests that this initiative may have a positive impact on the workplace. For example, DSWs across states and agencies reported that being offered affordable health care coverage, whether it was utilized or not, made them feel more valued and appreciated by their employers. In New Mexico, where health care coverage was the sole initiative, the local evaluators reported slightly lower rates of turnover over time.

**Things to Consider**

We propose the following recommendations and consideration by states or agencies interested in implementing a health care coverage initiative.

• Assess the needs of the targeted population. In some sites, a large proportion of full-time DSWs already had access to affordable health care coverage. Including workers in the planning of any health care coverage option might better ensure that the benefit meets their needs and capacities and will, in turn, improve participation in the initiative.
• Research the health care coverage marketplace. Many grantees encountered political, legal, or financial barriers that prevented them from or slowed their progress in offering coverage to this workforce. These common issues often appeared in the early planning phases of a health care coverage initiative.

• Understand the characteristics of the targeted population. Many DSWs work part-time and therefore were not eligible for the health care coverage offered through the demonstration. Offering a benefit that applies to only a small proportion of employees is less likely to affect recruitment or retention.

• Consider affordability. In some cases, the health care coverage offered or marketed was not considered affordable by employees or employers and therefore was not widely used. Consider whether to offer a less comprehensive health care coverage benefit that DSWs can afford.

• Keep it simple. When offering a new health care product, substantial marketing and education efforts are needed to ensure that employers and DSWs are aware of and understand the product and how it works.

• In one state, a low-cost, easy-to-understand health care coverage option was valued among workers. However, no clear evidence emerged to suggest that offering a limited-benefit health care coverage option would improve recruitment or retention outcomes.

DSW Training
Eight of the ten grantees developed and implemented training initiatives for DSWs during the demonstration: Arkansas, Delaware, Indiana, Kentucky, North Carolina, Virginia, VOA, and Washington. Grantees hypothesized that improving DSWs’ skills and reducing job stress would improve job satisfaction and job performance and, as a result, improve employee retention. The training initiatives varied significantly across the grantees. Most of the initiatives tried to (1) train DSWs in relevant job skills to improve job performance and/or (2) provide resources and supports for coping effectively with various work-related stressors (e.g., loss of a consumer, dealing with the consumer’s family members).

Summary of Grantee Initiatives
Table 2.3 summarizes the DSW training initiatives implemented by each grantee. For a complete summary of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

Cross-Site Highlights
Grantee training initiatives varied significantly in format, content, and length. However, several common themes and issues emerged. The following are the major implementation and outcome themes reported by the grantees, trainers, participating agency administrators, and DSWs regarding the effectiveness of the seven DSW training initiatives. This section is divided into two major categories: implementation and outcomes.

Implementation
Common implementation themes pertained to training content, professional development, training modes, classroom-based training for scheduling, incentives for participation and completion, participation by supervisors or managers, and voluntary versus mandatory participation.
Table 2.3
Summary of DSW Training Initiatives, by Grantee

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Type of Training</th>
<th>Length of Training</th>
<th>Target for Training</th>
<th>Mode of Training</th>
<th>Incentives</th>
<th>Voluntary or Mandatory</th>
<th>Total Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Technical + certification</td>
<td>2 weeks (50 hours total)</td>
<td>New DSW Recruits</td>
<td>Classroom + practical supervision</td>
<td>Bus voucher</td>
<td>Mandatory</td>
<td>$181,000</td>
</tr>
<tr>
<td>Delaware</td>
<td>Values-based</td>
<td>2 half-day sessions</td>
<td>Existing DSWs and supervisors</td>
<td>Classroom</td>
<td>$100 upon training completion and 6 months retention on the job</td>
<td>Varied by Agency</td>
<td>$35,000</td>
</tr>
<tr>
<td>Indiana</td>
<td>Career development certificate</td>
<td>17 community college credit hours</td>
<td>Existing DSWs</td>
<td>Classroom</td>
<td>Tuition/books reimbursed; $50 per month participation credit; $20 bonus for attendance on first day; $20 for good grades; $0.50-per-hour pay increase upon completion + $100 bonus</td>
<td>Voluntary</td>
<td>$185,000</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Technical and nontechnical</td>
<td>5 modules, composed of 3-6 sessions</td>
<td>Existing DSWs</td>
<td>Classroom or self-study with DVD</td>
<td>Paid for time in training; $0.10 per hour raise upon passing test</td>
<td>Voluntary (mandatory for some residential staff)</td>
<td>$70,000</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Technical and nontechnical</td>
<td>3-hour sessions, offered monthly</td>
<td>Existing DSWs</td>
<td>Classroom</td>
<td>Paid for time in training</td>
<td>Voluntary</td>
<td>$222,000</td>
</tr>
<tr>
<td>Virginia</td>
<td>Nontechnical</td>
<td>17 modules of 1-hour training offered monthly</td>
<td>Existing DSWs</td>
<td>Classroom, self-study</td>
<td>Varied by agencyb</td>
<td>Varied by agency</td>
<td>$18,000</td>
</tr>
<tr>
<td>Volunteers of Americac</td>
<td>Technical</td>
<td>Multiple sessions (32 hours total)</td>
<td>Existing and new DSWs</td>
<td>Classroom, DVD, online</td>
<td>Paid for time in training; $250 completion bonus</td>
<td>Voluntary then became mandatory</td>
<td>$300,000</td>
</tr>
<tr>
<td>Washington</td>
<td>Professional development</td>
<td>Individualized (e.g., outside degree or certification program, 12 college credit hours)</td>
<td>Existing DSWs in the registry</td>
<td>Coursework</td>
<td>Tuition and books reimbursed</td>
<td>Voluntary</td>
<td>$125,000</td>
</tr>
</tbody>
</table>

a The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).

b One agency provided a wage increase when DSWs completed ten modules and then again after 20 modules. Another agency mandated attendance at the training and also provided a $125 completion bonus.

c VOA originally planned to offer a technical competency program consisting of 12 community college credit hours; however, due to the devastating impact of Hurricane Katrina on the demonstration site, the grantee received permission to drop this initiative from its demonstration.
Training content. The training initiatives focused on technical, job-related skills, nontechnical but job-related skills, or both. Two career or professional development initiatives gave DSWs an opportunity to earn a career certificate or academic degree. Technical skill–building initiatives focused on skills such as caring for someone with a chronic condition, infection control, providing personal care, and meal preparation. In contrast, non-technical initiatives focused on job-related issues, such as bereavement, advocacy, legal and ethical challenges, and avoiding burnout. Delaware’s initiative focused entirely on increasing the alignment between DSWs’ personal values and workplace values through understanding differences, resolving conflicts, and communicating effectively. The other initiatives focused partially or entirely on technical skill building. DSWs reported greater satisfaction with the initiatives that enhanced their technical job skills than with value-based or non-technical training. For example, many DSWs in Delaware reported that skill-based training would have been more useful than the values-based training they received. One Delaware agency director reported that burnout is more likely to occur among those lacking the requisite skills to be successful on the job. In Indiana, the career development initiative not only seemed to enhance DSWs’ technical skills, but it also seemed to increase their confidence to participate in and contribute to clinical meetings about their consumers’ care. Similar findings were reported in Kentucky and North Carolina. In addition, skill-building training tailored to the workplace was preferred. For example, in Delaware, DSWs noted that the training material applied more to residential settings, but many of the DSWs worked in vocational programs.

Professional development. Indiana and Washington both offered a professional development opportunity through local high schools, community colleges, and other certification programs (e.g., certified nurse assistant, or CNA programs). In Washington, DSWs who were in good standing on the registry were able to apply for funds to obtain a job-related academic degree or certificate of their choice, for up to 12 paid community college credit hours. In Indiana, the grantee collaborated with the state community college system to offer a career certificate to its workforce. Small percentages of the eligible workforce took advantage of these opportunities in both states. In Indiana, many workers reported not participating in the initiative because of personal, family, scheduling, or educational background barriers. Many interested DSWs were intimidated by the idea of participating in postsecondary education. In both Washington and Indiana, workers required personal assistance navigating through the admissions and registration process. Indiana offered additional incentives to encourage participation. That grantee also worked to provide the coursework online. However, some DSWs reported not having access to a computer to do the coursework. Many DSWs in Indiana reported that the $0.50-per-hour wage increase was not a sufficient incentive for a two-year intensive commitment. However, program managers reported that workers who completed the training had a better understanding of their job responsibilities. In Washington, workers who participated were not guaranteed a wage increase, but program staff thought the additional education might increase their chances of finding work.

Training modes. Regardless of the training content, DSWs—especially those who participated in classroom training—appreciated having opportunities to network with other DSWs. This finding was most commonly reported with respect to classroom-based training. However, DSWs and agencies in North Carolina reported that classroom-based training was difficult for logistical reasons and burdensome to administrative staff. North
Carolina, therefore, began offering the modules in a self-study format to better meet the needs of its workforce. VOA also explored different modes of presenting its training initiative to reach a broader DSW audience. First, it developed an online version of its initiative; however, few DSWs had prior computer experience, thereby inhibiting their participation. The grantee then developed a DVD version and provided DSWs the option of taking the training via classroom instruction, DVD, or online. DSWs reported appreciating having the choice; however, several who chose the DVD or online version reported missing the networking opportunities and the ability to seek clarification of course content, options that were available in the classroom model. DSWs commented that classroom-based training may be most useful to new DSWs who are being exposed to the material for the first time, because participant questions and concerns can be addressed and the trainer can assess comprehension more readily and adjust teaching accordingly. Conversely, DVD or online versions may be more suitable for veteran DSWs who are taking the course as refresher and require less interaction. Indiana addressed the issue of online delivery by forging partnerships among the DSWs who participated in the training. Workers would form “study buddy” groups through which two to three trainees would meet to discuss the coursework material and improve their level of comprehension.

- **Classroom-based training for scheduling.** Interviewees across grant locations reported logistical challenges in scheduling residential DSWs. In Delaware and Kentucky, DSWs working in day or vocational programs (with multiple DSWs on duty and on-site supervisors) had an easier time scheduling and participating in training because it was easier for workers to leave the worksite, the result of the additional staff coverage available. However, in residential programs, there was often only one DSW on duty during a shift, making it more difficult to find substitute coverage to attend training. The choice of training modes (online or DVD) for the VOA DSWs in Alabama enabled them to better manage their training requirements and their work schedules. In Kentucky, training sessions were scheduled so that workers who cared for the same individual at different times of the day were able to meet for the first time and share information. As a result, these DSWs continue to maintain contact and share information about their mutual client, which may have improved care.

- **Incentives for participation and completion.** Most of the grantees provided some form of incentive to encourage or reward participation in and completion of their training initiatives (as noted in Table 2.4). Bonuses for completing the entire initiative or parts of the initiative were the most common type of incentive, delivered in the form of cash, a gift card, or a wage increase. Initially, Delaware did not provide a bonus for training completion. However, after speaking with other grantees, it added monetary incentives to encourage better participation in the initiative. Indiana and VOA also combined the completion bonus with paid time while in training. In North Carolina, incentives varied across the participating agencies based on agency resources and direction. Arkansas was the only grantee that offered travel reimbursement, but its training participants were prospective DSW candidates not yet employed as DSWs. Although most DSWs appreciated training bonuses, other demands on DSWs’ time sometimes inhibited or prevented participation. Moreover, additional barriers to training completion, such as a competency test, prevented some DSWs from earning an incentive in Indiana.

- **Participation by supervisors or managers.** The Delaware grantee’s demonstration was founded on the hypothesis that qualitative factors (e.g., feeling valued by the employer,
experiencing a cooperative spirit in the organization, having quality supervision) can positively influence retention rates. As a result, it targeted both DSWs and supervisory/management staff as a way to establish a common language within agencies and improve the organizational culture and employee satisfaction. However, in most Delaware agencies, few or no supervisors participated in the training. One agency that joined the demonstration late had implemented the initiative by first requiring its administration department heads to enroll and then extending it to the DSWs. The intent was to establish a common ground between management and DSWs and to actively demonstrate that management supported and valued the employees. Both the grantee and the agency director believed this to be a successful approach. In other states, participation by supervisory/management staff varied and was not always required. In North Carolina and Indiana, supervisory or management staff provided the classroom-based training.

**Voluntary versus mandatory participation.** An obvious way to ensure participation in any training initiative is to make it a requirement for employees. We saw evidence of this in North Carolina, where one agency mandated the training and achieved 100-percent participation, while other participating agencies that offered the training as a voluntary program achieved much lower levels. Due to the logistical barriers to attending training (as previously discussed), fewer employees participated in voluntary training, such as that offered by Kentucky, Indiana, and Washington.

**Outcomes**

Common themes in the outcomes pertained to perceived training effectiveness, impact on retention, community building, and improved DSW self-care.

**Perceived training effectiveness.** Despite the challenges, all grantees reported that they had achieved some success in their training initiatives for DSWs. The following are anecdotal reports from each grantee:

- In Arkansas, one DSW recruit reported that the supervised practical DSW training was on par with, if not better than, the CNA training she subsequently received. However, a couple of the trainees who were interviewed noted that the training was more a personal than a stepping-stone in their career path.

- Some Delaware agencies and DSWs reported that trainees achieved a new understanding about working with their consumers. This was especially true for one agency that employed many DSWs who were born in Africa.

- Some career development certificate graduates in Indiana reported feeling empowered and more confident, adding that they had a better understanding of their job responsibilities. This was echoed in the reports by their supervisors.

- In Kentucky, agencies reported that the training led to growth in job skills, enthusiasm for the job, and even better care coordination between DSWs.

- North Carolina agencies felt that the In-the-Know initiative resulted in a better-trained workforce, which they believed would, in turn, lead to increased quality of care. One agency reported experiencing fewer worker compensation claims after implementing the initiative.

- In Virginia, agency directors noted a change in the nature of the communication between DSWs and consumers (e.g., DSWs were better able to identify emergency situations and see situations from the consumer’s perspective). The training initiative
seemed to provide a boost and feeling of pride among the DSWs; however, they questioned whether this feeling could be sustained.

- For the VOA DSWs, the initiative's biggest effect was a boost in staff morale as a result of providing a choice for delivery of training (i.e., classroom, DVD, or online).
- Program staff in Washington reported that workers who had received the additional training improved the quality of care that they delivered. The training also reportedly increased workers' perceptions of their value as DSWs and made them more committed to their jobs. However, some workers who obtained a CNA certificate as a result of this initiative went on to find positions in other settings (e.g., hospitals).

- **Impact on Retention.** VOA DSWs reported that the training had minimal to no impact on their intention to stay on the job or on their job satisfaction. This group, like many other DSWs we interviewed during the site visits, talked about being motivated by the relationships they build with their consumers, not the pay or training opportunities. Likewise, in Delaware, the DSWs noted that, although the values-based training provided an avenue to network and learn about their jobs, they did not believe this particular initiative would have any impact on retention. On the other hand, one regional director in Washington reported that the professional development initiative (in combination with other initiatives) helped to reduce turnover.

- **Community building.** Training initiatives that were most valued by DSWs were those that included material not previously available or presented to DSWs, as well as those that provided an opportunity to build a DSW community and network. For example, in Kentucky, a cohort of DSWs repeatedly attended the monthly training sessions, forging a strong bond and support system. This sentiment was echoed in Delaware with its values-based training, and even in Virginia with its videoconference mode of training. DSWs who attended the video-based version of the initiative felt validated that others, even those very remote from them, had similar issues or concerns.

- **Improved DSW self-care.** A couple of grantees reported that DSWs unexpectedly learned how to care for themselves better while they were learning how to improve the care they provided to consumers. In Arkansas, the trainer reported providing information that helped the participants cope with their own medical issues (e.g., obesity, arthritis, diabetes). In Indiana, DSW participants reported becoming more proficient in other aspects of their lives, such as dealing with their personal finances, medications, and nutrition.

**Things to Consider**

States or agencies interested in implementing training initiatives should consider the following recommendations.

- Conduct a needs assessment to identify content areas for training, issues of particular interest to DSWs, and logistical constraints to participating in training (e.g., scheduling, transportation).
- Develop training that focuses on skill development and issues relevant to the job, and ensure that the design matches the type of work conducted in job contexts (i.e., residential programs versus day programs).
- Select the mode of training that will maximize benefits (e.g., classroom-based training enhances learning and builds networks among DSWs; DVDs and online training are
useful for providing refresher training to veteran DSWs and for training people who work in scattered sites or evening, night, or weekend shifts).

- Consider providing incentives and completion bonuses (e.g., paid training time, gift card for completion) that are easily obtainable. Although the findings from the demonstrations were inconclusive regarding their effect on increasing participation rates, incentives and bonuses function as an expression that the organization values its employees’ time and efforts. Making incentives and bonuses difficult to obtain may instead reduce staff morale.

- Plan for additional supports if training requires time outside of the normal work environment. Also, if training takes place away from the workplace setting, arrange for transportation or ensure that workers can get to the training location.

- As in Delaware, if implementing training as part of a culture-change effort, plan to administer the training first to management to obtain initial buy-in before implementing the initiative to DSWs, and coordinate training with other efforts designed to effect a change in organizational culture. As noted in the literature on organizational change and innovation diffusion (Rogers, 2003), opinion leaders—or, in this case, supervisors or managers—are a powerful mechanism to effect change, and “walking the talk” or otherwise demonstrating their commitment to the change made is a critical way for employees to embrace the change themselves.

### Supervisor and Consumer Supervisor Training

Another initiative tested during the demonstration involved training initiatives for supervisors. The underlying concept of these initiatives is that DSW retention is directly affected by relationships with supervisors; therefore, improving supervisory skills would beneficially affect job satisfaction and, in turn, retention. Supervisors may be employed by a provider agency or may be the self-directed consumer him or herself. Across the grantees, supervisory training tended to involve classroom-based delivery of basic management and supervisory skills, such as hiring, active listening, conflict resolution, and staffing or scheduling. Although the consumer supervisory training consisted of similar content, the material was typically presented in notebooks and distributed to consumers as a personal resource. Three grantees implemented a training initiative designed for provider agency supervisors (Arkansas, Virginia, and VOA), and three grantees implemented training materials targeted toward consumer supervisors (Arkansas, Virginia, and Washington). In this section, we present cross-site highlights for each type of training.

### Summary of Grantee Initiatives

Table 2.4 presents a summary of the supervisor and consumer supervisor training initiatives implemented by each of the grantees. For a complete account of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

### Cross-Site Highlights for Supervisor Training

As seen on Table 2.4, supervisor training initiatives varied in terms of content and delivery. However, several common themes and issues emerged. The following are the major highlights from our conversations with the Arkansas, Virginia, and VOA grantees; participating agency administrators; local evaluators; and DSWs regarding the effectiveness of the supervisor training initiatives. This section is divided into two major categories: implementation and outcomes.
Table 2.4
Summary of Supervisor and Consumer Supervisor Training Initiatives, by Grantee

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Type of Training</th>
<th>Length of Training</th>
<th>Target for Training</th>
<th>Mode of Training</th>
<th>Incentives</th>
<th>Total Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisory training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>Supervisory skills; human</td>
<td>Session 1: 2 days</td>
<td>Directors of independent living centers; nurses from alternative waiver programs</td>
<td>Classroom</td>
<td>—</td>
<td>$134,000b</td>
</tr>
<tr>
<td></td>
<td>resource basics</td>
<td>Session 2: 16 CEUs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Session 3: 9.5 CEUs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>Supervisory skills</td>
<td>8 hours of supervisor training + 4 hours of team training with DSWs</td>
<td>Nursing supervisors, then changed to staff coordinators</td>
<td>Classroom</td>
<td>—</td>
<td>$181,000</td>
</tr>
<tr>
<td>Volunteers of</td>
<td>VOA required training; human</td>
<td>42 hours (one day a week for 7 weeks + on-the-job practice between sessions)</td>
<td>First-line supervisors</td>
<td>Classroom</td>
<td>Travel reimbursed, $250 completion bonus</td>
<td>$147,000</td>
</tr>
<tr>
<td>America</td>
<td>resource basics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer supervisor training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>Supervisory skills; human</td>
<td>—</td>
<td>Self-directed consumers</td>
<td>Hardcopy manual</td>
<td>—</td>
<td>$134,000c</td>
</tr>
<tr>
<td></td>
<td>resource basics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>Caring for a loved one;</td>
<td>4-hour module</td>
<td>Family caregivers</td>
<td>Classroom</td>
<td>—</td>
<td>$91,000</td>
</tr>
<tr>
<td></td>
<td>communication skills; working with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>paid DSW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>Consumer rights/responsibilities;</td>
<td>—</td>
<td>Self-directed consumers</td>
<td>Hardcopy manual</td>
<td>—</td>
<td>$48,000d</td>
</tr>
<tr>
<td></td>
<td>human resource basics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: CEU = continuing education unit.

a The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).

b Cost includes development and administration of the supervisor training program and the development of the consumer notebooks.

c Cost includes development and administration of the supervisor training program and the development of the consumer notebooks.

d Cost includes costs associated with the DSW and consumer supervisor training.
Implementation
Common implementation themes pertained to identifying the appropriate target for supervisor training, conducting a needs assessment, and training techniques.

- **Identifying the appropriate target for supervisor training.** For the initial training initiative, Virginia targeted nursing supervisors who provide direct supervision to DSWs. However, after the initial session, the grantee noted that the material was not appropriate for this audience because it was considered too basic for these experienced supervisors. Upon further review, the initiative was retooled to target the staff coordinator responsible for scheduling and other administrative duties. These schedulers work with DSWs on a daily basis to resolve scheduling and other work-related issues. This did not appear to be an issue for either the Arkansas or VOA grantee; however, we interviewed only supervisor training participants during our VOA site visit. Direct feedback from participants of the Arkansas and Virginia training sessions is necessary before drawing firm conclusions.

- **Conducting a needs assessment.** VOA's initiative was newly developed for this grant, whereas both Virginia and Arkansas took advantage of previously developed initiatives. Virginia's initiative had been initially developed and administered for a different grant and was revised based on previous experiences. Arkansas's initiative was developed and administered entirely by PHI. Because it was developing a new initiative, VOA first conducted a series of focus groups with supervisors, DSWs, and program directors to discuss training needs. The training initiative was later pilot tested on VOA staff, further revised to incorporate pilot-test feedback, and then rolled out to supervisors. Conducting this type of needs assessment, combined with a pilot test, may have been partly responsible for some of the positive results stemming from this initiative. However, as a result of the time spent on the needs assessment, VOA's initiative was implemented much later in the grant period.

- **Training technique.** All the supervisor initiatives that were implemented were interactive and provided feedback to the participants. The Arkansas supervisor training initiative employed a coaching technique whereby participants worked through situations that might arise with a DSW and received constructive feedback from the trainer. The Virginia and VOA initiatives also incorporated practice time. Overall, this approach was reported to be a valuable aspect of the initiatives. In Virginia, DSWs and supervisors were first separately trained in complementary skills and knowledge, then brought together for a four-hour module focused on effective communication. Due to logistical constraints, Virginia was unable to match each DSW with his or her own staff coordinator. It is unclear whether this technique was effective, as we did not interview those who participated in this part of the initiative.

Outcomes
Common themes in the outcomes pertained to the perceived effectiveness of training, retention and turnover, and community building.

- **Perceived effectiveness of training.** According to the Arkansas evaluator, the supervisor training improved staff morale and increased the participants’ confidence in their role as supervisors. Virginia agency directors reported that the initiative changed the way the staff coordinator related to DSWs and created more of a team environment. Likewise, VOA reported improved staff morale among supervisors who felt more comfortable deal-
ing with staffing conflicts and varying communication styles. DSWs corroborated this finding and stated that their supervisors had become more disciplined, more confident in their roles, more willing to provide feedback, and better advocates for their employees.

- **Retention and turnover.** It is difficult to discern the extent to which retention and turnover improved as a result of the training initiative because most grantees implemented several initiatives simultaneously. However, VOA implemented the supervisor training initiative only in its Oklahoma site and, therefore, had the ability to isolate the effects of this initiative. Its local evaluation suggested that the supervisor training initiative did not increase retention or reduce turnover among DSWs. However, the project director cautioned that the quality of these data may be questionable. In Arkansas and Virginia, the effects of the supervisor initiative on retention and turnover were unclear.

- **Community building.** As with the DSW training initiatives, one important result noted by training participants involved the relationships they established with others in their classes. This was particularly noted by the VOA participants. The VOA training was one day a week for seven weeks, easing the logistical burden on participants in scheduling their time away from work. The additional time provided by spreading out the initiative enabled participants to practice their skills between sessions and build a supportive network with other supervisors.

**Cross-Site Highlights for Consumer Supervisor Training**

Three grantees developed training materials for consumers directing their own care. Arkansas and Washington developed notebooks that they distributed to consumers. Virginia developed a four-hour, classroom-based module designed for family caregivers to help them care for their loved ones and communicate with paid DSWs. The following are the major highlights from our conversations with the Arkansas, Virginia, and Washington grantees regarding the effectiveness of their consumer supervisor training materials. Because we did not interview consumers, there is little information regarding the effectiveness of this initiative. Furthermore, the family caregiver initiative in Virginia had not been implemented at the time of our site visit. This section is divided into two major categories: implementation and outcomes.

**Implementation**

Common implementation themes pertained to the distribution of materials and marketing to consumers and family caregivers.

- **Distribution of materials.** Both Arkansas and Washington developed hard-copy training materials (manuals). After the initial distribution at one of the four sites in Washington, about 25 percent of consumers who received the manual complained that the grantee was providing them with too much direction. Washington subsequently revised how it introduced the manual to clients. The materials were also available on the registry Web site. At the time of our site visit, Arkansas had not yet completed or distributed its manuals.

- **Marketing to consumers and family caregivers.** Virginia’s family caregiver training initiative was intended to provide family members with information to facilitate relationships and communication between the family and DSWs. However, due to Health Insurance Portability and Accountability Act (HIPAA) concerns, the Virginia grantee did not have access to consumers or their families and, therefore, could not market the initiative directly to
them. Instead, it planned to rely on agencies to relay the information. At the time of our site visit, this training had not yet been conducted.

**Outcomes**

A common theme in the outcomes pertained to increased awareness of the consumer supervisor's role.

- *Increased awareness of role.* The Washington grantee and area directors reported that consumers reported that the training materials raised their awareness about their role as a supervisor and as an advocate for themselves. This was noted despite the fact that several consumers initially did not appreciate being told how to direct their own care.

**Things to Consider**

Based on the implementation analyses, we propose the following recommendations and considerations for other states or agencies interested in implementing a similar initiative.

**Supervisor Training**

- Pilot test the initiative prior to rollout. Such an assessment may reveal issues, concerns, and training needs that management may not have otherwise considered, and it may help focus the initiative to better address the needs of the target audience. Pilot testing provides additional information on how to tweak an initiative and make useful improvements prior to rolling it out to a wider audience.
- Incorporate practice time with constructive feedback in the training initiative. Initiatives employing an active learning approach allow participants to learn from their mistakes and improve their performance; they also tend to have a higher likelihood of transferring the newly learned skills back to the job (Goldstein, 1993).
- Consider spreading training out to one day a week for several weeks rather than scheduling several days back to back in one week's time. This approach provides training participants with the opportunity to practice newly learned skills on the job and to report back to the trainer on their challenges and successes. For VOA, this approach provided a greater opportunity to build a community or network among participants by extending their relationships for a longer period.

**Consumer Supervisor Training**

- Conduct a needs assessment with consumers to identify any needs they may have for information and resources to help them direct their own care. Although not expressly discussed with respect to this initiative, this recommendation stems from a common theme from other initiatives—that is, initiatives tend to be more effective when you have a clear understanding of your target population and its needs.
- Conduct upfront marketing and outreach to the consumer population prior to or in concert with distribution of materials. Consumers are not employees and, therefore, are under no obligation (unless otherwise required by the state or Medicaid) to accept or use these materials. As a result, states and agencies may experience better acceptance of
this type of information if they take preliminary steps to engage consumers early on and clearly communicate the purpose and intent underlying the initiative.

Realistic Job Preview
Three grantees included a realistic job preview (RJP) as one of their initiatives to test during the demonstration period: Delaware, Kentucky, and Washington. The general concept underlying the use of an RJP is to provide job applicants with the opportunity to get a realistic picture of job responsibilities. As a result of obtaining this realistic picture, the expectation is that these applicants would be more likely to stay on the job longer than those who had not received such a preview. Many applicants might opt not to take the job as a result of exposure to the RJP. However, DSW employers reported that it is far preferable to lose a candidate prior to hiring than to have that person quit within the first six months on the job, which causes a disruption in care and emotional strain for the consumer who may now feel rejected by the DSW; it also increases costs to the agency.

Summary of Grantee Initiatives
Table 2.5 presents a summary of the RJP initiatives conducted by each of the grantees. For a complete summary of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

Cross-Site Highlights
Despite the design differences among the three grantees that conducted RJPs as part of their demonstrations, the site-visit interviews revealed some common perceptions about RJP initiatives. The following are the major highlights from our conversations with the Delaware and Kentucky grantees, participating agency administrators, and DSWs regarding the effectiveness of the RJPs. This section is divided into two major categories: implementation and outcomes.

### Table 2.5
**Summary of Realistic Job Preview Initiatives, by Grantee**

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Description of Initiative</th>
<th>Target for Initiative</th>
<th>Total Cost$\textsuperscript{a}\textsuperscript{b}\textsuperscript{c}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>Recruiting and job-preview videos, typically shown during applicant orientation or on the first day$\textsuperscript{d}$</td>
<td>DSW applicants and newly hired DSWs</td>
<td>$83,441$\textsuperscript{c}</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Pre-service orientation (PSO): 5 hours of facilitated interaction with consumers, families, and veteran DSWs; interview with PSO facilitator; and viewing of RJP video, plus $50 incentive for completion</td>
<td>DSW applicants</td>
<td>$151,000</td>
</tr>
<tr>
<td>Washington</td>
<td>Review of manual on becoming a professional provider either in a classroom setting or via self-study; must pass test for inclusion in worker registry</td>
<td>DSW applicants with less than 3 months of DSW experience</td>
<td>$55,000$\textsuperscript{d}</td>
</tr>
</tbody>
</table>

$\textsuperscript{a}$ The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).

$\textsuperscript{b}$ Initially, Delaware’s recruitment video was categorized as an enhanced recruiting initiative. However, it was difficult to differentiate between audience response to the recruiting video and the job preview video because they were often shown together for the purpose of providing a realistic job preview. Therefore, we reclassified the recruiting video as an RJP initiative.

$\textsuperscript{c}$ Cost includes the development of two videos and a marketing campaign.

$\textsuperscript{d}$ Cost includes other marketing efforts in addition to RJP activities.
Implementation
Common implementation themes pertained to matching RJP content and job context, external RJP processes, and consumer participation. We discuss each theme in turn.

- Matching RJP content and job context. Common feedback from the grantees was that these initiatives would be most effective if the information provided during the RJP matched the type of job and job context in which the candidate would be working. For example, DSWs noted that the Delaware videos focused on residential services and were, therefore, not as applicable to candidates who were interviewing for vocational day initiatives. Likewise, Kentucky DSWs reported that the pre-service orientation (PSO) was more useful to candidates applying for day programs rather than residential programs. Another common finding across all three grantees was that RJs were most effective in screening out candidates who had no prior DSW experience.

- External RJP processes. In Kentucky, the grantee and some of the participating agencies reported that part of the effectiveness of the PSO was that a person external to the hiring agency facilitated the RJP, which they reported enabled the DSW candidates to feel free to express concerns or ask questions. However, one participating agency reported that it planned to internalize the PSO after the demonstration period ended and tailor it to better meet the organization’s needs (as opposed to paying an external party to conduct the RJP).

- Consumer participation. In both Delaware and Kentucky, consumers and/or families participated in the development of the RJP or in the RJP process itself. In both cases, the grantees reported that consumers and families enjoyed being part of the process and being able to tell prospective DSWs how they would like to be cared for and treated. In Kentucky, this was true even when the candidate with whom the families met would not ultimately work with their family member.

Outcomes
Common themes in the outcomes pertained to the fit of the worker to the job, turnover, and quality of care.

- Person-job fit. The consensus from the grantee site visits was that both the employer and the worker benefit when prospective DSWs are provided with more information that will enable better person-job fit decisions. The candidate benefits because he or she can make an informed decision based on observations and the information provided about the job, as well as compare the position to his or her own job needs and preferences. The agency or employer benefits because it is better for a candidate to learn early on whether the job is the right fit, rather than quitting within the first few weeks of employment due to unmet expectations. In Washington, regional directors expressed that the provider training, along with the screening process, allowed them to develop a relationship with the prospective DSW, thereby making it easier to match the DSW with an appropriate consumer. However, there were mixed reports from the participating agencies in Kentucky regarding whether the feedback from the PSO was helpful to the hiring agency in making its final decisions.

- Turnover. None of the grantees formally evaluated the impact of the RJP initiative on turnover alone. Anecdotally, the Kentucky grantee reported that one agency went from
100 percent turnover without the PSO to 17 percent within the first 18 months of using the PSO. However, some agencies in both Kentucky and Delaware still experienced early turnover among new hires despite the RJP, and some candidates dropped out of further consideration prior to hiring. This latter finding is not surprising because the point of the RJP is to screen out candidates who are more likely to quit after a few months of employment due to poor person-job fit. During our site visit to Indiana, we learned that it had begun using Delaware’s job preview video as part of its recruitment efforts; however, DSWs reported that many new hires had not seen the video.

- **Quality of care.** The Kentucky grantee opined that screening out candidates with poor person-job fit would improve the quality of care. The logic was that, if DSWs stay on the job longer, there will be continuity of care for the consumer and, as a result, the quality of the care being delivered will be better than for consumers who experience frequent turnover in provider care. In addition, one agency in Kentucky commented that DSW turnover caused unnecessary pain and suffering on the part of the consumer who may feel rejected by the departing DSW. Therefore, it reasoned that it is important to try to minimize early turnover and screen out inappropriate candidates prior to hiring. In Washington, many interviewees mentioned that the quality of care in the in-home care setting is hard to measure but that the RJP and registry process seemed to professionalize the workforce and increase the standards for providers, which was believed to positively influence staff retention and morale.

**Things to Consider**

Based on the feedback collected during the site visits, we propose the following recommendations and considerations for other states or agencies interested in implementing a similar initiative.

- Match the content of the RJP to the job and job context in which the candidate will be working (e.g., a candidate for a residential program should get realistic expectations about working in a residential program).
- Conduct the RJP prior to hiring to lower administrative costs associated with hiring and training candidates who may quit within a few months, as well as to minimize the detrimental effects on consumers and families as a result of early turnover.
- If using a video, combine it with job shadowing or interviews with consumers, families, and/or veteran DSWs to provide the opportunity for the candidate to ask questions, clarify concerns, and better determine person-job fit.
- Combine RJP with post-hire initiatives, such as a probationary period with on-the-job coaching or peer mentorship to provide additional supports and information to new hires. These initiatives are not intended to replace proper job training, but instead should be employed in addition to proper job training.
- If using a PSO-type format for RJP, consider having an external party conduct the RJP to enable a more open exchange of information.

**Peer Mentoring**

Four grantees developed peer mentoring initiatives as one of their initiatives during the demonstration period: Delaware, Indiana, Kentucky, and Washington. The general concept underlying these initiatives was that providing information and support to individuals new to the field...
of caregiving through an experienced peer mentor would help better acclimate the individual to his or her job duties. As a result of this peer mentor support, new DSWs would be less likely to become frustrated or dissatisfied with the job and quit. Across the four grantees, all reported that this initiative received less attention and fewer resources than the other initiatives they implemented. In Indiana and Washington, program staff reported that their initiatives could have been improved with more oversight. Delaware staff stated that better planning and the establishment of the initiatives at the agencies before launching would have improved implementation. Some of the issues that arose and are discussed in detail in the following section include mentor and mentee selection, matching, workload, and program support.

Summary of Grantee Initiatives
Table 2.6 presents a summary of the peer mentoring initiatives implemented by each of the grantees. Because of the number and complexity of initiatives implemented in Indiana, we obtained a limited amount of information on each component, thereby reducing the precision of our discussion of that mentoring initiative. For a more complete summary of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

Cross-Site Highlights
As previously noted, the grantees did not tend to focus their efforts on the peer mentoring initiative. As a result, less time was spent collecting information about these initiatives during the site visits. Despite this, we highlight a few major points extracted from our conversations with the grantees, participating agency administrators, and DSWs regarding the implementation and effectiveness of the peer mentoring initiatives. This section is divided into two major categories: implementation and outcomes.

Implementation
Common implementation themes pertained to identifying mentoring targets, mentor selection, mentor-mentee matching, mentor-mentee contact, mentoring intensity, and documentation.

- **Mentoring targets.** Across the four grantees, new employees from participating agencies in Delaware, Indiana, and Kentucky and those new to the field of direct care in Washington were targeted to receive mentoring. In Indiana and Washington, only residential support staff (i.e., not vocational or daycare staff) were eligible to receive mentoring. Only residential support staff were included in the demonstration in Washington.
- **Mentor selection.** The sites varied in how mentors were selected, but all included a minimum amount of relevant work experience (at least one year of experience in Delaware and Kentucky and up to three years in Washington). In Delaware and Kentucky, a nomination process was initially used, but it was later learned that a better approach was to advertise the opportunity to eligible workers and have them self-nominate due to the additional effort associated with the position. In Indiana and Washington, potential mentors needed to apply for the position. Washington instituted the most formal mechanism for mentor selection, which involved a written application, two references, statement on work philosophy, and an in-person interview. In most cases, agency or site directors were ultimately responsible for mentor selection.
### Table 2.6
Summary of Peer Mentorship Initiatives, by Grantee

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Mentor Selection Criteria</th>
<th>Mentor Training</th>
<th>Compensation</th>
<th>Mentoring Target</th>
<th>Average Mentees per Mentor</th>
<th>Marketing</th>
<th>Total Costa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>One year of experience; DSW nominated by supervisor</td>
<td>2-day classroom-style training delivered by the grantee</td>
<td>$250 for each employee mentored throughout a 6-month period</td>
<td>New employees within their first 6 months of tenure</td>
<td>1–4 mentees per mentor</td>
<td>Mentors contacted workers</td>
<td>$10,760</td>
</tr>
<tr>
<td>Indiana</td>
<td>DSWs applied to become mentors; applications reviewed by supervisors</td>
<td>Information not obtained</td>
<td>Information not obtained</td>
<td>Information not obtained</td>
<td>Information not obtained</td>
<td>Information not obtained</td>
<td>$15,670</td>
</tr>
<tr>
<td>Kentucky</td>
<td>One year of experience; selected by agency directors</td>
<td>1-day training developed and delivered by grantee</td>
<td>$15 per hour for up to 3 hours per month for a 6-month period (maximum of $270 per mentee)</td>
<td>New employees within their first 6 months of tenure</td>
<td>Varied by agency</td>
<td>Varied by agency</td>
<td>$74,000</td>
</tr>
<tr>
<td>Washington</td>
<td>3 years of experience; 2 references; completed application; interview and selection by registry coordinators</td>
<td>2-day training and 6-month refresher course delivered by grantee</td>
<td>$10.50 per hr for each mentoring hour up to 20 hours a week (maximum of $10,920 per year) + cell phone</td>
<td>DSWs enrolled in registry without prior experience</td>
<td>Varied across sites depending on number of registered DSWs new to the field (up to 200)</td>
<td>Letters sent to DSWs; mentors called DSWs</td>
<td>$55,000</td>
</tr>
</tbody>
</table>

a The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).

b The number of mentees assigned to a mentor varied by agency. For example, one agency assigned only one mentee at a time to a mentor to minimize the burden on the mentor and to maximize the relationship. Other agencies assigned more mentees to a mentor, ranging from two to five mentees at a time.

c Some agencies asked DSWs directly to participate in the mentorship program, while others relied on more formal information sources, such as bulletin boards or newsletters.
• **Mentor-mentee matching.** The way in which mentors and mentees were matched varied across grantees. In Delaware, mentees were purposely matched with a mentor outside of their facility and sometimes outside their agency to enable an external perspective about the job. However, this was sometimes perceived as a weakness because the mentee’s challenges might have been site- or agency-specific, limiting the mentor’s ability to provide adequate guidance. In Kentucky, agency directors were charged with matching the trained mentors with new employees, but this did not always occur, suggesting that the matching process may have been too burdensome for agency staff. In Washington, mentors at each of the four regional centers were given a list every month of newly registered DSWs and asked to contact them directly to establish a mentoring relationship. In addition, newly registered staff were provided the contact information of their assigned mentor in case they wanted to get in touch with him or her first.

• **Mentor-mentee contact.** Although face-to-face contact was initially required in the Delaware and Kentucky initiatives, this requirement was eventually eliminated due to the logistical challenges mentors faced in scheduling in-person meetings. In these initiatives, the mentor often worked different shifts or in different locations from the mentee. Contact by phone was expected in Washington, and mentors were provided with cell phones to assist them in fulfilling their responsibilities.

• **Mentoring intensity.** The mentoring initiatives differed in the intensity of the mentoring that was expected. In Delaware and Kentucky, mentors were asked to meet with their mentees for the first six months after initial employment. In Delaware, the mentor and mentee were expected to meet once a month. In Kentucky, mentors could be paid for up to three hours of meeting time per mentee per month. The number of hours and length of mentoring in Indiana and Washington were not specified. Although mentors in Washington could charge up to 20 hours per week, mentors reported having high caseloads, sometimes up to 200 workers per mentor. During our site visits, we learned that the burden placed on mentors was viewed differently across grantees and the individual being interviewed. For example, we learned that some mentors in Delaware and Kentucky felt that mentoring more than two individuals was too much work, whereas others did not perceive this load as a burden. The same was true in Washington, which often had significantly larger caseloads than other grantees: Some mentors felt overburdened, while others did not. In addition, the Washington initiative was the most potentially financially rewarding for the mentors.

• **Documentation.** In all the demonstration sites, mentors were required to complete logs, documenting their time spent mentoring and other information, depending on grantee requirements. For some of the mentors interviewed, the requirements were perceived as burdensome and prevented them from completing the documentation in order to be compensated. For example, we learned that some mentors in Delaware and Kentucky felt that mentoring more than two individuals was too much work, whereas others did not perceive this load as a burden. The same was true in Washington, which often had significantly larger caseloads than other grantees: Some mentors felt overburdened, while others did not. In addition, the Washington initiative was the most potentially financially rewarding for the mentors.
Outcomes

Common themes in the outcomes pertained to resistance to the initiative, mentor outcomes, and mentee outcomes.

• Resistance to the initiative. The mentoring concept was met with suspicion by some DSW supervisors in Indiana and Delaware and by some case managers in Washington. We learned that the initiative was sometimes perceived as overlapping with supervisory or case manager job duties and, therefore, was viewed as subverting supervisory or case management efforts. Workers reported valuing the initiative, because it gave them an opportunity to ask job-related questions of an experienced peer who was not their supervisor, but there was concern among supervisory staff that the mentor might not be the best source of information. In recognition of this issue, efforts were made early on in Kentucky to train mentors on the issues they could address and the topics that should be brought to the attention of supervisory staff.

• Mentor outcomes. In general, across the grantees, we heard from both management and the DSWs themselves that those who served as mentors highly valued the initiative. In Delaware, which initially used an agency-based nomination process, the mentors mentioned that they felt honored to be selected as mentors in their agency. In Kentucky and Delaware, regular mentor meetings were established, and both agency directors and the mentors themselves reported value in the meetings. Mentors stated that they looked forward to the opportunities to meet with other mentors and build relationships across participating agencies, which helped them gain support for their work. In addition, the establishment of the mentor role created a form of career ladder for DSWs—that is, a job growth opportunity between being a DSW and becoming a supervisor or manager.

• Mentee outcomes. Most of the grantees reported that they did not devote enough of their resources to developing and implementing their mentoring initiatives to expect a large impact on retention rates. Many of the DSWs we interviewed were not aware of the initiative, but those who were found it helpful. In Kentucky and Delaware, we also learned that the mentor was perceived as a “local expert” who new staff, as well as veteran staff, felt comfortable calling for advice and feedback. Kentucky, in particular, was interested in developing mentors as local experts in specific topic areas but was unable to get this launched during the demonstration period due to the lack of resources devoted to this particular initiative.

Things to Consider

We propose the following recommendations and considerations for other states or agencies interested in implementing a similar initiative.

• Include workers in developing the mentoring initiative to ensure that it matches needs and capacities, improving the chances of effective implementation.

• Allow workers to self-nominate for the mentor position to ensure that those who are motivated and have the time to devote to this initiative are the ones being considered. The selection process should also involve interviews by agency or supervisory staff to adequately discuss job expectations, such as the time commitment and mentee caseload, and to discern whether the candidate is a good fit for the role.
• Provide training for mentors that addresses job responsibilities, how to engage in a mentoring relationship, and issues that mentors should address with their mentees, as well as those issues that should be referred to supervisors or management.
• Consider the time commitment required of mentors, including the paperwork aspect of the position. Compensation should be commensurate with the workload.
• Establish regular meetings for active mentors to discuss experiences with each other.
• Encourage staff—both new and veteran—to access mentors. States and agencies might consider compensating mentors for assisting both veteran and new staff.

**Merit- or Longevity-Based Recognition**

Three grantees implemented merit or longevity recognition initiatives as one of their initiatives: Indiana, Kentucky, and North Carolina. Given that direct service work is challenging and not well rewarded financially or recognized publicly (IOM, 2008), the underlying concept is that any form of positive recognition will boost morale and, in turn, improve the likelihood that employees will stay on the job. In these demonstration initiatives, DSWs received financial and sometimes material incentives for their tenure with the agency. The recognition initiative in Kentucky was part of a larger effort that is described in greater detail in the grantee summary provided in Appendix A. In this section, we discuss only the part of Kentucky’s recognition initiative that overlapped with other grantee’s employee recognition efforts.

**Summary of Grantee Initiatives**

Table 2.7 presents a summary of the merit- and longevity-based recognition initiatives conducted by each of the grantees. For a complete summary of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

**Cross-Site Highlights**

Indiana, Kentucky, and North Carolina implemented initiatives to recognize the longevity of their workforce. These initiatives were similar with respect to the employment benchmarks that they recognized, but the awards and responses to those awards varied. In this section, we

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Criteria for Recognition</th>
<th>Recognition (Award)</th>
<th>Total Cost^a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>6, 12, 18, 24, 30, and 36 months of employment</td>
<td>Bonuses ranging from $50 for six months of continuous service to up to $200 for 24 or more months of employment</td>
<td>$35,684</td>
</tr>
<tr>
<td>Kentucky</td>
<td>6, 12, and 12+ months of employment</td>
<td>$75 with a certificate for six months of continuous service; $100, lapel pin, plaque, annual banquet invitation, and SPEAK membership for one year of continuous service; DSW of the year award</td>
<td>$190,000^b</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Annual employment with 90% attendance (and 1–9 years of service)</td>
<td>$125 (after taxes) for 90% attendance for one year; small items (e.g., tote bag, scrubs, pin) for 1–9 years of service</td>
<td>$84,050</td>
</tr>
</tbody>
</table>

^a The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).

^b Cost includes SPEAK membership and recognition and longevity bonuses.
Implementation Analyses

Present the major highlights from our conversations with the grantees, participating agency administrators, and DSWs regarding the implementation and effectiveness of the recognition initiatives. This section is divided into two major categories: implementation and outcomes.

Implementation

Common implementation themes pertained to identifying targets of recognition initiatives, the award process, types of recognition, and public recognition.

- **Target of recognition.** In both Indiana and Kentucky, longevity awards were initially given to new staff who had reached their six- and one-year employment anniversaries as a way to address the early turnover that occurs among DSWs. However, staff previously employed longer than one year expressed their dissatisfaction and feelings of unfairness in not having received similar recognition for their tenure after the initiative had been implemented. As a result, both grantees expanded their initiatives to award staff with longer tenure. North Carolina included staff with greater tenure from the beginning and provided tangible awards based on years of service.

- **Award process.** The grantees used different processes to determine who would receive an award. In Kentucky and North Carolina, agency staff were responsible for tracking staff tenure and determining worker eligibility for an award. However, a few workers in Kentucky felt that they had met the criteria but did not receive an award. In Indiana, staff were asked to apply for the award when they were eligible to receive it. We learned from the local evaluator in Indiana that many workers did not receive the bonus because they did not want to complete the application process.

- **Type of recognition.** All sites implemented some sort of financial award for length of service. It was often easier for the grantees to provide a one-time lump-sum cash payment than to institute some sort of career ladder based on years of service that included a wage increase. Agencies were concerned about establishing wage increases that they would struggle to sustain after the grant ended. In North Carolina, an additional criterion of good attendance was used as part of the basis for the financial award. The feedback we received about the financial incentives was mixed. DSWs reported that they always appreciated receiving additional money, but their award checks were taxed, and that made them less attractive. In addition, DSWs expressed the desire for financial awards in different forms that would not be subject to taxation, such as a gift card or paid vacation. In Kentucky and North Carolina, tangible awards (e.g., certificates, pins, and plaques in Kentucky; mugs, tote bags, and fleece jackets with the agency logo in North Carolina) were also disseminated to staff based on length of service. DSWs in North Carolina indicated that these awards allowed them to show pride in their jobs and employer by displaying their gifts (such as the jacket or tote bag with their company affiliation) in and around the community. Agency staff indicated that they enjoyed the extra promotional benefit of these materials as well.

- **Public recognition.** Some of the agencies in Kentucky and North Carolina used public events, such as staff meetings and annual banquets, to disseminate their recognition awards. In addition, Kentucky published the names of employees who received an award in its project newsletter. Program staff reported that the public recognition associated with the award was one of the most valuable aspects of it. However, some agency staff and workers in both North Carolina and Kentucky reported that it was difficult to sched-
ule an event that all staff could attend, which therefore limited the overall impact of the recognition.

**Outcomes**

A common theme in the outcomes pertained to staff appreciation.

- *Staff appreciation.* Although it will be difficult to discern the impact of these recognition initiatives on retention due to the multiple initiatives implemented by the grantees, both agency administrators and DSWs in Kentucky and North Carolina reported that the recognition initiative was the one that was appreciated the most. In North Carolina, DSWs expressed that they looked forward to the incentives and the tangible awards they received such as the fleece jacket and tote bag featuring their employer’s logo. Given the implementation issues that Indiana experienced (i.e., not recognizing veteran staff in the early phases and requiring an application for an award), its workers were not as appreciative of this initiative.

**Things to Consider**

Based on the feedback collected during the site visits, we propose the following recommendations and considerations for other states or agencies interested in implementing a similar initiative.

- Recognize veteran staff as well as those who are early in their careers for their length of service. Consider increasing the value of the awards according to years of service to show the value placed on longevity.
- Plan to keep records on length of service, and verify records with staff before award dissemination. The award process should be transparent to workers, and they should not assume the burden. Communicate the award criteria to staff early and often.
- Publicly recognize staff through such venues as newsletters, visual displays in workplaces, and an annual event that workers and their families may attend. Public recognition of an award may increase its impact.
- Tangible awards, rather than financial incentives, may be welcome and serve to promote the agency as well. They also may be less expensive to implement. Gain input from workers beforehand to select awards that will be valued.

**Worker Registry**

Two grantees developed worker registries as part of their demonstration: Arkansas and Washington. In both sites, the registry was designed to benefit both workers who were not employed by a home health care agency (i.e., independent providers) and consumers by offering a tool to match those looking for work as a DSW with those in need of direct support services. It was expected that the registry could result in greater access to care by consumers and a potentially better match between caregivers and consumers. As a result, the registry could fulfill both missions to improve recruitment (by providing a venue for workers to advertise their services) and retention (by better matching the needs of the consumer and the needs of the care provider). Both grantees noted that the registry may also lead to increased continuity of care and therefore improve the quality of services. Both grantees planned to operate the registry statewide, but it was initially tested in four workforce resource centers serving nine counties in Wash-
Implementation Analyses

Washington as part of the demonstration. Arkansas’s registry was not launched until June 2007; therefore, outcomes from this grantee’s efforts are yet fully realized. In Washington, plans for a worker registry were under way at the time of grant start-up, and the registry became operational in the four sites in 2006.

Summary of Grantee Initiatives

Table 2.8 presents a summary of the worker registry initiatives conducted by each of the grantees. For a complete summary of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

Cross-Site Highlights

In this section, we present the major highlights from our review of the grantee materials and conversations with the Arkansas and Washington grantees regarding the effectiveness of the registry. The worker registries took a significant amount of time to develop and become operational; therefore, the lessons learned will continue beyond the time of this report’s writing. This is particularly true for Arkansas, where the registry had only recently been launched at the time of our site visit. This section is divided into two major categories: implementation and outcomes.

Implementation

Common implementation themes pertained to development, timing and effort, worker eligibility criteria, and consumer eligibility criteria.

- Development. Both the Arkansas and Washington grantees developed the registry locally rather than purchasing an off-the-shelf product. In Arkansas, the preference was to build the registry in-house to ensure greater control over the final product. In both sites, grantee staff researched registries that were being used in other states to help them design their own product.

Table 2.8
Summary of Worker Registry Initiatives, by Grantee

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Purpose</th>
<th>Eligibility</th>
<th>How Is It Updated?</th>
<th>Marketing</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>For independent providers, to find employment; for consumers, to fill their needs</td>
<td>All non-agency based workers who provided information to the registry</td>
<td>DSWs are prompted every 6 months to update their information</td>
<td>Newspaper and radio ads, brochures, posters</td>
<td>$153,000</td>
</tr>
<tr>
<td>Washington</td>
<td>To aid in matching consumers with independent providers</td>
<td>DSWs must complete an application and criminal background check, meet with regional area staff, and complete curriculum to be registered as DSW</td>
<td>DSWs are contacted every 30 days to update their information</td>
<td>Job fairs, physicians’ offices, hospital centers, nursing homes, senior centers, local newspaper ads</td>
<td>$308,340</td>
</tr>
</tbody>
</table>

The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).
• Timing and effort. Both grantees received funding in 2004. At that time, in Washington, there had already been significant planning for a statewide worker registry. Washington began operating its registry as early as January 2005 in one of the four areas and had launched it across all sites by September 2006. In Arkansas, more research was conducted during the grant period. Due to significant turnover in the management of the grant during the demonstration period, the Arkansas registry was not operational until June 2007, which was near the end of the grant period. The grantee reported that building the registry internally rather than through an external contractor took more time, but as a trade-off, costs were kept to a minimum.

• Worker eligibility criteria. The grantees used different eligibility criteria to register DSWs. In Washington, individuals interested in being listed on the registry needed to be screened by regional area staff. Screening included an in-person interview, completion of a job preview component if new to the field (see the “Realistic Job Preview” section for more information), and a criminal background check. Although the criminal background check was deemed valuable, it was also reported that many potential workers were lost due to the time it took to complete the background checks—approximately four to six weeks. In Arkansas, the registry was open to all DSWs and did not require a background check. The decision not to require a background check was met with some criticism and delayed the development of the registry. The Arkansas grantee reported several reasons for not requiring a background check, including the additional costs associated with the check, the added resources to maintain the information, problems with its accuracy over time, and the possibility that some consumers may prefer to have a family member or friend provide services, yet this individual may not be able to pass a background check. In addition, individuals who participated in Arkansas’s provider training were encouraged to enroll in the registry, but training was not a condition of enrollment, as in Washington.

• Consumer eligibility criteria. In Washington, participation in the registry was voluntary, and only Medicaid beneficiaries were allowed access to the registry to search for providers. Several stakeholders there reported that the registry would be more useful if it were designed to be more inclusive, such as by including private pay consumers. For example, if greater numbers of consumers and workers were listed, the registry would facilitate finding substitutes and temporary help. As a result, stakeholders reported that the registry serves a “niche” market—that is, a consumer population that cannot find care through more traditional methods. In Arkansas, the registry was open to all consumers and DSWs. It is not clear whether it will also be seen as serving the more difficult-to-match consumers, as perceived in Washington.

Outcomes

Common themes in the outcomes pertained to income stabilization, supply and demand, consumer choice, and employment and costs.

• Income stabilization. Stakeholders in Washington reported that they believed the registry had the potential to stabilize the income of the workforce, as DSWs could use it to find temporary work or a second job (if working part-time).

• Supply and demand. Washington reported that the worker supply was greater than consumer demand during the demonstration period. Balancing worker supply with con-
sumer demand continues to be a challenge in some areas. It is not known whether this issue will arise in Arkansas.

- **Consumer choice.** In both states, the grantees reported that the registry allowed consumers greater choice in selecting a caregiver. Washington noted a limitation in not knowing the total number of people in need of services in its four service regions. Thus, it was difficult to assess whether the registry resulted in greater access to care. However, they also believe that consumers now had the ability to seek care on their own and more safely than they had previously (e.g., by putting an advertisement in a local newspaper) due to the screening activities associated with being listed in the registry.

- **Employment and costs.** Washington plans to examine the number of DSWs in the registry who have found work and the costs associated with the registry to determine the effectiveness of this initiative. At the time of our site visit in June 2007, more than half of the DSWs in the targeted regions had been registered. The number of DSWs who have found work from the registry was not known. The grantee reported that registry costs were lower than the national average, using cost estimates provided by the Robert Wood Johnson Foundation. In both sites, grantees considered the registry a success and planned to roll it out statewide.

**Things to Consider**

We propose the following recommendations and considerations for states or agencies interested in implementing a similar initiative. Any type of worker registry will take a great deal of planning to execute.

- Weigh the costs and benefits of building the registry internally versus hiring a contractor or buying a software package. Developing a registry rather than purchasing an off-the-shelf database will allow greater control and customization but will take more time and resources. Be sure to budget for the registry’s Internet location and the costs for maintenance.

- Consider the timing for conducting registry updates. Registries will only be as good as the information in them. Washington decided to update its registry every month, whereas Arkansas is using a six-month time frame. Weigh the advantages (e.g., data are current) with the disadvantages (e.g., time and resources) of updating the registry and plan for the associated costs.

- Determine what, if any, screening should occur prior to being listed in the registry. The amount of screening that goes into determining whether a worker can be enrolled in the registry varied across the two sites. Weigh the costs and benefits of requiring screening activities, such as an in-person interview, RJP, and criminal background check, before enrolling a worker in the registry. If requiring a criminal background check, annual updates should be considered.

- Consider the scope and purposes of the registry. More comprehensive registries may serve to improve access to care, provide greater employment opportunities for DSWs, and improve the match between consumers’ service needs and DSWs’ employment needs.

**Marketing Campaign**

Three grantees conducted a marketing campaign initiative during the demonstration period: Delaware, Indiana, and Virginia. The goal of the marketing campaigns was to increase public
awareness of the DSW job and to promote a positive image in the hopes of attracting more people to the field. Delaware and Indiana both waged broad campaigns using various media (e.g., television, radio, newspapers, billboards). Delaware also developed a initiative for high school teachers who were expected to then educate their students. Virginia used a focused campaign by developing brochures in multiple languages to attract and inform people visiting local Workforce Investment Board (WIB) offices. Virginia also developed a Web site to provide information about the various types of DSW positions, Medicaid waivers, and types of training necessary for these positions. The Web site had only recently been launched at the time of our site visit, limiting evaluation of this part of the initiative.

**Summary of Grantee Initiatives**

Table 2.9 presents a summary of the marketing campaign initiatives conducted by each of the grantees. For a complete summary of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

**Cross-Site Highlights**

Delaware, Indiana, and Virginia all undertook multiple initiatives during their demonstrations, and the marketing campaigns were typically not a major focus. As a result, little time was dedicated to discussion of this initiative during the site visits. Here, we present a few highlights from our conversations with the grantees, participating agency administrators, and DSWs regarding the effectiveness of the marketing campaign. This section is divided into two major categories: implementation and outcomes.

**Implementation**

Common implementation themes pertained to understanding the target community and modes of marketing.

**Table 2.9**

**Summary of Marketing Campaign Initiatives, by Grantee**

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Description of Initiative</th>
<th>Target for Initiative</th>
<th>Mode of Marketing</th>
<th>Total Cost¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>Marketing campaign to increase public awareness</td>
<td>Community</td>
<td>Television, radio, billboards, Web site, hotline, brochure</td>
<td>$83,500b</td>
</tr>
<tr>
<td></td>
<td>Teacher externship initiative (18 hours, including job shadowing and discussions with veteran DSWs)</td>
<td>High school students</td>
<td>Interpersonal</td>
<td>$500</td>
</tr>
<tr>
<td>Indiana</td>
<td>Marketing campaign to increase public awareness</td>
<td>Community, job fairs, and schools</td>
<td>Billboards, newspapers, interpersonal</td>
<td>$202,000</td>
</tr>
<tr>
<td>Virginia</td>
<td>Information sources regarding DSW career</td>
<td>Community accessing WIB services</td>
<td>Web site, brochures</td>
<td>$8,000c</td>
</tr>
</tbody>
</table>

¹ The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).

² Cost includes job recruitment and job preview videos, as well as marketing campaign.

³ Cost includes only those costs associated with developing the Web site and does not include costs associated with developing the brochures in multiple languages.
- **Understanding the community.** Virginia achieved success with its targeted community outreach by understanding the demographics of the area. One outcome of this understanding was the translation of its DSW brochure into multiple languages. Although we did not discuss or evaluate the implementation and effectiveness of the informational Web site that Virginia developed, we anticipate that the success of this initiative may hinge on the degree of computer and Internet literacy among the community it is trying to inform and recruit. One lesson that we learned from VOA was that, in its attempts to develop an online version of its DSW training initiative, it discovered that its DSWs were not as knowledgeable or comfortable with the computer and Internet as planners had initially thought and, therefore, VOA needed to develop a DVD format for the training. It is unknown whether Virginia will encounter similar issues with its communities.

- **Mode of marketing.** Both Delaware and Indiana used various mass media modes for marketing, such as newspaper and radio advertisements and billboards. Delaware, in particular, tied its advertisements into a broader campaign to promote the professional status of DSWs and the value of their work by developing a Web site, job hotline, and brochure for people who are interested in learning more about becoming a DSW. However, the Delaware grantee noted that only a few of the job applicants who had seen the ads qualified for selection. Indiana reported doubling its number of job applicants in the initial year of its marketing strategy (University of Minnesota, 2006).

**Outcomes**

Common themes in the outcomes pertained to the effectiveness of mass marketing efforts and targeted marketing efforts.

- **Effectiveness of mass marketing efforts.** Although a mass media blitz may have been successful in increasing awareness of the DSW field in both Delaware and Indiana, many interviewed in Delaware expressed doubt that this approach was worth the expense due to the relatively poor quality of the applicants recruited and the number of vacancies that remained postcampaign. In Indiana, stakeholders perceived that the advertising campaign led to an increase in applications; however, vacancies for qualified applicants remained. Despite this, leadership in Indiana continued to value the advertising campaign and have decided to continue it as long as the budget allows.

- **Effectiveness of targeted marketing efforts.** The unique feature of Delaware’s more focused marketing approach was its concept of diffusion. That is, the effort targeted a small number of teachers who, over time, would have the ability to educate more people through their teaching environments and thereby spread information about the DSW field. The Delaware grantee and agency administrators reported that the initiative was far more successful when they worked with teachers whose needs and interests were matched with the goals of the initiative or populations that the agencies served (e.g., one teacher taught special education in a high school). Virginia, on the other hand, targeted customers of WIB offices by developing and displaying brochures about the DSW field. Producing these brochures in multiple languages (e.g., English, Spanish, Farsi, Korean) enabled it to better serve and reach the diverse communities that access the services. After learning about other grantees’ efforts of marketing and recruitment, Indiana began targeting people attending job fairs and students at local schools, using the job preview video developed by the Delaware grantee to help market to these groups.
**Things to Consider**

Based on the feedback collected during the site visits, we propose the following recommendations or things to consider for states or agencies interested in implementing similar initiatives.

- Implement some targeted recruitment strategies, because the mass marketing approach, while yielding a larger number of applicants, may not yield sufficient numbers of qualified applicants to justify the expense of the campaign.
- Consider the demographics in the targeted community and design a marketing strategy that best matches those demographics (e.g., use media that reaches the targeted community; provide information in multiple formats and languages; distribute information in settings that the target community may already visit, such as WIB offices, churches, and job fairs; educate those who interact with prospective workers, such as WIB staff and teachers).

**Targeted Recruitment Strategy**

Two grantees conducted targeted recruitment strategies as part of their demonstration: Arkansas and Virginia. Due to a lack of sufficient DSWs available to provide services in their respective areas, the Arkansas and Virginia grantees proposed to target nontraditional sources to identify prospective DSW candidates. Specifically, Arkansas planned to target people 55 years or older and people with disabilities. Virginia also planned to target people with disabilities, as well as participants in the Temporary Assistance for Needy Families (TANF) program, respite workers, low-income adults, and family caregivers. Both grantees encountered significant challenges in recruiting these various populations and revised their targets during the demonstration period as a result. However, despite the challenges, both grantees succeeded in recruiting a number of individuals from these nontraditional sources through their community outreach efforts.

**Summary of Grantee Initiatives**

Table 2.10 summarizes the targeted recruitment initiatives conducted by each of the grantees. For a more detailed description of the initiatives and results, please refer to the respective grantee summaries provided in Appendix A.

**Table 2.10**

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Description of Initiative</th>
<th>Target for Initiative</th>
<th>Mode of Marketing</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Outreach to the community to recruit specific populations to become DSWs, combined with job training (30 hours of classroom training, 20 hours of supervised practical training)</td>
<td>People 55 years and older, people with disabilities</td>
<td>Presentations, media release, meetings, advisory taskforce to identify recruits</td>
<td>$181,000</td>
</tr>
<tr>
<td>Virginia</td>
<td>Outreach to the community to recruit specific populations to become DSWs and facilitating employment on behalf of the DSWs</td>
<td>People with disabilities, TANF participants, low-income adults, displaced workers, and family caregivers</td>
<td>WIB, presentations, job fairs</td>
<td>$110,000b</td>
</tr>
</tbody>
</table>

*The cost figure is based on an estimate provided by the program directors at each of the demonstration sites requested by the national evaluation team in September 2007. It does not take into account administrative, evaluation or other indirect costs (see Appendix G for more information about how the data were collected).  
Cost includes costs associated with developing and producing a brochure in multiple languages.*
Cross-Site Highlights
Both grantees encountered challenges in recruiting individuals from their original target populations. However, each achieved some success through community outreach efforts. Next, we present the major highlights from our conversations with the Arkansas and Virginia grantees, recruiters, participating agency administrators (when appropriate), and DSWs regarding the effectiveness of the targeted recruitment strategies.

Because only two grantees implemented targeted recruitment strategies and their approaches differed significantly, it is difficult to draw definitive conclusions from their efforts. This is especially salient because these initiatives relied solely on the efforts of one key person in each state. We speculate that without these critical individuals, the grantees may not have experienced the same successes with their targeted recruitment initiatives. This section is divided into two major categories: implementation and outcomes.

Implementation
Common implementation themes pertained to limited resources or staff, sources for recruitment, barriers to working as a DSW, and case management approaches.

- **Limited resources or staff.** As discussed earlier, both grantees used a similar model, employing one individual to conduct the targeted recruitment initiative. In both cases, these individuals were responsible for conducting the community outreach to recruit individuals to become DSWs and served as champions for their individual demonstrations. In Arkansas, the recruiter conducted the community outreach, as well as the preliminary interviews prior to selection for DSW training, and facilitated the 50 hours of training each month. In Virginia, the recruiter also conducted the community outreach sought resources and funds for DSW training and English classes for prospective workers, removed employment barriers by finding child care and means of transportation, and negotiated employment and pay rates. Although the process for prospective workers in both Arkansas and Virginia was facilitated by having one point person with whom connect to learn about job opportunities, the impact of having only one person responsible for the implementation of the initiative was not only taxing for that individual, but it also limited the number of prospective workers who could ultimately participate in the demonstrations.

- **Sources for recruitment.** To help identify potential DSW candidates, Arkansas formed an advisory task force to help refer individuals meeting the demonstration requirements to participate in the initiative. Although the organizations participating in the task force were dedicated to the populations of interest for the Arkansas demonstration (e.g., people with disabilities and people 55 years and older), most did not make many, if any, referrals. The grantee speculated that the lack of referrals may have been due to the fact that the partner organizations did not have the appropriate mechanisms in place to identify and solicit people to make the referrals. Both Arkansas and Virginia achieved greater success recruiting individuals directly through community outreach efforts (e.g., conducting presentations at churches, job fairs, and senior programs; developing brochures distributed at job fairs or WIB offices; identifying potential candidates from customers of WIB offices). All of these efforts involved establishing personal connections with individuals in the community. The Virginia recruiter also approached nonprofit organizations in the local
community to solicit funding to send to prospective candidates regarding the requisite DSW training that they needed to obtain employment.

- **Barriers to working as a DSW.** Regardless of the population of interest for recruitment, there are a number of barriers that may interfere for individuals pursuing work as a DSW. In Virginia, the recruiter/job coach successfully removed a number of barriers for her workers by researching and obtaining funds to support their training, by helping them find child care and affordable modes of transportation, and by negotiating employment and pay rates. In Arkansas, the risk of losing benefits such as disability insurance or Medicaid status if they worked too many hours was a primary concern for many potential recruits, especially for people with disabilities. One major barrier for the Virginia recruits was language, although we learned that in some cases, fluency in other languages actually helped facilitate a better match with a consumer with same foreign-language fluency.

- **Case management approaches.** The Virginia recruiter created a “case management” role for herself, treating each recruit as a personal client. She tailored her efforts for each prospective DSW and worked to obtain the resources necessary for employment (e.g., seeking funds to send them to DSW training) and then followed up to ensure that their personal needs were being met by their jobs. (For example, due to concern about the lack of health insurance coverage in DSW positions, the recruiter helped the DSW recruits pursue other employment options to better their benefits and also helped negotiate pay with employers for DSW recruits with limited time in the United States.) As a result, she was not able to develop and place a large number of people into DSW positions, and, in some cases, her efforts were more focused on the individual and his or her needs rather than on long-term placement as a DSW, due to the associated low wages and poor benefits in this job.

### Outcomes

A common theme in the outcomes pertained to participation and employment.

- **Participation and employment.** As reported in the grantee summary in Appendix A, Arkansas did not track how many of those trained as part of its recruiting effort went on to work as DSWs. Of the five training participants interviewed in Arkansas, none is currently employed as a DSW, although one person reported that the training helped with her day care business. Two of the participants noted that the initiative helped them provide services to family and friends in need of care, and another went on to obtain her CNA certificate but was not yet employed at the time of our interview. Of the three workers interviewed in Virginia, all have been employed at one time as DSWs (one person was currently seeking a new position).

### Things to Consider

Based on the feedback collected during the site visits, we propose the following recommendations or considerations for states or agencies interested in implementing a similar initiative.

- Employ more than one person to conduct recruitment efforts and training to better tap available markets for DSWs and to prevent staff burnout.
- Focus on the demographics of the target community to identify appropriate markets for recruiting DSWs (e.g., the Northern Virginia area has a very diverse population and, as a result, needs diverse DSWs).
• Recruit individuals who have alternate sources of income or benefits for part-time DSW employment (e.g., retired people receiving social security, married people who have health insurance through a spouse, people with disability insurance who are capable of performing DSW responsibilities), because they may be less concerned with the relatively low wages and poor benefits associated with this work.
• Employ a case management approach to ensure that prospective DSWs have the necessary resources and access to employment as a DSW. This may entail providing counsel on how many hours a person can work without losing necessary benefits, such as Medicaid or disability insurance. The U.S. Department of Labor provides these services free of charge through its Ticket to Work Program.
• Follow up with recruits after job placement to ensure that their employment needs are being met. This approach is especially helpful when recruiting people from non-English-speaking backgrounds, who may not be experienced in negotiating with their employers.

General Recommendations
In addition to the initiative-specific recommendations reported in this chapter, several general recommendations were developed from our analyses of the grantees’ experiences that were not specific to a given initiative or site. In this section, we discuss these recommendations, which are organized as follows: marketing and participation, implementation, evaluation, and outcomes. These recommendations are based on the implementation analyses and are intended to inform both policymakers who are considering pilot programs or programs at scale and program staff who would like to learn from the experiences of their predecessors.

Marketing and Participation
• *Research the population that you are trying to reach.* For example, find out the media sources that they use and their reading levels. Develop strategies to reach and educate them using this information. Some grantees noted that mistakes were made during the demonstration period in terms of the best modes to reach both potential and current workers, as well as their supervisors.
• *Develop and showcase program champions,* as suggested by Rogers in his *Diffusion of Innovations* (1995). We heard that many of the workers relied on the information that they gained from their peers. In addition, because DSWs tend to work in isolation, it is important to allow DSWs a chance to share information about their initiative-related experiences to inform other workers who may be interested in participating.
• *Support behavioral change through case management approaches and modeling.* Grantees reported that it took a great deal of effort to get the workforce to engage in some of the initiative-related activities offered to them. For both the career development and health care reimbursement initiatives, workers benefited from having another individual assist them with or demonstrate the process, sometimes more than one time. For example, the grantee in Indiana reported assisting workers in completing school applications and going to the college campus with the worker as he or she registered and attended classes. In New Mexico, agency directors reported completing the health care reimbursement forms for workers and reminding employees on a regular basis to obtain and save receipts for health care expenses. Participation in these types of initiatives can be enhanced by this level of support.
Implementation

- Consider who is in charge. When evaluating the implementation of these initiatives, consider the grantee’s affiliation and, in some cases, the affiliation of the organization that is primarily responsible for executing the grant activities. Across the ten demonstration sites, state entities, university centers, or regional privately owned agencies that employ DSWs served as the grantees. The scope of each demonstration site also varied: Some were regional while others targeted entire states, resulting in differences in the range and intensity of the initiatives. The way in which each grantee approached the proposed demonstration activities and the use of available resources were influenced by the grantee’s relationship with the DSWs in its state. For example, in Delaware, a university center developed the training and recruitment materials, which were met with some dissatisfaction by local home health care agencies. In Washington, a newly formed government entity developed the worker registry and was separate from the government department that managed and paid for consumer-directed care. This division’s responsibilities and oversight led to some issues with participation and support for the registry.

- Initiatives take time. Initiatives designed to increase recruitment and retention take time to implement. Many initiatives took more than two years to get under way, and some grantees needed extra time to gain participation or to market them among the workforce. For example, the site visits occurred during the last funding quarter for most grantees. We found that workers in Indiana and Washington expressed that they had only recently found out about the career development initiative and would have a limited opportunity to take advantage of it (i.e., one semester).

- Do not overwhelm the workforce with options. Communication with this isolated workforce is challenging. In some cases, DSWs were confused when presented with options, especially for the health care coverage initiatives that included terms (e.g., premiums, co-pays) unfamiliar to many of them.

- Carefully plan incentives. Incentives can often have unintended consequences, such as decreasing worker morale. For example, if workers perceive that the effort needed to obtain the incentive greatly outweighs the incentive’s value, they may not pursue the incentive and thus may feel devalued. We also learned that, if a class of workers is excluded from receiving the incentive, it may lead to feelings of unfairness and favoritism.

Evaluation

- Consider the heterogeneity among worker characteristics and among job characteristics. A variety of different types of DSWs were eligible to participate in the demonstration activities across the grantees and, often, within a grantee site. For example, we heard that workers had different experiences and opinions in the DSW training initiatives in Delaware, Indiana, and Kentucky, depending on whether they worked in a day/vocational setting or a residential setting. The kind of support provided also varied across participants. In Maine, one participating agency primarily employed workers who performed tasks such as house cleaning, whereas other participating agencies employed workers who provided personal care services. In some states, there were agencies that primarily provided support to people with developmental disabilities (Kentucky), the elderly population (Maine), or
a mix among clients (New Mexico, Washington). Comparing outcomes across the demonstrations is challenging, given the diversity in services and participants.

- **Engage local evaluators early and often.** There was variability across the grantees regarding the level of support for the local evaluation; however, in general, few resources were spent on local evaluations. For example, in the Arkansas, Delaware, Kentucky, and the VOA sites, less than 2 percent of the grant funds were used to support the evaluation. In Indiana and North Carolina, the approximate evaluation costs were in the 3- to 4-percent range. In contrast, Washington and Maine expended the greatest proportion of their grant funds on their evaluations: 11 percent in Washington and 22 percent in Maine. In Virginia and New Mexico, the amount of grant funding spent on the evaluation component was difficult to discern. As a result of this variability across grantees, it was not surprising that information gleaned from the local evaluation was inconsistent. For some grantees, the local evaluators produced annual and final reports that outlined their activities and findings; others received little to no documentation of their evaluation. As noted in the grantee summaries (see Appendix A), there were also large differences in the quality of the local evaluation efforts. For example, too few resources were devoted to such activities as survey data collection; therefore, response rates suffered, and the generalizability of the results is limited. Other government agencies that provide service grants (e.g., U.S. Department of Education and the Substance Abuse and Mental Health Services Administration) often require that grantees designate at least 20 percent of their funding for a local evaluation. For these opportunities, evaluators are designated in the grant proposal and, therefore, are often engaged early in assisting in the development of the proposed project. Engaging a local evaluator early may allow insight into the feasibility of a project before implementation and assist in the establishment of ongoing data collection processes that will help determine the impact of the initiative. Evaluators also need to meet regularly with the grantee to ensure that changes in project design can also be reflected in the evaluation assessments.

- **Don’t set up a “moving target.”** In order to study the effects of any of the initiatives implemented as part of the demonstrations, it is critical to collect information systematically to ensure that the condition under which the initiative operated can be compared to a similar condition, minus the initiative. These two conditions were often not available during the demonstration periods. In many cases, the initiative or set of initiatives offered to workers changed from year to year, were different across grantee sites, and were sometimes different within a grantee site. For example, in North Carolina, each of the four agencies that participated offered a different health care coverage plan. Across the different grantees that supported a health care coverage initiative, the coverage offered differed significantly across the grantees; for example, some offered a mini-medical plan (e.g., New Mexico), and others offered a comprehensive plan (e.g., Washington). Furthermore, in some cases, the health care coverage changed during the grant period (e.g., Indiana).

## Outcomes

- **Consider ways to improve job satisfaction.** Although many of our interviewees were skeptical about their demonstration’s impact on recruitment and retention, we did hear a variety of examples about how the demonstration initiatives could lead to improvements in worker job satisfaction:
The content was not always the first aspect that workers mentioned when asked what they thought of the training initiative. Rather, they often mentioned whether they were paid to attend training or whether the training fit their lifestyle (e.g., whether it was offered on a DVD and could be completed on their own time). In some cases, just being offered training led some workers to feel appreciated by their employer.

Offering a benefit, like health care coverage, whether it was needed or not, was sometimes perceived as improving the workplace. Workers reported that it sent a message that their employer valued them and cared about their well-being. However, most workers indicated that such benefits were not the most important reason that they would stay on the job.

Initiatives may have positive, unanticipated benefits. Although not specified in any of the grant proposals, logic models, or local evaluation materials, there were several outcomes that participants reported from these demonstrations:

- **Improved agency support.** In sites that engaged a number of DSW employer agencies, grantees and agency directors often reported that the demonstration led to improved communication and support among the participating agencies. Agency directors reported that the grant had provided an opportunity to meet with other directors to discuss their challenges with recruitment and retention, initiative-related activities, and best practices in the field. This sentiment seemed to be most prevalent in the demonstration sites managed by local agencies (i.e., Kentucky and North Carolina).

- **Worker community building.** Many of the initiatives allowed DSWs to congregate, sometimes on a regular basis, to discuss work-related issues or as part of a recognition initiative. This aspect of the initiatives was deemed one of the most valuable factors in the demonstrations’ success. Because many DSWs work in isolation from one another and, according to agency directors, there were limited funds to reimburse for staff meetings, there was little opportunity prior to the demonstration for DSWs to meet one another. Annual banquets, conferences, or training initiatives implemented as part of the grants helped workers build informal support networks and gain fresh perspectives on their job.

- **Consider a “package” of initiatives.** We heard that many of the initiatives would not have a significant impact on worker outcomes. However, participants indicated that they thought that packaging several efforts together may have a much stronger impact. Furthermore, changing the workplace culture by launching a number of initiatives to recognize workers (e.g., increased benefits, including paid training and career development opportunities, health care coverage, and recognition events) may be more likely to influence retention than the implementation of a single initiative.

**Summary**

In summary, these demonstrations provide a range of lessons for planning, implementing, and evaluating initiatives designed for the direct service workforce. Please refer to Chapters Three and Four provide more information about how these initiatives potentially relate to worker recruitment and retention. In conclusion, we relay the unanimous finding regarding our query about improving the recruitment and retention of this workforce. Across all the states that participated and among all interviewees, who ranged from government officials, agency direc-
tors, and university staff to DSWs, our interviewees reported that the pay rate was the biggest barrier to recruitment and retention of this workforce. Few believed that these initiatives could override the barrier to recruitment and retention of this workforce that the current wage rates had set.
In this chapter, we analyze the views of workers who participated in the demonstrations. We examine their responses to questions regarding their job satisfaction and organizational commitment, whether the job is meeting their expectations, and their intent to stay in their current job.

First, we give an overview of the process that was used to collect the survey data from a sample of the demonstration participants and a comparison group of workers. Next, we describe the characteristics of the workers and their jobs. We then examine how job satisfaction and other survey responses differed among the workers of the various demonstration initiatives. We present estimates of how the various types of initiatives are associated with the survey responses and conclude with a summary the findings.

Data Collection

As part of this evaluation, CMS required the contractor to design and distribute a one-time survey to agencies, workers, and consumers approximately two years after site received funding from CMS. John Engberg from RAND and Nicholas Castle from Pitt developed the surveys. We give a brief overview of the worker survey process here. The survey methodology for workers, consumers, and agencies is described in detail in Appendix C.

The workers were asked a total of 68 questions regarding their views in four main domains: job satisfaction, intent to stay on the job, organizational commitment, and whether the job lived up to their expectations. The workers were also asked about their demographic characteristics and the characteristics of their job. The survey content and format were developed with the assistance of an advisory panel that included agency staff and workers and was reviewed and approved by the Office of Management and Budget (OMB).

All participating agencies were contacted to assist in identifying a random sample of up to 20 workers who would be surveyed. In agencies with fewer than 20 workers, all were surveyed. Grantees that did not involve agencies in the demonstration assisted directly with identifying a sample of affected workers. One grantee, Washington, administered its own survey that incorporated many of our questions. Washington’s sample was much larger than ours.

We also contacted a set of agencies that were not involved in the demonstrations in each of the grantee states in order to obtain a comparison sample of workers. These agencies were located using recommendations from participating agencies and through agency rosters available from public sources. Each of these agencies was asked to assist in identifying up to 20 workers to whom surveys were administered.
The surveys were administered by mail, and a small gratuity in the form of a gift card was included in the initial mailing. More detail about the process of survey design and administration is presented in Appendix C.

Overall, we received 1,741 survey responses with usable data—951 from demonstration participants and 790 from comparison respondents. The survey forms were coded in a way that allowed us to identify the respondent’s state and whether he or she was associated with the demonstration or comparison group, but it did not allow us to link individual workers to agencies or consumers.

The worker survey data included many responses from individuals who were not engaged in direct service work. The survey gave the respondent a choice of four job titles, plus an “other” category, with the option to write in a title. The four job titles were direct support worker, home health aide, personal care attendant, and certified nurse assistant (CNA). We found that the “other” category was selected by a much larger percent of the comparison group (66 percent) than the demonstration group (8.5 percent).

We reviewed the job titles that were written in by these respondents and found that some were either administrative or were skilled health professions, such as registered nurse or physical therapist. We excluded surveys with these job titles from the analysis. This left us with 933 responses from demonstration participants and 691 from the comparison group.

**Worker and Job Characteristics**

In this section, we describe the characteristics of the survey respondents. We present the average response for each state separately for workers in participating agencies and in comparison agencies. We then provide an average for workers in all participating agencies and for workers in all comparison agencies by averaging the state averages. It was necessary to average the state averages rather than simply averaging over all responses because of the relatively large number of responses from Washington. By first averaging at the state level, we prevented the Washington responses from dominating the averages. This is especially important because of the unique employment relationship of participating workers in Washington: All participating workers and the vast majority of the Washington comparison workers are independent providers who contract directly with consumers rather than with agencies.

Table 3.1 provides basic demographic statistics and sample sizes by state and participation status. The vast majority of the respondents were female. The average age was mid-40s. On average, the respondents had a little more than one year of education past high school, with the average ranging from 11.7 to 14.9 total years of education among the groups defined by state and participation status.

Respondents were given the choice of five racial categories. Almost all the respondents checked only one response (87.2 percent) or did not respond to the question (10.5 percent). Of those who responded to the question, 68.5 percent were white, 15.3 percent were African American, 4.8 percent were Asian, and 3.0 percent were American Indian. For analytic purposes we categorized any response other than a single choice of white as “nonwhite.” Table 3.2 shows the percentages of nonwhite and missing race responses by state and participation status.

Respondents also were given the opportunity to indicate Hispanic or Latino heritage. Table 3.2 presents the percentage that made this indication and the percentage that did not
### Table 3.1
Gender, Age, and Educational Attainment of Worker Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Percent Female</th>
<th>Average Age (years)</th>
<th>Average Education (years)</th>
<th>Number of Responses</th>
<th>Percent Female</th>
<th>Average Age (years)</th>
<th>Average Education (years)</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>93</td>
<td>42.5</td>
<td>12.9</td>
<td>27</td>
<td>83</td>
<td>44.3</td>
<td>13.3</td>
<td>6</td>
</tr>
<tr>
<td>Arkansas</td>
<td>88</td>
<td>44.9</td>
<td>13.3</td>
<td>16</td>
<td>86</td>
<td>49.4</td>
<td>12.8</td>
<td>22</td>
</tr>
<tr>
<td>Delaware</td>
<td>92</td>
<td>38.7</td>
<td>13.3</td>
<td>24</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Indiana</td>
<td>97</td>
<td>45.4</td>
<td>13.7</td>
<td>87</td>
<td>75</td>
<td>37.4</td>
<td>13.6</td>
<td>16</td>
</tr>
<tr>
<td>Kentucky</td>
<td>84</td>
<td>39.7</td>
<td>13.7</td>
<td>91</td>
<td>88</td>
<td>47.8</td>
<td>13.7</td>
<td>17</td>
</tr>
<tr>
<td>Maine</td>
<td>94</td>
<td>50.2</td>
<td>12.7</td>
<td>166</td>
<td>100</td>
<td>41.1</td>
<td>14.9</td>
<td>10</td>
</tr>
<tr>
<td>New Mexico</td>
<td>81</td>
<td>44.0</td>
<td>13.1</td>
<td>43</td>
<td>100</td>
<td>43.1</td>
<td>14.5</td>
<td>8</td>
</tr>
<tr>
<td>North Carolina</td>
<td>94</td>
<td>46.9</td>
<td>12.5</td>
<td>112</td>
<td>100</td>
<td>43.0</td>
<td>11.7</td>
<td>7</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>74</td>
<td>47.5</td>
<td>13.3</td>
<td>31</td>
<td>100</td>
<td>46.8</td>
<td>13.2</td>
<td>17</td>
</tr>
<tr>
<td>Virginia</td>
<td>97</td>
<td>44.8</td>
<td>12.4</td>
<td>153</td>
<td>94</td>
<td>37.3</td>
<td>13.9</td>
<td>18</td>
</tr>
<tr>
<td>Washington</td>
<td>82</td>
<td>49.9</td>
<td>13.2</td>
<td>183</td>
<td>87</td>
<td>50.2</td>
<td>13.1</td>
<td>570</td>
</tr>
<tr>
<td>Averages and totals</td>
<td>89</td>
<td>45.0</td>
<td>13.1</td>
<td>933 from 11 states</td>
<td>91</td>
<td>44.2</td>
<td>13.5</td>
<td>691 from 10 states</td>
</tr>
</tbody>
</table>

**NOTE:** The average in the last row first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
Table 3.2
Race and Ethnicity of Worker Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Participants (%)</th>
<th>Comparison (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nonwhite</td>
<td>Missing Race Info</td>
</tr>
<tr>
<td>Alabama</td>
<td>89</td>
<td>7</td>
</tr>
<tr>
<td>Arkansas</td>
<td>69</td>
<td>6</td>
</tr>
<tr>
<td>Delaware</td>
<td>38</td>
<td>8</td>
</tr>
<tr>
<td>Indiana</td>
<td>68</td>
<td>5</td>
</tr>
<tr>
<td>Kentucky</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Maine</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>New Mexico</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>42</td>
<td>6</td>
</tr>
<tr>
<td>Virginia</td>
<td>53</td>
<td>3</td>
</tr>
<tr>
<td>Washington</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Averages</td>
<td>38</td>
<td>8</td>
</tr>
</tbody>
</table>

NOTE: The average first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
respond to this question. Participants in New Mexico, at 74 percent, were the only group with a majority of respondents indicating that they were Hispanic or Latino.

For the purposes of our multivariate analysis, the race and ethnicity variables were further aggregated into two variables. An indicator for Minority was defined as any respondent who indicated either nonwhite or Hispanic/Latino. A RaceMissing indicator was defined as anyone who did not respond to the race question.

