



The LEWIN GROUP

DSW Demonstration Site-specific Evaluation Plans: Delaware, Louisiana, Maine, New Mexico, and North Carolina

Final Report

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As part of a contract with the Centers for Medicare & Medicaid Services (CMS), The Lewin Group has prepared site-specific evaluation plan summaries for each of the agency's 2003 "Demonstration to Improve the Direct Service Community Workforce" grantees. This report fulfills Task 2.3 of the Work Plan.

Demonstration Program Overview

Five demonstration grants were awarded in 2003 under the CMS "Demonstration to Improve the Direct Service Community Workforce," to test the effectiveness of different interventions designed to improve retention and recruitment of direct care workers. Three of the grantees will implement a health care coverage intervention that will offer workers either subsidized health insurance (Maine and North Carolina) or a health reimbursement account (New Mexico). Two of the grant projects (Delaware and Louisiana) offer expanded training opportunities for workers and other employment enhancements with no health coverage intervention, while two of the health coverage intervention grants also include employment enhancements (Maine and North Carolina).

While each of the projects focuses on improving the quality of the direct care workforce, the demonstration interventions vary. Accordingly, their evaluation plans vary across outcomes of interest and measurement of intervening variables.

Site-specific evaluation plans overview

Exhibit 1 presents the grant projects, their planned interventions and the outcomes the site-specific grant evaluators plan to measure.

Exhibit 1: Direct Service Workforce Demonstrations

Grantee	Interventions	Outcomes						
		Health Insurance Take up	Retention	Turnover	Vacancies	Job Duration	Satisfaction	Interest in Care-giving Profession
Health Coverage Interventions								
State of Maine: Governor's Office of Health Policy and Finance	<ol style="list-style-type: none"> 1) Offer affordable and subsidized health coverage through Dirigo Health 2) Deliver package of workplace enhancement services designed to make employers an "Employer of Choice." 	Individual employee	Agency	Agency	Agency	Individual employee	Individual employee	
New Mexico Department of Health: Long Term Care Services Division	<ol style="list-style-type: none"> 1) Use a Health Reimbursement Accounts (HRA), an employer funded tax exempt account, as means of providing affordable basic health coverage for workers. 	Individual employee	Agency	Agency				
Pathways for the Future, Inc., North Carolina	<ol style="list-style-type: none"> 1) Provide health insurance coverage 2) Implement a career ladder, including other continuing education and career advancement opportunities. 3) Implement a merit-based recognition program 	Agency	Agency				Agency	Agency

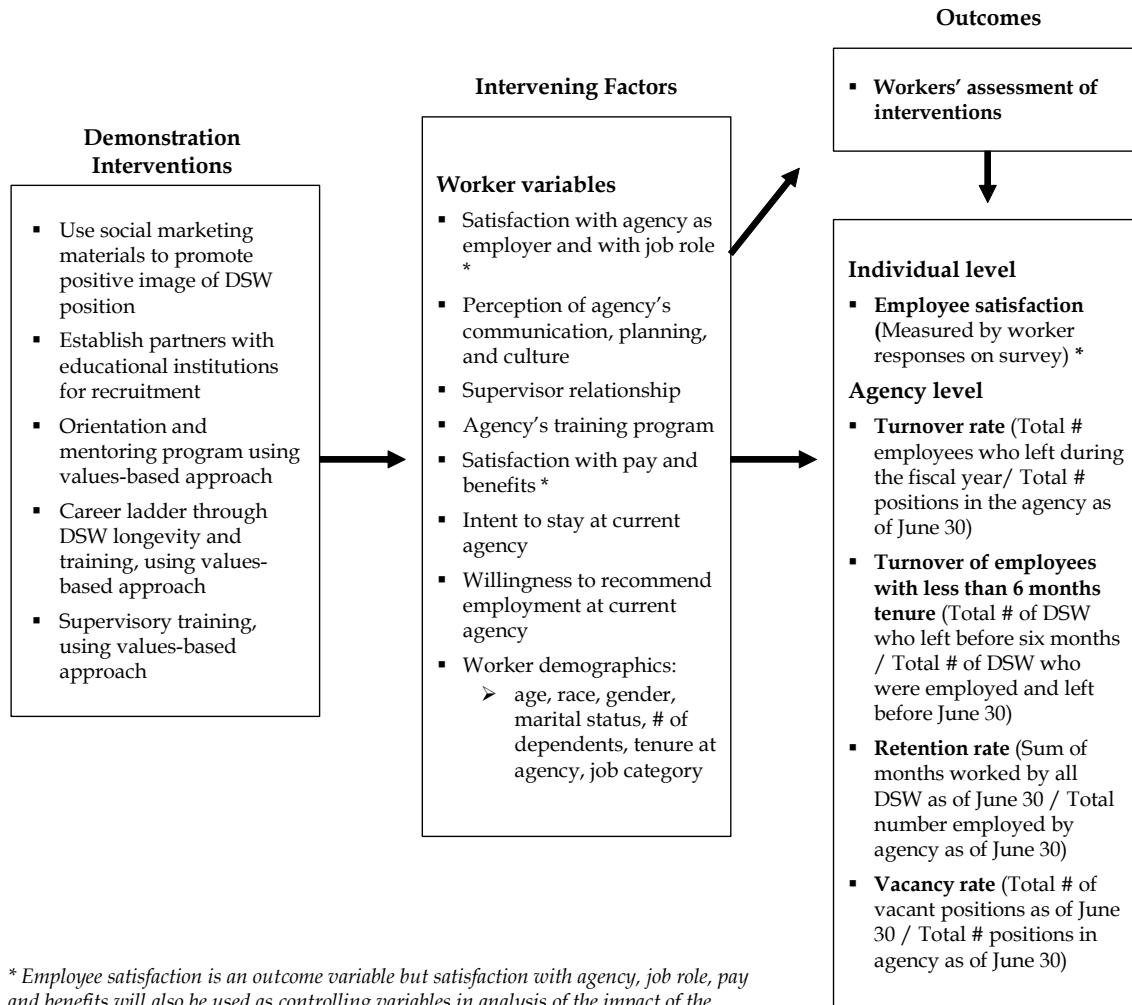
Exhibit 1: Direct Service Workforce Demonstrations (continued)

Grantee	Interventions	Outcomes						
		Employee feedback on interventions	Retention	Turnover	Vacancies	Job Duration	Satisfaction	Interest in Caregiving Profession
Training and Employment Enhancement Only Interventions								
Volunteers of America, Inc., Greater New Orleans	<ol style="list-style-type: none"> 1) In-house training + \$275 bonus for successful completion 2) A "Technical Competency Area in Direct Support Professions" program consisting of 12 hours of community college credit + \$1,000 bonus for successful completion of the program 3) Training and supporting supervisory staff to implement targeted supervision procedures 	Individual employee		Individual employee			Individual customer	
University of Delaware, College of Human Services /EEP/CDS	<ol style="list-style-type: none"> 1) Use social marketing materials to promote positive image of DSW position 2) Establish partners with educational institutions for recruitment 3) Orientation and mentoring program using values-based approach 4) Career ladder through DSW longevity and training, using values-based approach 5) Supervisory training, using values-based approach 	Individual employee	Agency	Agency	Agency	Agency	Individual employee	

**CMS Demonstration to Improve Direct Service Community Workforce
Site-specific Evaluation Plan**

University of Delaware, College of Human Services

The model below depicts the interventions, and the intervening factors (or control variables) and outcomes that will be measured for the evaluation of the University of Delaware’s demonstration, *Recruitment and Retention of Direct Support Workers: A Values-Based Approach*.



* Employee satisfaction is an outcome variable but satisfaction with agency, job role, pay and benefits will also be used as controlling variables in analysis of the impact of the interventions on retention and vacancy rates.

Evaluator

Mark Bernstein, Center for Disabilities Studies, University of Delaware

Hypothesis

The hypothesis of the University of Delaware is that qualitative factors, such as feeling valued by your employer, receiving quality supervision, having pride in one's job and experiencing a cooperative spirit in the organization will make significant differences in the recruitment and retention of DSWs.

Unit of analysis

Individual and agency level

Evaluation design

Pre/post with comparison group

Evaluation methodology

To assess the impact of the project's interventions, the evaluators will collect data from two sources: direct service workers and agencies. The impact of the interventions on retention rate, vacancy rate and employee satisfaction among participating agencies will be tracked from the beginning to the end of the project.

Four agencies have agreed to participate in the interventions. A total of approximately 700 workers from within participating agencies will be asked to complete an employee satisfaction survey at the beginning of the demonstration. This survey will be re-administered at the end of the first and second year thereafter to determine the impact of the interventions on these employee satisfaction variables. Out of the 700 workers who will take the survey, approximately 665 will participate in at least one of the interventions. A small comparison group, of approximately 35 workers from one participating agency, will also take the survey at the same intervals. Employee satisfaction, as an outcome, will be measured using data from the employee satisfaction survey and analyzed at the individual worker level. Because the comparison group is small, comparisons between groups may be difficult to make. The evaluators plan to rely more on the variance from baseline year one to year two and looking at differences in satisfaction as related to the specific types of intervention used in that agency.

Participating workers will also be asked to evaluate the content, presentation and effectiveness of the project's marketing and recruitment materials. Using this information, the evaluators may be able to assess, for example, whether the recruitment video influenced the decision of workers to apply for a DSW position.

The participating agencies will be asked to report aggregated employment data on an annual basis, from which retention, turnover, and vacancy rates may be calculated. These outcomes will be analyzed at the agency level.

Data sources

<i>Instrument</i>	<i>Data collected</i>	<i>Collection intervals</i>
<p>Employee satisfaction survey</p> <ul style="list-style-type: none"> • 18 questions • Self-administered written • Approximately 700 workers 	<p>Intervening factors - Workers will be asked demographic questions, as well as questions about their overall job satisfaction, their perceptions and feelings about their agency's communication and planning, the agency's culture, their job role, their supervisor relationship, the agency's training program, and their career plans.</p> <p>Outcome variables - Employee satisfaction as an outcome variable will be measured through combination of related questions on survey. Questions about intent to stay at agency and willingness to recommend to a friend may supplement vacancy rate in analysis of the impact of interventions on recruitment. Questions about the agency's training program will provide feedback from the workers on the training interventions, an intermediate outcome.</p>	<p>Time 1 = Beginning of intervention Time 2 = 1 year later Time 3 = 2 years later</p>
<p>Social marketing feedback</p> <ul style="list-style-type: none"> • Self-administered written • Potential workers and new hires who view marketing materials 	<p>Outcome variables - Workers who are exposed to social marketing materials will be asked to evaluate their content, presentation, and effectiveness.</p>	<p>Time 1 = following viewing or use of materials</p>
<p>Intervention feedback</p> <ul style="list-style-type: none"> • Self-administered written • Participating workers 	<p>Outcome variables - Workers who participate in interventions such as mentor training, values-based training, and career ladder initiative will be asked to assess the content, value and effectiveness of the interventions.</p>	<p>Time 1 = following participating in particular interventions</p>
<p>Agency reporting</p> <ul style="list-style-type: none"> • Written form • Participating will be asked to report aggregated employment data elements. 	<p>Outcome variables - Retention and vacancy rates</p>	<p>Annually</p>