We next examine the characteristics of the jobs that were held by the respondents. Table 3.3 shows the distribution of the respondents across the four job titles, with a fifth column indicating multiple titles, a missing title, or a “write-in” title. Of note, the separate survey administered to the participants in Washington did not ask about a job title, although all respondents were individual providers of home care and so are listed as “other.” About three-fifths of the respondents from participating agencies claimed one of the four listed job titles, whereas about half of the comparison respondents listed one of the four titles.

As shown in Table 3.4, there is substantial variation among states in terms of experience in home care and tenure with the current agency. However, the averages for the workers at participating and comparison agencies are remarkably similar. The workers at participating agencies had slightly longer tenure at their previous job and are just as likely to work full-time as workers at comparison agencies. Note that the question regarding tenure on the previous job was not included on the Washington survey.

As shown in Table 3.5, the respondents predominantly worked the day shift. This tendency was even more pronounced among the comparison group than the participant group. Note that this question also was not asked on the Washington survey.

Table 3.6 presents information about how many consumers the worker cares for during a typical week. There was considerable variation among the participant states, with virtually all workers in Alabama, Delaware, Indiana, and Kentucky taking care of more than three consumers and the vast majority of workers in Washington taking care of only one consumer. Comparison-group workers were more likely to take care of many consumers, except in Washington.

**Association of Initiatives with Worker Responses**

Given the differences between the participant and comparison groups in terms of worker characteristics and job settings, it is difficult to interpret differences in their responses to the questions about job satisfaction, intent to stay, and so forth. Therefore, we used multivariate analysis to examine the association of the initiatives with the responses in two ways. First, we examined the relationship of the survey responses to participation in each state relative to the combined comparison group, controlling for the worker and job characteristics described earlier. This captures the association of the survey responses with the entire collection of initiatives implemented in each state, being careful not to attribute response variation to the initiative when it is more closely associated with worker attributes or job arrangements.

Second, we examined whether specific types of initiatives were associated with worker responses. We did this by creating a set of dummy variables for six broad types of initiatives and included these variables rather than the state dummies in a regression along with variables.

---

1 We present the raw responses in Appendix E.
### Table 3.3
Job Titles of Worker Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Direct Support Worker</th>
<th>Home Health Aide</th>
<th>Personal Care Attendant</th>
<th>Certified Nurse Assistant</th>
<th>Other</th>
<th>Direct Support Worker</th>
<th>Home Health Aide</th>
<th>Personal Care Attendant</th>
<th>Certified Nurse Assistant</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>89</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>17</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Arkansas</td>
<td>25</td>
<td>6</td>
<td>19</td>
<td>0</td>
<td>50</td>
<td>9</td>
<td>23</td>
<td>0</td>
<td>18</td>
<td>50</td>
</tr>
<tr>
<td>Delaware</td>
<td>58</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>42</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Indiana</td>
<td>80</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kentucky</td>
<td>71</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>26</td>
<td>24</td>
<td>35</td>
<td>0</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Maine</td>
<td>5</td>
<td>4</td>
<td>33</td>
<td>18</td>
<td>40</td>
<td>70</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>New Mexico</td>
<td>42</td>
<td>2</td>
<td>23</td>
<td>2</td>
<td>30</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>75</td>
</tr>
<tr>
<td>North Carolina</td>
<td>4</td>
<td>21</td>
<td>9</td>
<td>49</td>
<td>18</td>
<td>14</td>
<td>29</td>
<td>14</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>35</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>61</td>
<td>12</td>
<td>29</td>
<td>6</td>
<td>12</td>
<td>41</td>
</tr>
<tr>
<td>Virginia</td>
<td>3</td>
<td>20</td>
<td>22</td>
<td>39</td>
<td>16</td>
<td>6</td>
<td>11</td>
<td>0</td>
<td>6</td>
<td>78</td>
</tr>
<tr>
<td>Washington</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Average</td>
<td>38</td>
<td>5</td>
<td>10</td>
<td>10</td>
<td>38</td>
<td>16</td>
<td>29</td>
<td>2</td>
<td>4</td>
<td>48</td>
</tr>
</tbody>
</table>

**NOTE:** The average first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
<table>
<thead>
<tr>
<th>State</th>
<th>Years in Home Care Field</th>
<th>Years at the Agency&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Years in Previous Job</th>
<th>Percentage Full-Time</th>
<th>Years in Home Care Field</th>
<th>Years at the Agency&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Years in Previous Job</th>
<th>Percentage Full-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>12.1</td>
<td>6.2</td>
<td>6.1</td>
<td>58</td>
<td>15.3</td>
<td>2.5</td>
<td>4.4</td>
<td>50</td>
</tr>
<tr>
<td>Arkansas</td>
<td>6.4</td>
<td>5.0</td>
<td>5.1</td>
<td>73</td>
<td>15.0</td>
<td>9.1</td>
<td>5.5</td>
<td>82</td>
</tr>
<tr>
<td>Delaware</td>
<td>7.9</td>
<td>5.5</td>
<td>5.6</td>
<td>92</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Indiana</td>
<td>8.8</td>
<td>5.5</td>
<td>8.4</td>
<td>93</td>
<td>8.3</td>
<td>4.5</td>
<td>5.4</td>
<td>56</td>
</tr>
<tr>
<td>Kentucky</td>
<td>8.4</td>
<td>4.2</td>
<td>5.4</td>
<td>91</td>
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<td>8.3</td>
<td>94</td>
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<tr>
<td>Maine</td>
<td>10.0</td>
<td>4.5</td>
<td>8.3</td>
<td>38</td>
<td>10.2</td>
<td>3.1</td>
<td>6.1</td>
<td>70</td>
</tr>
<tr>
<td>New Mexico</td>
<td>8.1</td>
<td>4.2</td>
<td>7.2</td>
<td>90</td>
<td>9.0</td>
<td>2.0</td>
<td>4.1</td>
<td>63</td>
</tr>
<tr>
<td>North Carolina</td>
<td>8.4</td>
<td>2.9</td>
<td>6.1</td>
<td>57</td>
<td>9.1</td>
<td>4.4</td>
<td>5.6</td>
<td>86</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>12.5</td>
<td>7.8</td>
<td>6.2</td>
<td>97</td>
<td>10.0</td>
<td>3.7</td>
<td>9.4</td>
<td>76</td>
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<td>70</td>
<td>10.6</td>
<td>4.7</td>
<td>6.0</td>
<td>68</td>
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</tbody>
</table>

**NOTE:** The average first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.

<sup>a</sup> Washington workers were asked, “How long have you been a paid Individual Provider?”
Table 3.5  
Shift Worked by Worker Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Participants (%)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day Shift</td>
<td>Evening Shift</td>
<td>Night Shift</td>
<td>Shift Missing</td>
<td>Day Shift</td>
<td>Evening Shift</td>
<td>Night Shift</td>
<td>Shift Missing</td>
<td>Day Shift</td>
<td>Evening Shift</td>
<td>Night Shift</td>
<td>Shift Missing</td>
<td></td>
</tr>
<tr>
<td>Alabama</td>
<td>67</td>
<td>15</td>
<td>15</td>
<td>4</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>56</td>
<td>6</td>
<td>6</td>
<td>31</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>67</td>
<td>21</td>
<td>8</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>48</td>
<td>18</td>
<td>7</td>
<td>26</td>
<td>94</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>94</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>56</td>
<td>5</td>
<td>8</td>
<td>31</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td>61</td>
<td>8</td>
<td>4</td>
<td>27</td>
<td>100</td>
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<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>New Mexico</td>
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<td>16</td>
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<td>75</td>
<td>13</td>
<td>0</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>91</td>
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<td>4</td>
<td>5</td>
<td>86</td>
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<td>86</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>65</td>
<td>13</td>
<td>6</td>
<td>16</td>
<td>94</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>94</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>83</td>
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<td>2</td>
<td>11</td>
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<td>0</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Averages

<table>
<thead>
<tr>
<th></th>
<th>Participants (%)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day Shift</td>
<td>Evening Shift</td>
<td>Night Shift</td>
<td>Shift Missing</td>
<td>Day Shift</td>
<td>Evening Shift</td>
<td>Night Shift</td>
<td>Shift Missing</td>
<td>Day Shift</td>
<td>Evening Shift</td>
<td>Night Shift</td>
<td>Shift Missing</td>
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<td>Responses</td>
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<td>4</td>
<td>34</td>
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<td>0</td>
<td>0</td>
<td>83</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>83</td>
<td></td>
</tr>
<tr>
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<td>10</td>
<td>7</td>
<td>25</td>
<td>85</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>85</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
Table 3.6
Number of Consumers Cared for by Worker Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Participants (%)</th>
<th>Comparison (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One</td>
<td>Two</td>
</tr>
<tr>
<td>Alabama</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Arkansas</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Delaware</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indiana</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Maine</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>New Mexico</td>
<td>35</td>
<td>23</td>
</tr>
<tr>
<td>North Carolina</td>
<td>55</td>
<td>24</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>42</td>
<td>10</td>
</tr>
<tr>
<td>Virginia</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Washington</td>
<td>86</td>
<td>8</td>
</tr>
<tr>
<td>Average</td>
<td>27</td>
<td>14</td>
</tr>
</tbody>
</table>

NOTE: The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
measuring the worker and job characteristics. We also created a variable to indicate whether the responses were from a worker at a participating agency or a comparison agency. As described in more detail in Appendix F, this allowed us to estimate the separate association of each type of initiative with worker responses.

**Analysis of State-Specific Responses**

First, we present state-by-state results, comparing the response scales for the participants in each state to the combined comparison group, after using multiple regression to adjust for differences in worker and job characteristics. The Washington workers were given a slightly different survey, which prevented the inclusion of the Washington sample in the analysis for two of the response scales.

As shown in Table 3.7, we found that, on average, the participants in all but one of the states gave ratings lower than the combined comparison group and that, in about half of the states, the difference was statistically significant. This difference among the states was, in general, much greater than the difference among the topics. The highest average overall ratings were given by participating workers in Arkansas, Kentucky, Delaware, Maine, and Washington, with the average ratings in these states being statistically indistinguishable from the comparison workers. The lowest average overall ratings were in Alabama, Indiana, and New Mexico, which had rankings significantly below the comparison group at a 0.01 level. North Carolina, Oklahoma, and Virginia were in between. These states were significantly below the comparison group at the 0.05 level but less negative than the lowest group.

Some of the anomalies in the state-level patterns suggest areas to be examined more closely. For example, participating workers in Kentucky gave low ratings in only one area—expectations. Participating workers in North Carolina gave low ratings in all areas except job satisfaction.

We also examine whether the state-level patterns differed substantially among workers with differing levels of job tenure. We divided the sample approximately into thirds: workers who had been in their current job for less than two years, between two and six years, and six years or more. Table 3.8 presents coefficients for each state for each of the three tenure levels for the overall rating and for the job satisfaction and intent-to-stay scales.

In a few states, there were important differences in responses across the tenure levels. In Alabama, both job satisfaction and intent to stay were lowest at the higher levels of tenure. In Arkansas, intent to stay was exceptionally high among long-tenure workers, even though job satisfaction was not. In Indiana, intent to stay was low except among the highest-tenure workers, although job satisfaction does not show a similar pattern. In North Carolina, the intent to stay was lowest among the middle-tenure workers, even though the overall rating was lowest among the newest workers. In New Mexico, the middle-tenure workers gave the lowest ratings in all three reported measures. Finally, in Washington, the newest workers had a significantly higher intent to stay than the comparison group and than their more senior coworkers, even though their satisfaction was not higher.

---

2 The multivariate regression model and the coefficients for all the included variables are presented in Appendix F.
<table>
<thead>
<tr>
<th>State</th>
<th>Overall Rating(^a)</th>
<th>Job Satisfaction(^a)</th>
<th>Intent to Stay(^a)</th>
<th>Organizational Commitment(^b)</th>
<th>Expectations(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>-0.965***</td>
<td>-0.531***</td>
<td>-0.852***</td>
<td>-1.076***</td>
<td>-0.920***</td>
</tr>
<tr>
<td></td>
<td>(0.166)</td>
<td>(0.133)</td>
<td>(0.255)</td>
<td>(0.162)</td>
<td>(0.150)</td>
</tr>
<tr>
<td>Arkansas</td>
<td>0.253</td>
<td>0.197</td>
<td>0.276</td>
<td>0.249</td>
<td>0.110</td>
</tr>
<tr>
<td></td>
<td>(0.218)</td>
<td>(0.175)</td>
<td>(0.363)</td>
<td>(0.212)</td>
<td>(0.197)</td>
</tr>
<tr>
<td>Delaware</td>
<td>-0.085</td>
<td>-0.025</td>
<td>0.270</td>
<td>-0.204</td>
<td>-0.200</td>
</tr>
<tr>
<td></td>
<td>(0.160)</td>
<td>(0.129)</td>
<td>(0.257)</td>
<td>(0.153)</td>
<td>(0.143)</td>
</tr>
<tr>
<td>Indiana</td>
<td>-0.629***</td>
<td>-0.341***</td>
<td>-0.352**</td>
<td>-0.614***</td>
<td>-0.604***</td>
</tr>
<tr>
<td></td>
<td>(0.101)</td>
<td>(0.081)</td>
<td>(0.154)</td>
<td>(0.104)</td>
<td>(0.096)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>-0.047</td>
<td>0.014</td>
<td>-0.077</td>
<td>0.006</td>
<td>-0.318***</td>
</tr>
<tr>
<td></td>
<td>(0.092)</td>
<td>(0.074)</td>
<td>(0.141)</td>
<td>(0.094)</td>
<td>(0.087)</td>
</tr>
<tr>
<td>Maine</td>
<td>-0.108</td>
<td>-0.030</td>
<td>-0.122</td>
<td>-0.228***</td>
<td>-0.327***</td>
</tr>
<tr>
<td></td>
<td>(0.075)</td>
<td>(0.060)</td>
<td>(0.114)</td>
<td>(0.084)</td>
<td>(0.078)</td>
</tr>
<tr>
<td>New Mexico</td>
<td>-0.438***</td>
<td>-0.238**</td>
<td>-0.351*</td>
<td>-0.380***</td>
<td>-0.465***</td>
</tr>
<tr>
<td></td>
<td>(0.122)</td>
<td>(0.098)</td>
<td>(0.186)</td>
<td>(0.124)</td>
<td>(0.116)</td>
</tr>
<tr>
<td>North Carolina</td>
<td>-0.204**</td>
<td>-0.035</td>
<td>-0.263*</td>
<td>-0.332***</td>
<td>-0.240***</td>
</tr>
<tr>
<td></td>
<td>(0.089)</td>
<td>(0.071)</td>
<td>(0.135)</td>
<td>(0.095)</td>
<td>(0.088)</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>-0.295**</td>
<td>-0.256**</td>
<td>-0.192</td>
<td>-0.282**</td>
<td>-0.457***</td>
</tr>
<tr>
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<td>(0.112)</td>
<td>(0.210)</td>
<td>(0.137)</td>
<td>(0.127)</td>
</tr>
<tr>
<td>Virginia</td>
<td>-0.118</td>
<td>-0.074</td>
<td>-0.096</td>
<td>-0.224**</td>
<td>-0.374***</td>
</tr>
<tr>
<td></td>
<td>(0.081)</td>
<td>(0.065)</td>
<td>(0.125)</td>
<td>(0.087)</td>
<td>(0.081)</td>
</tr>
<tr>
<td>Washington</td>
<td>0.045</td>
<td>0.013</td>
<td>0.071</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.060)</td>
<td>(0.048)</td>
<td>(0.099)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observations</td>
<td>1,455</td>
<td>1,455</td>
<td>1,304</td>
<td>802</td>
<td>800</td>
</tr>
</tbody>
</table>

**NOTE:** Regression also included worker and job characteristics. Full regression results are reported in Appendix F. Robust standard errors are in parentheses.

* significant at 10%; ** significant at 5%; *** significant at 1%

\(^a\) Subscale uses subset of national survey questions that were included on Washington survey.

\(^b\) Subscale uses all national survey questions and omits Washington participant responses because Washington participant survey did not include any relevant questions.
### Table 3.8
Differences by Site and Job Tenure in Average Response Scales for Worker Survey Respondents (regression-adjusted)

<table>
<thead>
<tr>
<th>State</th>
<th>Overall Rating&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Job Satisfaction&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Intent to Stay&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job Tenure Less Than 2 Years</td>
<td>Job Tenure Between 2 and 6 Years</td>
<td>Job Tenure 6 Years or More</td>
</tr>
<tr>
<td>Alabama</td>
<td>–1.012*</td>
<td>–0.831***</td>
<td>–1.008***</td>
</tr>
<tr>
<td></td>
<td>(0.518)</td>
<td>(0.276)</td>
<td>(0.239)</td>
</tr>
<tr>
<td>Arkansas</td>
<td>0.203</td>
<td>0.330</td>
<td>0.403</td>
</tr>
<tr>
<td></td>
<td>(0.325)</td>
<td>(0.681)</td>
<td>(0.352)</td>
</tr>
<tr>
<td>Delaware</td>
<td>0.267</td>
<td>–0.245</td>
<td>–0.060</td>
</tr>
<tr>
<td></td>
<td>(0.408)</td>
<td>(0.235)</td>
<td>(0.277)</td>
</tr>
<tr>
<td>Indiana</td>
<td>–0.756***</td>
<td>–0.633***</td>
<td>–0.509***</td>
</tr>
<tr>
<td></td>
<td>(0.192)</td>
<td>(0.174)</td>
<td>(0.179)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>0.095</td>
<td>–0.121</td>
<td>–0.148</td>
</tr>
<tr>
<td></td>
<td>(0.162)</td>
<td>(0.170)</td>
<td>(0.159)</td>
</tr>
<tr>
<td>Maine</td>
<td>–0.268*</td>
<td>0.021</td>
<td>–0.231</td>
</tr>
<tr>
<td></td>
<td>(0.148)</td>
<td>(0.115)</td>
<td>(0.143)</td>
</tr>
<tr>
<td>New Mexico</td>
<td>–0.248</td>
<td>–0.731***</td>
<td>–0.322</td>
</tr>
<tr>
<td></td>
<td>(0.224)</td>
<td>(0.199)</td>
<td>(0.228)</td>
</tr>
<tr>
<td>North Carolina</td>
<td>–0.301*</td>
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<td>–0.066</td>
</tr>
<tr>
<td></td>
<td>(0.157)</td>
<td>(0.139)</td>
<td>(0.209)</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>–0.032</td>
<td>–0.325</td>
<td>–0.344*</td>
</tr>
<tr>
<td></td>
<td>(0.354)</td>
<td>(0.350)</td>
<td>(0.194)</td>
</tr>
<tr>
<td>Virginia</td>
<td>–0.207</td>
<td>–0.072</td>
<td>–0.120</td>
</tr>
</tbody>
</table>

<sup>b</sup> Regression-adjusted differences.
### Table 3.8—Continued

<table>
<thead>
<tr>
<th>State</th>
<th>Overall Rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Job Satisfaction&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Intent to Stay&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Job Tenure Less Than 2 Years</td>
<td>Job Tenure Between 2 and 6 Years</td>
<td>Job Tenure 6 Years or More</td>
</tr>
<tr>
<td>Washington</td>
<td>(0.160)</td>
<td>(0.142)</td>
<td>(0.138)</td>
</tr>
<tr>
<td></td>
<td>0.044</td>
<td>0.015</td>
<td>0.094</td>
</tr>
<tr>
<td>Observations</td>
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<td>425</td>
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</tbody>
</table>

NOTE: Regression also included worker and job characteristics. Robust standard errors are in parentheses.
* = significant at 10%; ** = significant at 5%; *** = significant at 1%.

<sup>a</sup> Subscale uses subset of national survey questions that were included on the Washington survey.
Analysis of Initiative-Specific Responses

Given that all but one of the grantees implemented multiple initiatives at their sites, we estimated a model that decomposed the impact of each grantee’s initiatives into the sum of its component parts. For the purpose of multivariate analysis, we used a modified categorization of the initiative types. Table 3.9 presents this categorization in the second column and shows how it relates to other categorizations that have been used. It is a more refined aggregation than the five-category breakdown originally specified by CMS in the request for application but less refined than the ten-category system devised by the Lewin Group (2005b) in subsequent analysis and further modified based on our analysis as reported in Chapter Two.

This categorization was used in a multivariate model that estimated the impact of each initiative category on participating workers’ responses. Table 3.10 presents these estimates. For any given state, the impact of the initiative is the coefficient in the first row plus sum of the coefficients associated with the components that made up the initiative.

The first row of Table 3.10 presents the estimated effect of being in the participating group but not experiencing any of the initiatives. This effect is negative and significant, suggesting that the participating workers would have had lower responses than the comparison group if there had not been any initiatives. This reflects differences between the participating and comparison workers that are not controlled for by the worker and job characteristics included in the regression. These differences might include higher pay and a more consistent workload for the comparison workers who tended to be from certified home health agencies. This association is particularly strong in Expectations subscale, suggesting that participating workers were less likely to find that their jobs met their expectations than were workers in the comparison group.

The remaining rows of Table 3.10 show the separate effect of each of the many components of the initiatives, categorized by type. Although, as shown in Table 3.7, none of the states had a combined initiative that had a positive and significant effect on worker responses relative to the comparison group, some of the components had positive and significant effects. For example, we found that the “registries/professional associations” and “marketing” categories both had positive and significant effects on worker responses as measured by the overall response scale and each of the subscales. Each of these types of initiatives is associated with approximately a half-point higher response on the five-point scale.

None of the other initiative types was significantly associated with all of the scales, but some were significantly associated with just the overall response scale or specific subscales. There is some weak evidence (p-value < 0.10) that the health care initiatives had a small positive association with the overall scale and with the job satisfaction scale. Grantees that offered health initiatives had workers who reported a one-tenth-point higher job satisfaction. The evidence is somewhat stronger for the effect of recognition initiatives (p-value < 0.05). Grantees that offered recognition initiatives had workers who reported a one-tenth-point higher response on the job satisfaction subscale. Finally, grantees that offered mentoring initiatives had a two-tenths-point lower response on the overall and job satisfaction scales.

We also examined whether the effect of the initiatives differed by the length of time a worker had been in his or her current job. Table 3.11 presents the findings for the overall scale for workers with less than one year of tenure, between two and six years, and more than six years. As noted earlier, this splits the sample approximately in thirds. We found some variation

---

3 The multivariate regression model and the coefficients for the included variables are presented in Appendix F.
### Table 3.9
Categorization of Initiative Types Used in Multivariate Analysis

<table>
<thead>
<tr>
<th>Five Original Categories (from CMS Request for Application)</th>
<th>Seven Categories Used in Multivariate Analysis of Worker Survey Data</th>
<th>Ten Refined Categories (Lewin Group 2005b and Chapter Two)</th>
<th>States Offering Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care coverage</td>
<td>Health</td>
<td>Health care coverage</td>
<td>IN, ME, NM, NC, WA</td>
</tr>
<tr>
<td>Enhanced training/education</td>
<td>Training</td>
<td>DSW training, supervisor and consumer training</td>
<td>AL, AR, DE, IN, KY, NC, OK, VA, WA</td>
</tr>
<tr>
<td>Career ladder, peer mentorship, or other merit-based recognition</td>
<td>Mentoring</td>
<td>Peer mentoring</td>
<td>DE, IN, KY, WA</td>
</tr>
<tr>
<td></td>
<td>Recognition</td>
<td>Merit-based or longevity recognition</td>
<td>IN, KY, NC</td>
</tr>
<tr>
<td>Community building/worker registries</td>
<td>Registries/professional associations</td>
<td>Worker registry, other (professional associations)</td>
<td>AR, KY, WA</td>
</tr>
<tr>
<td>Enhanced marketing or other recruitment strategies</td>
<td>Marketing</td>
<td>Realistic job preview, marketing campaign, targeted recruitment strategy</td>
<td>AR, DE, KY, VA, WA</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other (e.g., mileage reimbursement, organizational-level incentives)</td>
<td>IN, ME</td>
</tr>
</tbody>
</table>
Table 3.10
Initiative Type and Differences in Average Response Scales for Participating Workers (regression-adjusted)

<table>
<thead>
<tr>
<th>Multivariate Analysis Category</th>
<th>Overall Rating(^a)</th>
<th>Job Satisfaction(^a)</th>
<th>Intent to Stay(^a)</th>
<th>Organizational Commitment(^b)</th>
<th>Expectations(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>–0.434***</td>
<td>–0.196*</td>
<td>–0.320</td>
<td>–0.183</td>
<td>–0.662***</td>
</tr>
<tr>
<td></td>
<td>(0.140)</td>
<td>(0.108)</td>
<td>(0.206)</td>
<td>(0.248)</td>
<td>(0.230)</td>
</tr>
<tr>
<td>Health</td>
<td>0.169**</td>
<td>0.117*</td>
<td>0.119</td>
<td>–0.090</td>
<td>0.363</td>
</tr>
<tr>
<td></td>
<td>(0.082)</td>
<td>(0.065)</td>
<td>(0.125)</td>
<td>(0.256)</td>
<td>(0.237)</td>
</tr>
<tr>
<td>Training</td>
<td>–0.108</td>
<td>–0.135</td>
<td>–0.110</td>
<td>–0.399</td>
<td>0.050</td>
</tr>
<tr>
<td></td>
<td>(0.113)</td>
<td>(0.093)</td>
<td>(0.179)</td>
<td>(0.262)</td>
<td>(0.243)</td>
</tr>
<tr>
<td>Mentoring</td>
<td>–0.339***</td>
<td>–0.163*</td>
<td>0.042</td>
<td>–0.148</td>
<td>–0.100</td>
</tr>
<tr>
<td></td>
<td>(0.113)</td>
<td>(0.087)</td>
<td>(0.172)</td>
<td>(0.123)</td>
<td>(0.114)</td>
</tr>
<tr>
<td>Recognition</td>
<td>0.099</td>
<td>0.134**</td>
<td>–0.008</td>
<td>0.289</td>
<td>–0.054</td>
</tr>
<tr>
<td></td>
<td>(0.080)</td>
<td>(0.063)</td>
<td>(0.121)</td>
<td>(0.281)</td>
<td>(0.260)</td>
</tr>
<tr>
<td>Registries/professional</td>
<td>0.263**</td>
<td>0.381***</td>
<td>0.333*</td>
<td>0.458**</td>
<td>0.459**</td>
</tr>
<tr>
<td>associations</td>
<td>(0.116)</td>
<td>(0.091)</td>
<td>(0.181)</td>
<td>(0.208)</td>
<td>(0.193)</td>
</tr>
<tr>
<td>Marketing</td>
<td>0.489***</td>
<td>0.295***</td>
<td>0.392**</td>
<td>0.402***</td>
<td>0.298***</td>
</tr>
<tr>
<td></td>
<td>(0.115)</td>
<td>(0.087)</td>
<td>(0.166)</td>
<td>(0.110)</td>
<td>(0.102)</td>
</tr>
<tr>
<td>Other</td>
<td>0.111</td>
<td>0.013</td>
<td>0.040</td>
<td>0.011</td>
<td>–0.078</td>
</tr>
<tr>
<td></td>
<td>(0.097)</td>
<td>(0.077)</td>
<td>(0.148)</td>
<td>(0.100)</td>
<td>(0.093)</td>
</tr>
<tr>
<td>Observations</td>
<td>1,455</td>
<td>1,455</td>
<td>1,304</td>
<td>802</td>
<td>800</td>
</tr>
<tr>
<td>Number of states</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

NOTE: Regression also included worker and job characteristics. Full regression results are reported in Appendix F. Robust standard errors are in parentheses.

\* = significant at 10%; ** = significant at 5%; *** = significant at 1%.

\(a\) Subscale uses subset of national survey questions that were included on Washington survey.

\(b\) Subscale uses all national survey questions and omits Washington participant responses because Washington participant survey did not include any relevant questions.

In response based on tenure. In particular, we found that the underlying differences between the treatment and comparison group, as reported in the first row of Table 3.11, were greatest for workers with medium and average tenure but not for new workers. We found that the health initiative was associated with higher responses by senior workers but not low- or medium-tenure workers. The negative association with mentoring is significant only for medium-tenure workers. The association with registries/professional associations is positive and significant for all levels of tenure, and the marketing initiative is positive and significant only for medium- and high-tenure workers.

In Appendix F, we present estimates for a model using the more refined categorization of the initiatives, as developed by the Lewin Group (2005b) and revised based on our process review (see Chapter Two). Unfortunately, the design of the demonstrations does not support
Table 3.11
Differences by Treatment Type and Job Tenure in Average Response Scales for Participating Workers (regression-adjusted)

<table>
<thead>
<tr>
<th>Multivariate Analysis Category</th>
<th>Overall Rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Job Tenure Less Than 2 Years</th>
<th>Job Tenure Between 2 and 6 Years</th>
<th>Job Tenure 6 Years or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>−0.015</td>
<td>−0.638***</td>
<td>−0.510**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.258)</td>
<td>(0.233)</td>
<td>(0.238)</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>−0.061</td>
<td>0.212</td>
<td>0.310**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.173)</td>
<td>(0.155)</td>
<td>(0.140)</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>−0.290</td>
<td>0.068</td>
<td>−0.070</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.250)</td>
<td>(0.201)</td>
<td>(0.202)</td>
<td></td>
</tr>
<tr>
<td>Mentoring</td>
<td>−0.050</td>
<td>−0.570***</td>
<td>−0.112</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.205)</td>
<td>(0.186)</td>
<td>(0.200)</td>
<td></td>
</tr>
<tr>
<td>Recognition</td>
<td>0.021</td>
<td>0.102</td>
<td>0.060</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.176)</td>
<td>(0.148)</td>
<td>(0.143)</td>
<td></td>
</tr>
<tr>
<td>Registries/professional</td>
<td>0.448**</td>
<td>0.929***</td>
<td>0.475**</td>
<td></td>
</tr>
<tr>
<td>associations</td>
<td>(0.210)</td>
<td>(0.218)</td>
<td>(0.198)</td>
<td></td>
</tr>
<tr>
<td>Marketing</td>
<td>0.150</td>
<td>0.609***</td>
<td>0.489***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.282)</td>
<td>(0.225)</td>
<td>(0.154)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>−0.230</td>
<td>0.401**</td>
<td>−0.081</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.180)</td>
<td>(0.161)</td>
<td>(0.177)</td>
<td></td>
</tr>
<tr>
<td>Observations</td>
<td>476</td>
<td>554</td>
<td>425</td>
<td></td>
</tr>
<tr>
<td>Number of states</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Regression also included worker and job characteristics. Robust standard errors are in parentheses.
* = significant at 10%; ** = significant at 5%; *** = significant at 1%.
<sup>a</sup> Subscale uses subset of national survey questions that were included on Washington survey.

stable analysis of the impact of such refined categories, so we prefer to focus on the results presented here.

Summary

Our analysis of the worker surveys compared a nonrandom sample of workers from participating agencies to workers from a comparison group of agencies. The comparison group was drawn from lists provided by grantees and from online sources and contained many more certified home health agencies than the group of participating agencies. The workers in the participating agencies tended to be less educated, less likely to care for many consumers, less likely to work the day shift, and more likely to be a member of a minority demographic group.
Even after accounting for these differences, we found that participating workers tended to report lower job satisfaction and less intent to stay with their current job than comparison agency workers. Participating workers in Arkansas and Washington were the exception to this pattern. This negative difference is statistically significant for workers participating in the Alabama, Indiana, New Mexico, North Carolina, and Oklahoma demonstrations. We also found that workers participating in health, recognition, marketing, and registry/professional association initiatives had higher job satisfaction, but mentoring initiatives were associated with lower responses.
The agency survey requested information on turnover, retention, vacancies, and related human resources practices. We received 128 agency survey responses: 26 from demonstration agencies and 102 from comparison agencies. More details about the survey process are presented in Appendix C.

**Agency Characteristics**

Table 4.1 provides basic demographic statistics for the agency administrators who responded to the surveys, as well as the sample sizes by state and by grant participation status. The majority of the responding administrators were female, especially among the comparison agencies. The average age of the agency administrators was approximately 50 years for both the participating and comparison agencies. Average education was more than one year less for comparison agency administrators than for participating agency administrators.

In other long-term care settings, the stability of top management has been shown to be related to the turnover of caregivers. Table 4.2 shows that administrators at participating agencies had approximately the same tenure of service, both within the agency and in the occupation. It is interesting to note that the average agency tenure is longer than the occupational tenure, suggesting that many of the administrators came from nonadministrative occupations (such as caregiving) with the agency. The third column in each panel gives the number of other administrators serving in that position at the agency in the past three years, also suggesting little difference between participating and comparison agencies in top management turnover.

The survey asked administrators how often their agency examined turnover. As shown in Table 4.3, there was variation in both participating and comparison agencies in how frequently they examined turnover. Although participating agencies appear to be more likely to examine turnover quarterly, there is not a statistically significant difference in the rates between participating and comparison agencies.

The participating and comparison agencies differed in their size and their use of part-time caregivers. Table 4.4 shows that the participating agencies were larger and used more part-time workers. These differences are statistically significant. The participating agencies had higher average turnover in 2004 and lower average turnover in 2005; however, neither the difference between participants and comparison agencies nor the change in turnover for the participating agencies is statistically significant.
Table 4.1
Gender, Age, and Educational Attainment of Agency Administrator Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Percent Female</th>
<th>Average Age (years)</th>
<th>Average Education (years)</th>
<th>Number of Responses/Number of Participating Agencies</th>
<th>Percent Female</th>
<th>Average Age (years)</th>
<th>Average Education (years)</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0/1</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0/0</td>
<td>90</td>
<td>47.0</td>
<td>14.7</td>
<td>10</td>
</tr>
<tr>
<td>Delaware</td>
<td>0</td>
<td>52.0</td>
<td>18.0</td>
<td>1/5</td>
<td>100</td>
<td>41.5</td>
<td>15.0</td>
<td>2</td>
</tr>
<tr>
<td>Indiana</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0/1</td>
<td>100</td>
<td>50.6</td>
<td>15.4</td>
<td>13</td>
</tr>
<tr>
<td>Kentucky</td>
<td>67</td>
<td>49.8</td>
<td>16.8</td>
<td>6/9</td>
<td>78</td>
<td>45.6</td>
<td>15.4</td>
<td>23</td>
</tr>
<tr>
<td>Maine</td>
<td>100</td>
<td>61.5</td>
<td>18.0</td>
<td>2/20</td>
<td>100</td>
<td>51.6</td>
<td>17.5</td>
<td>8</td>
</tr>
<tr>
<td>New Mexico</td>
<td>80</td>
<td>43.5</td>
<td>14.5</td>
<td>5/11</td>
<td>79</td>
<td>50.3</td>
<td>15.4</td>
<td>14</td>
</tr>
<tr>
<td>North Carolina</td>
<td>50</td>
<td>50.0</td>
<td>17.0</td>
<td>4/4</td>
<td>91</td>
<td>46.7</td>
<td>16.0</td>
<td>11</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0/1</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>100</td>
<td>48.3</td>
<td>17.0</td>
<td>8/62</td>
<td>92</td>
<td>49.9</td>
<td>15.0</td>
<td>13</td>
</tr>
<tr>
<td>Washington</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0/0</td>
<td>100</td>
<td>55.4</td>
<td>16.0</td>
<td>8</td>
</tr>
<tr>
<td>Averages and totals</td>
<td>77</td>
<td>49.3</td>
<td>16.7</td>
<td>26</td>
<td>89</td>
<td>48.9</td>
<td>15.6</td>
<td>102</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
Table 4.2
Experience and Turnover of Agency Administrator Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Participants</th>
<th></th>
<th>Other Administrators in Past 3 Years</th>
<th>Comparison</th>
<th></th>
<th>Other Administrators in Past 3 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agency Tenure</td>
<td>Occupational Tenure</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Agency Tenure</td>
</tr>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>10.6</td>
<td>5.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Delaware</td>
<td>12.0</td>
<td>20.0</td>
<td>NA</td>
<td>2.5</td>
<td>20.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Indiana</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>6.4</td>
<td>5.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Kentucky</td>
<td>8.8</td>
<td>8.8</td>
<td>2.0</td>
<td>10.7</td>
<td>4.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Maine</td>
<td>7.0</td>
<td>7.0</td>
<td>0.5</td>
<td>9.3</td>
<td>10.7</td>
<td>2.6</td>
</tr>
<tr>
<td>New Mexico</td>
<td>9.1</td>
<td>3.3</td>
<td>1.0</td>
<td>5.9</td>
<td>7.1</td>
<td>0.9</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9.0</td>
<td>7.5</td>
<td>1.3</td>
<td>16.7</td>
<td>6.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>13.1</td>
<td>7.3</td>
<td>0.8</td>
<td>10.1</td>
<td>8.3</td>
<td>0.5</td>
</tr>
<tr>
<td>Washington</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>15.4</td>
<td>13.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Average</td>
<td>10.2</td>
<td>7.5</td>
<td>1.1</td>
<td>10.1</td>
<td>7.3</td>
<td>1.1</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.

By all three measures of retention, participating agencies had fewer long-tenure caregivers than the comparison agencies. The participating agencies had many more workers with less than a one-year tenure and much lower retention of long-term workers, as shown in Table 4.5. The differences in retention from the comparison agencies are all statistically significant. The vacancy rates and the use of referrals by current workers are similar between the participating and comparison agencies.

The questionnaire examined the cost of turnover due to both the cost of separation and the cost of recruiting and replacing a worker. Table 4.6 presents the average cost per separation of estimated total turnover costs and several categories of separation cost. Both participating and comparison agencies estimated the total turnover cost per worker to be about $1,000, with additional overtime being a very large portion of that cost. There were no significant differences between participating and comparison agencies in any of the costs in Table 4.6.

Table 4.7 reports the average costs for recruiting new workers, as reported by the administrators. There is substantial variation among the states in terms of average costs, but, as with total turnover and separation costs, there is not a significant difference between participating and comparison agencies in any of these costs.

Table 4.8 describes the various methods for setting salaries used by the responding agencies. A majority of both participating and comparison agencies set salaries based on experience. No other method was used by a majority of either participating or comparison agencies. None of the differences between participating and comparison agencies was significant.
<table>
<thead>
<tr>
<th>State</th>
<th>Participants (%)</th>
<th>Comparison (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Monthly</td>
</tr>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
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</tr>
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</tr>
<tr>
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</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
Table 4.4
Agency Employment and Turnover

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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<td>47</td>
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<td>4.6</td>
<td>6</td>
<td>13</td>
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<td>NA</td>
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</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
## Table 4.5
Agency Retention, Vacancies, and Referrals

<table>
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<tr>
<th>State</th>
<th>Participants (%)</th>
<th>Comparison (%)</th>
<th>Caregivers Referred by Current Workers</th>
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<tbody>
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<td>Retention (less than one year)</td>
<td>Retention (more than 3 years)</td>
<td>Retention (more than 10 years)</td>
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<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Delaware</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
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<tr>
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<td>51</td>
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<td>NA</td>
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<tr>
<td>Average</td>
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<td>47</td>
<td>16</td>
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</tbody>
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**NOTE:** The average takes the average over all the survey responses, giving each equal weight.
### Table 4.6
Agency Turnover and Separation Costs

<table>
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<tr>
<th>State</th>
<th>Total Turnover</th>
<th>Exit Interview</th>
<th>Administrative Separation</th>
<th>Additional Overtime</th>
<th>Total Turnover</th>
<th>Exit Interview</th>
<th>Administrative Separation</th>
<th>Additional Overtime</th>
</tr>
</thead>
<tbody>
<tr>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>1,133</td>
<td>35</td>
<td>25</td>
<td>30</td>
<td>NA</td>
</tr>
<tr>
<td>Delaware</td>
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<td>NA</td>
<td>113</td>
<td>50</td>
<td>58</td>
<td>NA</td>
<td>NA</td>
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<td>NA</td>
<td>NA</td>
<td>463</td>
<td>31</td>
<td>88</td>
<td>350</td>
<td>NA</td>
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<td>130</td>
<td>322</td>
<td>1,060</td>
<td>2,256</td>
<td>47</td>
<td>338</td>
<td>1,803</td>
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<td>35</td>
<td>59</td>
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<tr>
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<td>800</td>
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<td>709</td>
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<td>2,334</td>
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<td>NA</td>
<td>NA</td>
<td>43</td>
<td>35</td>
<td>75</td>
</tr>
<tr>
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<td>86</td>
<td>172</td>
<td>644</td>
<td>1,122</td>
<td>91</td>
<td>222</td>
<td>995</td>
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</table>

**NOTE:** The average takes the average over all the survey responses, giving each equal weight.
### Table 4.7
Agency Recruiting Costs

<table>
<thead>
<tr>
<th>State</th>
<th>Pre-Employment Administrative Costs</th>
<th>Interview Costs</th>
<th>Advertising Costs</th>
<th>Pre-Employment Administrative Costs</th>
<th>Interview Costs</th>
<th>Advertising Costs</th>
</tr>
</thead>
<tbody>
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<td>Alabama</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
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<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>73</td>
<td>20</td>
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<td>80</td>
<td>89</td>
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<td>448</td>
<td>75</td>
<td>317</td>
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<tr>
<td>Kentucky</td>
<td>194</td>
<td>134</td>
<td>350</td>
<td>594</td>
<td>82</td>
<td>230</td>
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<td>Maine</td>
<td>35</td>
<td>40</td>
<td>200</td>
<td>192</td>
<td>64</td>
<td>76</td>
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<td>New Mexico</td>
<td>287</td>
<td>54</td>
<td>130</td>
<td>922</td>
<td>135</td>
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<td>178</td>
<td>92</td>
<td>282</td>
<td>95</td>
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<td>Virginia</td>
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<td>105</td>
<td>265</td>
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<td>NA</td>
<td>NA</td>
<td>78</td>
<td>72</td>
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<tr>
<td>Average</td>
<td>245</td>
<td>124</td>
<td>151</td>
<td>474</td>
<td>86</td>
<td>196</td>
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NOTE: The average takes the average over all the survey responses, giving each equal weight.
## Table 4.8
### Agency Salary-Setting Methods

<table>
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<tr>
<th>State</th>
<th>Participants (%)</th>
<th>Comparison (%)</th>
</tr>
</thead>
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<tr>
<td></td>
<td>In. Ex.</td>
<td>Yearly</td>
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<tr>
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<td>NA</td>
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<tr>
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<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Delaware</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Indiana</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Kentucky</td>
<td>100</td>
<td>17</td>
</tr>
<tr>
<td>Maine</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>New Mexico</td>
<td>60</td>
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<tr>
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<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>50</td>
<td>13</td>
</tr>
<tr>
<td>Washington</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Average</td>
<td>69</td>
<td>23</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
Table 4.9 shows the large and significant differences between the participating and comparison agencies in their reimbursement policies for worker expenses. The participating agencies were less likely to reimburse for travel between clients, for uniforms, or for a physical exam. There is not a significant difference in the criminal background check reimbursement policies.

Participating agencies were significantly less likely to offer health benefits than the comparison agencies. Surprisingly, participating agencies in two states whose grantees included health care benefits had the lowest responses to this question. Participating agencies had higher in-service minimum hours of training required, but there were no significant differences in reimbursement for training or in the minimum required number of initial training hours.

As shown in Table 4.11, participating agencies were significantly more likely to use an off-site facility and consultants for initial training than comparison facilities. There was not a significant difference between the two groups in the likelihood of using on-the-job training or take-home materials. On-the-job training was the most frequently used training method by both groups of agencies.

Table 4.12 shows that participating agencies were significantly less likely than comparison agencies to provide in-service training through on-the-job training but more likely to provide it through an off-site facility or consultants. There was no significant difference in their use of take-home materials. One-the-job training was the most frequently used in-service training method by both groups of agencies.

Tables 4.13 and 4.14 report on a set of nine questions about the impact of the demonstration that were asked only of participating agencies. Factor analysis shows that a single factor explains 80 percent of the covariance in these questions. Therefore, we created a single scale by averaging the responses to the nine impact questions. The first column of each table reports the impact scale, and the remaining columns report the average answers to each of the nine questions.

Among the participating agencies responding to the survey, the most favorable responses were from North Carolina, and the least favorable were from Delaware and Virginia. Interestingly, participating agencies in North Carolina had the highest response rate to these questions, and Delaware and Virginia agencies were very unlikely to respond, supporting the notion that the response rates were higher in demonstrations that were successful.
Table 4.9
Agency Reimbursements for Worker Expenses

<table>
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<th>State</th>
<th>Travel Between Clients</th>
<th>Uniforms</th>
<th>Medical Examination</th>
<th>Background Check</th>
<th>Travel Between Clients</th>
<th>Uniforms</th>
<th>Medical Examination</th>
<th>Background Check</th>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
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<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>100</td>
<td>0</td>
<td>40</td>
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<td>Delaware</td>
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<td>NA</td>
<td>92</td>
<td>0</td>
<td>38</td>
<td>46</td>
</tr>
<tr>
<td>Kentucky</td>
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<td>17</td>
<td>67</td>
<td>100</td>
<td>30</td>
<td>43</td>
<td>43</td>
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<td>0</td>
<td>50</td>
<td>100</td>
<td>0</td>
<td>38</td>
<td>38</td>
</tr>
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<td>New Mexico</td>
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<td>0</td>
<td>100</td>
<td>93</td>
<td>14</td>
<td>14</td>
<td>71</td>
</tr>
<tr>
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<td>25</td>
<td>75</td>
<td>91</td>
<td>55</td>
<td>18</td>
<td>73</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
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<td>0</td>
<td>0</td>
<td>63</td>
<td>85</td>
<td>8</td>
<td>38</td>
<td>62</td>
</tr>
<tr>
<td>Washington</td>
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<td>NA</td>
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<td>94</td>
<td>18</td>
<td>31</td>
<td>56</td>
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</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
### Table 4.10
Agency Health Benefits and Training

<table>
<thead>
<tr>
<th>State</th>
<th>Provides Health Benefits (%)</th>
<th>Reimburses for Initial Training (%)</th>
<th>Minimum Initial Training Hours</th>
<th>Reimburses for In-Service Training (%)</th>
<th>Minimum In-Service Training Hours</th>
<th>Provides Health Benefits (%)</th>
<th>Reimburses for Initial Training (%)</th>
<th>Minimum Initial Training Hours</th>
<th>Reimburses for In-Service Training (%)</th>
<th>Minimum In-Service Training Hours</th>
</tr>
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<td>NA</td>
<td>NA</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
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</tr>
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<td>NA</td>
<td>NA</td>
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<td>70</td>
<td>42</td>
<td>80</td>
<td>15</td>
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<td>0</td>
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<td>100</td>
<td>50</td>
<td>6</td>
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<td>9</td>
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<td>NA</td>
<td>62</td>
<td>69</td>
<td>32</td>
<td>69</td>
<td>11</td>
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</tr>
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<td>83</td>
<td>44</td>
<td>83</td>
<td>17</td>
<td>96</td>
<td>52</td>
<td>75</td>
<td>65</td>
<td>11</td>
</tr>
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<td>28</td>
<td>100</td>
<td>18</td>
<td>100</td>
<td>64</td>
<td>36</td>
<td>91</td>
<td>12</td>
</tr>
<tr>
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</tr>
<tr>
<td>Virginia</td>
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<td>75</td>
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<td>75</td>
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<td>85</td>
<td>62</td>
<td>35</td>
<td>85</td>
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<td>63</td>
<td>44</td>
<td>88</td>
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<td></td>
</tr>
<tr>
<td>Average</td>
<td>69</td>
<td>73</td>
<td>37</td>
<td>73</td>
<td>17</td>
<td>89</td>
<td>65</td>
<td>47</td>
<td>80</td>
<td>12</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
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<td>Alabama</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<td>NA</td>
<td>70</td>
<td>30</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Delaware</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>50</td>
<td>0</td>
<td>0</td>
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<td>Indiana</td>
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<td>NA</td>
<td>85</td>
<td>31</td>
<td>31</td>
<td>8</td>
</tr>
<tr>
<td>Kentucky</td>
<td>100</td>
<td>50</td>
<td>17</td>
<td>50</td>
<td>96</td>
<td>22</td>
<td>22</td>
<td>9</td>
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<td>Maine</td>
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<td>50</td>
<td>100</td>
<td>100</td>
<td>88</td>
<td>38</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>New Mexico</td>
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<td>40</td>
<td>40</td>
<td>20</td>
<td>100</td>
<td>14</td>
<td>64</td>
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<tr>
<td>North Carolina</td>
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<td>50</td>
<td>100</td>
<td>0</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>100</td>
<td>25</td>
<td>75</td>
<td>0</td>
<td>92</td>
<td>46</td>
<td>46</td>
<td>8</td>
</tr>
<tr>
<td>Washington</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>100</td>
<td>25</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>Average</td>
<td>100</td>
<td>46</td>
<td>46</td>
<td>31</td>
<td>91</td>
<td>25</td>
<td>32</td>
<td>5</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
Table 4.12
In-Service Agency Training Methods

<table>
<thead>
<tr>
<th>State</th>
<th>Participants (%)</th>
<th>Comparison (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Delaware</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Indiana</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Kentucky</td>
<td>83</td>
<td>50</td>
</tr>
<tr>
<td>Maine</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>New Mexico</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>North Carolina</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>63</td>
<td>50</td>
</tr>
<tr>
<td>Washington</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Average</td>
<td>73</td>
<td>54</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
### Table 4.13
Participating Agencies’ Responses to Initiative Questions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>1.8</td>
<td>2.0</td>
<td>2.0</td>
<td>1.0</td>
<td>3.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3.0</td>
<td>3.2</td>
<td>2.8</td>
<td>3.2</td>
<td>4.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Maine</td>
<td>2.1</td>
<td>3.0</td>
<td>2.0</td>
<td>1.5</td>
<td>3.0</td>
<td>1.0</td>
</tr>
<tr>
<td>New Mexico</td>
<td>2.2</td>
<td>3.0</td>
<td>3.0</td>
<td>1.6</td>
<td>3.2</td>
<td>1.8</td>
</tr>
<tr>
<td>North Carolina</td>
<td>3.6</td>
<td>3.3</td>
<td>3.8</td>
<td>3.8</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Virginia</td>
<td>1.8</td>
<td>1.8</td>
<td>2.1</td>
<td>1.5</td>
<td>3.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Average</td>
<td>2.4</td>
<td>2.6</td>
<td>2.7</td>
<td>2.2</td>
<td>3.5</td>
<td>2.0</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.

### Table 4.14
Participating Agencies’ Responses to Initiative Questions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>1.8</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3.0</td>
<td>3.0</td>
<td>2.3</td>
<td>2.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Maine</td>
<td>2.1</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>2.5</td>
</tr>
<tr>
<td>New Mexico</td>
<td>2.2</td>
<td>2.0</td>
<td>2.0</td>
<td>1.8</td>
<td>1.6</td>
</tr>
<tr>
<td>North Carolina</td>
<td>3.6</td>
<td>3.5</td>
<td>3.3</td>
<td>3.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Virginia</td>
<td>1.8</td>
<td>1.7</td>
<td>1.5</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Average</td>
<td>2.4</td>
<td>2.4</td>
<td>2.1</td>
<td>2.0</td>
<td>2.2</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.


Association of Initiatives with Changes in Turnover, Vacancies, and Retention

Our longitudinal analysis of the agency information focused on the change in turnover, vacancies, and retention over the course of the demonstration initiatives. We used repeated observations regarding these outcomes for each agency and examined whether some sites and some types of initiatives had better changes in outcomes than others. In some cases, these repeated outcomes were from before or after the beginning of initiative implementation. In other cases, they were from reporting periods during the implementation. If participating agencies in a particular state or in a state with a particular type of initiative had reductions in turnover or vacancies or increases in retention, this suggests that the demonstration had a positive impact.

Our multivariate analysis of turnover made use of both the survey data and data regarding turnover, vacancies, and retention submitted by some of the grantees for their participating agencies. All grantees filled out quarterly reports using a Web-based tool (Lewin Group, 2008). They were asked to provide turnover, vacancy, and retention information on a regular basis, but our review of the database created by this tool indicated that only seven of the grantees provided useful information. In order to take best advantage of these data, we combined them with the longitudinal turnover data collected through our agency survey.

The survey data provide quarterly turnover information for 2004 and 2005 for all agencies that responded. As noted in Chapter Two, some of the participants did not begin implementing some of their initiatives until after the 2004–2005 period for quarterly turnover information. As suggested by the dates recorded in Table 2.1, we eliminated turnover information

Table 4.15
Agency Turnover, Vacancies, and Retention

<table>
<thead>
<tr>
<th>State</th>
<th>Annual Turnover Rate (%)</th>
<th>Vacancy Rate (%)</th>
<th>Retention (average years with current agency)</th>
<th>Annual Turnover Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Web-Based Reports</td>
<td></td>
<td>Combined Survey and Web-Based Reports</td>
<td></td>
</tr>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Delaware</td>
<td>32</td>
<td>8</td>
<td>3.7</td>
<td>24</td>
</tr>
<tr>
<td>Indiana</td>
<td>24</td>
<td>31</td>
<td>4.5</td>
<td>24</td>
</tr>
<tr>
<td>Kentucky</td>
<td>57</td>
<td>5</td>
<td>2.9</td>
<td>50</td>
</tr>
<tr>
<td>Maine</td>
<td>48</td>
<td>24</td>
<td>3.5</td>
<td>45</td>
</tr>
<tr>
<td>New Mexico</td>
<td>31</td>
<td>10</td>
<td>2.4</td>
<td>32</td>
</tr>
<tr>
<td>North Carolina</td>
<td>78</td>
<td>2</td>
<td>1.6</td>
<td>64</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>60</td>
<td>NA</td>
<td>6.8</td>
<td>16</td>
</tr>
<tr>
<td>Washington</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Average</td>
<td>53</td>
<td>12</td>
<td>3.0</td>
<td>46</td>
</tr>
</tbody>
</table>

NOTE: The average takes the average over all the survey responses, giving each equal weight.
from the New Mexico and Oklahoma participating agency surveys. The analysis also reflects
the late start of the marketing component in Delaware, the recognition component in Indiana
and North Carolina, and the marketing and targeted recruitment components in Virginia. The
survey-based turnover information is summarized in Table 4.4.

The Web-based reports contained turnover and retention information for agencies in
seven of the states and vacancy information for agencies in six states. This information from
the Web-based reports covered 2004 through 2007, with approximately one-half of the reports
coming from 2006 and 2007. Since it spans the period of implementation, all of this informa-
tion is relevant for a study of changes in outcomes associated with the initiatives.

Combining the survey and Web information on turnover provides a longer time span
over which to observe turnover and more agencies in the sample. We cannot link the individual
agencies that responded to the surveys to their Web responses. This may lead to the inclusion of
duplicative information if an agency both filled out the survey and conveyed its turnover infor-
mation to the grantee for inclusion in the Web report for a given reporting period. However,
this duplication should not bias our findings unless the double reporting was systematically
occurring for agencies with better or worse turnover trajectories within a state. Furthermore,
in most cases, the Web-based outcome reports were from periods later than the 2004–2005
period covered by the survey. Therefore, we think that the benefit of the longer time span and
additional sample size outweighs this possible bias.

We examined the change in turnover for each agency. Therefore, only agencies with more
than one report could be included in the analysis. We estimated a Poisson regression, using the
number of separations as the outcome for each agency during each reporting period and the
number of employee-years as the exposure. We estimated a “fixed-effects” version of Poisson
regression that allowed us to ignore differences in turnover between agencies and focus just on
changes over time for each agency. The main explanatory variables of interest are indicators for
each state interacted with a time trend

Table 4.16 presents the results of our analysis. We found that the comparison group, on
average, had a declining turnover rate over this period. The coefficients are incident rate ratios.
They can be interpreted as the expected change in turnover in a year. The coefficient for the
comparison group, 0.715, indicates that turnover is, on average, 71.5 percent of its value a year
earlier, or a 28.5-percent decrease. For example, an agency with 100-percent turnover in 2004
has, on average, 71.5-percent turnover in 2005 and 51-percent turnover in 2006. (Note that
the change from 2005 to 2006 is 28.5 percent of 71.5 percent, not 28.5 percentage points.)

Based on the combined Web and survey data, Indiana, Kentucky, and New Mexico all
had increases in turnover during the study period. For Indiana and Kentucky, the increases
were approximately 15 percent per year, and for New Mexico, the increase was 65 percent per
year. Maine, on the other hand, had a 14-percent annual decrease in turnover during the study
period.1

1 The large increase in turnover for New Mexico does not correspond to the finding of decreasing turnover by the local
evaluator. See Appendix A and Lewin Group (2008). Our review of the database produced by the Web-based system indi-
cated that the New Mexico Web-based report data were not entered correctly for many of the reports; this analysis elimi-
nates the obviously incorrect reports and relies on the first and last reports that appear to have been completed correctly.
Table 4.16
Longitudinal Analysis of Changes in Agency Turnover, Vacancies, and Retention

<table>
<thead>
<tr>
<th>State</th>
<th>Annual Turnover Rate</th>
<th>Vacancy Rate</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison</td>
<td>0.715*</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>(0.124)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Delaware</td>
<td>0.980</td>
<td>1.103</td>
<td>0.023</td>
</tr>
<tr>
<td></td>
<td>(0.047)</td>
<td>(0.094)</td>
<td>(0.084)</td>
</tr>
<tr>
<td>Indiana</td>
<td>1.151**</td>
<td>1.079**</td>
<td>0.038</td>
</tr>
<tr>
<td></td>
<td>(0.082)</td>
<td>(0.033)</td>
<td>(0.080)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1.140**</td>
<td>0.945</td>
<td>0.056*</td>
</tr>
<tr>
<td></td>
<td>(0.076)</td>
<td>(0.096)</td>
<td>(0.029)</td>
</tr>
<tr>
<td>Maine</td>
<td>0.859**</td>
<td>0.843**</td>
<td>0.286***</td>
</tr>
<tr>
<td></td>
<td>(0.056)</td>
<td>(0.056)</td>
<td>(0.052)</td>
</tr>
<tr>
<td>New Mexico</td>
<td>1.649***</td>
<td>1.141</td>
<td>0.711***</td>
</tr>
<tr>
<td></td>
<td>(0.203)</td>
<td>(0.159)</td>
<td>(0.085)</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1.017</td>
<td>0.255***</td>
<td>0.216***</td>
</tr>
<tr>
<td></td>
<td>(0.054)</td>
<td>(0.095)</td>
<td>(0.057)</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>1.154</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>(0.222)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Employment</td>
<td>0.661***</td>
<td>1.311*</td>
<td>−0.196***</td>
</tr>
<tr>
<td></td>
<td>(0.074)</td>
<td>(0.201)</td>
<td>(0.065)</td>
</tr>
<tr>
<td>Observations</td>
<td>491</td>
<td>212</td>
<td>246</td>
</tr>
<tr>
<td>Agencies</td>
<td>81</td>
<td>44</td>
<td>52</td>
</tr>
</tbody>
</table>

NOTE: See text for coefficient interpretation. Standard errors are in parentheses.
* = significant at 10%; ** = significant at 5%; *** = significant at 1%.
We also took into account whether an agency was getting bigger or smaller over time. The coefficient 0.661 on employment at the bottom of Table 4.16 indicates that turnover decreased by approximate 6.6 percent for every 10-percent increase in the size of an agency. This suggests that expanding agencies are more likely to experience lower turnover, and contracting agencies experience more turnover.

The second column of Table 4.16 presents the results of our analysis of the change in vacancy rates over the study period. Agencies that improved their recruiting processes were expected to experience a decline in vacancies over the course of the study period. These coefficients also are from a fixed-effects Poisson regression and can be interpreted as incident rate ratios that estimate the average change in vacancy rates in a year’s time. The vacancy rate in Indiana was estimated to increase 8 percent each year, whereas the vacancy rates in Maine and North Carolina decreased by 16 percent and 74 percent, respectively. The vacancy rate was estimated to increase 3 percent with every 10-percent increase in employment, suggesting that expanding agencies had a difficult time hiring enough workers to keep their vacancy rate from growing.

The final column of Table 4.16 shows the results of our analysis of retention. The estimated coefficients were from a regression of the logarithm of the average number of years with the current agency. The regression included fixed effects for each agency, allowing the coefficients on the state variable to be interpreted as the percentage change in experience. The coefficients gave the annual percentage increase in experience over the course of the study period. Kentucky, Maine, New Mexico, and North Carolina had annual increases in experience, ranging from 5.6 percent to 71 percent, and no state exhibited a decrease in experience over the course of the study period. Expanding agencies experienced a decrease in average experience as new workers were hired in. Average experience decreased 2 percent for every 10-percent increase in agency employment.

Using the modified categorization of initiatives introduced in Chapter Three, we examine which types of initiatives were associated with improvement in turnover, recruitment, and retention. The effect of some types of initiatives could not be estimated because we did not have data from enough states to distinguish the impact of each type of initiative. Furthermore, the agency survey and Web-based data did not include information from either of the states that implemented worker registries, so the “registries/professional associations” category has been relabeled accordingly.

Table 4.17 presents the results of our analysis by initiative type. The health coverage initiatives did not have a significant association with turnover but did have a negative association with the change in vacancy rates and a positive association with the change in retention. Vacancy rates were estimated to decline by 11 percent per year, and average experience was estimated to increase by 40 percent per year.

Training had a positive association with turnover. Turnover rates were estimated to increase by 31 percent per year due to the training component.

The recognition initiatives had a large negative association with turnover and vacancy rates and also had a negative association with retention. Mentoring had a positive association with turnover and vacancies and a negative association with retention. Professional associations had a negative association with vacancies and a positive association with retention. Marketing initiatives had a negative association with turnover and vacancy rates.
Table 4.17
Longitudinal Analysis of Changes in Agency Turnover, Vacancies, and Retention, by Initiative Type

<table>
<thead>
<tr>
<th>Initiative Type</th>
<th>Annual Turnover Rate</th>
<th>Vacancy Rate</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison</td>
<td>0.714*</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>(0.123)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care coverage</td>
<td>0.999</td>
<td>0.890*</td>
<td>0.402***</td>
</tr>
<tr>
<td>(0.057)</td>
<td>(0.054)</td>
<td>(0.047)</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>1.311**</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>(0.175)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer mentoring</td>
<td>1.162*</td>
<td>4.216***</td>
<td>−0.182*</td>
</tr>
<tr>
<td>(0.104)</td>
<td>(1.577)</td>
<td>(0.102)</td>
<td></td>
</tr>
<tr>
<td>Merit-based or longevity recognition</td>
<td>0.756**</td>
<td>0.287***</td>
<td>−0.183**</td>
</tr>
<tr>
<td>(0.107)</td>
<td>(0.109)</td>
<td>(0.076)</td>
<td></td>
</tr>
<tr>
<td>Professional association</td>
<td>0.988</td>
<td>0.779**</td>
<td>0.417***</td>
</tr>
<tr>
<td>(0.112)</td>
<td>(0.096)</td>
<td>(0.100)</td>
<td></td>
</tr>
<tr>
<td>Marketing campaign</td>
<td>0.643***</td>
<td>0.262***</td>
<td>0.203</td>
</tr>
<tr>
<td>(0.107)</td>
<td>(0.100)</td>
<td>(0.135)</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>0.678***</td>
<td>1.336*</td>
<td>−0.168**</td>
</tr>
<tr>
<td>(0.075)</td>
<td>(0.205)</td>
<td>(0.068)</td>
<td></td>
</tr>
<tr>
<td>Observations</td>
<td>491</td>
<td>212</td>
<td>246</td>
</tr>
<tr>
<td>Agencies</td>
<td>81</td>
<td>44</td>
<td>52</td>
</tr>
</tbody>
</table>

NOTE: Standard errors are in parentheses
* = significant at 10%; ** = significant at 5%; *** = significant at 1%.

Summary

In light of our findings regarding the differences between workers in participating and comparison agencies (see Chapter Three), our analysis of the agency survey data indicates a surprising degree of similarity between the characteristics and human resource practices of the two groups of agencies. Participating administrators were slightly more likely to be male and had more education on average. The participating agencies were slightly larger, on average. In contrast to the worker survey results, the participating agencies had a greater percentage of part-time workers, suggesting that the worker respondents were not representative of their agency’s part-time/full-time mix. Also, in contrast to the findings from the worker survey, the participating agencies reported that their workers had fewer years in their current job than the comparison agencies.

Participating and comparison agencies also reported on several human resource practices, including those related to separations and hiring, salary setting, benefits, and training. There
were no significant differences between the two groups in the frequency with which they examined turnover, in their costs associated with turnover or hiring, or in their salary-setting methods. We did find that participating agencies were less likely to reimburse for travel, uniforms, and physical exams and less likely to provide health care benefits.

The two groups had similar minimum requirements for initial training and similar frequency of the use of on-the-job methods and take-home materials for initial training; however, participating agencies were more likely to also use off-site facilities and consultants for initial training. There was no difference between the groups in the frequency with which they reimbursed for initial training.

Participating agencies had higher numbers of required hours of in-service training than comparisons agencies but were equally likely to reimburse for it. Participating agencies were significantly more likely to require off-site in-service training than comparison agencies but less likely to use on-the-job training methods, although on-the-job methods were more common than any other training method for both groups of agencies.

Despite the apparent similarities between the participating agencies and those in the comparison groups, turnover in the comparison agencies declined by 28.5 percent annually over the study period while turnover remained constant for the average participating agency when survey and Web-based data were used in the analysis. Among the grantees, Maine exhibited a decline in turnover, whereas Indiana, Kentucky, and New Mexico all had increases. Training was significantly associated with an increase in turnover, whereas recognition, mentoring, and marketing were associated with decreases in turnover.

Our analyses of the vacancy and retention data from the Web-based reports do show some association with initiative types and with individual grantees. We found that Indiana had an increase in vacancy rates, while Maine and North Carolina had decreases. Maine, New Mexico, and North Carolina all had substantial increases in retention of experienced workers. The health initiatives were associated with a decrease in vacancies and an increase in retention, as were initiatives involving the promotion of professional associations. Recognition initiatives were associated with decreased vacancies but also with decreased retention. Marketing initiatives were associated with decreased vacancies.
CHAPTER FIVE
Summary, Synthesis, and Discussion

Starting in 2003, CMS funded ten demonstration projects aimed at improving the recruitment and retention of DSWs. The grantees designed and implemented a wide range of initiatives, all of which combined a variety of initiatives that were expected to work best in the local context to address the particular needs of local consumers, workers, and, in most cases, agencies. These demonstrations represent trailblazing attempts to create systems that provide high levels of satisfaction for both workers and consumers with the aim of creating lasting relationships that may benefit all involved.

RAND teamed with the University of Pittsburgh Graduate School of Public Health and AIR to evaluate this collection of recruitment and retention initiatives. We reviewed documents and other data provided by CMS and the grantees; conducted site visits at the 11 demonstration locations, where we interviewed stakeholders; and surveyed workers, agencies, consumers, and grantees about their attitudes and outcomes. Although we found that the initiatives were as varied as the settings, we identified some patterns that can serve as guidance for others who might want to adopt some of these initiatives.

Diversity of Demonstration Approaches

The ten demonstration sites spent an average $1.2 million to address the pervasive problems of high turnover, high vacancies, and lack of experienced workers to care for the elderly and developmentally disabled at home and in the community (grantees received between $680,000 and $1.4 million from CMS). The approaches taken by the ten grantees were as diverse as their challenges. Other than the shared goal of establishing a stable direct care workforce, these demonstrations had little in common in their context, their structure, or their approach to the problem.

Table 5.1 indicates some of the dimensions in which the context and capacity varied across the ten grantees. This tremendous diversity of context and capacity implies that a qualitative analysis of implementation processes is vital to understand any observed patterns in outcomes.

Evaluation Methods

We used a combination of methods for this evaluation, including qualitative and quantitative analyses, to conduct both the implementation and outcome evaluations for these initiatives. Our implementation analysis methods and our survey methods are explained in detail.
Table 5.1
Variation in Demonstration Context and Capacity

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Type of Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geography</td>
<td>Urban vs. rural; local vs. regional vs. statewide</td>
</tr>
<tr>
<td>Consumers</td>
<td>Frail elderly, developmentally disabled, physically disabled, combinations thereof</td>
</tr>
<tr>
<td>Employment arrangement</td>
<td>Agency, independent providers, both</td>
</tr>
<tr>
<td>Size</td>
<td>Agencies: from fewer than 10 workers to several hundred</td>
</tr>
<tr>
<td></td>
<td>Demonstrations: from single agency to consortiums to statewide initiatives</td>
</tr>
<tr>
<td></td>
<td>affecting all workers in a state</td>
</tr>
<tr>
<td>Care setting</td>
<td>Homes, community residential facilities, community day facilities</td>
</tr>
<tr>
<td>Grantee type</td>
<td>State agency, university research center, single home care agency, consortia of home care agencies</td>
</tr>
</tbody>
</table>

in Chapter Two and Appendix C, respectively. By combining information from our document review and site visits, and by contrasting among the demonstration sites and with a comparison group, we obtained a more robust picture of the demonstrations than would have been possible using a more limited approach. However, in spite of this comprehensive approach, there were limitations that we could not overcome.

We began our evaluation with a review of the grantees’ proposals. This was followed by telephone calls to each of the demonstration project directors and local evaluators, during which we requested documents that would assist with our understanding of their implementation approaches. The implementation team created logic models for each demonstration and reviewed them with the grantees. Based on this understanding of the demonstrations, protocols and schedules were developed for site visits to each of the demonstration projects.

The outcomes team developed the agency, worker, and consumer survey instruments and reviewed drafts with an advisory panel made up of agency administrators and DSWs. A sampling plan for each respondent group was devised to yield sufficient power to compare among demonstrations and with a comparison sample not involved in the demonstrations.

The survey data collection and site-visit efforts proceeded concurrently. The implementation analyses team compiled detailed summaries of each demonstration (see Appendix A) and then analyzed the implementation information by category of initiative (see Chapter Two). The outcomes evaluation team entered, cleaned, and summarized the survey results and undertook multivariate and longitudinal analysis to account for differences in context.

Our evaluation findings are summarized next.

Evaluation Findings

Table 5.2 summarizes the findings from our analysis of survey and Web-based data using our seven-category initiative scheme. The table indicates whether each type of initiative was found to have a positive (+), negative (-), or no significant (blank) association with the five main outcomes we examined. Each of the outcomes has been phrased so that a positive association equates to an improvement in the outcomes, i.e., more of the rephrased outcome is better. We have collapsed the worker survey responses into two outcome categories that reflect the main
Table 5.2
Findings from Agency and Worker Survey and Web-Based Data Analysis

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Categories Used in Multivariate Analysis of Worker Survey Data</th>
<th>Refined Categories</th>
<th>Agency Data</th>
<th>Worker Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduce Turnover</td>
<td>Reduce Vacancies</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mentoring</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Recognition</td>
<td></td>
<td></td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Registries/professional associations</td>
<td>Worker registry, other (professional associations)</td>
<td></td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Marketing</td>
<td></td>
<td></td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

NOTE: + indicates that estimated coefficient shows significant positive association. — indicates that estimated coefficient shows significant negative association.

dimensions of response: job satisfaction (which mirrors the scale that combines all responses) and intent to stay. In this section, we examine the significant relationships in the context of the site-visit findings.

**Health Care**

Our outcome analysis showed a weak positive association of health care initiatives with reduced vacancies, increased retention, and increased job satisfaction. However, when we disaggregated into ten initiative types (see Appendix F), the association with job satisfaction was reversed. Given the instability of these findings and the concerns raised by our implementation analysis, we think that this is an area that requires more study and should be implemented with great care.

Even more than for many of the other types of initiatives, we found variation in the health care benefits that limited the value of grouping them together and considering them as a single initiative type. These initiatives ranged from subsidizing comprehensive insurance coverage to merely providing information on previously available coverage options. This variation in approach and generosity is reflected in the great range of per-worker costs (see Appendix H).

Data from the demonstration sites suggested that the need for new sources of health coverage is not as prevalent as previously thought. Many workers were covered by spouses’ plans or were already enrolled in public coverage options.

Our implementation analyses found that health care coverage was confusing to workers, possibly due to their inexperience with it and reflecting the underlying complexity of the health care system and health care payment system. Respondents also raised doubts about whether the initiatives could or would be sustained when the grant funds expired. For expanded cover-
To attract new employees, the coverage must be in place for a sufficient amount of time so the information about its value can disseminate. Our outcome evaluation indicated an association between health care benefits and reduced vacancies. Some respondents indicated that health insurance might be most effective as part of a coordinated effort by agencies to demonstrate that they value their workers.

**Training**

Our primary outcome evaluation combined training for workers and training for supervisors and consumer supervisors into a single category. We found no impact from this combined type of initiative in our survey of worker attitudes. In our ancillary analysis that split the initiatives into more categories (see Appendix F), we found some indication that both types of training were negatively associated with worker attitudes. We were not able to include training in our longitudinal analysis of vacancies and retention because we did not have sufficient Web-based data from agencies that did not implement training initiatives. However, using the combination of agency survey and Web-based data, we did find a negative association between training and turnover.

Our implementation analyses found that supervisor training can improve the morale of supervisors, but this does not necessarily result in improved job satisfaction among workers. We found that, for the most part, the supervisor and consumer supervisor training initiatives did not appear to be as effectively implemented as the worker training initiatives, limiting the possible positive impact on worker attitudes of this approach.

With respect to DSW training initiatives, our implementation analyses found that these initiatives exhibited tremendous variation in their setting, mode, scheduling, conditions for participation, and content. In many cases, the greatest value was reported to be the positive impact on worker morale and communication among workers, rather than the technical content of the training. This appears to contradict the outcome evaluation finding of no impact. One possible explanation is that the improvements in morale and communication were not sufficient to improve job satisfaction and intent to stay, which are primarily related to the fundamental reason that individuals enter direct service work—they like helping people.

Other possible explanations for the negative finding are that training often presents very difficult logistical challenges because it diverts from work hours, requires additional travel, and can contain content that does not match the individual worker’s needs.

**Mentoring**

Our survey analyses revealed that mentoring had a negative association with four of the five outcomes: turnover, vacancies, retention, and job satisfaction. Our implementation analyses found that mentoring initiatives were not the primary focus of the grantees’ demonstrations. Several respondents reported difficulty with the logistics of arranging meetings between mentors and mentees when the DSWs were working in scattered sites around the community. We also learned that mentors did not perceive that the documentation needed was consistent with compensation received. Finally, we learned that, in a few cases, the mentoring initiative was met with suspicion because the role of the mentor was not clearly distinguished from that of the supervisor.

Regression analysis of our worker survey data found mentoring to be most detrimental to the satisfaction of medium-tenure workers but not that of low- or high-tenure workers. This
finding is consistent with an initiative in which medium-tenure workers may not be mentors or mentees and may, therefore, feel excluded from this initiative.

Our implementation analysis suggests that mentoring initiatives launched under these demonstrations were not given adequate resources for optimal implementation. Resources need to be dedicated to properly select, train, and compensate mentors; to select and support mentor-mentee matches; and to communicate the potential benefits of participation to all workers.

**Merit and Longevity Recognition**

Our outcome analysis showed that merit and longevity recognition has a mixed association with the measured outcomes. It is associated with reduced vacancies and turnover and high worker satisfaction but also reduced retention. Our implementation analysis revealed that non-cash awards, such as plaques and embroidered jackets were more appreciated than cash awards. Cash awards tended to be small and impermanent in that they were awarded as bonuses rather than wage increases. Taxation applied to cash awards further diminished their value. The non-cash awards could be worn or otherwise displayed and were sources of pride for workers who received them.

**Registries and Professional Associations**

The outcome analysis of worker attitudes showed that this combined set of initiatives had a positive association with both job satisfaction and intent to stay. The analysis of agency information on turnover, vacancies, and retention did not include the grantees that implemented registries (Arkansas and Washington), so it captures the positive association of the professional association initiative with reduced vacancies and increased retention (in Kentucky). The positive effect of this type of initiative reflects the experience of the Kentucky agencies that implemented a professional association initiative, after accounting for all of the other types of initiatives implemented by the Kentucky grantee.

We found that this type of initiative was associated with a reduction in vacancies, an increase in retention, high worker satisfaction, and high intent to stay. The implementation analyses of the Kentucky grantee found that the professional association component of the demonstration was highly valued by both agencies and workers. Creating a community larger than the agency gave workers a support system and a sense of pride and identity with the job.

Although the registries were late in getting established, the vast majority of our Arkansas worker surveys came in after that registry was launched. The Washington survey was administered by the local evaluator, and we were unable to determine whether the registry had been around long enough to support our inference of an association with worker satisfaction in that state. Unfortunately, our site visits occurred before the registries had an impact. Our survey analysis suggests that this combined category, which includes registries and professional associations as both contributing to building worker community, had a dramatic impact on job satisfaction and intent to stay, but we were unable to learn from our site visits what aspect of the registries might account for that impact. An alternative explanation for the contribution of registries (in those states that implemented them) to worker satisfaction is that the DSWs affected by the registries are independent providers rather than agency workers. This difference in the employment relationship could account for a difference in worker attitudes.
Marketing
The marketing category combines several initiatives to improve recruiting. It includes realistic job previews, mass marketing, targeted marketing, and targeted recruiting. Our analysis of worker and agency surveys showed that these initiatives were associated with reduced turnover, reduced vacancies, high job satisfaction, and high intent to stay.

It is not surprising that such recruitment efforts would reduce vacancies. It is somewhat surprising that our analysis, which divided workers by the amount of time they had been with their current agency, showed that the high worker satisfaction ratings came from medium- and high-tenure workers, perhaps suggesting that these campaigns were a morale builder for existing workers. Our analysis of disaggregated categories (see Appendix F) suggested that the main effect of these initiatives came from marketing and realistic job previews, rather than from targeted recruitment strategies.

Our implementation analyses showed that broad marketing campaigns were not a major focus for any of the grantees that conducted them. The perception was that most of the applicants reached via mass marketing efforts were not good candidates for direct service work. This could explain the lack of an association with turnover, if new recruits left quickly.

Our interviews suggested that targeted marketing is a better alternative, although grantees experienced initial difficulties in discovering how best to reach their targeted audience. Targeted recruitment strategies were tried by two grantees, in very different manners to different targeted populations. This initiative required persistence and an in-depth understanding of the community and existing barriers to work. For example, recruiters need to know whether potential workers will lose existing public benefits if they start working. It was found that many potential workers need a case manager for the transition to work.

Realistic job previews were implemented by three grantees. They were expected to reduce turnover by increasing the worker’s sense of “job fit.” Our survey analysis suggested that they did reduce vacancies and turnover, but there was no evidence that they increased job satisfaction among new workers. However, the implementation analyses found that this type of initiative was thought to be very effective. Respondents indicated that it should be done in a way that involves consumers, should match previewed content to eventual job content, should be done by someone outside the agency to allow for candid questions, should be done prior to hiring, and should be combined with post-hire initiatives to support the new employee.

Concluding Remarks
Many of these demonstration initiatives have taken bold steps to solve the persistent problem of providing high-quality and consistent care to home- and community-based elderly and disabled individuals. Our implementation analyses confirm that there are many difficult challenges in changing the way this portion of the labor market operates. However, our outcome evaluation has demonstrated that some of the types of initiatives show promise and that some of grantees launched combinations of initiatives, with some faring better than others.

As this report was being finalized in 2009, the economy was in a much different condition compared to when these demonstrations began in 2003. A weaker economy and dramatically higher unemployment rates will make it relatively easier for agencies and consumers to find individuals willing to provide home care at the wage levels typically paid in this industry. Although this economic shift might appear to be an immediate solution to the problem of high vacancies, this report demonstrates that more applicants do not necessarily translate into lower
turnover, greater retention, or higher-quality care. Even in times of greater labor supply, work will need to continue to determine how to recruit, screen, train, and reward the best workers for this valuable service.
Grantee Summary—Arkansas

*Grantee:* Arkansas Division of Aging and Adult Services

*Project Time Frame:* June 2004–September 2007

*Partners:*
- Arkansas Department of Human Services Office of Systems and Technology (developed Web-based worker registry)
- Arkansas Division of Health (developed/delivered worker training)

*Advisory Task Force (referred individuals for DSW training):*
- Arkansas Department of Rehabilitation Services (people with disabilities)
- Arkansas Department of Education (people with disabilities)
- Arkansas Workforce Investment Board (mature persons)
- Title V Senior Community Service Employment Program (mature persons)
- Arkansas Division of Developmental Disabilities Services (people with disabilities)
- Mainstream (people with disabilities)
- Arkansas Governor’s Developmental Disabilities Council (people with disabilities)
- Easter Seals—Hire Division (people with disabilities)
- Care Link (mature persons)

*Local Evaluator:* Strategic Management Systems, Inc

*Employer Agencies:* No employer agencies were involved.

*Site Visit:* July 10–11, 2007

**Introduction**

This grantee summary describes the Arkansas demonstration as implemented at the time of the RAND/American Institutes for Research (AIR) site visit. The summary is based on numerous sources, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditures based on a cost survey sent to the grantee after the site visit.
In many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

Demonstration Background

History of Grant
The Arkansas Division of Aging and Adult Services (DAAS) was the grantee. In their proposal, DAAS expressed the need to increase the number of Direct Service Workers (personal care aids) available to people in a home setting. Arkansas uses the term direct support professionals (DSPs) to describe these workers. As Arkansas’s home- and community-based services (HCBS) waiver affords people the opportunity to receive care at home or in their community, the need for DSPs in the state of Arkansas has increased greatly.

Initiatives as Proposed
In order to create a large network of trained DSPs, the grantee originally proposed the following initiatives, collectively named Community Care Attendant Resources and Education (C-CARE):

- Recruit and train people with disabilities and older individuals who wish to become DSPs.
- Create a backup pool of trained DSPs, including older individuals and people with disabilities, that individual consumers and personal care service providers may call upon when regular staff are unavailable.
- Offer supervisory training to the staff of personal care provider agencies, as well as to individual consumers.
- Develop and implement a Web-based statewide DSP registry that consumers and providers can use to locate workers.

In addition, the Arkansas project included the development and implementation of a marketing campaign to aid recruitment and produce awareness of C-CARE and what it offers to the community.

Why These Initiatives?
The C-CARE initiatives were selected in response to the Governor’s Integrated Task Force, which was formed to address the Olmstead Act. The Task Force sought to encourage a transition from nursing homes to the community in caring for individuals needing assistance. The Task Force specifically identified a need for a worker registry, as a self-directed program. This need was identified during the Independent Living grant, which revealed the difficulty in finding DSP matches for consumers.

State Issues
Arkansas, like most states, faces the dilemma of having too few DSPs to meet the demands of individual consumers and provider agencies. In 2002, Arkansas ranked 48th among the states in hourly wage for DSPs, and 19th in number of personal care aides per 1,000 people age 65+
When the number of people with disabilities is factored in, the dearth of DSPs becomes more evident.

Pulaski County, which is the project area for most of C-CARE, has a population of 361,474, including 68,024 people with disabilities and 41,570 people age 65+.

DAAS administers all Older Americans Act funding from the Administration on Aging as well as three Medicaid HCBS waiver programs. DAAS is Arkansas’s focal point for all matters concerning older Arkansans as well as adults with physical disabilities. It serves as an effective and visible advocate for these populations, gives citizens a choice of how and where they receive long-term support services, and it plans, coordinates, funds, and evaluates programs for older adults.

Each DAAS-administered HCBS waiver program includes a component for personal care provided in the home for Medicaid-eligible consumers. These programs include

- **IndependentChoices**, one of the nation’s first and most successful Cash and Counseling demonstration projects. The program enables consumers to direct their own care by “cashing out” their Medicaid personal care benefit.
- **ElderChoices**, which utilizes the 300-percent-of-poverty option to serve people age 65+ who meet the level-of-care requirements for a nursing facility but choose to remain at home and receive ElderChoices services.
- **Alternatives for Adults with Physical Disabilities**, which provides consumer-directed attendant care and environmental modifications for people age 21–64 who meet the level-of-care requirements for a nursing facility.

DAAS initially partnered with the Division of Developmental Disabilities Services (DDS), which is also a division of the Arkansas Department of Human Services (DHS). The two departments have partnered before, on Real Choice, Transition, and Community-integrated Personal Assistance Service and Support (C-PASS) grants. One such grant was aimed at recruiting and retaining DSPs. Through the grant, C-PASS funded basic training for DSPs, and Real Choice and C-PASS funded a media campaign that offered information on DSP job openings. DAAS and DDS stated in their proposal that they would build on their shared experience by adapting and using some of the promotional and media material.

**Project Aims and Hypotheses**

C-CARE will address the barriers to employment faced by people with disabilities and older people, the lack of knowledge of the general public about personal care programs and DSP jobs, the lack of a centralized way for people to find DSPs, the lack of supervisory skills and basic supervisory training (especially for individual consumers who supervise their own worker), and the lack of a backup pool of qualified DSPs to fill in for regular staff so that consumers are not without assistance. Overcoming these barriers is expected to increase the supply of DSPs and reduce DSP turnover. The Web-based DSP Registry will be available to people all over the state to help them locate DSPs, a capacity that does not now exist.

The intent of the C-CARE project is to increase the number of people recruited and retained as DSPs in Pulaski County, Arkansas. The project hypotheses are

- **Hypothesis 1**: People with disabilities and mature persons are a viable resource from which to recruit and retain DSPs. In the original project proposal, “mature persons” were
defined as age 60+, which is the Administration on Aging definition for eligibility for various Older Americans Act programs. However, DAAS ultimately recruited individuals 55 years and older.

- **Hypothesis 2**: By training as DSPs people with disabilities and older individuals, then including these nontraditional workers in a backup worker pool, C-CARE can promote their successful entry into the field. The underlying theory is that once a provider agency or an individual uses one of the trained DSPs, they will be more willing to hire them full-time. The backup pool will also help meet a real need for individuals and provider agencies that frequently do not have backup staff to call on when a regular staff person is unable to report for work.

- **Hypothesis 3**: Retention of DSPs is directly affected by the skill of their supervisors, whether that supervisor works for a provider agency or is an individual consumer. The C-CARE project will test this hypothesis by providing training for personal care supervisors and then performing follow-up with the agency or individual consumer to see how retention was affected.

- **Hypothesis 4**: A Web-based DSP Registry can serve as an employment aid for DSPs seeking work and would benefit individual consumers and provider agencies seeking employees.

### Project Parameters
The individuals potentially affected by this project in Pulaski County include

- 296 ElderChoices consumers
- 156 Alternatives consumers
- 103 IndependentChoices consumers
- 540 DDS HCBS waiver consumers, plus 376 applicants for DDS waiver services who could receive services under the Medicaid personal care service option
- more than 400 DSPs
- 716 Medicaid personal care consumers.

The number of older people and people with disabilities potentially trained as DSPs is estimated to total 300 trainees, with the recruitment rate expected to be 10 trainees per month beginning in the seventh month. The same number of supervisors and individual consumers is projected to be affected by this project. The DSP registry is estimated to reach 146 personal care provider agencies and over 16,000 Medicaid personal care consumers statewide, as well an unknown number of individual consumers and family members who will use the registry to find workers.

Expected outcomes of this demonstration include improved recruitment and retention of DSPs due to recruitment and specialized training for people with disabilities and older people, more-skilled supervisors as a result of the offered training, proof of capability of workers and value in the backup pool, the ease of using the DSP registry to locate workers, and increased knowledge about the DSP field due to the marketing campaign.

### Logic Model
Figure A.1 is the logic model for the Arkansas demonstration as developed in early 2007.
Figure A.1
Logic Model for the Arkansas Demonstration

Mission: To improve the direct service community workforce to support the needs of people with disabilities.

Context: Demonstration is being run by the State of Arkansas, Department of Human Services. There is no employer agency involvement. Note that Activity #2—development of a backup pool of workers—was not addressed separately during the site visits but was included in the discussion of the worker registry (Activity #4). Thus in this logic model, Activity #2 was deleted as its own activity and combined into Activity #4. In the registry, workers identify themselves as backup, full-time, and/or part-time worker.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funds</td>
<td>1. Recruit and train people with disabilities and people age 55+ to become workers</td>
<td>1a. Number of people trained</td>
<td>Worker level: Trainee satisfaction with training</td>
</tr>
<tr>
<td>Staffing</td>
<td>2. Provide training and supervision to workers</td>
<td>1b. Number of training sessions</td>
<td>Transfer of training</td>
</tr>
<tr>
<td>Partner organizations (2)</td>
<td>3. Offer supervisory training for agencies and for consumers directing their own services</td>
<td>3a. Number of training sessions conducted</td>
<td>Job satisfaction</td>
</tr>
<tr>
<td>DHS Office of Systems and Technology</td>
<td></td>
<td>3b. Number of people trained</td>
<td></td>
</tr>
<tr>
<td>AR Division of Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory Task Force for Recruiting (9)</td>
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</tr>
<tr>
<td>AR Div of Developmental Disabilities Services</td>
<td></td>
<td></td>
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<tr>
<td>Mainstream</td>
<td></td>
<td></td>
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<tr>
<td>AR Governors Developmental Disabilities Council</td>
<td></td>
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<tr>
<td>Easter Seals—Hire Division</td>
<td></td>
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<tr>
<td>Care Link</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Employer agencies (0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Establish Web-based worker registry (includes Activity #2, develop backup pool of workers)</td>
<td>4a. Number of registry users</td>
<td>Agency level: Quicker response time from request for services to job placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4b. Number of hits on Web site</td>
<td>User satisfaction with registry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4c. Number of placements as a result of worker registry (self-report from survey)</td>
<td>Higher consumer satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Improved worker retention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Decreased worker turnover</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Recruitment rates</td>
</tr>
</tbody>
</table>
Implementation

Initiatives
The following overall modifications were made to the original Arkansas proposal:

- Originally, DAAS planned to partner with one government agency (as initially proposed), but they later pulled out of this partnership.
- Although the original proposal defined “mature persons” as 60 years and older, DAAS recruited individuals 55 years and older.
- Faulkner County was added to the project during the grant period. Additional changes are indicated in italics in the text.

DSP Recruitment and Training
This initiative was launched in April 2006. DAAS developed a two-week (50-hour) training curriculum for DSPs with 30 hours devoted to classroom training and 20 hours for supervised practical training. Training is offered monthly. Implementation of training is preceded by two weeks devoted to recruiting participants. Recruitment involves conducting community outreach, screening potential candidates, and then interviewing applicants. Screening is satisfied by completion of a screening test. Before each monthly training session begins, reminder notices are sent to all accepted applicants. Following the two-week training, there is a graduation ceremony. DAAS purchased bus vouchers to assist training participants with transportation costs. No other reimbursement or bonus was provided for attendance.

To recruit individuals for training, DAAS

- Developed brochures and distributed them to all county offices, targeting people 55 years and older, and individuals 18 years and older with a disability.
- Conducted a media campaign with ads in the local newspapers, articles in the Aging Arkansas newspaper, display booths at conferences for people with disabilities, and at aging conferences.
- Formed an advisory task force to identify barriers and goals and to help identify potential candidates for the program. This group mainly focused on referrals of people who might want to attend training.
- Actively recruited trainees for two weeks each month; made contacts with small organizations, directors, job fairs, churches, and senior programs. During recruitment, the recruiter described the job of a DSP, provided an overview of the training, and outlined the characteristics it was looking for in a DSP.

The training modules covered the following topics:

- Overview of Personal Care
- Communication
- Basic Human Needs/Effects of Illness and Disability
- Caring for Children
- Common Diseases of the Elderly
- Death and Dying
- Safety at Home/Emergency Procedures
- Infection Control
• Homemaking Tasks
• Meal Preparation
• Transfers, Range of Motion Exercises, Ambulation
• Assisting with Toileting
• Providing Personal Care
• Assisting with Medication
• Documentation.

**Supervisor and Consumer Supervisor Training**

This initiative was launched in February 2006. The Paraprofessional Healthcare Institute (PHI) was brought on board to deliver its supervisor training program. The project comprised three separate workshops that were conducted February 21–23, 2006 (no information on number of hours); August 23–25, 2006 (16 continuing education unit [CEU] hours); and December 19–20, 2006 (9.5 CEU hours). For the first training workshop, the target audience was provider agency supervisors. Training was delivered via a coaching method developed by PHI. The second and third workshops were based on the consumer supervisor training program “Employing, Supporting, and Retaining your Personal Assistant: A Workshop Series for People with Disabilities,” which was developed and conducted by PHI. Trainees for these two workshops were directors and case managers from independent living centers and nurses in the Alternatives Waivers Program who work in the field with people who hire their own care as well as consumers who self-direct their own services. The third training workshop was conducted in the train-the-trainer model to encourage continuance of training beyond the grant. Training was voluntary.

Training modules for the supervisor workshops included

• Understanding the Consumer-Directed Model
• Getting Started: Exploring Needs and Preferences
• Finding Personal Assistant Candidates
• Preparing to Staff: Making a Staffing Plan, Developing a PA Schedule, and Interviewing Candidates
• Hiring Personal Assistants
• Introduction to Basic Supervisory Skills: Active Listening
• Supervisory Skills II: Self-Awareness, Self-Management, and Constructive Feedback.

**Web-Based Worker Registry**

This initiative was launched on May 24, 2007. The Web-based worker registry was designed (1) for non-agency-based DSPs, to find employment and (2) for consumers, to find DSPs to fill their needs.

The registry was developed completely in-house by the Office of Systems and Technology within DHS. First, DAAS researched other worker registries and distributed a survey to consumers on how they found the DSPs who work for them (sent to 1,700 consumers in the self-directed program).
The registry provides an area for DSPs to provide information about themselves (see below) and other information, such as employment tips, links to IRS information, and information on how to get a criminal background check. DAAS does not do a criminal background check before allowing DSPs to be on the registry and provides a disclaimer. Reasons for not doing the criminal background check are (1) DAAS does not have the personnel to maintain this information, (2) there is a fee associated with each check, and (3) the information may have changed in the time between conducting the background check and placing a DSP with a consumer. DSPs are prompted every six months to update their information on the registry.

The following information is collected from DSPs:

- contact information
- type of employment sought—full, part, temporary, permanent
- preferred travel distance and service counties
- time commitment sought—days of the week, morning/afternoon/evening/overnight
- type of services provided
- type of acceptable work environment—smoking, pets
- car insurance availability
- consent to background checks.

Development of the registry began in 2005. The Web site was activated in late May 2007. DAAS marketed the registry through newspaper ads, brochures, radio ads, and posters.

**Development of Backup Pool of Workers**

DAAS sought to identify DSPs throughout the state who would be willing to be listed in a backup pool to be hired by provider agencies and individual consumers when regular staff are unavailable. This initiative was selected for the demonstration because of the large number of individuals left without sufficient backup services that could result in unnecessary nursing home placement. The DSP online worker registry was developed with an option for individuals to indicate their availability to provide backup services. Graduates of the DSP training program were encouraged to register for the backup pool.

**Performance Monitoring**

** Outputs**

Table A.1 presents the total number of people participating in each initiative for the Arkansas demonstration over the course of the grant period.

**Local Evaluation**

In February 2007, DAAS hired Strategic Management Systems (SMS), which is based in Virginia, as the local evaluator. The contractor was primarily hired to examine

1. the number of worker registry users and their satisfaction with the system
2. Satisfaction with the DSP training from the worker and consumer perspective.

---

1 Development of a backup pool of workers was a separate activity in the original proposal, but it was implemented as part of the Web-based worker registry.
### Table A.1
Number of Participants in Each Initiative (Arkansas)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced recruiting and training</td>
<td>Recruit and train people with disabilities and individuals age 55+ to become DSPs</td>
<td>71</td>
</tr>
<tr>
<td>Worker registry backup pool</td>
<td>Develop, implement and maintain a backup pool of specially trained workers, to be hired by provider agencies and individual consumers in Pulaski County^a</td>
<td>259</td>
</tr>
<tr>
<td>Supervisor and consumer training</td>
<td>Offer supervisory training to personal care provider agencies' staff as well as to individual customers</td>
<td>13</td>
</tr>
<tr>
<td>Worker registry</td>
<td>Establish and maintain a Web-based, statewide worker registry for use by consumers and agency providers.</td>
<td>403</td>
</tr>
</tbody>
</table>

^a Site-visit interviews focused questions on the worker registry and did not address the development of the backup pool of workers separately.

SMS’s evaluation results were reported in Arkansas’s final quarterly report to CMS (DAAS, 2007). DAAS conducted their own surveys, and results of those surveys are presented next.

**DSP Training**

- **Final Summary from Grantee**
  - A total of 71 people with disabilities and older people were successfully trained as DSPs.
  - 482 people were recruited for DSP training, 44 percent were interviewed, and 210 were eligible. 75 people began the training, and 95 percent (71 people) completed and received a certificate.
- **Surveys^2**
  - A pre-training survey was completed by 53 DSPs when entering training.
  - A post-training survey was completed by 53 DSPs when they completed the program.
  - A second post-training survey was sent to the 53 DSP trainees three months after completion of their training class. Twenty-six people responded overall, for a 49-percent response rate.
- **Results**
  - All respondents reported being able to do DSP skills after training (mean = 66.6 percent pre-training; 99 percent post-training; and 100 percent three months post-training).
  - 91 percent of respondents reported increased confidence in being able to do the job and seek employment as a result of training (mean = 73.4 percent pre-training; 91.6 percent post-training; and 91 percent three months post-training).
  - 56 percent reported increased satisfaction with the work of a DSP after training (mean = 21 percent pre-training; 32 percent post-training; and 56 percent three months post-training).

^2 These surveys were not available for the first few classes; therefore, survey results do not include the total number of trainees.
**PHI Consumer Supervisor Training**

- **Final Summary from Grantee**
  - Thirteen supervisors attended the first training session; 16 individuals, including directors/case managers/nurse supervisors and three consumers, attended session two; and 13 alumni attended the third session (train-the-trainer).

- **Surveys**
  - A pre-training survey was completed by all 13 supervisors and three consumers who entered the program.
  - A post-training survey was completed by all 13 supervisors and three consumers upon completion of the program.
  - A second post-training survey was sent to all 16 participants six months after the training program. Responses: seven supervisors (54 percent response rate), no consumers (0 percent response rate).

- **Results**
  - Survey items that focused on learning skills and understanding training concepts yielded higher results for the pre-training survey than post-training survey. This could indicate that the training did not meet expectations; however, more likely is that before training began, participants thought they understood these concepts or had the skills and then, upon going through the training, learned that they did not fully understand the material prior to class. Therefore, what looks like a decrease in the number of respondents understanding the material is really a demonstration that, after training, these individuals recognized their prior lack of knowledge.
  - The level of comfort with being able to explain important concepts increased between pre-, post-, and six months post-training.
  - The perception of being able to help others do various consumer/supervisor tasks increased between pre- and post-training and then decreased somewhat between post- and six months post-training.

**Worker Registry**

- **Final Summary from Grantee**
  - More than 3,500 hits were recorded on the online, statewide registry as of December 2007.
  - 403 people registered as DSPs; 259 designated themselves for the backup pool.
  - As of December 2007, 275 consumers logged in and established a record; 716 individual DSPs logged into the registry seeking placement; 403 DSPs were approved and are currently listed. DSPs are now available in each of the 75 counties in AR.

- **Surveys**
  - The pre-registry survey was mailed in 2007 to 1700 active participants of the self-directed Alternatives for Adults with Physical Disabilities Medicaid Waiver Program. Responses: 600 (35 percent response rate).
  - The post-registry survey was mailed in mid-July 2007, after registry had been available online for about two months, to all 600 respondents to the pre-registry survey. Responses: 256 (43 percent response rate).

- **Results**
– Table A.2 presents the results of the pre- and post-registry surveys. Based on these results, there does not appear to be much difference between pre- and post-registry. However, it is important to note that the registry was only available for two months prior to the post-survey administration. The timing was so short because of the approaching end of the grant period.
– Because there were no employer agencies included in the grant initiative, no retention, turnover, or vacancy information was collected.

**Limitations of the Local Evaluation**

- The number of participants in training was very small.
- The number of individuals using the worker registry was also very small, given that it had only been available online for a short time.

**Perceived Outcomes**

The site visit was conducted by the two RAND/AIR process evaluation team members July 10–11, 2007. The following individuals were interviewed during the site visit:

- **Grantee:**
  - Arkansas Division of Aging and Adult Services
- **Partners:**
  - Arkansas Department of Human Services’ Office of Systems and Technology (developed Web-based worker registry)
  - Arkansas Division of Health (developed/delivered worker training)
- **Advisory Task Force (referred individuals for training):**
  - Arkansas Department of Rehabilitation Services (people with disabilities)

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Registry Survey (%)</th>
<th>Post-Registry Survey (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers whose patient advocate is a family member</td>
<td>58</td>
<td>61</td>
</tr>
<tr>
<td>Consumers who have not changed patient advocates in the past year</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Consumers who believe qualifications for hiring DSWs should be left up to consumers</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Consumers who believe the state should not require specific DSW training</td>
<td>62</td>
<td>57</td>
</tr>
<tr>
<td>Consumers who have had criminal background checks on DSWs</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>Consumers who rated their patient advocate satisfaction as high</td>
<td>85</td>
<td>87</td>
</tr>
<tr>
<td>Consumers who rated their services satisfaction as high</td>
<td>81</td>
<td>86</td>
</tr>
</tbody>
</table>

**NOTE:** Survey data collected by DAAS were analyzed by SMS and were included in the final summary report submitted to CMS (DAAS, 2007). There were no separate surveys conducted by the local evaluator.
– Arkansas Department of Education (people with disabilities)
– Arkansas Workforce Investment Board (mature persons)
– Title V Senior Community Service Employment Program (mature persons)
– Arkansas Division of Developmental Disabilities Services (people with disabilities)
– Mainstream (people with disabilities)
– Arkansas Governor’s Developmental Disabilities Council (people with disabilities)
– Easter Seals—Hire Division (people with disabilities)
– Care Link (mature persons)

• Local Evaluator:
  – Strategic Management Systems, Inc.

Interview Findings
Feedback during the site-visit interviews revealed the following changes as a result of the demonstration:

DSP Recruitment and Training

• Low attendance at the DSP training was due in part to the low number of referrals received from the Advisory Task Force agencies as well as failure of some students who had enrolled to actually begin the class. The grantee also learned that some agencies that work with people age 55+ and individuals with disabilities offered various training programs within their own organizations and therefore did not make outside referrals to the DSP training program.

• At the beginning, one agency did not believe that someone with a disability could serve as a DSP. However, an individual from this agency was invited to attend a graduation ceremony where they saw a 40-year old man with severe speech difficulty who was still able do a good job as a DSP, as well as a woman who had had three strokes who could make a bed and turn a patient as well as someone without a disability. The agency was quite impressed and asked for the DSPs to be sent over.

• One unexpected outcome was that training participants also learned how to better care for themselves.

• DSPs reported that
  – They viewed the recruitment efforts (flyers, ads) as a useful approach.
  – There should not have been an age requirement (i.e., 55+), as younger individuals would have liked to have participated.
  – They saw the position of DSP as a useful avenue for people with disabilities or for older individuals.

Supervisor Training
The local evaluator reported improved staff morale due to supervisor training. The PHI-provided training empowered the supervisors and increased their comfort level. Neither supervisor training participants nor consumers were interviewed during the RAND/AIR site visit.
Worker Registry

• It was too soon to discern the impact of the worker registry, as it had only “gone live” at the time of the site visit.
• The grantee expects improved staff morale due to the marketing campaign for DSP positions (i.e., the marketing made the DSPs feel more valued) and due to the worker registry (i.e., seeing one’s qualifications posted on the Web site and knowing they are desired also yields a positive result).

Marketing of Demonstration Initiatives

DSP Targeted Recruitment Strategies
Marketing for the recruitment initiative for DSP training of nontraditional workers involved both the public outreach efforts to local churches and organizations, as described in the initiative description, and reliance on the Advisory Task Force to refer individuals they thought would be successful in becoming DSPs. Each month before the next training session, the project officer sent a reminder to the partner organizations to send people who might be interested in attending. Even though the participating organizations are dedicated to the populations of interest for the demonstration, most did not make many referrals. A few of the organizations did make a number of good referrals. The project director speculated that perhaps some of the organizations did not have the appropriate mechanisms in place to identify and solicit the specific participants required for the initiative in order to make referrals. However, it seems that the recruiter/trainer was exceptional at getting mobilized and reaching out to the community to recruit individuals for the training.

Worker Registry
Marketing for the worker registry began with postcards sent to certified nursing assistants (CNAs), followed by letters (to county offices, workforce centers, and DSP training graduates), a media release, presentations, and newspaper and radio/TV ads for three months, as well as posters and pamphlets. There was also a newspaper article.

Supervisor Training
DAAS marketed the supervisor training by extending a special invitation to supervisors. Numbers were limited due to the need to stay within the budgeted amount for the training, which included the costs of meals, lodging, and mileage for bringing attendees to the sessions.

Facilitators to the Demonstration

DSP Recruitment and Training

• The recruiter/trainer was identified as a facilitator. One of the reported facilitators for the DSP recruitment and training initiative was the recruiter/trainer herself. She was able

3 During the site visits, development of a backup pool of workers was not addressed separately but in relation to the worker registry.
to reach out to the right organizations and people, was active in her efforts, and was a
dynamic trainer.

**Barriers to the Demonstration**

**DSP Recruitment and Training**

- *Transportation challenges were cited.* Transportation is a top barrier for people with dis-
abilities (and it was speculated that this may also be true for the elderly). Although the
training was on a bus route, transportation poses an access problem for consumers. Gas
prices are also a related barrier. The grantee had purchased bus vouchers, which were
readily available for any student who wanted this assistance.
- *Equipment was not functional in all classrooms.* This particular classroom-based training
was difficult to offer in different locations due to the equipment used during training
(e.g., Hoyer lift).
- *Workers were worried about losing alternative sources of income.* Concern was expressed
about losing Social Security, Medicaid, and disability insurance. Individuals needed a
“finance case manager” who could provide guidance on how much time they could work
without losing these valuable sources for their income.
- *Fear of losing clients may have hampered referrals.* Organizations may also have been afraid
to provide referrals, as they were concerned about losing their own client base.

**Worker Registry**

- *Lack of background checks became an issue.* An advocate from a local agency thwarted
DAAS’s efforts for a period of time, challenging them on why they were not going to do
background checks. This person attracted the attention of the media and caused delays
due to the additional time it took to get the issue resolved.
- *In-house registry development was time-consuming.* Building the registry in-house took
much longer than if it had been contracted out; however, there was concern that more
money would be needed if the work were contracted out.

**Other Demonstration Components**

- An original partner that had committed to working with DAAS in the proposal, ARC,
determined that they were no longer interested in providing training for the DSPs.
- DAAS had difficulty finding someone to do the training.
- Project leadership changed at least three times during the grant.

**Other Contextual Factors**

- Wages for DSP work continued to be low, which may have discouraged potential hires.
- A Money Follows the Person grant is expected to result in more people joining the self-
directed community, therefore creating a greater need for DSPs.
Plans for Sustainability
According to the Final Summary for the Arkansas demonstration submitted by DAAS, three of the initiatives will be sustained: the Web-based registry, backup pool, and consumer supervisor training.

First, the Web-based registry will be maintained, and the backup pool will be sustained through the online registry process. In addition, the consumer component of the supervisor training will be sustained by providing the Alternatives Waiver case managers with copies of a consumer guide and DVD that contain detailed information for individuals directing their own care. These tools are based on the course materials developed by PHI that the case managers will be able to share with new consumers as they begin the program and with others who may be having difficulty with self-direction.

The DSP training for nontraditional workers will be the hardest to sustain due to costs for training space, trainers’ time, and recruiting time. DAAS is looking at the possibility of finding another grant to fund the continued effort. Arkansas Rehabilitative Services has approached the project director about using the training materials for a personal aide program they want to develop, so it may continue in some form.

Lessons Learned
During our site visit, we asked stakeholders about what they thought were the major lessons learned from their experience with the Arkansas demonstration and what other states or agencies should know if interested in implementing similar initiatives. Their responses are summarized below.

DSP Recruitment and Training

• A larger staff is needed to do all the recruiting, scheduling, interviewing, and training. At least one assistant should be provided to the recruiter/trainer.
• The age requirement should be lower.

Supervisor/Consumer Training

• The PHI coaching technique was a benefit, giving value to the supervisors and providing strategies for working through situations that might arise with the care attendant.

Worker Registry

• Software should be purchased to develop the registry and developing internally. Contracting out the registry for development and updating would have been wrong for DAAS, as they were concerned that it would be too costly and that the registry would not reside on their own server. Developing the registry in-house enabled DAAS to continually improve the system more easily.
• Only a few registries were available at the time of the demonstration to guide development of the initiative’s registry. However, it was useful to review what those other registries offered to get ideas first and then adapt them to the initiative’s registry based on its specific needs.
Expenditure of Grant Funds
In November 2007, the RAND/AIR team sent a brief survey to participating agencies to document the costs associated with the Arkansas demonstration. The grantee received $680,000. They spent a total of $559,000 on their demonstration, leaving approximately 18 percent of the funds unspent at the end of the grant period. Table A.3 summarizes the costs associated with the demonstration.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CMS funds spent</td>
<td>559,000</td>
<td></td>
</tr>
<tr>
<td>Total matching funds spent</td>
<td>31,000</td>
<td></td>
</tr>
<tr>
<td>Total funds spent on DSP project</td>
<td>590,000</td>
<td></td>
</tr>
<tr>
<td>Initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment/training for DSPs</td>
<td>181,000</td>
<td>27</td>
</tr>
<tr>
<td>Supervisor and consumer supervisor training</td>
<td>134,000</td>
<td>20</td>
</tr>
<tr>
<td>Worker registry</td>
<td>153,000</td>
<td>22</td>
</tr>
<tr>
<td>Evaluation costs</td>
<td>5,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative and other direct costs</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>DAAS office supplies</td>
<td>4,000</td>
<td></td>
</tr>
<tr>
<td>DAAS staff salaries</td>
<td>35,000</td>
<td></td>
</tr>
<tr>
<td>DAAS Benefits</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>13,000</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>6,000</td>
<td></td>
</tr>
<tr>
<td>Grantee site-visit expenses (July 10–11, 2007)</td>
<td>1,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>State allocations/indirect</td>
<td>17,000</td>
<td>3</td>
</tr>
</tbody>
</table>
Grantee Summary—Delaware

Grantee: University of Delaware, Center for Disabilities Studies

Partners: None

Project Time Frame: 2003–2007

Local Evaluator: University of Delaware, Center for Disabilities Studies

Site Visit: April 11–12, 2007

Introduction

This grantee summary describes the Delaware demonstration as implemented at the time of the RAND/AIR site visit. The summary is based on numerous sources, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditures based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

Demonstration Background

History of Grant

The grantee was the Center for Disabilities Studies (CDS) at the University of Delaware. Delaware, like many states, faces obstacles in the retention and recruitment of direct service workers (DSWs), who are also referred to as direct support professionals (DSPs). In order to make sure their proposal was tailored to the specific needs of their state, CDS performed an informal needs assessment. They identified the following obstacles toward recruitment and retention of DSWs in Delaware:

1. devaluation of the direct support worker profession
2. lack of partnership with educational institutions
3. lack of accurate job information and support to new employees in the organization
4. insufficient opportunities for career advancement
5. ineffective leadership from supervisory and management staff.

Based on their findings, CDS proposed a values-based approach that emphasizes matching the goals, needs, and values of the employee with that of the organization and with individuals with disabilities receiving service.
CDS is a University Center for Excellence in Developmental Disabilities Education, Research, and Service and has been serving the community since 1993. Its mission is to enhance the lives of individuals and families in Delaware through education, prevention, service, and research related to disabilities. The activities of CDS are intended to promote independence and productivity among such people, so that they and their families are fully able to participate in community life. The CDS has developed training and education materials and has an extensive understanding of service systems.

Within CDS, the Community Education Unit was the coordinating group for this grant. The unit provides training and outreach programs to agencies in Delaware who receive Medicaid funds and who provide services to people with psychiatric, cognitive, physical, and developmental disabilities. Many of the training programs are designed specifically to support and educate DSWs. The Community Education Unit has also led workshops for Medicaid providers about enhancing the status of DSWs. Content areas in these workshops have included team building, managing change, and customer service.

CDS intended to demonstrate that, although adequate compensation still remains an issue in recruitment and retention, qualitative factors, such as feeling valued by the agency, having pride in one’s job, receiving quality supervision, and experiencing a cooperative spirit in the organization, will be enough to significantly raise recruitment and retention rates. The hypothesized outcomes of the project were higher retention rates, lower vacancy rates, and higher overall satisfaction among employees in agencies that implement recommended strategies (as opposed to agencies that do not implement recommended strategies).

**Initiatives as Proposed**
The Delaware grantee proposed the following initiatives:

- recruitment strategies aimed at promoting a more positive image of the direct support worker position in order to attract more applicants into the field of supporting people with disabilities
- partnerships with educational institutions as natural links for recruitment of employees in disabilities fields (later changed to teacher externship program)
- peer mentoring that utilizes a values-based approach for new employees entering the organization
- a career ladder for employees based on longevity and participation in training seminars, using a values-based approach (later changed to career lattice—training and longevity bonus)
- values-based training aimed at innovative supervisory training and individualized coaching to both employees and people with disabilities who are supervising others.

The population targeted by the grant included DSWs who provide services to individuals with psychiatric, cognitive, physical, and developmental disabilities in a variety of organizations throughout the state. It was also decided that the partnering agencies (described below), through a memorandum of understanding, would agree to define and articulate their agency’s values and mission statement, which would lead to increased compatibility between the agency and new employees.
**Background Research**

One recent study (Solano, McDuffie, and Powell, 2003) documented that 67 percent of DSWs leave their positions after one year or less; 78 percent remain in their position for two years or less; and 13 percent stay for five years or more. CDS also cited a report written by the Center for Values Research, Inc., in Dallas, Texas, that studied the attitudes of employees in over 500 organizations and found that “a disparity between personal and organizational values reduces the desire to stay, while compatibility between these two values increases the desire to stay with the agency” (Center for Disabilities Studies, 2003).

Additionally, a comprehensive DSP study conducted by Bernstein (2003) surveyed over 500 employees representing 26 provider organizations. Bernstein surveyed the employees on such topics as communication and planning, their role in the agency, the culture of the corporation, their relationship with their supervisors, training opportunities, pay, and benefits. The study correlated various attributes and benefits with satisfaction ratings and reported that the five most important items as predictors of employee satisfaction were confidence in the leadership of the agency, pride in working for the agency, feeling valued at the agency, believing there is a spirit of cooperation at the agency, and feeling that the agency treats me like an individual.

Based on this research, CDS felt that agencies could better recruit and retain workers by applying these practices:

- ensuring that employees feel pride in working for their agencies
- instilling a spirit of cooperation and teamwork
- providing strong, consistent, and open leadership
- treating employees as individuals who are valued.

**Partnering Agencies**

Table A.4 lists the demonstration’s five partnering agencies that employ DSWs who support people with psychiatric, cognitive, physical, and developmental disabilities. At least 200 DSWs were targeted as recipients of one or more of the strategies implemented through this grant. The project began with four partnering agencies. One of the partnering agencies, Easter Seals, serves the entire state of Delaware. Rather than participating in the CMS grant with all counties, Easter Seals extended participation to their Adult Services Division of the organization in the largest county, New Castle County. Two other partnering agencies, KenCrest and Chimes Delaware, implemented all initiatives, while Connections and Easter Seals did not. The fifth agency, Chesapeake Care Resources, joined the demonstration in September 2006.

**Logic Model**

Figure A.2 shows the logic model for the Delaware demonstration as developed in early 2007.

**Implementation**

The selection and development of Delaware’s initiatives involved many meetings with various provider and support organizations throughout the state, including people with and without disabilities. Agencies involved consisted of the Delaware Division of Developmental Disabilities Services, the Delaware Developmental Disabilities Council, the Delaware Association of Rehabilitation Facilities, Easter Seals, Chimes Delaware, the Freedom Center for Independent
### Table A.4

#### Participating Agencies in the Delaware Demonstration

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type of Organization</th>
<th>Number of DSWs</th>
<th>Number of Clients Served</th>
<th>Disability Targeted</th>
<th>Benefits Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken-Crest Services</td>
<td>Nonprofit</td>
<td>140</td>
<td>95</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Dental, health, retirement, training opportunities</td>
</tr>
<tr>
<td>Easter Seals</td>
<td>Nonprofit</td>
<td>30</td>
<td>110 people who live in group homes</td>
<td>Physically and developmentally disabled adults</td>
<td>Dental, health, retirement, short-term and long-term disability, employee assistance program</td>
</tr>
<tr>
<td>Connections, Inc.</td>
<td>Nonprofit</td>
<td>300</td>
<td>4000 in last calendar year</td>
<td>Aged—substance abuse only, mental health only, some co-occurring</td>
<td>Dental, health, retirement, long-term disability</td>
</tr>
<tr>
<td>Chimes Delaware</td>
<td>Nonprofit</td>
<td>280 full-time; 3 part-time</td>
<td>133 (residential group homes; 300 vocational (train to work)</td>
<td>Cognitively disabled adults; physically disabled adults</td>
<td>Dental, health, retirement, short-term and long-term disability, pension, vision, credit union/tuition reimbursement</td>
</tr>
<tr>
<td>Chesapeake Care Resources</td>
<td>Nonprofit</td>
<td>104</td>
<td>100</td>
<td>Cognitively/developmentally disabled adults and aged, physically disabled adults and aged.</td>
<td>Dental, health, retirement, vision, vacation/sick time</td>
</tr>
</tbody>
</table>

Living, the University of Delaware, Elwyn, Connections Community Support Programs, Inc., and the State Council for Persons with Disabilities.

**Initiatives**

**Values-Based Training**

The curriculum series proposed was values-based and was developed and taught by project staff November 2004 through April 2007. The target audience was all DSPs. Originally, it was planned for everyone in the organization, but it got translated to DSPs only.

The grantee developed the curriculum materials themselves, by adapting some off-the-shelf materials into the curriculum. Based on the needs assessment conducted with each agency before the implementation of the program, training was delivered as two three-hour classroom-based courses. The grantee’s trainers went to each of the agencies to conduct the training to facilitate logistics and accommodate training schedules and DSP availability. The following courses and topics were delivered:

- Values Clarification 101 topics
  - our personal values
  - workplace values
  - conflicting values
- Values Alignment topics
  - defining and understanding alignment
Figure A.2
Logic Model for the Delaware Demonstration

Mission: To demonstrate effective recruitment and retention methods for DSWs in Delaware utilizing a values-based approach that emphasizes matching the goals, needs, and values of the employee with that of the organization and the individuals with disabilities supported by the organization.

Context: Existing problems with successful recruitment and retention of DSWs in Delaware are (1) devaluation of the DSW profession, (2) lack of partnership with educational institutions as a natural link for recruitment of employees in the developmental disabilities field, (3) lack of accurate job information and support to new employees in the organization, (4) insufficient opportunities for career enhancement, and (5) lack of effective leadership from supervisory and management staff. 965 DSWs providing services to individuals with psychiatric, cognitive, physical, and developmental disabilities in various organizations throughout the state.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funds</td>
<td>1. Promote positive image of DSW position</td>
<td>1a. Number of recruits due to marketing efforts 1b. Number of staff members who viewed video(s)</td>
<td>Worker level: Employee Satisfaction Employee assessment of initiatives Transfer of training</td>
</tr>
<tr>
<td>Staffing</td>
<td>2. Establish partnerships with educational institutions for recruitment</td>
<td>2a. Number of teachers participating in externships 2b. Number of students potentially impacted by participating teachers</td>
<td>Agency level: Turnover rate Turnover of employees with less than 6 months tenure Retention rate Vacancy rate</td>
</tr>
<tr>
<td>Partner organizations (0)</td>
<td>3. Offer orientation and mentoring program for new employees</td>
<td>3a. Number of new employees enrolled in the program 3b. Number of employees serving as mentors</td>
<td></td>
</tr>
<tr>
<td>Employer agencies (5)</td>
<td>4. Establish career ladder based on DSW longevity and training, using values-based approach (later changed to career lattice)</td>
<td>Number of employees enrolled in the training program</td>
<td></td>
</tr>
<tr>
<td>Ken-Crest Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easter Seals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connections, Inc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chimes Delaware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chesapeake Care Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Implement innovative supervisory training and individualized coaching, using values-based approach</td>
<td>5a. Number of supervisors trained 5b. Number of individuals with disabilities who supervise staff 5c. Number of upper management staff trained in &quot;values-based&quot; oversight</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
– conflict resolution
– communication and active listening.

During the second year of their grant, the grantee began offering a $100 longevity bonus for completion of the training (both courses) and service tenure for six months or more. The idea for the bonus came from the grantee’s participation in a CMS conference, where they learned that Virginia was offering a completion bonus for their training. The bonus increased recruitment numbers for the values-based training.

The training was offered at various locations, which included partner agency worksites around the state. Holding classes at the University of Delaware would have made it difficult for many of the agencies to participate; therefore, classes were held at the agencies themselves, in libraries, and anywhere else classroom space was available.

At one of the participating agencies, the values-based training was open to all employees: Managers, assistant managers, and coordinators joined the same sessions as the DSPs. At first this was intimidating for the DSPs, but the atmosphere became increasingly more comfortable throughout the classes.

**Career Ladder/Career Lattice**

In the original proposal, CDS proposed to implement a career ladder, which was slated to be implemented in two participating agencies. The plan was targeted at new DSW and involved the following four tiers:

- After six months of mentoring, completion of the mentoring program, and participation in one workshop from the values-based curriculum series, an employee would become a DSW I and receive a $100 bonus.
- At one year of service and completion of one more workshop from the values-based curriculum series, an employee becomes a DSW II and receives a second $100 bonus.
- Employees would be eligible to become a DSW III after two years, with a $100 bonus at that time.
- Employees would become DSW IV after three years, receiving a $100 bonus with the advancement.

Agencies were wary of the career ladder, worrying that they would have to start giving salary increases with each new position title. Although the agencies acknowledged the importance of establishing a career ladder, none were able to make a commitment to change their current structure due to fiscal restraints (i.e., lack of contractual state Medicaid increase). Because of the agencies’ inability to commit and support sustainability, the career ladder could not be implemented.

However, there was an attempt to modify the initiative to better fit the agencies’ needs. The partner agencies felt they would be unable to continue the initiative without the grant funds. The career ladder was replaced with the “career lattice.” Under the career lattice, DSWs would receive greater recognition within their agency by receiving retention/longevity bonuses, rather than implementing a career ladder with pay increases and then removing it at the end of the grant period. Employees were eligible to participate after six months’ tenure and needed to complete the two three-hour values-based training courses to receive a bonus.
The career ladder was discussed at the first partner agency meeting and was also a part of the memorandum of understanding. One year after the agencies decided they would not be able to sustain the initiative at the end of the grant period, the grantee decided to implement the training bonuses that were also connected to a six-month tenure period.

**Peer Mentoring**
The mentoring program was implemented in October 2004 and was designed to match veteran employees within an agency with new hires. DSPs who had worked at the agency for at least one year were eligible to become mentors. DSPs were nominated by their supervisor to become mentors. Mentors received two days of training from the University of Delaware. The program was developed by the grantee, which pulled the training curriculum together from several sources. The mentor training was delivered classroom-style over the course of two days.

Topics included in the training are

- role of the peer mentor
- values
- building, supporting, and maintaining relationships
- problem solving
- effective communication
- mentor-mentee agreement
- motivation and encouragement
- leadership.

Mentors were supposed to be paid $250 for each employee mentored throughout a six-month period of time. A mentor would be a person who did not work in the mentee’s immediate environment, and would make contact over the first six months of the new employee’s tenure. Mentor and mentee could communicate face-to-face or by email or phone, and one face-to-face meeting a month was expected. Mentors were required to submit monthly reports in order to get the stipend; however, sometimes all that was written was "everything is okay."

All partner agencies decided to participate in the peer mentorship program. Two agencies quickly implemented the initiative. One did not participate in the first mentor training, but did fully participate in the second class. Another agency experienced difficulties fitting the mentorship program into their facility, and it never came to fruition.

After the training, some agencies were slow to match the new mentors with a mentee, and the mentors experienced some frustration. Some mentors were mentoring three to four people each, which was a higher number than expected by the grantee for this initiative. A few mentors quit the agency or decided that they did not want to be peer mentors. At one agency, all new hires were matched with mentors, and each mentor had one to three mentees.

**Recruitment Strategies**
The grantee proposed four strategies to increase recruitment:

- Develop a recruitment video.
- Conduct a statewide marketing campaign.
- Develop partnerships with high schools, community colleges, and four-year colleges and universities.
• Conduct outreach to community, civic, and nonprofit organizations.

Delaware developed two videos: (1) a recruitment video and (2) a realistic job preview video. The recruitment video was going to address the rewards and benefits of being a DSW in Delaware, and was aimed at promoting a positive image of the profession. After filming and production in April 2004, the video was distributed to partner agencies and at job fairs. The grantee then approached the Department of Labor to use it, as well as brochures, at one-stop career centers.

The grantee asked partnering agencies to show the videos as part of their recruitment strategy and job orientation. Each agency, except for one, had consumers participate in the making of the videos. One agency found the videos offensive and did not want to participate or use them. The video won an AEGIS award—a task award from a disability organization.

The grantee also purchased a media license for an already-developed theme and logo to be used on brochures and posters, advertisements on radio and television, outdoor advertising, and various community promotions in October 2004. Unfortunately, the marketing approach did not bring in many qualified applicants. The grantee felt that this was not worth the expense given the poor caliber of recruits obtained.

Educational Partnerships/Teacher Externship
Initially, the grantee planned to develop at least six school/pre-service partnerships with high schools, community colleges, and four-year colleges. The partnerships would involve internships at provider agencies, course components for high school discussions, and courses and concentrations at four-year colleges. Lastly, the proposal stated that general information seminars would be developed and then offered to nonprofit and civic associations.

This initiative did not work as planned, as agencies could not accept people under the age of 18 due to liability issues. The grantee spoke with vocational/technical groups, FCCLA, business/industry groups, and teachers of human services. The grantee discovered that no one had done anything about DSPs at the high school level. This process identified a connection with the school-to-work program in high schools and that a viable option would be to provide externships to teachers to broaden their development and inform them of other careers.

The externship was 18 hours long and involved visiting a particular organization, meeting with the DSPs, and learning about the career. A total of five teachers participated in the program in June 2005 and shadowed DSPs on the job.

Performance Monitoring

Outputs
Table A.5 presents the total number of employees who participated in each initiative, by agency.

Local Evaluation
The grantee also served as the local evaluator for their demonstration. They conducted satisfaction surveys with employees from each of the partner agencies and compared turnover and vacancy rates throughout the grant. No formal evaluation of each of the demonstration initiatives was conducted. The following results were reported by the CDS in their reports, Turnover and Vacancy Rate Survey for Direct Support Staff in Delaware Provider Agencies Fiscal Year
Table A.5
Number of Participants Enrolled in Each Initiative, by Agency (Delaware)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote positive image of DSW position in order to attract more applicants to the field of disabilities&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Ken-Crest Services 51</td>
</tr>
<tr>
<td></td>
<td>Easter Seals Connections 25</td>
</tr>
<tr>
<td></td>
<td>Chimes Delaware 20</td>
</tr>
<tr>
<td></td>
<td>Chesapeake Care Resources 116</td>
</tr>
<tr>
<td></td>
<td>Total 212</td>
</tr>
<tr>
<td>Establish partnerships with educational institutions as natural links for recruitment&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Ken-Crest Services 0</td>
</tr>
<tr>
<td></td>
<td>Easter Seals Connections 0</td>
</tr>
<tr>
<td></td>
<td>Chimes Delaware 0</td>
</tr>
<tr>
<td></td>
<td>Chesapeake Care Resources 0</td>
</tr>
<tr>
<td></td>
<td>Total 6</td>
</tr>
<tr>
<td>Peer mentorship (develop and implement an orientation and mentoring program for new employees entering the organization)&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Ken-Crest Services 20</td>
</tr>
<tr>
<td></td>
<td>Easter Seals Connections 11</td>
</tr>
<tr>
<td></td>
<td>Chimes Delaware 25</td>
</tr>
<tr>
<td></td>
<td>Chesapeake Care Resources 87</td>
</tr>
<tr>
<td></td>
<td>Total 153</td>
</tr>
<tr>
<td>Longevity bonuses (establish a career ladder for employees, using a values-based approach)</td>
<td>Ken-Crest Services 133</td>
</tr>
<tr>
<td></td>
<td>Easter Seals Connections 12</td>
</tr>
<tr>
<td></td>
<td>Chimes Delaware 30</td>
</tr>
<tr>
<td></td>
<td>Chesapeake Care Resources 460</td>
</tr>
<tr>
<td></td>
<td>Total 790</td>
</tr>
<tr>
<td>Training- supervisors (values-based)</td>
<td>Ken-Crest Services 25</td>
</tr>
<tr>
<td></td>
<td>Easter Seals Connections 3</td>
</tr>
<tr>
<td></td>
<td>Chimes Delaware 1</td>
</tr>
<tr>
<td></td>
<td>Chesapeake Care Resources 43</td>
</tr>
<tr>
<td></td>
<td>Total 87</td>
</tr>
</tbody>
</table>

NOTE: Participation numbers were taken from the final quarterly report completed by the grantee.
<sup>a</sup> Additional applicants in partnering agencies are being shown the recruitment and job preview videos. This number, however, is difficult to track.
<sup>b</sup> The educational partnership initiative was redesigned as a teacher externship program, and six teachers participated in total. These teachers were not employed by the agencies.
<sup>c</sup> Participation numbers include unduplicated number of mentors and mentees since the beginning of the project.


**Turnover and Vacancy Rate Evaluation**

The purpose of the staff turnover and vacancy rate survey was to evaluate data after two years and compare with baseline data for agencies participating in the Workforce Recruitment and Retention Demonstration Project. The worksheet used to gather data was developed by the Research and Training Center on Community Living at the University of Minnesota. Various modifications were made to the worksheet in order to provide greater clarity in computation of the figures.

The study focused on turnover and vacancy rates for direct support staff, employees whose primary job responsibility is to provide support, training, supervision, and personal assistance to people supported by the agency. At least 50 percent of the direct support staff’s hours must be spent in direct support tasks. Data was for the fiscal year of July 1, 2005, to June 30, 2006.

<sup>4</sup> The direct support staff consists of DSWs/DSPs.
Turnover and vacancy rates were calculated for five distinct areas:

- average tenure of current (as of June 30, 2006) direct support staff (stayers), calculated in months (i.e., the average length of stay for those employees still with the agency)
- average tenure of direct support staff who left during FY 2005–2006 (leavers), calculated in months (i.e., the average length of stay for those employees who left during the fiscal year)
- percentage of direct support staff who left during FY 2005–2006 and had less than six months tenure
- crude separation or turnover rate, calculated in percentage form (i.e., the total number of direct support staff who left during the fiscal year divided by the total number of positions in the agency as of June 30, 2006)
- vacancy rate, calculated in percentage form (i.e., the total number of vacant direct support staff positions in the agency as of June 30, 2006, divided by the total number of direct support staff positions in the agency as of June 30, 2006).

Retention, Turnover, and Vacancy Data

Tables A.6–A.9 show the overall average and range reported for all agencies. For the three categories (percentage who left within six months, percentage of turnover, and percentage of vacancy), a weighted rate was also applied. This provides a number that assesses turnover for all positions across all agencies in the study. It is calculated by dividing the number of agency positions by the total number of positions reported in the survey, yielding a weighted ratio. This is then multiplied by the agency turnover or vacancy rate, resulting in a weighted rate. The sum of all weighted rates yields the overall weighted turnover or vacancy rate.

<table>
<thead>
<tr>
<th>Table A.6</th>
<th>Average Tenure of Stayers and Leavers (Delaware) (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Employees</td>
<td>Average</td>
</tr>
<tr>
<td>Stayers</td>
<td>43.3</td>
</tr>
<tr>
<td>Leavers</td>
<td>23.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table A.7</th>
<th>Percentage of Leavers with Less Than Six Months’ Tenure (Delaware)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>Weighted</td>
</tr>
<tr>
<td>24.4</td>
<td>21.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table A.8</th>
<th>Turnover and Vacancy Rates (Delaware) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>Average</td>
</tr>
<tr>
<td>Turnover Rate</td>
<td>27.2</td>
</tr>
<tr>
<td>Vacancy Rate</td>
<td>12.6</td>
</tr>
</tbody>
</table>
Table A.9
Comparison of FYs 2004–2005 and 2005–2006 with Baseline Data (Delaware)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average tenure of stayers (in months)</td>
<td>42.4</td>
<td>45.3</td>
<td>43.3</td>
</tr>
<tr>
<td>Average tenure of leavers (in months)</td>
<td>19.0</td>
<td>22.2</td>
<td>23.9</td>
</tr>
<tr>
<td>Percentage of leavers with less than six months tenure (%)</td>
<td>33.7</td>
<td>27.5</td>
<td>24.4</td>
</tr>
<tr>
<td>Percentage of leavers with less than six months Tenure (weighted percentage)</td>
<td>31.8</td>
<td>25.4</td>
<td>21.8</td>
</tr>
<tr>
<td>Turnover rate (%)</td>
<td>28.7</td>
<td>33.1</td>
<td>27.2</td>
</tr>
<tr>
<td>Turnover rate (weighted percentage)</td>
<td>28.7</td>
<td>36.1</td>
<td>27.6</td>
</tr>
<tr>
<td>Vacancy rate (%)</td>
<td>12.2</td>
<td>10.5</td>
<td>12.6</td>
</tr>
<tr>
<td>Vacancy rate (weighted percentage)</td>
<td>11.4</td>
<td>10.0</td>
<td>14.0</td>
</tr>
</tbody>
</table>


discussion

Overall, employees in this study who were with their agencies as of June 30, 2006, had an average tenure of a little over three and a half years. In addition,

- Overall, the average length of stay for those direct support staff who left during the fiscal year was slightly less than two years.
- Of those direct support staff who left during the fiscal year, less than one-quarter (24.4 percent) left with less than six months’ tenure. The weighted rate for this factor was even less (21.8 percent) The weighted rate factors in the size of the agencies and is considered to be a more accurate indicator.
- The overall turnover rate for agencies in this study was 27.2 percent, and the weighted turnover rate was 27.6 percent.
- The overall vacancy rate as of June 30, 2005, was 12.6 percent, and the weighted vacancy rate was 14 percent.

In comparing FY 2004–2005 and FY 2005–2006 data with baseline data, the most significant finding was the continued decrease in the percentage of direct support staff who left within the first six months of hire (33.7 percent in FY 2003–2004, 27.5 percent in FY 2004–2005, and 24.4 percent in FY 2005–2006). This trend is even more pronounced when considering the weighted rates (31.8 percent, 25.4 percent, 21.8 percent for the three fiscal years). In addition, the average turnover rate of 27.2 percent in FY 2005–2006 is a significant decrease, particularly when compared with the previous year’s rate of 33.1 percent. Again, when looking at the weighted rates, the difference is more pronounced (36.1 percent in FY 2004–2005 versus 27.6 percent in FY 2005–2006).

On the other hand, the vacancy rate, both average and weighted, increased in FY 2005–2006 compared with both FY 2004–2005 and FY 2003–2004. The difference was more
pronounced in the comparison between the current fiscal year and the previous fiscal year (14 percent versus 10 percent.)

Although the evaluator recognized the fact that a number of uncontrolled factors could be responsible for the results of this study, they were very encouraged that the data show a continuing decrease in the number of employees who leave within the first months of hire, as well as a decrease in overall turnover among direct support staff. This positive trend toward a more stable workforce is due, the evaluator believes, in no small part, to the initiatives applied through the Workforce Project in the areas of mentor training, values-based training, management seminars, and ongoing technical support and encouragement.

**Employee Satisfaction Evaluation: One Agency’s Experience**

In addition to the retention and turnover evaluation, CDS provided a report on the satisfaction evaluation. At the time of the national evaluation report, RAND/AIR had access to the results for one agency only.

The intent of the satisfaction evaluation was to assess the overall satisfaction of employees at a partner agency regarding such issues as communication and planning, their role in the agency, the culture of the corporation, their relations with their supervisors, training opportunities, and pay and benefits. A total of 48 employees responded to the request for completed surveys. Employees filled out the surveys anonymously, and responses were sent directly to the Workforce Recruitment and Retention Project for analysis.

A total of 44 respondents checked a specific job category on the survey form. Of this total, the largest number of responses received was from Direct Support Staff (56.8 percent). Supervisory staff comprised 25 percent of this total and Non-Direct Support Staff made up 18.2 percent.

Nearly half of those responding (44.7 percent) plan to continue their career with their agency for more than five years. However, a sizable number of the respondents (40.4 percent) indicated that they did not know. Approximately two-thirds of the respondents (65.2 percent) probably or definitely would recommend employment to a friend. Only 10.9 percent stated that they would probably or definitely not do so.

**Satisfaction Ratings**

The average overall satisfaction score was 5.26 on a scale of 1 to 7. A very large percentage (72.1 percent) of the respondents rated themselves as satisfied (scores of 5, 6, and 7). Over 53 percent rated themselves as highly satisfied (scores of 6 and 7). Less than 10 percent rated themselves as dissatisfied (scores of 1, 2, and 3).

**Attributes and Benefits Ratings**

The following attributes and benefits were rated on a scale of 1 to 5, with 5 being “agree strongly.” Agreement with an item is defined as a score of 4 or 5. Disagreement is defined as a score of 1 or 2. (Percentages of disagreement are not included in this narrative, but are included as attachments.)

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5 Information for this section was taken from an employee satisfaction evaluation report from 2006.
The category with the highest average rating was the “Company’s Training Program.”
The overall agreement rating was 77.6 percent. Respondents were particularly pleased
that the agency provided training that enabled them to do their job well.

The category that received the lowest overall rating was “Pay and Benefits,” which received
41.7 percent overall agreement. Only 23.4 percent agreed with the statement that their
salary is fair for their responsibilities, and 60 percent indicated overall satisfaction with
the benefits package.

“Your Relations with Your Immediate Supervisor” (including such factors as being treated
fairly and with respect, handling work-related and personal issues satisfactorily, and
giving and asking for work-related input) had an overall agreement rating of 71.3 percent.
Almost 80 percent of the respondents felt that their supervisor tells them when they do
their work well, but only 58.3 percent agreed that their supervisor asks for their input to
help make decisions.

“Your Role at the Company” (authority to make decisions, working conditions, oppor-
tunities for promotion, sense of teamwork, feeling valued, and pride in working for the agency)
received an overall agreement rate of 66.3 percent. Almost 96 percent agreed that
they are given enough authority to make decisions they need to make, 89.6 percent liked
the type of work they do, 85.4 percent felt that their working conditions are good, and
83.3 percent felt they are contributing to the agency’s mission. On the other hand, only
27.7 percent agreed that if they do good work, they can count on being promoted, and
29.2 percent believed that if they do good work, they can count on making more money.

The category entitled “Corporate Culture” (communication, recognition, cooperation,
and relationships) received an overall agreement rating of 55 percent. However, 83 per-
cent agreed that they like the people they worked with, and 66.7 percent felt that quality
is a top priority. Only 43.8 percent agreed that communications from management keep
them up to date on the company, 44.7 percent agreed that communications from man-
agement are frequent enough, 45.8 percent felt that the agency gives enough recognition
for work that is well done, and 45.8 percent believed there is a spirit of cooperation at the agency.

“Communication and Planning” (adequate planning of corporate and departmental
objectives, understanding the long-term strategy of the company, and contributing to the
planning process) received 54.6 percent agreement. Seventy-seven percent understood the
values and philosophy of the agency, and 68.8 percent understood the long-term strategy
of the agency. However, only 27.1 percent agreed that there is good communication across
all levels of the agency, and 37.5 percent agreed that they are contributing to the planning
process at the agency.

Importance Ratings
The ratings of the various attributes and benefits were also analyzed in correlation with overall
satisfaction. The most important items as predictors of staff satisfaction, based on the correla-
tion coefficient, are as follows:

- 0.76: The agency treats me like a person, not a number.
- 0.74: I have confidence in the leadership of the agency.
- 0.68: I believe my job is secure.
- 0.66: Overall, I’m satisfied with the agency’s benefits package.
• 0.65: My supervisor handles my personal issues satisfactorily.
• 0.64: I am given enough authority to make decisions I need to make.
• 0.63: I am proud to work for the agency.

The least important items as predictors of staff satisfaction, based on the correlation coefficient, are as follows:

• 0.30: I feel I am contributing to the agency’s mission.
• 0.39: My physical working conditions are good.
• 0.43: The agency provides training that enables me to do my job well.
• 0.43: I understand the long-term strategy of the agency.
• 0.44: Communications from management keep me up to date on the company.
• 0.45: My supervisor tells me when I do my work well.

Summary
Overall, satisfaction among those responding to this survey was high. Nearly three-fourths indicated that they were satisfied with the agency, and more than half expressed that they were highly satisfied. Nearly two-thirds of the respondents have been with the agency at least two years, and nearly one-half have been with the agency for at least five years. Approximately two-thirds probably or definitely would recommend employment to a friend.

The agency’s training program and the relationships that employees enjoy with supervisory staff are rated very highly. Respondents are also generally pleased with the type of work that they do, feel they have the authority to make decisions, believe their working conditions are good, feel they are contributing to the agency’s mission, and are proud to work for the agency. In addition, they like the people they work with, understand the values and philosophy of the agency, and understand the long-term strategy of the agency.

There are a number of areas in which employees who responded to the survey are dissatisfied or are neutral. In general, they do not feel that good work is rewarded in terms of additional pay or promotion. They do not feel they are contributing to the planning process, that there is good communication across all levels of the agency, or that communication is frequent enough. In addition, the majority do not feel that they are asked for input by their supervisor to help make decisions, do not feel they get enough recognition for the work that they do, and do not feel that there is a spirit of cooperation in the agency. Finally, respondents to the survey feel that they are inadequately compensated for the responsibilities involved in the work they do.

Respondents correlated overall satisfaction with the more qualitative aspects of their jobs, i.e., being treated like a person and not a number, having confidence in the leadership of the agency, believing their job is secure, and being given enough authority to make their own decisions. The items that had the least correlation with overall satisfaction were related to contributing to the agency’s mission, working conditions, training, and understanding the long-term strategy of the agency.

Implications
This study is consistent with previous surveys in this area in that it reinforces the project’s hypothesis that values and qualitative factors are critical in contributing to a work environment that both attracts and retains employees. Issues involving trust, autonomy, confidence, and respect are seen as important predictors of staff satisfaction. While dissatisfaction with pay
continues to be significant, the positive correlation between overall employee satisfaction and qualitative attributes reaffirms the idea that this agency could better attract and retain employees by building greater confidence in its leadership, treating employees like persons and not numbers, and empowering employees to make their own decisions.

Perceived Outcomes

Interviewees

The RAND/AIR site-visit team interviewed individuals from the following organizations:

- Grantee and Local Evaluator:
  - University of Delaware, Center for Disabilities Studies
- Agencies:
  - KenCrest Services Delaware
  - Easter Seals (Delaware and Maryland’s Eastern Shore)
  - Connections Community Supports Provider, Inc.
  - Chimes Delaware
  - Chesapeake Care Resources.

Interview Findings

Values-Based Training

- All partner agencies decided to participate in the training of DSPs.
  - Two agencies implemented the program immediately, another started slowly but ended up participating, and one was never able to integrate the program into their facility.
  - One of the agencies did not require their DSPs to attend and had a low attendance rate.
  - The grantee worked with three different people at the one agency that could not get the program started, attempting to offer the training at different times and locations and in different formats, so as to accommodate concerns that the agency had voiced about sending employees to the trainings. None of these attempts resulted in a training program, although a few employees went through the program.
  - The grantee administered training evaluations at the end of each session and did a focus group after the first semester with DSPs in two counties.
    - The Values Alignment course was very shaky at first. The project director reported anecdotally that one DSP reported looking at their consumers differently because the DSP is now listening and taking the time to understand what it is like to be the consumer. The training seemed to change the DSP’s sense of respect for the consumer.
    - One agency reported that the DSPs would prefer training that will help them with more technical aspects of the job (e.g., working with autism). The values-based training sounded very vague, and people didn’t know what to expect or what they would get out of it.
    - Another agency reported that the people who attended from their organization would have preferred something more substantive. Some felt it was unnecessary, as they have masters in counseling.
  - Another agency reported that it gave them the opportunity to learn what it is like to “walk in their shoes.” Many DSPs in this agency are from Africa and grew up with differ-
ent values. People liked receiving the bonus, liked that the training was interactive, and like that the training did not have an associated test. This agency reported that the training helped make DSPs more sensitive.

- The final organization who participated once the grant had already been started approached the training differently. First, the agency had their administration department heads take the training and then later had the DSPs take the training. They felt that this approach put everyone on the same page. It showed the DSPs that the department heads value what the DSPs do and that they are worthy of training. They saw taking the training at the university as a perk and a status thing. By paying them for their time in training, it also showed that they were valued by management.

- DSPs directly reported that they would encourage others to attend the training. They liked that the class was interactive, liked that they got a chance to meet people from other agencies and that they all have similar issues, liked that they got to know people from their own organizations better and what people's priorities are, and liked having the opportunity to vent. However, DSPs did report that they thought that the training would have no impact on retention. They said that the training helps them learn about their career, but it does not change one's mind; the relationship with the supervisor is most important. Many reported that the training was a waste of time and didn't change their attitudes.

**Peer Mentorship**

- The grantee saw the mentorship initiative as a great opportunity for DSPs. Some agencies embraced it, while others had a more difficult time getting it to work. In some agencies, mentors were not matched right away with mentees, which caused some frustration among mentors who were excited about the prospect. Some agencies were hiring so many people that mentors were assigned too many mentees for comfort (three or four people). In some cases, mentors quit this role. Agencies implemented the initiative differently: One agency mandated who was a mentor; another asked who wanted to play this role. The mandated approach went against the values-based concept.

- One agency reported that mentors felt honored in their positions as they were nominated for this position. They reported that even if it helps only one or two people, the program is helpful, that it provides someone to ask questions of who is not your supervisor so that you can better understand the politics, and that it can help new hires get through the first stages of the job. They reported that some new hires who stayed on the job said that this relationship was helpful.

- Another agency reported that it could only send two people through the mentor training. The agency sent people who asked to participate. Each mentor ended up with one to three mentees. This agency thought the initiative helped with morale. “You go on a job and you get lost because people are busy. Mentees felt valued and as if someone was looking out for them.” In one case, despite help from the mentor, the new hire left. The mentor felt bad that she couldn’t fix the problem. However, the agency reported that it was not a good job fit, and it was helpful to get a heads-up about a potential problem.

- At another agency, 15 of 20 people identified as being committed to the values of the organization went through the training. They were assigned mentees regardless of which program they were in, shift, and geographical location. As a result, mentees did not get to
meet their mentors face to face. The agency thinks that it did not send the right people or enough people to make this initiative work properly. Although this initiative didn’t work for this agency, the agency already had a buddy system that sounds fairly similar to the mentor program, and the agency also offers a newcomer support group for new hires in one program area. One problem for this agency was that the person in Human Resources assigned to run this program retired; the turnover was detrimental to the program, and the program was difficult to get off the ground properly.

• Another agency had already put together a mentor program prior to the grant but had not yet implemented it. Although the paperwork was different from the grantee’s, the program was not much different otherwise. The agency trained about 20 mentors. Every new hire was assigned a mentor, with four to five mentees per mentor. The agency reported that this was not too many for the mentors to handle. Mentors were first nominated, then screened, and then approved. Four dropped out, and others left the organization. Results from this initiative include elevated self-esteem for the DSPs serving as mentors. Some loved the concept but didn’t like the paperwork. Mentors would get together for informal lunches.

• One agency first identified possible candidates for becoming a mentor, then asked the staff if they wanted to participate. Ten attended the training, and no one turned it down. Each mentor had one to two mentees. Each new hire got a mentor. Self-reported results include that people who were mentors felt more important than those who were not, and that some regretted not signing up.

• DSPs reported that the relationship gave mentees the opportunity to ask questions and get realistic answers. For example, one DSP reported that a mentee had a major problem with a client who was violent. She told the truth because workers are not always given all the information about clients in the beginning to do their job as best as they can. DSPs reported that having the mentor program will not influence decisions to stay/leave; however, the training has been a definite perk.

Recruitment and Job Preview Videos

• One agency did not use the videos, as they claimed the videos were offensive. Other agencies have used them and/or are still using them. The grantee received the AEGIS award, The Videographer award and TASH image award for the videos.

• One agency reported that the videos gave a realistic view of what the job is all about: the challenges, perks, and flexibility. It also gave the consumers an opportunity to speak out about what they want or do not want.

• One agency reported that it does not bring in a group of applicants and show the video. Instead, it shows both videos on the first day of employment along with other orientation videos. Sometimes people drop out at lunchtime after seeing the videos. The agency sees the videos as useful, as anything that new employees can see or visualize is a benefit.

• Another agency reported that when someone is hired, it has them do a “try-out” and pays them minimum wage while they work for four hours in a day or residential program. During the four hours, the new hires watch the videos and discuss them. The agency reported that it gives new hires a clearer picture of what they are getting into before they start and that they provide good information. The agency has not experienced drop-outs as a result of viewing the videos.
Teacher Externship

- The grantee reported that one of the five teachers who went through the externship is doing an all-day forum on being a DSP for her students. She did this with five classes of high school students.
- One of the agencies reported that this program allowed it to be a voice of the people it is supporting and to reduce stereotypes about the job. However, the agency has not received feedback from the teachers about what they are doing now with the information.
- Another agency reported that it has done this program for two summers with three teachers each summer. The second year went better than the first. Teachers were more specific to and geared toward the population that the agency serves (e.g., one was going to be teaching special education in a high school). In the previous year, the agency may not have had the “right” teachers for the program. The more people who are educated about what the agency does, the better it is. Also, the teachers will relay information to their students, who in turn will do more to spread the word, although the impact may be small.
- Another agency reported that the program was “phenomenal.” The teachers were very excited. The agency had two teachers the first year and three the second year. It used a one-day model: morning with the vocation staff and afternoons with the residential staff. The agency gave its DSPs a day of vacation to show the teachers around. In the second year, the teachers were looking into this as a career. They took contact information to possibly have the DSPs come to school for a presentation.

Marketing of Demonstration Initiatives

To market the various initiatives (particularly the values-based training and mentorship program), the grantee had to rely on the agencies to get the word out. Once DSPs responded, the grantee had their email addresses and contact information and was then able to do its own outreach to the DSPs.

In the future, the grantee would try to make the personal contact earlier in the process and try to engage DSPs from the very beginning. Once the grantee became known to the DSPs, there were better response rates on the satisfaction surveys.

Approaches the agencies took to market the various initiatives included the following:

- information provided on flyers included with paychecks
- staff meetings
- through managers
- emails (all DSPs have emails at one of the agencies)
- word of mouth by those who already participated in the initiative
- monthly newsletters
- start from the top of the agency and work down, followed by lots of interaction and flyers
- word got out about money for training, so people started attending because of the money.

Agency thoughts on what they would do differently regarding marketing included the following:

- Spend more time discussing the initiatives with DSPs beyond just what was advertised.
- Once they realized that the initiative was valuable, they then were more eager about it.
Facilitators to the Demonstration
Interviewees reported the following factors that helped facilitate the implementation of the various initiatives:

- PHI provided a lot of support to the grantee.
- Opportunities to learn from other grantees was also valuable, even though some of it (health insurance) was not applicable.
- Grantee’s staff were dedicated and persevered through odds.
- Providing training on how to be a mentor was helpful.
- Trainers were well prepared, on time, did a variety activities, respected everyone, and accommodated schedules.

Barriers to the Demonstration
Interviewees reported the following barriers or obstacles to the implementation of the various initiatives:

- Some of the agencies’ management did not feel a part of the grant or demonstration. They weren’t required to participate, and it should have been structured to have management participate first.
- There should have been a project coordinator in each agency to support the demonstration initiatives and to ensure consistency throughout the grant.
- The grantee should have helped the agencies structure more, especially with respect to the mentor program.
- Buy-in from the agencies was sometimes lacking.
- Externship program: The grantee should have collected more information about the teachers prior to accepting them into the program. The second year was better, because the teachers had a better fit with the program. The program could also have had more of a direct tie in to the agency’s philosophy and vision. One agency had difficulty tying the fun day into the purpose of the work.
- Mentor program: There was too much paperwork—last-minute emails, Employment Eligibility Verification Form (I-9) had to be signed at the last minute, and there was lots of stress.
- Values-Based Training: Scheduling—if someone did not show up, then the trainers had to find another day where there could be a class.

Other Contextual Factors

- The project director sits on the state’s commission, which sponsored a conference for DSPs to see what they are involved in and whether they would like a professional association. Next they are planning a retreat with leaders.
- State Medicaid/Medicare Money Follows the Person grant and other grants (e.g., Department of Labor).
- Delaware is taking a long time to get independent living status.
- Beginning to train consumers to select, hire, and manage workers.
- More difficult to recruit residential staff who work afternoon, evening, and early morning shifts, than day program staff who work 8-4 p.m.
• One agency noted that they already had a structured interview process.
• Salary rate change: The rate setting process in Delaware (used to be a program decision)—hourly is $8.75–$10. Different agencies were affected in different ways. Salaries went up during the middle of the grant period (2006). They were upped significantly and by a one-time bonus. There used to be a flat rate, but now it’s a graduated fee rate based on needs. This tended to benefit some of the agencies, as they serve populations with high need.
• Staff: The consumer ratio has improved since five years ago, and caseloads have changed dramatically.
• The state required training on managing seizures with only 30-days’ notice and no support for achieving compliance. Staff feel that there are already too many required days of training and that they don’t have time to do their jobs as a result.
• Group home licensing laws have changed during the grant period, requiring college degrees in group homes at night.
• There was a high involuntary turnover rate in 2004 at one “quasi-institution” due to significant medication problems. As a result, services were moved to the community about 1.5 hours away; the clients moved as well, but not the staff. There were 75 staff involved.
• One agency reported that they expanded the number of services offered about two years ago.

Plans for Sustainability
Values-Based Training and Mentoring
The grantee is seeking funding to continue the work. It completed train-the-trainer classes for the values-based training and mentor training to sustain within each agency—for the agencies to conduct the trainings themselves. The grantee also plans to share their initiatives with other agencies across the state. Two agencies reported that they may not do any values-based training. The agencies had reported to the grantee that they plan to continue the mentorship program; however, some are doing without the stipend for the mentors. One agency mentioned that it would be helpful to rethink the program from a regional standpoint with people who work on the same shifts. This agency could see spreading it to three counties to identify people who could be trained as mentors. The agency also saw it as possibly being done as a small support group approach with the mentor as the group facilitator.

Organization and Leadership
One outgrowth from the demonstration has been a movement toward a coalition of DSPs, a networking organization. They held a conference in May 2006, which was not exclusive to the grant. The hope is that Delaware will become part of the National Alliance for DSPs (NADSP). The grantee has asked agencies to send their brightest to the leadership retreat, which is intended to be a workforce project. Part of their sustainability efforts is to promote leadership among DSPs.

Education
The grantee is continuing to apply for funding through other grants. Currently, the University of Delaware offers a minor in Disabilities to help individuals know that there is a career available. The grantee is trying to get the agencies to get involved in the minor, because once a student leaves the university, it is much harder for him or her to learn about this career field.
Recruitment and Job Preview Videos
One agency reported that it doesn’t need the videos to help with recruitment. It constantly has people coming in the door, wanting a job even when the agency do not have any vacancies. Another reported plans to continue using the videos as part of the first day try-out.

Lessons Learned
Interviewees reported the following lessons that they learned from participating in the demonstration, and they provided these lessons as advice to other states or agencies interested in implementing similar initiatives.

- Start working with agency leadership first for trainings.
- Get people to buy in a different way than just issuing a memorandum of understanding.
- Like the SPEAK program in Kentucky, get people/agencies to pay to be a part of it. It demonstrates a different level of commitment.
- Conduct a readiness assessment to see whether the agency has met certain criteria for participating in the demonstration initiatives.
- Spell out for agencies what participation means in clear terms from the start.
- The marketing campaign did not bring in very many quality people, and the grantee felt that, within the constraints of geographic market area, the expense was not worth the results.
- All of the agency’s management need to understand the initiatives and be aware of the expectations. Do not just assign one person to deal with it and forget about it.
- Should not have included such disparate types of providers that don’t have much commonality—between types of services and staffing shifts.
- Values-Based Training: Training should be more substantive and not solely focused on values. People get burned out because they lack skills. People should walk away from training feeling that it was worth their time. DSPs reported that the training did not apply for the vocational DSPs and was more appropriate for the residential DSPs. Although the training did try to touch on the vocational issues, it fell short. DSPs reported that more effort should be made to ensure applicability for all types of DSPs.
- Videos: DSPs reported that the videos, like the training, did not apply for the vocational DSPs and was more appropriate for the residential DSPs.

Expenditure of Grant Funds
Table A.10 presents the total funds spent on the DSW project, the costs of each initiative, the evaluation costs, and additional expenses. The Delaware grantee received $680,500, with over $211,000 in matching funds spent, for a total of approximately $891,500.
<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CMS funds spent</td>
<td>$680,500</td>
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<tr>
<td>Total matching funds spent</td>
<td>$211,000</td>
<td></td>
</tr>
<tr>
<td>Total funds spent on DSW project</td>
<td>$891,500</td>
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<tr>
<td><strong>Initiatives</strong></td>
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<tr>
<td>Values-based training</td>
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<td>Mentoring program</td>
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<td>Job preview, recruitment videos, and marketing</td>
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<td>Longevity bonuses</td>
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<td>Teacher externship program</td>
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<td>DSP leadership development</td>
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<td>Consumer values-based training</td>
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<td>Partner agency administration</td>
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<td>Evaluation costs</td>
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<td><strong>Other costs</strong></td>
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<tr>
<td>Personnel costs</td>
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<tr>
<td>Fringe benefits</td>
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<tr>
<td>Overhead costs</td>
<td>$190,000</td>
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Grantee Summary—Indiana

**Grantee:** Arc BRIDGES, Inc., Gary, Indiana

**Project Time Frame:** June 1, 2004–September 29, 2007

**Partners:**
- WorkOne (developed job description for recruitment)
- Ivy Tech College (developed and offered Career Development Certificate)
- INTrain, Inc. (provided education and training for service providers)
- Curriculum Consultant (developed Career Development Certificate program)
- Colonial Supplemental Insurance (2007 health insurance provider)

**Local Evaluator:** Indiana University Northwest

**Site Visit:** August 14–15, 2007

**Introduction**

This summary is based on numerous sources, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

**Demonstration Background**

**History of Grant**

Arc BRIDGES, Inc., a state-licensed private nonprofit agency located in Gary, Indiana, that provides in-home and day services for those with a primary diagnosis of mental retardation, was the grantee in Indiana. In order to address the problems of recruitment and retention among DSWs, the grantee proposed to use grant funds to provide health care benefits, a career ladder and training opportunities, peer mentoring, travel reimbursement, and worker referral bonuses, and the grantee instituted efforts to assist in public policy changes and job restructuring in order to professionalize the workforce. These efforts were expected to counteract some of the shortcomings of the direct support position, such as the relatively low salary, lack of benefits and training, isolation, and lack of respect for the position.

The grantee anticipated an overall reduction in their program operation costs if the demonstration could reduce DSW turnover rates. Arc BRIDGES estimated the cost of turnover per incident, including recruitment efforts, at $1,100. In addition, the grantee hoped that the
demonstration activities would reduce their annual overtime costs (reported as $314,234 in 2004).

At the time of the grant award, Arc BRIDGES operated 34 group homes and five sheltered workshops, including day and residential services in a mixture of rural, suburban, and urban areas. The agency employs approximately 250 (150 that are full-time) workers that serve over 700 individuals in northwest Indiana. Grantee partners included Ivy Tech Community College to assist in development and implementation of a career ladder and professional certificate programs, WorkOne in recruitment, and Indiana University Northwest as the local evaluator. The partners indicated that they participated because they thought that they could assist the agency in their recruitment, retention, and/or training efforts.

The demonstration activities and grant objectives were developed based on a survey conducted by Arc BRIDGES of their own employees. Arc BRIDGES already offered health insurance through its company cafeteria benefit plan. In this plan, workers may annually select benefits that are paid for by a $50 per month stipend that they receive from the agency. The plan included health insurance, childcare, a flexible spending account for out of pocket medical expenses, additional vacation days, and an array of supplemental insurances (life, accident, hospital indemnity, cancer, etc.). The agency was looking for a way to continue to offer the stipend to its workers when they learned about the CMS grant opportunity. Improving recruitment and retention of its direct service workforce through training and other incentives was also of interest to the agency.

**Initiatives as Proposed**

Arc BRIDGES originally proposed the following initiatives for the Indiana demonstration:

1. health care coverage (cafeteria benefit plan that includes health insurance as an option)
2. career development and ladder
3. travel reimbursement
4. peer mentoring
5. longevity bonus
6. public policy/job restructuring outreach efforts
7. worker referral bonus.

**Logic Model**

Figure A.3 is the logic model for the Indiana demonstration as developed in early 2007. A local evaluation was put into place that provided formative feedback across the three-year demonstration period.

**Implementation**

**Initiatives**

The initiatives that were part of this demonstration started at different time periods based on their complexity and development time. Prior to grant funding, the agency was already offering a cafeteria benefit plan that included a health insurance option and a worker referral program. The other initiatives were developed over the course of the demonstration period.
**Figure A.3**
Logic Model for the Indiana Demonstration

**Mission:** To improve the direct service community workforce to support the needs of people with disabilities.

**Context:** Demonstration in one agency (Arc BRIDGES).

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS funding</td>
<td>1. Market agency’s cafeteria plan insurance benefits</td>
<td>1a. Develop marketing plan (Y/N)</td>
<td>Worker level: Job satisfaction increases</td>
</tr>
<tr>
<td>Staffing: Project Director, Evaluator (Indiana University Northwest)</td>
<td>2. Implement career ladder, offering employees training and pay incentive for completion of each training module</td>
<td>1b. Number of workers who received insurance counseling</td>
<td>Job value increases</td>
</tr>
<tr>
<td>Partner organizations</td>
<td>3. Provide travel allowance for residential and supported living DSPs who travel over 10 miles per trip to their assigned area of work</td>
<td>2a. Develop career ladder and training (Y/N)</td>
<td>Agency level: Improved client care</td>
</tr>
<tr>
<td>Ivy Tech Community College</td>
<td>4. Implement mentoring program to support the residential and supported living DSPs. Each mentor will be awarded $500 annually for participation</td>
<td>2b. Number of workers completing each training module</td>
<td>Improved client satisfaction</td>
</tr>
<tr>
<td>WorkOne</td>
<td>5. Implement longevity bonus to DSPs who complete 6, 12, 18, 24, 30, and 36 months of employment</td>
<td>3a. Number of workers who receiving the travel allowance</td>
<td>Increased recruitment rate</td>
</tr>
<tr>
<td>1 agency in northwest IN (Arc Bridges, Gary, IN)</td>
<td>6. Public policy change/job structuring</td>
<td>4a. Develop program (Y/N)</td>
<td>Increased retention rate</td>
</tr>
<tr>
<td></td>
<td>7. Offer DSPs an advance education opportunity to earn a Career Development Certificate (CDC) in Developmental Disabilities from Ivy Tech College</td>
<td>4b. Number of workers participating in program (mentors and mentees)</td>
<td>Public policy changes that support higher wages and better benefits to DSWs</td>
</tr>
<tr>
<td></td>
<td>8. Offer current staff a friend referral bonus that is paid upon completion of the referral’s 6, 12, 18, 24 month employment of the referral as a DSP</td>
<td>5a. Number of workers receiving each bonus type</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6a. Develop and launch marketing campaign to promote DSP careers (Y/N)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6b. Develop WorkKey profiles (Y/N)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7a. Develop curriculum (Y/N)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7b. Number of students receiving CDC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8a. Develop program (Y/N)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8b. Number of workers receiving bonus</td>
<td></td>
</tr>
</tbody>
</table>
Health Care Coverage (option of the agency cafeteria benefit plan)

Arc BRIDGES provided a stipend of $50 a month to supplement health care costs for up to $600 per year per employee. This benefit was available to employees who worked 30 hours or more a week and had been employed for at least 30 days. With this stipend, the employee could select a health care program, including health insurance, a health savings account that included childcare expenses, or even non-health-care-related options, such as three extra vacation days a year or a life insurance or accident policy.

The health insurance coverage that workers could select through the cafeteria benefit plan was based on personal preference. Employees had the option of choosing between two PPO programs and one HMO program. Employees had an opportunity to meet with a health insurance representative to discuss options after completing 90 days of work for the agency.

The cafeteria benefit plan changed over the course of the demonstration period. For example, the coverage options initially offered were for employee, employee-plus-spouse, or employee-plus-family. By the last year of funding, more coverage options were available—for example, single-plus-one dependent coverage. In addition, in the last two years of the program, a health savings account was offered as part of the cafeteria benefit plan. It started with a cap of $1,000 and then was expanded to up to $3,000. When the health savings account was initiated, staff were invited to attend a paid training to learn about the benefit.

Grantee leadership reported that the insurance carrier changed every year over the three-year demonstration period, but an attempt was made to keep the coverage similar across years. Although workers stated that the premiums had increased over the grant period, Arc BRIDGES management reported that the premiums, deductibles, and co-pays had increased once during the grant period (2005) and remained the same since that time.

Career Ladder

The career ladder initiative allowed workers to earn $0.10-per-hour raises by attending in-service training and taking tests or completing demonstrations. With the career ladder, workers could receive a wage increase of up to $0.20 per hour per year.

As denoted in the materials provided by the grantee, the Career Ladder had five modules (see Table A.11 and Figure A.4): Health, Safety, and Nutrition; Client Support; Wellness; Consumer Rights and Responsibilities; and Consumer Interaction. The modules were a combination of required and optional training, depending on where the worker was employed (some were mandatory for residential staff). Each module had prerequisite training, and three to six required training topics. Once a worker completed all the training requirements for a particular module, a demonstration or competency test on the skills learned from the training was needed to receive the raise. Training(s) were arranged in coordination with an immediate supervisor and/or staff development director. Employees hired before September 1999 were exempt from the Introduction Card prerequisite.

During the second year of the demonstration, Arc BRIDGES made more videotapes of the training accessible to staff. This change made it easier for staff to move up the career ladder. Now, the agency offers the training on DVDs. There are now 12 DVDs available for each training module rather than three as was previously.

Table A.11 outlines a career path for residential and supported living employees. To climb the career ladder, requirements must be met in three areas: (1) training curriculum, (2) demonstration of skills, and (3) length of experience. Methods training courses, workshops, and other approved educational events were available. Employees may earn $0.10 increase per completed...
module in hourly wage up to $0.20 per year. Trainings must be completed during the period of the grant (May 28, 2004–September 30, 2007).

**Travel Reimbursement**

Residential and supported living staff that traveled more than ten miles to work were eligible to receive reimbursement for their mileage. This program started in 2005.

**Peer Mentoring**

A peer mentoring program was created to help relieve isolation and provide support to workers in residential and supported living environments. Mentors were provided with $500 annually for their participation. The program started at the beginning of the grant period in November 2004. Arc BRIDGES had approximately 20 staff sign up for the mentoring program. A process was in place to ensure that paperwork was completed (by supervisors) that confirmed applicants for mentorship were qualified. There was not enough time during the RAND/AIR site visit to obtain further information about the process of this program (i.e., how the program was developed, description of the mentor selection process, mentor training and supervision).
**Figure A.4**  
**Career Ladder for the Indiana Demonstration**

<table>
<thead>
<tr>
<th>Step</th>
<th>Direct support professional needs to have</th>
<th>Minimum</th>
<th>Satisfactory performance appraisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 5</td>
<td>to promote to grade V</td>
<td>2.5 years’ experience</td>
<td></td>
</tr>
<tr>
<td>Step 4</td>
<td>to promote to grade IV</td>
<td>2+ years’ experience</td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td>to promote to grade III</td>
<td>1 year’s experience</td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>to promote to grade II</td>
<td>6 months’ experience</td>
<td></td>
</tr>
<tr>
<td>Step 1</td>
<td>to promote to grade I</td>
<td>3 months’ experience</td>
<td></td>
</tr>
</tbody>
</table>

**Longevity Bonus**

The longevity bonus initiative attempted to provide an additional incentive for participating in the career ladder program. It was implemented in 2006 after grantee leadership learned that the uptake of the career ladder incentives was not as great as anticipated and that additional incentives tied to retention might be appreciated. Longevity bonuses were given to workers who completed six, 12, 18, 24, 30, and 36 months of employment. Bonuses ranged from $50 for six months of continuous service to up to $200 for 24 or more months of employment.

**Public Policy Change/Job Restructuring Outreach Efforts**

Several activities were undertaken to address public policy change and job restructuring aimed at improving the profession’s image. For example, the grant manager was active in a statewide effort to professionalize the workforce. This included monthly or quarterly meetings with a statewide coalition. Another activity was to increase public awareness about the job by publicizing the DSP position on billboards and in newspapers.

Although not indicated in the logic model or proposal, the grantee also devoted significant resources to recruitment. Over 10 percent of grant funds were devoted to advertising, and the grant manager organized and attended job fairs and visited schools to publicize the direct
support job. A job preview video developed by the University of Delaware (under a CMS grant) was incorporated into the job fairs and school visits during the last year of the demonstration period.

**Career Development Certificate (CDC)**

The CDC was developed in partnership with a state college (Ivy Tech Community College) as part of the demonstration to offer DSWs additional skills and an opportunity to increase their pay. In its initial conceptualization, the CDC was obtained through 27 credit hours of college classes: 18 human services classes and 9 general education classes. Currently, the CDC requires 17 credit hours. Course titles are provided in Table A.12. In addition to these courses, all certificate-seeking students must achieve a passing ACT/SAT test score or take prerequisite course work in reading, writing, mathematics, and keyboard basics, along with a two-hour orientation class to obtain the certificate.

The curriculum was developed in consultation with Ivy Tech Community College staff and former staff. Arc BRIDGES employed a former Ivy Tech employee who had assisted another agency in developing a curriculum for its direct support staff. The partnership with Ivy Tech moved from the college’s Gary campus to Muncie, where the certificate program is housed in the Human Services Department. The curriculum is now offered online as a result of this move.

Workers and grantee leadership report that it takes workers approximately two years of study to obtain the CDC. Arc BRIDGES supported tuition and textbook costs with grant funding. Given that initial interest by the workers in the certificate was low, the agency offered a $50 per month stipend for every month a worker was enrolled in the CDC program. Workers could also receive a $20 Walmart gift card for attending their first CDC class. As an incentive to keep workers enrolled, a $20 Walmart gift card was given to students who received an A or B in their coursework. Workers who successfully completed all of the CDC coursework received a $0.50 per hour wage increase, a $100 gift certificate, and were honored in an Arc BRIDGES award ceremony.

**Worker Referral Bonus**

At the time of the grant award, the agency already offered a worker referral bonus. When a current worker refers someone to the agency, the current worker receives a bonus when the

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Direct Support Professors</td>
<td>2</td>
</tr>
<tr>
<td>Health and Wellness</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Disabilities</td>
<td>3</td>
</tr>
<tr>
<td>Community Integration</td>
<td>3</td>
</tr>
<tr>
<td>Disability Support Teams</td>
<td>3</td>
</tr>
<tr>
<td>Positive Personal Supports</td>
<td>3</td>
</tr>
<tr>
<td>Total credit hours</td>
<td>17</td>
</tr>
</tbody>
</table>
referred worker reached six, 12, and 24 months of employment. The amount of the bonus was $25 at six months of employment; $50 at 12 months of employment, and $100 at 24 months of employment.

Performance Monitoring

Outputs
Arc BRIDGES and the local evaluator monitored utilization and enrollment associated with the different initiatives as one way to assess their impact and success.

Awareness of Initiatives
Awareness of the initiatives was not assessed directly by Arc BRIDGES or the local evaluator. However, the local evaluator reported at the August 2007 RAND/AIR site visit that marketing of the different initiatives seemed adequate.

Participation in the Initiatives
Health Care Coverage (option of the agency cafeteria benefit plan)
The evaluator reported that the largest participation rate across the different demonstration initiatives was in the cafeteria benefit plan. In preparation for this report, the grantee stated that about 90 percent of those eligible participated in the cafeteria benefit plan.

Career Ladder
As of the first quarter of 2006, four workers successfully completed the requirements for a wage increase. Over 20 workers completed the training but failed to take the test or complete documentation to receive the wage increase. With CMS approval, Arc BRIDGES substantially changed the initiative during the first quarter of 2006 to add a bonus based on longevity (ranging from $50 to $200) in addition to the $0.10 per hour raise per module completed. By the third quarter of 2006, the grantee reported that DSPs began responding in larger numbers as a result of the modifications; however, the number of received wage increases by the end of the grant period was not reported. At about the same time, more videotapes became available so that DSPs could take advantage of the initiative without attending the in-service training sessions in person.

Travel Reimbursement
The evaluator reported that 80 workers had utilized this benefit over the course of the grant period.

Peer Mentoring
Twenty-four mentors were hired over the course of the demonstration period. A report from the last year of the demonstration period indicated that 18 of the 24 mentors had received an annual stipend ($500).

Longevity Bonus
In the final report, the grantee stated that 147 workers completed the requirements and received at least one longevity bonus for completing six months of continuous employment.
**Public Policy Change/Job Restructuring Outreach Efforts**

The grantee and evaluator noted that the collaboration to professionalize the direct support position triggered significant changes in the state. During the second quarter of 2006, the Indiana Statewide Education and Training Planning Group—later renamed INTrain—completed, in cooperation with Ivy Tech, the design of a statewide certificate based on the Arc BRIDGES pilot project. On July 1, 2006, the National Alliance for Direct Support Professionals (NADSP) made available a portable “registration” credential, Direct Support Professional–R (DSP-R). At the same time, NADSP announced that a subsequent credential for “Direct Support Professional–Certified” and four credentials for “Direct Support Professional–Specialist” would be available in September of 2006 and some time in 2007, respectively. We were told that the four students who completed the CDC are eligible for the DSP-R credential and for the DSP-Inclusion Specialist credential. In addition, the statewide credential will also meet the NADSP standards.

The local evaluators reported that, by the project mid-point, it appeared that the billboards used for this outreach may have been responsible for increases in the number of applications. In May 2005, almost half of the applicants reported seeing the billboard advertising.

**Career Development Certificate**

At the time of the final report (February 2008), the grantee reported that nine students had completed the requirements for the CDC and six were currently enrolled in the program. Five students continued their advanced educational training and earned a Technical Certificate in Human Services following completion of the CDC. Overall, 41 workers had enrolled in CDC classes over the course of the demonstration period.

**Worker Referral Bonus**

The number of workers receiving referral bonuses was not reported.

**Local Evaluation**

The local evaluation was led by Indiana University Northwest. At the August 2007 site visit, we interviewed the local evaluator who had assumed the position in January 2005, Richard Hug. The initial evaluation plan was followed by the second evaluator, which included

- monitoring data provided by the grant manager through an employee spreadsheet
- monitoring implementation using the Formative Evaluation Guide developed by the initial local evaluator
- monitoring employee satisfaction with the Staff Quality Survey and occasional focus groups
- working on evaluation and program implementation issues that arise through ad-hoc focus groups and selected interviews.

Over the course of the demonstration, the local evaluator conducted

- focus groups with managers and workers (in Q4 2004, Q2 2005, Q2 2007, and Q3 2007)
- staff surveys (in Q4 2004, Q2 2005, Q3 2005, Q4 2005, Q1 2006, Q2 2006, and Q3 2007)
- interviews with key stakeholders (in Q4 2004 and Q3 2005)
• analyses of administrative data on program participation.

**Turnover Rates**

A report dated February 2007 by the local evaluator specified turnover rates across two years of the grant period (Hug, 2007a). During the year ending on December 31, 2005, 80 worker departures were reported; the comparable figure for the year ending on December 31, 2006, was 90. During the program year ending in December 2005 there were, on average, 274 active DSP positions; for 2006, the figure was 274. Using these figures, the turnover rate increased slightly in 2006, from 29.96 percent to 32.85 percent.

The evaluators also examined reasons for turnover, specifically the number of workers who were terminated compared with the number who voluntarily left the organization (i.e., quit). A 12-percent quit rate was reported in 2006, compared with a 7.3-percent rate in 2005. For 2006, the termination rate was 19.10 percent, compared with 16.06 percent for the year 2005 (see Figure A.5, Hug, 2007a).

In the final quarterly report document submitted by the local evaluator (Hug, 2007b), the following data were reported:

1. During the year ending on September 27, 2007, there were 112 DSP departures; the comparable figure for the year ending on September 30, 2006, was 87; for the year ending on September 30, 2005, there were 86 departures.
2. During the program year ending in September 2007 there were, on average, 252.5 active DSP positions; for 2006 the figure was 270.5; and for 2005 the figure was 272.8.

**Figure A.5**

Program Departures, by Reason and Quarter (Indiana)
These figures indicate that the turnover rate was stable during 2005 and 2006 (31.5 percent and 32.2 percent) but increased to 44.4 percent in the year ending in September 2007.

As far as reasons for turnover, the final quarterly report provided by the local evaluator stated that during the final program year (October 2006 through September 2007) there were 64 terminations and 38 voluntary leaves (Hug, 2007c). This is somewhat different from the quarterly report document (i.e., 102 versus 112), but the difference may be due to slightly different reporting periods.

According to the grant manager at the time of the site visit in August 2007, retention improved over the grant period when one considers voluntary and involuntary leaves separately. Although not clearly specified in the reports by the local evaluator, the grant manager reported that the number of voluntary leaves decreased over the course of the grant period. The data from the local evaluation report indicated increased turnover rates over the grant period for both terminations and voluntary leaves.

**Job Satisfaction**

In the February 2007 evaluator report, preliminary findings were presented from the responses of the first 71 respondents to a survey about job satisfaction, intent to remain on the job, and commitment to agency and job expectations (approximate response rate of 28 percent). In general, these respondents reported high job satisfaction: Average responses were well over the mean (3.5) on scale. The strong majority of respondents reported that they intended to stay on the job and were committed to the agency. In terms of expectations, many workers reported that the job did not meet their expectations in terms of pay.

**Qualitative Evaluation**

As indicated earlier, the local evaluation team collected qualitative information over the course of the demonstration period and provided regular reports to the grantee about the findings as part of their formative evaluation efforts.