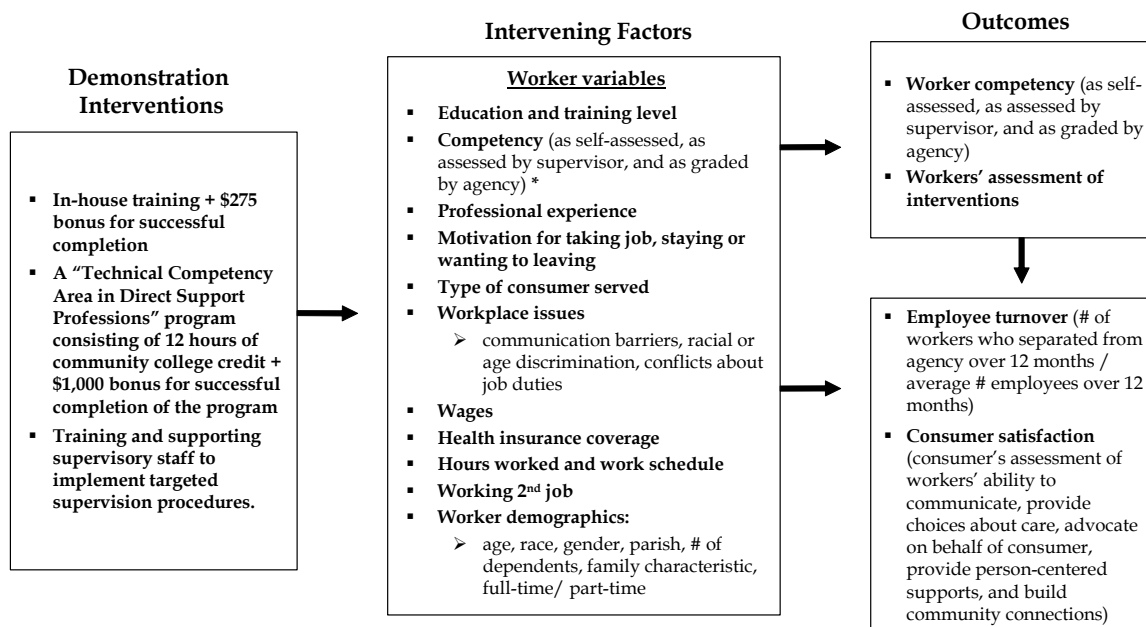
Surveys and other evaluation materials attached

Worker Employee Satisfaction Survey
 Agency Answer Sheet - Direct Support Staff Workforce Status and Outcomes

CMS Demonstration to Improve Direct Service Community Workforce Site-specific Evaluation Plan

Volunteers of America, Greater New Orleans

The model below depicts the interventions, and the intervening factors (or control variables) and outcomes that will be measured for the evaluation of VOA’s demonstration, *From Workers to Professionals: Improving Retention through Targeted Training and Educational Opportunities*.



** Workers’ competency will be considered as a component of the consumer satisfaction outcome variable, but may also be used as a controlling variable in analysis of the impact of the interventions on employee turnover.*

Evaluator

Phil Wilson, Health Sciences Center, Louisiana State University

Hypothesis

The working hypothesis of the VOA demonstration evaluators is that completion of competency-based training plus cash bonuses will decrease DSP turnover and improve the quality of services delivered by such staff. Furthermore, preparing and supporting supervisors to focus their supervisory behavior on staff performance relative to the topics covered in the competency-based training will result in further enhancement of DSP performance, and consequently further reduce staff turnover while increasing consumer satisfaction.

Unit of analysis

Individual worker and individual consumer

Evaluation design

Pre/post of training group cohorts with control groups

Evaluation methodology

To assess the impact of the project's three interventions on Direct Service Professional (DSP) turnover and consumer satisfaction, the evaluators will collect data from multiple sources including: consumers (and family members when appropriate), DSPs, supervisors, and the VOA, Greater New Orleans. In addition, the agency will calculate the turnover rate for all DSPs that provide waiver services and for the agency as a whole. The impact of participating in the project on retention of individual workers will be tracked throughout the duration of the project. For those DSPs who terminate their employment, the reason for their termination will be recorded. Comparison of the impact of "in-house" versus community college training will be accomplished by recording the type of training each DSP receives.

Individual DSPs in each cohort of trainees will be asked to complete a self-assessment of their abilities. The surveys will be completed before and after training, and at one year follow-up intervals. The "grading" of DSP training assignments will also be tracked for each competency area. A rubric with scoring guidelines has been developed for each competency (i.e., needs improvement, meets requirement, exceptional). Training participants will also be asked to evaluate the content and presentation of material in each training module, and the desirability of the training format (i.e., day, night, or weekend sessions) at the completion of the training. These data will be tracked for program improvement and to identify format preferences among working DSP.

Supervisors also will be asked to complete a modified version of the DSP Self-assessment survey at the same time that it is administered to DSPs in each cohort. Evaluation of the supervisory component of this project has not been developed yet.

Finally, consumers (or family members when appropriate) who receive services from DSPs who are enrolled in the training will be surveyed about their satisfaction with the care received. A randomly selected group of consumers whose DSPs are not enrolled in the training will also be surveyed as a control group. The survey will be administered pre- and post-training, pending the consumers' informed consent. Additionally, evaluators are considering doing case studies of individual pairs of workers and consumers to supplement the survey data. Qualitative observation may provide a more sensitive measure of the change in worker performance and consumer satisfaction.

Data sources

<i>Instrument</i>	<i>Data collected</i>	<i>Collection intervals</i>
Worker demographics survey <ul style="list-style-type: none">• 28 questions• Self-administered written• Supported Living Services Staff	Intervening factors - Workers will be asked demographic questions, as well as questions about their education and training level, professional experience, and their motivation for taking the job, staying, or wanting to leave. The survey also includes questions about their wage rate, their employee benefits, the type of consumers they care for, and their workplace interactions and experiences.	Time 1 =pre training Time 2 =1 year post training

<i>Instrument</i>	<i>Data collected</i>	<i>Collection intervals</i>
Worker self-assessment survey <ul style="list-style-type: none"> • 8 multi-question series • Self-administered written • Each 30 worker training cohort 	Outcome variables - This survey will contribute to the intermediate outcome measure of worker competency, by asking workers to assess their own abilities in the following areas: effective communication, assessment, documentation, person-centered/community-based supports, skill enhancement and development, building community connections, positive behavior supports, and professionalism. Worker competency may also be used as an intervening factor in the analysis of the impact of the interventions on employee turnover and consumer satisfaction.	Time 1 = pre-training Time 2 = post-training Time 3 = 1 year following completion of training
Supervisor assessment survey <ul style="list-style-type: none"> • 9 multi-question series • Self-administered written • One supervisor of each worker who receives training 	Outcome variables - This survey will contribute to the intermediate outcome measure of worker competency, by asking supervisors to assess individual workers' abilities in the following areas: effective communication; assessment; documentation; self-determination, choice and advocacy; person-centered/community-based care; skill enhancement and development; building community connections; positive behavior supports; and professionalism. Worker competency may also be used as an intervening factor in the analysis of the impact of the interventions on employee turnover and consumer satisfaction.	Time 1 = pre-training Time 2 = post-training Time 3 = 1 year following completion of training
Consumer survey <ul style="list-style-type: none"> • 9 multi-question series • In person and telephone interviews • Consumers receiving care from workers who receives training, and consumers of control group 	Outcome variables - This survey will provide the measure of the outcome measure consumer satisfaction, by asking consumers to assess their caregiver's performance in the following areas: appropriate communication; choice and access to personal preferences; personally meaningful activities and settings; advocacy; person-centered supports; building community connections; skill enhancement and development; behavior support; and professional development.	Time 1 = pre-training Time 2 = post-training Time 3 =1 year following completion
Agency grading <ul style="list-style-type: none"> • Workers who receive training will be graded on their performance 	Outcome variables - Workers' grades will provide one component of the measure of worker competency. Worker competency may also be used as an intervening factor in the analysis of the impact of the interventions on employee turnover and consumer satisfaction.	Time 1 = completion of each training portfolio Time 2 =1 year post training
Training feedback <ul style="list-style-type: none"> • Self-administered written • Workers who receive training 	Outcome variables - Workers who receive in-house training will be asked to evaluate the content and presentation of each portfolio. In addition, the will be asked to evaluate the desirability of the training format (i.e., day, night, or weekend sessions)	Trainees will provide feedback upon completion
Agency reporting	Outcome variables - Employment status of all VOA Greater New Orleans employees and turnover at the agency level (aggregated for those who provide waiver services)	Tracked throughout project

Surveys and other evaluation materials attached

Worker demographics survey

Worker self-assessment survey

Consumer survey

Supervisor (facilitator) survey

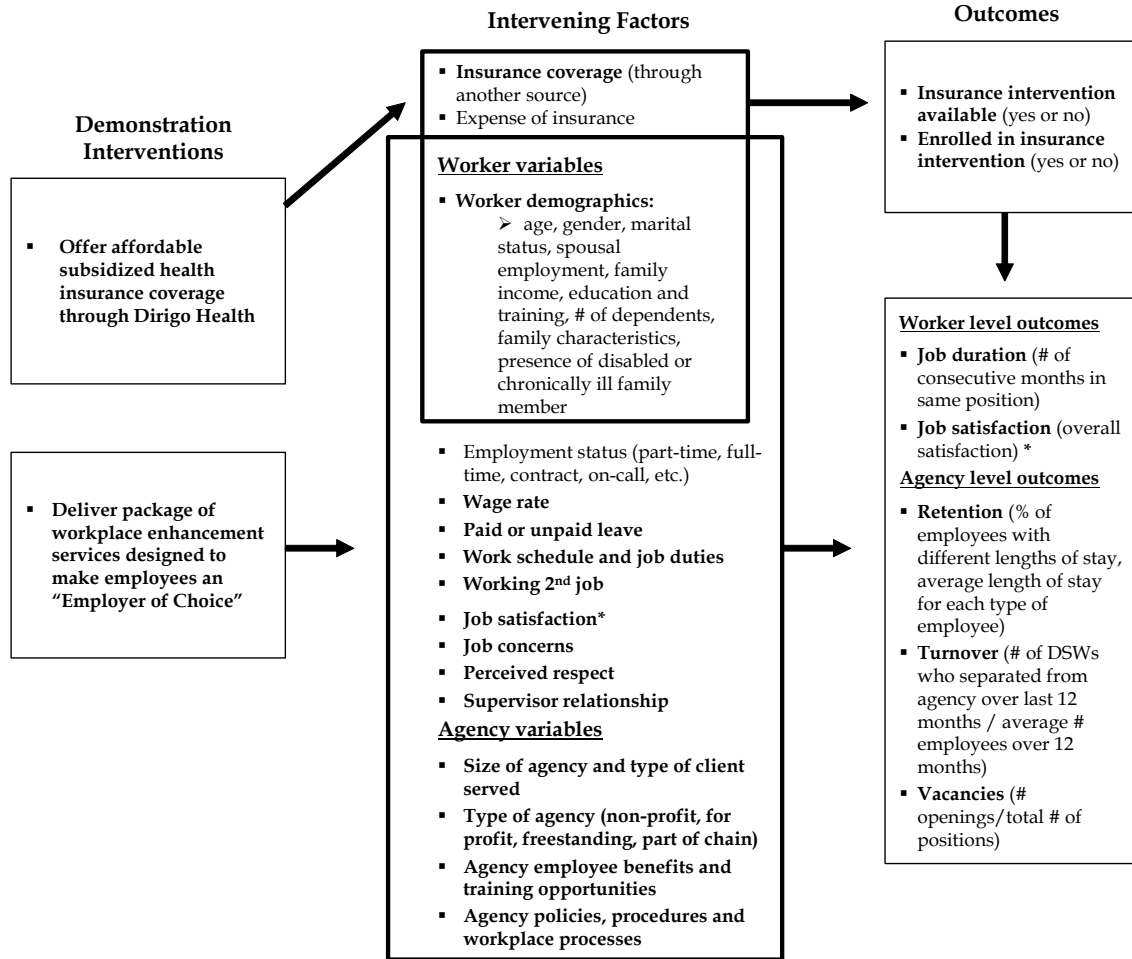
Draft evaluation plan summary

**Will forward Rubrics and Portfolio assignments

**CMS Demonstration to Improve Direct Service Community Workforce
Site-specific Evaluation Plan**

State of Maine, Governor’s Office of Health Policy and Finance

The model below depicts the interventions, and the intervening factors (or control variables) and outcomes that will be measured for the evaluation of Maine’s demonstration, *Providing Health Coverage and Other Services to Recruit and Retain Direct Service Community Workers in Maine: The Dirigo Difference*.



* Job satisfaction is an outcome variable but will also be used as a controlling variable in analysis of the impact of the interventions on other outcome variables.