**Health Care Coverage (option of the agency cafeteria benefit plan)**

The local evaluator conducted focus groups with workers and managers about the health benefit at the beginning and final quarters of the demonstration period. From the first year of data collection, the evaluator reported that many workers could not afford to participate in the health insurance plan offered to them because of cost. Workers who had a second job or worked overtime were in a better position to afford the plan. From the focus groups conducted at the end of the grant period, the local evaluators found that staff highly valued the program. In addition, because the program preceded grant funds, many workers did not perceive it as a temporary program and expected it to continue after the end of the demonstration period.

**Career Ladder**

Results from early focus groups suggested that workers were dissatisfied about not getting regular raises and with the fact that they had to work for their raises by attending training sessions and completing paperwork. The workers reported that a $0.10 increase per hour was simply not worth the effort needed to obtain it.
**Travel Reimbursement**
The local evaluator reported that the second most valued initiative was the travel reimbursement program. This program was only eligible to those who traveled ten miles or more to a client’s home to provide residential or supported living services.

**Peer Mentoring**
A focus group near the end of the project indicated that the peer mentoring program never achieved the participation that was expected. In addition, one manager stated that some of the mentors were not as well qualified as they should have been and many informal, “unofficial” mentors did good work but did not get compensated for their mentoring. One manager attributed the problem to the paperwork involved in the program. In general, the managers thought that the program could be helpful but would need to be implemented differently.

**Longevity Bonus**
Similar to the perceptions of the career ladder initiative, the local evaluator reported that many workers did not apply for the longevity bonus because of the paperwork burden. Initially the bonus structure (i.e., $50 for six months up to $200 for two years) was perceived unfairly among workers who had been employed by the agency for over two years because they did not receive compensation based on number of years of service.

**Career Development Certificate**
The local evaluation team conducted focus groups in November 2004 to explore the barriers associated with enrollment in the CDC. The local evaluator reported that the workers initially indicated that they were unclear about the details of the program. When informed of the details, many workers concluded that the small increase in pay associated with certificate completion (i.e., $0.50 per hour) was not worth the two-year time commitment. The local evaluator concluded that many workers do not participate in opportunities like the CDC because of assorted personal, family, scheduling, and educational background barriers. The move to online training was an improvement, but it would not address all the barriers that the workers reported.

In a final focus group with managers, the local evaluators reported that the managers indicated that the workers who had participated in the CDC program had better job understanding and were more confident and better informed. For example, the CDC program participants were more adept at knowing when to call upon appropriate professional staff. The managers also expressed in the focus group that the CDC program participants were already good workers and that many workers who could really use the training had not participated.

**Worker Referral Bonus**
The local evaluator reported that workers would continue to refer family, friends, and acquaintances, whether or not a cash benefit was provided. Again, paperwork was cited as a potential barrier to workers taking advantage of this initiative. In a focus group with managers, the local evaluator reported that they expressed some concern that workers “gamed the system” by referring individuals who they met in the waiting area outside of the Human Resources office.

**Limitations to Evaluation**
There were several limitations to the local evaluation efforts:
• Like other demonstration sites, no comparison group was included.
• The demonstration consisted of several different initiatives, many of which were changed over the course of the demonstration period, making it difficult to understand the impact of any single initiative.
• The response rates to the surveys suggest that the results may not be generalizable to the entire direct service workforce that Arc BRIDGES employs. As a result of these limitations to the evaluation, changes in recruitment, tenure, turnover, and job satisfaction from the start and end of the demonstration period cannot be directly attributed to the initiatives.

**Perceived Outcomes**

**Interviewees**

During the site visit conducted August 14–15, 2007, individuals from the following organizations were interviewed:

- Grantee:
  - Arc BRIDGES, Inc.
- Partners:
  - WorkOne (developed job description for recruitment)
  - Ivy Tech Community College (developed and offered Career Development Certificate)
  - INTrain, Inc. (provided education and training for service providers)
  - Curriculum Consultant (developed Career Development Certificate program)
  - Colonial Supplemental Insurance (2007 health insurance provider)
- Local Evaluator:
  - Indiana University Northwest

**Interview Findings**

Grantee leadership, demonstration partners, and Arc BRIDGES workers were interviewed about their perceptions of the initiatives. Here is a summary of their feedback.

**Health Care Coverage (option of the agency cafeteria benefit plan)**

In general, we learned that management and workers agree that the stipend to support the health insurance benefit was valued. However, many workers indicated that the insurance options available to them were still very costly, and therefore many relied on other sources of support for their health insurance coverage.

**Career Ladder**

We learned that initially, the career ladder required an in-person training component that was difficult for many workers to attend. Also, workers were frustrated by the paperwork and testing requirements. Administrative data indicated that the majority of workers who participated in the training did not take the test or complete documentation to receive a raise.

**Peer Mentoring**

The grantee reported that there was not enough attention paid to this program to make it successful. Managers had mixed feelings about the program, and questions were raised about the
selection of mentors and the quality of mentoring provided. Although some workers (both mentors and mentees) reported positive experiences from the program, uptake was not widespread.

Longevity Bonus
The bonuses did not appear to motivate workers. As noted by the local evaluator, many veteran workers were dissatisfied by the bonus structure, and it created perceptions of unfairness in the workforce.

Public Policy Change/Job Restructuring Outreach Efforts
The state-level changes to the recognition, training, and support of the direct service workforce that resulted from this initiative suggest that public policy changes were addressed by the grant. The added value that the grant manager brought to the state stakeholder efforts in this area is difficult to evaluate. In terms of recruitment, the grant manager built into her presentations over time a realistic job preview video developed by another grantee. However, we learned at the August 2007 site visit that workers felt that new hires are not always given a realistic job preview, and more work was needed to be done to improve retention.

The evaluator reported that the increasing number of applications received by Arc BRIDGES each quarter suggests that the advertising campaign was working in providing more applicants to the agency. However, these efforts have not produced enough qualified applicants to keep Arc BRIDGES staffed at the authorized levels.

Career Development Certificate
The CDC initiative was the most difficult program for the grant manager to put into place. The grantee’s initial partner (Ivy Tech Community College-Gary campus) was not properly equipped—the campus did not maintain a Human Services Division—to support the certificate program that Arc BRIDGES envisioned. However, this was not readily communicated to Arc BRIDGES, and therefore the grantee spent the first two years of the grant attempting to develop the certificate at the Gary campus with little support from the college. After two years, the agency hired an independent consultant who was formerly employed at the Ivy Tech-Muncie campus and had assisted another agency in developing a certificate program for direct service workers. The consultant assisted the agency in putting into place the CDC at the Muncie campus. Workers were able to enroll and complete classes online to obtain their certificate.

The grant manager also indicated that the educational opportunity was not embraced by the workers. Many workers were intimidated by the idea of participating in postsecondary education. The agency quickly learned that workers needed basic support, such as assistance in getting onto campus, registering for classes, and purchasing books, in order to participate in the program.

At the time of the site visit, a handful of workers had received their CDC. The grant manager expressed that she had supported the workers by providing tutoring in addition to the incentives and assisting them with enrollment. Workers participating in the program expressed that they felt empowered and had a better understanding of their job duties. Management reported that workers who had received training participated more in clinical meetings about clients and felt that it had improved the quality of care provided to clients. The grant manager indicated that even the remedial classes had helped the workers become more proficient in other aspects of their lives, such as understanding percentages, which helped them with their personal finances, medications, nutrition, and so on.
Marketing of Demonstration Initiatives
One potential barrier to participation and/or uptake of the initiatives is ineffective marketing. We asked about awareness of the initiatives and whether particular marketing strategies were used.

Awareness of the Initiatives
The grant manager said that informing workers about the different initiatives was particularly challenging. During the course of the demonstration, the grant manager and/or the staff development director attended the monthly in-service trainings that workers attend to explain the initiatives. All supervisors were instructed to refer workers who had questions about the initiatives to the grant manager. The grant manager indicated that because Arc BRIDGES had several initiatives underway, it would have been helpful to have an additional full-time staff person available to explain the initiatives to workers. The grant manager reported that workers who had attended in-service trainings would later on report not knowing about the initiatives. During our August 2007 site visit, workers participating in our focus groups expressed confusion over some of the initiatives and indicated that they were not always well informed about them. Participants reported that meetings with small groups or one-on-one were a more effective way to disseminate information than with the larger in-person staff meetings. For example, we learned that the worker focus groups conducted by the local evaluator served as one forum for workers to inform each other about the different initiatives. A health insurance representative was available to meet one-on-one with those interested in enrolling in a health coverage plan, but the grant manager was not always available to meet one-on-one with staff about the other initiatives.

Health Care Coverage (option of the agency cafeteria benefit plan)
When asked about the health care options available to them, workers had varied opinions about whether they were adequately informed. Some workers felt that they were given thorough information about their options, whereas a few mentioned that they did not really know much about the cafeteria benefit plan. Also, some mentioned that they were misinformed about the benefits of their health insurance plan. Some workers voiced that they felt deceived, given the high co-pay and deductibles associated with the plans.

Other Initiatives
In terms of the other initiatives, the awareness among workers who participated in our focus groups varied. For example, most of the workers knew about the CDC program opportunity, but one worker indicated not being aware that the agency paid for tuition and books. For the career ladder, many of the workers were aware of the training, but many did not know about the financial incentives associated with it.

Facilitators to the Demonstration
No facilitators were mentioned.

Barriers to the Demonstration
Several barriers were noted in our conversations with participants.
Health Care Coverage (option of the agency cafeteria benefit plan)

Insurance costs were high. Workers reported that, even with the $50 subsidy, the health insurance that was available to them was still very expensive. Workers reported out-of-pocket costs between $200 and $300 per month for insurance. In addition, workers indicated that the deductibles were high, with physician visits costing $40 out of pocket. However, some workers appreciated the coverage and were aware that they would have trouble finding individual coverage because of their preexisting conditions.

Career Ladder/Longevity Bonus

The effort was not worth the financial incentive. As noted earlier, workers did not initially embrace the career ladder initiative. Workers indicated that they were intimidated by the tests and paperwork involved in receiving the financial incentive. Others suggested that the extra work was not worth the small benefit received. The longevity bonus that was put into place to boost participation in the career ladder created bad feelings among veteran staff.

Travel Reimbursement

Inadequate reimbursement was cited. The mileage reimbursement appeared to be a great incentive due to the number of staff that received it. However, some workers in our focus group indicated that the current mileage reimbursement was not adequate at $0.35 per mile.

Peer Mentoring

Workers mentioned program limitations and paperwork burden. The workers in the focus group indicated that the mentoring program was only for workers in residential living environments. One of the workers from residential living expressed dissatisfaction with the program because they had participated but was not paid for their time. Others indicated that the paperwork associated with it was too burdensome.

Public Policy Change/Job Restructuring Outreach Efforts

The recruitment job profile process was flawed. In the initial funding year, Arc BRIDGES employed WorkOne, Inc., to develop a job profile for DSWs using the WorkKeys system. It was anticipated that the job profile could be used to identify potential workers who would be well suited for the position. However, the profile that was developed indicated that the job duties were associated with a $20-per-hour compensation rate, and the profiling process used to identify potential candidates was too time-consuming to be implemented by Arc BRIDGES as a recruitment tool.

Career Development Certificate

The college partnership created initial obstacles. The initial relationship with Ivy Tech Community College was perceived as the biggest barrier by the grantee. As noted earlier, the grant manager reported spending more than two years and 50 percent of her time attempting to get the CDC into place. And once the certificate program was in place, the initiative still suffered from implementation problems. Due to the low numbers of workers who expressed interest in the program, a student cohort was not possible, and workers had to be folded into the regular Ivy Tech operations. As a result, worker/students had to deal directly with the college and such procedures as applying to the college, meeting admission requirements, and registration and
advising processes were burdensome. Periodic changes in the key contact persons at the college further impeded the implementation process.

The evaluator reported that, during the last quarter of 2005, Arc BRIDGES negotiated changes in the format of the classes offered in the CDC. Two separate changes were made in response to student needs and preferences. Students were registered for an online class for the first time and also took an accelerated class, meeting twice per week instead of just once as in the previous semesters. The instructor subsequently reported that the students performed well in the online course and liked the new delivery mechanism. The instructor also reported, however, that the students had some difficulty learning the software for online learning (Blackboard), but with some extra assistance from the instructor and the grant manager, they were able to master the software and successfully complete the course. In August 2006, Arc BRIDGES hired a retired professor from the Human Services Department of Ivy Tech–Muncie to assist them with the program. After hiring the consultant, the program became better integrated into the college system and easier to implement. As noted earlier, the course work changed from 27 to 18 credit hours, and workers are also eligible to apply for a Technical Certificate.

**Other Contextual Factors**

Several changes occurred during the demonstration period:

- *Changes were implemented in orientation and training.* Arc BRIDGES has extended its initial orientation program and pre-hire training. We learned that, at the beginning of the grant, orientation consisted of a day plus some on-the-job training. Since 2004, orientation has expanded to include First Aid, CPR, and Mandt System training. In addition, medical administration and house/apartment training are given to staff assigned to Residential and Supporting Living positions.

- *Workforce was organized by a union in fall 2006.* This unionization effort does not appear to be statewide as seen in Washington state, but a local effort to organize the Arc BRIDGES workforce. At the time of the site visit (August 2007), staff indicated that negotiations with the union were ongoing, and no changes had resulted from their involvement.

**Plans for Sustainability**

**Health Care Coverage (option of the agency cafeteria benefit plan)**

At the time of the August 2007 site visit, plans were up in the air in terms of the agency’s ability to sustain the health insurance benefit offered by the grant. In the final report completed in December 2007, it was reported that the cafeteria benefit plan would be extended at least through 2008.

**Career Ladder**

This initiative will be continued but in a different format. It will consist of online training and coursework that is part of a new state training program.

**Travel Reimbursement**

Although the evaluators reported that this initiative was highly valued by workers, it will not be sustained after the grant period. It was reported that this benefit was rejected by the union.
Peer Mentoring
Arc BRIDGES does not intend to continue this program after the grant has ended.

Longevity Bonus
This initiative will not be continued by the grantee.

Public Policy Change/Job Restructuring Outreach Efforts
A number of activities were considered as part of the public policy/job structuring initiative, including the advertising campaign with billboards and press coverage in local newspapers, the use of the job preview video, a recognition event for current workers, and the collaboration with a statewide coalition (i.e., INTrain) to improve training for those working with people with developmental disabilities. These efforts were designed to convince policymakers and the general public of the social value of direct support services with the longer-term goal of increasing pay and benefits through improved public support. In the future, Arc BRIDGES plans to continue its advertising campaign and recognition events as its budget allows.

Career Development Certificate
The grantee reported in December 2007 that they were still supporting the CDC program and issuing bonuses for grades of B or above. The long-term plan is that the state will attempt to adopt the program. The Arc BRIDGES initiative was considered a pilot to the state program. Under an agreement with Indiana State University (ISU), the certificate program credits will be transferrable to a four-year degree at ISU. The opportunity to earn the CDC is still available through Ivy Tech, except it is not being paid for with monies from Arc BRIDGES. The interview respondents indicated that the state program has key challenges to consider, for example, the availability of computer equipment and technical assistance to support the workers. In addition, the grant manager reported that the momentum to engage workers needs to be continued for the program to be a success.

Worker Referral Bonus
Although this benefit was reported as not used extensively, Arc BRIDGES plans to continue it after the grant has ended. It is advertised internally and in the Arc BRIDGES weekly newsletter.

Lessons Learned
We asked interviewees about their thoughts on the major lessons learned from their experience and what they would do differently.

Launching New Initiatives
The grantee had extensive experience through this demonstration project with implementing new initiatives. The following lessons were articulated about putting a new initiative into place:

• When developing an initiative, make sure to not only include frontline staff but also their immediate supervisors.
• New initiatives require incentives to stimulate participation. It is also important to make sure the incentives are meaningful to the workers.
• People are skeptical of a “free lunch.” The grantee found workers apprehensive about taking advantage of the benefits that were offered to them, such as tuition and the flexible spending account.
• On a related note, word of mouth and personal experiences are an important influence on the workforce. Once people learned about the benefit from their co-workers, they were more likely to sign up or get more information about it.
• Keep the process simple. Know your target group—for example, reading levels, modes of learning. Do people have access to computers? Do they read the inserts in the paychecks, or do they need to hear about it in person? Is a group meeting better than an individual one? Paperwork/documentation must be kept to a minimum.
• Communication is a key challenge among this workforce, especially because of the isolated nature of their jobs. It is important to have several channels of communication about a new initiative available to workers.
• Flexibility is important. Don’t be afraid to make changes if initial concept doesn’t work.

Health Care Coverage
For this grantee, the general opinion was that the health care coverage initiative did not help with recruitment, but it may prevent workers from leaving a position.

Mentoring
This program needed more careful implementation and steadfast monitoring to prove successful.

Training
The local evaluator cited previous literature that indicated that this workforce knows more than it can say (Polanyi, 1967). As a result, attention should be given to finding innovative ways to assess skills and provide incentives.

Expenditure of Grant Funds
Table A.13 reports the costs associated with the Indiana initiatives. The grantee received $1,403,000, and a total of $311,000 in matching funds was reported. A total of $1,743,000 was spent on the demonstration.

Fund Expenditure Details
Health Care Coverage
For the health care coverage initiative, each worker was given $50 a month (i.e., $600 a year) to put toward their selection from the agency’s cafeteria benefit plan. On average, Arc BRIDGES employed 250 direct service workers a year, with about 150 of them being full-time. This calculates to approximately $270,000 for the cafeteria benefit plan support over the three-year grant period. No additional administrative costs were reported by the grantee leadership.

Career Ladder and Longevity Bonus
Career ladder initiative costs much less than anticipated due to very low participation rates. The local evaluator reported that by the first quarter of 2006, spending on the career ladder amounted to only $274 of the $372,329 budgeted. With CMS approval, Arc BRIDGES substantially changed the initiative during that first quarter of 2006 to add a bonus based on
### Table A.13
Expenditure of Grant Funds (Indiana)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CMS funds spent</td>
<td>1,403,000</td>
<td></td>
</tr>
<tr>
<td>Total matching funds spent</td>
<td>311,000</td>
<td></td>
</tr>
<tr>
<td>Total funds spent on DSW project</td>
<td>1,714,000</td>
<td></td>
</tr>
<tr>
<td>Initiative costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market cafeteria plan insurance benefits</td>
<td>670,599</td>
<td>39</td>
</tr>
<tr>
<td>Offer training and incentive</td>
<td>69,783</td>
<td>4</td>
</tr>
<tr>
<td>Travel allowance</td>
<td>113,390</td>
<td>6</td>
</tr>
<tr>
<td>Mentor program</td>
<td>15,670</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Longevity bonus</td>
<td>35,684</td>
<td>2</td>
</tr>
<tr>
<td>Public policy change/job restructuring</td>
<td>69,867</td>
<td>4</td>
</tr>
<tr>
<td>Offer advanced education opportunity</td>
<td>184,792</td>
<td>11</td>
</tr>
<tr>
<td>Advertising</td>
<td>201,748</td>
<td>12</td>
</tr>
<tr>
<td>Evaluation costs</td>
<td>61,572</td>
<td>4</td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No-cost extension costs</td>
<td>83,343</td>
<td>5</td>
</tr>
<tr>
<td>Office supplies and misc.</td>
<td>31,878</td>
<td>2</td>
</tr>
<tr>
<td>Grant manager</td>
<td>175,674</td>
<td>10</td>
</tr>
</tbody>
</table>

longevity (ranging from $50 to $200) in addition to the $0.10 per hour raise per training module completed.

**Peer Mentoring**

The local evaluators reported in February 2007 that the total spending on the peer mentoring program was $4,865.96, with more than a third of the total going to the top two mentors and more than 70 percent going to the top five. In a report provided to RAND from the grantee in December 2007, spending on the mentor program had increased to $15,670.

**Career Development Certificate**

Grantee leadership reported that this initiative was the most time-consuming for the grant manager. It was reported that half of the grant manager’s time was spent on the CDC in the first year. At the August 2007 site visit, it was reported that 40 percent of the grant manager’s time was still being spent on this initiative.

**Local Evaluation**

The evaluation costs included funds spent for a formative evaluation process throughout the three-year demonstration period. The evaluators conducted surveys, focus groups, and key
informant interviews throughout the demonstration to provide input to the grantee. The local evaluator also provided quarterly reports to the grantee from September 2004 through December 2007 (Hug, 2007c). In addition, two final reports were shared with RAND, one dated February 2007 (Hug, 2007a) and the other December 2007 (Hug, 2007b).

**Training**

The final report stated that grant funds were also used to build support for worker training. Video equipment planned for four Arc BRIDGES centers, including video monitors for viewing training DVDs, the DVD/VHS players, and video projector screens, were purchased. This equipment will facilitate Arc BRIDGES’ tentative plan to do “live” in-service training over their network. In addition to the video equipment, 23 computers were installed at the four centers. The combination of equipment will allow workers to complete in-service training during their break time at the centers. It will also allow prospective employees and trainees to view the “realistic” recruitment/orientation DVD prepared by the University of Delaware (under a CMS grant). Also, all Internet connections were upgraded to DSL lines in the group homes. The local evaluator reported that this upgrade would make it possible for workers to access Web-based training programs, like those provided by the College of Direct Support.
Grantee Summary—Kentucky

Grantee: Seven Counties Services

Partner: Council on Mental Retardation

Project Time Frame: 2004–2007

Local Evaluator: University of Kentucky, Human Development Institute

Site Visit: September 26–27, 2007

Introduction

This grantee summary is based on numerous sources of information, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary. In addition, please note that the initiative entitled Project SPEAK is broken down into smaller initiatives to be more directly comparable to initiatives conducted by other grantees. For example, we discussed the DSW training, realistic job preview, peer mentorship, and merit-based recognition as separate initiatives; however, in reality, they were all elements of Project SPEAK.

Demonstration Background

History of Grant

Seven Counties Services, Inc. (SCS), was the grantee in Kentucky. SCS collaborated with the Council on Mental Retardation (CMR) and with 12 community organizations that provide direct care services to Medicaid beneficiaries. Table A.14 describes nine of the participating agencies.

SCS is a private, nonprofit corporation that plans and provides behavioral health, developmental disabilities, and substance abuse services. SCS has operated for 25 years in the Greater Metro Louisville area and six rural counties, an area that is home to around 22 percent of the state’s population. The company employees 143 DSPs and serves consumers with developmental disabilities, severe mental and emotional illness, substance abuse problems, and people coping with domestic violence and abuse. In addition to its own employees, SCS subcontracts with 30 other community organizations also employing DSPs.

The Council on Mental Retardation is the primary partner in the grant. CMR is a grassroots organization that has advocated for children and adults with mental retardation and their families for over 50 years. The council has relationships with local service providers that were
Table A.14
Participating Agencies in the Kentucky Demonstration

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type of Organization</th>
<th>Number of DSPs</th>
<th>Number of Clients Served</th>
<th>Disability Targeted</th>
<th>Benefits Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven Counties Services</td>
<td>Private, nonprofit</td>
<td>143</td>
<td>429</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave, tuition assistance</td>
</tr>
<tr>
<td>Louisville Diversified Services</td>
<td>Private, nonprofit</td>
<td>29</td>
<td>300</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave</td>
</tr>
<tr>
<td>Exceptional Teens and Adults</td>
<td>For profit</td>
<td>6</td>
<td>35</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave</td>
</tr>
<tr>
<td>Cedar Lake Residences</td>
<td>Nonprofit</td>
<td>89</td>
<td>110</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave, tuition assistance</td>
</tr>
<tr>
<td>The Mattingly Center</td>
<td>Nonprofit</td>
<td>18</td>
<td>66</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave</td>
</tr>
<tr>
<td>Dreams with Wings</td>
<td>Nonprofit</td>
<td>68</td>
<td>124</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave</td>
</tr>
<tr>
<td>Day Spring</td>
<td>Nonprofit</td>
<td>30</td>
<td>44</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health savings account, paid leave</td>
</tr>
<tr>
<td>Community Living, Inc.</td>
<td>Nonprofit</td>
<td>35</td>
<td>72</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave</td>
</tr>
<tr>
<td>Harbor House</td>
<td>Nonprofit</td>
<td>51</td>
<td>85</td>
<td>Cognitively/developmentally disabled adults</td>
<td>Health insurance, paid leave</td>
</tr>
</tbody>
</table>

seen as an asset to the project. CMR had also established a Leadership Institute to inform and train the community on issues related to intellectual and other developmental disabilities. The Leadership Institute served as a base to involve consumers and families and strengthen relationships in the direct care community.

Addressing Job Dissatisfaction

Through a literature search and their surveys of DSPs, SCS found that the primary reasons for DSP job dissatisfaction include

- problems getting along with people
- conflicting expectations from supervisors and consumers
- feelings of isolation on the job
- disruptions in personal life that lead to performance problems and disciplinary actions.

For its demonstration, SCS and CMR proposed to address the reasons for job dissatisfaction by establishing the Support Providing Employees’ Association of Kentucky (SPEAK). The aim of SPEAK is to be a regional employee assistance organization that recruits and retains direct service professionals to work for Medicaid-eligible consumers in seven Kentucky coun-
ties. The organization was designed to increase job satisfaction through the building of work relationships founded on trust, communication, commitment, and influence.

SPEAK was also based on the idea that strong employment relationships depend on four dimensions:

- a healthy and supportive work environment
- interesting work
- receiving necessary training in a timely manner
- job security.

The idea behind creating SPEAK was that high job satisfaction would increase retention and performance, resulting in higher consumer satisfaction and higher recruitment rates. With SPEAK, SCS and its partners wanted to create a community of DSPs. In that vein, a regional collaboration was planned, headed by a Guidance Team of citizens with developmental disabilities, family members, advocates, and community representatives.

Initiatives as Proposed

1. Pre-Service Orientation (Enhanced Recruiting—Realistic Job Preview)
2. Peer Mentorship (Apprenticeship Program)
3. SPEAK Membership
4. DSP Training
5. Public Education Campaign

Project Hypotheses

- **Hypothesis 1**: The pre-service orientation will increase the retention of DSPs beyond three months.
- **Hypothesis 2**: The apprenticeship period will extend retention of DSPs beyond six months.
- **Hypothesis 3**: Membership in a regional professional assistance association will sustain employment of DSPs beyond 12 months.
- **Hypothesis 4**: A broad array of community supports, and paid leave time to access these resources, will contribute to better job performance and continued employment for 18 months or more.
- **Hypothesis 5**: Conducting a regional collaboration on behalf of DSPs will increase recruitment of new DSPs.

Logic Model

Figure A.6 is the logic model for the Kentucky demonstration as developed in early 2007. The logic model includes information on inputs, activities, outputs, and possible outcomes from this demonstration.
**Figure A.6**

**Logic Model for the Kentucky Demonstration**

**Mission:** To improve the direct service community workforce to support the needs of people with disabilities.

**Context:** Seven Counties is working with Council on Mental Retardation to provide SPEAK to nine agencies (including Seven Counties Services).

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funds</td>
<td>1. Institute pre-service orientation/realistic job preview process for job candidates</td>
<td>1a. Number of workers participating in pre-service orientation</td>
<td>Worker level:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b. Number hired</td>
<td>Job satisfaction</td>
</tr>
<tr>
<td>Staffing</td>
<td>2. Design and implement extended apprenticeship program for new employees</td>
<td>2a. Number of peer mentors</td>
<td>Worker emotional quotient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b. Number of new DSWs who were mentored</td>
<td>Perceived effectiveness of training materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2c. Number received longevity bonuses</td>
<td>Perceived effectiveness of initiatives</td>
</tr>
<tr>
<td>Partner organizations (1)</td>
<td>3. Offer workers benefits of membership in SPEAK</td>
<td>3a. Number of enrolled as members of SPEAK</td>
<td>Agency level:</td>
</tr>
<tr>
<td>Council on Mental Retardation</td>
<td></td>
<td>3b. Number of workers that attended SPEAK banquets</td>
<td>Recruitment rate</td>
</tr>
<tr>
<td>Employer agencies (9)</td>
<td></td>
<td>3c. Number of workers that attended monthly training</td>
<td>Retention rate</td>
</tr>
<tr>
<td>Louisville Diversified Services (LDS)</td>
<td></td>
<td></td>
<td>Turnover</td>
</tr>
<tr>
<td>Seven Counties Services (grantee)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exceptional Teens and Adults Cedar Lake Residences</td>
<td></td>
<td></td>
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<tr>
<td>The Mattingly Center</td>
<td></td>
<td></td>
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<tr>
<td>Dreams with Wings</td>
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<td></td>
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<tr>
<td>Day Spring</td>
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<tr>
<td>Community Living, Inc.</td>
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<td>Harbor House</td>
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</tbody>
</table>
Implementation

Initiatives

Pre-Service Orientation (Enhanced Recruiting)

This initiative consisted of a pre-service orientation (PSO), or realistic job preview. The orientation was five hours of facilitated interaction between potential DSPs and consumers, families, and veteran DSPs prior to hiring. The desired outcome was that the job preview would give applicants more-realistic job expectations and personal connections extending beyond their relationship with their supervisor.

Beginning in January 2005, new applicants were eligible to participate in the PSO, which included a tour of the agency, and a question-and-answer session with clients and/or their families. At the end of the PSO, participants received a $50 incentive. As of the third quarter of the 2006–2007 year, a total of 254 DSPs had participated in the PSO across all participating agencies.

A video from the University of Minnesota was also shown during the realistic job preview. At the start of the initiative, the grantee administered attitude tests to potential employees during the PSO. By the end of the third year, the grantee had stopped this practice.

All agencies were required to participate in the PSOs; however, one agency would only send potential employees through the orientation if they had no prior direct care experience. The agency felt that the extra time for the orientation was difficult to afford if the agency was understaffed.

SPEAK Membership

Beginning in January 2005, all DSPs employed for one year by a participating agency were eligible to join SPEAK. All partner agencies were to adhere to a regional approach in recruiting and implementing activities, so that turnover would be reduced by SPEAK membership. CMR developed a Web site for SPEAK, which includes distance learning opportunities, DSP chat rooms, and informative and relevant links. SPEAK also includes a quarterly newsletter, informal information exchanges (morning coffees), and regional recognition events. The newsletter includes short stories focusing on DSP/consumer/family relationships, DSP achievements, and information related to direct care services. The informal information exchanges were going to be held at the Leadership Institute, which is a neutral environment for DSPs from different agencies. The grantee, CMR, and all partner agencies assumed equal responsibility for planning and executing community presentations about SPEAK in order to build a support base and use SPEAK as a recruitment tool.

DSP Training

Training was offered monthly, on Wednesdays from 9:30 a.m. to 12:30 p.m., beginning January 2005 and ending September 2007. Each month featured a different topic. At the time of the site visit, training topics included

- transitions across the life span
- bereavement
- wellness
- conflict resolution
- advocacy.
Sometimes the training session had to be cancelled due to lack of attendees, and at other times around 20 DSPs would attend. Attendance differed by agency. Participants were paid for their time in training.

**Peer Mentorship (Apprenticeship Program)**

This initiative was launched in March 2005. The program took place during the first six months of a DSP’s employment within a participating agency. Partner agencies identified DSPs to serve as mentors. Mentors were paid $15 per hour of face-to-face contact with an apprentice for up to three hours per month for a six-month period per mentee. As a result, there was a possibility of a total of 18 hours of mentoring.

Initially, the mentoring happened face-to-face. After a period of time, the grantee changed the rules and allowed mentoring to be done over the phone in order to accommodate the different schedules and large distances between some mentoring pairs.

For the most part, agency directors selected employees they thought would be suitable mentors and who had been at the agency for one year or more. One agency asked for volunteers, rather than selecting the mentors themselves. Agencies later reported that it was a good idea to ask whether the employee wanted to be a mentor.

The mentorship training was developed internally, by taking advantage of available training and tailoring it to fit Kentucky’s purpose. Training participants got paid for their time in training and also received lunch.

The grantee, CMR, and partner agencies met to determine mentor pay and to discuss barriers to the program. Agencies brought different issues, concerns, and needs to the meetings, and the grantee decided to be flexible in allowing the seven provider agencies to administer the initiative in a way that best fit with their agency.

One agency hired someone to hold meetings with the mentors from their agency. They saw it as an asset to provide an additional relationship/support system for mentors. Such meetings were held during normal work hours. The employee who facilitated the meetings helped mold the mentorship training to fit the agency’s needs and the needs of each mentor.

Another agency had difficulty implementing this program because it had so much turnover that the agency did not have anyone qualified to serve as a mentor. The short-term solution was to use a mentor from another agency.

**Merit-Based Recognition**

The merit-based recognition initiative was a piece of the SPEAK initiative and was implemented in January 2005. It included commemorative and monetary recognition. At six months of tenure, employees received $75 with a certificate. The presentation was often in a group setting (staff meeting), in front of their peers. At one year of tenure, employees received $100 and a lapel pin.

After one year, employees were eligible to become mentors and also gained membership to SPEAK. The grantee received negative feedback from veteran employees who felt that the program unfairly overlooked their tenure and caused some disgruntlement among these employees. The initiative was amended, and the grantee recognized all such employees by presenting them with $100 gift certificates and plaques at the first appreciation banquet.

Also included in the merit-based recognition initiative was an annual banquet. DSPs employed by a partner agency for more than one year were eligible to attend the banquet for free, and all other DSPs had to pay $25. The banquet included a keynote speaker, a local celeb-
rity, door prizes, and the presentation of the DSP of the Year award. At the first banquet, one DSP of the Year was chosen from across all agencies. At the most recent banquet, each agency chose its own DSP of the Year, and all awards were presented along with letters written by the DSP’s consumer and their family.

The names of employees were printed in the newsletter for all annual milestones. Agencies kept track of employees’ timelines and made sure they got recognized at appropriate times.

Performance Monitoring

Outputs

Table A.15 presents the total number of people participating in each initiative over the course of the grant period. Note that the SPEAK Membership initiative includes both membership, participation in the DSP training sessions, and merit-based recognition.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Louisville Diversified Services</th>
<th>Seven Counties Services</th>
<th>Exceptional Teens and Adults</th>
<th>Cedar Lake Residences</th>
<th>Martingly Center</th>
<th>Dreams with Wings</th>
<th>Day Spring</th>
<th>Community Living</th>
<th>Harbor House</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Service Orientation (number of people sent through PSO)</td>
<td>24</td>
<td>6</td>
<td>11</td>
<td>70</td>
<td>27</td>
<td>54</td>
<td>35</td>
<td>61</td>
<td>3</td>
<td>291</td>
</tr>
<tr>
<td>Extended Apprenticeship/Peer Mentorship (number of employees trained to be a mentor as well as number of employees who are mentees)(a)</td>
<td>17</td>
<td>4</td>
<td>12</td>
<td>64</td>
<td>16</td>
<td>36</td>
<td>18</td>
<td>20</td>
<td>1</td>
<td>188</td>
</tr>
<tr>
<td>SPEAK Membership (number of employees offered benefits of membership in SPEAK, attended monthly training)(b)</td>
<td>62</td>
<td>52</td>
<td>17</td>
<td>66</td>
<td>38</td>
<td>90</td>
<td>46</td>
<td>83</td>
<td>23</td>
<td>477</td>
</tr>
<tr>
<td>Public Education on SPEAK (number of new employees informed about SPEAK plus number of employees representing their agency at job fair)</td>
<td>38</td>
<td>29</td>
<td>10</td>
<td>65</td>
<td>27</td>
<td>74</td>
<td>40</td>
<td>60</td>
<td>20</td>
<td>363</td>
</tr>
</tbody>
</table>

NOTE: Participation numbers were taken from the final quarterly reports submitted by the grantee.
\(a\) Participation numbers for the peer mentorship program represent both mentors and mentees.
\(b\) Participation numbers include employees participating in all SPEAK activities (e.g., received membership, monthly training, merit-based recognition).
Local Evaluation

The local evaluation findings reported here were extracted from the evaluation report prepared by the Human Development Institute (HDI) of the University of Kentucky on behalf of the grantee (Kleinhert, Tyler, and Clements, 2007). The evaluation had been designed to provide an independent summative feedback to Seven Counties Services. However, the complex nature of the questions that needed to be asked to assess the impact of this project were not fully addressed in this report due to limited resources available for the evaluation. Instead, to provide an efficient evaluation, HDI reviewed and analyzed data collected by SPEAK project staff and conducted interviews with a sample of DSPs.

All interviewees were asked the same questions, using a protocol developed for this project. The interview protocol included general questions and probes, and, in some cases, interviewers used additional probes to clarify responses. These questions asked DSPs about their level of involvement in SPEAK, their perceptions of SPEAK activities, ways to improve retention, and general comments about SPEAK.

DSP interviewees were selected using a stratified, random selection method. A DSP who worked for the organization for less than a year and one who worked there for more than a year were randomly selected from the employee list of each organization. The purpose of this approach was to be able to garner the perspective of both new and more experienced DSPs from each agency. Each interviewee was asked the same set of questions, one-on-one, on the job site in Louisville. Interviews took between 45 and 60 minutes. Given some of the challenges of conducting these interviews, such as inaccurate contact information for the DSPs, lack of responsiveness, and inability to contact DSPs, interviews were still being conducted at the time that the evaluation report was being written. Randomly selected DSPs that the evaluators were not able to contact due to termination or bad contact information, as well as those who were not able to participate, were replaced by another random selection of a DSP from the same organization.

Findings for Project SPEAK

Pre-Service Orientation Survey

DSPs were asked to respond to the Realistic Job Preview (RJP) during the PSO period. DSPs were given an incentive of $50 for completing the RJP. As of the third quarter of the 2006–2007 year, a total of 254 DSPs had participated in the PSO training across all participating agencies. This open-ended survey contained a total of four questions:

1. Based on the RJP, what do you think will be some of the biggest challenges of direct support work for you?
2. Based on the RJP, what parts of the job do you think you will enjoy the most?
3. What attributes do you have that you think will make you good at direct support work?
4. Based on the RJP and other information about our organization, what about working for this organization appeals to you?

A total of 47 feedback surveys were analyzed for overarching themes or responses that seemed to be common among respondents:

- Based on the RJP, what do you think will be some of the biggest challenges of direct support work for you?
– *Getting to know the clients/residents and their needs.* Ultimately, DSPs wanted to develop strong relationships with their clients in order to know how to best support the needs and interests of their clients.

– *Receiving all the necessary/appropriate training.* Several DSPs also suggested that one challenge would be to gain all the skills necessary to provide good support to their clients. It was important to be properly prepared and equipped to serve their clients.

• Based on the RJP, what parts of the job do you think you will enjoy the most?
  – *Developing relationships with the client.* While this was one of the challenges, as indicated in question one, this was what the majority of respondents indicated would be the most enjoyable aspect of this job. They liked the idea of getting to know who their clients are and spending quality time with them. It appeared that the interpersonal connection was important and satisfying to them.
  
  – *Helping and caring for clients.* This theme addressed statements regarding DSPs feeling enjoyment and fulfillment from helping someone. Further, a subtheme to emerge was helping their clients to become independent. Several respondents felt that it would be rewarding to help their clients reach their fullest potential and to become as independent as possible.

• What attributes do you have that you think will make you good at direct support work?
  – *Being caring or a caregiver in nature.* Several respondents felt that because they were caring individuals, they would be good DSPs.
  
  – *Being patient.* Several respondents felt that patience was important to this line of work. They felt that their ability to be patient contributes to their ability to be a good DSP.
  
  – *Having positive personality traits.* There were many different terms used by respondents to indicate that their personality would be fitting for this type of work. For instance, DSPs used words like “outgoing,” “fun,” and “kind.”

• Based on the RJP and other information about our organization, what about working for this organization appeals to you?
  – *Helping people.* One major theme that emerged from the data was that people liked that they would be helping people. This aligns with the theme that emerged for question two.
  
  – *The quality of the staff/organization.* A second major theme spoke to the quality of the staff and/or organization. These responses spoke to such attributes as the staff being supportive and friendly, as well as the organization having a strong focus on supplying the best service to its clients.

*Pre-Service Orientation DSP Interviews*

The targeted number of interviews was 18, and a total of nine had been conducted at the time of the report. The DSP interview data that addressed the PSO was generally positive. Interviewees appreciated the opportunity to get a realistic idea of what the job entails. The openness about the challenges faced in the field was “eye-opening” and appreciated. Some thought that being able to talk with the family of people with disabilities was informative and gave them a greater sense of comfort by understanding what they were walking into and developing some accurate expectations. Further, the opportunity to answer questions was important and valuable. Four of the nine DSPs interviewed had not participated in the PSO because they were not new hires. However, they were aware of this component, and most commented that they felt it
was effective. When asked what the most effective SPEAK strategy was, four respondents felt this piece was the most effective or the second most effective strategy.

**Mentoring and Apprenticeship**

As of August 2006, a total of two mentor trainings and one quarterly mentor meeting had been conducted. Invoices from 2005 through the third quarter in 2007 were reviewed. Across all of the agencies, a total of 456.95 hours were documented, accounting for $9,140 paid for mentoring (Disclaimer: HDI does not guarantee that every invoice for inclusion was available for this analysis). A total of three peer mentoring trainings took place over the 2006–2007 year.

**Mentoring DSP Interviews**

Based on the preliminary interview data, only two of the nine interviewees had actually participated in the mentoring process. Both indicated that it was an effective strategy. Both indicated that they had good, open relationships with their mentors. One of the two had since become a mentor. Although the other interviewees did not participate in the mentoring, they did speak positively about the mentoring process:

- It was believed that being able to talk to someone outside of one’s supervisor was useful.
- In a similar vein, one respondent said: “I would have liked to have a mentor. The mentor experience would have been more of a peer relationship with someone with more experience and someone I can talk to about my own frustrations without fear of sharing with my supervisor.”
- Another respondent said they wanted to become a mentor “to teach the little things and encourage them and help them to deal with frustrations.”

One challenge to the mentoring process that emerged out of the interviews was the issue of scheduling:

- According to one respondent, when another employee needs to be released to mentor, then others have to pick up the slack, which adds some additional stress.
- Another challenge identified by a respondent, who currently serves as a mentor, is getting some DSPs to understand the value of the mentoring because some may perceive it as supervision or they may feel that they don’t need any help.

When asked which of the SPEAK strategies was most effective, three of the nine respondents indicated that the mentoring was the first or second most effective strategy. It was argued that “The mentor gets the recognition of the position, which is good for those who have been here for a long time and it’s a very positive role for them. Their feedback to the managers helps to unify the group and get good ideas floating around for everyone to consider from a new perspective.”

**Professional Association (SPEAK Membership)**

Multiple opportunities were offered to SPEAK members, including training, brown bags/conversational lunches, a SPEAK Web site, milestone recognition, and the annual recogni-
A total of 11 training sessions and 10 conversation lunches took place between August 2006 and July 2007.

Participants in the training sessions were asked to respond to evaluation forms that provided information about their perceptions of the utility of session activities, as well as the quality of the training along several dimensions (knowledge, presenters, organization, applicability, and overall). Also, respondents were asked to respond to two items that would provide some indication about their perceived change in knowledge on the topic. Actual attendance at these sessions varied, ranging from one to 20, with an average of about seven respondents.

- Overall, ratings of training sessions were positive in nature.
- The session with the highest average rating of session quality was “Protecting Persons Served and Staff in an Extended Evacuation,” with an average score of 7.00. (Note: there was zero variance among the responses).

Respondents were asked to indicate their level of understanding about the training topic prior to and after the session:

- Across all sessions, the average rating for pre-session understanding ranged from 2.50 to 4.00.
- The average rating for post-session understanding ranged from 4.25 to 5.00.
- Change scores between average pre- and post-session understanding all reflected an increase in understanding and ranged from 0.75 to 2.15. The topic “Supported Employment: What It Is and What It Is Not” reflected the lowest average reported change in understanding, and the topic “Protecting Persons Served and Staff in an Extended Evacuation” had the highest average reported change in understanding.

Suggestions for improvement and future topics included

- more hands-on activities and/or less of a didactic structure. One respondent specifically suggested the use of role-playing, and another suggested the use of on-site/in center demonstrations
- videotaped sessions
- concerns around the times that the sessions took place; one respondent suggested more night or evening sessions.

There were many suggestions provided on future training topics, including but not limited to dealing with clients’ sexuality, advocacy, motivating clients, issues related to staff and management, behavior, art therapy, and understanding the symptoms of various illnesses.

Professional Association DSP Interviews

Based on the DSP interviews that were conducted, the lectures/trainings offered through SPEAK were considered highly useful and informative. DSPs reported that topics were appropriate and applicable to their line of work. Another interviewee spoke of a similar sentiment in that in order for others to leave and participate in trainings someone would need to cover on their behalf. However, there was recognition that there may not be a prime time for training that is convenient for all.
Lunches/brown bags. Interview data regarding the conversational lunches/brown bags were limited because only one respondent had actually attended. This respondent enjoyed them, appreciated that it was a smaller group and that it “supported feedback and dialogue.” The low attendance may be explained by the fact that, according to most of the interviewees, lunchtime was the busiest time of day or was when their shift started.

Newsletter. The newsletter is another platform for acknowledging the work and accomplishments of DSPs, in addition to communicating information. According to the preliminary DSP interview data, the newsletters have been well received. Interviewees indicated that the newsletters were informative, engaging, fun, and useful. Furthermore, interviewees stated that they enjoyed being acknowledged in the newsletter. They liked being able to see what other DSPs and organizations are doing. One aspect of the newsletter that was enjoyed was the “Dear Abby” section, in which people can submit their questions and share frustrations anonymously “without fear of the supervisor.” This concern seems to be echoed throughout the interviews. DSPs need an outlet to share their questions, concerns, and frustrations without the fear of negative consequence. Although the newsletter was considered effective, when asked what was the most effective SPEAK strategy, none of the interviewees selected this strategy.

Web site. Regarding use of the Web site, in general, the DSPs who participated in the interviews used the Web site primarily to find out the times and dates for lectures. One interviewee said that, although their schedule did not allow for much time to access the Web site, it was a useful tool because it could be used to find the information needed to attend the trainings.

Monetary incentives. Another strategy used to increase retention is providing monetary incentives for milestones. For the last reporting quarter through June 2007, a total of 25 DSPs across the nine agencies had received $75 for reaching six months of satisfactory employment. A total of 17 DSPs received $100 dollars for reaching a full year of satisfactory employment. One cannot pinpoint what variables lead to this retention; nevertheless, interview data suggest that monetary incentives and acknowledgement are critical to those in the field. It can be logically argued that providing these incentives is an effective strategy.

Recognition. One of the most successful recognition strategies has been the annual SPEAK banquet. The third banquet was held April 19, 2007. A total of 225 people participated in this banquet. Thus far, the interview data have been overwhelmingly positive about the significance of the banquet. The general sentiment is that the work of DSPs is challenging and extensive and that DSPs are rarely, if ever, recognized for their work and contributions.

When asked about the most effective SPEAK strategy, four of the nine interviewed DSPs indicated that the annual banquet was the first or second most effective strategy. Other positive outcomes of the banquets include getting people together, building camaraderie, and learning from hearing what others are doing. One respondent would like even more opportunity to mingle and gain ideas from other agencies.

Community Resources/Supports DSP Interviews

In year two, work on identifying potential community resources and developing a reference list for DSPs had just begun. It was expected that these supports would be in place for year three. Community resource and support information is supplied to all DSPs going through SPEAK field guides. Based on the preliminary DSP interview data gathered in year three, of all the SPEAK strategies, this area appears to have had the smallest impact:
1. Few respondents appeared to be highly familiar with these resources. However, several respondents indicated that they were aware of how to access resources through their agency. If they needed information about a particular service, they could contact their agency and/or some were aware that SPEAK had materials available to them as needed.

2. One interviewee stated that their agency distributed this type of information regularly to its staff.

It is not clear whether people are lacking awareness of the extent to which materials are available or whether they seek out information on a need-basis only. What does seem clear is that, regardless of what is known to be available, the nine DSPs that were interviewed feel comfortable and confident that they can contact their agency and SPEAK if they need information about topics of interest, even as it relates to their personal life.

Chat room. The SPEAK chat room was used by only one of the participating interviewees; however, another interviewee thought that the topics looked interesting, but they never joined in the discussion. The interviewees that had participated felt that participation was low and that it would be good to see more DSPs involved.

Documenting Best Practices
An interview was conducted with the project director to collect additional data about the progress of SPEAK. At the inception of the SPEAK project, a total of eight agencies were committed to participating in this project. It was proposed that SPEAK would increase its partnering agencies by 50 percent after two years. However, to ensure that there was enough funding to support critical aspects of the SPEAK project, such as the paid PSO, the mentoring, and milestone incentives, SPEAK personnel decided to secure only one additional agency.

One target that SPEAK hoped to hit was to be identified as “a best practices by consumers, families, and major funders/regulators of community-based services in Kentucky.” SPEAK succeeded at meeting this target. In March 2007, SPEAK was awarded a best practices award, the Moving Mountain Award, at the Reinventing Quality Conference. The award states, “The Moving Mountains Awards are presented to organizations and agencies that have demonstrated best practice in direct support workforce development.” These are awarded by the Research and Training Center on Community Living at the University of Minnesota in partnership with the NADSP. Having the status as a best practice will ultimately lead to attempts at replication of the project. According to the project director, those who wish to duplicate this model should keep in mind that “DSPs should be included in all aspects of an organization, including input on policies and procedures, at the table, when services/supports are being designed or new programming being implemented. Their perspective must be valued. Building quality peer relationships among DSPs has a powerful impact on the quality of services/supports provided.”

Another strategy supporting SPEAK’s best practices designation was to disseminate outcome information. SPEAK was highlighted in three national newsletters:

- **LINKS**, distributed by the American Network of Community Options and Resources (ANCOR)
- **Mental Health Weekly**
- **National Council News**, distributed by the National Council of Community Behavioral Healthcare.
Further, SPEAK strategies were presented by staff at a teleconference in May 2007 for ANCOR. In September 2007, SPEAK held a public forum to share the outcomes of this project and to recruit additional members.

**Other Findings from DSP Interviews**

Interviewees were asked what additional supports could be offered to increase the likelihood that they would remain in the field. A variety of suggestions were provided. A couple respondents indicated that it is important that DSPs be recognized as professionals. Other responses included

- more funding for more resources in the field
- recognition of DSPs as a professional
- a national DSP organization “to know what I do is recognized at the national level and there would be advocates to support the profession”
- long-term recognition
- increase in salary
- more medical-based trainings to meet the needs of clients
- trainings to help people with their physical needs
- better pay
- a living wage from the state across the board
- offer child care
- more things to recognize DSPs; a SPEAK pin might be nice
- address the behavioral issues more; safety and crisis training.

Along with the additional training areas, DSPs spoke more specifically about the need for more training in the areas of safety and behavior management. Furthermore, interviewees felt that there was great support for SPEAK in their agency, ranging from verbal encouragement to participate in training and events, to the implementation of floaters for participation and being paid while in attendance at various trainings.

**Conclusions and Recommendations for Project SPEAK**

The SPEAK project was not implemented until January 2005. However, since then this project has made tremendous progress and appears to be having a positive impact on DSPs’ job quality. Those who have been interviewed indicated that their agencies were supportive and encouraging of their participation in SPEAK. They cited efforts such as the use of floaters/substitutes to facilitate participation in training, as well as the embedding of SPEAK into agency procedures to the extent that it appeared that participation was just “part of the process.” The SPEAK evaluator offered several recommendations, which may be found in the evaluator’s full report.

**Perceived Outcomes**

**Interviewees**

The RAND/AIR site-visit team interviewed individuals from the following organizations:

- Grantee:
  - Seven Counties Services


- **Partner:**
  - Council on Mental Retardation
- **Local Evaluator:**
  - University of Kentucky, Human Development Institute
- **Agencies:**
  - Seven Counties Services
  - Louisville Diversified Services
  - Exceptional Teens and Adults
  - Cedar Lake Residences
  - The Mattingly Center
  - Dreams with Wings
  - Day Spring
  - Community Living, Inc.
  - Harbor House

**Interview Findings**

**Pre-Service Orientation**

The grantee requested feedback from participating agencies. The overall sense was that the PSO helped candidates learn whether the job was really for them before they took the job, rather than getting hired and quitting within the first few weeks.

According to the grantee, one agency began the project with a 100-percent turnover rate. It had hired temps and full-time people and was not sending people through the PSO. The grantee had to convince the agency to participate or it would be out of the demonstration entirely. When the agency started using the PSO, its turnover went from 100 percent to 17 percent in the first 18 months.

The grantee also talked to some families, who reported that they enjoyed meeting someone who may work in the field if not with their family member. The families were also asked if they would want that person to work with their family member. The families would have been honest if they had had a problem with someone.

The PSO was useful for improving the quality of care because it weeded people out who should not be in the profession. It is better to have people see this before they take the job rather than quitting after a couple of weeks. Several agencies agreed that this was a beneficial outcome.

**Agency feedback:**

- One agency reported mixed feedback. Some said the PSO was helpful; others said it did not really tell them anything, especially if they had previous experience. They also thought it was very helpful for those not experienced in the field.
- One agency reported that the PSO helped candidates understand the full picture of the job better.
- Another reported that the PSO was critical. Its consumers get attached to their caregivers quickly, and this causes unnecessary pain and suffering when one quits. The PSO is also useful to the agency, as the agencies get more information about the candidate before extending an offer.
- One concern with the PSO was that it delayed getting someone on the job. One agency was particularly concerned; however, the grantee relayed that it is better to get out of the
crisis mode of just filling slots with “warm bodies.” It is better to take one’s time and put in the investment.

- One agency reported that it is still losing people after orientation and is concerned that it did not get better results. However, the agency also noted that the PSO did give people a more-realistic idea of the job.
- One agency reported that the PSO was scheduled between the first and second agency interviews. The PSO gave the candidates more information to make a better decision, and the agency got information about the candidate (e.g., did they show up late, demonstrate discomfort with the client). The agency also reported that, although the process took longer, it was critical to identify people who were more likely to stay longer.
- One agency reported that 50 individuals went through the PSO in two years. About 15 did not follow through after the PSO.
- One agency reported that some candidates visited day programs during the PSO, and they were being considered for a residential program. These settings are very different. The PSO would have been more effective if they had visited a site more similar to where they were going to be placed.

DSP feedback:

- DSPs reported that the PSO was beneficial. Said one DSP, “I didn’t want to accept the job without knowing more, so it was helpful to see a realistic job.”
- DSPs also stated that the site you visit for the PSO should be similar to the site you will be working at. For example, if you are going to work at a day program, you should visit a day program and vice versa. The PSO was only offered during the day, limiting exposure.
- DSPs said that the PSO prepares you, but nothing beats hands-on training.

**SPEAK and Merit-Based Recognition**

Response was very positive about the annual banquet and recognition through the newsletters. The merit-based recognition also received positive response, especially when the $100 bonus was awarded to employees who had already achieved the one-year tenure prior to the grant. The SPEAK program has been written up in three national newsletters.

The annual banquet and all the recognition seemed very valuable to the DSPs, as indicated in this comment: “Here are people who don’t get much public recognition and people who do not get to go to many conferences. The grantee gave DSPs pins and small gifts. At the last conference, each agency picked one of their own DSPs to showcase. They obtained letters from their consumers and read them aloud to the crowd. It was just joyful.”

Agency feedback:

- **SPEAK Banquet**
  - One agency reported that, last year, 15–20 people attended. The agency filled in shifts so that they could go, and was surprised that not everyone went. For the person who received the award, the agency paid for the individual’s spouse to attend as well. The agency paid for management to attend as well.
  - One agency reported that 60–70 percent of it staff attended. Most of the staff work day shifts and were, therefore, available to attend in the evening.
  - One agency always bought a table or two, having 28–30 DSPs and managers.
One agency reported that it had 10–15 DSPs each year attend it.
One agency reported that the banquet gave people a feeling of belonging to something and let them know that they were not alone in their daily struggles as a DSP. It was also good to come together and be recognized for their work. This agency reported that it had not done a good job with recognition before. SPEAK helped the agency look at how it related with its employees.

**SPEAK Membership**
One agency reported that it achieved the goal of SPEAK, to professionalize DSPs. DSPs know that the agencies want to do more than just give a paycheck for DSPs’ work and that they are valued for their hard work.

One agency reported that the DSPs really enjoy the newsletter and that they have seen many reading it. The agency also reported that, although the longevity bonuses have been nice, the agency is not sure it would have much effect on making people stay in the job longer. Another agency reported that DSPs are wearing their longevity pins.

One agency reported that the recognition in the newsletters was also beneficial to the agency, because recognizing the employee for their hard work also recognized and publicized the agency.

One agency reported that it publishes information about the banquet and the DSP of the Year award in a newsletter to its donor population. The agency said that it got a three-month afterglow from the banquet.

DSP feedback:

DSPs reported that some co-workers left after receiving their longevity bonuses.

**Training**

After each training session, participants completed evaluations for the evaluator to analyze. Informally, the training sessions provided an opportunity for DSPs to get to know each other better. Through this socializing, they learned that they are not alone and that there is a whole workforce out there doing the same work. This also came through the mentoring and other opportunities provided by SPEAK.

For the most part, it seemed like it was some of the same DSPs showing up each month for the training. The training seemed to add tremendous value for those that could come. Agencies have different policies about letting people out of the building. Some agencies required that the DSPs who attended provide an in-service for those who did not attend.

The grantee reported some possible reasons for the DSPs who did not attend the training:
(1) They preferred to spend their time supporting their client, and (2) They did not want to leave their co-workers with additional work during their absence.

Agency feedback:

**Participation**

One agency reported that between 47 and 57 DSPs attended the training sessions. Some went to almost every single training, and others went to just a few.

One agency reported that only 10 percent participated. Many who went were mentors and were, therefore, more invested in SPEAK. The agency reported that newer
employees are not confident to attend training off-site. When training is provided by the agency at the agency, the agency gets better attendance.

- One agency reported that it did not send anyone to training but a few attended. It told the partnership that it is already required to have a certain amount of training each year, and there is just so much training time that can be provided. The agency just do not have enough people to cover those who attend training.

- One agency reported that 30 percent of the DSPs attended. The agency indicated that it was a core group who tended to attend. The agency paid for their time in training; however, at the beginning, the agency did not pay for their time in training.

**Scheduling**

- One agency reported that the DSPs enjoyed the training. The agency paid for the DSPs’ time in training. Some came on their own time. DSPs attended during the day, when their clients were at their day programs. When this was not possible, some DSPs brought their clients with them and found ways to occupy them during the training.

- One agency reported that it budgets 38 hours per DSP each week but gives them only 36 hours each week of work. This way, the agency can cover up to two hours per week of training. When this time is not used for training, DSPs use it to fill in for others.

- One agency reported that it had difficulty with the scheduling, as they employ DSPs in residences. Most of the agency’s DSPs work two jobs, and, given the number of mandatory requirements from Medicaid, the agency could not get many to participate in these trainings. However, the agency did report that the topics were outstanding and the presenters were very good.

**Sharing of Information.** Two agencies reported that when others could not attend training, those who did would come back and share this information to the group.

**Outcomes**

- One agency reported the following outcomes for DSPs: professional growth, confidence, and a network and community. DSPs got to compare notes and begin to think of themselves as a “we.”

- One agency had been concerned that there would be competition between the DSPs/agencies. However, instead there is a better idea of how the DSPs/agencies share. For example, DSPs from residential homes got to know the DSPs from day services who have clients in common.

- One agency reported that those who attended were very enthusiastic. DSPs sharing information with their peers was better than if the information came from the supervisor.

- One agency reported that employees felt that they could learn about subjects that they would not normally learn about. One of the topics: what they could not talk about on the job. It made them feel part of something larger and network with other agencies. It indirectly benefited the agency because they learned stuff that they encounter on their jobs but cannot get elsewhere.

*Peer Mentorship (Apprenticeship Program)*

The grantee had mentors and mentees complete an evaluation form after the six months of the mentor relationship. The grantee reported that, anecdotally, it heard that DSPs struggled less because of the peer mentorship. Their period of struggle in their new jobs was less, and they felt more confident because they had someone to turn to. They all reported that it was helpful.
The grantee thought that the program helped some DSPs; however, the grantee reported that it might have helped more had the program been better implemented. One agency was very successful at implementation. The grantee reported that hardly any mentee received the full 18 hours of mentorship allotted to them, with most receiving four to five hours. The grantee estimates that approximately 50-60 people received mentoring over the three years.

Agency feedback:

- **Implementation**
  - One agency reported having difficulty with this initiative due to the DSPs’ schedules. The agency tried to assign mentors and mentees within the same “cluster” or region (within a mile or so of each other); however, this was not always possible.
  - One agency assigned one administrative staff person to bring the mentors together one hour per month. She taught the mentors to be leaders rather than supervisors, and what they should be discussing with the mentees about the agency. She spent a lot of time finding out what DSPs need and how to best support them by doing research. Meetings were conducted during work hours, so mentors were paid for their time.

- **Mentors**
  - One agency reported that because the agency was growing so fast, it ran out of long-term staff who could serve as mentors. In some cases, the agency selected DSPs who had not been there for a full year but who they knew were already serving unofficially as a mentor.
  - One agency reported six to eight mentors. It asked for volunteers and turned down two—one who was great but had not been on the job for a year yet, and one who was not very nice some days.

- **Number of mentees.** Many agencies had mentors with four to five mentees at a time. One agency restricted the number of mentees to one at a time.

- **Matching.** One agency reported matching, to the greatest extent possible, based on which campus the mentor and mentee both work, personality, shift, and available times.

- **Documentation**
  - One agency reported that some mentors used the full 18 hours; another reported that the vast majority used all 18 allotted hours. One agency reported that, although some mentors were good with the documentation, some just did not know how to document.
  - Two agencies reported that, although the grantee would have reimbursed for the mentors’ time, the agency would forget to “bill” the grantee for the funds.

- **Mentor/mentee meeting**
  - One agency reported that trying to find time for them to meet was difficult due to the agency providing residential services, which means shifts during the day, night, and weekends. They could come in early or stay late; however, although the mentor was being paid, the mentee was not. Mostly, they met via the telephone and the mentor would not write down the meeting.
  - One agency reported that meetings were conducted off-site and not during work hours. It was important that these meeting occurred out of residents’ hearing.

- **Benefits**
  - One agency reported that mentors seemed to benefit the most from this initiative as a result of the training and mentor meetings, and that the mentees seemed to appreci-
ate it as well. The relationship gave the mentees an outlet for information when they did not want the supervisor to know that they did not know how to do certain things.

DSP feedback:

• DSPs reported liking the peer mentorship program.
• About half of the focus group had participated in some form in this initiative as a mentor, mentee, or both.
• One reported that it helped her stay in the job.
• One reported that the meetings between mentors/mentees provide a good opportunity for problem solving.
• One reported that four mentees was too many to handle.
• A few noted that they spend much more than the 18 hours and that their relationships extend beyond the six months allotted to them.

**Overall**

The grantee had hoped that retention would improve, and that the DSPs would feel that they were professionals; therefore, morale and a sense of professionalism would improve and ultimately the quality of care would be improved. The grantee believes that this was achieved to some extent; however, there is still room for improvement. SPEAK did seem to make a difference.

Agency feedback:

• One unanticipated outcome was that the grant process brought together all the different partner agencies who had never before come together or been on the same page. They developed friendships, and there seems to be less competition with more collaboration toward a common goal. The grantee built a great collaboration among agencies. There is now so much collegiality.
• Some agencies went together to legislators and asked for money to continue this work.
• This was especially meaningful for day and residential services. The DSPs got to meet others from other agencies. Some got to meet the DSPs who took care of their clients during the day, while they cared for them in their homes.
• The grantee reported that the combined demonstration of initiatives has definitely helped the quality of care. Partners have reported fewer medication errors, fewer behavioral outbursts.
• There is evidence that SPEAK did change turnover across agencies.
• It also resulted in improved staff morale—the atmosphere at the participating agencies seems markedly different from nonparticipating agencies.
• It also seems to have reduced the competitiveness between agencies. In addition, it does not appear that this newfound collegial relationship among agencies has resulted in job-hopping between agencies. This was a definite fear at the beginning.
• People started thinking that the work they do is really significant.
• One agency reported that the quality of their staff is so much better than before the grant. All staff is better (new and veteran). They have new feelings of autonomy and self-worth, and are rising to the occasion.
• One agency reported that it would have had a lot more turnover if it had not offered PSOs and mentoring. It was staffing 24/7 and had a lot of people to hire in a hurry. The agency believes that it would have had more turnover without these initiatives. It also reported that SPEAK helped improve staff morale for the veterans because the agency was hiring good people that the veterans were going to have to work with.

• One agency anecdotally reported that the turnover rate was higher before SPEAK.

DSP feedback:

• DSPs reported that SPEAK boosted morale. Said one DSP, “It is a thankless job. If we wanted recognition, we would do something else.”

• Those who won the DSP of the Year award appreciated getting the letters from their consumers and others.

Marketing of Demonstration Initiatives

Feedback from those interviewed regarding the marketing of the various initiatives reported the following points:

• The grantee would go to agencies, hand-deliver information, and discuss SPEAK with individuals at that agency.

• Information was also distributed by each agency’s Human Resources Department.

• One agency established a bulletin board devoted to SPEAK.

• Information was also discussed at staff meetings.

• Information was provided in quarterly newsletters and via the SPEAK Web site.

• Newsletters were delivered to the partner agencies and then distributed into the DSPs’ mailboxes with their paychecks.

One option for launching something like SPEAK would be to have some kind of DSP event. The grantee was planning to conduct a resource fair at the time of the site visit. Some DSPs were involved in setting this up. The plan includes having a display to learn more about other agencies. This will involve public speaking opportunities for DSPs.

Agency feedback:

• One agency provided information by posting it at the main office, sending to each house to be posted in the offices there, sending a broadcast email to each DSP, and discussing at staff meetings. This agency was very involved the first two years of the grant, but its participation had fallen off in the past year due to agency growth. The agency speculated that participation had fallen off because the best way to encourage participation has been word of mouth, and those who have been participating are located in the stable, old locations.

• One agency posts information on its bulletin board at the front office and sends weekly notes to all staff.

• One agency provided information mostly by mail. About six months prior to the site visit, the agency provided access to email from the residences, so now it can provide information electronically as well.
Facilitators to the Demonstration

- **The quality of the grantee’s staffing.** Their dedication helped engender the commitment that they eventually received from all the partner agencies.
- **Support from Lewin and CMS.** The teleconferences with the other grantees helped the grantees learn about each other’s struggles and that they had common issues. Lewin also assisted the grantee in dealing with its most difficult agency. Lewin suggested putting the agency on “probation,” and this worked in getting the agency to better commit to the demonstration.
- **Conferences.** The conferences in Baltimore buoyed the grantee and helped sustain the effort.
- **Personal relationships with DSPs.**
- **The grant met a huge need.** Two agencies reported that (1) the collaborative nature of the grant with the various partner agencies to make the initiatives work and (2) the group discussions with the other providers, looking at the good and bad and learning from each other, were extremely beneficial.
- **The trainer.** She put a lot of energy into making the training sessions meaningful. One agency reported that this was the most valuable aspect of the grant. DSPs got information, training, enthusiasm, and respect from someone outside their own agency.

Barriers to the Demonstration

- **Challenges to DSP participation in training.** Only a couple people at a time could be sent from an agency because of scheduling/staffing issues. Sometimes an agency had four to five people show up, and sometimes 20 DSPs were at the training. It told the grantee about the pulse of the agency—whether or not people are out sick, if there is turnover, etc.
- **Initiative timing.** The initiatives should have been launched one at a time, rather than expecting the agencies to be able to do them all at once.
- **Sustaining the initiatives.** The biggest difficulty in the project was figuring out how to sustain the different initiatives.
- **PSO requirement.** Doing the PSOs when it was not always necessary (i.e., PSOs for candidates who already had DSP experience).
- **Mentorship challenge.** The mentor program because they could not quite get it to work properly.
- **Grant challenges.** Startup time and needing time to have questions answered before the grant started.
- **Training.** One agency reported that the training piece was a barrier. Day programs have requirements that are different from those of residential programs. For day programs, DSPs are confined in one setting. If a few are sent to training, there are managers and others who can fill in for the DSPs attending training. Residential programs do not have that luxury, as DSPs are spread out across many different buildings.

Other Contextual Factors

- Different government leaders were in place when the grant funds were awarded, and the grantee lacked the necessary support at the highest levels during implementation.
There was a 15-hour certificate program started at local/community college that was offered through the Real Choices and Changes grant. Online courses or on-campus courses that were fully certified for Medicaid Waiver program were offered; however, this has not taken off because most DSPs do not have the time to do this type of coursework.

Medicaid requires specific training, which has been incorporated into the community college program mentioned above. Agencies can take advantage of this training, and it is inexpensive.

Have one of the best commissioners of health and welfare that they have ever had. There has been better communication between the commissioner and the agencies and increased support from Medicaid, although there have been no changes in reimbursement rates.

Agencies:
- One agency grew substantially during the grant period.
- Bad press about one state-run facility hurt the field overall.
- One agency reports that it provides a referral bonus of $100 to staff who refer someone to the job, if that person stays for six months.
- One agency reported that it built two new facilities during the grant period and has therefore hired quite a bit. From the notes, it sounds like 30-40 people were hired, two offers were rejected, and those who left the organization may not have been voluntary departures.
- Just before the site visit, one agency created new positions in Human Resources. The agency split one position into three operation assistants. One assistant is responsible for sitting down with DSPs and asking them how they are doing. The agency wants to demonstrate that they recognize the whole person.
- One agency reported that their paid-time-off benefit changed. It used to be based according to scheduled hours but changed to worked hours. The more a DSP works, the more he or she accrues. This resulted in DSPs obtaining more paid time off than before. The agency also changed how it reimburses for college tuition and the performance review process—the agency focuses on DSPs’ strengths, setting expectations for the next year, and identifying two areas of improvement. Each DSP has four goals and achieving these goals represents 50 percent of their pay increase (6 percent is max, 3.9 percent is average increase). Program managers now have program assistants who used to be DSPs. Program assistants work half and half (half DSP work, half program assistant work). If they do well, they are eligible to move to program manager. One program assistant has been promoted to program manager.

Plans for Sustainability

The grantee has obtained another grant from the state to continue SPEAK. The grantee plans to adapt its strategies to 50-bed Intermediate Care Facilities for Mentally Retarded (ICFMRs) that are on the verge of being decertified by Medicaid.

1. The SPEAK Web site is going to be supported by membership fees.
2. The grantee is looking for a corporate sponsor for the annual banquet.
3. The grantee plans to market the PSO to a wider audience to see whether people will pay for it.
4. The grantee has a verbal agreement with the state to get funding in 2009. Based on the numbers of DSPs within an agency, SPEAK dues would be on a sliding scale.
5. The grantee has published a chapter in a workforce development book published by the National Council for Community Behavioral Healthcare.

Agency-specific feedback on plans for sustainability included the following:

*Regarding SPEAK Membership:*

1. One agency is willing to continue paying for the SPEAK membership, but only as a lump cost and not per DSP as it would be too cost prohibitive otherwise.
2. One agency reported being willing to pay for SPEAK membership.
3. At least one agency is not going to continue with SPEAK.

*Regarding Pre-Service Orientation:*

1. One agency reported that it started doing their interviews at the group homes and provided candidates an opportunity to see the house to provide a realistic view of the job and work site.
2. One agency reported that, although it likes the PSOs, it is not sure that it can afford to continue them.
3. One agency reported that it will continue the PSO and is willing to pay for it.
4. One agency reported that it will try to internalize the PSO. It may take the form of job shadowing, probably after the person has been hired. The agency stated that it would rather go through the process of hiring and then shadowing, rather than pay for the PSO process that may not meet their needs well.

*Regarding Recognition:*

1. One agency does not think that it can sustain the longevity bonuses. However, it is handing out postcards to recognize DSPs’ service. The agency was giving gift certificates, but now these too are being taxed.
2. Three agencies plan to continue the six- and 12-month longevity bonuses, stating that it is really not that much money.

*Regarding Training.* Two agencies reported that they will continue encouraging staff to attend the training sessions. One stated that it has several required training sessions that are a priority.

*Regarding Peer Mentorship.* One agency reported that it plans to continue the mentorship program.

**Lessons Learned**
The grantee would advise other agencies that this is a worthwhile effort. Below are some lessons that the interviewees noted that would be useful information for other states or agencies interested in implementing similar initiatives:

1. They should first carefully lay out the infrastructure with anyone who is going to be involved. If designing as a group, pay close attention to the linkages and communication plan. Managing communications across agencies is difficult, and there is always more that can and should be done.
2. Work more with the DSPs rather than the agency heads. Bring them together and ground the grant in their everyday experiences. Bring them in with the design and be a coach or a facilitator or a mentor. In this way, they would own the system. Have some of the monthly training conducted by DSPs.

3. This process showed agencies that they thought they were valuing the workers, but it is the very concrete expressions of valuing that need to be communicated.

4. Spend as much time with the DSPs as possible to establish relationships. This is one of the main reasons that SPEAK was so effective. Would also encourage a deeper participation from the agencies.

5. Start small. Consider the type of agencies that you roll the initiatives out to. In Kentucky, all the agencies were nonprofit types. Focus on this population first.

6. One agency suggested that it is important to get buy-in from the management staff before starting these types of initiatives.

7. Be patient and pay attention to what will work in your own agency. Take the guidelines for the initiatives and adapt them to how the program will best fit in your organization. The success is from the totality of all the initiatives and not just one piece of the pie.

8. Find a champion within your organization who is in a position of authority and has respect from others in the organization. You need to have someone who really believes in it. Another agency also suggested designating a point person within the agency.

9. Pre-Service Orientation:
   a. It would have been better if the grantee had identified a DSP at each agency to take responsibility for the PSO. The grantee thinks that this would have been a more efficient approach for the agencies; however, it noted that part of the value of the PSO was having someone outside of the agency conducting it. The candidates felt more free to talk with the grantee about the work.
   b. One agency recommends investing in the PSO and having it done by an external source, because candidates could more freely express themselves, which was revealing at times.

10. Longevity bonuses. Larger agencies will have a better time supporting longevity bonuses, but for most smaller agencies, they are often struggling to make payroll.

Expenditure of Grant Funds
Table A.16 presents the total funds spent on the DSP project, the costs of each initiative, evaluation costs, and additional expenses. The Kentucky grantee received $680,000, with $126,000 in matching funds. It spent a total of $789,000 on its demonstration.
Table A.16
Expenditure of Grant Funds (Kentucky)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CMS funds spent</td>
<td>663,000</td>
<td></td>
</tr>
<tr>
<td>Total matching funds spent</td>
<td>126,000</td>
<td></td>
</tr>
<tr>
<td>Total funds spent on DSW project</td>
<td>789,000</td>
<td></td>
</tr>
<tr>
<td><strong>Initiative costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-service orientation, realistic job preview video, and EQ-I assessments</td>
<td>153,000</td>
<td>19</td>
</tr>
<tr>
<td>Apprenticeship/mentoring program</td>
<td>74,000</td>
<td>9</td>
</tr>
<tr>
<td>Monthly training programs</td>
<td>222,000</td>
<td>28</td>
</tr>
<tr>
<td>SPEAK program total:</td>
<td>256,000</td>
<td>32</td>
</tr>
<tr>
<td>SPEAK membership, recognition, and longevity bonuses</td>
<td>190,000</td>
<td>24</td>
</tr>
<tr>
<td>SPEAK Awards Banquets</td>
<td>19,000</td>
<td>2</td>
</tr>
<tr>
<td>Promotional materials, supplies, and equipment</td>
<td>47,000</td>
<td>6</td>
</tr>
<tr>
<td>Public education</td>
<td>31,000</td>
<td>4</td>
</tr>
<tr>
<td>Evaluation costs</td>
<td>12,000</td>
<td>2</td>
</tr>
<tr>
<td><strong>Other costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect (administrative costs)</td>
<td>41,000</td>
<td>5</td>
</tr>
</tbody>
</table>
Grantee Summary—Maine

Grantee: Maine Governor’s Office of Health Policy and Finance

Project Management Partner: University of Southern Maine, Institute for Health Policy, Muskie School of Public Service

Project Time Frame: October 1, 2003–September 30, 2007

Local Evaluator: University of Southern Maine, Institute for Health Policy, Muskie School of Public Service

Site Visit: August 22–23, 2007

Introduction

This grantee summary is based on numerous sources of information, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

Demonstration Background

History of Grant

The Maine Governor’s Office of Health Policy and Finance partnered with the University of Southern Maine’s (USM’s) Muskie School of Public Service, Institute for Health Policy, to develop the grant proposal for the state of Maine. These two state entities shared a common interest in improving health care coverage access for DSWs and the quality and stability of home-based and community-based services to consumers. The CMS grant proposal was developed in 2003, coinciding with the enactment of Maine’s Dirigo Health Reform Act, which was developed to contain costs and to ensure access to and affordability of health insurance for Maine’s small businesses and the uninsured. One of the goals of the CMS grant was to promote health care coverage to businesses and individuals that provide direct care support to consumers as well as explore the significance of health care coverage on workforce recruitment and retention. The project was managed by the Muskie School of Public Service at USM.

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6 Both the local evaluator and the project management partner were employed by the same institution, but the teams were led by different people.
Initiatives as Proposed

The Maine grantee proposed three primary activities:

- Promote enrollment in health care coverage to direct support employers and workers.
- Offer a health and wellness (prevention) package, following the Employer of Choice (EoC) strategy, to employers and employees.
- Offer employers a state-supported incentive program to improve worker retention rates and other workplace indicators.

Logic Model

Figure A.7 is the logic model for the Maine demonstration as developed in early 2007. The process evaluation team worked with the grantee project director to develop the logic model based on implementation activities current at that time. To develop the logic model, the process evaluation team utilized the grantee’s most recent quarterly reports and feedback from telephone conferences with the project director.

Implementation

Home- and community-based care agencies were the target participants for the grant. For this project, agencies were required to be part of the evaluation study sample in order to be targeted for the grant activities (i.e., health insurance outreach, EoC employee development/wellness and Maine Retains programs). Figure A.8 outlines the recruiting process. The grantee culled lists from a variety of sources, such as state agencies and the Elder Independence of Maine, a state-contracted organization that identifies and processes payment for home based services for elders and people with disabilities. Next, letters were sent to 254 agencies that were identified as employing DSWs. Twenty letters were returned as “undeliverable,” and these agencies were identified as closed or no longer listed. After extensive follow-up and continuous vetting of the list to remove agencies no longer in business, group/residential homes serving adults with intellectual or other disabilities, agencies that provided direct care services to elderly clients living in assisted living or other group-living arrangements, homecare agencies that did not provide direct care services or employ paraprofessional staff (they provided skilled health care only, for example), and single individuals caring for family members, a list of approximately 142 entities were identified as home- and community-based service providers and likely employers of DSWs.

After extensive outreach and recruitment efforts, 50 agencies agreed to be considered for the CMS-funded project. The local evaluator reported that considerable effort was made to recruit a sample of agencies that provided variation in terms of geographic and rural/urban location, agency size, and type of funded clients (private-pay versus Medicaid) and invited to participate in the project. Of these 50 agencies who accepted the initial invitation, 26 employers agreed to participate. Of the 24 not included in the final sample, there were a variety of reasons for nonparticipation. First, it was later determined that five of the 24 agencies were not eligible: Two agencies were not primarily home-based DSPs, and three were too small to participate (employing less than four workers). Eleven refused to participate after learning more about the study, and two would not agree to sharing worker contact information.
### Figure A.7
**Logic Model for the Maine Demonstration**

**Mission:** Increase health coverage among direct service community workers and their families; and offer Employer of Choice (EOC) health/wellness (prevention) package to employers and employees to enhance the recruitment and retention of direct service community workers.

**Context:** State-subsidized health coverage (DirigoChoice) is available for employers with <50 workers; demonstrations are designed to promote enrollment in this coverage or in other affordable health coverage plus other employer incentives for health coverage; state agency and insurance provider are also engaging in program promotion; incentive payment structure (activity #3) and other sustainability options are being designed to be implemented after demonstration ends.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| CMS funding | 1. Promote enrollment in health coverage  
a. outreach to employers  
b. outreach to workers | 1a. Number of agencies offering DirigoChoice or other affordable health insurance option  
b. Number of workers/families enrolled in DirigoChoice or other affordable health insurance | Worker level:  
Job Duration  
Job satisfaction  
Enrollment in insurance benefits  
Agency level:  
Recruitment rates  
Retention rates  
Turnover rates  
Vacancies  
Status of insurance benefits |
| Staffing: Project Director, Evaluator | | | |
| Partner organizations  
Governor’s Office of Health Policy and Finance  
Dirigo Health Agency  
Direct Care Workers Coalition  
Home Care Alliance of Maine  
PCA Provider Network  
Center for Continuing Education, Pathways to Higher Education Program  
Maine Personal Assistance Services Association  
Elder Independence of Maine  
Maine Nurses Association  
Office of Elders Services  
Consumers for Affordable Health Care PHI  
Maine Center of Economic Policy  
Lifeline Center for Wellness and Health  
Employer agency administrators and employee advisory groups | 2. Offer EoC for health wellness (prevention) package to employers and employees  
a. Establish employee advisory committees to build employee participation and support | 2a. Number of employers with wellness programs  
2b. Number of employees participating in wellness programs  
2c. Number of employees participating in the insurance outreach activities in the wellness program  
2d. Number of employees involved with employee advisory |
| | 3. Design a state-operated incentive program for employers to improve retention rates and other workplace indicators | 3. Incentive program  
—Developed (Y/N)?  
—Implemented (Y/N)? | |
Six never responded, so their reasons for nonparticipation are unknown.

The 26 agencies recruited to the project were eligible for the health insurance outreach and EoC programs. A randomly selected subgroup was asked to participate in the EoC Health and Wellness program.

A survey of the study sample (n = 26) provided detailed information about the participating agencies. The local evaluators reported the following characteristics about the evaluation sample.

- **Size:** The agencies were geographically diverse and ranged in size from three DSWs to over 400. Most of the agencies in the sample (n = 18) were relatively small, employing 50 or fewer workers.
- **Organization Type:** Most (23 agencies) were freestanding businesses, and the sample was pretty evenly split among nonprofit (11 agencies) and for-profit agencies (14 agencies).
- **Services Provided:** All of the agencies except one provided home-based personal care and/or home-based companionship services; one agency provided only adult day-care services. Most provided services to clients in their own homes, although nine employers reported that they also provided personal care services to persons in assisted-living facilities. Most of the home-based providers also reported providing housekeeping, companionship, and transportation services. Eight of the agencies also provided home-based skilled health care and three provided hospice services.
- **Population(s) Served:** Most of the agencies (19 agencies) served only adults. All but one of the agencies support consumers who are dependent elderly or persons with Alzheimer’s or...
dementia. Most of the agencies also provided services to adults who were chronically ill or medically disabled (20 agencies) and adults with physical disabilities (21 agencies). A somewhat smaller number (16 agencies) also supported adults with intellectual or developmental disabilities.

- **Benefits:** Regarding health insurance benefits offered to direct care workers, ten agencies offered health insurance benefits to direct support staff, although most (eight agencies) extended the offer only to full-time workers. Nine agencies offering health insurance offered a plan that allowed coverage to be extended to dependents. Nine agencies also offered prescription drug coverage to direct care workers, although most (seven agencies) offered this coverage only to full-time workers. Table A.17 shows the amount of the health insurance premium costs that are paid for by the employer. One agency covered 100 percent of the health care premium costs, four covered 51–99 percent of the cost, three covered 1–50 percent, and one did not cover any of the costs.

### Initiatives

#### Health Care Coverage

The goal of this activity was to encourage employers to offer health care coverage and encourage workers to enroll in health care coverage programs available to them. The grantee partnered with the following organizations to provide outreach to employers and direct care workers regarding health insurance:

- The Consumers for Affordable Health Care Foundation (CAHC), a Maine-based non-profit organization whose mission is to advocate for affordable, quality health care for every Maine resident, was subcontracted to assist with outreach on this project. This organization operated a toll-free HelpLine to assist individuals with health care coverage options and a resource center to businesses and organizations working on health care issues.
- The Maine Personal Assistance Services Association (PASA), a statewide professional association for DSWs that was developed by the USM Muskie School through a previous funding mechanism (a Real Choices Systems Change grant) also served as a subcontractor to assist with outreach to workers.
- Paraprofessional Healthcare Institute (PHI), a national organization, provided technical assistance and was implementing parallel efforts through their Health Care for Health Care Workers Campaign in Maine.

<table>
<thead>
<tr>
<th>Number of Agencies</th>
<th>Percentage of Premium Costs Paid by Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>51–99</td>
</tr>
<tr>
<td>3</td>
<td>1–50</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Table A.17

Participating Agencies Paying Health Insurance Premium Costs (Maine)
Initial participant outreach efforts were completed in the first six months of 2005 (see Performance Monitoring section for more details about this effort). This outreach was directed at informing agencies and workers about DirigoChoice, a component of Maine’s Dirigo Health Reform Act enacted in 2003. DirigoChoice was a health care plan designed to give small businesses (two to 50 employees), the self-employed, and qualifying low-income uninsured individuals an affordable and quality health insurance option. The program combined a private insurance product with a publicly funded program of subsidies for eligible employees and individuals. Through a competitive bidding process, Anthem Blue Cross and Blue Shield of Maine, Maine’s largest private health insurer, was selected to administer DirigoChoice for its first two years.

**Employer of Choice Workforce Incentives**

The EoC program is a strategy of best practices designed to enhance worker recruitment and retention and to complement the primary grant activity to increase health care coverage of workers. The EoC program was based on the model framework developed by the Catholic Health Association of the United States (see *Finding and Keeping Direct Care Staff*, 2003). The project leader reported that the EoC model was designed to allow agencies to offer a comprehensive array of employee programs that were consistent with the best practices and methodologies available in the recruitment and retention literature. This initiative was carried out in two phases.

**Phase I.** This EoC phase included technical assistance to each participating agency as well as operational funds to implement customized human resource programs over a two-year period (May 2004–September 2006). Given delays within the DirigoChoice insurance program and the lack of favorable employer response, agencies were not required to enroll employees in DirigoChoice to become eligible for the EoC program, as initially designed. Instead, the 26 agencies that agreed to participate in the evaluation were asked to add or increase their health insurance benefit–related work, and, as a result, they would be eligible to receive support for the development of an EoC program. Of the 26 participating agencies, four met the criteria and completed the EoC program. These agencies were Anytime Services, Coastal Home Health Care, Home Companions, and Hummingbird Home Care. Each EoC program was given a different level of funding, and the timing of the launch of the programs varied across agencies.

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7 The CMS grant proposal was developed in 2003, coinciding with the enactment in June of Maine’s Dirigo Health Reform Act as a comprehensive health reform program designed to meet Maine’s health care needs of access to coverage, lower costs, and improved quality of care statewide. The DirigoChoice health care plan, a component of the reform program, included two options, both offering no-cost preventive care (e.g., annual exam, flu shots, and mammograms, but not dental or vision), prescription drug coverage with co-pays of $10 to $40, and mental health services. One plan had higher monthly premiums and lower out-of-pocket costs than other plan. The product was developed such that businesses were required to pay 60 percent of the premium for each participating employee as well as an annual administrative fee. Employers were also required to cover 75 percent of their eligible workforce. Dirigochoice was a sliding-scale product based on household incomes within 300 percent of the federal poverty level. Discount levels extended to 100-percent discounts covering all premium, deductible, and co-payment costs.

The study grantee was not authorized to market or distribute DirigoChoice and did not use grant funds to subsidize premium costs. Restrictions on the use of grant funds were based on determinations that the DirigoChoice program was partially funded through federal Medicaid dollars and thus using federal funds to “match” other federal dollars is prohibited. Also, a funding source like this would not have been a sustainable option after the grant ended. A portion of grant funding was applied to assist home care agency administrators in evaluating health insurance plans and enrolling workers.
Each site received assistance from a site coordinator that initiated work by performing a needs assessment of the agency. USM’s Pathways to Higher Education Program provided two part-time site coordinators to develop and manage the programs at the sites. The site coordinator also facilitated the development of an employee advisory committee at each site. The employee advisory committee was a small workgroup composed of two to three direct service workers and an agency administrator. The site coordinator collaborated with the committee members in developing their particular agency’s worksite program. The grantee provided technical assistance to the site coordinator throughout the initiative, and each agency received state recognition through the grant partner groups (i.e., Maine PASA, PCA Provider Network, Home Care Alliance of Maine, and the Direct Care Worker Coalition). The site coordinators were mainly responsible for managing the agency programs and providing documentation on its progress throughout implementation.

As a result of this work, each of the participating agencies developed a customized EoC worksite program for workers. Examples of the type of activities that were developed at the sites include a peer mentoring program, on-site training and reading groups, a staff newsletter, smock reimbursements, and a staff library. Each site entered into a contractual agreement to submit meeting notes, work plans, and quarterly reports. Grant funds reimbursed each agency for staff time and grant-related expenses. The employee advisory committees met monthly with the site coordinator throughout the implementation phase.

**Phase II.** Carried out in the final year of the grant (2006–2007), Phase II focused specifically on worker health and wellness through implementation of an EoC Health and Wellness for Retention Program. The grantee randomly selected ten agencies out of the 26 that were participating in the evaluation to receive information about the EoC Health and Wellness program. Five agencies, one with two locations, were selected to implement Phase II: Coastal Home Health Care, Eastern Agency on Aging–Freeses Assisted Living and Merry Gardens Estates, Home Care for Maine, Home Companions, and Hummingbird Home Care. The grant funded a wellness coordinator, who was provided through the USM Lifeline Center for Health and Wellness Promotion. The wellness coordinator worked with the agency in a similar manner as in Phase I, establishing Wellness Advisory Teams or committees composed of DSWs and administrators at each site. These committees worked on finding affordable health care options for workers and implemented health, wellness, and worker injury programs. Examples of such programs include training and support on various health topics, such as smoking cessation, stress management, injury prevention, and depression. The committees also launched healthy cooking demonstrations, as well as exercise activities, such as walking groups. Also, one of the initiatives launched under the Phase II EoC program at the participating agencies was a Personal Health Profile offered to workers. The profile was a health assessment that included a questionnaire about health risks and a clinical assessment of blood pressure and cholesterol.

**State-Supported Incentive Program (Maine Retains)**
The state-supported incentive program was called Maine Retains. It provided financial incentives to reward employers who demonstrate progress on worker recruitment and retention. Maine Retains was implemented as a way to help to sustain the EoC component of the grant, with the ultimate goal of improving the quality of direct support services in Maine. The program was developed by a workgroup that included representatives from the Office of Elder Services, the Elder Independence of Maine, direct support service agencies (both administra-
tion and work staff), and the grant team (USM Muskie School). The workgroup conducted research on programs developed in other states to help them design the criteria and program procedures for Maine Retains.

In June 2007, the Maine Retains incentive program was launched. The grantee put aside $25,000 for the pilot project. Applications were sent via the U.S. Postal Service to all Medicaid and state-funded home care agencies that contracted with Elder Independence of Maine. Agencies that demonstrated investments in the development of direct support staff could receive up to $5,000. Applicants were required to submit information about how they would implement their pilot program from June to September 2007. The agencies were asked to select one of the three categories to describe their pilot: Supportive Workplaces, Consistent Quality Staffing, and Constructive Working Relationships. Those categories were defined in the application (see Table A.18) and examples were provided. The agencies were also asked to identify ways to assess the value of their programs and were encouraged to continue the programs beyond the funding period.

Six agencies were selected to receive the Maine Retains incentive: Androscoggin Home Care and Hospice, Aroostook Agency on Aging, Home Care for Maine, Maine-ly Eldercare, Pine Tree Home Health Care, and Senior Spectrum. Presentations of the selected programs were made at the PCA Provider Network meeting in September 2007. Activities undertaken by the agencies included the following:

- Androscoggin used the funds to increase an employee benefit from $50 to $150 for participation in an exercise, weight loss, or smoking cessation program.
- Aroostook used funding to increase access to and use of health promotion and safety programs by providing reimbursement and a monthly cash drawing to workers who participated in its programs.
- Home Care for Maine developed a pre-employment assessment tool and a DVD library of training.
- Maine-ly Eldercare used the funds to promote a health and wellness walking program, a peer mentor program, a monthly forum for staff to discuss client and caregiver issues, supervisor training in conflict resolution and leadership, and a luncheon seminar series about chronic conditions that affect consumers.
- Pine Tree Home Health Care developed a no-interest revolving loan fund and educational programming on wellness and safety.
- Senior Spectrum used funds to host luncheon seminars, Alzheimer staff training, and bi-monthly wellness newsletter.

**White Papers**

During a one-year no-cost extension to the demonstration, the grantee developed two white papers based on lessons learned from the project’s first-year efforts to increase health insurance. These white papers were designed to inform policymakers on the long-term sustainability issues of providing health insurance coverage to the direct service workforce. Both papers were written by Elizabeth Kilbreth, an associate research professor at the Institute of Health Policy at the Muskie School of Public Service, USM, and were completed in December 2007. These papers can be found in *Providing Health Coverage and Other Services to Recruit and Retain Direct Service Community Workers in Maine: The Dirigo Difference Final Report* (December 2007).
<table>
<thead>
<tr>
<th>Category</th>
<th>What Do We Mean by This?</th>
<th>Why Is It Important?</th>
<th>What Would It Look Like?</th>
<th>How Would It Be Measured?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Workplace</td>
<td>A supportive workplace: has good communications in all directions; has clear and effective communication processes; has administrators who listen and respond in a timely, positive, and coherent manner to direct care workers; ensures commitment from the top; has flexible administrators; respects all employees and clients; empowers direct care workers to make decisions; engages workers in agency programs; defines the “big picture” by getting input from the workers; ensures that workers are trained, supported, and informed and have access to help when they need it.</td>
<td>This is the environment for ensuring quality employees who can consistently provide quality services to clients.</td>
<td>A supportive workplace would be evident through the existence of programs for training workers and supervisors; peer mentoring; orientation (over and above the type mandated); job shadowing; regularly involving direct care staff in care planning and problem-solving; having programs implemented that reward and recognize staff and celebrate caregiving, and addressing worker wage and benefits issues/needs; and self-care programs for direct care workers (including health and wellness programs and health insurance).</td>
<td>A supportive workplace could be measured by participation in the programs; surveys that report workers feel supported and are willing to get involved in decision-making without feeling at risk.</td>
</tr>
<tr>
<td>Consistent quality of staffing</td>
<td>Consistent quality staffing can be shown when staff levels and competency can provide the person-centered services that clients need in a manner that meets their health and social needs; has a mechanism or program in place that recognizes the value of workers; and when agencies assign staff that meets a client’s needs and works to regularly assign that worker to that client.</td>
<td>Consistent quality staffing is important because the worker that has the necessary skills and ability to meet the client’s needs is more effective and efficient. This type of staffing is also responsive the client’s needs and interest and contributes to better care outcomes. The worker also benefits because the agency is structured to support them to be effective workers.</td>
<td>Consistent quality staffing includes: a hiring and scheduling system that focuses on matching workers and clients; workers and supervisors attending training and orientation; continuous training/education resources for workers; clear work and performance expectations; constructive performance assessment processes and supportive/coaching supervision; good communication and problem-solving; consistent work hours; adequate staffing; balanced workloads; and career development.</td>
<td>Consistent quality staffing could be measured by an evidence of programs and staff participation; surveys of client satisfaction and staff satisfaction; reduced call-outs; or fewer fill-in assignments needed to cover client hours.</td>
</tr>
<tr>
<td>Constructive working relationships</td>
<td>Constructive working relationships include: interactions across all groups (administration and direct care staff, family members and direct care staff, and all staff and state administrators) that promote and support quality for clients and staff.</td>
<td>A constructive working relationship is the structure/system that supports and sustains the other categories of programs described for supportive workplaces and consistent quality staffing.</td>
<td>Constructive working relationships promote programs and activities that demonstrate a work environment that allows for good communications and problem-solving demonstrated through consistent support and time for direct care staff involvement, and the training and supervisory practices to support it.</td>
<td>Constructive working relationships could be measured by evidence of programs and direct care staff participation; surveys of worker and client satisfaction; and reduced call-outs and turnover.</td>
</tr>
</tbody>
</table>
• The first white paper (Kilbreth, 2007a) focused on the provision of health insurance coverage for part-time home care workers. This paper describes the part-time workforce in Maine, the history of health insurance coverage to this workforce, barriers to coverage, and an analysis of possible solutions, including examples from other states. Kilbreth concludes that, given that the majority of direct support staff work 30 or fewer hours per week for any one employer, ensuring health insurance coverage will continue to be a challenge under the current health care system that relies on employer benefits for coverage.

• The second white paper (Kilbreth, 2007b) outlines the interplay between health insurance coverage and workers compensation. More specifically, anecdotal evidence from the local evaluation team’s site visits and interviews with home care agencies and stakeholders suggested that DSWs, especially those who are uninsured, had high workers compensation utilization rates. The authors wanted to explore whether high utilization rates may contribute to continued barriers to coverage because workers who are not insured may use workers compensation to receive health care and as a result, workers compensation rates increase, making it more difficult for employers to afford health insurance. This trade-off or “substitution effect” could contribute to escalating costs, given that typical medical costs of injuries filed under workers compensation claims are nearly twice the costs of those filed outside of the system. Based on this small sample that was available for analysis, there did not appear to be a correlation between workers compensation use and a lack of health insurance. However, the author also found that many claims were not eligible for reimbursement because the worker returned to work within seven days (83 percent of the claims). Kilbreth raises the question of whether workers are returning to work before their injury has healed, putting themselves at risk for more serious long-term injuries and disability. She reasons that, given that the majority of the workers in her sample are from low income households (e.g., 74 percent have household incomes below $40,000/year), the wages may be needed to cover household expenses. Kilbreth concludes that a more comprehensive study (with a larger sample over a longer period of time) is needed in order to adequately address this research question.

Performance Monitoring

The local evaluation team monitored utilization and enrollment associated with the different initiatives as one way to assess their impact and success.

Outputs

Promote Project Awareness

Outreach #1 (2005): The Muskie School created a list of 226 Maine home care agencies for the partners to target for outreach about DirigoChoice. In February, outreach letters and informational materials were mailed, including an invitation to participate in one of 14 meetings across the state to learn about DirigoChoice. In March, CAHC telephoned agencies to inform them about meetings. In April, HelpLine brochures were mailed to agencies for inclusion in employees’ paychecks. In April, more contact efforts were made and two regional meetings were held. In May, a newsletter was sent to small businesses and to the 550 members of Maine’s Personal Assistance Services Association and posted on the PASA Web site. CAHC held two additional
meetings and assisted employers and employees by holding on-site meetings at workplaces and offering individualized assistance through June 2005.

Outreach #2 (2006): Overall, DirigoChoice was met with controversy in public, business, and policy circles, and it was difficult to gain participation (see PHI, 2006). In 2006, the USM project staff and CAHC launched a second round of outreach. Based on what was learned from the initial efforts, outreach was targeted at informing agencies not only about DirigoChoice, but about other health care coverage products and public programs, such as MaineCare, which is Maine’s Medicaid program that DSWs may be eligible to receive. This second round of outreach targeted 26 home care agencies, a subset of agencies contacted during 2005 that agreed to participate in the evaluation part of the project. CAHC staff contacted these agencies by mail and phone to determine whether or not they were currently offering health coverage to DSWs and if so, what type. Staff interviewed administrators from 25 of these agencies and found that about half (n = 13) were already offering health insurance and the other half (n = 12) were not.

- Of the agencies reported to offer health insurance (n = 13), ten of them accepted information from CAHC to give to uninsured employees about obtaining some type of insurance.
- Of the 13 agencies with coverage, seven considered DirigoChoice, but of those only two purchased DirigoChoice coverage.
- Of the agencies that were not offering health insurance coverage (n = 12), eight accepted assistance in exploring the feasibility of covering their employees through DirigoChoice.
- All of the uninsured agencies agreed to distribute CAHC’s materials about other health insurance options, such as MaineCare, to their employees. None of these uninsured agencies ended up enrolling in DirigoChoice. Reported reasons for nonenrollment included premium affordability, program eligibility (50+ employees), and concerns due to “administrative hassle.”

In sum, the local evaluator reported that there was low participation in DirigoChoice among the sample of agencies; only two agencies chose DirigoChoice for their group plan; and as of the 2007 survey, only four individual workers reported being insured through DirigoChoice.

**Employer of Choice Programs**

- Phase I: Four agencies participated in Phase I of the EoC program. Pathways to Higher Education reported that two to three DSWs participated in the Employee Advisory Committees at each agency.
- Phase II: Six sites (five agencies) participated in the EoC health and wellness program.
- The USM Lifeline Center reported that a total of 72 workers across the six agencies received Personal Health Profiles as part of the program.

**Maine Retains**

- This incentive program was launched in June 2007 and completed in September 2007. The local evaluator did not report how many workers were involved with the program in each agency.
Local Evaluation

The local evaluation was led by Lisa Morris at the USM Muskie School of Public Service (Morris, 2007). The results are summarized here.

The local evaluation was initially designed to provide an impact evaluation of the different initiatives (i.e., health care coverage and the various worker support initiatives). However, given the timing of the initiatives, the low-level support for enrollment in DirigoChoice, and the difficulty in employers providing ongoing turnover data, the evaluation evolved into a study of agency-, job-, and worker-level factors related to turnover and retention.

The local evaluation is based primarily on analyses of two worker surveys, one in 2005 and the second in 2007, and on turnover data. The evaluation also consisted of a qualitative component early in the project that included data from interviews, focus groups, and meetings with key stakeholders, agency administrators, direct support supervisors, and workers.

Data Sources

Qualitative Data

Beginning in late 2004, the local evaluation team conducted on-site agency meetings with employers, direct care supervisors, and a few employees, typically including a relatively recent hire and a veteran worker (i.e., employed for more than a year). Information was also collected during meetings with the Maine Governor’s Office of Health Policy and Finance, officials from the Dirigo Health Agency, Anthem Health Care, health advocates (CAHC), direct care worker organizations, and home care employer associations. The purpose of these meetings was to gather contextual information about the recruitment and retention of this workforce as well as to solicit help in designing the worker surveys.

Worker Surveys

For 25 of the 26 agencies (one agency refused to provide a mailing list of its workers), workers were contacted to participate in surveys about their jobs. In most agencies, all workers were contacted. However, for larger agencies that employed more than 120 workers, a 50–75 percent subsample of workers was randomly selected to be contacted. The total survey sample was 1,126 workers.

- For the first survey in 2005, a response rate of 73 percent (n = 819) was achieved.
- For the second survey in 2007, 660 of the 819 workers from the first survey participated in the second survey, for a response rate of 80 percent.

The first worker survey collected information on wages and benefits, schedules and hours (actual and preferred), second jobs, health care coverage, workplace relationships, employee morale and commitment, job satisfaction, job stress, reasons for staying, employment history, education and training and worker and family demographics, and household income and family/work dynamics. The second survey contained many of the same elements as the first survey as well as an extensive examination of reasons why some workers had left their original (2005) job and their current employment situation.

The Survey Research Center at USM was contracted to implement the surveys, which were conducted by phone and took approximately 20–25 minutes to complete. The Survey Research Center used evidence-based strategies to obtain high response rates across the two waves of the survey, e.g., making up to 16 phone call attempts to reach the target sample and
distributing $20 Hannaford’s (a large statewide grocery chain) gift cards for their participation and entering participants into a “thank you” raffle for five $100 L.L. Bean gift certificates.

In order to maintain high participation on the second survey, the Survey Research Center collected locator information at the time of the first survey (i.e., contact information of at least one person likely to have current contact information for the survey respondent). About 12 months after the first survey, participants were sent a postcard reminding them to contact the Survey Research Center if they had moved or changed their phone number (a toll-free number was provided as well as email and an address). The postcard also reminded participants of the dates of the second survey and the additional “thank-you” rewards (a second $20 gift card and another L.L. Bean gift certificate raffle) for participation.

Employer/Administrator Surveys
The evaluation team surveyed agency administrators from the 26 participating agencies in spring 2005. The survey asked questions about compensation, benefits, workplace management and operations, and recruitment and retention strategies. Detailed descriptive information about the study sample was collected from this survey and is reported in the beginning of the Implementation section. A second survey was planned for spring 2007, but it duplicated the efforts of the national evaluation, and the small sample constrained the team’s ability to conduct employer-level analyses, so it was dropped.

Retention and Turnover Data
Employers were asked to provide the name of each direct service worker and their hire date and status (part-time, full-time, per diem, on-call, contract/temp, on leave). Quarterly updates were requested, including information for those workers who had left the agency, such as end date and reason for leaving (fired, resigned, promoted, other) and whether the agency would be willing to re-hire the person. Agencies were also asked to supply agency-level data on the number of regular workers (including part-time, full-time, but not on-call, per diem, or temp workers) and the total number of hours worked by all regular workers during the last pay period, number of on-call/per diem workers and the total number of hours worked by them during the last pay period, number of temps and the total number of hours worked by them during the last pay period, and the current number of part-time, full-time, and on-call/per diem job openings.

The local evaluation team had initially planned to collect these turnover, recruitment, and retention data quarterly from the participating agencies. However, the task turned out to be too burdensome on the study sample, and data collection was inconsistent and incomplete. The local evaluator made notes of the barriers expressed by agency staff in collecting this information. These included that some agencies did not have the capacity to keep sufficient employment records, and that some agencies were unwilling to provide the level of detail needed for analysis. It also proved difficult to utilize the information collected across the agencies because of the use of different worker categories/definitions.

Despite these challenges, the evaluation team was able to collect two to three time points for 25 agencies between late 2005 and fall 2006. However, the beginning and ending dates for the reported data are not the same across agencies. These data were submitted to RAND for inclusion in the national evaluation. Because of the problems in collecting consistent data across agencies, the local evaluation team concentrated on worker-level information provided by employers (i.e., hire and end dates) and job retention information collected from the workers
in the two surveys. Key findings from the local evaluation team report (2007) regarding the worker survey and turnover data related to the demonstration activities are discussed below.

**Local Evaluation Results**

**Health Care Coverage**

In 2005, about one quarter of the worker sample reported that they did not have health care coverage. Among those who reported having coverage: 38 percent had coverage through Maine’s Medicaid program (MaineCare), Medicare, or some other publicly provided health care coverage; 35 percent had health care coverage through a spouse or partner; 14 percent had health care coverage through their home care agency employer; and 9 percent had private health care coverage. Another 5 percent said they had some “other” kind of health care coverage.

The 2007 survey results remained steady with the 2005 numbers: among those who remained in their job, 25 percent again reported having no health care coverage. Among survey respondents with health insurance, the most common type of coverage was through a spouse or partner’s plan (25 percent). Thirty-one percent reported having some form of public health care coverage: 14 percent had MaineCare (Maine’s Medicaid program), 16 percent had health care coverage through Medicare (30 percent of whom reported carrying a Medicare supplemental policy), and 4 percent had coverage through the VA or military benefits. Thirteen percent had health care coverage through employment, either the home care agency (8 percent) or their other job (5 percent). Six percent reported that they had private coverage, and another 3 percent said they had some “other” kind of health care coverage, which includes coverage through a parent, as a retirement benefit from a previous job, or through DirigoChoice.

The evaluators concluded that the majority of the study sample reported having some kind of health care coverage (about 75 percent of sample). However, a significant proportion (14 percent) relied on Medicaid, and another 25 percent were without any health care coverage. Moreover, the local evaluators concluded that being uninsured does not appear to be a short-term situation. Among those who in 2007 (survey #2) reported that they had no health care coverage, the majority (91 percent) said they had been without insurance for a year or more.

The local evaluators reported the following key findings regarding health care coverage and outcomes:

- Employer-provided health insurance coverage was negatively correlated to intentions to leave within two years but not as strongly as schedule flexibility, paid vacations, bonuses, extra pay for holiday work, transportation assistance and tuition reimbursement.
- Employer-provided health insurance coverage also did not matter as much as higher wages, more hours, and schedule flexibility in retaining workers.
- While health insurance coverage did not have a statistically significant effect on retention, the local evaluator did find a significant increase in health insurance coverage among direct care workers who left their original jobs and were employed as direct care workers elsewhere, indicating that direct care workers are not indifferent to employer-provided health insurance, only that higher wages, more hours, and flexibility are more important overall in terms of retention.
- Respondents whose employers offered direct care workers health insurance benefits (regardless of whether they actually accept the offer or not) expressed less intent to leave within two years. Not surprisingly, the effect of actually receiving health insurance ben-
benefits from the home care agency employer is somewhat stronger than just whether or not the employer offers health insurance benefits.

Multivariate regression techniques were used to examine the relationship between employer-provided health insurance coverage first on expressed intent to leave within two years and then on actual turnover after two years, controlling for job satisfaction, wages and other job characteristics as well as worker demographics, job tenure, other health insurance coverage and local labor market conditions.

- Health insurance coverage was significantly associated with lower intent to leave but not to actual leaving.
- Short-notice schedule flexibility and the ability to work more hours were also significantly related to intentions to leave.
- The only job-specific factor significantly related to actual leaving was the hourly wage rate.

These findings are consistent with findings from an open-ended survey question asking respondents the top two things that would make homecare jobs more attractive: increased wages, more hours and flexibility ranked higher than more-affordable health insurance benefits. The local evaluator reported that these results are robust to changes in model specification and in the sample over which they are estimated. This finding suggests that higher wages matter more to retention than health insurance coverage.

The local evaluation final report included additional information about the characteristics associated with the insured and uninsured sample and other factors associated with health insurance. The evaluators also examined the influence of other benefits (schedule flexibility, paid time off, etc) and wages on job satisfaction and intentions to stay.

**Job Satisfaction**

Of the workers who responded to the 2005 survey, 59 percent reported that they are very satisfied with their job, and 33 percent said they were somewhat satisfied. Only 8 percent said they were dissatisfied. The local evaluators reported a positive relationship between age and overall job satisfaction, with older workers more likely than younger workers to report that they are “very” satisfied. For example, only 45 percent of respondents younger than 30 said they are “very” satisfied compared with 56 percent of those between 30 and 50, 60 percent between 51 and 60, and 75 percent of those workers over 60.

The local evaluators also examined the relationship between job satisfaction and a worker’s education level. In general, it was reported that the more education a worker has, the less satisfied they are with their job. Regarding income, a positive relationship was found: job satisfaction was greater among workers with higher family incomes.

**Impact of Employer of Choice Participation on Job Satisfaction**

The local evaluators examined the impact of the EoC program by comparing job satisfaction ratings over time from workers in agencies that did and did not participate in the EoC program. A slight increase in job satisfaction (from 2005 to 2007) was found among those workers whose employer participated in both EoCs compared with agencies that did not participate. The evaluators noted that this is not a direct analysis of the impact of the EoC program, and
the results should be interpreted with caution given that agencies and workers were not randomly assigned to participate in the EoC program. Moreover, the evaluators noted that being an employee of an agency with an EoC program did not guarantee that the workers surveyed were exposed to or participated in the EoC program.

Retention

Within two years of the 2005 survey, 45 percent of the respondents had left their original home care jobs when re-surveyed in 2007. Workers who had left their original jobs had small but statistically significant increases in hours, wages, and benefits. The “leavers” also reported increases in job satisfaction compared with the “stayers.” The evaluator also reported that workers most likely to stay in the home care field are older workers (i.e., 51+) and workers with little to no postsecondary education.

The evaluators reported that the majority of workers (80 percent) said that their exits were voluntary. The reasons for involuntary exits were “laid off” by 16 percent of respondents and “fired” by 4 percent. Twenty percent of the sample reported that they left for preferred employment (18 percent said “for a better job” and another 3 percent said they left to go to work for a client privately or to start their own direct care business), and 32 percent left for reasons related to job dissatisfaction: 9 percent for health/mental health stress related to job; 7 percent because the wages were too low; 7 percent for reasons related to too few hours or a less preferred schedule; 4 percent reported that they did not like direct care work; 3 percent left because the job involved too much travel; and 2 percent said they left because of the lack of health insurance benefits.

The worker survey was designed so that all those who chose the “left for a better job” response option were given a follow-up request (“check all that apply”) that asked specifically why the next job was better. The common reasons for leaving a job are listed in Table A.19.

Retention and Employer of Choice Participation

The evaluators examined the retention rates among agencies that did and did not participate in the EoC program. As mentioned earlier, this is not a direct test of the impact of the EoC program, but it does give some insight into the relationship between the EoC program and job turnover. The evaluators found that survey respondents employed by agencies who participated

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage of “Leavers” Reporting This Reason</th>
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<tbody>
<tr>
<td>Better pay</td>
<td>81</td>
</tr>
<tr>
<td>Better schedule/shifts</td>
<td>40</td>
</tr>
<tr>
<td>Better benefits</td>
<td>37</td>
</tr>
<tr>
<td>Required less travel</td>
<td>31</td>
</tr>
<tr>
<td>More hours</td>
<td>28</td>
</tr>
<tr>
<td>Easier emotionally</td>
<td>17</td>
</tr>
<tr>
<td>Less physically demanding</td>
<td>10</td>
</tr>
</tbody>
</table>
in EoC (Phase I EOC program or both) were actually a bit more likely to leave their jobs. Even after controlling for wages, hours, flexibility and benefits, the EoC indicator variables remained significant and positively related to turnover. The evaluators also noted that workers who were employed by EoC agencies had slightly lower job satisfaction in 2005 and generally higher rates of turnover, indicating that the positive relationship between EoC participation and turnover may be the result of selection bias into the initiatives (i.e., employers whose workers were less satisfied and at higher risk of leaving to begin with were more likely to sign up for the EoC programs).

The local evaluation final report contained additional information about the characteristics of the worker survey sample, for example, job stress, intentions to stay in position, and commitment to job.

**Limitations of the Local Evaluation**

The local evaluator reported several limitations to the evaluation, particularly related to the original aim of examining the impact of the DirigoChoice health insurance product and the Employer of Choice initiatives.

- The biggest constraint was the small number of agencies that were willing to participate in both the local evaluation and the initiatives, making it difficult to empirically examine the relationship between the demonstration initiatives and outcomes.
- The demonstration activities were launched at different times with different levels of effort across agencies, making it difficult to study their impact. The evaluator reported that the biggest challenge was the nature of the demonstration being a “moving target.”
- The original evaluation plan regarding recruitment and retention was overly ambitious, and many agencies had difficulty keeping up with the data collection requests.
- Although some evidence was found that the ability to earn more money (higher wages, more hours, and extra pay for working holidays) and schedule flexibility may be most relevant to reducing turnover and improving retention, much of the variability in turnover and retention was not explained by the analyses.

The local evaluator concluded that the reasons direct service workers leave their jobs are complicated, and that the survey data and the various regression techniques used to analyze the data capture only part of the story. More specifically, the evaluator reported that the analytic models explained less than 35 percent of the sample variation in job retention. Moreover, the estimated effect sizes were small and the level of significance weak, especially for job-level variables.

**Perceived Outcomes**

In August 2007 RAND/AIR interviewed key project stakeholders, leaders of three participating agencies, and eight workers from four agencies to learn about their perceptions of the initiatives. This feedback was further supplemented by a report from the Paraprofessional Health Institute (PHI, 2007), which conducted its own site visits in 2006. The PHI report outlined issues experienced by demonstration states that attempted a health insurance initiative under the CMS project. We also incorporated findings from the grantee’s 391-page Final Report (Muskie School of Public Service, 2007) which included reports from the Lifeline Center for Wellness and Health (Downing and Patterson, 2007), Pathways for Higher Education (2006),
Interviewees
The RAND/AIR site-visit team interviewed individuals from the following organizations:

- Grantee:
  - Maine Governor’s Office of Health Policy and Finance
- Project Management Team:
  - USM, Institute for Health Policy, Muskie School of Public Service
- Partners:
  - Dirigo Health Agency
  - Office of Elder Services, Maine Department of Health and Human Services
  - USM, Center for Continuing Education, Pathways to Higher Education Program
  - USM Maine Lifeline Center for Wellness and Health Promotion
- Local Evaluator:
  - USM, Institute for Health Policy, Muskie School of Public Service
- Employer agencies:
  - Coastal Home Health Care (agency director, workers)
  - Eastern Agency on Aging (two), Freeses Assisted Living and Merry Gardens Estates (agency director)
  - Home Care for Maine (agency director, workers)
  - Home Companions (workers)
  - Hummingbird Home Care (workers)

Interview Findings
Health Care Coverage
We learned from the interviews that there were a number of issues with the DirigoChoice health insurance product that made it difficult for the grantee to increase enrollment among agencies that employ direct service workers.

- DirigoChoice was designed for small businesses with fewer than 50 employees. Not all agencies that employ direct support staff are small businesses.
- Many direct support agencies employ their staff on a per diem basis, rather than full-time. Therefore, the agency is not obligated to provide health insurance to its direct service workforce. Moreover, even when workers are employed full-time, their hours are likely to fluctuate, making it difficult to maintain eligibility for insurance coverage.
- The DirigoChoice product was perceived as too expensive by both businesses and individuals. Employers are required to pay 60 percent of the premium and cover 75 percent of their workforce. This was perceived as a significant barrier to purchasing DirigoChoice.
- We heard that the DirigoChoice product received a lot of negative publicity early on and that many people had formed negative opinions about it. Thus, agencies were resistant to considering it during the demonstration period.

In sum, the agency sample that participated in the demonstration did not embrace the DirigoChoice product. Site-visit feedback included the following:
Two out of the three interviewed agencies stated that they were not eligible to purchase DirigoChoice, although their employees were still eligible to sign up as individuals.

We learned from one agency director that their employees could not afford DirigoChoice. In order to make the premium affordable, the deductible would need to be very high and therefore, it was not easy for employees to see the benefit of purchasing this coverage.

We also learned from the local evaluator that the majority of the workforce has health insurance coverage. Specifically, Medicaid is an important source of coverage for a significant proportion of the population. It is perceived as more attractive than DirigoChoice.

**Employer of Choice Program**

The interviewed agency directors reported that it was too early to expect changes in any objective outcome measures (i.e., recruitment and turnover) as a result of the EoC program. However, they did provide the following feedback about specific EoC aspects:

- **Employee advisory committees and wellness activities.** The directors reported that staff valued the wellness activities offered by the employee advisory committees, and the directors have noticed changes in the collegiality among their staff, as well as individual changes, such as weight loss, as a result of program participation. The agency directors also noted the value of the advisory committees for participating workers. They indicated that the groups gave the workers a voice and sense of ownership within the agency. The project director noted that the structure of the advisory committees professionalized the work environment in many of the participating agencies. All workers who participated in our focus group were actively involved with their agency’s employee advisory committee and reported that they valued the opportunity to work on wellness issues within their agency.

- **Personal Health Profile.** The agency directors we interviewed reported in August 2007 that participation in the Personal Health Profile had been lower than anticipated. One director indicated that her workers already were aware of their health status and therefore did not perceive a need for it. Also, issues regarding privacy and fear of knowing one’s status were mentioned as reasons for the low participation rates. It seems that the workers may have been slow to respond to the opportunity to participate in a health assessment.

**Maine Retains**

All three interviewed agencies were Maine Retains grantees. Each agency had done something different with their funding. For example,

- One agency reported offering a basic skills training for workers, including providing a set of three DVDs on basic care-giving skills in the home, covering such topics as how to bathe and dress someone with disabilities. In addition, the agency designed an eight-hour orientation procedure, job shadowing opportunities for new employees, and a peer mentoring program.

- Another agency provided subsidies for gym memberships or other wellness classes (i.e., Weight Watchers). The reported benefits to participating in Maine Retains were similar to those mentioned for the EoC program.

In sum, workers noted that the EoC and Maine Retains programs were valuable and that they would participate in them again if given the opportunity. However, that the programs
bypass more important issues, for example, insufficient wages, lack of paid time off, high health insurance premiums, and lack of retirement savings opportunities. Overall, workers characterized the Maine demonstration initiatives as a “band aid” approach to meeting the needs of the workforce. One worker indicated that the CMS grant was not likely to lead to any long-term positive outcomes for the direct service workforce.

**Marketing of Demonstration Initiatives**

A potential barrier to participation and/or uptake of demonstration initiatives is effective marketing. We asked about awareness of the initiatives and whether particular marketing strategies were used. We examined marketing associated with the three Maine initiatives.

**Health Care Coverage**

As described earlier, the DirigoChoice program was already being actively promoted throughout the state by the provider (Anthem Blue Cross Blue Shield). At the beginning of the launch of DirigoChoice, we were told that Anthem misquoted 600 interested parties about the premium rates. An advertising campaign was launched to correct the error, but many small business owners and individuals already had the impression that DirigoChoice was not an affordable option. As mentioned earlier, the Consumers for Health Care Foundation (CAHC), an advocacy group, was subcontracted to contact agencies and workers to inform them about DirigoChoice and, later, about other viable health insurance coverage options. One stakeholder indicated that CAHC had been more effective than Anthem in targeting and informing direct support agencies and workers about their health insurance coverage options. However, the product itself did not seem to be a good fit for the direct service workforce.

**Employer of Choice and Maine Retains Programs**

As mentioned earlier, all the agency directors we interviewed were from agencies that had participated in the EoC and Maine Retains programs. The opportunity to participate in these programs was offered to a small group of agencies. All the workers in our focus group were active in the EoC or Maine Retains wellness programs offered by their agency, serving on the employee advisory committees. They had learned about the opportunity to serve on the advisory committees through a flyer insert that they received with their paycheck. Our interviews did not reveal any indication of problems with the marketing of the EoC or Maine Retains programs. However, we did not interview agencies or workers that were not involved with these efforts. Thus we do not know how well the programs were advertised within and across agencies.

**Facilitators to the Demonstration**

We asked interviewees what they thought helped facilitate the Maine demonstration. Their feedback is highlighted below.

- **Insurance option was empowering:** We heard that sometimes stigma is attached to being covered by Medicaid and, therefore, providing workers with another health care coverage option was perceived as empowering.
- **Recruitment/retention efforts were attractive:** We learned that in general, most agency directors were interested in improving recruitment and retention of the workforce and, therefore, were motivated to participate in the demonstration activities.
• **Funding made a difference:** We heard that the funding made available to implement the EoC and Maine Retains activities was appreciated, given that the agency directors often have little overhead to cover the costs of bringing together staff for employee advisory committees meetings.

**Barriers to the Demonstration**

Our interviewees noted a number of barriers to the demonstration activities.

**DirigoChoice**

Many barriers regarding the purchase of the DirigoChoice product were identified, and this helped explain why it had not been embraced by the agencies/workers.

• **Most workers have insurance:** Only a small percentage of the direct service workforce needs health care coverage. Many workers receive Medicare (because they are an older population), have coverage through spouse or family member, or may be eligible for Medicaid coverage, which is perceived as comprehensive, quality care that is more flexible if a worker leaves a job or has fluctuations in hours worked.

• **Workers view it as too costly:** DirigoChoice, although subsidized based on income level, was still perceived as cost-prohibitive by most workers. The workers in need of health insurance had competing needs that are perceived as higher priority, such as rent, food, heating, and gas money.

• **Agencies view it as too costly:** DirigoChoice was perceived as cost-prohibitive by the agencies. Many are operating on the margin, especially if they rely on Medicaid payment, and cannot afford the 60 percent premium.

• **Many workers are ineligible:** Many employees do not meet the eligibility criteria for health insurance because they work part-time or on a per diem basis. Like many other states, the work performed is very dynamic (based on both worker needs and consumer needs).

• **Many agencies do not qualify:** Many agencies were too large to initially qualify for DirigoChoice (which targeted businesses from two to 50 employees). Over time, DirigoChoice was expanded to cover single-person businesses, and negotiation was put forth to offer it to large agencies.

**Other Demonstration Components**

Only a small sample of agencies (n = 26) participated in the demonstration, suggesting that there were barriers to study participation. Still, our interviews provided some insight into barriers to other aspects of the demonstration beside provision of insurance.

• **Agencies could not meet local evaluation data demand:** Many agencies did not have the resources (e.g., too few staff, lack of a computer system) to provide the required data for the local evaluation. For the EoC program, a select subsample of agencies was invited to participate initially. However, when the invitation was opened to a wider group for the Maine Retains program, some agencies reported to grant management that they did not have the time to attend any extra meetings required as part of the project.

• **Worker communication efforts are limited by fund constraints:** Grantee leadership noted that the demonstration brought to light a major limitation in the Medicaid reimbursement structure that affected employee communication. The time to meet with workforce staff
is nonreimbursable and therefore leads to problems with communication among agency, supervisory, and direct support staff. Because there is no incentive to bring employees together, it is difficult to disseminate information and create bonds among workers. Typically, agencies use their overhead funds to screen, interview, employ, and train staff. As a result, it is difficult to support any additional efforts to bring workers together. The in-person meetings held for the employee advisory committees that took place as part of the EoC and Maine Retains programs were noted as potentially problematic until it was determined that grant funds could be used to fund workers to attend these meetings.

Other Contextual Factors
We asked participants to tell us about any other activities that were taking place in the state, region, or agency that might have influenced the demonstration’s implementation, outcomes, recruitment, and retention. Below is a list of issues that were discussed.

- **Medicaid reimbursement was reduced:** During the grant period, the Medicaid reimbursement rates were reduced. The project staff speculated that some agencies went out of business after the reduction of payment. Most businesses are operating with little flexible funds to provide additional benefits, such as health insurance.
- **Another similar project was launched at the same time:** In 2004, another grant that targets some of the workforce in Maine was launched. The project, called LEADS, (Leadership, Education, and Advocacy for Direct-care and Support), funded by the Jane’s Trust and Langeloth Foundation and sponsored by PHI, supports culture change in direct support environments to create more person-centered care. We learned that most of the project work was being done in nursing homes, but a couple of the agencies that participated in the CMS demonstration (Home Care of Maine and Sandy Rivers Home Care) were also actively involved with LEADS. The grant was designed to engage the workforce and involved improving communication through coaching and supervisory training, which could also potentially impact the outcomes identified for this demonstration. In addition to LEADS, another CMS-funded initiative that focuses on quality improvement, was recently launched. Since the grantee was not involved with that other project, they knew little about its impact, but some of the agencies that participated in the CMS demonstration may be involved.
- **The new state computer system malfunctioned:** We also learned that the state launched a new computer system in 2005 that did not function properly for several months. The computer system was responsible for processing Medicaid payments. Providers were not getting paid for some time period, and many had to invest in loans to process their payroll or may have gone out of business.
- **There was little state support for DirigoChoice:** DirigoChoice is not well supported in the state. It is a product of a second-term administration, and many people in Maine believe DirigoChoice may be cut when a new administration is elected. Legislators are skeptical of the program, and small business owners do not always perceive it as their responsibility to pay for health insurance coverage. Big business owners believe that they are subsidizing the product and feel that their rates are going to increase as a result of it.
- **Union activities were helping workers:** The Service Employees International Union has a presence in Maine, and it was reported that they were in the process of attempting to organize the direct service workforce. Workers in related fields, such as those who support
people developmental disabilities or work in residential settings, had been organized, and it has led to increases in wages for direct service workforce positions.

- **Other state support is available:** The state of Maine has additional supports for the direct service workforce, as compared with other states that might attempt these initiatives: (1) The Personal Assistance Services Association is a professional organization that was started in 2001 through another CMS grant mechanism. This association organizes a conference every year and was looking to become a dues-paying organization. (2) The Maine Direct Care Worker Coalition, established in 2002, is a multi-stakeholder coalition made up of providers, workers, consumers, provider associations, worker associations (including the union), and state administrators. It convenes to address workforce issues, such as compensation and health insurance. (3) The Home Care Alliance of Maine, Inc., and the PCA/PSS Network are nonprofit entities that support provider organizations statewide. These organizations were consulted on various aspects of the demonstration project and provided a forum to gain input on the development and implementation of the different initiatives.

**Plans for Sustainability**

In August 2007, during our site visit, we asked the different stakeholders about sustainability of the different initiatives implemented in this demonstration. These are their responses:

**Health Care Coverage**

A representative from the state reported that it is not clear whether financing will be continued for the existing program (DirigoChoice). The legislature is not completely supportive of the program. Individuals and organizations around the state are working on ways to make the product affordable and sustainable for the long term.

**EoC and Maine Retains Programs**

Agency directors were unclear as to whether they would continue to participate in these types of programs. They valued an opportunity to provide more benefits to their workers but were unsure as to whether the EoC and Maine Retains programs provided the kind of benefits they would consider keeping. One director spoke about other benefit programs they consider as alternatives, such as a company trip, medical and dependent savings accounts, dental care, and long-term care insurance. The directors indicated that the wellness program was time-consuming for staff, and they would continue if given a staff person who was devoted to implementing the program. A representative from the Office of Elder Services reported that some of the agencies were planning on continuing their Maine Retains programs beyond the grant period. Specifically, the revolving loan fund was reported as one initiative that would be sustained after grant funding ended.

**Lessons Learned**

During our site visit, we asked stakeholders about what they thought were the major lessons learned from their experience with the CMS demonstration. We used this information along with other data that we gathered to sum up the following lessons learned from the demonstration in Maine:
Health Care Coverage

- **Coverage is complex and uncertain:** There are many factors to consider when purchasing health insurance coverage, such as eligibility criteria, premium costs, sharing of costs between employer and employee, and the benefits structure, including deductibles. To further exacerbate this issue, there were a lot of problems early on with getting accurate information out about DirigoChoice. In the end, most providers and workers do not perceive this insurance as an affordable option. Moreover, many workers are wary of enrolling for a new health insurance product that is not well received in the state with unknown certainty of its sustainability.

- **Better outreach is needed:** In terms of future marketing efforts, the grantees learned that personal, individualized outreach was necessary to adequately meet the needs of small businesses. It was also not easy to gain access to workers through their employers. Different approaches are necessary to disseminate information about health insurance coverage to workers.

- **DirigoChoice does not meet workers’ needs:** Although the selected health insurance product, Anthem, is one of the fastest-growing plans in the state, it does not seem to fit the needs of this workforce. The variable nature of the workload is one of the major barriers to meeting the needs of this workforce because part-time workers do not qualify for coverage.

- **Most workers have health care coverage:** Most workers in field today have health insurance from another source. About one-third of the workforce is in need of health insurance coverage.

Employer of Choice/Maine Retains Programs

- **Programs are valued, but questions remain:** Although agency administrators and workers value these programs, it is not clear that participation in them led to changes in retention. Moreover, the current Medicaid reimbursement system does not provide adequate resources to support such programs that require on-site meetings among workers and program coordination.

Expenditure of Grant Funds

The Maine grantee received $1,403,000, and $216,000 in matching funds was reported. As of December 2007, Maine reported spending a total of $1,564,000, $1,348,000 of it CMS funds. Table A.20 summarizes the costs associated with the demonstration.
Table A.20
Expenditure of Grant Funds (Maine)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CMS funds spent</td>
<td>1,348,000</td>
<td></td>
</tr>
<tr>
<td>Total matching funds spent</td>
<td>216,000</td>
<td></td>
</tr>
<tr>
<td>Total funds spent on DSW project</td>
<td>1,564,000</td>
<td></td>
</tr>
<tr>
<td>Initiative costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote enrollment in state health insurance plan</td>
<td>208,000</td>
<td>13(^a)</td>
</tr>
<tr>
<td>Develop and deliver “Employer of Choice” plan</td>
<td>412,000</td>
<td>26</td>
</tr>
<tr>
<td>Design an incentive payment plan for employers</td>
<td>99,000</td>
<td>6</td>
</tr>
<tr>
<td>White paper (2007a) study of health insurance options for seasonal/part-time workers</td>
<td>42,000</td>
<td>3</td>
</tr>
<tr>
<td>White paper (2007b) study of workers’ compensation issue</td>
<td>42,000</td>
<td>3</td>
</tr>
<tr>
<td>Evaluation costs</td>
<td>290,000</td>
<td>19</td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University indirect charge</td>
<td>216,000</td>
<td>14</td>
</tr>
<tr>
<td>State indirect charge</td>
<td>39,000</td>
<td>2</td>
</tr>
</tbody>
</table>

\(^a\) One reason insurance promotion was smaller than for the other initiatives is because the majority of statewide advertising and outreach activities was conducted by Anthem Blue Cross and Blue Shield, the state, and the Dirigo Health Agency.
Grantee Summary—New Mexico

**Grantee:** New Mexico Department of Health, Developmental Disabilities Supports Division

**Project Management Partner:** University of New Mexico, Center for Development and Disability

**Project Time Frame:** October 1, 2003–September 29, 2007

**Local Evaluator:** University of New Mexico, Center for Development and Disability

**Site Visit:** May 30–31, 2007

Introduction

This grantee summary is based on numerous sources, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Changes in implementation identified at the time of our site visit are noted in the summary.

Demonstration Background

**History of Grant**

The New Mexico Department of Health, Developmental Disabilities Supports Division was the grantees in New Mexico. Within the first quarter of funding, a project director was identified at the University of New Mexico, Center for Development and Disability (UNM-CDD). A project advisory group, led by staff from the UNM-CDD and consisting of representatives from community provider agencies that employed DSWs under the New Mexico Developmental Disabilities Waiver, was formed. The advisory group planned to improve access to health care by providing a health care reimbursement arrangement for DSWs who work for agencies that did not at that time provide health insurance to its employees.

In early 2004, a survey was sent out to agencies that employed DSWs to find out whether they offered health insurance benefits to their workers and whether they would like to be included in the project. From the survey, nine agencies were identified as eligible and interested in participating in the project.

After the survey effort, UNM-CDD conducted research to identify a health care reimbursement plan that was legally appropriate for the population. IRS regulations require that a health care reimbursement plan be offered to a class of employees. In fall 2004, the New Mexico Department of Health, Developmental Disabilities Supports Division, issued a request for proposals for an organization to administer the health reimbursement arrangement (HRA). Once an agency was selected (Retirement Strategies, LLC, of Albuquerque), contract adminis-
tation responsibilities were transferred to the UNM-CDD. The parameters of the HRA ben-
efit (including eligibility) were determined in early 2005, and ScriptSave and Loyal American
were selected as the insurance carriers through BearPaw Benefits, Inc.

**Participating Agencies**

In spring 2005, the agencies identified as not currently offering health care were contacted
again about their interest in participation for a launch in October 2005. That summer, project
staff at the UNM-CDD contacted and conducted on-site meetings with executive directors
and human resource managers at eight agencies to discuss participation in the project. As
a result of these on-site project orientation meetings, seven agencies at nine locations agreed
to participate in the project. The agencies, which are from diverse geographical areas in New
Mexico, range in agency size, and have staff with a variety of ethnic backgrounds, are

- Angel Care of New Mexico, Inc. (Southwest region)
- Families Plus, Inc. (Metropolitan Albuquerque region)
- Taos County Arc (Northern region)
- Advantageous Community Services (Metropolitan Albuquerque region)
- The Opportunity Center (Southeast region)
- R-Way (Northeast region)
- Salas Care, Inc. (Metropolitan Albuquerque region).

By September 2005, one-on-one enrollment sessions were conducted by BearPaw Benefits
with eligible DSWs employed at the agencies. Table A.21 describes four of the participating
agencies that took part in the national evaluation site visit in May 2007.

**HRA Enrollment Effort**

Close communication and on-site meetings with executive directors and Human Resources
managers were conducted between BearPaw, Retirement Strategies, and the UNM-CDD proj-
ect staff in the first six months of implementation to increase enrollment and utilization of
the HRA. As a result, human resource managers received feedback from some enrolled direct
support professionals regarding the difficulty of learning how to use their HRA from someone

<table>
<thead>
<tr>
<th><strong>Table A.21</strong></th>
<th>Participating Agencies in the New Mexico Demonstration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td><strong>Type of Organization/Activity</strong></td>
</tr>
<tr>
<td>Angel Care of NM</td>
<td>For profit</td>
</tr>
<tr>
<td>Families Plus</td>
<td>Nonprofit</td>
</tr>
<tr>
<td>The Opportunity Center</td>
<td>Nonprofit</td>
</tr>
<tr>
<td>Salas Care</td>
<td>For profit</td>
</tr>
</tbody>
</table>
outside the agency (i.e., BearPaw Benefits). Therefore, the agency human resource managers recommended that they themselves become the local trainers and resource for how to use the HRA. In March and April 2006, UNM-CDD project staff trained human resource staff in the participating agencies on how to introduce the HRA to workers.

In working with BearPaw Benefits, Inc., the UNM-CDD project staff found many errors in enrollment in the HRA. For example, it was discovered that enrollment of DSPs who were not eligible occurred (i.e., contract workers). The HRA administrator conducted research and found a new insurance carrier, which offered the same HRA package, to replace Loyal American. In May 2006, UNM-CDD project staff organized a meeting with all participating agencies to plan transition to the new insurance carrier, Optimed. In June 2006, the UNM-CDD staff implemented new enrollment and utilization strategies based on feedback from the agencies and workers. These included new enrollee incentives (tangibles printed with a “Yes, you can get money for health care expenses” label on them were distributed to workers to encourage enrollment) and a reimbursement kit (including a cover memo and forms to complete to request reimbursement of health care expenses). Starting July 2006, Optimed served as the insurance carrier.

**Initiatives as Proposed**

The purpose of the New Mexico grant was to improve access to health care as a way to retain direct support staff. The initiative was an HRA with three components:

- basic insurance plan
- prescription drug card
- monthly contribution to a health savings account (HSA).

**Logic Model**

Figure A.9 is the logic model for the New Mexico demonstration as developed in early 2007.

**Implementation**

**Initiatives**

**Health Reimbursement Arrangement**

The initiative implemented in New Mexico was a tax-free HRA that included three components: mini-medical health care insurance, a prescription discount card, and a monthly cash benefit in the form of a contribution to an HSA for each DSP enrolled. Both full-time (as defined by 30 hours or more a week) and part-time workers were eligible to participate in the initiative after 30 days of continuous employment, but the monthly cash benefit for full-time and part-time staff differed, as explained below.

**Mini-Medical Health Care Insurance**

The HRA provided a basic health insurance plan (mini-medical) that covered a variety of health care procedures, including preventive care (e.g., an annual physical). The grant covered the $40 per month premium cost of providing insurance to workers. This health insurance policy offered discounts on several health care services. For example, the plan paid $50 per physician visit for up to six visits per calendar year and $100 a day toward hospital charges.
**Figure A.9**

**Logic Model for the New Mexico Demonstration**

**Mission:** Increasing access to health care will improve retention of direct service staff.

**Context:** Demonstration began in October 2005; initially planned to be a HRA only but after grant was funded, program staff were able to put into place a basic insurance plan + prescription drug card + HSA; state has comprehensive database to track outcomes.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS funding</td>
<td>1. Provide to a sample of direct service staff: a. basic health insurance plan b. prescription drug card c. monthly cash benefit</td>
<td>1a. Number of DSWs enrolled in the program</td>
<td>Worker level: Job duration Agency level: Retention rate Turnover rate</td>
</tr>
<tr>
<td>Staffing: Project Director, Evaluator (UNM)</td>
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<tr>
<td>Partner organizations</td>
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<tr>
<td>University of NM Center for Development and Disability</td>
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<td>Direct Support Retention Project Advisory Group</td>
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<td>Opti-med</td>
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<tr>
<td>Retirement Strategies</td>
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<tr>
<td>Employer agencies</td>
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<tr>
<td>Angel Care of NM (Las Cruces)</td>
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<tr>
<td>Advantageous Community Services, Inc (Albuquerque)</td>
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<tr>
<td>Taos County Arc (Taos)</td>
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<tr>
<td>R-Way (Espanola, Santa Fe, Las Vegas)</td>
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<td>Salas Care (Bernalillo)</td>
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<td>The Opportunity Center (Alamogordo)</td>
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<tr>
<td>Families Plus (Albuquerque)</td>
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for up to 29 days a year. Employees were eligible to upgrade from this Basic Plan to a Standard Plan with broader coverage and/or choose to include spouse or dependents in coverage for additional costs. The additional costs were reimbursable through the monthly cash benefit (described below).

**Prescription Discount Card**
The HRA provided a prescription discount card designed to give workers immediate 10 percent or greater discounts on prescription drugs or other medical equipment needs. The grant covered the $5 per month cost of the card. The amount of savings was determined by geographical location, dosage amount, and brand or generic drug type. The out-of-pocket expenses paid by the worker for prescriptions were reimbursable through the monthly cash benefit.

**Monthly Cash Benefit**
The HRA provided a monthly cash benefit in the form of a contribution to the employee’s HSA. Employees who worked 30 hours or more per week received a $60 per month contribution to their HSA, for a total of up to $720 per calendar year. Part-time employees who worked less than 30 hours per week received a $30 per month contribution to their account, for a total of up to $360 per year. Workers could use the money in their account to cover allowable medical expenses not covered by the basic health insurance or the prescription discount card (e.g., eyeglasses, dental care). There was no carryover provision from one plan year to the next; any funds leftover in an employee’s account at the end of a plan year reverted to the grantee and were used by the project to cover continued HRA costs.

**HRA Processing**
Workers were given information about the plan from their trained agency human resource manager. For the monthly cash benefit, workers were instructed to make an initial payment for covered expenses and send receipts to the plan administrator at Retirement Strategies. Retirement Strategies reviewed receipts for reimbursement eligibility and sent workers a reimbursement check for the allowable amount.

**Other Demonstration Activities**
Although not designated at the time the logic model was developed, UNM-CDD also conducted a few more activities as part of the demonstration that we learned about after the site visit.

- UNM-CDD developed a briefing paper, entitled “Opportunities and Challenges in Establishing a Direct Support Worker Association in New Mexico” (Cahill, Portzline, and Ibanez, 2006), that was disseminated statewide and at the New Freedom Initiative conference in Baltimore in early 2007. This paper, which is based on a literature review, outlines the purpose of professional associations for the direct service workforce, the main functions provided by such an association, and how these associations have been established and sustained.

- UNM-CDD staff also developed an environmental scan, based on a literature review, stakeholder focus groups, and surveys to inform a 2007 Infrastructure Study that looked at how recruitment and retention of the direct service workforce has changed in the past five years (Cahill, 2007).
The project manager also made a presentation about the demonstration at the National Association of State Units on Aging (NASUA) conference in October 2007 (Ibanez, 2007).

Performance Monitoring

Outputs

HRA Enrollment and Utilization
The local evaluation team monitored enrollment in and utilization of the HRA. Below are enrollment and utilization data reported in their quarterly reports:

- Just under 250 workers were enrolled in the plan during 2005–06 (241 full-time and 6 part-time). The last quarterly report dated December 2007 stated a total of 201 enrollees over the previous year (198 full-time and 3 part-time).
- Out of the estimated 500 workers thought to be eligible for the HRA at the outset of the grant funding, approximately 224 workers were actually eligible. The workers not eligible were the contract workers, as the HRA required that workers be employees, not contracted staff, of the agency. Enrollment was about 90 percent among those who were eligible (i.e., workers who did not already have health insurance coverage and were employed, not on contract).
- In terms of utilization of the monthly cash benefit, the percentage of employees claiming reimbursement for their health care expenses ranged from 10 percent to 75 percent across the participating agencies, with an average of around 30 percent as reported in February 2007. The national mean utilization rate for HSAs is reported to be 28 percent, indicating that utilization among this population was in the average range (see Claxton et al., 2005).

Retention and Turnover Rates
The local evaluation team used an interrupted time series analysis with a pre- and post-test design to examine retention and turnover rates among participating agencies across time. Data were available through a statewide database maintained by the UNM-CDD. Table A.22 reports turnover rates across the participating agencies, and Table A.23 reports retention rates.

- For retention, the evaluators reported an 11.54-percent increase over 11 quarters (including three quarters prior to the initiation of the HRA and eight quarters after initiation), with an average retention rate of 30.90 percent.
- For turnover, the evaluators reported a 5.3-percent decrease over 11 quarters, with an average turnover rate of 7.3 percent.

Worker Surveys
The local evaluation team originally planned to conduct written surveys with direct support staff and agency directors. This plan was discontinued because of concern about over-burdening respondents, once it was learned that the national evaluation team would also be collecting survey data from these parties.
Table A.22
Agency Turnover Rates for the New Mexico Demonstration (%)

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<tr>
<th>Agency</th>
<th>1/1/05– 3/31/05</th>
<th>4/1/05– 6/30/05</th>
<th>7/1/05– 9/30/05</th>
<th>Benefit Launch</th>
<th>10/1/05– 12/31/05</th>
<th>1/1/06– 3/31/06</th>
<th>4/1/06– 6/30/06</th>
<th>7/1/06– 9/30/06</th>
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<td>33.00</td>
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<td>Benefit Launch (10/1/05–12/31/05)</td>
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<tr>
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<td><strong>10.8</strong></td>
<td><strong>8.9</strong></td>
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</table>
Local Evaluation
The local evaluation team used an interrupted time series analysis with a pre- and post-test design to examine retention and turnover rates among participating agencies across time. Data were available through a statewide database maintained by UNM-CDD. See Table A.22 for more details about retention rates across the participating agencies and Table A.23 for more information about turnover rates. The local evaluation team originally planned to conduct written surveys with direct support staff and agency directors, but this plan was discontinued once it was learned that the national evaluation team would also be collecting survey data from these parties, due to concern over burden on respondents.

Perceived Outcomes

Interviewees
The RAND/AIR site-visit team interviewed individuals from the following organizations:

- Project Management:
  - Center for Development and Disability (UNM-CDD)/University of New Mexico (UNM):
    - Project Manager
    - Project Consultant
    - Evaluator
    - Database Coordinator
  - Partner: Retirement Strategies LLC (Health Reimbursement Arrangement Administrator)
- Agencies:
  - Angel Care of New Mexico
  - Families Plus
  - The Opportunity Center
  - Salas Care

Interview Findings
The participating agencies had varied opinions about the impact of the HRA on outcomes:

- All agencies agreed that they enjoyed offering the benefit to their employees.
- Some agency directors were skeptical about whether it improved retention. Others indicated that they felt that they definitely were able to retain some of the workforce because of the added benefit.
- Most agencies indicated that there were other agencies in the geographical area that offered health insurance, and the HRA helped make them more competitive with these agencies.
- Workers expressed gratitude for having the HRA as it was perceived as a small benefit that was better than no benefit

Marketing of Demonstration Initiatives
Initially, a representative from the health insurance company met individually with workers to explain the HRA. The HRA administrator learned that this was not a successful mechanism to inform workers about the HRA. The HRA administrator indicated that the lack of experience with health insurance among this population deterred utilization, especially early
on. The agency directors also indicated that the biggest challenge of the project was explaining the HRA to employees. Agency directors indicated that some of their workers did not enroll because they did not understand the concept behind the HRA.

As a result of this feedback, the grant project manager developed brochures and fact sheets with simple messages to explain the HRA to workers. Based on continual feedback from agency staff and DSWs, the project manager developed a “Train the Trainer” module to assist local agency human resource staff in conducting the “How to Use Your HRA” information session for workers. In contrast to this, at the site visit, agency directors, and workers indicated that they enjoyed learning about the plan from demonstration staff and that it might have been more effective getting the information from someone outside their agency.

Facilitators to the Demonstration

- **Outcome data was easily obtained.** Because of a recent consent decree in the state of New Mexico, the project management team (UNM-CDD) was already operating a statewide database that contained data from individual agencies and workers on direct support training, retention, and turnover rates. As a result, the project management team had an easier time accessing and keeping track of recruitment and retention information than other demonstration grantees (e.g., Maine).

Barriers to the Demonstration

- **Project implementation was slow to get underway.** Project coordination was lacking at the beginning of the grant period. Significant progress in planning the initiative was not made until staff from UNM-CDD became involved in spring 2005. In addition, the proposed project of offering health insurance to all DSWs was not feasible. After significant research and planning, an HRA benefit was conceived and made available to DSWs starting in October 2005, more than two years after the grant was first awarded. Because of a slow initiation, funding was available at the end of the grant period to extend benefits for another year (through 2008).
- **The HRA was difficult to understand.** Managers and workers indicated that the materials were helpful but that the HRA was difficult to understand, and it took several attempts and experience to become familiar with how it worked.
- **The HRA information sessions were not well attended.** There was indication that the HRA information sessions were not attended by all workers; making the meetings mandatory or paying the workers to attend would have helped disseminate information about the HRA more effectively.
- **More effective HRA explanation was needed.** The demonstration staff felt that it would be more effective for workers to hear about the plan from someone familiar from the agency, thus the “Train the Trainer” approach was employed.
- **Paperwork was burdensome.** It was difficult for workers to keep track of their receipts and complete paperwork in order to receive the monthly cash benefit. In one agency, the Human Resources manager offered to complete paperwork for workers and transmit it to Retirement Strategies for reimbursement. This manager also mentioned providing frequent reminders to her staff so that they would not forget to submit receipts for reim-
bursure. A review of utilization rates did not indicate that requests for reimbursement were any higher in this agency compared with the others.

- **Workers found the HRA difficult to use.** The workers reported some frustration in using the plan. Workers indicated that it was complicated and that they did not always understand how the plan worked.
- **Upfront costs were problematic.** Workers indicated that it was sometimes difficult to pay costs up front.
- **Barriers to prescription card use were encountered.** There was some confusion over the prescription card: Some of the workers indicated that it was not accepted by their pharmacy and that they preferred to not use it and instead just turn in their receipt to get reimbursed for the costs of their medication.

**Other Contextual Factors**
Stakeholders reported very few contextual factors that might have influenced recruitment and retention of the workforce during this period.

**Plans For Sustainability**
Because of the need for more retention data to be collected for the evaluation and the availability of funds due to low spending in 2005–2006, the state planned to continue to offer the HRA benefit for an extra year. As of April 2007, it was reported that the HRA would end in June 2008.

- One agency was planning to discontinue participation because it had decided to offer health insurance to its workforce. It was perceived that providing the HRA demonstrated to the agency that it was worth putting into place health insurance coverage.
- Other agencies reported that they are evaluating whether they could afford to continue to offer coverage. Some indicated that they thought that an HMO plan might be a better investment than the HRA.

**Lessons Learned**

- **IRS regulations restricted HRA eligibility of workers.** The state of New Mexico learned that, according to IRS regulations, an HRA must be offered to an entire class of employees. Workers were eligible to receive the HRA only if they were part-time or full-time employees, not contractual workers. In one large agency located in the metropolitan Albuquerque area, many workers were hired on a contractual basis and therefore were not eligible to receive the HRA. The potential pool of workers that qualified was reduced dramatically after this was discovered.
- **One-on-one approach needed to explain HRA to workers.** Agency directors and workers stated that the brochures and other information disseminated to workers were helpful, but not the best method to promote the benefit. Because of the employees' and employers' lack of familiarity with an HRA, it was recommended that a one-on-one meeting with workers be set up to explain the benefits associated with the HRA. Because many employees work in consumers' homes, and there is no centralized location to communicate with the workforce, it is difficult for agencies to remind workers about the HRA benefit and to be responsive to questions.
Expenditure of Grant Funds

The grantee in New Mexico received $1,403,000. A grantee matching budget of $25,389 was reported for years 1 and 2. The national evaluation team was unable to summarize demonstration costs in a table, as is done in other grantee summaries, for several reasons:

- UNM-CDD did not manage the financial aspect of the grant and therefore did not have access to budget figures and costs.
- The national evaluation team did not meet directly with the grantee staff in the New Mexico Department of Health, Developmental Disabilities Supports Division, and was unable to obtain accurate figures on the costs associated with the grant.
- UNM-CDD implemented the management of the demonstration as well as the local evaluation. Therefore, separate costs associated with the evaluation were not formally tracked.

Only the following cost information was available:

1. Together, the three components of the HRA cost $111 per full-time employee per month ($40 insurance premium, $5 prescription discount card, and $66 cash benefit program). There were no additional costs to the employers or workers.
2. Costs associated with administration of the HRA by Retirement Strategies were quoted as $6 per employee plus a $10,000 flat rate per year. The rest of the costs paid went directly toward payment of the basic health plan, prescription card, and monthly cash benefit.
3. Given that the HRA benefit was initiated in October 2005 and covered approximately 250 employees in the first year and 200 in the second year, its costs would be no more than $599,400 over the two years (assuming all full-time employees).
4. Agency directors noted that they were not reimbursed for their time to attend quarterly meetings but did receive reimbursement for their mileage.
**Grantee Summary—North Carolina**

**Grantee:** Pathways for the Future, Inc., Self-directed Assistance for Independent Living (SAIL) program

**Partners:**

- In the Know, Inc.
- Association for Homes and Hospice Care of North Carolina
- Direct Care Workers Association of North Carolina

**Project Time Frame:** September 1, 2003–May 31, 2007

**Local Evaluator:** Western Carolina University

**Site Visit:** May 23–24, 2007

**Introduction**

This summary is based on numerous sources, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

**Demonstration Background**

**History of Grant**

Pathways for the Future, Inc.’s Self-directed Assistance for Independent Living (SAIL) program was the grantee in North Carolina. Pathways is a state-licensed, private nonprofit provider of in-home care services located in Sylva, North Carolina. The grantee emphasized in their proposal that several barriers prevent direct service support as a career path for individuals in western North Carolina, including low wages, few benefits, minimal opportunities for continuing education and advancement, and a sense of being undervalued. Similar to trends across the country, the grantee indicated the need to attract and retain workers in this field given the increased competition for workers in retail and institutionalized care settings. In addition, Pathways emphasized the need for tailored training for care providers in home settings.

This project, called “Caregivers are Professionals, Too” (CAPT), involved four agencies in western North Carolina that employed certified nursing assistants (CNAs) and personal care assistants. These agencies are described in Table A.24.

Three out of the four agencies recruited for the project took part in some planning meetings before the grant was funded. These agencies already provided health insurance to their
employees. At that time, the directors of these agencies thought that they would benefit from participating in the demonstration project in several ways: (1) Most important, they thought that they would receive better insurance rates by purchasing as a pooled workforce across agencies; (2) they believed that the grant would provide valuable training opportunities to their staff; and (3) one participating agency director indicated that they did not believe health insurance would influence recruitment and retention, but that by participating in the project, the agency would be able to demonstrate this idea to their stakeholders.

After the grant was awarded in September 2003, the fourth agency was recruited to participate in the demonstration. This agency was smaller in size and did not offer health insurance to its employees and saw that participation would allow the agency to cover the costs of a mini-medical insurance plan. This agency also was relatively new to the field and perceived the project as valuable to learning how other direct service provider agencies operated.

**Initiatives as Proposed**
The North Carolina grantee proposed three major initiatives for their demonstration:

- health care coverage
- professional development
- merit-based recognition.
This project also included a strong evaluation component, surveying workers four times over the course of the demonstration period to assess such factors as awareness and participation in initiatives, supervisory relationships, and such outcomes as job satisfaction and intentions to stay in job.

**Logic Model**

Figure A.10 is the logic model for the North Carolina demonstration as developed in early 2007.

**Implementation**

**Initiatives**

The initiatives that were part of this demonstration were launched in succession. The first initiative undertaken was the health insurance subsidy in 2004, followed by the professional organizational membership and training components, and finally the merit-based recognition initiative in July 2005.

**Health Care Coverage**

The proposed plan was to provide health insurance by pooling the workforce across participating agencies, but a law was passed before the grant was funded that made it no longer legal to pool for purposes of purchasing health insurance. Rather than pooling, grant funding was used to subsidize the worker portion of health insurance premiums for employer-based health plans. In North Carolina, employers are required to support at least half of the cost of health care premiums. This initiative offered up to $108 per month as a subsidy to cover a worker’s costs for health insurance. Workers were eligible if they worked a minimum of 30 hours per week and had completed 12 weeks of employment.

Each of the four participating agencies offered a different private insurance plan to its workers (see Table A.25). One agency selected a mini-medical plan in which the $108 subsidy covered all of the workers’ portion of the cost. This plan offered limited reimbursement and limited benefits. Other agencies offered a comprehensive medical plan that gave more benefits and reimbursement but required additional costs to the workers (e.g., from $196 to $715 per month in the second year of the grant). None of the subsidies could be used to purchase coverage for family members. One of the agencies changed plans three times over the course of the three-year grant period. See Table A.26 for examples of two plans (one comprehensive and one mini-medical) that were implemented during the second year of the demonstration period.

**Professional Development**

In North Carolina, the professional development initiative included membership in a professional organization and the provision of training. This initiative was launched during the second year of the demonstration project (2005).

**Professional Organization Membership**

Initially, the grant supported membership in DCWA of North Carolina, a statewide non-profit developed to improve the quality of long-term care through public awareness, education, and professional development of DSWs. DCWA was started during the second year of the
**Figure A.10**
**Logic Model for the North Carolina Demonstration**

**Mission:** To recruit and retain DSWs—CNAs and personal care assistants—by offering health insurance, professional development, merit-based recognition (CAPT: Caregivers Are Professionals Too).

**Context:** Current staffing does not include any of the original grant writers; there is variation in how activity #1 is implemented across agencies.

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<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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<td>Job satisfaction</td>
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<td>4 employer agencies in Western North Carolina</td>
<td>2. Professional development offered to full- and part-time workers a. Enrollment in DCWA (lobbying force) b. Professional training workshops and self-study programs</td>
<td>2a. All partner DSWs enrolled in DCWA 2b. Number of DSWs who participated in workshops and self-study programs</td>
<td>Interest in caregiving profession (as measured by intent to stay and willingness to recommend profession to others)</td>
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<td>3. Merit-based recognition program a. Cash bonus for high attendance at work b. Yearly service award</td>
<td>3a. Number of DSWs recognized with bonuses 3b. Number of DSWs receiving yearly service award</td>
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Table A.25
Health Plans Offered by CAPT Home Care Agency Partners (North Carolina)

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<th>Agency Name</th>
<th>Pathways</th>
<th>Hearthstone</th>
<th>Sawyers</th>
<th>Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan type</td>
<td>Major Medical</td>
<td>Mini Medical</td>
<td>Mini/Major</td>
<td>Major Medical</td>
</tr>
<tr>
<td>Provider</td>
<td>Blue Cross Blue Shield</td>
<td>Bear Paw</td>
<td>Pan-American/Assurant</td>
<td>Administrative Services</td>
</tr>
</tbody>
</table>

Table A.26
Sample Major Medical and Mini-Medical Plans Offered by North Carolina Agencies

<table>
<thead>
<tr>
<th>Feature</th>
<th>Major Medical Plan</th>
<th>Mini-Medical Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible and</td>
<td>$1,000 in network deductible per calendar year, $2,000 out-of-network deductible per calendar year.</td>
<td>No deductible, very high co-pays, including responsibility for all charges after the limited reimbursement is applied.</td>
</tr>
<tr>
<td>co-pays</td>
<td>Copayments ranging from $10 to $100 depending on the service.</td>
<td>No</td>
</tr>
<tr>
<td>Limit on out-of-pocket costs?</td>
<td>Yes, co-insurance maximum is $1,000 in-network and $2,000 out-of-network per calendar year.</td>
<td>No</td>
</tr>
<tr>
<td>Lifetime maximum benefit?</td>
<td>No limit</td>
<td>Yes, limits on all coverage</td>
</tr>
<tr>
<td>Total premium costs</td>
<td>$551.60 per member per month</td>
<td>$78.00 per member per month</td>
</tr>
<tr>
<td>Employee share of premium</td>
<td>$13.84 (after $108 subsidy is applied)</td>
<td>No employee contribution</td>
</tr>
<tr>
<td>Employer share of premium</td>
<td>$429.76</td>
<td>No employer contribution</td>
</tr>
<tr>
<td>Cost to other payers</td>
<td>CMS grant covers 100% of the $108 per member per month subsidy to the employee share of monthly premium costs.</td>
<td>CMS grant covers 100% of the $78 premium.</td>
</tr>
</tbody>
</table>

demonstration through a Real Choices grant. This project supported a one-year membership to all workers in the four participating agencies, at a total cost of around $8,500.

After the first year of membership in DCWA, the participating stakeholders determined that the membership was not providing enough benefit to the workers to justify the costs. Instead, in 2006, the grantee switched to supporting agency membership in the Association for Home and Hospice Care (AHHC) of North Carolina. This is a nonprofit trade organization that represents 700 home care and hospice providers across the state of North Carolina. Although AHHC represents a larger workforce than DSPs, its mission was perceived in alignment with the grant objectives. AHHC provides information and educational opportunities, including technical assistance on patient care, billing, reimbursements, and documentation, to home care agencies.

Training
A training curriculum developed by In the Know, Inc. (ITK), was adopted for use in this demonstration project. The curriculum was selected based on input from workers at Pathways, the lead agency, and positive feedback from another participating agency that was already using it
to train its workforce. In the first year of the grant (2004), a survey was sent out to a sample of workers across the participating agencies that asked for input on curriculum topics as well as on times to hold training workshops. This information was used to select the curriculum and study topics.

The ITK curriculum was developed by a North Carolina publisher of continuing education services for CNAs and nurses, led by a Registered Nurse. The publisher had created over 100 training topics and donated 12 topics per year to the grantee for use in the demonstration project. The developers of the curriculum reported that the materials were written at an 8th grade reading level and took into account a CNA’s education level. The workers were surveyed about topics in which they were interested in getting more information, and 17 topics were selected for the demonstration period based on this effort. The developer quoted that the cost of the curriculum donated for the demonstration was approximately $4,000. The lead agency quoted the costs of reproducing the curriculum for its own workers and participating agency workers at an additional $4,000 in matching funds.

Implementation of the training curriculum varied across the participating agencies. In general, all the sites assigned one topic at a time, approximately once a month, to workers. Workers were given the opportunity to submit a completed test on the assigned topic to receive credit. The training itself was presented to workers in two formats. In the lead agency and two of the other agencies, group workshops were initially attempted. Workers were not paid to attend training, but received snacks during the one-hour workshop. The agencies found that the class format was not well attended and burdensome for administrative staff. After the first year of implementation, a self-study format was adopted by all the agencies.

Incentives to complete the training also varied across participating agencies. In the lead agency, the training was voluntary but workers received incentives for submitting proof of successful completion of the test material after each topic. Once a worker completed ten topics successfully, they received a wage increase. At another agency, the curriculum was mandated. The other two agencies implemented a voluntary program, but it was unclear whether wage increases were employed as an incentive as in the lead agency.

The way in which workers had access to the curriculum also varied across agencies. In the lead agency, a notebook that contained the curriculum was given to employees, and $25 was deducted from paycheck if it was not returned. In the agency that mandated the training, the notebook was given to employees, and the worker was expected to keep the notebook throughout employment to serve as a reference tool. The other two participating agencies distributed notebooks after 60 days of employment, and workers were simply asked to return them upon termination.

**Merit-Based Recognition**

The merit-based recognition program implemented in North Carolina consisted of a cash bonus for good attendance and a service award for longevity. The grantee leadership reported that these awards were developed via input from the technical assistance providers (Lewin and

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PHI) and other states/agencies conducting similar types of programs with agencies and workers. In summer 2004, PHI conducted focus groups with workers in North Carolina and provided the results to grantee leadership to develop both the professionalization and merit-based recognition initiatives.

**Cash Bonus Awards**

After the second year of the grant (July 2005), a cash bonus was given to each worker who met qualifications for longevity and attendance (90 percent attendance over one year). Workers who had been employed with the agency at least one year and had 90-percent attendance over that year received approximately $125 cash. The agency that mandated the ITK training curriculum also considered completion of the curriculum in determining eligibility for the cash bonus.

The distribution method of these awards varied across agencies. One agency distributed the awards as part of the regular pay process (in the office, when workers came in for their paychecks). Other agencies distributed the awards publicly as part of an annual banquet for its employees. In addition, one agency listed the names of the workers who received the awards in a monthly newsletter that was distributed to all staff.

**Service Awards**

In addition to the cash bonus, workers were eligible for a tangible award based on years of service with the agency. During the first year, recognition of one year of service was symbolized by a tote bag, and fleece jackets were given for two years of service and beyond. Workers also received a certificate of recognition. Based on feedback from the workers, in the following year, additional service award levels were developed (see Table A.27). Many of the materials were personalized by the agency. Like the cash bonus awards, the distribution of tangible awards varied across agency. One agency presented the awards in the workplace (at the consumer’s

<table>
<thead>
<tr>
<th>Type of Recognition</th>
<th>Criteria</th>
<th>Type of Recognition/Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Bonus</td>
<td>90% attendance for a year</td>
<td>$125 (after taxes)</td>
</tr>
<tr>
<td>Service award</td>
<td>1 year of service</td>
<td>Tote bag</td>
</tr>
<tr>
<td></td>
<td>2 years of service</td>
<td>Fleece jacket</td>
</tr>
<tr>
<td></td>
<td>3 years of service</td>
<td>Portfolio</td>
</tr>
<tr>
<td></td>
<td>4 years of service</td>
<td>Scrubs</td>
</tr>
<tr>
<td></td>
<td>5 years of service</td>
<td>Pin</td>
</tr>
<tr>
<td></td>
<td>6 years of service</td>
<td>Pin + mug</td>
</tr>
<tr>
<td></td>
<td>7 years of service</td>
<td>Pin + tote bag</td>
</tr>
<tr>
<td></td>
<td>8 years of service</td>
<td>Pin + portfolio</td>
</tr>
<tr>
<td></td>
<td>9 years of service</td>
<td>Pin + scrubs</td>
</tr>
</tbody>
</table>

SOURCE: Sherlock and Morgan (2007b, Table 1). Used with permission.
home). Another agency distributed them in the office, with paychecks. The other agencies distributed awards as part of an annual banquet/dinner for its workers.

**Performance Monitoring**

**Local Evaluation**
The local evaluation was led by John Sherlock at Western Carolina University. In North Carolina, the local evaluator employed a three-year time series approach by implementing a DSW survey four times (summer 2004 and spring 2005, 2006, and 2007) to approximately 700 workers across the four agencies. In addition, focus groups with workers of the participating agencies were conducted twice (June 2006 and May 2007). In addition, average tenure data over the course of the grant period (Q1 2005–Q1 2007) and turnover data for the period just prior to the grant award through the end of the grant period (Q1 2007) that was supplied by each agency were examined. The local evaluation team developed six presentations or papers, and most of the information reported in this section is based on that work (Sherlock, Morgan, and Karvonen, 2006; Sherlock and Morgan, 2007a, 2007c).

**DSW Survey**
The DSW survey included items that were developed collaboratively with the grant coordinator, agency directors, and project evaluators. The approximately 58-item survey included questions related to use and perceived value of each initiative component (health care coverage, professional association membership, ITK training, merit cash bonuses, and service awards). Job satisfaction, supervisory relationships, and job environment were assessed using scales adapted from previously validated measures (Harris-Kojetin et al., 2003). In addition, intent to stay and demographic characteristics (age, gender, race/ethnicity, education, marital status, family status, number of jobs, and income) were measured. Findings from these analyses are provided below. Response rates from the surveys ranged from 38 percent (2005) to 53 percent (summer 2004).

**Awareness of Initiatives**
In the initial survey conducted by the local evaluator, it was found that a little over 20 percent of workers were not aware of one or more the initiatives. By the last survey in 2007, the local evaluators reported that awareness of the initiatives was no longer an issue as most of the workers surveyed were aware of them.

**Initiative Quality**
The quality of the different initiatives was not directly measured in the local evaluation.

**Participation**

- **Health insurance.** Not everyone participated in the health insurance coverage option. The uptake was reported to be about 80–85 percent of those eligible. The local evaluator reported that enrollment was fairly steady across the grant period.
- **Training.** One agency mandated the training and therefore had close to 100 percent participation. The other agencies reported participation rates from 10 percent to 50 percent. The local evaluators reported that participation dwindled over time in the agencies that instituted a voluntary policy.
Focus Groups
The local evaluation team implemented two focus groups that helped them gain insight from the workers about their attitudes toward the initiatives.

General Perceptions of the Initiatives
The aims of the initial set of focus groups were to gain insight into worker perceptions about and experience with the initiatives, the impact of the initiatives on job satisfaction, and willingness to stay in the job and recommend the job to others. Agencies permitted up to 12 employees to self-select to participate in each of the two focus groups (with no restrictions on who was allowed to participate except that the largest agency restricted one of their focus groups to those DSWs who were participating in the health insurance program).

The local evaluators reported that the sample of DSWs participating was primarily female (reflecting the agency population) and represented a mix of age, experience levels in health care, tenure with the organization, and varying participation levels in the various benefits offered through the grant. The key findings from the focus groups are described in Table A.28.

Table A.28
Focus Group Results (North Carolina)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care coverage</td>
<td>Health insurance is greatly appreciated, but many still cannot afford even with subsidy</td>
</tr>
<tr>
<td>Professional organization memberships</td>
<td>Concept of association was appreciated by some workers, but little value was seen during that first year of membership in the DCWA. While there was little interest expressed in the DCWA, most workers agreed that a professional association was a good idea and would be empowering if the information and benefits had been relevant and regionally based.</td>
</tr>
<tr>
<td>ITK training curriculum</td>
<td>Study preferences vary across worker, some prefer group classroom-style approaches whereas others prefer self-study. A number of pros and cons for each approach were highlighted: Pro (classroom): Provided additional benefit of instilling a sense of community among workers (i.e., workers had opportunity to meet other workers and form a professional peer support network) It helped prioritize the training by forcing worker to set aside the time to participate Pro (in-home study): Worker could move through material at own pace There was a strong desire for more hands-on training, especially among the younger workers. Additional home care training needs were expressed, including verbal and nonverbal communication skills cooking skills housekeeping skills patience/compassion activity planning basic caregiving clinical skills relationship building matching client with the right caregiver.</td>
</tr>
<tr>
<td>Merit-based recognition</td>
<td>Service awards were highly valued. Workers expressed pride by having tote bag, jacket, portfolio, or pin with the agency logo. Cash bonuses were appreciated. Workers expressed desire for other forms of service awards (i.e., gift cards, vacation/paid time off, etc.).</td>
</tr>
</tbody>
</table>
Perceptions of the Service Award

The second focus group conducted by the local evaluators revolved around the service award program. This initiative was perceived by the participating agencies as the most likely to be continued because of its low costs and perceived benefit, and therefore feedback on this initiative was sought. The evaluators found that the workers liked receiving an award with the agency identity on it. The workers wanted to let others know where they worked, and the award allowed them to express pride in their workplace and profession. However, some of the more experienced workers questioned the lack of distinction in awards for those who had been with the agency for longer than the two years. Similar comments were made concerning the cash bonus structure. As a result of this feedback, the structure of the service awards was changed in the second year, and these changes are reflected in the description of the awards listed in Table A.27.

The local evaluators concluded from their focus groups that the workers care deeply for their clients and want to stay in the field of home care. They indicated that it was evident that almost all workers struggle financially and that this produces considerable stress for them. In addition to pursuing ways to increase their pay, any initiatives that could help workers better manage their finances and related stress would likely be well received.

Outcomes

The local evaluators examined three sets of outcome data: turnover rate and its relationship to participation in the health insurance and merit-bonus programs, job satisfaction, and tenure rate. Tenure and turnover data and participation rates were collected from administrative data. Job satisfaction was assessed in the worker survey.

Turnover

A turnover form was completed by each agency for every calendar quarter from 2005 to March 2007. The 2002–2003 and the 2003–2004 data were collected from the agencies’ CMS reporting. The turnover forms were created to mirror the CMS format for ease of completion by each agency’s staff. The annual turnover rate was calculated by taking the average of the quarterly turnover rates during the calendar year. The local evaluators found that turnover in the first quarter of 2007 was less than half (14 percent) of what it was at the start of grant (30 percent in 2003–04; see Figure A.11). Multiple turnover forms were completed by the agencies each quarter. We averaged them to get the annual turnover rate. Turnover includes both voluntary and involuntary departures.

Turnover Relationship to Health Insurance and Recognition Initiatives

The local evaluators also examined the relationship between turnover and the health insurance and merit-based recognition program participation, based on 2005 data. They calculated turnover percentages for those workers who participated and those who did not participate in the initiatives and compared them. As reported below (Tables A.29a and b, A.30a and b), the total number of participants who left during the specific time period was divided by the total number of participants for each initiative during the same time period. For example, in the first quarter, nine DSWs, across all agencies, who were participating in the health insurance initiative, left their jobs out of 180 total health insurance participants. Thus the turnover percentage for health insurance participants during the first quarter was 5 percent (9/180). The
yearly turnover percentage was calculated in a similar fashion. The numerator was the sum of participants for the entire year who left, and the denominator was the sum of the total participants over the entire year. Nonparticipation turnover was calculated using the same techniques.
Table A.30a

Turnover Data for Merit-Based Bonus Recipients and Nonrecipients
(North Carolina) (2005)

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipients who left (total recipients)</td>
<td>†</td>
<td>14</td>
<td>18</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(212)</td>
<td>(213)</td>
<td>(386)</td>
<td>(811)</td>
</tr>
<tr>
<td>Nonrecipients who left (total nonrecipients)</td>
<td>†</td>
<td>79</td>
<td>79</td>
<td>76</td>
<td>234</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(541)</td>
<td>(372)</td>
<td>(186)</td>
<td>(1,099)</td>
</tr>
</tbody>
</table>

† CMS data not reported during this quarter.

Table A.30b

Turnover Analysis for Merit-Based Bonus Recipients Versus Nonrecipients
(North Carolina) (2005)

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient turnover (%)</td>
<td>—</td>
<td>6.6</td>
<td>8.5</td>
<td>4.1</td>
<td>5.9&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Nonrecipient turnover (%)</td>
<td>—</td>
<td>14.6</td>
<td>21.2</td>
<td>40.9</td>
<td>21.3</td>
</tr>
</tbody>
</table>

<sup>a</sup> p < 0.001, CI95 = 0.154 ± (0.03136) or (12.3%, 18.5%)

Nonparticipation in Health Insurance

In the survey, respondents who did not participate in the health insurance coverage were asked the reasons for nonenrollment. The number of participants who did not participate in health insurance were as follows:

1. 1st survey—174 out of 338 (51.5 percent of survey sample)
2. 2nd survey—132 out of 264 (50.0 percent of survey sample)
3. 3rd survey—205 out of 328 (62.5 percent of survey sample)
4. 4th survey—128 out of 195 (65.6 percent of survey sample).

Overall, “spouse’s insurance/other coverage” was endorsed by the largest percentage of nonparticipants (i.e., approximately one-third of the respondents), following by “too expensive/cannot afford” (20–25 percent across four survey periods) and “ineligible/part-time” (about 16–19 percent).

Job Tenure

The local evaluators reported that the average tenure for a DSW was approximately 18 months during the first year of the project (2004) and more than two years by the last year of the project (2007), based on administrative data from the four participating agencies.

The local evaluators reported that the merit-based bonus and service award recipients as well as those who had not received a bonus or service reward valued the availability of the recognition programs. Analyses indicated that receipt of merit-based bonuses or service awards was a significant predictor of a worker’s intent to stay in the field for one, two, and five years.

In general, the local evaluators concluded from the focus groups and survey findings that workers felt a sense of appreciation by being offered the benefits of these initiatives, regardless
of whether they participated in them. In addition to positively impacting workers’ job satisfaction, the items awarded (i.e., jackets, pins, etc., bearing the organization’s logo) in such a program can also increase workers’ sense of professional identity and pride in working for a particular organization. When workers in this study wore their jackets with their organization’s logo on them, it also provided excellent visibility for their employer.

**Job Satisfaction**

Overall, survey respondents consistently reported high levels of job satisfaction. Workers who participated in at least one initiative reported significantly higher levels of job satisfaction than those who did not participate. Over 90 percent of survey respondents reported being willing to recommend the field to others.

Supervisory relationships were also assessed in the survey, and the evaluators included it as a control variable in their analyses of worker participation in the initiatives and of job satisfaction. Supervisory relationships were not found to influence the relationship between worker participation and job satisfaction.

The DSW survey assessed demographic characteristics, such as age, gender, race/ethnicity, education, marital status, family status/number of dependents, number of jobs, and income. However, the sample was too homogeneous and analysis using these variables was not the primary focus of their evaluation. The evaluators reported that survey respondents were mostly white and female, with approximately 12 years of education. About one-quarter of survey respondents reported receiving public subsidies.

**Limitations of the Local Evaluation**

The local evaluator noted several limitations to their evaluation findings:

- No control or comparison group was studied, so it is not clear whether any of the changes noted in the outcomes were due to initiatives or to other factors in the community. For example, we learned that, at the start of the grant period, a leadership change took place in one of the participating agencies that might have influenced turnover and satisfaction. In addition, other contextual factors, such as changes in Medicaid reimbursement rates, also occurred during the grant period (more details are provided in the next section, RAND/AIR site visit, under “Other Contextual Factors.”).

- The initiatives evolved over time. It was not possible for the evaluator to examine longitudinal changes, because the number and type of initiatives offered evolved over the grant period. For example, in the first year, an Employee Assistance Network was initiated and then dropped.

- It was difficult to draw conclusions based on the evaluation, because the way in which the initiatives were implemented across the participating agencies varied. Some agencies offered a comprehensive health insurance package that cost workers several hundred dollars, whereas others offered a mini-medical plan at no cost to the employee. Moreover, the sample sizes were too small to make comparison across agencies. Given that health insurance coverage was already provided by three out of the four participating agencies, it is difficult to argue that the subsidy had any relationship to changes over time in retention/turnover.
As a result of these limitations to the evaluation, significant improvements in tenure, turnover, and job satisfaction from the start and end of the demonstration period cannot be attributed to the initiatives.

**Perceived Outcomes**

**Interviewees**

In spring 2007, the RAND/AIR site-visit team interviewed individuals from the following organizations about their perceptions of the initiatives:

- **Grantee:**
  - Pathways for the Future, Inc.
- **Employer Agencies:**
  - Pathways’ Self-directed Assistance for Independent Living (SAIL) Program
  - Advantage Home Care
  - Hearthstone Healthcare
  - Sawyer’s Homecare
- **Partners:**
  - Association for Home and Hospice Care of North Carolina
  - In the Know, Inc.
- **Local Evaluator:**
  - Western Carolina University

**Interview Findings**

**Participation**

Lead agency staff believed that retention is better among workers who participated in the initiatives. As a result, agency staff reported that they have become more efficient by not needing to train new people. They also reported feeling that their workforce is more competent because the workers have received additional training.

**Health Care Coverage**

Uptake of the health insurance plan was lower than anticipated. Agency staff and workers reported that this workforce relies on other sources for health insurance coverage. In the worker surveys conducted by the local evaluators, about one-third of workers reported another insurance source. In addition, staff reported that many workers are single mothers and rely on Medicaid coverage.