Evaluator

Paul Saucier and Lisa Morris, Health Policy Institute, Muskie School of Public Policy, University of Southern Maine

Hypothesis

The hypothesis of the Maine demonstration is that employers who offer affordable health care coverage to direct care workers and their families will be better able to recruit and retain direct

care workers than those who do not. Secondly, they hypothesize that employers who offer affordable health care coverage *and* implement the workplace enhancement services to become an "Employer of Choice" will be better able to recruit and retain direct care workers than those that offer just affordable health care coverage.

Unit of analysis

Individual and agency

Evaluation design

Mixed method and pre/post with comparison group

Evaluation methodology

The study sample will include all the direct care workers in the approximately 50 participating agencies (approximately 800-1000 workers). Some employers will offer workers the Dirigo health insurance intervention and some will not; the workers employed by agencies who choose not to participate in Dirigo will be the comparison group.

All the direct care workers at each agency and one supervisor from each agency will be surveyed twice by telephone, once prior to the implementation of the intervention and again at the end of the grant period. Workers will be contacted in the interim to update contact information. Participating agencies will report employment data for each worker monthly (hopefully; some are balking at the monthly and we may have to accept quarterly) including: hire date, employment status, change in employment status, departure date, and hourly wage rate.

Quantitative analysis will be used to assess the impact on job retention and recruitment (vacancies) of the two interventions. Qualitative data from approximately 10 agencies will be collected through surveys, semi structured interviews and focus groups. The qualitative components will provide lessons learned from the implementation process. They may also help to isolate the impact of the two interventions individually.

Individual level analysis

At the worker level, the evaluators will analyze the insurance up-take decision, job satisfaction and job duration. The evaluators will measure how many direct care workers were offered health insurance and how many enrolled. The influence of different intervening factors such as insurance coverage from another source, the expense of the intervention insurance, and the workers' demographic information will be assessed in relationship to health insurance take up. The evaluators will also measure the extent to which one or both of the interventions impact the workers' satisfaction with their jobs and the number of consecutive months workers stayed in their positions (retention), controlling for the influence of selected worker and agency variables.

Agency level analysis

The evaluators will focus on measuring the impact of the interventions on the agencies' aggregate retention, turnover and vacancy rates, controlling for other potential influencing worker and agency variables.

Data sources

<i>Instrument</i>	<i>Data collected</i>	<i>Collection intervals</i>
<p>Worker survey</p> <ul style="list-style-type: none"> • Approximately 90 questions • Administered by telephone • All workers at participating agencies 	<p>Intervening factors - Workers will be asked questions about participation in the health insurance intervention, basic demographic questions, and questions about family income, wage rate, and work schedule. The survey also contains several multi-question series designed to assess the worker's sense of satisfaction with her job, the concerns she has about her job, the relationship she has with her supervisor, and the level of respect that is shown her by her employer and her clients.</p> <p>Outcome variables - Insurance intervention participation and job satisfaction</p>	<p>Time 1 = late summer, 2004 Time 2 = 24 months after intervention implementation</p>
<p>Supervisor survey</p> <ul style="list-style-type: none"> • Approx. 100 questions • Administered by mail • One supervisor at each participating agency 	<p>Intervening factors - Supervisors will be asked about their agencies including questions about size of agency, type of clients serve, type of agency (non-profit, public, etc.), and employee benefits and training opportunities.</p> <p>Outcome variables - Supervisors will be asked about their agencies' efforts and success recruiting new workers and filling vacancies, to supplement the agency-level data on vacancy rate.</p>	<p>Time 1 = late summer, 2004 Time 2 = 24 months after intervention implementation</p>
<p>Agency reporting The participating agencies will be asked to report on the employment status for each employee, and aggregate agency level employment information.</p>	<p>Outcome variables - Retention, turnover, and vacancy rates</p>	<p>Monthly</p>
<p>Dept. of Labor/ Bureau of Unemployment Compensation</p>	<p>Intervening factors - Pending an agreement with the Dept., the evaluators may have access to quarterly earnings data for the workers in their sample.</p>	<p>Quarterly</p>
<p>Site visits</p> <ul style="list-style-type: none"> • Approximately 10 participating agencies 	<p>Intervening factors - Semi-structured interviews and focus groups will be used to gather more open-ended versions of answers to questions included on the worker and supervisor surveys, such as the questions about workplace climate, supervisor-worker relationships, work load, and job satisfaction.</p>	<p>Time 1 = Year 1-1.5 (needs assessment and baseline) Time 2 = Year 3 (follow up)</p>

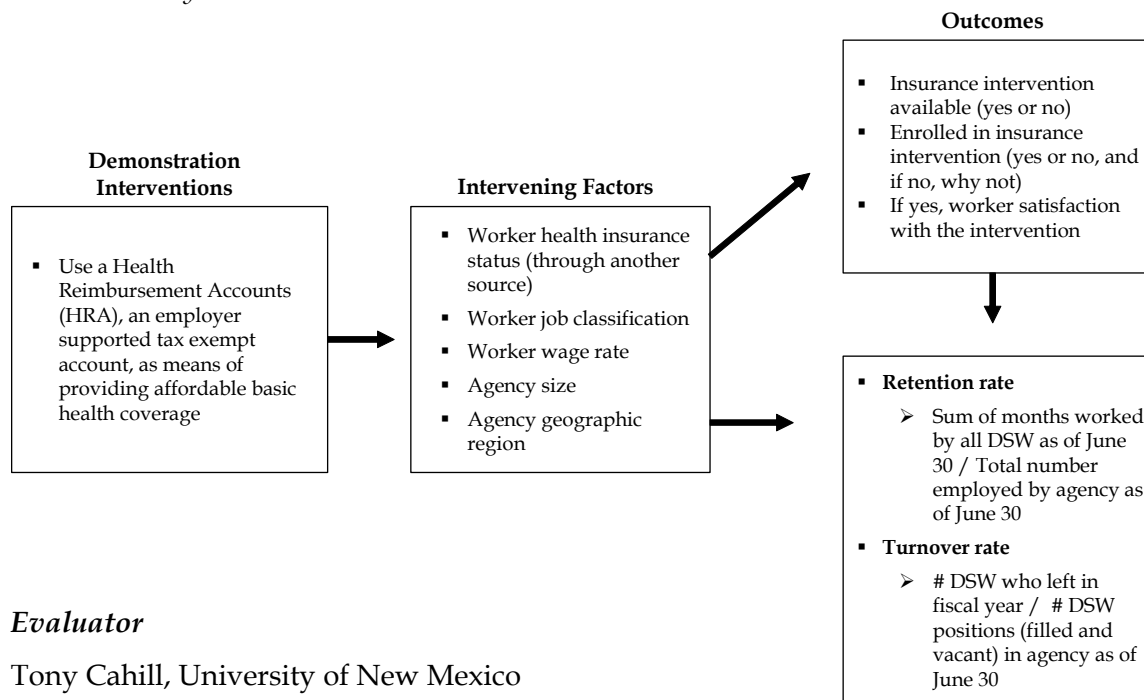
Surveys and other evaluation materials attached

- Draft Worker Survey
- Draft Supervisor Survey
- Workforce/Dirigo Grant Evaluation Plan

CMS Demonstration to Improve Direct Service Community Workforce Site-specific Evaluation Plan

State of New Mexico, Department of Health

The model below depicts the interventions, and the intervening factors (or control variables) and outcomes that will be measured for the evaluation of the *State of New Mexico Demonstration to Improve the Direct Service Community Workforce to Support the Needs of People with Disabilities in the Community*.



Evaluator

Tony Cahill, University of New Mexico

Hypothesis

New Mexico's hypothesis is that improving direct service staff access to health insurance will improve staff retention and recruitment of direct service staff.

Unit of analysis

Agency (and possibly individual)

Evaluation design

Pre/post with control or comparison group

Evaluation methodology

To assess the impact of the project's intervention on the outcomes of interest, the evaluators will analyze data from the Long Term Services Division (LTSD) direct service workers training database. Data are submitted to this database monthly by all provider agencies in New Mexico. The database includes information about the agency as well as individual workers, such as hire date and training level. Data from the last three years will be used as baseline for comparison with post-intervention data. After the intervention begins, the agencies participating in the demonstration will be asked to report additional information to the LTSD to include: whether or

not workers have health insurance and from what source, and intervention enrollment status. Agencies may also be asked to report information about worker wage rates.

A control group will be designated for comparison, but its composition will depend on the final design of the intervention implementation. If all workers in the participating agencies are offered the HRA intervention, workers from other agencies will be used for the control group. If individual workers are selected to be offered the intervention, other workers from within those same agencies who were not offered the intervention may be included in the control group.

The evaluators are also considering administering a pre-post survey to participating workers and control group workers to determine the impact of the intervention on worker attitudinal outcomes related specifically to the use of the HRA model of health care coverage, such as the workers' sense of control over their health care decisions.

Data sources

<i>Instrument</i>	<i>Data collected</i>	<i>Collection intervals</i>
<p>Agency reporting All participating and nonparticipating agencies will report employment data through the LTSD workers training database.</p>	<p>Intervening factors - Agency size and region will be noted in database. Agencies will report for each worker: health insurance status, job classification, and wage rate (potentially). Outcome variables - Agencies will report whether workers were offered the intervention, and whether they are enrolled. Agencies' reporting will provide data to calculate retention and turnover rates at the agency level.</p>	<p>Monthly Data from 3 years prior to intervention will be compared with post-intervention data.</p>
<p>Worker survey (under consideration) Participating and nonparticipating workers may be asked to complete a survey.</p>	<p>Outcome variables - Survey would potentially include questions designed to assess workers' experience with and satisfaction with the Health Reimbursement Account model of health coverage.</p>	<p>Time 1 = Pre intervention Time 2 = Post intervention</p>

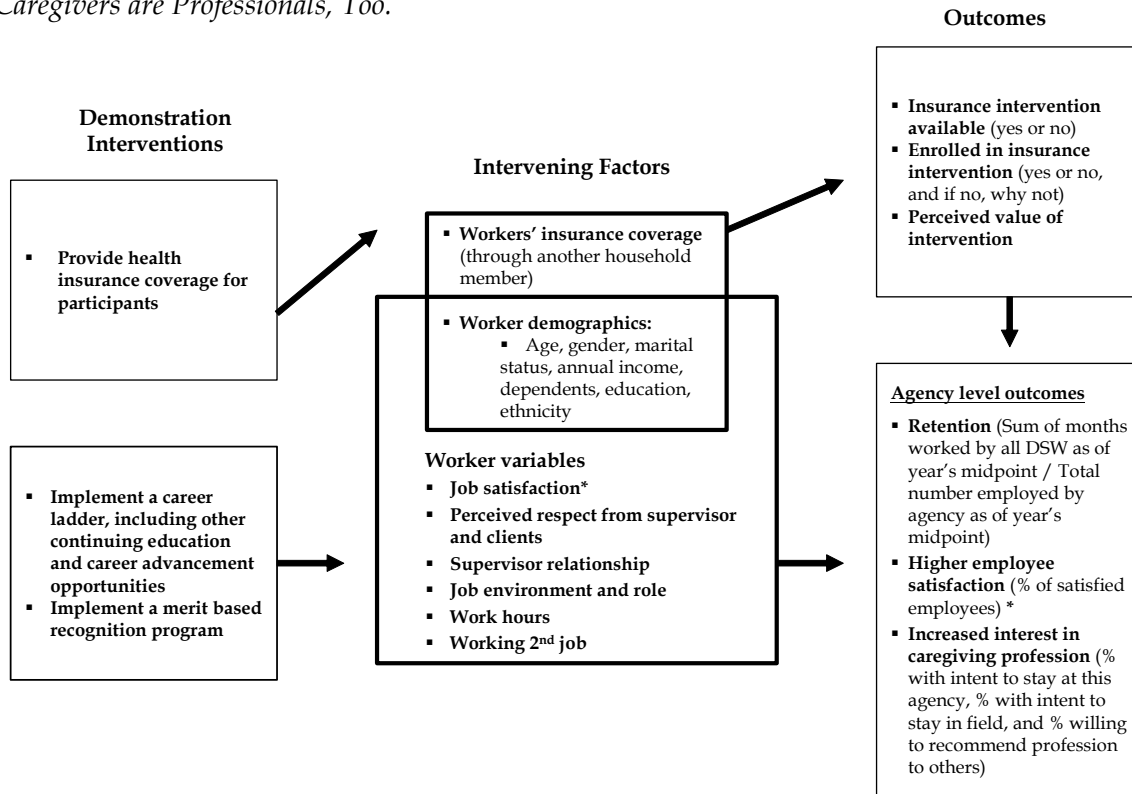
Surveys and other evaluation materials attached

None at this time.