We also learned that the level of understanding about the health insurance program varied across workers and agencies. For example, the evaluators reported that, in general, there was a lot of confusion over the benefits offered, especially in the agency that offered a different plan each year. The staff from that agency reported that its employees were often dissatisfied with the plan.

Workers in our focus group indicated that the health care coverage would only influence recruitment and retention if it provided adequate coverage. Not all workers perceived the coverage that was offered to them as part of the demonstration as adequate. Those with comprehensive coverage often times admitted that they appreciated the benefits but that the costs were challenging to meet.
**Professional Organization Membership**

The agency directors and workers agreed that they did not perceive the DCWA membership as valuable. The agency directors disagreed as to whether the AHHC membership was beneficial. The one agency that perceived the AHHC membership as valuable had used the organization for technical assistance to refine their assessment forms.

**ITK Training Curriculum**

In general, agency staff agreed that the ITK curriculum was appropriate and valuable to their staff. One agency reported that there had been fewer workers compensation claims since the inception of the ITK curriculum. It is not known whether this is the direct result of the training, but agency directors felt that the curriculum improved worker confidence and professionalism. Another agency indicated that the ITK curriculum was leading to better-trained workers and therefore increased quality of care. About half the workers who participated in our focus group were aware of the ITK training curriculum. Workers thought that the workshop format was a good idea but not easy to attend.

**Merit-Based Recognition**

In general, the agency staff, evaluators and workers noted that the tote bags and jackets were very well received compared with the insurance subsidy. The lead agency felt that the increased visibility of achievement that the tote bag and fleece jacket offered was appreciated by staff. In contrast, another participating agency reported that the cash bonus was more appreciated by staff than the tangible awards. There was also disagreement over whether public recognition in the form of an award dinner/banquet was needed. One agency indicated that the staff did not have the time to attend such an event. Workers reported that the merit-based recognition helped demonstrate agency appreciation of their work but would not have an impact on recruitment and retention because their overall relationship with agency management was more important than annual recognition in the form of a cash bonus or tangible award.

**Marketing of Demonstration Initiatives**

One potential barrier to participation and/or uptake of the initiatives is ineffective marketing. We asked about awareness of the initiatives and whether particular marketing strategies were used. We did not obtain good information about initial marketing attempts, given that our data collection was near the end of the grant period. However, we did get a sense of awareness about the initiatives at grant end as well as participating staffs’ impressions about what was effective.

**Health Insurance**

During orientation, workers learned about the eligibility requirements and plan options. This practice is mandated by North Carolina state law, and workers are required to sign a statement that acknowledges receipt of health insurance information and indicates their decision to accept or reject coverage. Oftentimes, a representative from the health insurance company met with workers to inform them about coverage. In one agency, the health insurance information was provided at a probationary review meeting (close to the time of eligibility). The workers who participated in the focus group knew about the health insurance coverage. Workers from the agency that changed its coverage every year indicated that they did not always know about the changes made in coverage.
ITK Training
Information about the training was disseminated in the monthly newsletter that was mailed to workers. In the agencies where training was voluntary, only about half the focus group participants expressed awareness of the training.

Service Awards
As mentioned earlier, the service awards (i.e., tangible awards, such as a fleece jacket) were distributed differently across the agencies. All of the focus group participants reported being aware of the awards.

Facilitators to the Demonstration
We asked agency directors what they thought helped facilitate the demonstration.

• Good working relationships noted among agencies. One agency felt that the agencies had worked well together. They indicated that the agencies were not in direct competition with one another, and the demonstration would not have worked if there had been competition.

Barriers to the Demonstration
Several barriers were noted in our conversations with participants.

Research Design

• The control condition was not appropriate. The initial design included a comparison site, which happened to be the biggest home health care provider in the area. However, this organization did not participate beyond the first year of the demonstration, since it was determined that the study was not conducive for utilizing a control condition.

Health Care Coverage

• New state law thwarted initial efforts. The health care coverage initiative as initially proposed was to include a joint purchasing pool across the participating agencies to reduce health insurance costs. However, legislation was passed after the proposal was submitted that prohibited associations from forming to purchase health insurance. Therefore, pooled insurance was not an option, and the agencies had to negotiate their own health insurance coverage plans. Therefore, the health insurance that was offered to workers varied across the agencies.

• Worker sign-up was hampered by Medicaid misconception. The number of workers who accepted the health insurance coverage was lower than anticipated by the agencies. One agency director indicated that one reason it was not readily taken up by the workforce was because workers misperceived that the benefit would disqualify them for Medicaid support for their children.
Professional Development

- **One program was canceled.** One of the programs to increase professionalization of the workforce was dropped after the first year. In October 2004, all workers were enrolled in an employee assistance network. The network provided short-term counseling to workers and family members and educational programs, such as “Managing Stress” and “Defusing Anger.” However after the first year, this program was discontinued because of low utilization.

- **Community college participation was sidelined.** The initial design of the training component of the professional development initiative included participation of a local community college. However, after the grant was awarded, it became evident that the half-time position that was proposed would not be donated by the college to the grantee. Instead, the grantee implemented the “In the Know” curriculum and perceived it to fit the need specified in the proposal regarding worker training.

- **A career ladder was not feasible.** Initially, the proposed demonstration included a career ladder piece in collaboration with the local community college. However, the agencies did not feel like they could sustain a wage ladder structure that accompanied the career ladder training, and therefore it was not implemented.

- **Initial professional organization had to be changed.** During the second year of the grant (2005), all workers were enrolled in DCWA. However, this organization was perceived as weak and not supportive locally, and the workers did not perceive value in participating in it. Thus after one year, this membership benefit was dropped.

Merit-Based Recognition

- **Cash/tangible awards raised issues.** In terms of the cash bonus, agencies and workers were concerned about the tax ramifications of it. In regard to the tangible awards, after the first year of their use, the focus groups indicated that the awards were not tiered enough. As a result, additional awards were added in the following year (e.g., a gold pin in addition to the award).

Other Contextual Factors

We asked participants to tell us about any other activities that were going on in the state, region, or agency that might have influenced implementation, outcomes, recruitment, and retention.

- **Medicaid reimbursement/regulations changes.** There was some discussion from the interviewees about whether the Medicaid reimbursement rates were increased during the grant period. One agency indicated that they were increased and could help explain changes in job satisfaction. Another agency disagreed that rates had changed during the grant period and would have any influence on outcomes. There was also discussion about changes in Medicaid regulations that reduced the number of people who qualified for personal care and/or reduced the number of personal care hours. As a result, one agency reported that many of its workers lost hours, and the agency found it difficult to maintain full-time positions, therefore leading to increased turnover.
• *Agencies reported pressure to have a licensed workforce.* We also learned that there is increased pressure based on Medicaid regulations for this workforce to be licensed (i.e., CNAs). As a result of this change, one of the agencies reported moving toward providing care for private-pay clients. Another agency indicated that it provided support to its workforce to become credentialed, by supporting half the tuition costs, but very few employees took advantage of the offer. The agency has moved toward only hiring workers who are already CNAs.

• *Job shadowing was used for mentoring.* One agency initiated a job shadowing initiative in 2005 that allowed new workers to work beside a veteran worker for up to three days, which might have influenced job satisfaction, turnover, and/or retention.

**Plans for Sustainability**

In spring 2007, we asked participating agency directors about their plans for sustaining the initiatives implemented in this demonstration.

**Health Care Coverage**

The health insurance subsidy was perceived as the most difficult to extend beyond the life of the grant. The lead agency is required to have at least 50-percent-disabled workforce, which puts it in a higher risk category and therefore increases insurance costs. Staff at the lead agency reported that the plan that was offered during the grant period would no longer be affordable and that the agency plans to modify it by increasing the deductible (e.g., to $2,000 from $1,000). Other agencies indicated that they are considering a mini-medical plan rather than comprehensive coverage. One agency was determined to keep some coverage because the agency thought it was unethical to offer a benefit and then later take it away. A small agency indicated that it was difficult to manage the insurance because the hours that employees work changes from week to week, and it requires a lot of administrative time to track eligibility.

**Professional Organization Membership**

No agencies indicated that they planned to continue professional membership support.

**Training**

All agencies indicated that they planned to continue use of the ITK training curriculum. Even agencies that employed a voluntary training policy felt that it was a valuable benefit regardless of whether workers participated or not. The lead agency had initiated a monthly newsletter as part of the training program and hoped to be able to continue it beyond the grant, but it would need to be re-valuated with future budget constraints.

**Merit-Based Recognition**

The cash bonus was the initiative least likely to be sustained. One agency said it would not to continue it, and another indicated that the amount of the award would be based on the agency’s bottom line. This agency indicated that a cash bonus is really a tax liability compared with insurance, which is an expense credit. Some agencies indicated that they may substitute the cash bonus with a similar benefit, such as a Walmart gift card.
Lessons Learned
We asked interviewees about what they thought were the major lessons learned from their experience and what they would do differently.

Health Care Coverage

- **Workforce viewed coverage as problematic.** Several issues were discussed regarding health insurance coverage for DSWs. First, health insurance coverage is not considered a priority among this population. The grantee, agency directors, and evaluators all indicated to us that the majority of this workforce lives hand to mouth. Therefore, health insurance is a lower priority than putting food on the table or paying one’s monthly expenses. Second, the health insurance that was offered as part of this demonstration was not easy for workers to understand. Many workers have not had private health insurance coverage in the past and do not understand the benefits/coverage that it provides. Agency leadership indicated it was stressful for the workers to figure out what was and was not covered by their plan. Third, the health insurance that was offered required workers to maintain full-time status, which was challenging during the grant period. Many workers told us that they struggled to maintain full-time status.

- **Alternative approaches were suggested.** The grant project manager offered several suggestions regarding health insurance and worker benefits in general: (1) It was recommended that a cafeteria insurance plan, similar to what the Indiana grantee implemented, which allowed workers to select the coverage that was most relevant for themselves, might be a better approach. (2) Workers should be included in the planning process so that their needs can be adequately considered when determining coverage—for example, workers may prefer lower costs for doctor visits than coverage for specialty medical procedures. (3) A more comprehensive coverage option that included such benefits as paid sick days or time off should be considered, as it is not typically offered to this workforce.

- **Agencies improved their negotiation skills with insurance providers.** One positive, but unexpected, outcome reported by participating agency directors was improved negotiation skills with health insurance providers. The agency staff indicated that they were supported in this endeavor by sharing their experiences with other agencies and grantee leadership.

Professional Organization Membership

- **Views on membership were mixed.** Although agency staff and workers thought that a professional organization was a good idea, the memberships that were offered as part of this demonstration had mixed reviews.

Training

- **Training is likely to increase worker retention.** The developer of the ITK training curriculum and some of the agency leadership indicated that properly trained workers are more likely to be retained.
Merit-Based Recognition

- Recommendations were offered about implementing recognition. The local evaluator presented the following list of recommendations for consideration by an agency that plans to employ a merit recognition program:
  - Involve DSPs in selecting the awards so you are sure the award is something that will be used and valued.
  - Hold organizational events where DSPs can gather and be recognized in front of their peers and family members (pictures taken at the events and later displayed are ideal).
  - When considering the cost of a recognition program, remember that the costs will typically be much less than the high cost of unwanted turnover.
  - Establish and communicate upfront the criteria that will be used for recognition awards, such as attendance or consumer service.
  - Think creatively about the possible awards. DSPs in our study valued clothing items (e.g., fleece jacket) and other items (portfolios, pins) that they could use at work. DSPs in our focus groups also requested that future programs award paid time off based on years of service.
  - In rewarding years of service, be sure to provide increasingly valuable awards to show the value you place on your DSP’s loyalty to the organization.
  - Go into a recognition program understanding that everything won’t go perfectly and you will likely have to make changes and adjustments as you proceed. That’s okay—the DSPs will appreciate your effort to recognize them!

Performance Monitoring

Several lessons were learned regarding measurement and evaluation:

- Vacancies are hard to quantify in this field. The number of unfilled positions is a very fluid concept; the number of vacancies expands and decreases as need changes, which can shift on a daily basis.
- Full-time/part-time status is a changing concept. With this moving demand and supply, the concept of working full-time and part-time can change on a weekly basis. This is difficult when dealing with the health insurance requirements that typically require full-time status for eligibility.
- The local evaluator helped keep the evaluation component in mind. The North Carolina grantee benefited from having the evaluator involved and providing guidance on the measurement component of implementation throughout the project, that is, keeping implementation mindful of evaluation throughout project.

Compensation

- The value of higher wages for retention/recruitment was recognized. Wages were mentioned by all parties that we interviewed. Agency staff indicated that a higher wage would help with recruitment and retention of the workforce. Although training requirements have increased, one agency indicated that they have not been able to offer additional compensation for it. Some agencies indicated that the initiatives offered by the demonstration are more likely to help with retention rather than recruitment. One agency that participated
in the demonstration offers different pay scales to workers by giving them a choice of five paid holidays or no paid holidays and a higher wage.

- **The workforce does not view wages as adequate for job responsibilities.** The workers who participated in our focus groups indicated that the responsibility of the job was not commensurate with wage. Workers indicated that they could gain a higher wage and benefits by working in an institutionalized setting, but it may require weekend work.

- **Transportation cost is part of wage issue.** Related to compensation, the challenges regarding transportation were also mentioned by all participants. Some agencies offered transportation reimbursement and others did not. All mentioned that it was becoming increasingly difficult to fill positions because workers were disinclined to take work that was located far from their home. In addition, we learned that many of the workers provide transportation to clients (e.g., for doctor’s appointments and grocery shopping) but are not reimbursed for it. Workers indicated that their clients do not have other means to attend medical appointments, and therefore they feel obligated to provide transportation.

**Communication**

- **The out-of-office nature of the job hampers communication with workers.** The evaluators noted that this workforce is somewhat like a temporary employee workforce. Workers are out in the community and only come into the office for their paycheck or required trainings/meetings. It is difficult to get information out to them on a timely basis.

**Work Environment**

- **Job satisfaction depends on supervisors.** Workers reported that dissatisfaction with supervisors was a main influence on their job satisfaction.

**Expenditure of Grant Funds**

The grantee in North Carolina received $1,403,000. A total of $12,600 in matching funds were reported that covered office and classroom space. The grand total spent on the North Carolina demonstration was $1,415,600. Table A.31 summarizes the costs associated with the North Carolina initiatives.

**Costs Not Documented**

The ITK curriculum was donated by the developer, who valued it at about $4,000. Also, the participating agencies reported that their time spent on administrative tasks was not reimbursed. Included in this administrative effort were time spent attending meetings, collecting data, grading tests, and disseminating awards. The agencies received a stipend to cover the costs of an annual award dinner/banquet, but it did not completely cover the costs for such an event in the larger agencies. Agencies varied in their reports of additional costs for reproducing the ITK curriculum; for the smaller agency, no additional funding was spent, but for the larger agencies, staff reported additional reproduction costs.
<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
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<tr>
<td>Total CMS funds spent</td>
<td>1,403,000</td>
<td></td>
</tr>
<tr>
<td>Total matching funds spent</td>
<td>12,600</td>
<td></td>
</tr>
<tr>
<td>Total Funds spent on DSW project</td>
<td>1,415,600</td>
<td></td>
</tr>
<tr>
<td>Initiative costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of affordable health insurance</td>
<td>853,080</td>
<td>60</td>
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<tr>
<td>Enrollment in DCWA</td>
<td>7,320</td>
<td>&lt;1</td>
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<td>Professional training</td>
<td>17,863</td>
<td>1</td>
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<tr>
<td>Merit-based recognition</td>
<td>84,050</td>
<td>6</td>
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<tr>
<td>Employee assistance program</td>
<td>16,800</td>
<td>1</td>
</tr>
<tr>
<td>AHHC membership</td>
<td>8,200</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Evaluation costs</td>
<td>46,500</td>
<td>3</td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office personnel, program coordinator contract</td>
<td>320,987</td>
<td>23</td>
</tr>
<tr>
<td>Operating costs</td>
<td>48,200</td>
<td>3</td>
</tr>
<tr>
<td>Office and classroom space</td>
<td>12,600</td>
<td>1</td>
</tr>
</tbody>
</table>
Grantee Summary—Virginia

Grantee: Virginia Department of Medical Assistance Services

Project Management Partner:

- Virginia Geriatric Education Center—to develop and implement training
- Northern Virginia Workforce Investment Board—to conduct recruiting effort

Project Time Frame: June 2004–October 2007

Local Evaluators:

- Partnership for People with Disabilities, Virginia Commonwealth University
- Virginia Geriatric Education Center

Site Visit: July 24–25, 2007

Introduction

This grantee summary is based on numerous sources of information, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

Demonstration Background

History of Grant
The Department for Medical Assistance Services (DMAS) of the Commonwealth of Virginia is the grantee. Preceding this grant, they had been awarded a Real Choices grant from CMS, with which they developed training for personal care assistants.

Initiatives as Proposed
The DSW grantee took advantage of the existing training program and the findings from the Real Choices grant to propose the following initiatives:

1. Modify the DSW training to be more person-centered.
2. Develop and implement training for supervisors and family caregivers.
3. Recruit different populations to serve as DSWs (family caregivers, respite workers, high school and university students, Temporary Assistance for Needy Families [TANF] recipients, people with disabilities who can work).

4. Offer health insurance to DSWs.

Unfortunately, the project director at DMAS began working on the grant in 2005, a year after it had been awarded. In addition, the project director was unable to identify someone at a level above her at DMAS who was familiar with the history of the grant. The grantee met with the Assistant Secretary for Health and Human Services, but the information she provided was more on the broader picture of health care initiatives within Virginia and not specifically about the demonstration grant. At time of the site visit, RAND/AIR did not have access to the original proposal for this grant to obtain background information on the genesis of each initiative implemented during the grant period. Below is some historical detail that was extracted from the information provided about development of the original training materials—known as Enhanced Care Assistant Training I (ECAT I)—that were revised for the DSW grant training curriculum, known as ECAT II.

**Development of the ECAT Training Materials**

In the summer of 2001, one of the training authors (Rita Jablonski) completed an independent project as a doctoral student at the University of Virginia. The project, under the supervision of Iris Parham, was to develop a nursing assistant training program. At the time, there was a local movement in Virginia to create “enhanced” nursing assistants by training them in tasks usually performed by licensed practical nurses. Jablonski, a former nursing assistant herself, suspected that stronger interpersonal skills and enhanced abilities to handle stressors may better serve nursing assistants. With that in mind, she began her project by conducting two focus groups with nursing assistants at an urban nursing home. Six major themes emerged from the focus group feedback: working with difficult families; working with residents who exhibited disruptive and resistive behavior; death and dying; burnout; sexuality in the nursing home; and building good working relationships with peers and supervisors.

The six themes provided the backbone of the first draft of the Nursing Assistant Curriculum. In 2002, the Virginia Geriatric Education Center (VGEC) received a subcontract from the DMAS under a “Real Choice Systems Change” Grant from CMS, under which the original Nursing Assistance Curriculum content was expanded to include information pertinent to caring for younger adults with chronic physical and mental disabilities. An advisory group provided valuable guidance while using progressive problem-solving and consensus-building strategies to solidify group cohesion. The new program was called “Recognition, Respect, and Responsibility: Enhanced Care Assistant Training” (ECAT I) and was piloted in the summer of 2003.

During the 2004–2007 three-year period, VGEC received another grant to expand the curriculum to personal care assistants (PCAs), families, and home care supervisors. Anthony DeLellis joined the team, bringing expertise in the areas of respect and administration. The part of the training program specific to PCAs was again revised based on feedback from ECAT I participants, new findings in the literature, and from the experiences of both DeLellis and Jablonski.

One of the findings from ECAT I was that levels of job satisfaction declined from the time of pre-training to the time of post-training. The grantee concluded that this may have
resulted from placing the trained PCAs back into agencies and homes that had remained the same. The team was determined to address this by changing the work environments and providing family caregivers and supervisors with complementary skills and knowledge. To do this, Jablonski and DeLellis expanded the training to include a four-hour module for supervisors to parallel the content covered with PCAs; a four-hour module for family caregivers; and a four-hour module for both PCAs and supervisors to experience together. The training session for families focused on methods to help them care for their loved ones, especially those with cognitive or behavioral problems. The training session also covered communication techniques and provided content on the challenges of having paid caregivers, often from different ethnic and socioeconomic groups, in one’s home. The combined training sessions concentrated on communication patterns between supervisors and PCAs, offering multiple opportunities for group work. The result of this revision of the original training program was ECAT II, which was used for the DSW grant.

**Participating Agencies**

Table A.32 presents information on each of the six agencies that actively participated in the DSW grant and whom the RAND/AIR team interviewed during the site visit. Overall, 62 agencies participated in some fashion in the demonstration and are noted in the Performance Monitoring section of this summary.

**Table A.32**
**Virginia Participating Agencies**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type of Organization</th>
<th>Number of DSW Employees</th>
<th>Number of Clients Served</th>
<th>Disability Targeted</th>
<th>Benefits Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crown Home Care</td>
<td>For profit</td>
<td>4</td>
<td>70–75</td>
<td>Elderly or disabled</td>
<td>Training/language training</td>
</tr>
<tr>
<td>Kenoly Home Care</td>
<td>Private</td>
<td>2</td>
<td>10</td>
<td>Elderly or disabled</td>
<td>None</td>
</tr>
<tr>
<td>Comfort Keepers</td>
<td>For profit</td>
<td>3</td>
<td>10–15</td>
<td>Elderly or disabled, cognitively/ developmentally disabled kids and young adults</td>
<td>PCA training</td>
</tr>
<tr>
<td>Family Care Home Health</td>
<td>For profit</td>
<td>207</td>
<td>189</td>
<td>Elderly or disabled, cognitively/ developmentally disabled adults</td>
<td>401K, nurse supervision, in-service training sessions</td>
</tr>
<tr>
<td>Blessed Enterprisea</td>
<td>Nonprofit</td>
<td>2</td>
<td>0</td>
<td>Elderly or disabled</td>
<td>In-service training sessions, tuition reimbursement</td>
</tr>
<tr>
<td>Mountain Empire</td>
<td>Nonprofit</td>
<td>90</td>
<td>75</td>
<td>Elderly and cognitively/ developmentally disabled adults</td>
<td>In-service training sessions</td>
</tr>
</tbody>
</table>

*a In March 2007, Blessed Enterprise had stopped serving clients at the time of the site visit and had begun extending services to schools. Blessed Enterprise plans to start serving clients in 2008. At the time of the site visit, it was sending DSWs to Family Care.
Logic Model
Figure A.12 is the logic model for the Virginia demonstration as developed in early 2007 using available documentation on the grant initiatives.

Implementation

Initiatives

Health Insurance
Initially, the Virginia grantee had planned to use the grant funding to support employers who were not currently offering a health insurance benefit to their PCAs. The general idea was to fund these agencies for 100 percent of the premiums the first year, 67 percent the second year, and 33 percent the third year. The employer would have to commit to maintaining the benefit beyond the life of the demonstration; however, DMAS did not obtain signed agreements with the employers. DMAS attempted to tie the health insurance benefit in with Virginia’s Family Select program (a children’s health insurance program).

Unfortunately, DMAS was unable to get this initiative implemented. Once DMAS was able to get approval for the health insurance, agencies did not find it acceptable or were unable to find employees who would sign up. Employees seemed to be turned off by the costs associated with the premium and co-pay; others were already Medicaid-eligible.

In lieu of implementing this original initiative, DMAS got approval to commission a study, designed and implemented by the Partnership for People with Disabilities at Virginia Commonwealth University, to obtain information to better understand the issues surrounding health insurance and its impact on recruitment and retention of direct services workers. The information was gathered through interviews and focus groups with PCAs.

PCA Training
The ECAT I was developed by the VGEC under the Real Choices Grant. Based on feedback from participants in the program during the Real Choices grant, DMAS/VGEC decided to continue offering this program to PCAs and to expand it to supervisors and family caregivers to develop a common language. The ECAT II program consists of 28 hours of in-class training (seven hours of training each session for four sessions) with three four-hour homework assignments, for a total of 40 hours of training. Classes were held on Saturdays throughout the grant period. Modules included

- “Seeing the person, not the illness”
- “Between a rock and a hard place: Legal and ethical challenges faced by PCAs”
- “It’s like losing a piece of my heart: Dealing with loss, death, and mourning”
- “Avoiding burnout: Caring for others by caring for ourselves.”

ECAT II is targeted to all PCAs. Announcements for training sessions were marketed to all agencies that support Medicaid clients. The program was classroom-based initially, using a live broadcast to the remote locations. Each remote location had an on-site facilitator who was responsible for conducting small group discussions during offline periods.

A total of 160 PCAs participated across three administrations of the program (n = 30, 53, 80, respectively). DMAS provided graduated stipends for PCAs attending each successive
## Figure A.12
### Logic Model for the Virginia Demonstration

**Mission:** To improve the direct service community workforce to support the needs of people with disabilities.

**Context:** Due to lack of enrollment in the employee sponsored health insurance program, the grantee replaced the initiative #1 with a survey of PCAs and employers to discern needs for health insurance coverage. In addition, the grantee replaced initiative #5 (recruit high school and university students) to expand initiative #6 (recruit family caregivers and current and former respite care workers as PCAs).

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| Grant funds | 1. Conduct survey and focus groups with PCAs to assess needs for health insurance | 1a. Number of DSWs who responded/number solicited | Worker level:  
Improved job satisfaction  
Improved career commitment  
Improved quality of care  
Improved employee relationships |
| Staffing | 2. Continue worker training through Virginia Geriatric Education Center | 2a. Number enrolled in training initially | Agency level:  
Improved retention  
Improved recruitment  
Decreased turnover |
| Partner organizations (2) | 3. Provide training for supervisors | 2b. Number that completed only half of program |  
Virginia Geriatric Education Center (VGEC)  
Northern Virginia Workforce Investment Board |
| | 4. Provide ½ day training for family members, with vouchers for respite care | 2c. Number that completed entire program | Process outcomes:  
Effective collaborative structure  
Positive group experience  
Positive community outcomes  
Strong group trust |
| Employer agencies (62) | 5. Recruit family caregivers and current and former respite care workers as DSWs | 3a. Number enrolled in training |  
Partnership for People with Disabilities  
Virginia Geriatric Education Center |
| Evaluator | 6. Recruit people with disabilities as DSWs | 3b. Number that participated in training | |
| | 7. Recruit TANF participants, low-income adults, and displaced workers as DSWs | 4. Number enrolled in training | |
| | 8. Implement marketing campaign to promote jobs in the direct care field | 5. Number placed as DSWs | |
| | 1. Conduct survey and focus groups with PCAs to assess needs for health insurance | 1a. Number of DSWs who responded/number solicited | |
| | | 1b. Number of employers who responded/number solicited | |
| | | 1c. Number of DSWs who participated in focus groups | |
| | 2. Continue worker training through Virginia Geriatric Education Center | 2a. Number enrolled in training initially | |
| | | 2b. Number that completed only half of program | |
| | | 2c. Number that completed entire program | |
| | 3. Provide training for supervisors | 3a. Number enrolled in training | |
| | | 3b. Number that participated in training | |
| | 4. Provide ½ day training for family members, with vouchers for respite care | 4. Number enrolled in training | |
| | 5. Recruit family caregivers and current and former respite care workers as DSWs | 5. Number placed as DSWs | |
| | 6. Recruit people with disabilities as DSWs | 6. Number placed as DSWs | |
| | 7. Recruit TANF participants, low-income adults, and displaced workers as DSWs | 7a. Number placed as DSWs | |
| | 8. Implement marketing campaign to promote jobs in the direct care field | 8a. Web site  
8b. Brochures  
8c. Best-practices report |
session: $40 for attending each session with a bonus of $40 for attending all four sessions, totaling $200 maximum.

**Supervisor Training**
An examination of evaluation ratings across the four PCA training sessions showed a significant increase in the likelihood that training would change the way participants performed their jobs in the future. However, one of the findings from ECAT I was that levels of job satisfaction declined from the time of pre-training to the time of post-training. VGEC concluded that this may have resulted from placing the changed PCAs back into agencies and homes that had remained the same. The team was determined to address this by changing the work environments and providing family caregivers and supervisors with complementary skills and knowledge.

The ECAT II training for supervisors consisted of (1) a four-hour training module to parallel the content covered with PCAs and (2) a four-hour module for PCAs and supervisors to experience together. The combined training sessions concentrated on communication patterns between supervisors and PCAs, offering multiple opportunities for group work. However, no supervisors attended the “team training” class.

Similar to the PCA training, the supervisor training was classroom-based and consisted of four hours of training conducted during work hours. For the first offering, the training was a live broadcast to remote locations. Subsequent administrations used a video with on-site facilitation. A total of three training administrations were conducted (one in fall 2005 and two in spring 2007).

VGEC brought an advisory panel together to revamp the ECAT II training for supervisors after the first administration in fall 2005, which did not go very well. The panel determined that the material was not appropriate for the audience who attended the training, as it was too elementary; supervisors already knew how to supervise. In addition, they were targeting the wrong people as supervisors. In a personal care agency, there is someone designated as a supervisor to oversee all of the PCAs with respect to administrative and personnel issues; however, day-to-day contact is done by an administrative support person responsible for scheduling. These are the people who are regularly doing crisis management by working with the PCAs to resolve issues. VGEC revised the program and retargeted it to this administrative scheduling staff person.

**Family Caregiver Training**
VGEC added a four-hour module for family caregivers to the ECAT II training. This module focused on methods to help family members care for their loved ones, especially those with cognitive or behavioral problems. The training session was offered in September 2007 and also covered communication techniques and provided content on the challenges of having paid caregivers, often from different ethnic and socioeconomic groups, in one's home. The program also provided an overview of the training that the PCAs received.

Due to HIPAA requirements, marketing of the family caregiver training had to go through the agencies. Agencies informed families whose PCAs had gone through ECAT II about the four-hour program for them and were encouraged to attend the training. At the time of the site visit, VGEC had yet to conduct the family training. Again, this training will be administered in a classroom setting.
Recruitment
DMAS originally wanted to target atypical groups in the population to serve as PCAs, namely TANF participants, low-income individuals, former respite care workers, individuals with disabilities, high school and university students, and family caregivers. DMAS experienced several problems with their recruitment of the following populations:

- **People with disabilities.** Apparently, VGEC was supposed to take the lead on recruiting people with disabilities; however, this aspect of the demonstration did not get off the ground, which they explained was due to the fact that VGEC has no experience or expertise with this target population. DMAS then began working with an agency in Tidewater, Virginia, in March 2007 that supports people with disabilities. Although this agency was able to identify one person interested in becoming a PCA and who subsequently went through the 40-hour training and was hired directly by a consumer, she did not show up for her first day of work.

- **High school and university students.** DMAS contended that recruiting high school students was not a cost-effective initiative for this grant due to a change in infrastructure caused by the loss of funding to the program known as Kids’ Into Health Careers, on which this initiative was based. In addition, DMAS discovered that the Red Cross and other vocational/technical schools were already actively recruiting high school students for positions as PCAs. In September 2006, CMS agreed to drop this group from the demonstration.

- **Family caregivers.** Recruitment for this group was planned to come through the ECAT training for this population. Because the training had not occurred at the time of the site visit, there had been no action on recruiting this population due to the HIPAA issues discussed previously.

The only group actively recruited during the demonstration grant was low-income individuals who sought services through the Northern Virginia Workforce Investment Board. The Workforce Investment Board was used as the main source for this recruitment effort, because it is a one-stop center for people who are seeking work opportunities. This initiative evolved to concentrate primarily on different cultural communities. There was one person who served as the sole resource for the recruitment initiative. She served as job coach and case manager from January 2006 to May 2007. She identified individuals whom she thought could succeed as a PCA, she found jobs for them, negotiated salaries, handled all paperwork, and found such necessary resources as childcare, English classes, and PCA training (e.g., she either got the agency to pay for the 40-hour training or found faith-based funds to cover the cost of the training).

Enhanced Marketing (Web site, brochures, Best Practices Report)
DMAS and the Partnership for People with Disabilities developed a Web site that provides information about various direct service worker positions (PCA, CNA, residential provider), Medicaid waiver, and types of training to get started in the field. DMAS had not marketed the Web site at the time of the site visit, because it had only recently been launched in May 2007.

DMAS also developed a brochure on the PCA position in multiple languages. Brochures were distributed at job fairs and displayed at Centers for Independent Living, employment centers, and the Workforce Investment Board. In addition, DMAS issued a call for best practices to be included in a report. At the time of the site visit, not much had happened with this effort.
Performance Monitoring

Outputs
Table A.33 presents the total number of DSWs from participating agencies for each initiative over the course of the grant period. Participation numbers were taken from the final quarterly reports submitted by the grantee for only agencies that participated in the demonstration. Only six of these agencies participated in our site-visit interviews.

Because some of the initiatives did not require DSW participation, the following activities are not included in this table: marketing campaign, best practices report, and the needs assessment for health care coverage. In addition, there was no participation in the health insurance and the recruitment initiatives targeted at family caregivers, respite workers, and people with disabilities, as these initiatives were eventually dropped (i.e., recruitment initiatives) or modified significantly (i.e., the health insurance initiative was modified as focus groups to learn about DSWs’ needs for insurance coverage).

Local Evaluation
DMAS commissioned a study, designed and implemented by the Partnership for People with Disabilities at Virginia Commonwealth University, to obtain information to better understand the issues surrounding health insurance and its impact on recruitment and retention of direct service workers. In addition, although DMAS had already evaluated the enhanced training program (ECAT), there was interest in following up with the DSWs who had received the training, to assess the extent to which it affected participants’ decisions about staying in the direct care field. Accordingly, the partnership developed a study with five components:

1. mailed surveys or telephone interviews with directors of agencies throughout Virginia whose employees were DSWs
2. distribution of surveys to agency-based direct service workers by agency directors
3. mailed surveys to DSWs who had provided consumer-directed support to individuals receiving services through Medicaid waivers as of spring 2007
4. mailed surveys to DSWs who had participated in the ECAT; focus groups with a limited sample of DSWs.

The information presented below is excerpted from the evaluation report prepared by the Partnership for People with Disabilities and submitted to DMAS (Bodisch Lynch, Murdock, and Dinora, 2007).

Health Insurance
To obtain the employer perspective on the issues surrounding health insurance, a survey was mailed to directors of agencies throughout Virginia that employed DSWs and received Medicaid reimbursement for provision of home-based personal care. Of 176 employers who met the criteria for inclusion in the study, 126 participated, for a response rate of 72 percent. Seventy-six employers returned written surveys, and another 50 responded via telephone interview. Employers were also asked if they would be willing to distribute an employee survey to their DSWs; those who agreed (103 employers, 82 percent) received a $50 gift card.

In summer 2007, two focus groups were conducted to obtain first-hand information from DSWs about their views on issues related to health insurance. Participants were recruited
<table>
<thead>
<tr>
<th>Agency</th>
<th>Health Insurance</th>
<th>Training—DSWs</th>
<th>Training—Supervisors</th>
<th>Training—Family Caregivers</th>
<th>Recruit Family Caregivers and Respite Workers</th>
<th>Recruit TANF Participants, Low-Income Adults, and Displaced Workers</th>
<th>Recruit People with Disabilities</th>
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from the list of the DSWs in the Richmond area who had participated in the ECAT training, and the workers who had been registered through the Medicaid waivers. An incentive of a $50 gift card was offered to encourage participation.

• Both employers and DSWs rated the availability of health insurance as an important consideration when offering or seeking/accepting employment.
• Of the 126 agency employers who responded to the survey, only 40 (32 percent) said that they offer health insurance to the DSWs in their employ. Of the 86 employers who did not offer insurance, the most frequently cited reasons were the expense to the employer or employee, and the administrative burden. Almost all agencies saw health insurance as important for recruitment and retention.
• Of the agencies that offer health insurance: Different types of health insurance plans were available. Results are presented in Table A.34.
• The majority of direct service workers (ranging from 51 percent to 61 percent) reported that they did have health insurance. However, only about a third of the agency employers (32 percent) reported that they offered health insurance.
• Few of the DSWs who had health insurance received it through their agencies or the consumers who hired them directly (11 percent and 3 percent, respectively).
Table A.34
Health Insurance Types and Eligibility Requirements (Virginia)

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<th>Health Insurance Characteristic</th>
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<td>7</td>
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<tr>
<td>Hours per week: 25–32</td>
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<td>16</td>
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<tr>
<td>Hours per week: 35–40</td>
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<td>Type of insurance offered</td>
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<tr>
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<td>Family</td>
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<tr>
<td>Individual plus spouse</td>
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</tr>
<tr>
<td>Individual plus child</td>
<td>48</td>
<td>19</td>
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</table>

a Percentage is based on number of employers who answered the question.

- Reasons agency employers gave for not offering health insurance were that it is too expensive for the organization, too expensive for the employees, and/or too burdensome to administer.
- Approximately 17 percent of the direct DSWs received health insurance through Medicaid.
- On average, individuals who had health insurance worked fewer hours per week than those who did not.
- The percentage of DSWs who had health insurance was positively correlated with annual household income (as income increased, the percentage of workers who had health insurance also increased).
- The demographics of consumer-directed service workers and agency-based DSWs differed in several ways.
  - A larger percentage of consumer-directed workers were males (9 percent versus 3 percent). The majority (68 percent) of consumer-directed service workers described themselves as white and non-Hispanic, while the majority (62 percent) of agency-based workers described themselves as African-American and non-Hispanic.
  - Consumer-directed service workers tended to have more education than agency-based workers. For 50 percent of the former group, the highest level of education reached was college; for 73 percent of the latter, the highest level of education reached was high school.
  - Consumer-directed workers had not had their jobs as long as agency-based workers; the percentage of individuals in the two groups who had been in the field for less than two years was 60 percent and 41 percent, respectively.
- In conducting this study, the evaluator operated under the assumption that all individuals have a common understanding of what “health insurance” means. However, the evaluator learned that not all DSWs have information about what health insurance is and how it works, or sometimes even have misinformation.
• The question of the relationship of availability of health insurance to attracting and retaining DSWs is more complex than it appears on the surface. For example, issues were uncovered that had not been identified prior to the study, and some of the findings appear to be contradictory.
• The findings of this study suggest that offering health insurance may not be a deciding factor for individuals seeking employment as DSWs.

ECAT Training
Survey methodology was used to gather information from four groups: directors of agencies that employ DSWs, the individuals who were employed by the agencies, consumer-directed service workers, and a group of DSWs who had received DMAS-sponsored ECAT.

Approximately six months after the ECAT training occurred, a survey was mailed to all DSWs who had completed at least one ECAT session and for whom correct contact information was available (187 participants). An incentive of a $20 gift card was offered to each person who completed the survey. A total of 116 surveys were returned, for a response rate of 62 percent. Of these, 103 provided valid data, which were used in all subsequent analyses.

• Respondents were first asked to rate the overall quality of the ECAT training sessions. Results indicated that participants considered the training to be of high quality, with 98 percent of the respondents describing the training as “good” or “excellent.”
• For questions focused on the effect of training on job satisfaction, respondents also indicated that the ECAT training improved their job satisfaction and increased the likelihood that they will stay with their current job.
• All the items in these two sections of the survey received high ratings, with the “Satisfaction with Training” section having proportionately more “Strongly Agree” and “Agree” responses than the “Effect of Training on Intent to Stay” section (i.e., an average of 96 versus 92 per item, respectively). In addition, the responses to open-ended questions about the ECAT training showed that participants valued having an opportunity to discuss real-life situations and problem-solving with other direct service workers, and having access to the information, materials, and role-playing activities of the ECAT training. One respondent stated it this way: The ECAT training allowed her to “learn new ways of becoming more professional . . . [and] able to handle almost every situation.”

Recruitment
No evaluation was done on the recruitment effort.

Perceived Outcomes

Interviewees
The RAND/AIR site-visit team interviewed individuals from the following organizations:

• Grantee:
  – Virginia Department of Medical Assistance Services
• Partners:
  – Virginia Geriatric Education Center (developed and implemented training)
  – Northern Virginia Workforce Investment Board (conducted recruiting effort)
• Local Evaluators:
– Partnership for People with Disabilities
– Virginia Geriatric Education Center
• Agencies:\footnote{Only six agencies participated in the site visit interviews. Virginia’s quarterly report names 62 participating agencies, not all of whom actively engaged in the grant’s initiatives.}
  – Crown Home Care
  – Kenoly Home Care
  – Comfort Keepers
  – Family Care Home Health
  – Blessed Enterprise
  – Mountain Empire

**Interview Findings**

**PCA ECAT Training**
The grantee reported that the data from ECAT shows that the training meaningfully impacted those wanting to stay in the field. However, the grantee also noted that while participants may be excited initially, this feeling may diminish over time. Conferences give an intermittent boost and instill pride in employees, but the grantee questioned whether this feeling can be sustained over the long term.

Leaders of agencies have noticed that the nature of communication had changed (i.e., PCAs thought they were better at communicating with their consumers). They were better able to identify emergency situations and see situations from the consumer’s perspective. PCAs reported that they learned more that was useful to their jobs, that they learned from others in the class, and that the training raised their confidence level to deal with new consumers. The PCAs reported that the training improved their job satisfaction and climate.

**Supervisor ECAT Training**
The grantee reported that it is not clear whether the supervisor training had much impact on retention and turnover but speculated that if the training changed the supervisors’ relationships with their workers and empowered their workers, then the quality of care will be improved.

Leaders of agencies reported that the program changed the way the supervisors handle PCAs. The staffing coordinator became more involved and learned how to serve as a liaison between PCAs and the nurses. Traditionally, PCAs feel more comfortable and freer talking to the staffing coordinator than nurses. The program created more of a team environment.

**Recruitment**
The grantee reported that the recruitment efforts have been successful at getting new people into the field and stay in the job. These efforts involved helping them work through their personal challenges (e.g., transportation, child care) as well as job training and placement. Leaders of agencies participating in this initiative experienced shorter wait lists for getting PCAs to the consumers. Language was a definite barrier for PCAs recruited through this initiative. This initiative was viewed as being most useful when specific languages are requested, and leaders expressed concern that this program could not be expanded due to the Medicaid requirement that the worker is fluent in English. They viewed the recruiting efforts by the Northern Vir-
Virginia Workforce Investment Board as very positive and helpful in supporting their ability to service their clients.

PCAs who were placed into PCA positions found this resource valuable in getting a job. The recruiter made sure that they got the requisite training, negotiated pay rates, and did a great deal of follow-up with PCAs. The workers reported being happy with being able to get trained and would recommend others for the job.

**Marketing of Demonstration Initiatives**

ECAT training announcements were disseminated by each agency and typically included in the PCA's pay envelope. One agency called each PCA personally, as they were concerned that the flyer would go unnoticed or be considered junk mail. Another agency announced the training at a meeting. Another informed the nurses who would mention it to the PCAs during in-service sessions. One future option mentioned by the project director would be to use available lists that DMAS has to target self-directed consumers as well.

Marketing for the supervisor and family caregiver training had to go through the agencies as well. As noted earlier, HIPAA constraints prevented VGEC from marketing directly to consumers.

**Facilitators to the Demonstration**

- The partners worked well together to meet and discuss what's happening, what's working, next steps, and how to fix problems
- Tremendous amount of support from CMS and Lewin
- Degree of enthusiasm and effort put forward by the Northern Virginia recruiter to make the recruitment initiative work

**Barriers to the Demonstration**

- Not understanding PCAs' needs for health insurance from the beginning.
- Structuring the health insurance initiative so that grant funds went directly to the agencies and not the PCAs.
- Timing for the grant—DMAS spent so much time trying to make the health insurance initiative work, and felt they had to scramble to accomplish all the other proposed initiatives at the end.
- PCAs were really inaccessible to VGEC and DMAS, especially if the agency point person was not available.
- Should have planned some grant funds for providing certification training to newly recruited PCAs, because the recruiter spent so much time trying to secure funds to get training for these individuals.

**Other Contextual Factors**

- Small increases in reimbursement rate paid for personal care through Medicaid waivers over the past two years. The rate is about 5 percent, which goes directly to the agencies (and may or may not result in pay increase for PCAs) or to consumer-directed PCAs (who
saw the increase directly impact their income). There was no requirement that the increase had to be reflected in wage increase.

- The Department of Social Services and community colleges get the TANF population into jobs, including CNA positions.
- The Northern Virginia Workforce Investment Board has been receiving a Department of Labor grant, using some of the money to pay people to become a PCA.

**Plans for Sustainability**

The plan is to develop an ECAT guidebook for PCAs, which will go to all the agencies that participated and others upon request. The idea is to have them assume delivery of the training. However, they note that agencies may be too busy to provide their own training. The other downside is that when the course is provided at the agency level, PCAs’ freedom to speak openly (a reported benefit of the current delivery system) becomes restricted. One agency reported that they plan to deliver information in a more informal manner. A couple agencies reported existing efforts at providing training for their PCAs, and one expressed value in ensuring that PCAs participate in the vision of the agency.

ECAT training for supervisors has been recommended for inclusion in the ECAT guidebook, which is being developed. The ECAT training for family caregivers is not being sustained.

The Department of Family Services is replicating the Northern Virginia recruitment approach in Fairfax County, and the local government is going to continue to support the efforts begun during this demonstration.

**Lessons Learned**

**ECAT**

- ECAT worked best when PCAs were able to meet other people with similar experiences, especially when PCAs from different agencies participated in one session.
- Provide a financial incentive for completing training and provide the money right away.
- Encourage nursing staff or office supervisor to participate.
- Accommodate PCAs’ schedules to enable them to attend training. Be more flexible.

**Recruitment**

- Focus on what your community is like. Identify the different cultures in your community and understand the differences (e.g., in the Muslim culture, women have not worked before; therefore, you need to be prepared to provide more direct guidance).
- Plan to do a lot of “hand holding” for people from different cultures when trying to recruit them into the PCA field.
- The recruiter’s effort was effective because of the follow-up with each PCA placed. She showed that she was not just interested in getting the individuals trained and on the job, but also that she was interested in developing a relationship.

**Expenditure of Grant Funds**

Table A.35 presents the total funds spent on the DSW project, the costs of each initiative, evaluation costs, and additional expenses. The Virginia grantee received $1,403,000, with $77,000 in matching funds. Its spent a total of $1,432,000 on the demonstration.
Table A.35
Expenditure of Grant Funds (Virginia)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CMS funds spent</td>
<td>1,355,000</td>
<td></td>
</tr>
<tr>
<td>Total matching funds spent</td>
<td>77,000</td>
<td></td>
</tr>
<tr>
<td>Total funds spent on DSW project</td>
<td>1,432,000</td>
<td></td>
</tr>
<tr>
<td>Initiative costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health insurance and focus groups</td>
<td>236,000</td>
<td>16</td>
</tr>
<tr>
<td>ECAT training for DSWs</td>
<td>362,000</td>
<td>25</td>
</tr>
<tr>
<td>ECAT training for supervisors</td>
<td>181,000</td>
<td>13</td>
</tr>
<tr>
<td>ECAT training for families</td>
<td>91,000</td>
<td>6</td>
</tr>
<tr>
<td>DSW recruitment</td>
<td>110,000</td>
<td>8</td>
</tr>
<tr>
<td>Marketing campaign</td>
<td>8,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Best practices award</td>
<td>2,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Training licenses purchase</td>
<td>281,000</td>
<td>20</td>
</tr>
<tr>
<td>Guidebook development</td>
<td>50,000</td>
<td>3</td>
</tr>
<tr>
<td>Evaluation costs</td>
<td>26,000</td>
<td>2</td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DMAS administrative costs/conferences</td>
<td>8,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>DMAS administrative costs (match)</td>
<td>77,000</td>
<td>5</td>
</tr>
</tbody>
</table>

The greatest proportion of grant funds was spent on the ECAT training for DSWs, supervisors, and family caregivers (63.9 percent), including license purchases. Other initiatives represented a significantly smaller proportion of spending. Approximately 16.5 percent was spent on the health insurance initiative and the resulting focus groups, 8.2 percent on recruitment and marketing, 5.9 percent on administrative costs, and 1.8 percent on the local evaluation.
Grantee Summary—Volunteers of America

Grantee: Volunteers of America (VOA)

Project Time Frame: October 2003–October 2007

Local Evaluators: University of South Alabama (for Alabama); Community Service Council of Greater Tulsa (for Oklahoma)

Site Visit: Alabama—October 2, 2007; Oklahoma—October 24, 2007

Introduction

This grantee summary is based on numerous sources of information, including available documents (e.g., local evaluation reports, training manuals, proposals) and site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee’s proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

Demonstration Background

History of Grant

In 2003, Volunteers of America, Inc. (VOA), was awarded the grant. The title of their demonstration was “From Workers to Professionals: Improving Retention through Targeted Training and Educational Opportunities.” The purpose was to improve the retention of direct support staff by providing educational opportunities through a local community college and on-the-job training for DSPs and their supervisors.

VOA employs over 12,000 staff in 40 states, and it estimates that over 80 percent of these staff members are directly supporting clients. The primary services targeted in this grant are delivered in community-based settings through various states’ Medicaid waiver programs. VOA in Greater New Orleans developed the DSP training materials and initiated the training. VOA in Greater New Orleans had a 65 percent turnover rate for DSPs in their supportive living program. The goal was to reduce that turnover rate to 40 percent by year three of the grant.

VOA has struggled with recruitment and retention in all of its locations and is increasingly concerned about the responsibility being placed on DSPs working directly in a consumer’s homes or in family homes. As services continue to become more community-based and consumer-driven, DSPs are being required to make more and better judgments regarding a consumer’s individual needs. Many work without direct on-site supervision and must observe, assess, and make decisions regarding a consumer’s needs on a routine basis. This has led to an increased need for training, both for the DSPs and for supervisors.
In the beginning of the implementation of the project, VOA noted a slightly improved retention rate around the country, due to a downturn in the economy. They credit this improvement also to the fact that VOA’s salaries and benefits are competitive in the marketplace. VOA offers health and dental insurance, retirement programs, paid time off, and other benefits. However, in Greater New Orleans, VOA noted that most DSP positions are part-time, with DSPs being paired with one consumer, whose needs dictate staff schedules. For many of these employees, this job represents supplemental income for their families, and they typically work more than one job. As a result, their tight schedules contribute to the inability of staff to attend training normally conducted during the day.

VOA conducted discussions with a number of supervisors and DSPs to expand on information collected through their annual staff satisfaction surveys.

**Change in Demonstration**

Unfortunately, in 2005, Hurricane Katrina devastated the New Orleans demonstration site. With CMS approval, VOA moved its initiatives to two other VOA locations: (1) Alabama (VOA Southeast) to conduct DSP training, and (2) Oklahoma to conduct the supervisor training.

VOA Southeast serves approximately 500 people with developmental disabilities in Alabama. In Oklahoma, VOA serves over 300 individuals with mental retardation in the Tulsa and Oklahoma City area. Most of these individuals receive in-home support, from a few hours a week to 24 hours a day. Table A.36 presents information on each of the participating VOA agencies.

**Project Hypothesis**

- Continuing education of DSPs, combined with improved supervisory skills, would lead to improved staff retention through opportunities for advancement, improved job performance, and job satisfaction.
- VOA’s primary goals were to
  - reduce the turnover rate for DSPs in New Orleans supported living programs from 65 percent to 40 percent by the third year of the grant
  - have a better trained workforce.

<table>
<thead>
<tr>
<th>Table A.36</th>
<th>Participating Agencies in the Volunteers of America Demonstration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Type of Organization</td>
</tr>
<tr>
<td>VOA Greater New Orleans</td>
<td>Nonprofit</td>
</tr>
<tr>
<td>VOA Oklahoma</td>
<td>Nonprofit</td>
</tr>
<tr>
<td>VOA Southeast (Alabama)</td>
<td>Nonprofit</td>
</tr>
</tbody>
</table>
Secondary goals were to

- improve job performance
- improve job satisfaction
- improve consumer satisfaction.

**Initiatives as Proposed**

Three initiatives were planned in order to achieve the goals described above:

1. Offer training programs for DSPs on evenings and weekends, as well as require that staff attend at least ten training sessions.
2. Offer tuition to eight DSPs per grant year to attend Delgado Community College’s concentrated program for DSWs.
3. Provide training for supervisory staff.

Noted as activity #4 in their proposal, the grantee was hoping to later replicate and expand these proposed initiatives to affect VOA DSWs across the country. VOA accomplished replication because Hurricane Katrina abruptly ended the demonstration in Greater New Orleans and forced the movement of the initiatives to Alabama and Oklahoma.

**Logic Model**

Figure A.13 is the logic model for the VOA demonstration as developed in early 2007.

**Implementation**

**Initiatives**

**Alabama: DSP Technical Competency Training**

The DSP training was based on a training program developed by Louisiana State University under another CMS grant. Two additional modules were included in the DSP training: Health Care and Dual Diagnosis. The idea was to develop an online version of the program to better meet the needs of DSPs whose schedules did not permit them to attend training classes during the day.

The target for this program was any DSP working with people with disabilities. The program started out as being voluntary, but those who were already motivated were the ones volunteering to attend the training. The agencies then made the training mandatory for all staff. First, the course was delivered via classroom. Training was offered on weekends and evenings from summer 2004 to August 2005 in order to be responsive to DSPs’ schedules. Eventually, VOA converted the program to an online delivery, which would enable DSPs to access the training at their own convenience. Due to the unexpected computer illiteracy of one DSP population on whom the online version was tested, the program was then converted into a DVD format for easier use by DSPs. At the end of each module, DSPs took a test and were

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10 At the time that the national evaluation began, the demonstration in Greater New Orleans had already been disrupted by Hurricane Katrina. As a result, the national evaluation did not interview or review the demonstration initiatives conducted in Greater New Orleans before the hurricane.
Figure A.13
Logic Model for the Louisiana Demonstration

Mission: To improve the retention of direct support staff by providing educational opportunities through a local community college and on-the-job training for direct support staff and their supervisors.

Context: When Hurricane Katrina hit New Orleans in 2005, VOA requested a change in the demonstration, which was subsequently approved by CMS. Activity #1a was cut short and Activity #1b was added, due to the exodus of the population during that time. Activity #1b was designed to capture why certain DSWs stayed with their clients during and after the evacuation from New Orleans. The site of the demonstration also changed to other VOA sites: Alabama and Oklahoma.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant funds</td>
<td>1a. Offer in-house training plus $275 bonus for successful completion</td>
<td>1a. Number of workers who completed training</td>
<td>Worker level:</td>
</tr>
<tr>
<td>Staffing</td>
<td>1b. Capture the events of Hurricane Katrina to examine reasons staff stayed with consumers</td>
<td>1b. Develop DVD</td>
<td>Worker competency (self- and supervisor-assessed)</td>
</tr>
<tr>
<td>Partner organizations (5)</td>
<td>2. Offer a “Technical Competency Area in the DSPs” program consisting of 12 hours of community college credit plus $1,000 bonus for successful completion</td>
<td>2a. Number of workers who enrolled in the program</td>
<td>Workers’ assessment of initiatives</td>
</tr>
<tr>
<td>VOA, Greater New Orleans</td>
<td></td>
<td>2b. Number of workers who completed the program</td>
<td>Agency level:</td>
</tr>
<tr>
<td>VOA, Oklahoma</td>
<td></td>
<td></td>
<td>Employee turnover</td>
</tr>
<tr>
<td>VOA, Southeast</td>
<td></td>
<td></td>
<td>Consumer satisfaction</td>
</tr>
<tr>
<td>University of Minnesota</td>
<td></td>
<td></td>
<td>Retention rate</td>
</tr>
<tr>
<td>Louisiana State University</td>
<td></td>
<td></td>
<td>Comparison between online and classroom-based training (AL)</td>
</tr>
<tr>
<td>Employer agencies (3)</td>
<td>3. Train and support supervisory staff to implement targeted supervision procedures</td>
<td>3a. Number of sessions conducted</td>
<td></td>
</tr>
<tr>
<td>VOA, Greater New Orleans</td>
<td></td>
<td>3b. Number of supervisors who completed training</td>
<td></td>
</tr>
<tr>
<td>VOA, Oklahoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOA, Southeast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Replicate and expand initiatives to 14 other VOA locations</td>
<td>4a. Number of states providing training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4b. Number of DSWs who completed classroom training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4c. Number of DSWs who completed online training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4d. Number of supervisors who completed training</td>
<td></td>
</tr>
</tbody>
</table>
required to retake the test if they did not pass. DSPs were paid for their time while in training and received a $250 bonus for completing the program and the test.

Twelve training modules, which took a total of 32 hours to complete (30.5 hours + 1.5 hours for testing), covered the following topics:

1. people-first concepts and disabilities rights movement (1.5 hours)
2. effective communications (2 hours)
3. preference assessment (3 hours)
4. documentation (1.5 hours)
5. person-centered supports and individualized services (4 hours)
6. choice-making and self-determination (2 hours)
7. community living skills development (7 hours)
8. positive behavior supports (4 hours)
9. community connections (2.5 hours)
10. VOA: Philosophy, values, and ethics (1 hour)
11. introduction to mental illness (1 hour)
12. health care (1 hour).

In Alabama, all three versions of the program were evaluated: classroom, online, and DVD. The target population included (1) DSPs from day programs, (2) DSPs from four-bed homes, (3) DSPs from ten-bed homes, and (4) family providers. Initially, people were divided into training modes; however, this became difficult, as they could not get an even spread. Training participants included a mixture of veteran and new staff.

Classroom Training Procedures. Each module was scheduled for classroom training several times beginning in February and ending in March. Immediately at the end of each training module, trainees completed a pencil-and-paper version of the post-test.

DVD Training Procedures. Trainees participating with DVD training were given the DVD and asked to complete all the modules in one month. Participants who did not have DVD players at home were loaned portable DVD players. After completing modules, trainees stopped by the VOA Southeast office to complete the post-tests, except for the trainees in Brewton, who took all the post-tests at one time when the trainer visited their facility.

Online Training Procedures. Trainees completing the training using the Internet were taught how to access and navigate the Internet. The company provided a dial-up connection with user names and passwords. Because many of these trainees had no prior computer experience, a CD was prepared that takes trainees directly to the training Web site. If the trainees did not have computers at home, the organization loaned laptop computers for their use. On completion of each module, these trainees completed the post-tests online.

Oklahoma: Supervisor Training

The supervisor training was developed by examining other programs and conducting conference calls to identify what training supervisors needed. Focus groups were also held with supervisors, DSPs, and program directors to discuss needed training areas. After the initial curriculum was developed, VOA added a human resource curriculum. Supervisory training was developed and delivered at the VOA Oklahoma headquarters. Prior to the demonstration, Oklahoma did not have a formal training system in place, and most of their training was delivered by the state.
Training was developed by a contractor who had previously provided the required state training for the Department of Human Services. She based the VOA curriculum on the required state training, added modules, such as the human resource basics, and modified some modules. She pilot-tested the curriculum on the VOA staff and incorporated feedback.

The target audience for this training was first-level supervisors. In Oklahoma, these supervisors may have been called “program coordinators.” Other places call them “house managers” or “facilitators,” as they do in New Orleans. Supervisory concerns differed regarding such issues as time management. Training was voluntary.

Participants were paid for their time in training and received a cash bonus for completion ($250), as well as travel reimbursement. A test was not required for completion, but observations and reports back to the class were required. Training was conducted in a classroom from fall 2006 to spring 2007, and participants went through as “teams.” Training was conducted one day a week for seven weeks, for a total of 42 hours. This structure enabled supervisors to go back to their worksite each week and practice what they had learned. They were often asked to share their experience at the next training session. This created some bonding among participants, as they also tended to be geographically dispersed and, therefore, somewhat isolated.

Training module topics included

- crisis management
- employee management
- human resource basics
- promoting positive action
- supportive communication
- supervisory coaching
- valuing all people.

VOA had planned to convert the training into an online version. However, the contractor did not believe that it would be as effective as classroom training.

**New Orleans: Community College DSW Program**

The college relationship was established in New Orleans. Once Hurricane Katrina hit, this initiative was dropped.

**Post-Katrina Video (Enhanced Marketing)**

After Hurricane Katrina, VOA received CMS approval to produce a video, called *Higher Ground*, highlighting the extreme efforts and dedication that DSPs who worked for VOA of Greater New Orleans showed during this crisis; many DSPs moved with their consumers to provide care for months during this crisis. Focus groups resulted in a research project and the production of a film highlighting the dedication of these staff members and raising awareness of the importance of this labor force. This film is still being shown in conference venues around the country, and a shorter version is being distributed to policymakers who can impact the wage and benefits provided for DSPs around the country. This work was conducted by the University of Minnesota.
Performance Monitoring

Outputs
Table A.37 presents the total number of people participating in each initiative over the course of the grant period. The number participating in the New Orleans initiatives represent those who participated before Hurricane Katrina.

Local Evaluation
The local evaluation included two separate evaluation efforts conducted individually for VOA Southeast and VOA Oklahoma by the University of South Alabama and the Community Service Council of Greater Tulsa, respectively. Prior to Hurricane Katrina, the VOA had begun conducting their local evaluation in Greater New Orleans. Because the national evaluation began after the hurricane had caused the demonstration initiatives to be moved to Alabama and Oklahoma, the national evaluation team did not review any results from the New Orleans evaluation, as the results were no longer relevant to the study. Relevant sections of each evaluation report are reproduced below. For greater detail, please refer to the full reports.

DSW Training
The results presented here are taken from the evaluation report prepared by Marjorie Icenogle (2007) at the Mitchell College of Business at the University of South Alabama.

This evaluation compares the effectiveness of three training methods: online training, DVD training and instructor-led classroom training for care providers at Volunteers of America Southeast, Inc. The training was originally designed to compare classroom and online

### Table A.37
Number of Participants in Each Initiative (Volunteers of America)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Agencies</th>
<th>VOA Greater New Orleans</th>
<th>VOA Oklahoma</th>
<th>VOA Southeast</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training—DSPs (offer in-house worker training + $275 bonus for successful completion)</td>
<td></td>
<td>86</td>
<td></td>
<td></td>
<td>86</td>
</tr>
<tr>
<td>Training—DSPs (offer a Technical Competency Area in Direct Support Professionals program consisting of 12 hours of community college credit + $1,000 bonus for successful completion of the program)</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Training—supervisors (train and support supervisory staff to implement targeted supervision procedures)</td>
<td></td>
<td>45</td>
<td>109</td>
<td></td>
<td>154</td>
</tr>
<tr>
<td>Replicate and expand initiatives to 14 other VOA locations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>350</td>
</tr>
<tr>
<td>Enhanced marketing (Higher Ground Video)</td>
<td></td>
<td></td>
<td></td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>Evaluate the retention difference using classroom and online training materials to determine if differences in retention rates exist</td>
<td></td>
<td></td>
<td></td>
<td>244</td>
<td>322</td>
</tr>
</tbody>
</table>

NOTE: Participation numbers were taken from the final quarterly report submitted by the grantee.

a The participation number here represents the number of DSWs who completed online training nationally.
b The participation number here represents the focus groups conducted May 10–12, 2006.
c VOA Southeast’s initiative involved the same DSW curriculum as provided to VOA Greater New Orleans.
training methods. Many of the trainees had never used a computer and had no knowledge of navigating the Internet. This limitation led managers to realize another training method was needed; therefore, the training modules were loaded onto DVDs and a third training group was identified.

**Method.** Training was conducted over a seven-month period: November through June 2007. Trainees working in group homes were assigned by homes to three training groups: classroom, online, and DVD. The sample of trainees was stratified to ensure that each training group had a similar number of trainees and that trainees worked in similar homes—similar types of people served and the same number of people served. Participants from the day training program were assigned to the three groups on a random basis. Five training modules were selected for inclusion in the evaluation: Module #4: Documentation, Module #6: Choice Making and Self Determination, Module #8: Positive Behavior Supports, Module #9: Community Connections, and Module #1:1 Introduction to Mental Illness. Trainees completed a pencil-and-paper version of the pre-test for each of the five modules.

- **Trainee reactions** were collected using a brief questionnaire after the training to measure satisfaction with training content, effectiveness, and convenience. Trainee reactions were also assessed using a focus group with representatives from each of the three training methods.
- **Trainee learning** was measured with pre-tests and post-tests for each of the five modules included in the study.
- **Trainee transfer of the training** to the job will be measured with focus group discussions four to six months after training modules are completed. Employees will be asked to identify examples of the application of knowledge and skills learned in training to specific situations on the job.
- **Organizational results** will be measured with employee retention and consumer survey results.

**Results.** The DVD method had the highest completion rate (90 percent), followed by the classroom training (63 percent). The completion rate for the online method was only 41 percent, or 53 percent if the ten participants who quit before the pre-test are not included. The participants in the online training method had the largest dropout rate (47 percent), which excludes the ten trainees (n = 23 percent) who dropped out before the pre-test.

Fifty-two trainees completed the satisfaction questionnaire (n = 67 percent of the trainees who completed the training), 17 who participated in the online training group (n = 94 percent), 19 who participated in the DVD training (56 percent), and 16 who participated in the classroom method (n = 62 percent). Responses to the reaction questionnaire are shown in Table A.38.

See Table A.39 for comparisons of the means. In subsequent tables, asterisks are used to indicate significant differences in mean responses, but there were no such differences for the responses in this table.

These responses suggest that trainees who completed the training using DVD technology were less likely to see the training as worthwhile, found the materials to be more difficult to understand, and viewed the material as less organized and less useful for their jobs than did trainees who completed the classroom training. They were also more likely to prefer another training method and viewed the DVD method as taking more time to complete. This analysis
### Table A.38
Questionnaire Responses (Volunteers of America)

<table>
<thead>
<tr>
<th>Items</th>
<th>Classroom</th>
<th>DVD</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate the overall training program as a worthwhile learning experience?</td>
<td>13 (81%)</td>
<td>10 (52%)</td>
<td>12 (71%)</td>
</tr>
<tr>
<td></td>
<td>3 (19%)</td>
<td>7 (37%)</td>
<td>4 (24%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>1 (5%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>The training material was easy to understand.</td>
<td>16 (100%)</td>
<td>17 (90%)</td>
<td>16 (94%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>1 (5%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>The training material was well organized.</td>
<td>16 (100%)</td>
<td>17 (90%)</td>
<td>17 (100%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>2 (10%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>The training provided information that is useful for my job.</td>
<td>16 (100%)</td>
<td>18 (95%)</td>
<td>17 (100%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>1 (5%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>I am already using the information I learned from the training in my job.</td>
<td>16 (100%)</td>
<td>17 (90%)</td>
<td>16 (94%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>2 (10%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>I had adequate training to use the technology easily.</td>
<td>13 (81%)</td>
<td>15 (79%)</td>
<td>13 (76%)</td>
</tr>
<tr>
<td></td>
<td>2 (12%)</td>
<td>2 (10%)</td>
<td>3 (18%)</td>
</tr>
<tr>
<td></td>
<td>1 (6%)</td>
<td>2 (10%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>I like this method of training.</td>
<td>16 (100%)</td>
<td>13 (68%)</td>
<td>14 (82%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>3 (16%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td></td>
<td>0 (0%)</td>
<td>2 (10%)</td>
<td>2 (12%)</td>
</tr>
<tr>
<td>Using this method of training took more time to complete the training than other training methods.</td>
<td>1 (6%)</td>
<td>12 (63%)</td>
<td>5 (29%)</td>
</tr>
<tr>
<td></td>
<td>5 (31%)</td>
<td>2 (10%)</td>
<td>3 (18%)</td>
</tr>
<tr>
<td></td>
<td>10 (63%)</td>
<td>5 (26%)</td>
<td>9 (53%)</td>
</tr>
<tr>
<td>I would prefer to use a different training method.</td>
<td>0 (0%)</td>
<td>6 (32%)</td>
<td>3 (18%)</td>
</tr>
<tr>
<td></td>
<td>5 (31%)</td>
<td>6 (32%)</td>
<td>3 (18%)</td>
</tr>
<tr>
<td></td>
<td>11 (69%)</td>
<td>7 (37%)</td>
<td>11 (65%)</td>
</tr>
</tbody>
</table>

NOTE: See Table A.39 for comparisons of the means. In subsequent tables, asterisk are used to indicate significant differences in mean responses, but there were no such differences for the responses in this table.

is revealing because one DVD participant suggested that computer-based training may be preferred and one suggested “regular” training, which may be interpreted to be classroom training. DVD participants who indicated that they preferred another method did not identify the method. Several of the trainees in the online training method indicated they would prefer to complete the training in a classroom, where they would be able to ask questions and interact with an instructor.

The greatest challenges for the trainees using the DVD method were finding time to sit still, difficulty paying attention due to household distractions (clarified in the focus group), and focusing on the content. Only one person reported difficulty with the DVD player. Trainees
Table A.39
Comparisons of Mean Responses by Training Method (Volunteers of America)

<table>
<thead>
<tr>
<th>Items</th>
<th>Mean Responses by Training Method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Classroom</td>
</tr>
<tr>
<td>How would you rate the overall training program as a worthwhile learning experience?</td>
<td>4.31</td>
</tr>
<tr>
<td>The training material was easy to understand.</td>
<td>4.56*</td>
</tr>
<tr>
<td>The training material was well organized.</td>
<td>4.56*</td>
</tr>
<tr>
<td>The training provided information that is useful for my job.</td>
<td>4.68*</td>
</tr>
<tr>
<td>I am already using the information I learned from the training in my job.</td>
<td>4.50</td>
</tr>
<tr>
<td>I had adequate training to use the technology easily.</td>
<td>3.93</td>
</tr>
<tr>
<td>I like this method of training.</td>
<td>4.44</td>
</tr>
<tr>
<td>Using this method of training took more time to complete the training than other training methods.</td>
<td>2.19*</td>
</tr>
<tr>
<td>I would prefer to use a different training method.</td>
<td>2.00*</td>
</tr>
</tbody>
</table>

* indicates significant differences in mean responses.

using the online method reported technical difficulties such as using a computer, getting access to a computer, and technical problems with the access disk, and one respondent had difficulty focusing on the training while at home. Trainees’ comments regarding the most important things learned in the training were consistently focused on improving service to people served.

Focus Group Feedback
Among the focus group participants’ responses, the participants using the DVD training methods had the most positive comments and seemed most satisfied with the training. These trainees reported no technical difficulties and liked completing the training at home rather than traveling to a classroom site. The most negative aspect reported by the DVD trainees was the difficulty in focusing attention on the training due to distractions and fatigue.

Participants from the online method reported several technical issues, such as learning to use a computer and connecting to the Internet. However, they liked completing the training at their own pace and without traveling to the training.

The greatest challenges reported by the participants using the classroom training was scheduling the training, finding replacement coverage for their shifts if the training was during a shift, and the longer hours worked if the training was scheduled before or after a shift. Transportation to the training site was also an issue for some trainees.

Trainees identified training topics that are difficult to teach using a DVD or online, including CPR, first aid, passenger assistance—wheelchair, and CPI.

Participants in the DVD training method recommended that when one module is completed, the DVD should automatically continue with the next module. These participants also reported that the trainer was a boring speaker speaking in a monotone. They also reported the
contents were unnecessarily repetitive, and they suggested that role-plays should be recorded to increase interest and demonstrate techniques.

Test Score Comparisons Among Training Methods

Comparisons of pre-test scores across the three training methods showed no significant differences among the three groups, thus demonstrating that trainees in all three groups have similar knowledge of the topics covered in the modules before training began. Table A.40 presents the comparison of pre-test scores.

However, statistically significant differences were shown between the trainees in the classroom and the trainees in the DVD methods on four of the five post-tests, in which the classroom trainees scoring significantly higher than trainees using the DVD. Trainees in the classroom training also scored significantly higher than trainees using the online method in modules #8 and #11. Statistically significant differences in the post-tests are marked with an asterisk in Table A.41.

### Table A.40
Comparison of Pre-Test Scores (Volunteers of America)

<table>
<thead>
<tr>
<th>Test</th>
<th>Classroom</th>
<th>DVD</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest for Module 4</td>
<td>77.85</td>
<td>73.59</td>
<td>77.11</td>
</tr>
<tr>
<td>Pretest for Module 6</td>
<td>74.85</td>
<td>72.94</td>
<td>70.94</td>
</tr>
<tr>
<td>Pretest for Module 8</td>
<td>80.15</td>
<td>81.74</td>
<td>82.61</td>
</tr>
<tr>
<td>Pretest for Module 9</td>
<td>80.88</td>
<td>79.71</td>
<td>77.28</td>
</tr>
<tr>
<td>Pretest for Module 11</td>
<td>80.23</td>
<td>82.12</td>
<td>76.78</td>
</tr>
</tbody>
</table>

### Table A.41
Comparison of Post-Test Scores (Volunteers of America)

<table>
<thead>
<tr>
<th>Test</th>
<th>Classroom</th>
<th>DVD</th>
<th>Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-test for Module 4</td>
<td>96.5*</td>
<td>91.03*</td>
<td>93.06</td>
</tr>
<tr>
<td>Post-test for Module 6</td>
<td>90.69*</td>
<td>80.29*</td>
<td>85.28</td>
</tr>
<tr>
<td>Post-test for Module 8</td>
<td>96.35*</td>
<td>90.00*</td>
<td>89.17*</td>
</tr>
<tr>
<td>Post-test for Module 9</td>
<td>96.57</td>
<td>93.50</td>
<td>94.56</td>
</tr>
<tr>
<td>Post-test for Module 11</td>
<td>95.77*</td>
<td>87.82*</td>
<td>86.28*</td>
</tr>
</tbody>
</table>

NOTE: Differences on the post-tests for modules #8 and #11 are significant between the classroom and DVD methods and between the classroom and online methods, but not between the DVD and online methods.

* indicates significant differences in scores.
Conclusions
Although the DVD training method had the highest completion rate, at 90 percent, compared with 63 percent of the classroom training and 41 percent for the online training, based on post-test scores, the least effective training method appears to be the DVD training. The average scores of trainees who completed the DVD training were significantly lower on all the post-tests than the average scores in the classroom training and lower on three of the five post-tests than average scores in the online training. On modules #8 and #11, trainees using the DVD scored less than one point higher than trainees in the online method. Ten percent of the post-test scores in the DVD group were lower than the pre-test scores by an average of ten points. However, the lower test scores must be interpreted with caution, since these trainees did not complete the post-tests immediately after the training. The tests may have been completed weeks after the training module. Further study is necessary to see whether delayed testing affected the post-test results. If the lower scores are due to delay, improved methodologies that provide testing immediately upon completion of each module should be implemented.

Trainees who completed the DVD training demonstrated less agreement and more negative perceptions of the training experience than trainees in the other two methods. Only 68 percent of the DVD trainees agreed with the statement “I like this method of training,” compared with 100 percent and 82 percent of the classroom and online trainees, respectively. Only 52 percent of the DVD trainees reported the training was a worthwhile experience. Surprisingly, 63 percent of the DVD trainees agreed that the DVD method took more time to complete than either of the other methods, and 32 percent would rather use a different training method, compared with 18 percent of the online trainees and none of the trainees in the classroom training.

These responses are somewhat inconsistent with the focus group responses, because the trainees in the DVD group who attended the focus group appeared to be the most satisfied participants and indicated they were satisfied with being able to complete the training at home. They did report difficulty in focusing on the DVD while at home. This seems to be substantiated in the lower post-test scores compared with the post-test scores of the other methods. The more disturbing finding is that 10 percent of the post-test scores in the DVD group were lower than the pre-test scores by an average of ten points, and 9 percent of the post-test scores were the same as the pre-test scores, demonstrating that almost 20 percent of the post-tests administered shows no improvement in knowledge after the training.

The online training method was also less effective than the classroom training, according to comparisons of pre- and post-test scores. On average, trainees in the online training scored lower on all five post-tests than did trainees in the classroom method; however, the differences were statistically significantly only on modules #8 and #11. The online average scores on both these modules were lower than the average scores of the DVD trainees. Ten pre-test scores in the online method were higher than post-test scores (n = 11 percent). No trainee who completed the classroom training scored lower on the post-tests than the pre-tests.

Based on responses to the questionnaire and comments in the focus group, it seems that trainees who are knowledgeable and comfortable using computers and the Internet are most likely to be successful with the online training method, and the results can be similar to classroom training.

Trainees who participated in the classroom training scored higher on all the post-tests, despite having similar pre-test scores compared with trainees in the other two groups. The post-tests were completed immediately after the presentation of each module. Trainees in
the classroom training also reported the highest satisfaction with training, based on questionnaire responses. Focus group participants who participated in the classroom training reported considerable dissatisfaction with the inconvenience of scheduling and attending classroom training.

An important concern is the maintenance of knowledge over time. All the trainees should complete the post-test again a few months later to ensure retention of learning.

In conclusion, although classroom training is less convenient, the satisfaction and preliminary test results indicate it is the most effective method of training. Perhaps the effectiveness of DVD or online training could be improved by requiring trainees to complete the training at a work site rather than at home. Allowing trainees to complete the modules at convenient times using the Internet or DVD would eliminate the scheduling and transportation problems that make classroom training less convenient. Before Internet training is widely used throughout the organization, the online program should be improved to ensure all trainees complete each module before accessing the post-test. The time spent in the module should be tracked and methods implemented to ensure that the person completing the training is in fact the employee.

**Supervisor Training**

The results presented here are taken from the evaluation report prepared by Jan Figart (2007) at the Community Service Council of Greater Tulsa.

The Community Service Council was contracted to conduct a formative and summative evaluation of the VOA Supervisory Skills Training Series and outcomes. The training was piloted and refined with two groups of employees. Adjustments were made in the curriculum and delivery, which encompasses feedback generated from participants in the pre-test and post-test evaluation of the project. The first class received a demographic survey, an attitude survey, and an ascertainment of knowledge based on a pre- and post-test of information presented during each of the eight class periods. The initial and final survey was conducted on the second pilot.

Collectively, the demographic profile of the participants demonstrated a rather mature workforce, with the majority having at least some education experience past high school, experience with developmentally disabled children or adults, experience in supervision, and experience with VOA supervisors.

The participants were surveyed on their attitudes and values regarding what made a good supervisor. The majority felt that the most significant attributes (over 80 percent very important) were ability to listen, ability to respond, understanding, patience, honesty, being involved, professionalism, accountability, approachable, responsible, respect for people, clear and timely responses, knowledgeable about procedures, willing to deal with staff issues, and provide structure.

The survey knowledge assessment began by determining the familiarity of the participants with the basic content of the curriculum. The majority were familiar or somewhat familiar with most of the content, except for communication and coaching techniques (40.7 percent). Based on the initial assessment, most felt comfortable in their knowledge.

Post-survey results after the initial training sessions revealed improvements in all areas of familiarity with the content: mission statement (55.5 percent pre; 85.6 percent post), core values (70.4 percent pre; 87.6 percent post), human resource laws (55.5 percent pre; 71.1 percent post), management styles (59.3 percent pre; 81.4 percent post), house management
The area in which there was the most improvement was communication and coaching techniques (40.7 percent pre; 87.7 percent post). Based on the initial assessment, most felt they had improved their knowledge of content areas.

Three types of knowledge questions were asked: forced choice, multiple choice, and open-ended essay. In all areas, the participants demonstrated retention of content in specific knowledge, ability to prioritize actions, and demonstrate retention of mission, core values, and coaching techniques.

The second level of analysis was to determine whether the training and mentoring coaching activities produced behavioral changes in the supervisory staff. A mentor survey was conducted of all supervisors three to six months after completion of the training. The assessment was conducted by the trainer by observing supervisory staff in the conduct of their duties. During the review, a summary form was completed, reviewed with the supervisor at the completion of the review, and provided to the evaluator for compilation of data. Most staff were demonstrating the skills requested, with the weakest area of retention being labor laws.

The third group of supervisory staff was engaged for the VOA training in October 2006. This group was still in session by the evaluation report date. A pre- and post-test assessment of the knowledge and attitudes was collected for analysis at each module. The questions were structured in visual analogue using the Likert Scale, open essay, and matrix forced choice to examine movement of knowledge and attitude over time. Additionally, the initial assessment included demographic and personal profile information that will be correlated to results at the conclusion of the study series. Factors to be examined include education experience of the staff, as well as direct service and supervisory experience of the staff before, during, and after this training series. There are 12 supervisory employees consistently participating in this group.

Finally, the training and mentoring/coaching activities should produce behavioral changes in the supervisory staff which, would correlate to retention in direct service staff and supervisory staff. This outcome measure was analyzed against a benchmark of supervisory staff retention and direct staff retention by VOA in March 2006 compared with March 2007. A final measure was planned to be examined in March 2008.

The Human Resources Department compiled a database of all employees affiliated with all direct and supervisory service to the developmentally disabled. The employment data indicate that 648 employees were employed or incumbents in the preceding one-year period of March 2005 to March 2006. During that same year, 192 (29.6 percent) employees were discharged. Specific reasons for discharge were not recorded in the Human Resources database. No known co-factor other than voluntary or agency discharge was documented for this period of time by self-report of the Human Resources Department. From March 2006 to March 2007, which covered the training and mentoring activities of this project, the discharge volume decreased to 31 (6.5 percent) employees.

In 2006, 48 percent of the direct employees were minority race or ethnicity and comprised 46.8 percent of all direct staff discharged. In 2007, 48.2 percent of the 478 direct staff were minority race or ethnicity and comprised 35.4 percent of all staff discharged. In 2006 and 2007, the age percentages by decade were not significantly different for employment, but varied sharply for discharge. The distribution of discharges was 33.9 percent for less than 30 years old in 2006, compared with 41.9 percent in 2007. The 30–39-year-olds represented 20.8 percent in 2006 and 35.5 percent in 2007. The 40–49-year-olds and 50–59-year-olds percentage discharged decreased from 2006 to 2007. A dramatic difference existed comparing 2006.
to 2007 in the education levels of those discharged. A greater proportion of employees with high school diplomas or some college were discharged, 56.8 percent to 71.0 percent for high school diplomas and 8.9 percent to 12.9 percent for some college. The high school diploma and the General Educational Development credential (GED) are the two greatest percentages of employees’ highest degrees at 62.2 percent and 12.8 percent for 2006 and 65.1 percent and 12.1 percent in 2007, respectively.

The review of the data for supervisors reveals a greater retention of supervisory staff from 2006 compared with 2007. In 2007, 7 of 24 supervisors, or 29.2 percent, were discharged, and all of them were white. Five of the seven were 30–49 years of age. In contrast, no supervisors were discharged in 2007. Two new supervisors were recruited, one with previous experience in VOA and one from outside the agency. The majority of supervisors (11 of 19) in 2007 have a high school diploma as the highest degree, two have a GED, and four have a bachelor’s degree.

**Limitations and Recommendations**

This review of the supervisory training was conducted collaboratively with VOA Oklahoma. The content of the training, the survey tools, and the analysis was conducted in good faith with the Human Resource Administration, the administrators, and supervisors. Survey tools used were adapted from existing tools (Agency Administrators Survey), or created for this project (pre- and post-test surveys, mentoring survey tool).

The evaluator recognizes that the small total population of the supervisors prevents a number of analytical comparisons from being conducted. It is recommended that the project continue, so that additional populations can be involved with the training, mentoring, and study design to further establish the validity and credibility of this training and the evaluation design.

The employee database from the Human Resources Department was prepared by the administrator under the direction of the evaluator. No data extraction was conducted by the evaluator. It is recommended that this exercise continue annually each March (or calendar year) for the collection of comparable data. Additionally, other programs of VOA not currently using the supervisory training may be assessed to compare retention of staff during similar periods as this project.

**Perceived Outcomes**

**Interviewees**

The RAND/AIR site-visit team interviewed individuals from the following organizations:

- Grantee:
  - Volunteers of America
- Project Directors:
  - VOA Southeast (AL)—DSW training
  - VOA Oklahoma—Supervisor training
  - VOA Greater New Orleans—DSW training and *Higher Ground* video
- Partners:
  - Consultant—developed supervisor training
- Local Evaluators:
  - University of South Alabama (AL)
  - Community Service Council of Greater Tulsa (OK)
• Agencies:
  – VOA Southeast
  – VOA Oklahoma

Interview Findings

DSW Training

• Classroom training had the highest percentage on their test scores, but there was not a great deal of difference between pre- and post-test results.
• It was not possible to capture how many times someone took the test online; therefore, we cannot gauge the failure rate. Also, those taking the test online could access the test without watching the video.
• People really liked the DVD.
• DSPs were not computer-savvy enough to properly navigate the online training or did not have access to a computer to do the training. However, in anticipation of some people not having computers, VOA provided a loaner laptop and phone line.
• There seems to be an indication that offering different modes of training improved staff morale—DSPs liked not having to come to office and listen to the same thing.
• An improvement in retention was seen.
• DSP feedback on the pros/cons of each format:
  – Classroom
    – Pros: Have the opportunity to ask questions directly; can understand more in the classroom; like the discussions and learning from other classmates; trainer can ensure that everyone understands before moving onto next topic; best for people new to the material (best audience are new DSPs).
    – Cons: Work ten hours at night then have to go to training in the morning is difficult; too long.
  – Online
    – Pros: Could go at my leisure after her child was busy; could fast forward if you already knew the material; presented a virtual classroom and were able to see some basic examples; can take training at home or at office; easier to fit into schedule; if you got a low score on the test, you could easily go back and retake the test; may be best suited for those needing a refresher on the material.
    – Cons: Tone/presentation on the computer was poor and might have been easier to read; voice was monotone.
  – DVD
    – Pros: Could take on own time after work; could replay or fast forward as necessary—was repetitive—could rewind the video and review the information at own pace; can stop the video at any time; don’t have to travel; may be best suited for those needing a refresher on the material.
    – Cons: Couldn’t retake the test; no immediate feedback on the test; had to wait to take the test (three days) as opposed to taking it immediately upon completion.
Supervisor Training

- Seen more turnover at the supervisor level but also experienced a drop in turnover for DSPs.
- Grantee Leadership: The grantee leadership thought that the DSPs value the supervisory training the most, as it impacts how they are treated at work. Because DSPs require mandatory training anyway, the supervisory training may have more of an impact. Better-trained house managers and reduction in turnover in DSPs (according to evaluation).
- Project Director:
  - Although the evaluation will demonstrate improved retention and lower turnover, the project director indicated that the previous director’s retention numbers were questionable. There is more stability in the smaller communities, where there is better pay, than in Tulsa.
  - The project director thinks that there is improved staff morale among the house managers. They are feeling more comfortable with some of the things that they have to do like dealing with staffing conflicts and communication styles. Doesn’t have a good feel if the DSP morale has changed. In May 2006, the project director sent out a satisfaction survey. There is still one area of dissatisfaction for the DSPs in Oklahoma City—their voices not being heard by program coordinators.
  - The project director thinks that the training is beginning to result in a culture change. During the training, the trainer worked on team building. The training wasn’t crammed into one week and was spaced out, fostering relationships and enabling trainees to incorporate the material better and get feedback.
  - One unanticipated outcome was turnover in house managers. Although they had had turnover all along, they didn’t realize until they implemented the training program. Also, they didn’t expect the level of enthusiasm they got. Much was chalked up to the trainer’s style of teaching. Also, networking was a positive outcome—people really want to stay in touch with each other. May want to consider a reconvene but haven’t done anything about this yet.
- The trainer reported that she could see in the class and in extracurricular activities that staff morale had improved among DSPs and supervisors. The training created an informal mentoring program by ensuring a mix of veterans and new staff in the classes.
- Some DSPs reported that they have seen changes in their supervisors. One stated that since her house manager has been to training, she has become more disciplining, more assertive, and more willing to provide feedback. This has been an improvement for the DSPs working for this supervisor. Some said that the supervisor became a better advocate for the workers and is more sure of herself.
- Supervisors reported that the training helped them speak up more and feel more empowered. One reported that she learned how to accept a situation and not take it personally and can use tools from training to keep her stress level down. Another reported that she believed that it has changed the culture or climate. If DSPs aren’t doing what is expected by VOA, then the supervisor can go back to the table with them and set standards and reinforce it. The training gave them more of a voice. Now they know how to do the job in a positive way—it’s not what you say, but how you say it. The training provided them with a set of procedures and keeps you more in control of the discussions/situations. Despite these positive outcomes, the supervisors did not think it would effect turnover/retention
rates. However, some have seen a lot of turnover due to DSPs not knowing what to expect of the job or because they are young.

**Overall**

- The grantee leadership thinks that the demonstrations have improved retention, lowered turnover, and improved staff morale. Because VOA took the time to brand the curriculum, she thinks that staff have a better sense of who they work for. Part of what they wanted to show was how VOA is different from other providers and to instill a sense of loyalty to VOA. By instilling a sense of the organization and then loyalty to the organization, she hopes to improve retention. She also thought that it improved the culture or climate of the organization because more people are looking to transfer to different VOA sites across the country and thinks that other affiliate offices have benefited as a result.

**Marketing of Demonstration Initiatives**

**DSW Training**

- **Did:** VOA informed supervisors of the DSP training, and they then informed their staff. Project director also drove to homes to visit DSPs and inform them. They put the word out that food would be provided in the classrooms and that DSPs would be paid for training. They also tied it into a cash bonus for completion.
- **Do differently:** Would send a letter straight to the DSPs rather than going through supervisors. Once everyone is connected via email, would use email as a source of communication about training. Also, would include flyers with their pay stubs.