**CMS Demonstration to Improve Direct Service Community Workforce
Site-specific Evaluation Plan**

Pathways for the Future, Inc (North Carolina)

The model below depicts the interventions, and the intervening factors (or control variables) and outcomes that will be measured for the evaluation of North Carolina’s demonstration, *Caregivers are Professionals, Too*.



** Job satisfaction is an outcome variable but will also be used as a controlling variable in analysis of the impact of the interventions on other outcome variables.*

Evaluator

John Sherlock and Grant Morgan, Western Carolina University

Hypothesis

The project hypothesis is that the recruitment and retention of direct service workers will continue to be problematic until and unless they receive adequate compensation, recognition, and opportunity for advancement. Because direct service workers do not consider themselves “professionals,” they feel little loyalty to their jobs.

Unit of analysis

Agency level

Evaluation design

Pre/post with control group

Evaluation methodology

To assess the impact of the project's three interventions on the outcomes of interest, the evaluators plan to collect data from direct service workers and their employer agencies. The evaluators plan to administer pre and post project surveys to approximately 685 workers in three participating agencies. Workers in two of the agencies will be offered all three of the project's interventions. Workers in the third agency will not be offered any of the project interventions but will be surveyed to serve as a control group. In the two agencies receiving interventions, mid-project surveys will be administered and focus groups conducted to guide in the development of the career ladder and merit based recognition interventions. Aggregated employee data will be collected from participating agencies and used to calculate worker retention.

The evaluators will use descriptive statistics and regression analysis to determine whether the interventions serve as predictor variables for the outcomes of interest (job retention, employee satisfaction, and interest in the caregiving profession). From the worker surveys, the evaluators will also be able to assess some intermediate outcomes of the first intervention, such as health insurance take up and the perceived value of the health insurance to the participating workers.

Data sources

<i>Instrument</i>	<i>Data collected</i>	<i>Collection intervals</i>
Worker survey <ul style="list-style-type: none"> • Approximately 57 questions • Mailed, self-administered written • All workers at 2 agencies receiving all interventions and all workers at 1 agency receiving none of the interventions 	Intervening factors - Workers will be asked questions about their health insurance coverage, and about their participation in the interventions. The survey also includes basic demographic questions, questions about income and employment status, and several multi-question series designed to assess the worker's sense of satisfaction with different aspects of her job, the relationship she has with her supervisor, the level of respect that is shown her by her employer and clients, her work environment, and the design of her job. Outcome variables - Answers to questions on this survey will provide measures for intervention participation and job satisfaction. Interest in the caregiving profession will be assessed based on workers' answers to questions about their intent to stay with their current agency and in the field of caregiving, and their willingness to recommend the profession to others.	Time 1 = June/July, 2004 Time 2 = Feb., 2005 Time 3 = Oct., 2005 Time 4 = July/ Aug. 2006
Focus groups Workers from agencies receiving interventions will be invited to participate in focus groups.	Intervening factors - Focus groups will be used to supplement the information collected in the worker survey and to help project administrators design the career ladder and merit based recognition interventions.	Summer, 2004
Agency reporting The 3 participating agencies will be asked to report aggregated agency level employment data.	Outcome variables - Retention	Annually Will be collected for 12 month period prior to insurance intervention implementation and annually thereafter.

Surveys and other evaluation materials attached

Worker Survey

Appendix A

Delaware

Employee Satisfaction Survey

Please take a few minutes to complete this survey. Your specific answers will be completely anonymous, but your views, in combination with those of others, are extremely important. To insure your anonymity, these surveys are being sent to an independent source who will receive the completed questionnaires and interpret the findings. Thank you.

1. Overall, how satisfied are you with the agency as an employer? (Please circle one number)

<u>Very</u> <u>Dissatisfied</u>							<u>Very</u> <u>Satisfied</u>
1	2	3	4	5	6	7	7

How do you feel about each of the following specific matters?

2. The agency's communication and planning (Please circle one number for each statement)

	<u>Disagree</u> <u>Strongly</u>		<u>Agree</u> <u>Strongly</u>
I understand the long-term strategy of the agency.....	1.....	2.....	3.....4.....5
I have confidence in the leadership of the agency.....	1.....	2.....	3.....4.....5
I understand the values and philosophy of the agency.....	1.....	2.....	3.....4.....5
I feel there is good communication across all levels of the agency.....	1.....	2.....	3.....4.....5
I contribute to the planning process at the agency.....	1.....	2.....	3.....4.....5

3. Your role at the agency (Please circle one number for each statement)

	<u>Disagree</u> <u>Strongly</u>		<u>Agree</u> <u>Strongly</u>
I am given enough authority to make decisions I need to make.....	1.....	2.....	3.....4.....5
I like the type of work that I do.....	1.....	2.....	3.....4.....5
I believe my job matches my skills.....	1.....	2.....	3.....4.....5
I believe my job is secure.....	1.....	2.....	3.....4.....5
My physical working conditions are good.....	1.....	2.....	3.....4.....5
If I do good work I can count on making more money.....	1.....	2.....	3.....4.....5
If I do good work I can count on being promoted.....	1.....	2.....	3.....4.....5
I feel I am contributing to the agency's mission.....	1.....	2.....	3.....4.....5
I feel part of a team working toward a shared goal.....	1.....	2.....	3.....4.....5
I feel I am valued at the agency.....	1.....	2.....	3.....4.....5
I am proud to work for the agency.....	1.....	2.....	3.....4.....5

4. Agency culture (Please circle one number for each statement)

	<u>Disagree</u> <u>Strongly</u>				<u>Agree</u> <u>Strongly</u>
Communications from management are frequent enough	1	2	3	4	5
Communications from management keep me up to date on the company	1	2	3	4	5
I feel I can trust what the agency tells me.....	1	2	3	4	5
The agency treats me like a person, not a number.....	1	2	3	4	5
The agency gives enough recognition for work that's well done	1	2	3	4	5
Quality is a top priority with the agency.....	1	2	3	4	5
I believe there is a spirit of cooperation at the agency.....	1	2	3	4	5
I like the people I work with at the agency.....	1	2	3	4	5

5. Your relations with your immediate supervisor (Please circle one number for each statement)

	<u>Disagree</u> <u>Strongly</u>				<u>Agree</u> <u>Strongly</u>
My supervisor treats me fairly	1	2	3	4	5
My supervisor treats me with respect	1	2	3	4	5
My supervisor handles my work-related issues satisfactorily	1	2	3	4	5
My supervisor handles my personal issues satisfactorily	1	2	3	4	5
My supervisor provides support and instruction when my work needs improvement.....	1	2	3	4	5
My supervisor tells me when I do my work well.....	1	2	3	4	5
My supervisor asks me for my input to help make decisions	1	2	3	4	5

6. The agency's training program (Please circle one number for each statement)

	<u>Disagree</u> <u>Strongly</u>				<u>Agree</u> <u>Strongly</u>
The agency provided as much initial training as I needed	1	2	3	4	5
The agency provides as much ongoing training as I need	1	2	3	4	5
The agency provides training that enables me to do my job well	1	2	3	4	5
When I return from training, I am encouraged to use what I learned... ..	1	2	3	4	5

7. Pay and Benefits (Please circle one number for each statement)

	Disagree <u>Strongly</u>				Agree <u>Strongly</u>
My salary is fair for my responsibilities	1	2	3	4	5
Overall, I'm satisfied with the agency's benefits package	1	2	3	4	5

8. How long do you plan to continue your career with this agency?

<u>Less than a year</u>	<u>One to two years</u>	<u>Two to five years</u>	<u>More than five years</u>	<u>Don't Know</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Would you recommend employment at this agency to a friend?

<u>Definitely not</u>	<u>Probably not</u>	<u>Maybe</u>	<u>Probably would</u>	<u>Definitely would</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please list up to three reasons why you continue to work at this agency.

The following questions are for analytic purposes only. They will not be used to try to identify any individual. However, if you feel uncomfortable about answering any of them do not do so.
It is important, however, that you complete question 18.
Whether or not you leave any questions blank, please return your questionnaire.

11. How long have you worked for this agency?

- Less than one year
- One year to less than two years
- Two years to less than five years
- Five years to less than ten years
- Ten years or more

12. What is your age?

- Under 21
- 21 to 34
- 35 to 44
- 45 to 54
- 55 or older

13. What is your sex?

- Male
- Female

14. What is your marital status?

- Married
- Unmarried

15. How many children under the age of 18 do you have?

- None
- One
- Two
- Three
- Four
- Five or more

16. What is your race?

- African-American
- Caucasian
- Asian
- Hispanic
- Other

17. Do you care for an elderly relative in your home?

- Yes
- No

18. In which job category do you belong?

- Direct Support Staff
(More than 50% of time spent in direct support tasks)

- Supervisory Staff
(Supervisory responsibilities with less than 50% of time spent in direct support tasks; examples: first line supervisors, directors)

- Non-Direct Support Staff
(Non-supervisory responsibilities with less than 50% of time spent in direct support tasks; examples: case managers, clerical staff)

Please return this questionnaire using the enclosed envelope.

Also, please check to make certain that you have answered all the questions you can.

Direct Support Staff Workforce Status and Outcomes: Fiscal Year: 2002-03

Please fill in the blanks for your agency focusing only on direct service staff (DSS) positions. See definitions on page 2. "Fiscal year" refers to the period of July 1, 2002 – June 30, 2003.

1) Average Tenure of current Direct Support Staff (Stayers)

Formula:
$$\frac{\text{Sum of the months* worked by all current DSS in agency as of June 30, 2003}}{\text{Total number of DSS employed by agency as of June 30, 2003}}$$
 *From date of hire

Please fill in: *Sum of months*
----- = Months
 Total # of DSS Stayers

2) Average Tenure of Direct Support Staff who left in last fiscal year (Leavers)

Formula:
$$\frac{\text{Sum of the months* worked by all DSS who were employed in the fiscal year and left before June 30, 2003}}{\text{Total number of DSS who were employed in the fiscal year and left before June 30, 2003}}$$
 *From date of hire

Please fill in: *Sum of months*
----- = Months
 Total # of DSS Leavers

3) Percent of Direct Support Staff Leavers with less than 6 months tenure

Formula
$$\frac{\text{Total number of DSS who were employed in the fiscal year and left before working 6 months}}{\text{Total number of DSS who were employed in the fiscal year and left before June 30, 2003}} \times 100$$

Please fill in: *Total # of DSS worked < 6 months*
----- X 100 = %
 Total # of DSS who left

4) Crude separation rate for Direct Support Staff (turnover) (Please report all positions in FTE format)

Formula
$$\frac{\text{Total number of DSS who left in the fiscal year}}{\text{Total number of DSS positions in the agency as of June 30, 2003}} \times 100$$

Please fill in: *Total # of DSS who left*
----- X 100 = %
 Total # of staff members as of June 30, 2003 + *# of vacant positions*

5) Vacancy Rate for Direct Support Staff (Please report all positions in FTE format)

Formula
$$\frac{\text{Total number of vacant DSS positions as of June 30, 2003}}{\text{Total number of DSS positions in the agency as of June 30, 2003}} \times 100$$

Please fill in: *# of vacant positions*
----- X 100 = %
 Total # of staff members as of June 30, 2003 + *# of vacant positions*

Appendix B

Louisiana

Draft
DSP Demographics Survey

Date: _____ Your Name: _____ Training Group: _____

Please answer each question as accurately as possible. Your answer to these questions will be kept confidential and will not affect your status as an employee at Volunteers of America of Greater New Orleans (VOA).

1. Your Birth Date: _____
Month Year

2. What is your gender? **(Mark one)**
_____ 0. Female _____ 1. Male

3. What is your ethnic background?
_____ 1. White (Non-Hispanic)
_____ 2. Black (Non-Hispanic)
_____ 3. Hispanic
_____ 4. Asian
_____ 5. American Indian
_____ 6. Other (Specify) _____

4. Check the highest level of education you have completed.
_____ GED _____ High School
_____ Four year Degree _____ AA/2 yr Degree
_____ VoTech Certificate

5. Excluding LSU-Delgado DSP program are you currently enrolled in college or vocational or technical school? **(Mark one)**
_____ 0. No _____ 1. Yes

6. How many years of experience do you have working as a DSP?

Years Months

7. How long have you been working for VOA?

Years Months

8. Do you plan to work in this field for at least another two years? **(Mark One)**
_____ 1. Yes _____ 2. No
_____ 3. Don't know

9. What parish do you **work** in? _____

10. How many people live in **your** household?
_____ number of people

11. Which best describes your household?
(Mark one)
_____ 1. I am the only wage earner in my household
_____ 2. I am the primary wage earner but someone else contributes to paying household expenses
_____ 3. Someone else in my household is the primary wage earner

12. What is your total family household income per year? **(Mark one)**
_____ 1. \$1 to \$19,999
_____ 2. \$20,000 to \$39,999
_____ 3. \$40,000 to 59,999
_____ 4. \$60,000 or more

13. What is your current hourly wage at this job?
\$ _____ per hour

14. How many hours per week are you generally scheduled to work for VOA?
_____ Hours per week

15. Outside of VOA, do you currently have any other paid jobs? **(Mark one)**
_____ 0. No _____ 1. Yes

16. How many different paid jobs (if any) do you currently have?
_____ Number different jobs
(including this one)

17. How many hours (if any) do you work each week in jobs outside of VOA?
_____ Total number of hours per week worked

18. How many different provider agencies or families that paid you privately have you worked for in your DSP career (including VOA)?
_____ Number of different employers

19. Are you considered by VOA to be full-time? **(Mark one)**
_____ 0. No _____ 1. Yes

20. Are you eligible for paid time off (sick, vacation, holidays) from VOA? **(Mark one)**
_____ 0. No _____ 1. Yes

21. Do you purchase health insurance benefits through VOA?
_____ 0. No _____ 1. Yes

22. If you do not purchase health insurance benefits through VOA are you covered under another family member's health insurance?
_____ 0. No _____ 1. Yes

22. What is the primary diagnosis of the individual(s) you support (**Mark one for each person you support.**)

Person A

- _____ 1. Mental retardation or developmental disabilities.
- _____ 2. Mental Health challenges/mental illness
- _____ 3. Physical disabilities
- _____ 4. Other (Specify) _____

Person B

- _____ 1. Mental retardation or developmental disabilities.
- _____ 2. Mental Health challenges/mental illness
- _____ 3. Physical disabilities
- _____ 4. Other (Specify) _____

23. How did you hear about this job? (**mark all that apply**)

- _____ 1. I worked for VOA before/saw internal posting
- _____ 2. A current/former employee of VOA
- _____ 3. A friend who works for another organization serving people with disabilities (Advocacy group, parent group, etc.)
- _____ 4. A person with disabilities or their family
- _____ 5. Advertisement (TV, Radio, newspaper, Internet, etc.)
- _____ 6. Employment/referral agency (La Rehab Services, LA Job, Service, One Stop Shops, etc.)
- _____ 7. High school or college placement office bulletin board
- _____ 9. Community bulletin board (e.g., library, grocery store, house of worship, coffee shop, etc.)
- _____ 10. Other _____

24. Which of the following was the **most important** reason you took this job? (**Mark one**)

- _____ 1. I need the income or benefits provided by this job.
- _____ 2. The job provided training or experience working with people with disabilities that I need to meet my career goals.
- _____ 3. I have a special interest in working with people with disabilities.
- _____ 4. Other _____

25. Which of the following issues (if any) have you experienced or witnessed with coworkers or facilitators on this job? (**Mark all that apply**)

- _____ 1. Communication barriers due to coworkers who have limited English language skills.
- _____ 2. Conflict regarding different religious or ethnic holidays.
- _____ 3. Expression of ethnic, racial, religious, sexual or other demeaning slur or jokes in the workplace.
- _____ 4. Disrespectful behavior in relationships between coworkers.
- _____ 5. Conflict about job duties (e. g., cooking, personal care).
- _____ 6. Conflict related to age differences between coworkers.
- _____ 7. You or your coworker are excluded because you are different from one another in some way.
- _____ 8. Other conflicts related to diversity issues (i.e., cultural differences).

26. What makes you want to stay at this job?

(**Mark up to three choices**)

- _____ a. Nothing
- _____ b. Benefits
- _____ c. Co-workers
- _____ d. Facilitators
- _____ e. I like the people I support/serve
- _____ f. The people I support like/appreciate me
- _____ g. The mission and service goals
- _____ h. The tasks or activities I do for my job
- _____ i. Opportunity for personal or professional growth
- _____ j. Distance between home and work
- _____ k. Work setting (someone's home)
- _____ l. Training and development opportunities
- _____ m. Pay rate/salary
- _____ n. Flexible shifts
- _____ o. Choice of people I support
- _____ p. Work is rewarding
- _____ q. The facilitators and DSP that I work with are team players
- _____ r. Other (specify) _____

Draft

27. What are the top factors that make you want to leave this job? (**Mark up to three choices**)

- _____ a. Low wages or benefits
- _____ b. Conflicts with coworkers
- _____ c. Not enough hours/week
- _____ d. Too many hours/week
- _____ d. Job is too stressful, difficult or demanding
- _____ e. Demands of my other job/primary employment
- _____ f. Lack of opportunities for professional growth or advancement
- _____ g. Personal reasons
- _____ j. Conflict with facilitator
- _____ k. Favoritism, lack of fairness
- _____ l. Lack of back up staff
- _____ m. Too much criticism/lack of support
- _____ n. Challenges with consumers
- _____ o. Poor training
- _____ p. Lack of recognition for performance
- _____ q. Other (specify) _____
- _____ r. None of these/I don't want to leave

28. What could VOA do improve your work satisfaction? (**Mark up to three choices**)

- _____ a. Nothing
- _____ b. Increase wages
- _____ c. More paid leave
- _____ d. Improve access to, or quality of, benefits (e.g., health, dental)
- _____ e. Clarify and communicate agency mission
- _____ f. Empower me to participate in decisions that affect my work
- _____ g. Provide more variety of training topics
- _____ h. Provide job specific training
- _____ i. Reduce conflict between coworkers/ improve team building
- _____ j. Improve Facilitator & DSP relations and communication
- _____ k. Increase number of work hours
- _____ l. Decrease number of work hours
- _____ m. More employee benefit discounts (massages, dental, etc.)
- _____ n. Improve communication between administrators and DSP
- _____ o. Improve communication between Facilitators and DSP
- _____ p. Increase recognition for good performance
- _____ q. Improve orientation for new workers
- _____ r. Increase opportunities for advancement
- _____ s. Reduce the number of DSP "no shows"
- _____ u. Other (specify) _____

Pre

Post

Draft

Name: _____

Training Group: _____

DSP Competency Self Assessment: Effective Communication

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I determine the desired/most effective mode of communication for the individual that I support. (e.g., vocal, sign, gestures, symbol)				
I support people to use their desired/most effective mode of communication (e.g., communication board, interpreter).				
I use person first language.				
I protect the privacy of the individual(s) I support.				
I treat the people I support with respect (e.g., ask questions directly to the person, do not interrupt or interject my personal opinions/bias, etc.)				
I speak to people in a conversational manner.				
I make sure I understand the person I support by summarizing my understanding of what he/she is telling me and asking the person to confirm the correctness of my interpretation.				
I treat everyone as my equal. (e.g., I don't "talk down" to the person I support)				
I communicate clearly with the person I support.				
I communicate clearly with the family/friends of the person I support.				
I communicate clearly with my supervisor.				

Pre

Post

Draft

Name: _____

Training Group: _____

DSP Competency Self Assessment: Assessment

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I present options to the person I support based upon interviews with them, family members/significant others, support team members, review of relevant documents, and informed opinions (i.e., based on knowledge of the person).				
I present options to the person I support that are age-, gender- and culturally-appropriate.				
I determine how the person I support communicates his preferences/choices. (i.e., unique of choosing or rejecting options)				
I determine preferences in a systematic fashion.				
I include access to preferences in the person's everyday life.				
I assess the person's preferences on an ongoing basis.				

DSP Competency Self Assessment: Documentation

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I document incidents that affect the health and safety of the person I support.				
I document what works and does not work for the person.				
I attend to the health and emotional well-being of the person I support and document any changes.				
I attend doctor appointments, ask relevant questions, and document relevant information in a person centered and respectful manner.				
I explain and document medical information for the person I support and to other members of the team (as appropriate) in an understandable manner.				
I complete progress notes in a person centered manner while respecting the privacy and confidentiality of the individual I support.				

DSP Competency Self Assessment: Self-determination, Choice & Advocacy

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I assist the person I support to <u>identify potential advocacy issues</u> . (e.g., voting, renting apartment, etc.)				
I assist the person I support to <u>prioritize advocacy issues</u> .				
I <u>assist the person I support to identify action steps</u> based upon individual abilities and needs.				
I assist the person I support to <u>access community resources</u> .				
I assist the person I support to <u>develop plans or strategies to resolve issues</u> when he/she encounters barriers to services or resources.				
I use <u>individualized supports</u> based on the unique strengths, needs and interests of the person I support. (e.g., noisy vs. quiet places, etc.)				

DSP Competency Self Assessment: Person-centered Community-based Life Styles

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I <u>make recommendations to the Team</u> for the development of person-centered goals and objectives based on observation, interview, record review, and personal knowledge of the preferences and desired lifestyle of the person I support.				
I <u>provide support based upon the person's cultural, ethnic, or religious</u> experiences and/or traditions. (e.g., attends the church that matches their religious background not the DSP religious background, etc.)				
I <u>review progress notes and daily logs</u> to identify preferences, support needs, and opportunities to enhance the quality of life of the person I support.				
I support people to <u>participate in new activities or experiences</u> that will lead to achieving the lifestyle of his/her choice and preference.				
I support people to achieve goals and objectives that reflect consideration of <u>age, gender and preferences</u> .				
I <u>promote self-determination</u> for the person I support.				
I encourage the person I support to <u>develop and articulate a vision of a desired future</u> .				
I can <u>name the strengths, gifts and capabilities</u> of the person I support.				

DSP Competency Self Assessment: Skill Enhancement and Development

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I <u>identify skills</u> that the person I support needs to practice, improve, and/or learn in order to live the lifestyle of his/her choice.				
I use <u>teaching strategies</u> that match the person's learning needs (e.g., least prompts, graduated guidance, shaping...).				
I make <u>changes in settings, activities and/or materials</u> (i.e., modifications and/or adaptations) that allow the person I support to live the lifestyle of his/her choice.				
I use <u>behavioral assessment strategies</u> (e.g., direct observation, discrepancy analysis, task analysis) to identify skills that I need to teach, adapt or support to allow the person I support to live the lifestyle of their choice.				

DSP Competency Self Assessment: Building Community Connections

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I support people to participate in activities within the community by arranging for, or enlisting, interaction with non-paid persons in those community settings (i.e., <u>provide natural support</u>).				
I support people to participate in activities in the community by <u>facilitating relationships</u> between the person I support and others present in those settings.				
I support people to make <u>connections based on their preferences and interests</u> . (e.g., mall walker club, book club, etc.)				