**Supervisor Training**

- **Did:** Asked the directors at each office to send people to training. Tried to have a representation at each training session. Then, sent a personalized letter from the trainer to each person identified that they had been scheduled for training. The letter stipulated that the training was seven weeks long, which is admittedly a long time and requires a big commitment. The letter avoided the use of the word “mandatory.” If a person couldn’t attend that session, the project directors found a replacement. However, people knew that they had to attend, so it became mandatory.
- **Do differently:** Nothing. Once the word got out that the trainer was great, there didn’t seem to be a problem.

**Facilitators to the Demonstration**

**DSW Training**

- Got lucky with the group who participated. They said that they didn’t want to do this training, but they tried it anyway. Have a large number of people who completed the training.
- Having the relationship with Louisiana State University early on was a help. The university already had the curriculum that was working, so VOA was able to get rolling on the initiative faster.
• Received sufficient technical assistance from the Lewin Group.
• Affiliate offices did a lot of work and took the grant seriously. Put a lot of energy into the training to make it a success.

Supervisor Training

• The grantee leadership was helpful.
• The trainer had total support from Oklahoma project director and the evaluator.
• The trainer’s personality was a plus.

Barriers to the Demonstration

DSW Training

• The online version was the biggest barrier due to the unexpected computer illiteracy among the DSPs.
• Providing tests in different formats was challenging.
• Had to make a decision early on about how to handle the online piece and put the resources into the resolution as quickly as possible.
• Hurricane Katrina.
• Design of the Internet training.
• Lack of computer experience—challenging to ask someone to use a computer for training that has never used a computer before. DVD training made more sense.

Supervisor Training

• Not enough time, staff, or support to help the trainer develop the material and to do follow-up

Other Contextual Factors

• Pay rate increased in New Orleans just before the grant started.
• Hurricane Katrina.
• Expansion in three of VOA’s states.
• Alabama had just put computers in the homes, and Oklahoma was in the process of doing so.
• Alabama
  – Medication Administration Certification Training—this was an initiative in Alabama, and the DSP training started in the middle of this requirement. DSPs have to be certified through this program, which is a two-day training. This training was intimidating because DSPs only get three times to pass the test or they cannot continue as a DSP. Veteran DSPs were failing, which created a great deal of anxiety.
  – Very low unemployment in Alabama, and may have a high turnover rate due to the job opportunities available.
  – Since Hurricane Katrina, the town of Mobile, Alabama, has grown tremendously; people brought their businesses with them; the town as a hot economy now.
• Oklahoma
- Wage increase from $7.15 to $7.85 per hour.
- Started a referral bonus.
- Human Resources database was cleaned up and numbers fluctuated because of that.
- The program was accredited for four years.
- Oklahoma has state-mandated training but is having discussions about having the providers deliver it.
- Oklahoma is a poor state.
- Tulsa has one of the lowest unemployment rates in history of the state. If anyone can work, they already do right now, which hurts retention and recruitment.

**Plans For Sustainability**

**DSW Training**

The grantee would like to develop new modules and give participants a choice of format—DVD versus classroom. The grantee plans to spread this to all DSPs. Also, the grantee plans to remove the boring or redundant aspects of the training content, but will have to retain some material as required by the state. Right now, the DVD is not Alabama-specific, and the grantee would like to make it more personal.

The grantee will probably not continue to provide a cash bonus for completing online training; however, each affiliate office will need to make its own decision. The grantee plans to add modules over time to make the material fresh. The grantee plans to have all new DSPs go through the training.

**Supervisor Training**

The grantee plans to continue to contract with the trainer to conduct the training every six months. Also, VOA will cross-train a few people so that training can still be offered even if the trainer is not available. The grantee expects that classes will be smaller in size—five or six supervisors. VOA is not sure if they will continue to give a $250 retention bonus without the grant. They will if they can show it is helpful and leads to savings in reduced turnover to justify the expense.

The trainer would prefer that class offerings not be provided on a rigid time frame but on an as-needed basis, because the trainer does not want fewer than five people in attendance. Also, it is beneficial to mix veteran with newer staff.

**Lessons Learned**

**DSW Training**

- **Determine computer literacy beforehand.** Start out small with something that is doable. Before training, prepare for your evaluation. The grantee admitted that they developed the training without first asking DSPs whether they have ever turned on a computer before. People are not going to do well if they are in an unfamiliar situation (like working on a computer).
- **Improve the quality of training materials.** Consider the literacy of your staff first. Also, people are much more sophisticated. You can’t get away with a “mom and pop” homemade video and expect people to watch it. You need to invest significant resources to give staff something that can be appreciated and valued.
• Do a needs assessment and comparison shop. Get expert advice with respect to specifications before you have your training modules developed. Also, comparison shop for vendors.
• Get laptops in the field. Not all the employees had access to computers. The grantee provided laptops on loan to support the online training.

Supervisor Training

• Suggested changes. Talk to staff, take as much as you can from work already done, have class meet once a week for several weeks, and get the right trainer.
• Focus on relationships. Don’t make the training about filling out forms and procedural things. The training is about relationships.
• Continue outcomes measurement. Need to continue measuring outcomes on a longitudinal basis. The ongoing technical assistance was essential.
• More trainers are needed. Should have more trainers to balance the workload and to vary the experience.
• Improve evaluation process. Bring the evaluator in earlier in the process and provide sufficient funds to conduct the evaluation properly. Would have been nice to have done a longer-term evaluation.

Expenditure of Grant Funds
Table A.42 presents the total funds spent on the DSW project, the costs of each initiative, evaluation costs, and additional expenses. Volunteers of America received $700,500 from CMS, with $43,000 in matching funds. VOA spent a total of $743,500 on its demonstration.
Table A.42
Expenditure of Grant Funds (Volunteers of America)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost ($)</th>
<th>Percentage of Total Funding Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CMS funds spent</td>
<td>700,500</td>
<td></td>
</tr>
<tr>
<td>Total matching funds spent</td>
<td>43,000</td>
<td></td>
</tr>
<tr>
<td>Total funds spent on DSW project</td>
<td>743,500</td>
<td></td>
</tr>
<tr>
<td>Initiative costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DSW Training in New Orleans</td>
<td>180,000</td>
<td>24</td>
</tr>
<tr>
<td>Videos and focus groups in New Orleans</td>
<td>50,000</td>
<td>7</td>
</tr>
<tr>
<td>DSW training in Alabama</td>
<td>120,000</td>
<td>16</td>
</tr>
<tr>
<td>Supervisor training in Oklahoma</td>
<td>147,000</td>
<td>20</td>
</tr>
<tr>
<td>Develop online training options for DSWs</td>
<td>100,000</td>
<td>13</td>
</tr>
<tr>
<td>Evaluation costs in New Orleans</td>
<td>7,500</td>
<td>1</td>
</tr>
<tr>
<td>Evaluation costs in Alabama</td>
<td>10,000</td>
<td>1</td>
</tr>
<tr>
<td>Evaluation costs in Oklahoma</td>
<td>1,000</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convene national training for VOA office</td>
<td>25,000</td>
<td>3</td>
</tr>
<tr>
<td>Project management</td>
<td>62,000</td>
<td>8</td>
</tr>
</tbody>
</table>
Grantee Summary—Washington

Grantee and Project Director: Washington State Home Care Quality Authority

Project Time Frame: June 1, 2004–September 29, 2007

Local Evaluator: Washington State University, Social and Economic Sciences Research Center

Site Visit: June 27–28, 2007

Introduction

This grantee summary is based on numerous sources of information, including available documents, such as local evaluation reports, training manuals, proposals, reports from University of Minnesota in partnership with the Lewin Group (2006) and PHI (2006, 2007), as well as site-visit interviews with a variety of individuals involved with the demonstration activities, including grantee administrators, agency administrators, direct service workers, the local evaluator, and other key stakeholders. We also summarize fund expenditure based on a cost survey sent to the grantee after the site visit.

Note that, in many cases, actual implementation of the initiatives differed from what was initially proposed or outlined in the grantee's proposal or initial implementation reports. Any changes in implementation identified at the time of our site visit are noted in the summary.

Demonstration Background

History of Grant

The Washington State Home Care Quality Authority (HCQA) was the grantee in the state of Washington. HCQA is a state agency established by a citizen initiative in 2001 to improve the quality of long-term, in-home care services. HCQA comprises four full-time staff and is governed by a nine-member board appointed by the state governor. Part of the agency’s mandate was to create a worker referral registry and training materials for workers and consumers. Prior to CMS funding, the Washington State Department of Social and Health Services (DSHS) had worked on two pilot projects to build a registry and a caregiver-training component.

Since 1983, the Medicaid waiver program in Washington has had a system in place for consumers to contract directly with providers. Consumers have two options when seeking care: (1) contract directly with a DSW, known in Washington as an individual provider (IP), or (2) work through a Medicaid-contracted agency. Consumers work with a case manager employed by DSHS to assess their needs and find a service provider. DSHS is responsible for payment to the service provider.

In 2002, the workforce of approximately 23,500 IPs was unionized under the Service Employees International Union (SEIU). The SEIU bargained with both the HCQA and the Washington State Office of Financial Management for wage increases and health care benefits. Starting in January 2005, workers who were employed at least 86 hours a month for three consecutive months were able to enroll in a multi-employer health benefits trust plan (known as the Taft-Hartley Plan). Some workers were also eligible for Washington’s Basic Health Plan,
a state-sponsored benefit that is open to low-income families. Both plans offer comprehensive medical care for a low monthly premium ($17). The Taft-Hartley Plan also offered dental and vision coverage.

**Initiatives as Proposed**
The initiatives originally proposed were

- outreach to educate DSWs about their health benefits
- training programs for workers and consumers
- peer mentorship program
- worker referral registry.

It was planned that these activities would mainly be carried out by four Referral and Workforce Resource Centers (RWRCs) serving nine of the 39 counties in the state. On further review of the grantee materials following the site visit in June 2007, we identified that this grantee was also performing an enhanced recruitment initiative.

**Logic Model**
Figure A.14 is the logic model for the Washington demonstration as developed and confirmed with grantee leadership in early 2007.

**Implementation**

**Initiatives**
In Washington, the initiatives were piloted by three RWRCs beginning in 2005; a fourth was added in 2006. The four RWRCs were organized as follows:

1. The Spokane and Whitman county RWRC was managed by the Aging and Long Term Care of Eastern Washington, a local area agency on aging.
2. The Snohomish county RWRC was managed by Sunrise Services, Inc., a private home care agency.
3. The Ferry, Pend’Oreille, and Stevens counties RWRC was managed by the Rural Resources Community Action, a combination of an area agency on aging and WorkSource Development program.
4. The Lewis, Mason, and Thurston counties RWRC was managed by WorkSource Olympia, a regional Employment Securities Department.

The RWRCs were designed to provide information to DSWs and prospective DSWs about the job and health care benefits and offer training, professional development opportunities, and access to peer mentorship. The RWRCs would also enlist DSWs on the worker registry. Consumers could also receive training from the RWRCs. The following initiatives were implemented.
Figure A.14
Logic Model for the Washington State Demonstration

**Mission:** Provide a supportive work environment that promotes the health and well-being of the DSWs and their families.

**Context:** Designed initiative for individual provider workforce that serves Medicaid consumers/employers; health insurance provided by state, initiative designed to help enroll DSWs in insurance via Referral and Workforce Resource Centers (RWRCs).

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS funding</td>
<td>1. Operate worker referral registry that will match worker skills, training, and abilities with consumer needs and preferences and increase current and prospective worker knowledge of in-home care job opportunities.</td>
<td>1a. Registry operating (Y/N) 1b. Number of workers using registry 1c. Number of consumers using registry 1d. Number of workers/consumers receiving training 1e. Number of providers on waitlist for consumers</td>
<td>Worker level: Job satisfaction</td>
</tr>
<tr>
<td>Staffing: Project Director, Evaluator (Washington State University)</td>
<td>2. Assist workers by providing support and health insurance information services.</td>
<td>2a. Establish RWRCs (Y/N) 2b. Provide health insurance info at RWRCs (Y/N) 2c. Number of workers who received health insurance info at RWRCs 2d. Number of workers enrolled in health insurance (we don’t have access to this information)</td>
<td>Agency (DSHS) level: Retention rate</td>
</tr>
<tr>
<td>Four RWRCs</td>
<td>3. Offer training for workers and consumer-supervisors through the RWRC.</td>
<td>3a. Develop training (Y/N) 3b. Number of workers who participate in orientation/screening course 3c. Number of consumers who participate in training course</td>
<td>Consumer level: Reduced turnover</td>
</tr>
<tr>
<td>Partner organizations</td>
<td>4. Offer peer mentorship program through the RWRCs.</td>
<td>4a. Develop program (Y/N) 4b. Number of workers participating in mentor program 4c. Develop refresher course (Y/N) 4d. Number of peer mentors participating in refresher course</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Offer professional development opportunities through the RWRCs.</td>
<td>5a. Number of opportunities offered 5b. Number of workers participating in opportunities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Offer apprenticeship curriculum through one RWRC (#4).</td>
<td>6a. Develop curriculum (Y/N) developed alternative which still proved to be a challenge to implement. 6b. Number of workers participating in curriculum</td>
<td></td>
</tr>
</tbody>
</table>
**Health Care Coverage**

In Washington, demonstration funds were used to conduct outreach to workers by RWRC staff about the health benefits available to them. A communications committee was established in November 2004 that included participation of HCQA and RWRC staff and representation from the SEIU. When workers expressed interest in being listed on the registry, the RWRC conducted an orientation session in which information was provided about the health care coverage options available to them. Also, workers who were already DSWs in the four regions of the state serviced by the RWRCs were targeted to receive information about the health care coverage through bulletin board postings at the RWRCs, the HCQA Web site, monthly newsletters, case workers meetings, and visits at hospitals, community centers, wellness conferences, local churches, and nursing homes.

Workers were eligible for a multi-employer health benefits trust plan (also known as a Taft-Hartley Plan). Some workers were also eligible for Washington’s Basic Health Plan (a state-administered plan).

- Starting in January 2005, the Taft-Hartley Plan was secured through a bargaining agreement with the SEIU. This plan offered comprehensive benefits, such as prescription drugs, preventive care, and mental health services administered through private insurance carriers. The Taft-Hartley Plan also offers dental and vision coverage.
- The Basic Health Plan had been in place before 2005. In contrast to the Taft-Hartley plan, the state-administered Basic Health Plan does not offer dental or vision, but coverage may be available to family members.

Both plans are comparable in that they have a $17-per-month premium for workers and approximately $150 deductible and modest co-pays. The state pays the $450–$500 employer premium for these plans.

To be eligible for the Taft-Hartley Plan, a DSW must work at least 86 hours per month for three consecutive months and then continue to maintain at least 86 hours of work per month. Workers cannot enroll in the Taft-Hartley Plan if they are eligible for other family, employment-based, military, or veteran’s coverage. Basic Health Plan enrollment is limited to low income families that do not qualify for Medicare.

**Training**

HCQA developed training for both consumers and providers as part of the demonstration. A joint training and education committee composed of membership from DSHS, SEIU, HCQA, providers, and consumers and their families helped identified topics and ideas for the training. In addition, consumer and provider focus groups were conducted to help develop the training. As part of the demonstration, HCQA provided support for professional development to workers. The different components of the training initiative are as follows:

**Consumer Training.** Three curricula were developed in the spring of 2005 for consumers: “Effective Communication,” “Effective Supervision,” and “How to Hire and Keep Good Staff.” The RWRCs had access to the manuals and could print them to distribute free of cost to any interested consumers using the worker registry (described below). All participating consumers received a mailer about this resource when it became available.

At the time of the site visit (June 2007), HCQA was working with Evergreen College to develop a DVD for consumers that included information about consumer rights and respon-
sibilities, self-directed care, and how to interview a prospective provider. The plan was to complete this project by September 2007.

In addition to the consumer guides and DVD, one RWRC indicated that it had used demonstration funds to build a resource lending library that opened in January 2007. The library contained books, CDs, and DVDs on different topics related to the consumer population.

Professional Development. Workers who were on the registry and in good standing were offered support for professional development starting in September of 2005. Demonstration funding was allocated to support GED completion, certified nursing assistant (CNA) completion, or up to 12 credit hours at a community college for classes related to caregiving (e.g., nutrition, stress management, and CPR). Workers were given a stipend to pay for tuition and books. Complete CNA training was quoted as $425 for tuition, with additional support for textbooks.

Workers received a letter explaining the professional development opportunity every quarter. Development opportunities were individualized, so that the support would be appropriate for the worker’s educational level and based on what was available in the RWRC area. For example, one worker received an associate’s degree in gerontology through the program, while many others received their GED.

Peer Mentorship
To create a peer mentorship program, HCQA reviewed how peer mentorship programs had operated elsewhere. After receipt of CMS funding, HCQA worked with their advisory board to develop a program that they thought would be feasible in Washington. Peer mentors were required to have at least three years’ work experience and to provide two references. The type of experience (e.g., working with families, experience with those with developmental or functional disabilities) and independent living philosophy were used as additional screening criteria. Mentors were also asked to accept and respond to mentee requests within a 24-hour window. All workers who were on the registry received information about the peer mentorship program. All interested applicants were interviewed by RWRC leadership before being selected. The RWRCs were given a list of interview questions by HCQA to use for this purpose. RWRC coordinators selected one or two peer mentors, except the Spokane/Whitman area, which initially selected five peer mentors.

Mentors received a two-day paid training in Olympia and were expected to work up to 20 hours a month at a rate of $10.50 an hour following the training. This rate was higher than the typical DSW hourly rate. The initial training delivered in May 2005 included information on leadership, teaching and coaching, communication, and current issues in caregiving. A refresher course was delivered in fall 2006.

When a new worker was added to the registry, he or she was provided with information about the peer mentorship program, including the name and contact information (e.g., email, cell and work phone) of the assigned peer mentor. The peer mentor was also given the names and contact information of the new registrants once a month. Mentors were expected to contact workers who were new to the registry and asked to complete a log of their mentoring activities. The log prompts mentors to document the mentee name, date of contact, length of contact, mode of contact (e.g., email, telephone, in person), mentee request, and action taken.

In addition, at the Spokane RWRC peer mentors were also paid to assist with worker recognition events that helped to recognize worker successes.
Worker Registry

Given that HCQA was mandated to develop and operate a worker registry prior to CMS funding, research had been done in advance of the demonstration to put a registry into place in Washington. HCQA staff researched the registry concept in other states, such as California, to help with the design and development of the registry. In addition, a feasibility study was conducted by an outside entity to determine the most cost-effective way to develop and maintain it. HCQA did not find any off-the-shelf packages that would meet their needs, so it hired a contractor to build its registry. These efforts were already underway prior to the demonstration grant funding. State funding supported the development of the registry but did not cover the costs to begin site operations. Demonstration funds were used for registry startup and operational costs. After the registry’s initial development, additional state funds were received to enhance and expand the registry statewide, making it more useful to consumers and workers. The registry was initiated in each RWRC sometime between January 2005 and September 2006.

The worker registry was designed to aid in matching consumers with workers. Consumers or case managers access the registry by calling the registry coordinator or through the Internet to find workers in their area that are looking for work. Consumers and case managers search for providers based on geographic location, willingness to provide services needed, availability, and other experiential factors that consumers may request, including smoking or nonsmoking, pet-friendly, etc. Workers may also log onto the Web site to update their information, but they cannot view other providers’ information. Agencies are not able to use the registry but are listed as another resource for consumers.

In order to be listed on the registry, workers must complete an application and undergo a criminal background check through the Washington State Patrol, which takes approximately two to five weeks for completion. The application includes questions pertaining to the type of consumer or employer they are willing to work for (e.g., children, people with developmental disabilities, the elderly, and adults with disabilities), transportation options, language skills, type of work desired (i.e., routine care versus backup or emergency care), living conditions (e.g., smoking behavior, ability to deal with companion animals), personal care, disability, and training experience. Individuals residing in Washington less than three years are also required to provide fingerprints. All information is collected by the registry coordinator at the RWRC site and input into the registry database. Any background checks that turn up conviction results are sent to HCQA for review. HCQA may also complete a character, competency, and suitability review in cases where the prospective worker has a criminal record. If prospective providers are determined to be unqualified, HCQA issues them a letter of denial.

Next, each worker has a face-to-face interview with RWRC staff. At this time, potential workers are given information about the health care benefits, union membership, and working for a Medicaid-eligible employer. Potential workers are also scheduled to complete the “Becoming a Professional Individual Provider” training (see the Marketing and Recruitment section, below). After the curriculum is successfully completed, the worker is added to the registry. The “Becoming a Professional Individual Provider” requirement is waived for those workers who have already been employed as a DSW for more than three months.

Every 30 days, workers on the registry are contacted to update their information and listing on the registry. First, the workers are called by RWRC staff, then they are sent a letter. If RWRC staff does not hear back from worker, the worker is placed in inactive status on the registry until such time as they make contact and update their information as required.
Marketing and Enhanced Recruitment
Enhanced recruitment was not identified in the logic model, but based on further review of materials received after the site visit, it was determined that enhanced recruitment was one of Washington’s initiatives. This initiative entailed visits with potential providers, information dissemination (see the discussion of marketing in the Perceived Outcomes section), and the “Becoming a Professional Individual Provider” training, which was developed by February 2005 to provide prospective workers with a realistic job preview before being hired as a DSW. The training consisted of a review of the ”Becoming a Professional Individual Provider” manual, either in a classroom setting or via self-study, with a verbal discussion following. The classroom training was approximately three hours in length. Those who selected self-study were asked questions about the manual as a way to evaluate whether the material was reviewed. Potential workers were not paid for completion of this training, as participation helped the RWRC staff to determine the prospective worker’s interest in the job.

Performance Monitoring
HCQA monitored utilization and enrollment associated with the different initiatives as one way to assess their impact and success.

Outputs

Health Care Coverage
HCQA planned to assess outreach for health care benefits through the establishment of the RWRCs. By 2006, HCQA had successfully established its goal to operate four RWRCs and hire staff to perform the interview and orientation with workers where information about health benefits was provided. A total of 3,237 workers were provided with health benefits information during the registry enrollment process.

A report by PHI in 2007 indicated that there were 6,027 workers contracted by DSHS to provide Medicaid-funded services in the RWRC regions and who worked the requisite number of hours to be eligible for the health care benefit and did not qualify for coverage by other means. At the same time, out of approximately 23,500 workers, around 4,100 had enrolled statewide in the Taft-Hartley Plan and 550 in the Basic Health Plan. However, no data are available on the number of workers who enrolled in either plan as a result of the outreach work conducted by RWRCs. As of April 2008, 6,741 workers were enrolled statewide in the health care coverage offered by the Taft-Hartley Trust.

Training

Consumer Training. HCQA developed a manual for consumers that was ready for dissemination in April 2005. As of the June 2007 site visit, 1,240 of manuals had been distributed to consumers.

Professional Development. All four RWRCs offered opportunities for workers to gain their GED or CNA. Other professional development opportunities were available based on location. As of the June 2007 site visit, 160 workers had participated in professional development.
**Peer Mentorship**
A peer mentorship program was in operation by winter 2005. A two-day training was offered in fall 2005, with a refresher course in fall 2006. All four RWRCs employed at least one peer mentor. As of the June 2007 site visit, 2,020 workers had received mentoring.

**Worker Registry**
The worker registry was operational in the four RWRC sites by September 2006. As of the June 2007 site visit, 1,661 consumers had utilized the registry. Also, 2,724 workers had completed the registration process, out of approximately 4,000 individuals who had expressed interest in being registered.

**Marketing and Enhanced Recruitment**
The number of potential providers who participated in the “Becoming a Professional Individual Provider” job preview training from September 2006 to September 2007 was 326.

**Local Evaluation**
The local evaluators at the Washington State University Social and Economic Sciences Research Center (SESRC) were employed to mainly investigate outcomes, especially in relation to the health benefits. The evaluators examined several sources of data gathered from

- a new worker survey of those who joined the program after health benefits became available (2006)
- case manager surveys conducted in 2005 and 2006
- a worker survey conducted in 2006
- a consumer survey of in-home care recipients conducted before and after the demonstration period
- Social Service Payment System (SSPS) and Employment Security Department (ESD) datasets.

Overall, the evaluators concluded that the stability of the workforce had improved and that DSWs were less likely to leave the industry following the implementation of the initiatives during the demonstration period. The methodology and results from each of the data collection and analyses efforts are described below.

**Datasets**

**New Individual Provider Survey**
This survey protocol was designed by the local evaluators in collaboration with HCQA and DSHS. The main purpose of surveying new providers was to determine the role that benefits played in workers’ decisions to join (recruitment) and to remain in the field (retention). Individuals who were issued their first paycheck between October 2005 and March 2006 and were still being paid as an individual provider in March 2006 were targeted. The survey was conducted by telephone and was offered in English, Spanish, and Russian by the Public Opinion Laboratory at SESRC between June 21 and July 9, 2006. A total of 698 individual providers were randomly selected to receive the survey, and the local evaluators reported a response rate of 42 percent.
Each provider was asked whether they were aware of the health care coverage benefit before they joined the field and, if so, to what extent the availability of the benefit affected their decision to join the field. This question was asked to determine whether the health care benefit was related to increased recruitment of DSWs. The results indicated that overall the workers had a very low awareness of the health care coverage benefit (16 percent). Of those who were aware of the benefit, 35 percent indicated that it positively influenced their decision to become a DSW. Workers were also asked whether the health care benefit would influence their decision to remain in the field. About one-third of respondents indicated that it would make them more likely to stay in field.

**Case Manager Surveys**

Two surveys were conducted with case managers, a baseline survey in March–April 2005 and a post-implementation survey in April–May 2006. The surveys were developed by the local evaluators in collaboration with HCQA, Washington State Home and Community Services (HCS), the Division of Developmental Disabilities (DDD), and Area Agencies on Aging (AAA). The main goals of the surveys were to determine whether case managers were aware of any difference in the ease of finding individual providers and whether they saw an increase in the pool of available individual providers by the time of the second survey.

The survey was conducted on the Internet. Case managers were invited to participate via an email distributed by the administration of each agency (HCS, DDD, or AAA). Respondents could either complete the survey over the Internet (via a link in the email) or request a printed survey. Response rates were extremely low: 14 percent (n = 144) in 2005 and 15 percent (n = 153) in 2006.

Other problems with the survey were also reported. The evaluators indicated that the results did not adequately address the survey goals because of the assumptions made about the case managers’ role in assisting consumers in finding care (Mann and Pavelchek, June 2006). Very few of the respondents indicated that they assisted consumers with finding a DSW to provide care. In contrast, the majority of respondents reported that they assisted with contracting and authorization for family members or friends or they referred the consumer to a home care agency. Fifteen percent indicated that they did not assist a consumer with finding care due to liability reasons.

**Individual Provider Survey**

This survey protocol was developed by the local evaluators in close collaboration with HCQA managers and with review and input from DSHS and SEIU. Every two to three years, HCQA surveys this population to collect information about motivation for joining and staying in the field, as well as perceptions of training, benefits, pay, and job satisfaction. The 2006 survey was different from previous surveys, given the inclusion of national evaluation requirements. Also in 2006, additional questions about the health benefits and the worker referral registry initiatives were added.

HCQA coordinated with DSHS to randomly select a sample of 3,000 individual providers. In September 2006, the surveys were mailed. Reminder postcards were sent out two weeks later. The survey was closed at the end of October 2006 with 793 returned surveys, for a response rate of 26 percent.

Respondents were asked about their motivation to join the field. The local evaluators reported that the most common reasons were (1) a friend or family member needed care, (2) it
gave personal satisfaction, and (3) schedule flexibility. In contrast, employment benefits (such as health benefits, worker’s compensation, and paid vacation) were not generally cited as the main reason for joining the field. About two-thirds of the family providers (76 percent of the sample) indicated that they would do the work whether they were paid or not. The evaluators concluded that employment benefits may play a role in recruiting new workers to the field, but they may not be as successful at retention.

Respondents were also asked whether they planned to stay in the field in the next year. Eight percent of respondents indicated that they planned to actively look for a different type of job, whereas 62 percent did not. Others were neutral or did not answer the question. Respondents were also asked to name two things that would make them more likely to stay in the field beyond their current client. The most common responses included improved wages, more paid hours, and if another friend or family member needed care. Other responses included more-flexible hours, improved respite care availability, reimbursement for mileage or having a client close to one’s home, and employment benefits for children/spouse, and compatible client (personality, religion, etc.)

The survey also asked workers about their awareness and interest in the demonstration initiatives. Regarding health benefits, almost three-quarters of the respondents (72 percent) reported having health care coverage. Among the respondents who had health care coverage, one-third (33 percent) reported using the health care coverage available through their job as a DSW. The survey asked the respondents without health care coverage why they did not elect to use the benefit available through their job as a DSW. About half reported that they were not eligible for it (49 percent), about one-quarter (27 percent) did not know that it was available to them, and the remainder either had a different reason for not using the health benefit (14 percent) or did not know why they were not using it (10 percent).

Regarding the worker referral registry, 21 percent of respondents had heard of the referral registry. In general, awareness was higher in areas where the RWRCs had been operational for a longer period of time. The counties with the highest levels of awareness were Lewis, Thurston, and Mason (61 percent). Five percent of the total respondents reported that they were on the referral registry.

Consumer Survey
This survey protocol was developed in close collaboration with HCQA managers and with review and input from DSHS. Similar to the worker survey, SESRC assisted HCQA with the data analyses from the 2006 survey. The purpose of the consumer survey was to assess such factors as perceived difficulty in finding a DSW to provide care, satisfaction with DSW services, and worker referral registry awareness, usage, and satisfaction. The 2006 survey also included questions from the national evaluation.

For the 2006 survey period, HCQA coordinated with DSHS in randomly selecting a sample of 3,000 consumers/employers who were receiving services under the state’s Medicaid waiver funded through DSHS. On August 2006, the surveys were mailed, and reminder postcards were sent two weeks later. The survey ended in September 2006 with 672 returned surveys, for a response rate of 22 percent.

The results indicated that finding a new DSW was perceived as a difficult process for most consumer/employers. Roughly one-third of the survey respondents indicated that they had changed their direct support provider in the previous year (31 percent). Within this group, over half (56 percent) reported that it was “very” or “somewhat” difficult to find a new care
provider. One-quarter of consumer/employers (25 percent) reported living without authorized care at least once in the previous year because of the loss of their regular DSW and their inability to find a replacement.

Regarding the worker referral registry, awareness was fairly low among consumer/employers (22 percent). Responses to the open-ended questions indicated that interest in using the referral registry was high, especially among nonfamily providers and consumer/employers with nonfamily providers. Among the respondents who lived in an area where the referral registry was available, 8 percent had used the referral registry. Of those, 78 percent accessed it via telephone, 2 percent via the Internet, and 13 percent declined to answer.

Opinions were mixed about satisfaction with the referral registry. Among the relatively small number of respondents who had used the registry (n = 39), over one-quarter (29 percent) reported that it was excellent or very good, 40 percent stated that it was fair, 28 percent reported that it was poor or very poor, and 3 percent did not know.

Social Service Payment System and Employment Security Department Datasets
The SSPS is the central DSHS system for authorizing and issuing vendor payments for a wide range of nonmedical services to clients. The SSPS data were provided to the SESRC researchers in a monthly format, covering November 2003 to March 2006, and the ESD data were provided in a quarterly format, covering Q3 2003 to Q2 2006. Since the health benefit became available in January 2005, the pre-initiative and post-initiative periods were available for analyses and comparison purposes. Both the pre- and post-periods included a full year to minimize any seasonal effects.

Workforce Stability and Retention Assessment
The evaluators used several approaches to assess workforce stability and retention with the SPSS and ESD datasets. Included in their report were analyses of monthly turnover rates, monthly percentage of DSWs who maintain employment outside of the direct support field and the industries in which the DSWs work, monthly percentage of DSWs leaving field and distribution of industries in which providers moved to after leaving the field (i.e., transfers), and gaps in service.

Turnover rates. The evaluators examined the percentage of consumers experiencing a change in their care provider. A decline in turnover since the initiation of the demonstration was reported, with the average monthly turnover moving from 1.53 percent to 1.27 percent.

Outside Employment. The evaluators explored whether DSWs maintained outside employment. The evaluators were asked to examine this because anecdotal evidence suggested that some DSWs obtained another job in order to receive health care coverage. It was hypothesized that once health care coverage was available to DSWs, there would be a decline in the number of DSWs who were simultaneously employed outside the direct support field. However, the results indicated that the percentage of DSWs with outside employment significantly increased after the initiation of the demonstration (from 37.84 percent to 39.16 percent). The evaluators concluded that this finding suggests that health care coverage was not the primary reason that some workers combine their direct support jobs with outside employment.

Transfers. The evaluators also examined the monthly percentage of DSWs leaving the industry as a way to assess retention. The percentage of DSWs exiting the industry significantly declined from 10.36 pre-demonstration to 8.90 after the demonstration period.
The evaluators also examined the employment fields in which exited DSWs worked. The most common field was health care (21 percent), followed by social assistance (13 percent); retail trade (11 percent); education services (9 percent); administrative, support, remediation, and waste management services (9 percent); and accommodation and food services (8 percent). The evaluators reported that most of the exiting IPs who remained in health care and social assistance sectors continued to work with the same population (e.g., the elderly and persons with disabilities).

Gaps in Service. The evaluators also examined gaps in services as a way to explore changes in service provision over time. Due to limitations in the data, gaps were defined as a consumer not receiving paid services for 30 to 60 consecutive days. The evaluators limited their analyses to this time frame because limitations in the dataset made it difficult to accurately determine when gaps of care shorter than 30 days had occurred, and many gaps longer than 60 days could easily have reflected changes in service authorizations. It was reported that gaps in service significantly declined from a monthly average of 2.58 percent to 2.16 percent between the pre and post periods.

Limitations to Evaluation
The local evaluation team identified several limitations to their efforts:

- They acknowledged a lack of control condition in order to compare the results from the demonstration sites and workers impacted by the initiatives.
- The mail surveys to DSWs and consumers were not specifically designed as part of the evaluation, so the efficacy of the initiatives could not be tested by these efforts. Moreover, the response rates were low (26 percent among DSWs and 22 percent among consumers), making it difficult to draw conclusions from this work. Results from the surveys should be examined with caution, as they might not be representative of the population of DSWs or consumers at large.
- The evaluation was not designed to examine enhanced recruitment efforts. The evaluators reported that they did not survey the appropriate population to make conclusions about the effectiveness of the enhanced recruitment strategies employed by HCQA.
- The evaluators concluded that the data collection phase of the research occurred too close in time to the initiation of the worker referral registry to measure effects on outcomes, such as retention. However, it was reported that awareness of the referral registry was higher among respondents who lived in an area where a referral registry had been available for at least eight months (27 percent) compared with those who lived in an area where the registry had only been available for one month or where the registry was not yet available (12 percent). Due to the geographic roll-out of the referral registry, the evaluators reported that there was some confusion about whether the referral registry was available in the respondents’ county at the time of each survey.
- The evaluators reported that limitations in the data made it impossible to examine assessments of recruitment and retention. For example, the datasets did not include an indicator of consumer authorizations to receive services, only whether or not they actually received services. This means that there was no way to measure unmet demand (i.e., consumers who were authorized for services but were unable to find a care provider). Likewise, workers who were eligible and searching for work were not included in the dataset. Individual providers do not become a part of the reporting system until they have a contract with
a consumer and have begun to provide services. Therefore, there was no way to measure the size of the pool of available DSWs. Similarly, there is no way to differentiate between a DSW voluntarily taking a break and one actively looking for work.

In sum, these limitations indicate some of the problems that the local evaluators encountered in formally evaluating the Washington demonstration.

**Perceived Outcomes**

**Interviewees**

Leaders of the participating agencies (HCQA and RWRCs) and workers from the Spokane area were interviewed in June 2007 by RAND/AIR about their perceptions of the initiatives.

- **Grantee:** Washington State Home Care Quality Authority (HCQA)
- **Partners:**
  - Washington State Department of Social and Health Services (DSHS)
  - Washington State Home and Community Services Department (HCS)
  - Referral and Workforce Resource Centers (RWRC)
- **Local Evaluator:**
  - Washington State University—Social and Economic Sciences Research Center (SESRC)

**Interview Findings**

**Health Care Coverage**

In general, participants were positive about the new health benefit that was offered to DSWs. All interviewees indicated that it is a difficult selling point at the beginning of employment because of the 90-day, 86-hour-a-month requirement. Similar to other states, the enrollment rate was not as high as anticipated. Barriers to uptake are described in later in this section.

HCQA staff examined utilization of the health benefit programs. They found that utilization of the dental plan was higher than anticipated, and therefore rates will likely be raised. The HCQA staff speculated that many of the workers who received the benefit may not have had adequate coverage in the past, and therefore, when coverage became available, many were in need of major restorative care rather than the less expensive preventive care.

RWRC staff indicated that the quality of care being delivered by the direct service workforce is indirectly related to the health benefit. They perceived that the health benefit would allow workers to receive preventive care that would keep them healthy and make them more stable providers, which would improve the quality of care being delivered. RWRC staff also indicated that there was a lot of anecdotal evidence from individual workers about the value of the health care coverage offered to them.

**Training**

*Consumer Training.* Consumers reported to HCQA and RWRC staff that the training has raised their awareness about their role as supervisors and as advocates. However, RWRC staff also indicated that the consumer training manuals were not always appreciated. One site indicated that about 25 percent of consumers who received the manual complained because they felt that the RWRC was providing them with too much direction. Since receiving this feed-
back, the RWRC staff reported that they provide a more-thorough introduction about the motivation behind the manuals when introducing them to consumers.

The RWRC that instituted the lending library reported finding that consumers, workers, case managers, and training staff have utilized it.

Professional Development. All RWRC staff found that the professional development initiative was an effective means of raising the quality of care being delivered by the direct service workforce. One RWRC staff person indicated that they would like to expand the program to offer classes that are currently not available in their area.

Peer Mentorship
The peer mentorship program was generally positively perceived by participants, but many individuals indicated that there was room for improvement. Informal feedback from mentees was generally positive. However, HCQA staff indicated that the program did not really operate as intended. Most of the workers on the registry had been in the field before and were in less need of mentoring than new workers. As a result, many of the workers already had a support network and knowledge of how to resolve issues. Because of this, the peer mentors were given additional duties, including making contact with the providers who needed to submit their monthly registry updates and mentioning the services a peer mentor could provide. We also heard from workers who were providing mentoring at one site; they indicated that their mentee caseloads were high (e.g., 200) and that it was difficult to make regular contact with mentees.

Worker Registry
The RWRC staff reported that they felt that the registry was effective. Staff stated that one of the key benefits of the registry is that it gives both consumers and workers choice. It was also mentioned by RWRC staff that the registry saved time for both the Area Agency on Aging and the Home and Community Services office. The advisory committee indicated that the registry has the potential to stabilize income for the workforce, as workers can use it to find temporary work or a second job if working part-time. It was also mentioned that it could be improved if all existing consumers and workers were registered, so that the registry could function to facilitate finding substitutes and temporary help. Currently, participation on the registry is voluntary.

Overall Perceptions
In general, RWRC staff stated that it was the package of initiatives that had a positive impact on workers and the quality of care being delivered. Also, one RWRC director indicated that the educational opportunities offered through the professional development program and the peer mentorship program reduced turnover. Other RWRC directors felt that the provider training and screening process required by the referral registry allows RWRC staff to develop a relationship with a potential DSW, therefore making it easier to match that person with an appropriate consumer. Some mentioned that the quality of care in the in-home care setting is hard to measure, but that the training and registry process professionalizes the workforce to some degree, improving staff retention and morale and reducing turnover. Another director reported that the initiatives increased the standards of the providers being referred and created more support and a network for this isolated workforce.
Marketing of Demonstration Initiatives
One potential barrier to participation and/or uptake of the initiatives is ineffective marketing. We asked about awareness of the initiatives and whether particular marketing strategies were used.

Most of the marketing was done by the RWRCs. RWRC staff disseminated information to potential workers on the health benefit, peer mentorship program, training, and professional development opportunities. RWRC also disseminated information at job fairs, physician offices, hospital centers, nursing homes, and senior centers. HCQA maintained a Web site with information about the demonstration initiatives.

When the health benefit became available, HCQA also targeted the existing direct service workforce. HCQA received from DSHS a list of DSWs who had worked in the past six months, and HCQA sent them a letter about the benefits and services available to them (approximately 22,000 workers). HCQA staff also attempted to reach those not in the workforce by disseminating information at community colleges and in newspaper articles.

Once the worker referral registry was launched, some of the RWRC sites tried a “refer a friend” program and listed advertisements in local newspapers.

Facilitators to the Demonstration

- Good HCQA interaction. We asked agency directors what they thought helped facilitate the demonstration. All the RWRC staff indicated that HCQA had been responsive and collaborative. One RWRC reported that being supported by and housed within an Area Agency on Aging allowed them to better fulfill their role.

Barriers to the Demonstration
Several barriers were noted in our conversations with participants.

Case Management

- Case management was problematic. It was expressed by every stakeholder we interviewed that the demonstration required a cultural shift in the way consumers receive care and that this to some extent stalled implementation. In Washington, case management staff employed by DSHS are responsible for assessing consumer needs and authorizing care. It was reported that case managers had not embraced the referral registry as an integral part of linking the consumer to a care provider. Interview participants indicated that case managers may have incorrectly perceived that the demonstration initiatives were duplicating some of the services that they provide.

Health Care Coverage
The stakeholders we interviewed outlined several barriers to enrollment in the health benefit option:

- Workers were unaware of the benefit. There was some evidence that workers were not aware of the benefit. Although new workers were given a packet when they first enrolled in the registry, the benefit was not available until they had worked 90 days and had accumulated over 86 hours per month. It was noted that it would be useful to institute a prompt when
workers become eligible, since it does not appear that workers receive the information when it is most relevant to them. Workers on the registry receive regular newsletters, and the workers are required to make contact monthly to stay active on registry, so there may be an opportunity to prompt workers past the orientation phase. RWRC staff also indicated that a statewide marketing campaign might be appropriate. During the demonstration period, it was noted that marketing was mainly at the local level and might not have been as effective as statewide efforts.

- **Work requirement for eligibility was too troublesome.** Second, it was noted that the 86-hours-per-month requirement was a significant barrier to accessing coverage. A report by PHI (2006) indicated that 50 percent of DSWs were not eligible for the new health benefit plan due to this criteria. Workers reported that they needed to provide services to multiple clients to reach the 86 hours required and that it was difficult to maintain this number of work hours because the workers were not always in control over their workload. For example, if a client is hospitalized, then the provider would lose work hours. Because not all consumers and workers are enrolled in the worker registry, this exacerbates the potential for workers to find substitute work to maintain the 86-hour requirement.

- **Various reasons were cited for nonenrollment.** It was also noted in a PHI report (2006) that 20 percent of the workforce were eligible based on qualifying hours but were not enrolled in either the Trust plan or the Basic Health Plan. HCQA staff indicated that a significant number of the workers may already have coverage through another job or a family member, and it is not known how much of this 20 percent falls in this category. The grantee’s evaluator found that only 9 percent of new DSWs (who had entered the field within the last six months at the time of the survey in 2006) had health benefits through their DSW job. The most common reasons for not participating cited in the local evaluation survey were (1) other sources of insurance (48 percent), (2) not eligible (22 percent), and (3) not aware that health insurance was available (13 percent). These data suggest that the need for health care coverage among this population may not have been as great as anticipated. However, more recent information indicates that, because the survey was conducted soon after the initiation of the benefit offered by the Trust, there was confusion among the workers who completed the survey. For example, in early 2008, the Trust enrolled almost 1,000 eligible workers in about a 90-day time period, indicating a need for coverage among the workforce.

- **Other barriers were suggested.** It is also important to note that the PHI report (2006) mentioned several additional barriers to health care coverage enrollment. It was noted that much of the workforce may be intimidated or embarrassed to ask for help in filling out enrollment forms. In addition, it was noted that much of the workforce has not been insured before, and they might not understand the benefits and how health care coverage works. It was also reported that many workers find the $17-per-month premium too expensive. Perhaps some of these barriers are starting to be overcome, given the recent success in increased enrollment by the Trust.

**Consumer Training**

- The consumer training as initially conceptualized was not successful for the following reasons:
• **Attending classroom training was difficult for consumers.** The grantee implemented classroom-based training at the RWRC sites. Although the first couple of classes were well attended in one site, attendance dropped off significantly following the two training sessions, and the classes were not well attended in the other sites. RWRC staff reported that a consumer’s disability may present a barrier to sitting in class all day. Transportation needs were also an issue.

• **Consumers were not ready for online training.** The grantee purchased SkillSoft, an online training tool. SkillSoft was selected because it allowed consumers access to up to 1,500 courses via the computer. The RWRCs mailed flyers to consumers to notify them of this opportunity, but it was not well utilized. RWRC staff indicated that many consumers did not have access to or use computers. The SkillSoft licenses were cancelled after one year due to lack of use. Following this, HCQA created the manuals that were offered to consumers who participated in the registry. When consumers contacted the RWRC, complimentary manuals were offered to be mailed to them.

In sum, although the content of the training was perceived as valuable by RWRC staff (e.g., training consumers to be effective supervisors and advocates), the grantee struggled initially with finding an appropriate medium in which to deliver it.

**Professional Development**

Initially, HCQA attempted a professional development strategy—an apprenticeship program—that differed from what is described in the Initiatives section of this appendix. The apprenticeship program failed for two reasons:

• **Workers’ schedules made attendance problematic.** The apprenticeship program required a cohort of students to attend a series of classes together, and it was difficult to identify a cohort of DSWs whose schedules would support attending training together.

• **Union involvement impeded HCQA plans.** Although SEIU was working on developing and supporting the apprenticeship program, the union’s involvement made it necessary to be cognizant of the negotiable subjects involved, and it became extremely difficult for HCQA to continue working on the program. A white paper had been planned to describe the challenges of developing an apprenticeship program, but it was later dropped due to competing resources.

The professional development program as implemented was highly praised by RWRC staff. RWRC staff indicated satisfaction in supporting additional training opportunities to DSWs.

• **Workers’ time demands hindered participation.** The workers who participated in the focus group indicated that they knew about the professional development program and thought it was a great opportunity, but few had taken advantage of the program because of competing demands on their time.

**Worker Registry**

Two issues were cited as potential barriers to registry utilization:
• **Worker supply was greater than consumer demand.** HCQA reported that the worker supply was greater than demand by consumers during the demonstration period. Balancing worker supply with consumer demand continues to be a challenge in some areas.

• **Time-consuming requirements lost potential registrants.** RWRCs reported that many potential workers are lost due to the time it takes to complete background checks and qualify for the registry, which is approximately four to six weeks.

**Staff Turnover**
HCQA experienced significant staff turnover during the demonstration period. Two of the four full-time staff persons turned over. Existing staff reported that the demonstration funding was not spent at the rate anticipated due to this turnover in staffing. In addition, it was reported that some of the grant initiatives were not completed as quickly as anticipated.

**Other Contextual Factors**
We asked participants to tell us about any other activities that were going on in the state, region, or agency that might have influenced implementation, outcomes, recruitment, and retention. In response to this, several factors that were unique to Washington in regard to this workforce were cited:

• **The state provides strong support for workforce.** As noted in the introduction, the state of Washington has a long history of supporting the direct service workforce as individual providers who contract directly with consumers. At the time of the June 2007 site visit, it was reported that about 25 percent of the direct service workforce is employed by a home care agency, and 75 percent are employed directly by consumers. Of the workforce directly employed by consumers, about 65 percent are family members.

• **The worker supply is large.** As noted in the previous section regarding the worker registry, stakeholders report that there is a significant supply of workers. Although there are pockets of need (e.g., in remote areas or due to language barriers), on a statewide basis, a shortage of workers was not reported.

• **System favored hiring agency workers over individual providers.** Key stakeholders also reported that changes in the case management system and payment structure tended to sway employment of agency workers over individual providers:
  – The case management system (known as “CARE”) includes an assessment process that considers whether or not a consumer is able to take on the role of supervisor. If a consumer is assessed as not being able to supervise a DSW, the consumer is assigned to receive services from a home care agency that can provide worker supervision.
  – The stakeholders reported that there had been a change in the payment authorization process. In the past, the completed assessment identified the total number of dollars that could be spent on services for the consumer. Currently, the completed assessment identifies the total number of hours that can be used to meet the consumer’s needs (regardless of the total cost of service). Under the former process, the consumer could contract for more individual provider time (less costly) than agency worker time, which created an incentive to employ directly with a service provider. Under the new payment structure, the state pays the difference between the costs of an individual provider and an agency worker (approximately $5 per hour), and therefore the fiscal incentive for the consumer to contract directly with the provider no longer exists.
Although there is a financial incentive to maintain access to choice for consumers, it was also reported that a preference for agency workers exists by case managers around the arrangement of meeting their service needs. Stakeholders reported that case managers could perform their job more efficiently by assigning a consumer to an agency over an individual provider. It is easier for a case manager to contact an agency, and the consumer receives services more quickly than through the individual provider route. Also, consumers and case managers are less likely to need to manage substitute services and staff turnover when contracting with an agency. Some stakeholders indicated that, because two different state agencies are involved in the process, one that administers and manages the case management function and another that executes the worker referral registry, the system has required significant communication and coordination across agencies to be effective.

- Worker registry is not widely embraced. As a result of the Washington context, many stakeholders indicated that the worker registry serves a niche market or is used as a “last resort” and therefore might not be favored by the majority of those in need of direct support services:
  - It serves consumers who are hard to place because they are geographically isolated, require special needs, or are difficult to work with.
  - Consumers who are capable and want to be employers and not hire a family member are also likely candidates for the worker registry.
- Notable changes resulted from state/union bargaining. There were several other significant changes that occurred in Washington just prior to or during the demonstration period that might have influenced recruitment and retention outcomes. Two successive bargaining agreements between the state and SEIU provided additional benefits for the workforce:
  - As mentioned earlier, full-time workers became eligible for a health benefit starting in January 2005.
  - Paid leave was also negotiated with an accrual of leave credit starting in summer 2006.
  - The hourly wages also increased. In Q4 2004, DSW wages increased from $8.43 per hour to $8.93 per hour. Further wages increases were implemented in Q3 2006 and again in Q4 2007.
  - A wage ladder was also instituted such that workers could receive a wage increase after each 2,000 hours of service.

**Plans for Sustainability**

In June 2007, we asked HCQA and RWRC staff about their plans for sustaining the initiatives implemented in this demonstration.

- In Washington, the worker registry and RWRC structure that informed workers about health benefits and provided training to consumers and providers was perceived as a pilot initiative that would potentially be launched statewide. Near the end of the demonstration project, statewide funding had been secured to expand the RWRC structure to 14 sites serving the 39 counties of the state.
- At the same time, it was reported that SEIU is exploring expansion of the health benefit to support part-time workers.
The continuation of the peer mentoring program is also being explored by SEIU. Staff from one RWRC reported that they planned to sustain the peer mentoring program in a scaled down fashion.

HCQA reported that it would like to continue the professional development program but had not found a funding source.

A feasibility study was underway to consider expanding the worker registry to the private pay market.

**Lessons Learned**

We asked interviewees what they thought were the major lessons learned from their experience and what they would do differently.

**Worker Registry**

The feedback we received was mainly about the worker registry:

- **The worker registry requires a cultural change in accessing care.** As noted in the Contextual Factors section, the case managers, who are managed by a separate agency of the state government than HCQA, play a key role in finding care for consumers in Washington. Their division was not well integrated into the development of the worker registry. More outreach to the case workers is needed. Involving case managers in the design and development of the worker registry would have been useful. Some stakeholders felt that the entire contracting process (i.e., finding a caregiver for a consumer) needs to be revamped to facilitate use of the registry.

- **The registration process for workers needs to be streamlined.** The four-to-six-week process to get listed on the registry deters workers from using it.

- **In its current form, the registry serves a niche market.** It serves those who cannot find a provider using traditional mechanisms.

- **More-intense marketing/outreach is needed.** Stakeholders thought that more resources needed to be spent on informing consumers and potential workers about the registry so that it would serve a larger population.

- **Market expansion should be considered.** Stakeholders believed that the registry would be more effective if it served a larger market, such as private-pay and consumers/providers looking for substitute/temporary work.

**Health Care Coverage**

- **Many workers already have health care coverage.** As noted by other states, a good proportion of workers already have health benefits.

- **Many workers are ineligible.** Many workers do not have stable full-time employment, making them ineligible for the health benefit. It will be worth monitoring the uptake of the health benefit if it becomes available to part-time workers.

**Training**

- **Worker training remains an issue.** It is challenging to provide the required DSHS training before the worker is on the job, as funding is directly tied to the consumer. HCQA
preferred to offer the “Becoming a Professional Individual Provider” training to workers new to the field before allowing them to join the registry in order to provide a realistic picture of direct support employment. HCQA hopes to sustain such training after grant funding ends.  

- **Better insight needed into consumer training needs.** Consumer training was met with mixed results. Many consumers do not perceive themselves as supervisors, and the training materials must be accessible to consumers who are housebound and do not have computer access.

### Expenditure of Grant Funds

The costs associated with the initiatives in Washington are reported in Table A.43. The grantee in Washington received $1,403,000. A total of $310,000 in matching funds were reported, for a total of $1,713,000 spent on the Washington demonstration. Details about fund expenditure are provided below.

### Health Care Coverage

For the health benefit outreach initiative, funding was spent on staff time and copying of the health benefit information packets to disseminate to workers. We learned that some workers requested help from RWRC staff in completing applications, but this was not the norm.

### Training

**Consumer Training.** As of the June 2007 site visit, HCQA reported that consumer training costs were around $37 per person. In addition, one RWRC reported developing libraries at two sites at a cost of $7,000. Overall, each site was given $12,000 each to provide outreach and informational materials for 1,273 consumers.

**Professional Development.** Each of the four RWRC sites was given $31,250 a year to support professional development activities. RWRC staff also reported that significant staff time was expended on coordinating professional development opportunities for workers with local community colleges, as well as on accounting and logistics. As mentioned earlier, 160 workers were supported to attend CNA courses, at a cost of $425 for tuition plus textbook costs as of June 2007. Over the course of the grant, 238 individuals participated in the professional development program.

### Peer Mentorship

HCQA estimated that the cost of the peer mentorship program was about $20 per mentee. However, the costs did not include the RWRC staff time to operate the program, and there was a lot of variability across sites and workers in terms of mentor activity. Peer mentors could log up to 20 hours a month at $10.50 per hour, but many times peer mentors did not work 20 hours per month. Over the course of the grant 2,709 mentees utilized the peer mentorship program.

### Worker Registry

The estimated cost per worker screened by HCQA was $216.
**Local Evaluation**

The evaluation costs included evaluation of several datasets (new provider survey, worker mail survey, consumer survey, and two employment datasets) and the production of five reports (see Mann and Pavelchck, all years). The local evaluation team analyzed the data from the mail surveys, but the costs of conducting the surveys was supported by HCQA, as it was part of the standard activities to survey these populations every few years.

<table>
<thead>
<tr>
<th>Table A.43</th>
<th>Expenditure of Grant Funds (Washington)</th>
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<tr>
<td>Total CMS funds spent</td>
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<tr>
<td>Total matching funds spent</td>
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<tr>
<td>Total funds spent on DSW project</td>
<td>1,713,000</td>
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<tr>
<td>Initiative costs</td>
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<td>Operate worker referral registry and provide support and health benefit information services</td>
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**DSW GRANT ADMINISTRATOR INTERVIEW PROTOCOL**

Name of Respondent:  
State:  
Role in Demonstration:  
Organizational Affiliation:  

Demonstration Type:  
- [ ] Health Care Coverage  
- [ ] Enhanced Training/Education  
- [ ] Community-Building/Worker Registries  
- [ ] Enhanced Marketing or Targeted Recruitment Strategies  
- [ ] Career Ladder/Peer Mentorship/Merit-Based Recognition  

Interviewer:  
Date:  

**Introduction and Consent**

Thank you for agreeing to participate in this interview today.

As you may know, this interview is part of a national study that RAND, the American Institutes of Research, and the University of Pittsburgh have been asked to conduct for the Centers for Medicare and Medicaid Services (CMS). The study looks at the impact of different initiatives to improve recruitment and retention of [direct service workers or local term used for this population].

In case you are not familiar with RAND or the American Institutes of Research, our organizations are nonprofit public policy research centers. CMS has asked us to learn as much as possible about the different types of initiatives employed in each participating state to help inform its efforts to improve recruitment and retention among direct service workers nationally.

Before we begin, let me assure you that your responses (and those of your colleagues) to these questions will be held in strict confidence. We will not attribute comments to specific individuals, either in feedback to CMS or in publications. We will be recording the interview today to ensure that we capture everything that is said. We will destroy the recording as soon as the project has ended.

Let me remind you that your participation in this interview is entirely voluntary. We would like to have your responses to all of the questions; however, if you are uncomfortable with any question, we can skip it. We estimate that the interview will take about one hour.

Do you have any questions before we begin?
Background Information on Demonstration

Although we already have valuable information through the quarterly reports and other surveys, we would like to discuss with you in greater detail your demonstration and the issues you encountered during implementation.

1. Please describe the interventions/initiatives undertaken as a part of this grant.
   – Please give us a little history about this project. Why did you choose to implement this specific initiative or set of initiatives?
   – How did you go about making the decision to choose this initiative or set of initiatives?
   – What partnerships were planned to undertake this/these initiatives?

2. Did the demonstration run as initially planned? Please explain.

3. What changes did you make to the demonstration as a result of the implementation challenges you encountered?
   – How do you think these changes may have impacted the outcomes you achieved?

Demonstration: Health Care Coverage

HC1. Who was targeted to receive the health care coverage?

HC2. What did your state do to facilitate and encourage participation (of agencies and of DSWs) in the health care coverage option?

HC3. What barriers did you encounter when enrolling (agencies or workers) in the health care coverage option?

HC4. Were these facilitators/barriers to supporting a health care coverage option due to
   – State regulations?
   – Health care coverage options suitable for the worker population?
   – Demonstration design?
   – Costs to the Agency?
   – Costs to the employee (DSW)?
   – Grant partners?
   – Other reasons?

HC5. How did you monitor the success of the health care coverage option?

HC6. Do you think this program was successful? Please explain.

HC7. Please specify the costs associated with undertaking this initiative.
   – What level of staffing (i.e., time and labor costs) did you use to run the initiative?
   – What were the material costs of the initiative, including supply costs (e.g., hardware, software, photocopying) and facility costs (e.g., space)?

Demonstration: Enhanced Training/Education

TE1. Who was targeted to receive the enhanced training/education?
TE2. How did you develop the training/education?
   – Did you develop the program yourselves, purchase an off-the-shelf program, or obtain a customized program developed externally?
   – If you could do it over, would you have developed the program differently?

TE3. What mode of delivery (e.g., self-study, classroom, online) was used during this demonstration?
   – If you employed multiple modes of delivery, which did you find most successful? Please explain.

TE4. Please describe how the grant partnerships functioned to facilitate and/or impede the implementation of this initiative. [Note: Not relevant for all grantees; specify partnerships when asking question.]

TE5. How did you monitor the quality and effectiveness of the specific training/education program?

TE6. Do you think enhanced training/education changed the quality of care being delivered? Please explain.

TE7. Please specify the costs associated with undertaking this initiative.
   – What level of staffing (time and labor costs) did you use to run the initiative?
   – What were the material costs of the initiative, including supply costs (e.g., hardware, software, photocopying) and facility costs (e.g., space)?

TE8. Is it possible to obtain copies of the curriculum that was developed/implemented?

Demonstration: Career Ladder/Peer Mentorship/Merit-Based Recognition
C1. How did you develop the career ladder/peer mentorship/merit-based recognition program?
   – Did you develop the program yourselves, purchase an off-the-shelf program, or obtain a customized program developed externally?

C2. Please describe how the grant partnerships functioned to facilitate and/or impede the implementation of this initiative. [Note: Not relevant for all grantees; specify partnerships when asking question.]

C3. Do you think this program changed the quality of care being delivered? Please explain.

C4. How did you monitor the effectiveness of the program?

C5. Do you think your program was successful? Why/why not?

C6. Is it possible to obtain copies of program materials that were distributed?

C7. Please specify the costs associated with undertaking this initiative.
– What level of staffing (time and labor costs) did you use to run the initiative?
– What were the material costs of the initiative, including supply costs (e.g., hardware, software, photocopying) and facility costs (e.g., space)?

**Demonstration: Community-Building/Worker Registries**

CB1. How did you develop your community-building/worker registry?
– Did you develop the registry yourselves, purchase an off-the-shelf program, or obtain a customized registry developed externally?
– If you could do it over, would you have developed the registry differently?
– Do you require a criminal background check for workers to participate in the registry?
– How often does your registry get updated? By whom?

CB2. Please describe how the *grant partnerships* functioned to facilitate and/or impede the implementation of this initiative. [Note: Not relevant for all grantees; specify partnerships when asking question.]

CB3. Who is the intended user of the registry (e.g., consumers, agencies, workers)?
– Is it to be used by workers to find a job?
– Is it to be used by consumers to find a worker?
– Is it to be used by agencies to place workers?

CB4. How did you monitor the effectiveness of the community-building/worker registry?

CB5. Do you think the program was successful? Why/why not?

CB6. Please specify the costs associated with undertaking this initiative.
– What level of staffing (time and labor costs) did you use to run the initiative?
– What were the material costs of the initiative, including supply costs (e.g., hardware, software, photocopying) and facility costs (e.g., space)?

**Demonstration: Enhanced Marketing or Targeted Recruitment Strategies**

MR1. How did you develop your enhanced marketing or targeted recruitment strategy?
– Did you develop the strategy yourselves or have external help?
– If you could do it over, would you have developed the strategy differently?

MR2. Who was the target population for the marketing or targeted recruitment strategy?

MR3. Please describe how the *grant partnerships* functioned to facilitate and/or impede the implementation of this initiative. [Note: Not relevant for all grantees; specify partnerships when asking question.]

MR4. How did you monitor the effectiveness of the specific marketing or recruitment strategy that you used?

MR5. Do you think your strategy was successful? Why/why not?
MR6. Is it possible to get copies of any marketing or recruitment materials that were developed?

MR7. Please specify the costs associated with undertaking this initiative.
   – What level of staffing (time and labor costs) did you use to run the initiative?
   – What were the material costs of the initiative, including supply costs (e.g., hardware, software, photocopying) and facility costs (e.g., space)?

**Demonstration: Not-Specified Initiative**

NS1. How did you decide to implement this initiative?

NS2. How did you develop this initiative?
   – Did you develop the initiative yourselves or have external help?
   – If you could do it over, would you have developed the initiative differently?

NS3. Who was the target population for this initiative?

NS4. Please describe how the grant partnerships functioned to facilitate and/or impede the implementation of this initiative. [Note: Not relevant for all grantees; specify partnerships when asking question.]

NS5. How did you monitor the effectiveness of this initiative?

NS6. Do you think this initiative was successful? Why/why not?

NS7. Is it possible to get copies of any materials that were developed?

NS8. Please specify the costs associated with undertaking this initiative.
   – What level of staffing (time and labor costs) did you use to run the initiative?
   – What were the material costs of the initiative, including supply costs (e.g., hardware, software, photocopying) and facility costs (e.g., space)?

**Administration and Participation**

4. Was the staffing sufficient for effective implementation?

5. Have you had turnover in your administration staff during the demonstration?
   – If yes, did this turnover significantly impact the implementation of the demonstration? Please explain.

6. What percentage of DSWs working for all the participating agencies participated in this demonstration?
   – What explanation do you have for this low/high percentage?
   – Could the demonstration have supported a higher participation rate?
Marketing/Information Dissemination
7. How was information regarding the demonstration disseminated to DSWs to encourage participation (e.g., newsletters, briefings, training sessions)? Please describe each communication strategy.
   – Do you think this approach was effective?
8. Based on your experiences, would you do anything differently in the future to market or communicate with DSWs regarding the demonstration?

Change as a Result of the Demonstration
9. What were your state’s/agency’s expected outcomes from this effort? What did you think would happen?
   – Did you achieve these outcomes? Please explain.
10. Based on your own evaluation and experiences, did the demonstration result in
    – Improved retention and lower turnover? Please explain.
    – Improved staff morale? Please explain
    – Changes in culture or climate? Please explain.
11. Why do you think this demonstration had this impact?
12. Were there any unanticipated outcomes that you noticed? If so, please describe.
13. [For grantees with multiple initiatives.] Which initiative do you think the workers valued most?

Facilitators and Barriers of the Implementation Process
14. What things helped make the demonstration work or be successful? Please explain.
    – Did you receive sufficient technical assistance?
    – Did you have the necessary support from management?
    – Did you have sufficient time and resources?
    – Did the demonstration effectively address the needs of DSWs?
15. What did you like the best about your demonstration?
16. What obstacles or barriers did you encounter during this process? Please explain.
    – What aspect of your demonstration or implementation frustrated you or do you wish you could have changed?

Plans for Sustaining Demonstration Efforts
17. Given your experiences, what plans do you have for sustaining these efforts once the grant is over? Please describe.
    – Do you plan to expand the demonstration to include a broader population?
    – Do you intend to provide additional services/programs in an effort to retain and/or attract DSWs?
Lessons Learned and Recommendations for Improvement

18. If another state/agency were interested in implementing a similar initiative, what advice would you have for them? (Knowing what you know now, what would you do differently?)

19. What do you think would improve recruitment of a direct service workforce?

20. What do you think would improve retention of a direct service workforce?

Other Contextual Factors

21. During the demonstration period, have there been any other initiatives not part of this demonstration that were implemented in your state (e.g., changes in health care coverage, enhanced training/education, career-ladder/peer mentorship/merit-based recognition, community-building/worker registries, enhanced marketing or other recruitment strategies)?
Introduction and Consent

Thank you for agreeing to participate in this interview today. Did you get our letter prior to coming here today, and did you have any questions about it?

As you may know, this interview is part of a national study that RAND, the American Institutes of Research, and the University of Pittsburgh have been asked to conduct for the Centers for Medicare and Medicaid Services (CMS). The study looks at the impact of different initiatives to improve recruitment and retention of [direct service workers or local term used for this population].

In case you are not familiar with RAND or the American Institutes of Research, our organizations are nonprofit public policy research centers. CMS has asked us to learn as much as possible about the different types of initiatives employed in each participating state to help inform its efforts to improve recruitment and retention among direct service workers nationally.

Before we begin, let me assure you that your responses (and those of your colleagues) to these questions will be held in strict confidence. We will not attribute comments to specific individuals, either in feedback to CMS or in publications. We will be recording the interview today to ensure that we capture everything that is said. We will destroy the recording as soon as the project has ended.

Let me remind you that your participation in this interview is entirely voluntary. We would like to have your responses to all of the questions; however, if you are uncomfortable with any question, we can skip it. We estimate that the interview will take about one hour.

Do you have any questions before we begin?

Background Information on Demonstration

Although we already have valuable information through surveys, we would like to discuss with you in greater detail the initiatives that you participated in as part of the demonstration here in [specify state/agency] and the issues you encountered during implementation.

1. Please tell me a little more about your agency?
   - What is the size of your agency?
     # of clients served: _____
# of FT DSWs: ______
# of PT DSWs: ______

- What type(s) of clients do you serve?
  - Aged
  - Mentally retarded/developmentally disabled (adults/children)
  - Physically disabled (adults/children)

- What type of agency (nonprofit, for-profit, freestanding, part of a chain) are you?
- Do you offer any employee benefits? If yes, please describe.
  - Health care coverage
  - Training opportunities

2. Please describe the interventions/initiatives that your agency participated in.
   - Why did you decide to participate in this/these initiative(s)?
   - Do you know why the/these initiative(s) were chosen?
   - What partnerships were planned to undertake this/these initiative(s)?

3. Did the initiative(s) run as initially planned? Please explain.

4. What changes were made to the initiative(s) as a result of the implementation challenges encountered?

**Demonstration: Health Care Coverage**

HC1. Please describe the benefits to your agency for participating in this initiative.

HC2. Were there any facilitators/barriers to supporting a health care coverage option?
   - State regulations?
   - Health care coverage options suitable for the worker population?
   - Costs?
   - Demonstration design?
   - Grant partners?
   - Other reasons?

HC3. Did you monitor the success of the health care coverage option? If so, how?

HC4. Do you think this program was successful? Please explain.

HC5. What were the costs to your agency for participating in this initiative?

HC6. If you could do it over, would you participate in this initiative again?

**Demonstration: Enhanced Training/Education**

TE1. Please describe the benefits to your agency for participating in this intervention.
TE2. Did you monitor the quality and effectiveness of the specific training/education program(s)? If so, how?

TE3. Do you think enhanced training/education changed the quality of care being delivered? Please explain.

TE4. What were the costs to your agency for participating in this initiative?

TE5. If you could do it over, would you have participated in this initiative again?

**Demonstration: Career Ladder/Peer Mentorship/Merit-Based Recognition**

C1. Please describe the benefits to your agency for participating in this initiative.

C2. Do you think this program changed the quality of care being delivered? Please explain.

C3. Did you monitor the effectiveness of the program(s)? If so, how?

C4. Do you think your program(s) was successful? Why/why not?

C5. What were the costs to your agency for participating in this initiative?

C6. If you could do it over, would you participate in this initiative again?

**Demonstration: Community-Building/Worker Registries**

CB1. Please describe the benefits to your agency for participating in this initiative.

CB2. Did you monitor the effectiveness of your participation in the community building/worker registries? If so, how?

CB3. Do you think the program was successful? Why/why not?

CB4. What were the costs to your agency for participating in this initiative?

CB5. If you could do it over, would you have participated in this initiative again?

**Demonstration: Enhanced Marketing or Targeted Recruitment Strategies**

MR1. Please describe the benefits to your agency for participating in this initiative.

MR2. Did you monitor the effectiveness of the specific marketing or recruitment strategies that you used? If so, how?

MR3. Do you think your strategies were successful? Why/why not?

MR4. What were the costs to your agency for participating in this initiative?
MR5. If you could do it over, would you participate in this initiative again?

**Administration and Participation**

5. Have you had turnover in your administration staff during the initiative(s)?
   – If yes, did this turnover significantly impact the implementation of the initiative(s)? Please explain.

6. What percentage of DSWs working for your agency participated in this initiative(s)?
   – What explanation do you have for this low/high percentage?
   – Could the initiative(s) have supported a higher participation rate?

**Marketing/Information Dissemination**

7. How was information regarding the initiative(s) disseminated to DSWs to encourage participation (e.g., newsletters, briefings, training sessions)? Please describe each communication strategy.
   – Do you think this approach was effective?

8. Based on your experiences, would you do anything differently in the future to market or communicate with DSWs regarding the initiative(s)?

**Change as a Result of the Demonstration**

9. What were your agency’s expected outcomes from this effort? What did you think would happen?
   – Did you achieve these outcomes? Please explain.

10. Based on your own evaluation and experiences, did the initiative(s) result in:
    – Improved retention and lower turnover? Please explain.
    – Improved staff morale? Please explain
    – Changes in culture or climate? Please explain.

11. Why do you think this initiative(s) had this impact?

12. Were there any unanticipated outcomes that you noticed? If so, please describe.

**Facilitators and Barriers to the Implementation Process**

13. What things helped make the initiative(s) work or be successful? Please explain.
    – Did you have the necessary support from the grantee?
    – Did you have sufficient time and resources?
    – Did the initiative(s) effectively address the needs of DSWs?

14. What did you like the BEST about your initiative(s)?

15. What obstacles or barriers did you encounter during this process? Please explain.
    – What aspect of your initiative(s) or implementation frustrated you or you wish you could have changed?
Plans for Sustaining Demonstration Efforts
16. Given your experiences, what plans do you have for sustaining these efforts once the grant is over? Please describe.
   – Do you plan to expand the initiative(s) to include a broader population?
   – Do you intend to provide additional services/programs in an effort to retain and attract DSWs?

Lessons Learned and Recommendations for Improvements
17. If another state/agency was interested in implementing a similar initiative, what advice do you have for them?
18. Knowing what you know now, what would you do differently?
19. What do you think would improve recruitment of a DS workforce?
20. What do you think would improve retention of a DS workforce?
   – Are there differences in reasons for quitting among:
     Full-time and part-time DSWs? (If yes, please explain).
     Day and night time DSWs? (If yes, please explain).
     Veteran and new DSWs? (If yes, please explain).

Other Contextual Factors
21. During the demonstration period, have there been any other initiatives that are not part of this project that were implemented in your agency or state (e.g., changes in health care coverage, enhanced training/education, career ladder/peer mentorship or other merit-based recognition, community building/worker registry, enhanced marketing or other recruitment strategies)?
DSW LOCAL EVALUATOR INTERVIEW PROTOCOL

Name of Respondent:  
State:  
Role in Demonstration: Evaluator  
Agency:  

Demonstration Type:  
☐ Health Care Coverage  
☐ Enhanced Training/Education  
☐ Community-Building/Worker Registries  
☐ Enhanced Marketing or Targeted Recruitment Strategies  
☐ Career Ladder/Peer Mentorship/Merit-Based Recognition  

Interviewer:  
Date:  

Introduction and Consent
Thank you for agreeing to participate in this interview today. Did you get our letter prior to coming here today, and did you have any questions about it?

As you may know, this interview is part of a national study that RAND, the American Institutes of Research, and the University of Pittsburgh have been asked to conduct for the Centers for Medicare and Medicaid Services (CMS). The study looks at the impact of different initiatives to improve recruitment and retention of [direct service workers or local term used for this population].

In case you are not familiar with RAND or the American Institutes of Research, our organizations are nonprofit public policy research centers. CMS has asked us to learn as much as possible about the different types of initiatives employed in each participating state to help inform its efforts to improve recruitment and retention among direct service workers nationally.

Before we begin, let me assure you that your responses (and those of your colleagues) to these questions will be held in strict confidence. We will not attribute comments to specific individuals, either in feedback to CMS or in publications. We will be recording the interview today to ensure that we capture everything that is said. We will destroy the recording as soon as the project has ended.

Let me remind you that your participation in this interview is entirely voluntary. We would like to have your responses to all of the questions; however, if you are uncomfortable with any question, we can skip it. We estimate that the interview will take about one hour.

Do you have any questions before we begin?

History of Evaluation Strategy
1. Please describe the initial evaluation strategy for this project.

2. Were there changes made to this initial evaluation strategy (yes/no/don’t know)? If so, why?
   – Were there changes made to the demonstration or its implementation? If yes, please describe.
   – Were there changes to your staffing/budget? If yes, please describe.
Evaluation Strategy Employed

3. Please describe the evaluation strategy that was used.

4. Was the evaluation strategy specific to demonstration type? If so, please describe.
   - Health care coverage:
   - Enhanced training/education:
   - Career ladder/peer mentorship/merit-based recognition:
   - Community-building/worker registries:
   - Enhanced marketing or targeted recruitment strategies:

Results from Evaluation

5. Please describe results from the process evaluation.
   - Was the staffing sufficient for effective implementation (yes/no/don't know)? Please explain.
   - Was there adequate marketing of the demonstration (yes/no/don't know)? Please explain.
   - Did a sufficient number of DSWs participate in the demonstration (yes/no/don't know)? Please explain.
   - Was quality/effectiveness of any of the initiatives monitored (yes/no/don't know)?
     If yes, Which initiatives were monitored?
     How were they monitored?
   - Did you examine the costs associated with undertaking this demonstration (yes/no/don't know)?
     If yes, what did you learn?

     What level of staffing (time and labor costs) was needed for each type of demonstration?

     What were the material costs, including supply costs (e.g., hardware, software, photocopying) and facility costs (e.g., space) associated with each type of demonstration?

6. Please describe any outputs that you evaluated. [See Appendix A in this report for specific examples of relevant outputs (e.g., number of agencies participating in demonstration, number of workers participating in each initiative).]
   - Output 1: (specify)
     - Findings:
   - Output 2: (specify)
     - Findings:
   - Output 3: (specify)
     - Findings:
7. Please describe results from the *outcome* evaluation. Did the demonstration lead to changes in
   - Retention (yes/no/don’t know):
     - Please explain:
   - Turnover (yes/no/don’t know):
     - Please explain:
   - Recruitment (yes/no/don’t know):
     - Please explain:
   - Culture/climate (yes/no/don’t know):
     - Please explain:
   - DSW job satisfaction (yes/no/don’t know):
     - Please explain:
   - Other outcomes (yes/no/don’t know):
     - Please explain (specify the outcome[s] or finding[s]):

8. Were the results examined over different time periods (yes/no)?
   - If so, were there any changes in the findings over time (yes/no)? Please explain.

Limitations of Evaluation
9. Describe any limitations to the results from the evaluation.

Other Contextual Factors
10. During the demonstration period, were there other initiatives not part of this demonstration that were implemented in your state and might have influenced outcomes (e.g., changes in health care coverage, enhanced training/education, career ladder/peer mentorship/merit-based recognition, community-building/worker registries, enhanced marketing or other recruitment strategies)?

Facilitators and Barriers of the Implementation Process
11. What do you think helped make the demonstration work or impeded its success?
   - Did the grantee receive sufficient technical assistance (yes/no/don’t know)? Please explain.
   - Did the grantee have the necessary support from community partners/state (yes/no/don’t know)? Please explain.
   - Did the grantee have sufficient time and resources (yes/no/don’t know)? Please explain.
– Did the demonstration effectively address the needs of DSWs (yes/no/don’t know)? Please explain.

Lessons Learned and Recommendations for Improvement

12. If another state/agency were interested in implementing a similar initiative, what advice would you have for them?

13. Knowing what you know now from the evaluation, what should the grantee have done differently?

14. What do you think would improve recruitment of a direct service workforce?

15. What do you think would improve retention of a direct service workforce?
DSW GROUP INTERVIEW PROTOCOL

**Introduction and Consent**
Hi, I'm [insert moderator name] and this is [insert notetaker name]. We are going to get started now. First, I’d like to thank you for coming today to take part in our focus group. Did you get our letter prior to coming here today? Do you have any questions about it? If you have questions at any point during our session today, please raise your hand.

**Description of the Focus Group**
Before we start the discussion, there are a couple of things that I want to share with you. The discussion today is part of a national study that RAND, the American Institutes of Research, and the University of Pittsburgh are doing for the Centers for Medicare and Medicaid Services (CMS). The larger study is looking at the impact of different initiatives to raise the number of DSWs (improve recruitment) and keep people employed (improve retention) as [insert direct service workers or local term used to describe DSWs] like you.

For those of you who have not heard of RAND or the American Institutes of Research, our organizations are nonprofit public policy research centers. We are not employed by [insert agency that employs workers here] or the state of [insert state name here]. We are traveling across the country to get feedback from the different states, agencies, and workers who may have been involved with the initiatives to see how they worked.

**Participation Requirements**
We’ve invited you here today because your employer has been involved in the initiative(s) here in [insert state name here]. We want to hear what it is like to work here and what you think of the initiative activities. We will use the information to help inform CMS about ways in which to better raise the number of DSWs and keep people employed as [direct service workers or local term used to describe DSWs] like you.

**Risks and Benefits**
Over the next hour or so, we will be asking you to talk about your experience working as a [direct service worker or local term used for DSWs] and ways in which you might have been involved in the initiative(s). If you feel at any time uncomfortable with the topic, please feel free not to comment. You may also decide to leave the focus group at any time. If you do leave the discussion early, or decide not to participate, this will not affect your employment here [at
(insert agency name here) or in (insert state name here). You will receive $20 even if you leave the discussion early.

We will use the information you provide during this focus group for research purposes only. This means that the information that we collect here today may be used to inform CMS about the initiatives in the state of [name state here]. We will be recording the interview today to ensure that we capture everything that is said. Your participation will be held in strict confidence. That is, you will not be identified by name in any of our reports. All the tapes will be kept in a locked file and will be destroyed at the end of the project.

Since we are doing the interview in a group today, we would ask that everyone who participates also agree not to discuss what is said with anyone outside of the interview group. We ask this so that people can feel free to be candid in their responses. Does everyone agree?

Do you have any questions? We will get started now. If you don’t want to participate after all, please step out of the room now.

**Ground Rules**

Okay, before we begin, let’s go over some ground rules for this group.

- Everyone’s opinion is valued and important, so please take turns speaking to ensure that we are able to gather everyone’s viewpoint.
- Don’t worry about having a different opinion from someone else’s, and please respect others’ opinions.
- It’s okay to talk to each other and ask questions of one another.

**Participant Introduction**

To begin, let’s go around the room and provide the following information:

- Your first name
- How long you have been a DSW
- One thing you like best about your job as a DSW, and
- One thing you like the least.

1. How many of you work part-time? How many full-time?
2. How many of you work daytime or nighttime?
3. How many of you have worked for more than one agency?
   - How many of you are currently working for more than one agency?
   - Why did you leave your previous employer(s)?
4. What do you like about your current employer(s)?

**Initiative Introduction**

As already mentioned, CMS is currently funding grants to ten states and agencies to test various initiatives that are intended to benefit DSWs. Your state/agency is one of these grantees. Under this grant, your state/agency implemented the following initiatives: [insert initiatives here].
[If state has more than one initiative, pass out sheet to each participant with initiatives written on it. Clarification of each initiative may need to be given. Next, specify that you want to talk about each initiative separately. Go through following sections of this protocol: awareness and marketing, participation, outcomes for each initiative separately.]

**Awareness and Marketing**

111. Were you aware of this initiative [specify initiative] being implemented in your state/agency?
   - If yes, how did you learn about it (e.g., via newsletters, briefings, training sessions)? Was this approach effective? Please explain.
   - If no, what would have been the best way for the state/agency to inform you of this program? What information do you think would have been helpful to you to make a decision regarding participating in the program?

112. Based on your experiences, what would have been a more successful approach for getting the necessary information to workers like yourself?

113. Did you receive information that was useful in making a decision about whether to participate?
   - What additional information would have been useful?

**Participation**

114. Did you participate in the initiative [specify initiative]? Please explain reason for participation/nonparticipation.

115. What benefits did you expect to receive from your participation?
   - Did you get the benefits you thought you would? Please explain.

116. What changes would you like to see made to the initiative that would be helpful to you and other DSWs? Please describe.
   - If these changes were made, how likely would you be to participate in this program?

117. If the initiative were continued, would you continue your participation in this program? Please explain.
   - Would the continuation of the initiative(s) make you more likely to stay in your position as a DSW? Why/why not?
   - Given your experiences, would you encourage other DSWs to participate? Please explain.

**Outcomes**

118. Based on your own experience with the initiative [specify initiative], do you think that it helped to
   - Improve job satisfaction? Please explain.
   - Change the culture or climate (e.g., attitudes among your coworkers)? Please explain.
   - Increase the number of DSWs? Please explain.
- Keep people working as DSWs and lower turnover among you and your colleagues? Please explain.

119. Why do you think it did or did not have this impact?

[Next, for states with multiple initiatives, go through the awareness/marketing, participation, and outcomes questions for the other initiatives.]

Overall Impressions

5. What do you think your state/agency should do to increase the number of people who are DSWs?
   - What do you think stands in the way of more people becoming DSWs?
   - What do you think would encourage more people to become DSWs?

6. What do you think your state/agency should do to better keep DSWs on staff longer?
   - Why do you think people quit their jobs as DSWs?

7. [For states with multiple initiatives.] Which initiative did you value the most?
APPENDIX C
Survey Methods

Introduction

As part of this evaluation, CMS required the contractor to design and distribute a one-time
survey to agencies, workers, and consumers, two years following the implementation of the
demonstrations. John Engberg at RAND and Nicholas Castle at Pitt developed the surveys.
Each survey is described in this appendix, along with the methodology used for data collection
for each demonstration site.

Survey Development

The three surveys (i.e., agency, worker, and consumer) were first drafted by Engberg and Castle.
The survey instruments are provided in Appendix D of this report.

Questions included in the surveys came from a review of the literature and previous expe-
riences by team members with specific items, scales, and domains. This development process
was iterative; the team first assembled a comprehensive list of items for each survey, and then,
through a series of discussions, reduced the number of survey items and removed duplicates.
Items measuring similar constructs were discussed and eliminated until only one construct in
each area remained. Elimination criteria for these constructs were chosen based on prior suc-
cessful use by team members and favorable psychometric properties.

The surveys did not have a specific target number of items for inclusion. However, the
survey team was cognizant that some relationship between the number of items in a question-
naire and subsequent response rates would exist. Thus, to shorten the total number of items,
the team discussed the utility of each construct included. This discussion addressed the rela-
tionship of the construct to the evaluation and possible overlap between constructs. Again, the
number of constructs was reduced.

The wording of the items in each survey was also examined—that is, complex sentences
and questions with multiple components were removed, and remaining sentences were short-
ened. No a priori goal for reading level was set, however, a Flesch-Kinkaid readability scale
score of nine or lower was achieved for all questions. This implies that a respondent with a
ninth-grade education should correctly understand the questions being asked. The Flesch-
Kinkaid scale (see Streiner and Norman, 1995) is an index of readability based on the average
number of syllables per word and the average number of words per sentence. A Flesch-Kinkaid
scale score of nine or lower was especially important for the consumer and worker instruments.
This is because the education level of some consumers receiving home care could be low, and
home care workers seldom have educational attainment past the high school level.
A factor common to the results of many surveys is a lack of response variability (e.g., the use of the upper end of a response scale). A simple dichotomous scale (e.g., “yes or no”) is most prone to lack of response variability. This scale is further limited in that it gives no indication of the relative intensity of satisfaction or dissatisfaction. Thus, our items used categorical response options (for example, a five-category Likert scale).

In summary, the questionnaire items were rewritten (1) to conform to the scaling requirements of the survey, (2) to be relevant to recipients (i.e., face validity), and (3) to be relevant to the home health care context (i.e., content validity).

The final draft items were shared with this project’s advisory panel. The panel’s objective was to advise the study team on important issues such as the face validity of the questionnaire, how to approach agencies, and how to achieve high survey response rates from DSWs. Two DSWs, recruited with the assistance of panel members, also served on the advisory panel. The panel examined the proposed draft questionnaires and helped further delete some items and reword existing items.

All three survey instruments were submitted to OMB for approval prior to data collection. The program officer and the agency clearance officer worked with the survey team to develop the abstract for publication in the Federal Register.

As part of the OMB approval process, wording changes were included for a few items. The OMB clearance package consisted of (1) a completed copy of form OMB Form 83-I (Paperwork Reduction Act Submission), (2) a thorough but succinct description of the evaluation, (3) the justification for the data collection, (4) a description of the data collection process and the statistical method of sampling, (5) copies of each data collection instrument, and (6) the notification letter and information packet about the data collection instruments. Final OMB clearance was received in November 2006.

**Agency Administrator Survey.** One administrator from each participating agency was contacted to complete a survey. In most cases, this was the agency director. The survey questions were developed to tap agency administrators’ perceptions of the initiatives’ impact and effectiveness.

The agency administrator survey consisted of

- 3 questions addressing background information
- 8 questions addressing turnover
- 8 questions addressing retention
- 4 questions addressing job vacancies
- 11 questions addressing the costs of turnover
- 6 questions addressing benefits and training
- 2 questions addressing staff awareness of the CMS initiative
- 7 questions addressing opinions of the impact of the CMS initiative
- 4 questions addressing opinions of lessons learned from the CMS initiative
- 3 questions addressing respondent demographics.

Several questions in the administrator survey used an open-ended format. The decision to use these questions was made collaboratively by CMS and the RAND/Pitt team. This was because, in several cases, discrete response options were unable to capture the potentially wide range and context-specific nature of responses in some areas of interest.
Worker Survey. The workforce outcomes component sought to answer the following research questions:

1. Did the initiatives employed improve recruitment and retention of DSWs?
2. What other effects did the initiatives have on the direct care system (e.g., increased consumer satisfaction, increased employee satisfaction, increased interest in the caregiving profession)?
3. What kind of initiative (or combination of initiatives) had the greatest impact on the direct service workforce?
4. Did the same kinds of initiatives produce similar or dissimilar outcomes in different settings?
5. To what extent did the participating workers value the initiatives that were implemented?

To answer these questions, the survey combined scales on intentions to leave, job satisfaction, and organizational commitment. Intention to leave is defined as the workers psychological intention to leave the organization. Job satisfaction is defined as the satisfaction the worker receives from the process of caregiving. Organizational commitment is defined as the psychological attachment an individual has to an organization. Specifically, the worker survey consisted of

- 7 questions addressing background information
- 39 questions addressing job satisfaction (domains included 5 questions on coworkers/supervisors, 3 on work demands, 5 on work content, 4 on workload, 4 on training, 3 on rewards, 2 on quality of care, 8 on agency matters, 3 on opportunities, and 2 on global ratings)
- 8 questions addressing intentions to leave
- 14 questions addressing organizational commitment
- 7 questions addressing expectations
- 3 questions addressing why workers work in home care
- 5 questions addressing respondent demographics.

The three questions addressing why workers work in home care used an open-ended format. In addition, some terminology was used in each state’s respective survey because states used different designations for workers (e.g., direct care professionals, direct care workers). To avoid confusion, the specific state term for these workers was used in each questionnaire.

Consumer Survey. People who are the beneficiaries of DSWs’ efforts were surveyed to determine their perceptions of the quality of the workers and agencies. Specifically, the consumer survey consisted of

- 7 questions addressing information provided by the agency
- 14 questions addressing the direct care workers
- 2 questions addressing overall satisfaction
- 6 questions addressing respondent demographics.
No questions using an open-ended format were included in the consumer survey. In addition, as described earlier, this survey was intentionally very brief so as to minimize respondent burden.