Pre

Post

Draft

Name: _____

Training Group: _____

DSP Competency Self Assessment: Positive Behavior Supports

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I <u>identify behaviors of the person I support that prevent or interfere with participation</u> in a variety of settings and/or activities.				
I <u>determine the function</u> (i.e., purpose) of the person's challenging behavior (i.e., behavior that is dangerous, disruptive or draws negative attention to the person).				
I <u>identify alternative or replacement behaviors</u> that the person I support can use to reduce or replace challenging behaviors.				
I <u>identify antecedents</u> (things that "trigger") the person's challenging behavior. (e.g., noise, smell, sounds, heat, light, etc.)				
I <u>modify/adapt the environment and/or activity</u> to minimize the person's challenging behavior.				

DSP Competency Self Assessment: Professionalism

Rate yourself using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
I actively <u>pursue training opportunities</u> that would improve my skills as a DSP.				
I <u>participate in a variety of training or continuing education</u> opportunities to improve my ability to support people to live the lifestyle of choice.				
I make ethical decisions.				

Customer Interview

Name of Interviewer: _____

Date: _____

Name of Person Interviewed: _____

Name of DSP: _____

Please rate the competency of the Direct Support Professional that provides your support services.

Instructions:

1. Interviewer reads the item. Interviewer then asks, “ (Name) , do you think this is statement true or false?” The question can be repeated if necessary. Note that, if necessary, the question can be rephrased in any way necessary to make sure the person absorbs the main point. This is unusual in survey science, but it should be thought of as “supported interviewing.” It is an accommodation for people who use language differently.
2. If the individual responds “Neither” or “In between” or “I can’t decide” or “I’m not sure” or “I don’t know,” then the interviewer marks “3” (neither true nor untrue, but in the middle).
3. If the respondent says the statement is true: The interviewer asks, “OK, would you say it’s “Mostly True” or Completely True” The statement can be repeated if necessary. The interviewer records the response as a number.
4. If the respondent says the statement is false: The interviewer asks, “OK, would you say it’s “Mostly false or completely false?”The statement can be repeated if necessary. The interviewer records the response as a number.

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True or False - I don't know	Mostly True	Completely True	1. Communicates Appropriately
						1a. My DSP understands what I say. (e.g., my feelings, interests, choices, questions, concerns, and comments- or if the person communicates primarily through his behavior the interviewer should say, “My DSP understands what I’m trying to tell him with my words or my behavior).
						1b. My DSP communicates respectfully. (e.g., doesn’t interrupt or finish my thoughts, checks to make sure he understands what I have to say, and that I understand what the DSP is trying to tell me, uses person first language,)
						1c. My DSP gets my permission before talking with others. (e.g., my family members, my doctor, friends, significant others, professionals, and other members of my team).
						1d. My DSP tells my family and friends about the important things in my life. (i.e., with my permission, lets them know about important events and issues in my life)
						Subtotal =
						Number of items rated =

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	2. Provides Choice and Access to Preferences
						2a. My DSP provides me with many new choices and options (e.g., choice of which stores to shop in, leisure activities, sequence of daily events, etc.).
						2b. My DSP lets me decide what and when I do things (i.e., by asking me what I want to do instead of telling me what to do).
						Subtotal= Number of items rated =

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	3. Identifies Personally Meaningful Activities and Settings
						3a. My DSP is aware of things that are important to me. (e.g. favorite foods, clothes, hair cut, hobbies, television programs, etc.)
						3b. My DSP encourages and supports me to go places that are important to me. (For example, Hooters, casino, movies, park, church, college, work, etc.)
						Subtotal= Number of items rated =

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	4. Advocacy
						4a. My DSP helps me identify things that keep me from living my life the way I want. (i.e., safety issues, transportation, money, etc.)
						4b. My DSP helps me develop positive solutions to accessing services and/or community resources that allow me to live my life the way I want. (e.g., arranging ride on MITS, joining a parks and recreation program...)
						Subtotal = Number of items rated =

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	5. Provides Person Centered Supports
						5a. My DSP supports me to participate in events that are part of my cultural, ethnic, religious background. (e.g., support to attend temple or church of your affiliation, support to participate in your religious holidays, support to attend Greek Festival, Black History Festival, etc.)
						5b. My DSP encourages and supports me to live my life the way I choose. (For example, dating, leisure/entertainment, employment, hobbies, etc.)
						Subtotal = Number of items rated =

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	6. Builds Community Connections
						6a. My DSP assists me to maintain relationships with my family and friends. (i.e., emphasis actions that the DSP – phone calls, letters, cards, arranging visits...) Emphasis MAINTAINING relationships
						6b. My DSP identifies and arranges for people (other than my family) to help me participate in the community. (i.e., arranges natural supports- such as <u>arranging transportation</u> with a neighbor or friend)
						6c. My DSP supports me to meet people and make new friends. (Emphasis on NEW friends/relationships)
						Subtotal = Number of items rated =

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	7. Supports Skill Enhancement and Development
						7a. My DSP encourages me to <u>do things more independently</u> using skills I already have. (e.g., laundry, cooking, hobbies, travel throughout the community, etc.)
						7b. My DSP supports me to develop new skills. (e.g., budgeting, cooking, cleaning, gardening,
						7c. My DSP makes it easier for me to do things. (e.g., uses pictures, symbols, color coding, or completing parts of the task/activity for me. [partial participation]).
						Subtotal = Number of items rated =

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	8. Provides Positive Behavior Support
						8a. My DSP understands what makes me upset, frustrated, angry, scared.... (The reason WHY-)
						8b. My DSP helps express my feelings in a positive way (i.e., without hurting self or others or drawing negative attention to myself).
						8c. My DSP supports me to make changes in the settings where I spend time, to help me calm down- or not become upset- at home or community. (i.e., reduce or eliminate over stimulation to prevent my challenging behavior. (For example, noise, smells, temperature, confusion, etc.)
						Subtotal = Number of items rated =

These items are to be completed by Supervisor and/or other team/family members who interact with DSP and Consumer TOGETHER at least once per week.

NAME OF PERSON COMPLETING THESE ITEMS: _____

PHONE NUMBER: _____

9	1	2	3	4	5	Items
NA	Completely Untrue	Mostly Untrue	Neither True/False Don't know	Mostly True	Completely True	<i>9. Pursue Professional Development</i>
						9a. DSP knows his/her own professional strengths and weaknesses.
						9b. DSP has a plan for professional development/improvement.
						9c. Progress notes/logs completed by DSP convey accurate descriptions of events and issues.
						Subtotal = Number of items rated =

Service Area	Sub-score	Number of Items Rated	Score
<i>Communicates Appropriately</i>			
<i>Provides Choice/Access to Preferences</i>			
<i>Identifies Personally Meaningful Activities/ Settings</i>			
<i>Advocacy</i>			
<i>Provides Person-Centered Supports</i>			
<i>Builds Community Connections</i>			
<i>Supports Skill Enhancement & Development</i>			
<i>Provides Positive Behavior Support</i>			
<i>Professional Development</i>			
<i>Documentation</i>			
Total			

Facilitator Assessment of DSP Competency: Effective Communication

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP determines the desired/most effective mode of communication for the individual that he/she supports. (e.g., vocal, sign, gestures, symbol)				
DSP supports people to use their desired/most effective mode of communication (e.g., communication board, interpreter).				
DSP uses person first language.				
DSP protects the privacy of the individual(s) receiving support.				
DSP treats the people receiving support with respect (e.g., ask questions directly to the person, does not interrupt or interject personal opinions/bias, etc.)				
DSP speaks to people in a conversational manner.				
DSP makes sure she understands the person receiving support by summarizing her understanding of what the person is telling her and asks the person to confirm the correctness of the interpretation.				
DSP treats everyone as his/her equal. (e.g., Doesn't "talk down" to the person receiving support)				
DSP communicates clearly with the person receiving support.				
DSP communicates clearly with the family/friends of the person receiving support.				
DSP communicates clearly with his/her supervisor.				

Facilitator Assessment of DSP Competency: Assessment

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP presents options to the person receiving support based upon interviews with them, family members/significant others, support team members, review of relevant documents, and informed opinions (i.e., based on knowledge of the person).				
DSP presents options to the person which are age-, gender- and culturally-appropriate.				
DSP determines how the person communicates his/her preferences/choices. (i.e., unique of choosing or rejecting options)				
DSP determines preferences in a systematic fashion.				
DSP includes access to preferences in the person's everyday life.				
DSP assesses the person's preferences on an ongoing basis.				

Facilitator Assessment of DSP Competency: Documentation

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP documents incidents that affect the health and safety of the person.				
DSP documents what works and does not work for the person.				
DSP attends to the health and emotional well-being of the person and documents any changes.				
DSP attends doctor appointments, ask relevant questions, and documents relevant information in a person centered and respectful manner.				
DSP explains and documents medical information to the person and to other members of the team (as appropriate) in an understandable manner.				
DSP completes progress notes in a person centered manner while respecting the privacy and confidentiality of the individual.				

Facilitator Assessment of DSP Competency: Self-determination, Choice & Advocacy

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP assists the person receiving support to <u>identify potential advocacy issues</u> . (e.g. voting, renting an apartment, etc.)				
DSP assists the person to <u>prioritize advocacy issues</u> .				
DSP assists the person to identify <u>action steps</u> based upon individual abilities and needs.				
DSP assists the person to <u>access community resources</u> .				
DSP assists the person to <u>develop plans or strategies to resolve issues</u> when he/she encounters barriers to services or resources.				
DSP uses <u>individualized supports</u> based on the unique strengths, needs and interests of the person. (e.g., noisy vs. quiet places)				

Facilitator Assessment of DSP Competency: Person-centered Community-based Life Styles

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP <u>makes recommendations to the Team</u> for the development of person-centered goals and objectives based on observation, interview, record review, and personal knowledge of the preferences and desired lifestyle of the person receiving support.				
DSP <u>provides support based upon the person's cultural, ethnic, or religious</u> experiences and/or traditions. (e.g. person attends church that matches their religious background not DSP religious background)				
DSP <u>reviews progress notes and daily logs</u> to identify preferences, support needs, and opportunities to enhance the quality of life of the person.				
DSP supports people to <u>participate in new activities or experiences</u> that will lead to achieving the lifestyle of his/her choice and preference.				
DSP supports people to achieve goals and objectives that reflect consideration of <u>age, gender and preferences</u> .				
DSP <u>promotes self-determination</u> for the person.				
DSP encourages the person to <u>develop and articulate a vision of desired future</u> .				
DSP can name the strengths, gifts, and capacities of the person.				

Facilitator Assessment of DSP Competency: Skill Enhancement and Development

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP <u>identifies skills</u> that the person receiving support needs to practice, improve, and/or learn in order to live the lifestyle of his/her choice.				
DSP uses <u>teaching strategies</u> that match the person’s learning needs (e.g., least prompts, graduated guidance, shaping...).				
DSP makes <u>changes in settings, activities and/or materials</u> (i.e., modifications and/or adaptations) that allow the person to live the lifestyle of his/her choice.				
DSP uses <u>behavioral assessment strategies</u> (e.g., direct observation, discrepancy analysis, task analysis) to identify skills to teach, adapt or support to allow the person support to live the lifestyle of their choice.				

Facilitator Assessment of DSP Competency: Building Community Connections

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP supports people to participate in activities within the community by arranging for, or enlisting, interaction with non-paid persons in those community settings (i.e., <u>provide natural support</u>).				
DSP supports people to participate in activities in the community by <u>facilitating relationships</u> between the person and others present in those settings.				
DSP supports people to make <u>connections based on their preferences and interests</u> . (e.g. join mall walker club, book club, etc.)				

Facilitator Assessment of DSP Competency: Positive Behavior Supports

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP <u>identifies behaviors of the person that prevent or interfere with participation</u> in a variety of settings and/or activities.				
DSP <u>determines the function</u> (i.e., purpose) of the person’s challenging behavior (i.e., behavior that is dangerous, disruptive or draws negative attention to the person).				
DSP <u>identifies alternative or replacement behaviors</u> that the person can use to reduce or replace challenging behaviors.				
DSP <u>identifies antecedents</u> (things that “trigger”) to the person’s challenging behavior. (i.e., noise, sounds, smells, heat, light, etc.)				
DSP <u>modifies/adapts the environment and/or activity</u> to minimize the person’s challenging behavior.				

Facilitator Assessment of DSP Competency: Professionalism

Rate the DSP you supervise using this scale for each of the following competencies:	Unskilled	Beginner	Competent	Advanced
DSP actively <u>pursue training opportunities</u> that would improve his/her skills as a DSP.				
DSP <u>participates in a variety of training or continuing education</u> opportunities to improve his/her ability to support people to live the lifestyle of choice.				
DSP makes ethical decisions.				

Summary of VOA Evaluation Plan
(May 5, 2004)

The VOA project focuses on the approximately 175 Direct Support Professionals (DSP) who provide services to Medicaid waiver recipients. The project includes three (3) primary activities including: (a) in-house training + \$275 bonus for successful completion, (b) completion of a “Technical Competency Area in Direct Support Professions” program consisting of 12 hours of community college credit + \$1,000 bonus for successful completion, and (c) training and supporting supervisory staff to implement targeted supervision procedures. The working hypothesis of the VOA project staff is that completion of competency-based training + cash bonuses will decrease DSP turnover and improve the quality of services delivered by such staff. Furthermore, preparing and supporting supervisors to focus their supervisory behavior on staff performance relative to the topics covered in the competency-based training will result in further enhancement of DSP performance, and consequently further reduce staff turnover while increasing consumer satisfaction.

To assess the impact of the project’s three primary activities on DSP turnover and consumer satisfaction the project will collect data from multiple sources including: (a) consumers (and family members when appropriate), (b) DSP and (c) supervisors. In addition, the agency will calculate the turnover rate for all DSP that provide waiver services and for the agency as a whole. The impact of participating in the project on retention of individual workers will be tracked throughout the duration of the project. A description of what will be measured, how, and when for each stakeholder group follows.

Consumers. Consumer (and family when appropriate) satisfaction will be measured using the Customer Satisfaction Interview (see Appendix A). This structured

interview asks recipients of waiver services to rate the truthfulness of statements related to the performance of the DSP who provide waiver services to them. Statements are included in the survey for each of the targeted competency areas included in the DSP training curriculum and are designed to describe services and actions that a competent DSP might reasonably be expected to perform.

The survey will be administered to consumers (and family members when appropriate) who receive services from DSP who are enrolled in the training and to a randomly selected group of consumers whose DSP are not enrolled in the training, pending their informed consent. The survey will be administered pre- and post-training. In addition, the survey will be re-administered at 1 year intervals. To illustrate, the first cohort of DSP to enroll in the training beginning in May 2004 includes approximately 30 individuals. The consumers these DSP support will be asked to complete the interview. In addition, 30 of the remaining 145 DSP (i.e., who are not enrolled in the training) will be randomly selected and the consumers they serve will be asked to complete the interview at the same points in time, pending their consent. In this way, an experimental and comparison group will be formed for this first cohort of DSP/consumers.

DSP. Individuals included in the first cohort (see above) will be asked to complete a self-assessment of their ability level for each of the competencies included in the DSP competency-based curriculum. These data will be collected using the DSP Self-assessment survey (see Appendix B). The surveys will be completed before and after training, and at one year follow-up intervals. *Supervisors* also will be asked to complete a modified version of the DSP Self-assessment survey at the same time that it is administered to DSP in each cohort.

In addition, the “grading” of DSP portfolio assignments will be tracked for each competency area. The DSP training requires participants to complete an assignment which demonstrates their mastery of the competencies embedded with each training module. A rubric with scoring guidelines has been developed for each competency (i.e., needs improvement, meets requirement, exceptional).

Training participants will also be asked to evaluate the content and presentation of material in each training module. They will also be asked to evaluate the desirability of the training format (i.e., day, night, or weekend sessions) at the completion of the training. These data will be tracked for program improvement and to identify format preferences among working DSP.

As mentioned earlier, retention/termination of individual DSP will be tracked throughout the project period. For those DSP who terminate their employment, the reason for their termination will be coded.

Notes:

1. Evaluation of the supervisory component of this project has not been developed yet.
2. Comparison of impact of “in-house” versus community college training will be accomplished using the same measures described above- but simply coding the type of training. Since enrollment in either program is voluntary, we can not determine *a priori* if there will be enough individuals enrolled in- and completing the community college program to effectively design an evaluation of the impact of the two options.
3. Information gleaned from the DSP Demographic Information form (see Appendix C) will be analyzed using descriptive statistics. If interesting trends and/or questions arise we may use post hoc analysis to evaluate the relationships between variables within the DSP Demographic Information form and/or the other instruments included in this evaluation design. This is an area that I would welcome/seek TA!!

Appendix C

Maine

Worker Survey

Draft

June 24, 2004

Note: Many items adopted or adapted from Peter Kemper, Diane Brannon, Kathryn Dansky, Teta Barry clinical manager survey (March 2004) constructed for Better Jobs Better Care Study (in which they relied heavily on upcoming national survey of nursing home aides developed by Mathematica under ASPE's National Initiative.)

Dear Worker,

You are one of over 600 direct care providers participating in a study to improve the jobs of direct care workers here in Maine working in home care agencies. Your answers to these questions are very important to the success of this project. Please answer them as honestly as you can and remember that your answers will be kept confidential.

To protect your privacy all information you provide to us will be stored under a randomly assigned number rather than your name or any other identifying information. In addition, all records will be kept in password protected files in a locked office and will be destroyed at the end of the project. Any reports generated from this study will not include any information that will make it possible to identify you or your place of work. Your participation in this study is voluntary and you are free to withdraw at any time. You can decline to answer any of the questions.

If you would like to first verify the validity of this call and the survey, please call Ellen Schneiter, Deputy Director of the Governor's Office of Health Policy at [phone number]. If you have any questions about this research project itself, for example regarding what kinds of analysis are being done and why, you may contact Lisa Morris at 780-5876. And if you have any questions or concerns regarding the protection of your privacy, please contact Christina Booth, Coordinator, Office of Research Compliance, USM at 207-780-4517.

The following questions relate to your previous work experience, before you came to work for [agency name].

1. How long have you worked as a direct care worker (not just at your current job but overall)?
_____ years _____ months
2. Before the job you currently hold, did you work outside the home?
YES
NO
3. If yes, what kind of job was the one you held prior to your current job (occupation, work title, description)?
4. How long did you work at this job? Years _____ months _____

19. Do you have paid time off (vacation, sick or personal days)?

- Yes
- No
- Not yet, but will after I've been at job longer (ask how long)
- Not sure/don't know
- Other (describe)

20. If yes to question #19, how many paid days off do you get per year? _____

21. If no to question #19, does your employer provide you with unpaid time off?

- Yes
- No
- Not yet, but will after I've been at job longer (ask how long)
- Not sure/don't know
- Other (describe)

22. If yes to #21, how many unpaid days off per year (month?) are you permitted to take without getting into trouble? _____ (number, not sure, etc.)

23. Say there was an unplanned for but short-term emergency or difficulty in your life (for example, your child gets sick and day care will not keep him/her, other family member gets ill and needs assistance, unscheduled doctors appointment, your car breaks down, etc.) would you say that your employer would be:

- Very accommodating (easy going and helpful) _____
- Somewhat accommodating _____
- Sometimes accommodating _____
- Not very accommodating _____
- Never accommodating _____
- Not sure/don't know _____
- Other (describe) _____

24. What if you wanted to schedule one day of time off at least one week in advance, how likely is it that you would be able to get your shift/clients covered?

- Easy, my employer and/or coworkers are helpful in this way _____
- Relatively easy, as long as I asked far enough ahead of time _____
- Not very easy, its difficult to get coverage _____
- Almost impossible _____
- Not sure/don't know _____
- Other (describe) _____

25. What if you wanted to schedule one week of time off at least one month in advance, how likely is it that you would be able to get your shift/clients covered?

- Easy, my employer and/or coworkers are helpful in this way _____
- Relatively easy, as long as I asked far enough ahead of time _____
- Not very easy, its difficult to get coverage _____
- Almost impossible _____
- Not sure/don't know _____
- Other (describe) _____

26. If you have an unexpected family emergency and need time off from work, how comfortable do you feel calling in sick or asking for time off?

- very comfortable _____
- moderately comfortable _____
- not at all comfortable _____
- I'm afraid I would lose my job _____
- don't know/not sure _____
- other (describe) _____

27. If you could choose the ideal number of hours to work per week, how many hours per week would you work? _____

28. If you could choose the ideal weekly schedule, would your work (check all that reflect your schedule preference):

- Mornings _____
- Afternoons _____
- Days _____
- Nights/evenings _____
- Overnights _____
- Saturdays _____
- Sundays _____
- Don't know/not sure _____
- Doesn't matter _____
- Other (please describe) _____

We are now going to ask you questions about your job at [agency name] and your work role, satisfaction, and concerns.

29. If a friend or family member needed care and asked your advice about getting care from your [agency name], would you:

- Definitely recommend it
- Probably recommend it
- Probably not recommend it
- Definitely not recommend it
- Don't know

30. If a friend or family member asked your advice about taking a direct care worker job at your workplace, would you:

- Definitely recommend it
- Probably recommend it
- Probably not recommend it
- Definitely not recommend it
- Don't know

For the following questions, think about your job right now. Indicate to what extent, if at all, each of the following is of concern.

		Not at all a concern	Somewhat a concern	Of great concern	A major concern	Not applicable
16.	Having too much to do	1	2	3	4	N/A
17.	The jobs' taking too much out of you	1	2	3	4	N/A
18.	Having to deal with emotionally difficult or stressful situations with clients	1	2	3	4	N/A
19.	Having little chance for the advancement you want or deserve	1	2	3	4	N/A
20.	The job's not using your skills	1	2	3	4	N/A
21.	The job's dullness, monotony, lack of variety	1	2	3	4	N/A
22.	Limited opportunity for professional or career development	1	2	3	4	N/A
23.	Being exposed to illness or injury	1	2	3	4	N/A
24.	The job's being too physically demanding	1	2	3	4	N/A
25.	Lack of work-related support from your supervisor	1	2	3	4	N/A
26.	Your supervisor's lack of competence (or knowledge/skill?)	1	2	3	4	N/A
27.	Your supervisor's lack of appreciation for your work	1	2	3	4	N/A
28.	Your supervisor's having unrealistic expectations for your work	1	2	3	4	N/A
29.	Your schedule makes it hard for you to meet your and your family's needs	1	2	3	4	N/A
30.	the income/wage rate	1	2	3	4	N/A

For the following questions, think about your job right now at [agency name]. Indicate to what extent, if at all, each of the following is a rewarding part of your job.

		Not at all rewarding	Somewhat rewarding	Very rewarding	Extremely rewarding	Not applicable
31.	Helping and being needed by your clients	1	2	3	4	N/A
32.	Having an impact on other people's lives	1	2	3	4	N/A
33.	Being able to make decisions on your own	1	2	3	4	N/A
34.	Being able to work on your own	1	2	3	4	N/A
35.	Challenging or interesting work	1	2	3	4	N/A
36.	The sense of accomplishment you get from doing your job	1	2	3	4	N/A
37.	The job's fitting your interests and skills	1	2	3	4	N/A
38.	The opportunity for learning new things	1	2	3	4	N/A
39.	The recognition and appreciation you get	1	2	3	4	N/A
40.	The income/wage rate	1	2	3	4	N/A

For the following statements, think about your job right at [agency name] now and indicate to what extent, if at all, you agree or disagree.

41.	I am respected by my agency/employer for my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
	I am respected by my supervisor for my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
	I am respected by my co-workers for my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
42.	I can decide on my own how to go about doing my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
43.	I am involved in challenging work	Strongly agree	Somewhat agree		Somewhat disagree	Strongly disagree	Not applicable
44.	I have a chance to gain new skills and knowledge on the job	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
45.	I am trusted to make resident care decisions	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
46.	I am confident in my ability to do my job/I have the necessary training to do my job well	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable

For the following statements, think about your job right now and indicate to what extent, if at all, you agree or disagree.