**Sample Selection and Sample Size**

This evaluation included the following: (1) agency employment data questionnaire, (2) worker survey, and (3) consumer survey. The unit of analysis for most of the evaluation was the agency; thus, a prime consideration was achieving adequate power at the agency level. The number of agencies included in this initiative varied by state grantee site, but these numbers were not available at the initiation of this project. Therefore, we had proposed to use a random selection of 20 participating agencies at each site, or all agencies if the state program had fewer than 20. When the actual number of agencies in the initiative became known, the project team (in consultation with CMS) determined that using all agencies participating in the initiative would result in a more robust evaluation.

At each agency, we collected data from a random sample of 20 workers participating in the program. We also collected information on each agency from a random sample of 20 consumers given services by staff included in the initiative.

We also used a comparison group for the evaluation. At some grantee sites, all workers would seem to benefit from the initiative. We also had a concern that, within agencies, there may be a spillover effect on nonparticipating workers. Therefore, in all states, we also collected information from nonparticipating agencies. We could not guarantee comparison group response rates, since these agencies had little incentive to complete the questionnaires. However, we attempted to match participating agencies with nonparticipating agencies by location and organizational characteristics on a three-to-one basis. Thus, where possible for every three participating agencies in a state, information would be collected from one nonparticipating agency. The same surveys were used for the comparison and initiative groups.

We located agencies for the comparison group in each state by examining lists of agencies on state Web sites. Agencies were randomly selected from these lists for participation (excluding those involved in the demonstration). A letter addressed to the agency director and a follow-up phone call were used to invite participation. In some of the small states (e.g., Delaware), we used the recommendations of participating agencies, which allowed us to use a comparison group with similar characteristics (such as number of employees) to participating agencies.

**Data Collection**

**Mode of Data Collection.** The three surveys were administered by mail. In general, each respondent received a survey, along with a letter of introduction and a postage-paid business-reply envelope. The questionnaires were printed using a large font, and the letter included the telephone number and email address of the researchers so that potential respondents could make contact if they had any questions or concerns.

Each state was asked to supply the evaluation team with the name and address of each participating agency. In most cases, the contact at each state was the individual state evaluation team. The RAND/Pitt team contacted all of the local evaluation teams to describe the proposed survey activities. In addition, the evaluation process was discussed in person at the CMS Systems Change Conference. (Most local evaluation teams attended the conference.)

Individual evaluation teams also served to introduce the national evaluation team to participating agencies. This effort included, for example, an introduction by email, letters of intro-
duction, and letters of support, as well as sessions describing our activities at meetings attended by agencies. Some individual local evaluation teams also provided lists or names of agencies that could be potential comparison group sites. In all cases, however, comparison group sites were selected using Web-based listings available for each state (usually from the state agency responsible for home health care).

To minimize the burden on the agencies, we did not ask them to supply the names and addresses of workers and consumers. Rather, a packet of preassembled surveys was sent to each agency (along with the agency administrator questionnaire), and the agency was directed to distribute the surveys to workers and consumers whom the agency chose at random. The benefit of this approach (in addition to minimizing agency burden) was that agencies were most able to determine which workers and consumers were affected by the initiative. In some agencies, all workers had participated, but this was not the case in all agencies. In addition, worker and consumer information did not need to be shared with the evaluation team (which could be considered intrusive). It should be noted, however, that the limitation of this approach was that agencies could select workers and consumers who were most likely to provide positive responses on the survey. This process was used in Delaware, Kentucky, Maine, New Mexico, North Carolina, and Virginia.

The demonstration activities funded by CMS in some states were not agency-specific. Rather some initiatives were worker-specific. In these cases, agencies were not involved in data collection. Furthermore, because agencies were not involved, consumer information also could not be collected (and of course neither could an agency questionnaire). In these cases, the evaluators were able to directly approach workers. The demonstration sites provided the evaluation team with the names and addresses of participants. Each participant was then sent a survey in the mail, along with a letter of introduction and a postage-paid business-reply envelope. This process was used in Oklahoma and Alabama.

One goal of the national evaluation was to not duplicate or interfere with the activities of the local evaluation teams. For example, a questionnaire sent by one evaluation team could influence the response rate of a questionnaire sent by the other if both were sent simultaneously. In addition, if local and state evaluators used similar questions, this could influence response rates (and unnecessarily add to respondent burden). Thus, for all demonstration sites, the timing of the national evaluation mailings was coordinated with local activities, helping to minimize such duplication. In the case of Arkansas and Washington, local evaluators were conducting their own surveys when the national surveys were due to be administered. Therefore, rather then send repeat surveys, the local evaluation teams included the national survey questions in the local surveys.

In Washington, the demonstration was implemented through Referral and Workforce Resource Centers serving nine of the 39 counties in the state. Each of the responses contained the ZIP code of the worker or consumer who responded to the survey. The respondents were categorized as “participant” or “comparison” based on whether their ZIP code was primarily in one of the nine targeted counties. In addition to the surveys distributed by the local evaluators in Washington, we distributed the national survey to a group of comparison agencies, workers, and consumers.

**Incentive Payments.** Some debate exists as to whether incentives increase response rates for surveys, and what type level of incentive should be used. In this evaluation, no incentives were initially offered to participating agencies because we believed that most agencies participating in the demonstration would be cooperative. However, for comparison group agencies,
a $100 incentive was used (in the form of gift cards). This reason was that agency staff would have to spend a considerable amount of time answering our questions. In the past, the evaluators had found this dollar amount to be adequate to induce cooperation from management staff.

For the participating and comparison group DSWs, an incentive of a $10 gift card was used. For participating and comparison group consumers, no incentive was used. The reason was that, in the past, we had found consumers very willing to provide feedback on the services they received because they perceived the study to be very relevant to their immediate concerns.

**Repeat Mailings.** For all agencies, reminder letters were sent two weeks after the initial mailing (an additional reminder was sent at six weeks). After a further two months, repeat agency questionnaires were sent to all agencies that had not responded. Again, reminder letters were sent two weeks after the initial mailing (and again at six weeks). In addition, for agencies that did respond, we tracked the response rates for worker and consumer surveys. In cases in which the response rates were low, we used reminder letters. These letters were sent at approximately two-week intervals (a maximum of three times). In summary, our protocol for survey collection was as follows:

- agency questionnaire
- reminder letter (two weeks)
- reminder letter (six weeks)
- repeat agency questionnaire (two months)
- reminder letter (two weeks)
- reminder letter (six weeks)
- reminder letters (three letters) for responding agencies with low response rates on worker and consumer surveys.

Two states continued to have low response rates (Delaware and Virginia). In these states, repeat agency questionnaires were mailed, and reminder letters were sent two weeks and six weeks after this mailing. Response rates continued to be low. The evaluators called each agency to highlight the importance of the study. It was determined that, in some cases, agencies had only peripherally participated in the CMS project. Thus, they had little interest in completing the questionnaires.

Following the same rationale for the comparison group, after consultation with CMS, agencies in these states were offered a $100 incentive (in the form of gift cards) to complete the surveys. Repeat agency questionnaires were sent to all agencies (detailing the $100 incentive). Reminder letters were sent two weeks after this initial mailing (and again at six weeks). The questionnaire was also reproduced on our Web site. In the reminder letters, agencies were given the option to use these online survey forms. Finally, agencies were called again regarding the data collection and offered the $100 incentive. In summary, additional activities for these states included the following:

- agency questionnaire
- reminder letter (two weeks)
- reminder letter (six weeks)
- phone call to each agency
- repeat agency questionnaire
• reminder letter (two weeks)
• reminder letter (six weeks)
• phone call to each agency
• reminder letters (three letters) for responding agencies with low response rates on worker and consumer surveys.

**Timing of Data Collection.** As can be seen from the description of the data collection process, the data collection interval varied by survey type, by state, and by group. In all states, participant group surveys were mailed before comparison group surveys. In each state and group, agency surveys typically were mailed first, followed by worker surveys, and then consumer surveys because communication with agencies was necessary in order to obtain worker and consumer contact information. Generally, contact was made with participant agencies in winter 2006–2007, participant worker surveys were mailed in spring 2007, and participant consumer surveys were mailed in summer 2007. Comparison group mailings followed this same pattern, starting in fall 2007. Because of the difficulty of obtaining the desired response rates and the desired number of responses, the repeat mailings and reminder letters described here led to survey responses continuing to be returned through fall 2008.

The time frame for data collection was much later and longer than had been anticipated in the proposal, due, in part, to a lengthy OMB review process and, in part, to difficulties in obtaining survey responses. This late and lengthy data collection had the disadvantage of slowing down the completion of this report, as well as creating additional variation in responses due to the passage of time. However, the late data collection had the unforeseen advantage of postponing survey administration until after most of the initiatives were fully implemented.

As described in Chapter Two and Appendix A, many of the initiatives were implemented much later than had originally been anticipated. If the survey administration had proceeded on schedule, many of the responses would have been collected prior to initiative implementation.

A comparison of the timing of the surveys described here and the implementation dates listed in Table 2.1 shows that, by the time surveys had been distributed to workers and consumers in participating agencies in spring and summer 2007, virtually all initiatives had been implemented. The exceptions were the worker registry in Arkansas and the marketing campaign in Virginia. In both of these states, many surveys were not returned until late summer 2007, which would have given time for workers and consumers in both states to have more exposure to these initiatives.

A complication posed by the late implementation, however, was that questions on the agency survey requesting information on quarterly turnover rates in 2004 and 2005 proved not to be useful for understanding the change in turnover from before to after implementation. Some grantees, such as those in Delaware, Kentucky, and Maine, began implementation in late 2004 or early 2005, but many others phased in the initiatives during 2005 or later. Therefore, we could use only some of this survey information. Fortunately, we had longitudinal information on turnover from many of the agencies by means of the grantee quarterly Web-based reports, which we used to augment the analysis of turnover.

**Response Rates**
In Table C.1, we show the number of returned surveys for each state and the number in each respective sample (agency, worker, and consumer) for the demonstration sites (except for Washington). From these data, we calculate the response rate for each state (also shown in
The response rates varied for each survey. For the agency survey, the lowest response rate was 16 percent (Virginia) and the highest was 100 percent (North Carolina). For the worker survey, the lowest response rate was 25 percent (New Mexico) and the highest was 91 percent (Oklahoma). For the consumer survey, the lowest response rate was 7 percent (Virginia) and the highest was 50 percent (North Carolina). A summary of the number of returned surveys for all states and the number in the overall sample (agency, worker, and consumer) are also shown in the table. For the agency survey, a total of 36 questionnaires were received from a sample of 99 (an overall response rate of 36 percent). For the worker survey, a total of 1,573 questionnaires were received from a sample of 4,692 (an overall response rate of 34 percent). For the consumer survey, a total of 880 questionnaires were received from a sample of 4,300 (an overall response rate of 21 percent).

In Table C.2, we present the number of returned surveys for each state for the comparison group (agency, worker, and consumer). For example, ten agency surveys, 34 worker surveys, and 13 consumer surveys were returned from Arkansas. A summary of the number of returned surveys for all states (agency, worker, and consumer) is also provided. For the agency survey, the total number of questionnaires received was 102; for the worker survey, it was 225; and for the consumer survey, it was 65.

Table C.1
Response Rates for Agency, Worker, and Consumer Questionnaires in Demonstration Sites

<table>
<thead>
<tr>
<th>State</th>
<th>Agency Survey</th>
<th>Worker Survey</th>
<th>Consumer Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Returns/Total Sample</td>
<td>Response Rate (%)</td>
<td>Returns/Total Sample</td>
</tr>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>—</td>
<td>29/67</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>—</td>
<td>17/50</td>
</tr>
<tr>
<td>Delaware</td>
<td>1/6</td>
<td>17</td>
<td>25/60</td>
</tr>
<tr>
<td>Indiana</td>
<td>NA</td>
<td>—</td>
<td>87/200</td>
</tr>
<tr>
<td>Kentucky</td>
<td>6/8</td>
<td>75</td>
<td>92/160</td>
</tr>
<tr>
<td>Maine</td>
<td>12/20</td>
<td>60</td>
<td>168/200</td>
</tr>
<tr>
<td>New Mexico</td>
<td>5/11</td>
<td>46</td>
<td>54/220</td>
</tr>
<tr>
<td>North Carolina</td>
<td>4/4</td>
<td>100</td>
<td>115/200</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>—</td>
<td>32/35</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>—</td>
<td>793/3,000</td>
</tr>
<tr>
<td>Washington a</td>
<td>NA</td>
<td>—</td>
<td>793/3,000</td>
</tr>
<tr>
<td>Total or average</td>
<td>36/99</td>
<td>36</td>
<td>1,573/4,692</td>
</tr>
</tbody>
</table>

a Washington response rates include all surveys distributed by the Washington local evaluator. Participation status is determined by county of residence. We do not have separate response rates for residents of participating and comparison counties.
Table C.2
Survey Returns for Agency, Worker, and Consumer Comparison Questionnaires

<table>
<thead>
<tr>
<th>State</th>
<th>Agency Survey</th>
<th>Worker Survey</th>
<th>Consumer Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>9</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>10</td>
<td>34</td>
<td>13</td>
</tr>
<tr>
<td>Delaware</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indiana</td>
<td>13</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>Kentucky</td>
<td>23</td>
<td>37</td>
<td>16</td>
</tr>
<tr>
<td>Maine</td>
<td>8</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>New Mexico</td>
<td>14</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>North Carolina</td>
<td>11</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>NA</td>
<td>22</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>13</td>
<td>45</td>
<td>7</td>
</tr>
<tr>
<td>Washington(^a)</td>
<td>8</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102</strong></td>
<td><strong>225</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

\(^a\) The Washington tally includes only the responses to the survey that we mailed to comparison agency, workers, and consumers. The Washington local evaluators also administered surveys in areas affected by the demonstration (participants) and in areas not affected by the demonstration (comparison).
APPENDIX D

Survey Instruments
DIRECT SUPPORT PROFESSIONALS SURVEY
JOB SATISFACTION QUESTIONNAIRE

BACKGROUND INFORMATION

Q1.1 How long have you been working at this agency?
_____ years

Q1.2 How long have you been working in the Home Care field (all positions)
_____ years

Q1.3 How long did you work in your previous job?
_____ years

Q1.4 Is your current position full-time (35 hours per week or more) or part-time (less than 35 hours per week)?
1 □ Full-time
2 □ Part-time

Q1.5 What is your current job title:
1 □ Direct Support Professional
3 □ Personal Care Attendant
5 □ Other: ______________
2 □ Home Health Aide
4 □ Certified Nurse Assistant (CNA)

Q1.6 What shift do you usually work:
1 □ Day
3 □ Night
2 □ Evening

Q1.7 How many people do you usually provide care for during the week:
1 □ One
3 □ Three-Five
2 □ Two
4 □ More than Five
### YOUR JOB SATISFACTION

Please fill in one circle for each item:

<table>
<thead>
<tr>
<th>Coworkers/Supervisors</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2.1 I like the people I work with.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q2.2 I feel part of a team effort.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q2.3 There is a lot of co-operation among staff.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q2.4 The staffing coordinator does an excellent job.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q2.5 The staffing coordinator provides good guidance.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Demands</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3.1 I get a lot of support on the job.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q3.2 I have a lot of opportunity to talk about my concerns.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q3.3 Clients place unreasonable demands on me.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Content</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4.1 I like working with the clients.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q4.2 My role influences the lives of clients.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q4.3 I am close to clients.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q4.4 I am close to family members.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
<tr>
<td>Q4.5 I get a lot of respect from clients.</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
<td>⑥</td>
</tr>
</tbody>
</table>
### Workload

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5.1 I like my work schedule.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q5.2 I have enough time with clients to do my job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q5.3 I am given enough clients by the agency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q5.4 I am given work hours of my choice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### Training

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q6.1 My skills are adequate for the job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q6.2 I have had enough training to do my job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q6.3 I am given enough chances for more training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q6.4 This job is what I expected.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### Rewards

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q7.1 I am fairly paid.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q7.2 I have had enough chances for advancement.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q7.3 I would like better health benefits.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### Quality of Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q8.1 The clients get good care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q8.2 The agency believes in high quality care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
### Agency Matters

<table>
<thead>
<tr>
<th>Q9.1 I get good directions when given a new client.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q9.2 The agency provides good support to me.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q9.3 The agency is good at scheduling clients.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q9.4 The agency treats me with respect.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q9.5 I get credit for my contributions to client care.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q9.6 The agency has high expectations of me.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q9.7 The agency gives me appropriate clients.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q9.8 The agency recognizes my contribution.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

### Opportunities (Empowerment)

<table>
<thead>
<tr>
<th>Q10.1 My work is challenging.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q10.2 I gain new skills working at this job.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q10.3 My job uses my current skills well.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

### Global Ratings

<table>
<thead>
<tr>
<th>Q11.1 I am very satisfied with my current job.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q11.2 I would recommend the agency I work for.</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>
### Intent to Leave

The following questions ask about your intent to leave.

<table>
<thead>
<tr>
<th>Q12.1 All things considered, I would like to find a comparable job in a different agency.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12.2 I am thinking about quitting.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12.3 It is likely that I will actively look for a different agency to work for in the next year.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12.4 I will probably look for a new job in the near future.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12.5 The results of my search for a new job are encouraging.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12.6 At the present time, I am actively searching for a job in another agency.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12.7 At the present time, I am actively searching for a job in another field.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q12.8 All things considered, I would like to find a comparable job in another field.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
### Organizational Commitment

The following questions ask about your commitment to the organization for which you currently work.

<table>
<thead>
<tr>
<th>Identification Commitment</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13.1 I am quite proud to be able to tell people who it is I work for.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.2 What this agency stands for is important to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.3 When someone criticizes this agency, it feels like a personal insult.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.4 I am very interested in what others think about this agency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.5 When I talk about this agency, I usually say &quot;we&quot; rather than &quot;they.&quot;</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.6 This agency's successes are my successes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.7 When someone praises this agency, it feels like a personal compliment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.8 If a story in the news criticized this agency, I would feel embarrassed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.9 I work for an agency that is incompetent and unable to accomplish its mission.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affiliation Commitment</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13.10 I feel a strong sense of belonging to this agency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.11 I feel like &quot;part of the family&quot; at this agency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exchange Commitment</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13.12 This agency appreciates my accomplishments on the job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.13 This agency does all it can to recognize employees for good performance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Q13.14 My efforts on the job are largely ignored or overlooked by this agency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>
Expectations

The following questions ask about whether your job lived up to your expectations.

<table>
<thead>
<tr>
<th>Q14.1 The pay is what I expected.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q14.2 The travel is what I expected.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q14.3 I expected to have a physical exam.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q14.4 I expected to undergo criminal clearance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q14.5 I expected a uniform/clothing expense.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q14.6 Travel expenses are greater than I expected.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Q14.7 Travel time is what I expected.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Why You Work in Home Care

The following questions ask about how you came to work for your current employer.

Q15. What attracted you to home care as a type of work?

1
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
2
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Q16. Can you give us 3 reasons why you might leave this agency?

1. ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

2. ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

3. ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

Q17. Can you give us 3 reasons why you stay in your current position?

1. ___________________________________________
   ___________________________________________
   ___________________________________________

2. ___________________________________________
   ___________________________________________
   ___________________________________________

3. ___________________________________________
   ___________________________________________
   ___________________________________________
About You

Q18.1 Gender:
- [ ] Male
- [x] Female

Q18.2 Age: 
____ years

Q18.3 Highest level of education:
- [ ] High School or less
- [x] High School Diploma or GED
- [ ] Some College
- [ ] Associate’s Degree
- [ ] Bachelor’s Degree
- [ ] Master’s Degree or higher

Q18.4 Ethnicity
- [ ] Hispanic or Latino
- [x] Not Hispanic or Latino

Q18.5 Race (Mark one or more)
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

Thank you for your participation.
Q1. How long have you been working in this agency?  
   _____ years 

Q2. How long have you been an administrator?  
   _____ years 

   If not an administrator, what is your title: _________________

Q3. Not including yourself, how many administrators have worked at this agency during the past 3 years?  
   [ ] One    [ ] Two    [ ] Three    [ ] Four    [ ] Five    [ ] Six    [ ] Other _____(number)

YOUR WORKERS  
About Turnover

Q4. How often do you examine staff turnover?  
   [ ] Never    [ ] Monthly    [ ] Quarterly    [ ] Every six months    [ ] Yearly

   Indicate the number of FULL-TIME EQUIVALENT (FTE) staff you employ or contract with during a typical standard workweek. To compute a full-time equivalent, sum the total number of hours worked by all staff in each category of personnel and divide by the number of hours in the standard workweek. Express the result as a decimal.

   Example: If there were five aides and each worked 20 hours of the 40-hour workweek providing home health services, you would enter 2.5 full-time equivalent staff. (5 times 20 divided by 40 = 2.5)

Q5. Please indicate the number of FTE aides you employed or contracted with for
each quarter (including both full-time and part-time aides)

1st Quarter 2005 _____  3rd Quarter 2005 _____
2nd Quarter 2005 _____  4th Quarter 2005 _____

The following question asks about turnover of staff. Please provide the number of staff that have departed over the number that you usually employ.

**Example:** If 2 aides have departed and 4 are usually employed the answer would be 2/4.

Q6. What is the turnover rate for each of the following periods?

<table>
<thead>
<tr>
<th></th>
<th>Full-time aides</th>
<th>Part-time aides</th>
</tr>
</thead>
<tbody>
<tr>
<td>(# departed/usually employed)</td>
<td>(# departed/usually employed)</td>
<td></td>
</tr>
<tr>
<td>1st Quarter 2004</td>
<td>___ / _____</td>
<td>___ / _____</td>
</tr>
<tr>
<td>2nd Quarter 2004</td>
<td>___ / _____</td>
<td>___ / _____</td>
</tr>
<tr>
<td>3rd Quarter 2004</td>
<td>___ / _____</td>
<td>___ / _____</td>
</tr>
<tr>
<td>4th Quarter 2004</td>
<td>___ / _____</td>
<td>___ / _____</td>
</tr>
<tr>
<td>1st Quarter 2005</td>
<td>___ / _____</td>
<td>___ / _____</td>
</tr>
<tr>
<td>2nd Quarter 2005</td>
<td>___ / _____</td>
<td>___ / _____</td>
</tr>
<tr>
<td>3rd Quarter 2005</td>
<td>___ / _____</td>
<td>___ / _____</td>
</tr>
<tr>
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☐ Information not available

Q7. During 2005, what was the involuntary turnover rate for aides?

(Number departed involuntarily / number usually employed)

Aides: _____ / _____

Q8. During 2005, on average how many full-time aides did you employ?

Aides: _____

Q9. During 2005, on average how many part-time aides did you employ?

Aides: _____

Q10. What initiatives have you tried to improve staff turnover rates?

1. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Q11. In your opinion, are your turnover rates typical of other agencies in your market, and do you have any other comments on staff turnover?

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About Retention

Q12a. How many full-time aides in 2005 had you employed for less than one year?  
Aides #_____  

Q12b. How many part-time aides in 2005 had you employed for less than one year?  
Aides #_____  

Q13a. How many full-time aides in 2005 had you employed for three years or more?  
Aides #_____  

Q13b. How many part-time aides have you employed for three years or more?
Q14a. How many full-time aides have you employed for ten years or more?
Aides #_____

Q14b. How many part-time aides have you employed for ten years or more?
Aides #_____

Q15. What initiatives have you tried in the past year to improve staff retention rates (in addition to the CMS project)?
1______________________________________________
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2______________________________________________
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Q16. In your opinion, are your retention rates typical of other agencies in your market, and do you have any other comments on staff retention?
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About Job Vacancies

Q17. This week, how many part-time openings for aides do you have?
   Aides #_____

Q18. This week, how many full-time openings for aides do you have?
   Aides #_____

Q19. About what percent of aides positions are filled as a result of a referral from a current employee?
   Aides _____%

Q20. In your opinion, are your job vacancy rates typical of other agencies in your market, and do you have any other comments on staff vacancies?
   __________________________________________________________________________________
   __________________________________________________________________________________
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   __________________________________________________________________________________

Costs of Turnover

Q21. Do you have an estimate of how much it costs to replace an aide:
   Per aide $________
   □ Information not available

The following questions request information on the cost of specific expenditures related to filling vacancies. Please provide your best estimate. It is not necessary that these costs add up to the amount reported in Q21.

Q22. As part of the separation process, do you have an estimate of how much it costs to conduct exit interviews for aides (e.g., staff time expense):
   Per aide $________
   □ Do not conduct exit interviews

Q23. As part of the separation process, do you have an estimate of how much it costs for administrative functions related to termination of aides (e.g., staff time expense):
   Per aide $________
   □ Did not terminate any employees in the past year
Q24. As part of the separation process, do you have an estimate of how much it costs for additional overtime for current aides:
    Per aide $________
    □ Did not use overtime in the past year

Q25. Do you have an estimate of how much it costs for pre-employment administrative expenses:
    Per aide $________
    □ Not applicable

Q26. Do you have an estimate of how much it costs for interviewing candidates:
    Per aide $________
    □ Not applicable

Q27. How much do you spend in a typical month on advertising for new aides?
    Per aide $________

Q28. If there are additional important activities that you undertake to fill vacancies that are not included in Q22 through Q27, please list them:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Q29. How much do you spend on these additional activities in a typical month?
    $________

Q30. In a typical month, how much time does your agency spend in interviewing new employees?
    Aides ________ hours

Q31. In a typical month, how much time does your agency spend training new employees?
    Aides ________ hours
Q32. When setting salary rates for aides do you (check all that apply):
   □ Use salary increments for experience
   □ Give yearly bonuses
   □ Give performance bonuses
   □ Provide a shift differential
   □ Have a wage schedule based on tenure
   □ Does not apply

Q33. What other benefits do you provide for aides (check all that apply):
   □ Travel reimbursement (i.e., between clients)
   □ Uniform reimbursement
   □ Reimbursement for physical
   □ Reimbursement for criminal background checks
   □ Reimbursement for initial training
   □ Reimbursement for in-service training

Q34. Do you provide aides with health benefits:
   □ Yes
   □ No
If yes, could you please provide a brief description:
   ______________________________________________________

Q35. What are your minimum training requirements:
   Initial training ______ hours
   In-service training ______ hours

Q36. How is your initial training provided (check all that apply):
   □ On the job
   □ At an off-site facility
   □ Take-home materials
   □ By consultants

Q37. How is your in-service training provided (check all that apply):
   □ On the job
   □ At an off-site facility
   □ Take-home materials
   □ By consultants
About Staff Awareness

Q38. How aware do you think staff are regarding the CMS demonstration:

1. Not at all aware
2. Slightly aware
3. Moderately aware
4. Aware
5. Very aware

Q39. How much value do you think staff place on the benefits from the CMS demonstration:

1. Not at all aware
2. Slightly aware
3. Moderately aware
4. Aware
5. Very aware

About Impacts on Your Agency

Q40. How much impact do you think the CMS demonstration has had on your turnover rates:

1. No impact at all
2. Slight impact
3. Moderate impact
4. Significant impact
5. Very significant impact

Q41. Compared to before the CMS demonstration, is staff turnover after the CMS demonstration:

1. Much lower
2. Somewhat lower
3. Not changed
4. Somewhat higher
5. Much higher

Q42. How much impact do you think the CMS demonstration has had on your recruitment efforts:

1. No impact at all
2. Slight impact
Q43. How much impact do you think the CMS demonstration has had on the job performance of your staff:

1. No impact at all
2. Slight impact
3. Moderate impact
4. Significant impact
5. Very significant impact

Q44. How much impact do you think the CMS demonstration has had on the commitment of your staff:

1. No impact at all
2. Slight impact
3. Moderate impact
4. Significant impact
5. Very significant impact

Q45. How much impact do you think the CMS demonstration has had on the career intentions of your staff:

1. No impact at all
2. Slight impact
3. Moderate impact
4. Significant impact
5. Very significant impact

Q46. How much impact do you think the CMS demonstration will have on your agency two years from now:

1. No impact at all
2. Slight impact
3. Moderate impact
4. Significant impact
5. Very significant impact
About Lessons Learned

Q47. What implementation barriers did you face with the CMS demonstration?

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Q48. Where are any unintended benefits associated with the CMS demonstration?

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Q49. What elements of the CMS demonstration do you think worked most effectively (and why)?

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Q50. What elements of the CMS demonstration do you think worked least effectively (and why)?

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ABOUT YOU

Q51. Gender:

1 □ Male
2 □ Female

Q52. Age:

___ years

Q53. Highest level of education:

1 □ High School or less
2 □ High School Diploma or GED
3 □ Some College
4 □ Associate’s Degree
5 □ Bachelor’s Degree
6 □ Master’s Degree or higher
CONSUMERS SURVEY

For Internal Use Only:
CONSUMER SURVEY

Your responses on this questionnaire will not be shared with either the agency or your caregiver. Your responses will be grouped with others, and they will be used to improve services.

Please PROVIDE the answer that best describes your SATISFACTION with your current home care agency and with the person who currently visits with you from the agency. We call this person a direct care worker in the questions below, however, other terms used may be aide, companion, caregiver, home health aide, personal attendant, or personal care aide.

Information Provided by the Agency
Please check the best answer:
The information you were given about the agency
☐ Very Poor ☐ Poor ☐ Adequate ☐ Good ☐ Excellent
The information you were given about payments
☐ Very Poor ☐ Poor ☐ Adequate ☐ Good ☐ Excellent
☐ Please check if this does not apply to you
The admission process to the agency
☐ Very Poor ☐ Poor ☐ Adequate ☐ Good ☐ Excellent
The information you were given regarding what to expect about the services to be provided
☐ Very Poor ☐ Poor ☐ Adequate ☐ Good ☐ Excellent
How quickly the agency was able to provide services
☐ Very Poor ☐ Poor ☐ Adequate ☐ Good ☐ Excellent
Is the home health agency easy to contact?

- Very Poor
- Poor
- Adequate
- Good
- Excellent

How capable is the home health agency in providing back-up coverage?

- Very Poor
- Poor
- Adequate
- Good
- Excellent

**Direct Care Workers**

Please check the best answer:

How does the direct care worker treat you in general?

- Very Poor
- Poor
- Adequate
- Good
- Excellent

Does the direct care worker treat you with respect?

- Very Poor
- Poor
- Adequate
- Good
- Excellent

How thorough is the direct care worker in their work?

- Very Poor
- Poor
- Adequate
- Good
- Excellent

Do the direct care workers do things the way you want them to be done?

- Never
- Usually not
- Sometimes
- Usually
- Always

Does the direct care worker do what you need to have done?

- Never
- Usually not
- Sometimes
- Usually
- Always

Are you comfortable with the direct care worker?

- Never
- Usually not
- Sometimes
- Usually
- Always

**Caregiving**

Please check the best answer:

How promptly does the direct care worker help you?

- Very Poor
- Poor
- Adequate
- Good
- Excellent

How well does the direct care worker communicate with you?

- Very Poor
- Poor
- Adequate
- Good
- Excellent
Does the direct care worker leave before she or he is supposed to?

- □ Never  □ Usually not  □ Sometimes  □ Usually  □ Always

Does the direct care worker come on time?

- □ Never  □ Usually not  □ Sometimes  □ Usually  □ Always

Does the direct care worker ever go beyond normal tasks for you (e.g., shopping)?

- □ Never  □ Usually not  □ Sometimes  □ Usually  □ Always

Does the direct care worker use their time effectively?

- □ Never  □ Usually not  □ Sometimes  □ Usually  □ Always

How well do you and the direct care worker work together?

- □ Very Poor  □ Poor  □ Adequate  □ Good  □ Excellent

Is the direct care worker reliable?

- □ Never  □ Usually not  □ Sometimes  □ Usually  □ Always

**Overall Satisfaction**

Please check the best answer:

If you would recommend this direct care worker to someone else?

- □ Definitely not  □ Probably not  □ Maybe  □ Probably  □ Definitely

If you would recommend this home health agency to someone else?

- □ Definitely not  □ Probably not  □ Maybe  □ Probably  □ Definitely

Some DEMOGRAPHIC questions about YOU (the recipient of home care)

**Gender:**

- □ Female  □ Male

**Age:** _______ years

Highest level of education:

- □ High School or less  □ High School Diploma or GED
- □ Some College  □ Associate’s Degree
- □ Bachelor’s Degree  □ Master’s Degree or higher
Ethnicity:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (Mark one or more):
☐ American Indian or Alaska Native  ☐ Asian
☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander
☐ White

Marital status:
☐ Married  ☐ Single  ☐ Divorced  ☐ Widowed

Who completed this questionnaire?
☐ Home care client
☐ Family member of home care client
☐ Living in home
☐ Not living in home
☐ Home health aid
Given the difference between the survey administered to Washington participants and that administered to all other workers in our sample, we present a set of descriptive statistics based on the subset of questions that all workers answered and a set of descriptive statistics based on the national survey but excluding the Washington participants.

Table E.1 shows the response scales that were calculated using all the questions on the national survey. The table excludes the participants in Washington State, who were not asked many of the questions used in these scales.

We see that the participants have less favorable responses on all scales than the comparison group by approximately 0.30 point on the five-point scale. For example, an ANOVA (analysis of variance) of the overall scale with primary state and treatment effects and an interaction of the two shows that the scale varies significantly with participation status ($p < 0.0001$) and with state ($p = 0.004$) but not with the interaction ($p = 0.07$). Among participants, responses in Alabama were notably lower than elsewhere on all the scales.

Throughout our analysis in this appendix, the average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.

Table E.2 presents the average values for the scales based on the subset of questions administered to all respondents. The participants also had less favorable responses on these scales, with the notable exception of the “organizational commitment” scale. However, this “intent to stay” scale had a much larger positive gap for the nonparticipants than the same scale that used the entire set of questions. Again, the participants in Alabama scored noticeably lower than those in the other states on the overall scale and most of the component scales.

Finally, in Table E.3 we present the average responses for the ten “job satisfaction” subscales. As explained earlier, we have presented the subscales using all respondents, including the participants in Washington, whenever possible, even though this meant basing the subscales on fewer questions. For three of the subscales, the Washington participant survey did not ask any relevant questions, so for those subscales, we present the mean responses without Washington participants.

Interestingly, the subscale means for the participants is fairly close to that for the comparison group except for the “rewards” scale, on which the participants were an entire point lower than the comparison groups. One possible interpretation is that, because the workers in the comparison groups were all from certified home health agencies, they had a higher pay scale. All further results should be interpreted in this light.
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**NOTE:** The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
### Table E.2
Response Scales, Questions Administered to Washington Participants

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<td></td>
</tr>
<tr>
<td><strong>Averages</strong></td>
<td><strong>Responses</strong></td>
<td>4.0</td>
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<td>4.1</td>
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<td>4.0</td>
<td>3.9</td>
<td>4.0</td>
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<tr>
<td><strong>States</strong></td>
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<td>4.1</td>
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<td>4.5</td>
<td>3.9</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
Table E.3  
Job Satisfaction Subscales

<table>
<thead>
<tr>
<th>State</th>
<th>Coworkers/Supervisors</th>
<th>Work Demands</th>
<th>Work Content</th>
<th>Workload</th>
<th>Training</th>
<th>Coworkers/Supervisors</th>
<th>Work Demands</th>
<th>Work Content</th>
<th>Workload</th>
<th>Training</th>
</tr>
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<tbody>
<tr>
<td>Alabama</td>
<td>3.7</td>
<td>3.4</td>
<td>4.4</td>
<td>4.0</td>
<td>4.1</td>
<td>4.2</td>
<td>4.4</td>
<td>4.3</td>
<td>4.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Arkansas</td>
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<td>4.6</td>
<td>3.9</td>
<td>4.1</td>
<td>4.5</td>
<td>4.4</td>
<td>4.6</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Delaware</td>
<td>4.3</td>
<td>4.0</td>
<td>4.8</td>
<td>4.2</td>
<td>4.5</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Indiana</td>
<td>4.1</td>
<td>3.8</td>
<td>4.6</td>
<td>3.9</td>
<td>4.2</td>
<td>4.6</td>
<td>4.7</td>
<td>4.8</td>
<td>4.6</td>
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<td>Kentucky</td>
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<td>4.7</td>
<td>4.1</td>
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<td>Maine</td>
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<td>4.7</td>
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<td>4.7</td>
<td>4.3</td>
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<td>4.2</td>
<td>4.1</td>
<td>4.5</td>
<td>4.5</td>
<td>4.3</td>
</tr>
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<td>4.5</td>
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<td>4.4</td>
<td>4.2</td>
<td>4.4</td>
<td>4.1</td>
<td>4.3</td>
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<td>3.8</td>
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<td>4.2</td>
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<td>4.1</td>
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<td>4.1</td>
<td>3.9</td>
<td>4.0</td>
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<tr>
<td>Averages</td>
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<tr>
<td>Responses</td>
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<td>4.5</td>
<td>3.7</td>
<td>4.1</td>
<td>4.0</td>
<td>4.1</td>
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<td>4.0</td>
<td>4.5</td>
<td>4.0</td>
<td>4.3</td>
<td>4.5</td>
<td>4.3</td>
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## Table E.3—Continued

<table>
<thead>
<tr>
<th>State</th>
<th>Participants</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rewards^b</td>
<td>Quality of Care^a</td>
</tr>
<tr>
<td>Alabama</td>
<td>2.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Arkansas</td>
<td>3.4</td>
<td>4.7</td>
</tr>
<tr>
<td>Delaware</td>
<td>2.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Indiana</td>
<td>2.4</td>
<td>4.3</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3.3</td>
<td>4.7</td>
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<tr>
<td>Maine</td>
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<td>4.6</td>
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<tr>
<td>New Mexico</td>
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<td>4.4</td>
</tr>
<tr>
<td>North Carolina</td>
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</tr>
<tr>
<td>Virgin</td>
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<td>4.6</td>
</tr>
<tr>
<td>Washington</td>
<td>2.8</td>
<td>NA</td>
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<tr>
<td>Averages</td>
<td>3.0</td>
<td>4.6</td>
</tr>
<tr>
<td>States</td>
<td>2.9</td>
<td>4.5</td>
</tr>
</tbody>
</table>

**NOTE:** The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.

^a Subscale uses all national survey questions and omits Washington participant responses because the Washington participant survey did not include any relevant questions.
^b Subscale uses subset of national survey questions that were included on Washington participant survey.
^c Subscale uses all national survey questions; all national survey questions were included on Washington participant survey.
Multivariate Regression Model

The DSW workforce demonstration program was intended to allow states to implement a collection of initiatives to improve recruitment and retention. As a result, the initiatives undertaken differed in each of the 11 sites. Originally, there were five types of initiatives, as categorized by CMS in its Request for Applications for the National Evaluation. However, early evaluation efforts by the Lewin Group (2005b), whose categories were later modified (see Chapter Two of this report), distinguished nine unique initiative types, plus several additional efforts that were clustered into an “other initiative” category.

However, a model using all nine initiative types, an “other” category, and an indicator to distinguish between any participation and the comparison group is “just identified.” That is, the 11 treatment parameters (one for treatment versus comparison plus ten treatment types) were identified by comparisons among the 11 treatment sites and the 12th group made up of the combined comparison groups.

In order to increase the precision of the estimates and avoid relying on a single state for estimating each of the initiative effects, we aggregated to a compromise between the original five categories of initiatives and the final ten categories. As described in Table 5.2 in Chapter Five, the ten categories of initiatives discussed in Chapter Two were aggregated into seven categories.

The multivariate model that we estimated takes the following form:

$$ Y_{ij} = \alpha + \sum_{k=1}^{K} \beta_k X_{ijk} + \delta P_{ij} + \sum_{m=1}^{7} \gamma_m P_{ij} S_{jm} + u_j + \epsilon_{ij}, $$

where $Y_{ij}$ is the response for worker $i$ in state $j$, $X_{ijk}$ is one of $K$ characteristics of the worker, $P_{ij}$ is a dummy variable indicating that the worker is a participant in the demonstration program, and $S_{jm}$ is a set of seven dummies indicating that state $j$ opted for initiative type $m$. The error term is a composite of a state-specific term that captures anything particular about the state and its labor market and a term that is unique to the individual. The coefficients of the model are estimated with a “random-effects” econometric technique that yields the most precise estimates under the assumption that the state-specific components of the error terms are independent of the explanatory variables in the model. This assumption is tested using a Hausman test that compares the coefficient estimates to a “fixed-effects” estimate of a model in which the state-specific components are treated as parameters that are estimated and therefore are free to be arbitrarily correlated with the explanatory variables. For the model using the over-
all response scale, the independence assumption cannot be rejected (p-value = 0.69), thereby supporting the use of the random-effects model. Our standard errors for all models cluster by state. Unfortunately, because we do not know the identity of worker respondents, we cannot cluster by agency.

Tables 3.10 and 3.11 in Chapter Three report the estimated participant effect ($\delta$) and the program effects ($\gamma$) from this model for the full sample and for the sample split by tenure level. Coefficients from all the variables included in the model presented in Table 3.10 are included in Table F.1.

We also estimate this model using the more refined ten initiative categories proposed by Lewin (October 2005). Unfortunately, with only 11 sites, this model is “just identified.” We present the estimates from such a model in Table F.2, but the very large magnitudes of the coefficients suggest that it is not properly specified and should not be relied upon.

Table F.3 presents regression results from a model that estimates the model with state-specific effects rather than with initiative-specific effects.

Finally, we also present a sensitivity analysis regarding the treatment of the Washington sample. As discussed in the text, the Washington sample differed from the remaining states in several ways. First, except for a few comparison workers in Washington, the Washington participant and comparison workers were independent providers rather than agency workers. These independent providers were given a different survey by the local evaluator. This survey omitted several questions that did not pertain to independent providers, which led to the omission of the Washington sample from the analysis of two of the response scales. Another difference was the much greater sample size of the comparison sample in Washington than in the rest of the states. As shown in Table 3.1 in Chapter Three, approximately four-fifths of the comparison sample was from Washington.

For both the state-specific and the initiative-specific analyses, we grouped all of the comparison responses together. Therefore, the large number of responses in the comparison sample from Washington made up a large portion of the comparison sample. If the Washington comparison sample differed from the rest of the comparison sample in ways that are not accounted for by the covariates, then this disproportionate presence of the Washington responses could affect the inferences. To examine this possibility, we re-ran the analysis of the overall outcome scale with and without the Washington state observations, as well as with a dummy for the Washington state observations. As shown in Table F.4, the findings regarding the associations between the initiative categories and the responses are virtually identical for all three specifications. Therefore, we conclude that the covariates capture the important differences between the Washington comparison group and the comparison group from the other states.
## Results for All Coefficients

Table F.1  
Random Effects Estimates of Multivariate Model, Worker Survey Response Scales

<table>
<thead>
<tr>
<th>Characteristic or Multivariate Analysis Category</th>
<th>Overall Rating(^a)</th>
<th>Job Satisfaction(^a)</th>
<th>Intent to Stay(^a)</th>
<th>Organizational Commitment(^b)</th>
<th>Expectations(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.006***</td>
<td>0.000</td>
<td>0.014***</td>
<td>0.006***</td>
<td>–0.001</td>
</tr>
<tr>
<td></td>
<td>(0.001)</td>
<td>(0.001)</td>
<td>(0.002)</td>
<td>(0.002)</td>
<td>(0.002)</td>
</tr>
<tr>
<td>Age missing</td>
<td>–0.087</td>
<td>–0.060</td>
<td>–0.078</td>
<td>0.008</td>
<td>–0.083</td>
</tr>
<tr>
<td></td>
<td>(0.076)</td>
<td>(0.061)</td>
<td>(0.122)</td>
<td>(0.081)</td>
<td>(0.075)</td>
</tr>
<tr>
<td>Years of education</td>
<td>–0.030***</td>
<td>–0.016**</td>
<td>–0.038**</td>
<td>–0.044***</td>
<td>–0.029**</td>
</tr>
<tr>
<td></td>
<td>(0.010)</td>
<td>(0.008)</td>
<td>(0.016)</td>
<td>(0.014)</td>
<td>(0.013)</td>
</tr>
<tr>
<td>Education missing</td>
<td>0.086</td>
<td>0.054</td>
<td>0.293*</td>
<td>0.070</td>
<td>0.222</td>
</tr>
<tr>
<td></td>
<td>(0.111)</td>
<td>(0.089)</td>
<td>(0.173)</td>
<td>(0.155)</td>
<td>(0.143)</td>
</tr>
<tr>
<td>Minority</td>
<td>–0.052</td>
<td>0.002</td>
<td>–0.217***</td>
<td>–0.064</td>
<td>–0.045</td>
</tr>
<tr>
<td></td>
<td>(0.041)</td>
<td>(0.033)</td>
<td>(0.065)</td>
<td>(0.054)</td>
<td>(0.050)</td>
</tr>
<tr>
<td>Minority missing</td>
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<td>–0.057</td>
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<tr>
<td></td>
<td>(0.088)</td>
<td>(0.071)</td>
<td>(0.147)</td>
<td>(0.160)</td>
<td>(0.149)</td>
</tr>
<tr>
<td>ln(job tenure)</td>
<td>0.003</td>
<td>–0.006</td>
<td>0.001</td>
<td>0.036</td>
<td>0.007</td>
</tr>
<tr>
<td></td>
<td>(0.021)</td>
<td>(0.017)</td>
<td>(0.034)</td>
<td>(0.025)</td>
<td>(0.023)</td>
</tr>
<tr>
<td>ln(occ tenure)</td>
<td>0.002</td>
<td>0.014</td>
<td>0.021</td>
<td>–0.002</td>
<td>0.007</td>
</tr>
<tr>
<td></td>
<td>(0.022)</td>
<td>(0.018)</td>
<td>(0.035)</td>
<td>(0.028)</td>
<td>(0.026)</td>
</tr>
<tr>
<td>ln(previous job tenure)</td>
<td>0.031</td>
<td>0.031</td>
<td>0.018</td>
<td>0.028</td>
<td>0.046**</td>
</tr>
<tr>
<td></td>
<td>(0.025)</td>
<td>(0.020)</td>
<td>(0.039)</td>
<td>(0.025)</td>
<td>(0.023)</td>
</tr>
<tr>
<td>Previous job tenure missing</td>
<td>–0.220***</td>
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<td>–0.401***</td>
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<tr>
<td></td>
<td>(0.079)</td>
<td>(0.064)</td>
<td>(0.121)</td>
<td>(0.100)</td>
<td>(0.093)</td>
</tr>
<tr>
<td>Full-time</td>
<td>0.069*</td>
<td>0.035</td>
<td>0.125**</td>
<td>0.094*</td>
<td>–0.031</td>
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<tr>
<td></td>
<td>(0.040)</td>
<td>(0.032)</td>
<td>(0.063)</td>
<td>(0.052)</td>
<td>(0.049)</td>
</tr>
<tr>
<td>Other job title</td>
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<td>0.035</td>
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<tr>
<td></td>
<td>(0.062)</td>
<td>(0.050)</td>
<td>(0.094)</td>
<td>(0.060)</td>
<td>(0.056)</td>
</tr>
<tr>
<td>Evening shift</td>
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<td>0.169**</td>
<td>–0.153</td>
<td>0.079</td>
<td>0.049</td>
</tr>
<tr>
<td></td>
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<td>(0.147)</td>
<td>(0.090)</td>
<td>(0.084)</td>
</tr>
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<td>Night shift</td>
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<tr>
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<td>(0.113)</td>
<td>(0.091)</td>
<td>(0.172)</td>
<td>(0.107)</td>
<td>(0.099)</td>
</tr>
<tr>
<td>Shift missing</td>
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<td>0.048</td>
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<tr>
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<td>(0.051)</td>
<td>(0.096)</td>
<td>(0.067)</td>
<td>(0.062)</td>
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</table>
Table F.1—Continued

<table>
<thead>
<tr>
<th>Characteristic or Multivariate Analysis Category</th>
<th>Overall Rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Job Satisfaction&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Intent to Stay&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Organizational Commitment&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Expectations&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for 2 consumers</td>
<td>-0.024</td>
<td>-0.019</td>
<td>-0.049</td>
<td>0.042</td>
<td>-0.038</td>
</tr>
<tr>
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<td>(0.059)</td>
<td>(0.047)</td>
<td>(0.093)</td>
<td>(0.075)</td>
<td>(0.070)</td>
</tr>
<tr>
<td>Care for 3+ consumers</td>
<td>0.085</td>
<td>0.034</td>
<td>0.187**</td>
<td>0.079</td>
<td>-0.018</td>
</tr>
<tr>
<td></td>
<td>(0.058)</td>
<td>(0.046)</td>
<td>(0.090)</td>
<td>(0.066)</td>
<td>(0.062)</td>
</tr>
<tr>
<td>Number of consumers missing</td>
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</tr>
<tr>
<td></td>
<td>(0.131)</td>
<td>(0.105)</td>
<td>(0.227)</td>
<td>(0.190)</td>
<td>(0.176)</td>
</tr>
<tr>
<td>Participant</td>
<td>-0.434***</td>
<td>-0.196*</td>
<td>-0.320</td>
<td>-0.183</td>
<td>-0.662***</td>
</tr>
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<td>(0.140)</td>
<td>(0.108)</td>
<td>(0.206)</td>
<td>(0.248)</td>
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<td>Health</td>
<td>0.169**</td>
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<td>(0.082)</td>
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<td>(0.125)</td>
<td>(0.256)</td>
<td>(0.237)</td>
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<td>-0.110</td>
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<td>(0.093)</td>
<td>(0.179)</td>
<td>(0.262)</td>
<td>(0.243)</td>
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<td>Mentoring</td>
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<td>-0.100</td>
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<td>(0.087)</td>
<td>(0.172)</td>
<td>(0.123)</td>
<td>(0.114)</td>
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<td>Recognition</td>
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<td>0.289</td>
<td>-0.054</td>
</tr>
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<td>(0.080)</td>
<td>(0.063)</td>
<td>(0.121)</td>
<td>(0.281)</td>
<td>(0.260)</td>
</tr>
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<td>0.381***</td>
<td>0.333*</td>
<td>0.458**</td>
<td>0.459**</td>
</tr>
<tr>
<td></td>
<td>(0.116)</td>
<td>(0.091)</td>
<td>(0.181)</td>
<td>(0.208)</td>
<td>(0.193)</td>
</tr>
<tr>
<td>Marketing</td>
<td>0.489***</td>
<td>0.295***</td>
<td>0.392**</td>
<td>0.402***</td>
<td>0.298***</td>
</tr>
<tr>
<td></td>
<td>(0.115)</td>
<td>(0.087)</td>
<td>(0.166)</td>
<td>(0.110)</td>
<td>(0.102)</td>
</tr>
<tr>
<td>Other</td>
<td>0.111</td>
<td>0.013</td>
<td>0.040</td>
<td>0.011</td>
<td>-0.078</td>
</tr>
<tr>
<td></td>
<td>(0.097)</td>
<td>(0.077)</td>
<td>(0.148)</td>
<td>(0.100)</td>
<td>(0.093)</td>
</tr>
<tr>
<td>Observations</td>
<td>1,455</td>
<td>1,455</td>
<td>1,304</td>
<td>802</td>
<td>800</td>
</tr>
<tr>
<td>Number of states</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

NOTE: Robust standard errors are in parentheses.
* = significant at 10%; ** = significant at 5%; *** = significant at 1%.
<sup>a</sup> Subscale uses subset of national survey questions that were included on Washington survey.
<sup>b</sup> Subscale uses all national survey questions and omits Washington participant responses because Washington participant survey did not include any relevant questions.
### Table F.2
Initiative Type Differences in Average Response Scales for Participating Workers (regression-adjusted)

<table>
<thead>
<tr>
<th>Refined Category</th>
<th>Overall Rating(^a)</th>
<th>Job Satisfaction(^a)</th>
<th>Intent to Stay(^a)</th>
<th>Organizational Commitment(^b)</th>
<th>Expectations(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>0.473</td>
<td>0.269</td>
<td>0.881</td>
<td>0c</td>
<td>0c</td>
</tr>
<tr>
<td>(0.372)</td>
<td>(0.299)</td>
<td>(0.591)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care coverage</td>
<td>-0.911***</td>
<td>-0.507*</td>
<td>-1.232**</td>
<td>-0.380***</td>
<td>-0.465***</td>
</tr>
<tr>
<td>(0.342)</td>
<td>(0.275)</td>
<td>(0.547)</td>
<td>(0.124)</td>
<td>(0.116)</td>
<td></td>
</tr>
<tr>
<td>DSW training</td>
<td>-1.438***</td>
<td>-0.800**</td>
<td>-1.733**</td>
<td>-1.076***</td>
<td>-0.920***</td>
</tr>
<tr>
<td>(0.448)</td>
<td>(0.360)</td>
<td>(0.705)</td>
<td>(0.162)</td>
<td>(0.150)</td>
<td></td>
</tr>
<tr>
<td>Supervisor and consumer training</td>
<td>-0.768**</td>
<td>-0.525*</td>
<td>-1.073**</td>
<td>-0.282**</td>
<td>-0.457***</td>
</tr>
<tr>
<td>(0.334)</td>
<td>(0.269)</td>
<td>(0.536)</td>
<td>(0.137)</td>
<td>(0.127)</td>
<td></td>
</tr>
<tr>
<td>Realistic job previews</td>
<td>1.305***</td>
<td>0.812***</td>
<td>1.212***</td>
<td>1.155***</td>
<td>1.085***</td>
</tr>
<tr>
<td>(0.244)</td>
<td>(0.196)</td>
<td>(0.385)</td>
<td>(0.234)</td>
<td>(0.218)</td>
<td></td>
</tr>
<tr>
<td>Peer mentoring</td>
<td>-2.059***</td>
<td>-1.270***</td>
<td>-2.259***</td>
<td>-1.198***</td>
<td>-1.629***</td>
</tr>
<tr>
<td>(0.541)</td>
<td>(0.435)</td>
<td>(0.859)</td>
<td>(0.308)</td>
<td>(0.287)</td>
<td></td>
</tr>
<tr>
<td>Merit- or longevity-based recognition</td>
<td>1.343***</td>
<td>0.796**</td>
<td>1.593**</td>
<td>0.973***</td>
<td>1.008***</td>
</tr>
<tr>
<td>(0.459)</td>
<td>(0.369)</td>
<td>(0.722)</td>
<td>(0.183)</td>
<td>(0.170)</td>
<td></td>
</tr>
<tr>
<td>Worker registry</td>
<td>2.004***</td>
<td>1.234**</td>
<td>2.542**</td>
<td>1.388***</td>
<td>1.748***</td>
</tr>
<tr>
<td>(0.640)</td>
<td>(0.515)</td>
<td>(1.033)</td>
<td>(0.329)</td>
<td>(0.305)</td>
<td></td>
</tr>
<tr>
<td>Marketing campaign</td>
<td>1.634***</td>
<td>0.964**</td>
<td>2.170***</td>
<td>0.915***</td>
<td>1.264***</td>
</tr>
<tr>
<td>(0.515)</td>
<td>(0.414)</td>
<td>(0.819)</td>
<td>(0.258)</td>
<td>(0.240)</td>
<td></td>
</tr>
<tr>
<td>Targeted recruitment strategy</td>
<td>-0.018</td>
<td>0.019</td>
<td>-0.341</td>
<td>0.219</td>
<td>-0.261</td>
</tr>
<tr>
<td>(0.250)</td>
<td>(0.201)</td>
<td>(0.391)</td>
<td>(0.237)</td>
<td>(0.220)</td>
<td></td>
</tr>
<tr>
<td>Other treatment</td>
<td>0.329***</td>
<td>0.208**</td>
<td>0.229</td>
<td>0.152</td>
<td>0.138</td>
</tr>
<tr>
<td>(0.124)</td>
<td>(0.099)</td>
<td>(0.189)</td>
<td>(0.123)</td>
<td>(0.114)</td>
<td></td>
</tr>
<tr>
<td>Number of observations</td>
<td>1,455</td>
<td>1,455</td>
<td>1,304</td>
<td>802</td>
<td>800</td>
</tr>
</tbody>
</table>

**NOTE:** Regression also included worker and job characteristics. Robust standard errors are in parentheses.

\* = significant at 10%; ** = significant at 5%; *** = significant at 1%.

\(^a\) Subscale uses subset of national survey questions that were included on Washington survey.

\(^b\) Subscale uses all national survey questions and omits Washington participant responses because Washington participant survey did not include any relevant questions.
### Table F.3

Site Differences in Average Response Scales for Participating Workers (regression-adjusted)

<table>
<thead>
<tr>
<th>Characteristic or State</th>
<th>Overall Rating$^a$</th>
<th>Job Satisfaction$^a$</th>
<th>Intent to Stay$^a$</th>
<th>Organizational Commitment$^b$</th>
<th>Expectations$^b$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.006***</td>
<td>0.000</td>
<td>0.014***</td>
<td>0.006**</td>
<td>–0.002</td>
</tr>
<tr>
<td></td>
<td>(0.001)</td>
<td>(0.001)</td>
<td>(0.002)</td>
<td>(0.002)</td>
<td>(0.002)</td>
</tr>
<tr>
<td>Age missing</td>
<td>–0.087</td>
<td>–0.057</td>
<td>–0.084</td>
<td>0.001</td>
<td>–0.085</td>
</tr>
<tr>
<td></td>
<td>(0.076)</td>
<td>(0.061)</td>
<td>(0.122)</td>
<td>(0.080)</td>
<td>(0.074)</td>
</tr>
<tr>
<td>Years of education</td>
<td>–0.029***</td>
<td>–0.015*</td>
<td>–0.037***</td>
<td>–0.045***</td>
<td>–0.029**</td>
</tr>
<tr>
<td></td>
<td>(0.010)</td>
<td>(0.008)</td>
<td>(0.016)</td>
<td>(0.014)</td>
<td>(0.013)</td>
</tr>
<tr>
<td>Education missing</td>
<td>0.061</td>
<td>0.039</td>
<td>0.267</td>
<td>0.023</td>
<td>0.181</td>
</tr>
<tr>
<td></td>
<td>(0.110)</td>
<td>(0.089)</td>
<td>(0.173)</td>
<td>(0.153)</td>
<td>(0.142)</td>
</tr>
<tr>
<td>Minority</td>
<td>–0.000</td>
<td>0.043</td>
<td>–0.163**</td>
<td>0.010</td>
<td>0.037</td>
</tr>
<tr>
<td></td>
<td>(0.043)</td>
<td>(0.035)</td>
<td>(0.070)</td>
<td>(0.058)</td>
<td>(0.054)</td>
</tr>
<tr>
<td>Minority missing</td>
<td>0.011</td>
<td>0.012</td>
<td>–0.228</td>
<td>0.201</td>
<td>0.007</td>
</tr>
<tr>
<td></td>
<td>(0.088)</td>
<td>(0.071)</td>
<td>(0.148)</td>
<td>(0.159)</td>
<td>(0.148)</td>
</tr>
<tr>
<td>Job tenure</td>
<td>0.002</td>
<td>–0.005</td>
<td>0.001</td>
<td>0.037</td>
<td>0.009</td>
</tr>
<tr>
<td></td>
<td>(0.021)</td>
<td>(0.017)</td>
<td>(0.034)</td>
<td>(0.025)</td>
<td>(0.023)</td>
</tr>
<tr>
<td>Occupational tenure</td>
<td>0.002</td>
<td>0.012</td>
<td>0.020</td>
<td>–0.005</td>
<td>0.006</td>
</tr>
<tr>
<td></td>
<td>(0.022)</td>
<td>(0.018)</td>
<td>(0.035)</td>
<td>(0.028)</td>
<td>(0.026)</td>
</tr>
<tr>
<td>Previous job tenure</td>
<td>0.033</td>
<td>0.034*</td>
<td>0.020</td>
<td>0.031</td>
<td>0.050**</td>
</tr>
<tr>
<td></td>
<td>(0.025)</td>
<td>(0.020)</td>
<td>(0.039)</td>
<td>(0.025)</td>
<td>(0.023)</td>
</tr>
<tr>
<td>Previous job tenure</td>
<td>–0.224***</td>
<td>–0.389***</td>
<td>–0.232*</td>
<td>–0.133</td>
<td>–0.411***</td>
</tr>
<tr>
<td>Missing</td>
<td>(0.079)</td>
<td>(0.064)</td>
<td>(0.121)</td>
<td>(0.099)</td>
<td>(0.092)</td>
</tr>
<tr>
<td>Full-time</td>
<td>0.069*</td>
<td>0.044</td>
<td>0.126**</td>
<td>0.081</td>
<td>–0.024</td>
</tr>
<tr>
<td></td>
<td>(0.040)</td>
<td>(0.032)</td>
<td>(0.063)</td>
<td>(0.053)</td>
<td>(0.049)</td>
</tr>
<tr>
<td>Other job title</td>
<td>–0.037</td>
<td>0.015</td>
<td>–0.099</td>
<td>–0.046</td>
<td>–0.068</td>
</tr>
<tr>
<td></td>
<td>(0.063)</td>
<td>(0.050)</td>
<td>(0.096)</td>
<td>(0.060)</td>
<td>(0.056)</td>
</tr>
<tr>
<td>Evening shift</td>
<td>0.138</td>
<td>0.184**</td>
<td>–0.143</td>
<td>0.086</td>
<td>0.054</td>
</tr>
<tr>
<td></td>
<td>(0.095)</td>
<td>(0.076)</td>
<td>(0.148)</td>
<td>(0.089)</td>
<td>(0.083)</td>
</tr>
<tr>
<td>Night shift</td>
<td>–0.078</td>
<td>0.004</td>
<td>–0.158</td>
<td>–0.040</td>
<td>0.127</td>
</tr>
<tr>
<td></td>
<td>(0.113)</td>
<td>(0.091)</td>
<td>(0.172)</td>
<td>(0.106)</td>
<td>(0.099)</td>
</tr>
<tr>
<td>Shift missing</td>
<td>0.022</td>
<td>0.040</td>
<td>–0.101</td>
<td>0.041</td>
<td>0.037</td>
</tr>
<tr>
<td></td>
<td>(0.063)</td>
<td>(0.051)</td>
<td>(0.096)</td>
<td>(0.066)</td>
<td>(0.061)</td>
</tr>
<tr>
<td>Care for 2 consumers</td>
<td>–0.016</td>
<td>–0.015</td>
<td>–0.039</td>
<td>0.066</td>
<td>–0.021</td>
</tr>
<tr>
<td></td>
<td>(0.058)</td>
<td>(0.047)</td>
<td>(0.093)</td>
<td>(0.075)</td>
<td>(0.070)</td>
</tr>
</tbody>
</table>
Table F.3—Continued

<table>
<thead>
<tr>
<th>Characteristic or State</th>
<th>Overall Rating&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Job Satisfaction&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Intent to Stay&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Organizational Commitment&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Expectations&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for 3+ consumers</td>
<td>0.115**</td>
<td>0.046</td>
<td>0.217**</td>
<td>0.129*</td>
<td>0.010</td>
</tr>
<tr>
<td></td>
<td>(0.058)</td>
<td>(0.047)</td>
<td>(0.091)</td>
<td>(0.067)</td>
<td>(0.062)</td>
</tr>
<tr>
<td>Number of consumers</td>
<td>0.038</td>
<td>−0.005</td>
<td>0.243</td>
<td>0.192</td>
<td>−0.095</td>
</tr>
<tr>
<td>missing</td>
<td>(0.130)</td>
<td>(0.105)</td>
<td>(0.227)</td>
<td>(0.188)</td>
<td>(0.175)</td>
</tr>
<tr>
<td>Alabama</td>
<td>−0.965***</td>
<td>−0.531***</td>
<td>−0.852***</td>
<td>−1.076***</td>
<td>−0.920***</td>
</tr>
<tr>
<td></td>
<td>(0.166)</td>
<td>(0.133)</td>
<td>(0.255)</td>
<td>(0.162)</td>
<td>(0.150)</td>
</tr>
<tr>
<td>Arkansas</td>
<td>0.253</td>
<td>0.197</td>
<td>0.276</td>
<td>0.249</td>
<td>0.110</td>
</tr>
<tr>
<td></td>
<td>(0.218)</td>
<td>(0.175)</td>
<td>(0.363)</td>
<td>(0.212)</td>
<td>(0.197)</td>
</tr>
<tr>
<td>Delaware</td>
<td>−0.085</td>
<td>−0.025</td>
<td>0.270</td>
<td>−0.204</td>
<td>−0.200</td>
</tr>
<tr>
<td></td>
<td>(0.160)</td>
<td>(0.129)</td>
<td>(0.257)</td>
<td>(0.153)</td>
<td>(0.143)</td>
</tr>
<tr>
<td>Indiana</td>
<td>−0.629***</td>
<td>−0.341***</td>
<td>−0.352***</td>
<td>−0.614***</td>
<td>−0.604***</td>
</tr>
<tr>
<td></td>
<td>(0.101)</td>
<td>(0.081)</td>
<td>(0.154)</td>
<td>(0.104)</td>
<td>(0.096)</td>
</tr>
<tr>
<td>Kentucky</td>
<td>−0.047</td>
<td>0.014</td>
<td>−0.077</td>
<td>0.006</td>
<td>−0.318***</td>
</tr>
<tr>
<td></td>
<td>(0.092)</td>
<td>(0.074)</td>
<td>(0.141)</td>
<td>(0.094)</td>
<td>(0.087)</td>
</tr>
<tr>
<td>Maine</td>
<td>−0.108</td>
<td>−0.030</td>
<td>−0.122</td>
<td>−0.228***</td>
<td>−0.327***</td>
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<tr>
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<td>(0.060)</td>
<td>(0.114)</td>
<td>(0.084)</td>
<td>(0.078)</td>
</tr>
<tr>
<td>New Mexico</td>
<td>−0.438***</td>
<td>−0.238**</td>
<td>−0.351*</td>
<td>−0.380***</td>
<td>−0.465***</td>
</tr>
<tr>
<td></td>
<td>(0.122)</td>
<td>(0.098)</td>
<td>(0.186)</td>
<td>(0.124)</td>
<td>(0.116)</td>
</tr>
<tr>
<td>North Carolina</td>
<td>−0.204**</td>
<td>−0.035</td>
<td>−0.263*</td>
<td>−0.332***</td>
<td>−0.240***</td>
</tr>
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<td>(0.089)</td>
<td>(0.071)</td>
<td>(0.135)</td>
<td>(0.095)</td>
<td>(0.088)</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>−0.295**</td>
<td>−0.256**</td>
<td>−0.192</td>
<td>−0.282**</td>
<td>−0.457***</td>
</tr>
<tr>
<td></td>
<td>(0.139)</td>
<td>(0.112)</td>
<td>(0.210)</td>
<td>(0.137)</td>
<td>(0.127)</td>
</tr>
<tr>
<td>Virginia</td>
<td>−0.118</td>
<td>−0.074</td>
<td>−0.096</td>
<td>−0.224**</td>
<td>−0.374***</td>
</tr>
<tr>
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<td>(0.081)</td>
<td>(0.065)</td>
<td>(0.125)</td>
<td>(0.087)</td>
<td>(0.081)</td>
</tr>
<tr>
<td>Washington</td>
<td>0.045</td>
<td>0.013</td>
<td>0.071</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(0.060)</td>
<td>(0.048)</td>
<td>(0.099)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observations</td>
<td>1,455</td>
<td>1,455</td>
<td>1,304</td>
<td>802</td>
<td>800</td>
</tr>
</tbody>
</table>

NOTE: Regression also included worker and job characteristics. Robust standard errors are in parentheses.

* = significant at 10%; ** = significant at 5%; *** = significant at 1%.

<sup>a</sup> Subscale uses subset of national survey questions that were included on Washington survey.

<sup>b</sup> Subscale uses all national survey questions and omits Washington participant responses because Washington participant survey did not include any relevant questions.
### Table F.4
**Examination of Sensitivity to Initiative of Washington Sample**

<table>
<thead>
<tr>
<th>Characteristic or Multivariate Analysis Category</th>
<th>Specification Used in Chapter Three</th>
<th>Include Dummy for Washington</th>
<th>Omit Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.006***</td>
<td>0.006***</td>
<td>0.006***</td>
</tr>
<tr>
<td></td>
<td>(0.001)</td>
<td>(0.001)</td>
<td>(0.002)</td>
</tr>
<tr>
<td>Age missing</td>
<td>−0.090</td>
<td>−0.098</td>
<td>−0.080</td>
</tr>
<tr>
<td></td>
<td>(0.076)</td>
<td>(0.076)</td>
<td>(0.085)</td>
</tr>
<tr>
<td>Years of education</td>
<td>−0.031***</td>
<td>−0.031***</td>
<td>−0.051***</td>
</tr>
<tr>
<td></td>
<td>(0.010)</td>
<td>(0.010)</td>
<td>(0.015)</td>
</tr>
<tr>
<td>Education missing</td>
<td>0.084</td>
<td>0.074</td>
<td>0.052</td>
</tr>
<tr>
<td></td>
<td>(0.111)</td>
<td>(0.111)</td>
<td>(0.163)</td>
</tr>
<tr>
<td>Minority</td>
<td>−0.066</td>
<td>−0.054</td>
<td>−0.091</td>
</tr>
<tr>
<td></td>
<td>(0.041)</td>
<td>(0.041)</td>
<td>(0.056)</td>
</tr>
<tr>
<td>Minority missing</td>
<td>−0.020</td>
<td>0.004</td>
<td>0.136</td>
</tr>
<tr>
<td></td>
<td>(0.088)</td>
<td>(0.088)</td>
<td>(0.169)</td>
</tr>
<tr>
<td>Job tenure</td>
<td>0.001</td>
<td>0.005</td>
<td>0.017</td>
</tr>
<tr>
<td></td>
<td>(0.021)</td>
<td>(0.021)</td>
<td>(0.026)</td>
</tr>
<tr>
<td>Occupational tenure</td>
<td>0.007</td>
<td>−0.001</td>
<td>−0.019</td>
</tr>
<tr>
<td></td>
<td>(0.022)</td>
<td>(0.022)</td>
<td>(0.029)</td>
</tr>
<tr>
<td>Previous job tenure</td>
<td>0.029</td>
<td>0.030</td>
<td>0.028</td>
</tr>
<tr>
<td></td>
<td>(0.026)</td>
<td>(0.025)</td>
<td>(0.027)</td>
</tr>
<tr>
<td>Previous job tenure missing</td>
<td>−0.217***</td>
<td>−0.066</td>
<td>−0.070</td>
</tr>
<tr>
<td></td>
<td>(0.079)</td>
<td>(0.105)</td>
<td>(0.105)</td>
</tr>
<tr>
<td>Full-time</td>
<td>0.061</td>
<td>0.062</td>
<td>0.019</td>
</tr>
<tr>
<td></td>
<td>(0.040)</td>
<td>(0.040)</td>
<td>(0.055)</td>
</tr>
<tr>
<td>Other job title</td>
<td>0.002</td>
<td>−0.013</td>
<td>−0.013</td>
</tr>
<tr>
<td></td>
<td>(0.062)</td>
<td>(0.063)</td>
<td>(0.063)</td>
</tr>
<tr>
<td>Evening shift</td>
<td>0.109</td>
<td>0.145</td>
<td>0.155</td>
</tr>
<tr>
<td></td>
<td>(0.095)</td>
<td>(0.095)</td>
<td>(0.095)</td>
</tr>
<tr>
<td>Night shift</td>
<td>−0.093</td>
<td>−0.066</td>
<td>−0.054</td>
</tr>
<tr>
<td></td>
<td>(0.113)</td>
<td>(0.113)</td>
<td>(0.113)</td>
</tr>
<tr>
<td>Shift missing</td>
<td>0.022</td>
<td>0.083</td>
<td>0.096</td>
</tr>
<tr>
<td></td>
<td>(0.063)</td>
<td>(0.070)</td>
<td>(0.070)</td>
</tr>
<tr>
<td>Characteristic or Multivariate Analysis Category</td>
<td>Specification Used in Chapter Three</td>
<td>Include Dummy for Washington</td>
<td>Omit Washington</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Care for 2 consumers</td>
<td>(-0.026)</td>
<td>(-0.040)</td>
<td>(-0.044)</td>
</tr>
<tr>
<td></td>
<td>((0.059))</td>
<td>((0.059))</td>
<td>((0.079))</td>
</tr>
<tr>
<td>Care for 3+ consumers</td>
<td>(0.085)</td>
<td>(0.048)</td>
<td>(0.038)</td>
</tr>
<tr>
<td></td>
<td>((0.058))</td>
<td>((0.060))</td>
<td>((0.070))</td>
</tr>
<tr>
<td>Number of consumers missing</td>
<td>(0.024)</td>
<td>(-0.005)</td>
<td>(0.082)</td>
</tr>
<tr>
<td></td>
<td>((0.131))</td>
<td>((0.131))</td>
<td>((0.201))</td>
</tr>
<tr>
<td>Participant</td>
<td>(-0.351***)</td>
<td>(-0.556***)</td>
<td>(-0.609**)</td>
</tr>
<tr>
<td></td>
<td>((0.134))</td>
<td>((0.150))</td>
<td>((0.268))</td>
</tr>
<tr>
<td>Health</td>
<td>(0.149^*)</td>
<td>(0.209**)</td>
<td>(0.249)</td>
</tr>
<tr>
<td></td>
<td>((0.081))</td>
<td>((0.084))</td>
<td>((0.274))</td>
</tr>
<tr>
<td>Training</td>
<td>(-0.152)</td>
<td>(-0.065)</td>
<td>(-0.012)</td>
</tr>
<tr>
<td></td>
<td>((0.116))</td>
<td>((0.114))</td>
<td>((0.246))</td>
</tr>
<tr>
<td>Mentoring</td>
<td>(-0.229**)</td>
<td>(-0.304***)</td>
<td>(-0.237^*)</td>
</tr>
<tr>
<td></td>
<td>((0.109))</td>
<td>((0.114))</td>
<td>((0.130))</td>
</tr>
<tr>
<td>Recognition</td>
<td>(0.085)</td>
<td>(0.045)</td>
<td>(-0.022)</td>
</tr>
<tr>
<td></td>
<td>((0.079))</td>
<td>((0.083))</td>
<td>((0.261))</td>
</tr>
<tr>
<td>Registries/professional associations</td>
<td>(0.610***)</td>
<td>(0.289**)</td>
<td>(0.318)</td>
</tr>
<tr>
<td></td>
<td>((0.114))</td>
<td>((0.116))</td>
<td>((0.219))</td>
</tr>
<tr>
<td>Marketing</td>
<td>(0.433***)</td>
<td>(0.479***)</td>
<td>(0.448***)</td>
</tr>
<tr>
<td></td>
<td>((0.108))</td>
<td>((0.115))</td>
<td>((0.116))</td>
</tr>
<tr>
<td>Other</td>
<td>(0.042)</td>
<td>(0.092)</td>
<td>(0.067)</td>
</tr>
<tr>
<td></td>
<td>((0.096))</td>
<td>((0.097))</td>
<td>((0.105))</td>
</tr>
<tr>
<td>Washington</td>
<td>(-0.331**)</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td></td>
<td>()</td>
<td>(0.149)</td>
<td></td>
</tr>
<tr>
<td>Observations</td>
<td>1,455</td>
<td>1,455</td>
<td>803</td>
</tr>
<tr>
<td>Number of states</td>
<td>11</td>
<td>11</td>
<td>10</td>
</tr>
</tbody>
</table>

**NOTE:** Robust standard errors are in parentheses.
* = significant at 10%; ** = significant at 5%; *** = significant at 1%.

\(^a\) Subscale uses subset of national survey questions that were included on Washington survey.
National Evaluation of the DSW Demonstrations: Request for Cost Information

Site: _______________
Total Funding received from CMS: _______________

A. Total CMS Funds spent: ________,000 *(please round to the nearest thousand)*
B. Total Matching Funds spent: ________,000
C. Total Funds spent on DSW project (A + B): ________,000

Next, please estimate the areas in which the total funds were spent using the categories below. If there is a category that is missing, please write it in under (F) Other.

D. Initiative costs: *(please list costs for each intervention separately)*
   i. Initiative 1: *(describe here)* ________,000
   ii. Initiative 2: *(describe here)* ________,000
   iii. Initiative 3: *(describe here)* ________,000
   iv. Initiative 4: *(describe here)* ________,000
   v. Initiative 5: *(describe here)* ________,000
   vi. Initiative 6: *(describe here)* ________,000
   vii. Initiative 7: *(describe here)* ________,000
   viii. Initiative 8: *(describe here)* ________,000

E. Evaluation costs: ________,000 *(e.g., costs of local evaluator)*

F. Other costs: ________,000; *describe:* ________,000; *describe:* ________,000; *describe:* ________,000

G. Sum total of sections D–F: ________,000

Before you return, please check that the values for C and G are equal.
The grantee cost survey (Appendix G) was designed to collect information about expenditures on specific initiatives, on administrative costs, and on the local evaluation.

We received responses from nine of the ten grantees. New Mexico’s grantee was a state agency, but the project was run by a university center. Neither organization provided the requested information.

Table H.1 summarizes the total expenditures and local evaluation expenditures. The average reported total expenditures, including both CMS and matching funds, was $1.2 million—of which an average of 4.7 percent was used for the local evaluation. There was a great deal of variation in the amount spent on the local evaluation, whether expressed in dollar terms or as a percentage of the program expenditures. The percentage ranged from a low of less than 1 percent to a high of 18.5 percent, with most grantees spending between 1 and 4 percent.

Table H.2 presents the estimates of total cost by initiative, derived from the survey responses. The entry for New Mexico is based on its program report of expenditures. We allocated it to “health care coverage” because that was there only type of initiative. In some cases,

<table>
<thead>
<tr>
<th>State</th>
<th>Total Expenditures ($ thousands)</th>
<th>Local Evaluation Expenditures ($ thousands)</th>
<th>Evaluation as a Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama (includes all of VOA)</td>
<td>744</td>
<td>11</td>
<td>1.5</td>
</tr>
<tr>
<td>Arkansas</td>
<td>559</td>
<td>5</td>
<td>0.9</td>
</tr>
<tr>
<td>Delaware</td>
<td>891</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>Indiana</td>
<td>1,714</td>
<td>62</td>
<td>3.6</td>
</tr>
<tr>
<td>Kentucky</td>
<td>789</td>
<td>12</td>
<td>1.5</td>
</tr>
<tr>
<td>Maine</td>
<td>1,564</td>
<td>290</td>
<td>18.5</td>
</tr>
<tr>
<td>New Mexico</td>
<td>1,454</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1,416</td>
<td>47</td>
<td>3.3</td>
</tr>
<tr>
<td>Oklahoma (Included in Alabama VOA)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Virginia</td>
<td>1,432</td>
<td>36</td>
<td>1.8</td>
</tr>
<tr>
<td>Washington</td>
<td>1,713</td>
<td>180</td>
<td>10.5</td>
</tr>
<tr>
<td>Average</td>
<td>1,202</td>
<td>72</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Table H.2
Cost Estimates, by Initiative ($ thousands)

<table>
<thead>
<tr>
<th>State</th>
<th>Health Care Coverage</th>
<th>DSW Training</th>
<th>Supervisor/Consumer Training</th>
<th>Realistic Job Previews</th>
<th>Peer Mentoring</th>
<th>Merit- or Longevity-Based Recognition</th>
<th>Worker Registry</th>
<th>Marketing Campaign</th>
<th>Targeted Recruitment Strategy</th>
<th>Other Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>220</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td></td>
<td>91</td>
<td>134</td>
<td></td>
<td></td>
<td></td>
<td>153</td>
<td></td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>Delaware</td>
<td></td>
<td>26</td>
<td>2</td>
<td>28</td>
<td>11</td>
<td>29</td>
<td>28</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td></td>
<td>671</td>
<td>70</td>
<td></td>
<td></td>
<td>16</td>
<td>36</td>
<td>202</td>
<td>368</td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td></td>
<td>222</td>
<td>153</td>
<td></td>
<td></td>
<td>74</td>
<td>256</td>
<td></td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td></td>
<td>208</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>511</td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>599</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
<td>853</td>
<td>18</td>
<td></td>
<td></td>
<td>84</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>147</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td>377</td>
<td>503</td>
<td>272</td>
<td></td>
<td>8</td>
<td>110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td></td>
<td>432</td>
<td>125</td>
<td>24</td>
<td>28</td>
<td>55</td>
<td>742</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average of states providing this type of initiative</td>
<td>523</td>
<td>159</td>
<td>116</td>
<td>70</td>
<td>39</td>
<td>101</td>
<td>448</td>
<td>67</td>
<td>76</td>
<td>236</td>
</tr>
</tbody>
</table>

the reported expenditures were for initiatives that spanned two or more categories. In those cases, we allocated the reported amounts evenly across the categories.

The health care coverage and worker registry initiatives were the most expensive, each costing approximately half a million dollars. At the other extreme, mentoring cost an average of $40,000 per grantees.

Table H.3 presents our estimates of the cost per worker of each initiative. These figures are based on initiative participation as reported by the grantees in their Web-based reports and summarized in Chapter Two for each initiative category. Our estimates should be interpreted with caution because of the allocation of funds to initiative type for programs spanning more than one category (described earlier) and because some of the initiatives do not have well-defined participant groups. For example, some types of marketing were not directed at specific participant groups, and, for some supervisory training, we did not have counts of the number of workers affected.

With those caveats, there are still some interesting patterns that can be gleaned from Table H.3. For example, the health care coverage initiatives that funded coverage (Indiana, New Mexico, and North Carolina) all cost about the same amount—just under $3,000 per worker. Washington, which funded only an information campaign about existing health care plans, spent considerably less per worker. Costs for DSW training, on the other hand, varied tremendously, depending on the mode, content, compensation, and other factors discussed in
Table H.3
Cost Estimates per Worker, by Initiative (\$ per worker)

<table>
<thead>
<tr>
<th>State</th>
<th>Health Care Coverage</th>
<th>DSW Training</th>
<th>Supervisor/Consumer Training</th>
<th>Realistic Job Previews</th>
<th>Peer Mentoring</th>
<th>Merit or Longevity-Based Recognition</th>
<th>Worker Registry</th>
<th>Marketing Campaign</th>
<th>Targeted Recruitment Strategy</th>
<th>Other Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>902</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>1,275</td>
<td>*</td>
<td></td>
<td></td>
<td>231</td>
<td>1,275</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>*</td>
<td>17</td>
<td>131</td>
<td>72</td>
<td>37</td>
<td>134</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>2,682</td>
<td>1,702</td>
<td>872</td>
<td>243</td>
<td></td>
<td></td>
<td>*</td>
<td>4,601</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td>*</td>
<td>526</td>
<td>394</td>
<td>537</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>2,997</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>2,585</td>
<td>16</td>
<td></td>
<td>145</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>955</td>
</tr>
<tr>
<td>Virginia</td>
<td>**</td>
<td>2,404</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
<td>3,235</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>133</td>
<td>781</td>
<td>19</td>
<td>84</td>
<td>27</td>
<td>272</td>
<td>84</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: * = no participation information; ** = no participants.

Chapter Two and Appendix A. Targeted recruiting appears to have had a very high cost per worker, but those numbers reflect cost per actual immediate recruit, which may not reflect the true payoff of such a program. Although the total expenditures on mentoring by each grantee were small, these figures indicate that the cost per worker was relatively large for two of the grantees.
APPENDIX I

Consumer Survey Analysis

We received 936 consumer survey responses, including 870 from consumers associated with demonstration agencies and 66 associated with comparison agencies. These consumer survey responses shed little light on the success of the demonstrations. Although the expectation is that improved recruitment and retention will lead to increased consumer satisfaction as the DSW workforce becomes more stable and is populated with individuals who are good matches for the job, the magnitude and duration of the demonstrations were not sufficient for that expectation to be realized to the extent that it could be measured through consumer surveys. However, we include the consumer responses in this appendix in hopes that they might be of value to persons with a general interest in the home and community-based consumer population.

Table I.1 provides basic demographic statistics and sample sizes for the consumer sample by state and by participation status of their agencies. The majority of the respondents were female, and the average age was 55.8 for participant agencies and approximately 70 for comparison agencies—suggesting that participating agencies have more consumers who are developmentally disabled. Likewise, the average level of education was less than a high school diploma for the responding consumers in the participating agencies, also suggesting the higher prevalence of developmentally disabled consumers among the participating agencies than among the comparison agencies.

As with the workers, for analytic purposes, we categorized any response other than a single choice of “white” as “nonwhite.” Table I.2 shows the percentage of nonwhite and the percentage of missing race responses by state and participation status.

Respondents also were given the opportunity to indicate Hispanic or Latino heritage. Table I.2 presents the percentage that made this indication and the percentage that did not respond to this question. Consumers of program participants in New Mexico were, at 87 percent, the only group in which a majority of respondents indicated that they were Hispanic or Latino.

For the purposes of multivariate analysis below, the race and ethnicity variables were further aggregated into two variables. An indicator for Minority was defined as any respondent who indicated either “nonwhite” or “Hispanic/Latino.” A RaceMissing indicator was defined as anyone who did not respond to the race question.
<table>
<thead>
<tr>
<th>State</th>
<th>Percent Female</th>
<th>Average Age</th>
<th>Average Education (years)</th>
<th>Number of Responses</th>
<th>Percent Female</th>
<th>Average Age</th>
<th>Average Education (years)</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Arkansas</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>69</td>
<td>74.2</td>
<td>11.5</td>
<td>13</td>
</tr>
<tr>
<td>Delaware</td>
<td>57</td>
<td>39.2</td>
<td>11.0</td>
<td>7</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Indiana</td>
<td>54</td>
<td>45.7</td>
<td>10.9</td>
<td>13</td>
<td>50</td>
<td>78.3</td>
<td>14.1</td>
<td>14</td>
</tr>
<tr>
<td>Kentucky</td>
<td>51</td>
<td>42.4</td>
<td>10.9</td>
<td>61</td>
<td>56</td>
<td>63.3</td>
<td>10.7</td>
<td>16</td>
</tr>
<tr>
<td>Maine</td>
<td>77</td>
<td>71.3</td>
<td>11.8</td>
<td>35</td>
<td>100</td>
<td>68.6</td>
<td>12.8</td>
<td>5</td>
</tr>
<tr>
<td>New Mexico</td>
<td>53</td>
<td>39.8</td>
<td>11.9</td>
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</table>

NOTE: The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
### Table I.2
Race and Ethnicity of Consumer Survey Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Participants (%)</th>
<th>Comparison (%)</th>
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<tr>
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</tr>
<tr>
<td>Indiana</td>
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<td>8</td>
</tr>
<tr>
<td>Kentucky</td>
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<td>3</td>
</tr>
<tr>
<td>Maine</td>
<td>3</td>
<td>3</td>
</tr>
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<td>3</td>
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<tr>
<td>Oklahoma</td>
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<td>NA</td>
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<td>Virginia</td>
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<td>Washington</td>
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<tr>
<td><strong>Averages</strong></td>
<td><strong>17</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

**States**: 18  9  12  17  11  8  9  12

**Responses**: 17  8  5  13  23  14  7  1

**NOTE**: The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
Next, we examine whether the consumer completed the survey questionnaire without assistance or, if assistance was obtained, whether it was from the DSW. Table I.3 indicates that half or more of consumers had some assistance in filling out the survey, with a slightly higher percentage of survey respondents in participating agencies having assistance from their DSW. In the multivariate analysis of consumer views, we dropped the responses if the DSW provided assistance.

Given these differences between the participant and comparison groups in terms of consumer characteristics, it is difficult to interpret differences in their responses to the questions about care satisfaction.

The differences between the survey given to Washington consumers of participating individual providers and all of the other consumers are much more easily accommodated than in the worker survey. The Washington survey omitted the section on agency information, since there was no agency involved, as well as the question about whether the consumer would recommend the agency. In the descriptive statistics presented in Table I.4, we indicate whether the scale is based on questions that all workers answered and or questions that excluded the consumers of Washington individual providers.

In general, using a five-point scale, Table I.4 shows that the responses were approximately 0.5 points more positive for the consumers of the comparison agencies than for consumers of the participating agencies. The exception is the “caregiving” scale, which was only 0.2 points lower for the consumers of the participating agencies. Several of the scales showed remarkably high responses. For the comparison agencies, the consumer responses for the “direct care worker” scale and the two overall satisfaction questions had average responses of 4.9 or 5.0 on a five-point scale.

There is, however, substantial variation among the responses by the consumers of the participating agencies, suggesting that the scales may provide useful evidence for examining differences in the effects of the types of initiatives. For example, the average responses on the “direct care worker” scale ranged from 4.0 to 4.8, and the average satisfaction with information provided by the agency ranged from 3.4 to 4.3.
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**States**

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**NOTE:** The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.
Table I.4  
Consumer Response Scales

<table>
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<th>State</th>
<th>Info. Provided by Agency&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Direct Care Worker&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Caregiving&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Overall Satisfaction with DSW</th>
<th>Overall Satisfaction with Agency</th>
<th>Info. Provided by Agency&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Direct Care Worker&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Caregiving&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Overall Satisfaction with DSW</th>
<th>Overall Satisfaction with Agency</th>
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NOTE: The average of responses takes the average over all the survey responses, giving each equal weight. The average of states first takes the average of the responses for each state and then takes the average of states, giving each state equal weight.

<sup>a</sup> Scale uses all national survey questions and omits Washington participant responses because Washington participant survey did not include relevant questions.

<sup>b</sup> Scale uses all national survey questions; all national survey questions were included on Washington participant survey.
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