47.	my supervisor provides clear instructions when assigning work	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
48.	my supervisor treats all direct care workers equally	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
49.	my supervisor deals with the complaints and concerns of direct care workers	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
50.	my supervisor is open to new and different ideas, such as a new or better way of dealing with resident care.	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
51.	my supervisor is supportive of progress in my career, such as further training	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
52.	my supervisor helps me with my job tasks when help is needed	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
53.	my supervisor listens to me when I am worried about a resident's care	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
54.	my supervisor disciplines or removes other direct care workers who do not do their jobs well or their share of the work.	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
55.	my supervisor tells me when I am doing a good job.	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A

56. In my organization, direct care workers help each other out when necessary.

- 1-Strongly agree
- 2-Somewhat agree
- 3-Neither agree nor disagree
- 4-Somewhat disagree
- 5-Strongly disagree

57. Overall, how satisfied are you with your job?

- 1-Extremely satisfied
- 2-Somewhat satisfied
- 3-Somewhat dissatisfied
- 4-Extremely dissatisfied
- 5-Don't know

58. I really care about the future of this agency/organization.

- 1. Strongly Agree
- 2. Somewhat Agree
- 3. Neither agree nor disagree
- 4. Somewhat Disagree
- 5. Strongly Disagree

59. How likely is it that you will leave this job:

in the next 6 months	very likely	Somewhat likely	Not at all likely	I don't know
in the next 12 months/1 year	very likely	Somewhat likely	Not at all likely	I don't know
in the next 2 years	very likely	Somewhat likely	Not at all likely	I don't know

60. I often think about quitting.

- 1. Strongly Agree
- 2. Somewhat Agree
- 3. Neither agree nor disagree
- 4. Somewhat Disagree
- 5. Strongly Disagree

61. Please list, in order of importance, two things your organization could do to improve your job as a direct care worker.

- 1. _____
- 2. _____

The following questions refer to other employment (besides your primary job at [agency name]).

63. Do you work anywhere else (do you have a second job)?

YES

NO (skip to question # 69)

64. If yes, what kind of job was it? (“job title” and/or “job description”)? _____

65. How long have you been working in this **second** job?

___ so many years

___ so many months

66. In a typical week, how many hours do you work at this second job? _____

67. In a typical month, how often do you work nights (outside 6am to 6pm shift)? _____

68. In a typical month, how often do you work on the weekends (Saturday and/or Sunday)? _____

Now we have some questions about your family.

69. How many children do you have living with you? _____

70. How old is the youngest (or only) child? _____

71. If you have more than one child, how old is the oldest child? _____

72. Do you use child care (care provided by anyone besides you, your spouse, or the child’s other parent)?

YES

NO

73. What type of child care provider or school arrangements do you use **most often**?

1 FAMILY MEMBER, NEIGHBOR OR FRIEND IN THEIR HOME

2 FAMILY MEMBER, NEIGHBOR OR FRIEND IN YOUR HOME

3 FAMILY DAY CARE HOME

4 DAY CARE CENTER

5 HEAD START

7 NURSERY SCHOOL/PRESCHOOL

8 ELEMENTARY SCHOOL

9 AFTER SCHOOL PROGRAM

10 OTHER

74. Do you regularly, at least weekly, use more than one child care provider?

1 YES

2 NO

75. What type of child care provider or school arrangements do you use **second most often**?

1 FAMILY MEMBER, NEIGHBOR OR FRIEND IN THEIR HOME

2 FAMILY MEMBER, NEIGHBOR OR FRIEND IN YOUR HOME

3 FAMILY DAY CARE HOME

4 DAY CARE CENTER

-
- 5 HEAD START
 - 7 NURSERY SCHOOL/PRESCHOOL
 - 8 ELEMENTARY SCHOOL
 - 9 AFTER SCHOOL PROGRAM
 - 10 OTHER

76. Please rate how well your current **primary** child care arrangement is meeting **your** needs (hours, cost, location, etc.). Would you say the arrangement is . . .

- 1 Excellent
- 2 Good
- 3 Fair, or
- 4 Poor

77. Do you provide care or assistance for a disabled or chronically ill or elderly family member (child, parent, relative, spouse/partner, other)?

- YES
- NO

78. Are you currently married or living with a partner?

- 1 YES
- 2 NO

79. How long have you been [above marital/relationship status]? ____years ____months

80. (If YES to partner/spouse question) Typically, does your partner/spouse work outside of the home?

- YES
- NO

81. If yes, how many hours per week does she/he typically work? _____

82. Does your spouse/partner's entire workday or shift usually fall between 6am and 6pm?

- YES
- NO

We now have some questions about your family's income. The reason we ask these questions is to better understand how families of different income levels adjust their work and family schedules to accommodate the special needs of their children. Remember, all of your answers will be kept strictly confidential. We appreciate your sharing this information that is critical to our study.

83. During the previous year, **2003**, what is your best estimate of **your family's total annual income**, including income from work, the work of your partner, spouse or other household members, SSI, TANF, public assistance, etc. We don't need exact figures, just tell us which category your family's income was in. Was it . . .

- 1 less than 20,000
- 2 \$20,001- 30,000,
- 3 \$30,001- 40,000,
- 5 \$40,001- 50,000,
- 6 \$50,001- 60,000,
- 7 more than \$60,000,
- 8 don't know
- 9 refused to answer

84. What was your household's **total income last month from all sources?**

85. Do you own a car?

YES

NO

86. If no to question #85, how do you typically get to work?

- motorcycle
- share a vehicle with a family/household member
- public transportation
- ride from family/friends/neighbors/co-workers
- walk or bike
- other _____

87. What age did you turn on your last birthday?

— —

88. (If interviewer cannot be sure by name and voice) Are you female or male?

Female

Male

89. Did you get your high school diploma or did you receive your GED? (ASPE)

High school diploma

GED

Neither

Don't know

90. What is the highest grade or year of school that you have completed? If you completed your GED, what was the highest grade you completed before the GED? (Circle only one) (ASPE)

None	0
Elementary, Middle or Junior High School	1 2 3 4 5 6 7 8
High School	9 10 11 12
Some college/trade school	13 14 15
College graduate	16
Post-college	17
Don't know	

91. How you received any specialized training (certificate program, adult education, continuing education course, vocational training, computer course, etc.). If yes, please list and describe _____

Clinical Manager/Supervisor Survey

Draft

Note: Most items adopted or adapted from Peter Kemper, Diane Brannon, Kathryn Dansky, Teta Barry clinical manager survey (March 2004) constructed for Better Jobs Better Care Study.

.....

Your agency/organization is one of over 50 throughout the state of Maine participating in this study. The goal of this study is to enhance recruitment and retention of direct care staff. This survey of clinical managers is intended to identify management practices and assess workplace climate as it relates to recruitment and retention in the agencies and organizations that are participating in this study. For the purposes of this survey, Direct Care Worker (DCW) refers to employees who provide hands-on personal care (e.g., assistance with bathing, toileting, dressing, transferring and feeding) through a home-health agency, in an assisted living facility, or an adult day care center. Although their activities and responsibilities may sometimes overlap, for the purposes of this survey, DCW does not include LPNs or RNs. Also excluded are workers who assist with cleaning, meal preparation and other household related chores, but that do not also provide personal care to clients. All agencies provide either home-based or community-based care or care in adult day care settings; we are not in the study examining recruitment and retention among DCWs in nursing homes or similar facilities. All of your answers will be kept strictly confidential. We greatly appreciate your taking the time to take this survey.

If you would like to first verify the validity of this call and the survey, please call Ellen Schneiter, Deputy Director of the Governor’s Office of Health Policy at [phone number]. If you have any questions about this research project itself, for example regarding what kinds of analysis are being done and why, you may contact Lisa Morris at 780-5876. And if you have any questions or concerns regarding the protection of your privacy, please contact Christina Booth, Coordinator, Office of Research Compliance, USM at 207-780-4517.

If you have any questions or would like more information about this research, please don’t hesitate to contact Lisa Morris at 207-780-5876 or by email at lmorris@usm.maine.edu. For more information concerning the rights of a participant in this research project, please contact Christina Booth, Coordinator, Office of Research Compliance, USM at 207-780-4517, TTY 207-780-5646 or by email at cbooth@usm.maine.edu.

1. What is your official job title?_____

2. What kinds of services does your organization provide? (Check all that apply).
 - Home health care: skilled services
 - Home health care: supportive services
 - Assisted living/personal care
 - Adult day care
 - Skilled nursing/intermediate care (nursing home)
 - Other (specify)_____

-
3. Is your organization/agency/facility (check only one):
- For profit
 - Not-for-profit
 - Both for-profit and not-for-profit
 - Public/government
 - Other (specify)_____
4. Is your organization/agency/facility (check only one):
- Free standing (i.e., the CEO/Director within your organization has ultimate decision-making authority)_____
 - Part of a chain, system, or multi-organization structure_____
5. How many direct care workers (DCWs) does your organization/agency/facility employ? (write in number) _____
6. Of the total direct care workers (DCWs) counted in #5, how many are:
- | | | |
|-------------------|-------------------------|----------------------|
| Part-time_____ | Contract_____ | Per Visit _____ |
| Full-time_____ | On-call or "Pool" _____ | Other (specify)_____ |
| Temp Agency _____ | Per Diem_____ | |
7. How do you advertise direct care worker job openings/vacancies/Where to you announce direct care job openings/vacancies? Check all that apply.
- Newspaper/want ads
 - Sign in window
 - Word of mouth
 - Temp agency
 - Job fairs
 - Direct Care worker paraprofessional organizations' newsletter
 - Other_____
8. Besides listing job openings as described in question above, what other techniques/strategies does your agency employ when seeking to fill direct care worker vacancies? (Please describe)_____
9. How would you rate the ability of your agency/organization to recruit and hire (fill vacancies) direct care workers?
- Easy/No problem: vacancies are easily and/or quickly filled through typical job announcement and applicant search and hire strategies (i.e., no extraordinary effort or resources has to go into filling these positions)
 - Moderately Easy: vacancies are relatively easy to fill, though sometimes we have to expend a bit more than typical effort into search and hire process
 - Somewhat difficult: vacancies take longer to fill than we'd like and/or applicant search and hire efforts are pretty labor intensive
 - Difficult: vacancies are difficult to fill, search and hire efforts are intense and takes a long time to fill vacancies
 - Almost impossible: we are always under-staffed when it comes to direct care workers
 - Don't know/not sure

-
10. How often are sign-on bonuses given to direct care workers when they are hired?
(Never Seldom Occasionally Frequently Always)
 11. How often are bonuses/rewards given to direct care workers for recruiting new direct care workers? (Never Seldom Occasionally Frequently Always)
 12. How often do direct care workers have input into changes in patient/client/consumer care plans?
 - Never
 - Seldom (less than once a week)
 - Occasionally (once or twice a week)
 - Frequently (almost every day that they work)
 - Always (every day)

Will this question #12 work for very part-time workers; how will answer selections be interpreted?

13. How often do direct care workers actively participate in developing patient/client/consumer care plans? (Never Seldom Occasionally Frequently Always)
14. How often do direct care workers write in patient/resident/client charts?
 - Never
 - Seldom (less than once a week)
 - Occasionally (once or twice a week)
 - Frequently (almost every day that they work)
 - Always (every day)
 - Will this work for very part-time workers; how will answer selections be interpreted)
15. How often do direct care workers communicate in writing with other direct care workers to relay information about patients/clients/consumers?
(Never Seldom Occasionally Frequently Always)
16. How often do direct care workers communicate verbally with other direct care workers to relay information about patients/clients/consumers?
(Never Seldom Occasionally Frequently Always)
17. How often do direct care workers communicate information either in writing or verbally about patients/clients/consumers by reporting to their supervisors?
(Never Seldom Occasionally Frequently Always)
18. How often do direct care workers meet formally or informally with a supervisor to discuss patient/client/consumer care issues?
(Never Seldom Occasionally Frequently Always)
19. How often do direct care workers receive verbal feedback about their everyday job performance? (Never Seldom Occasionally Frequently Always)
20. How often do direct care workers receive written feedback about their everyday job performance? (Never Seldom Occasionally Frequently Always)

-
21. How often do direct care workers receive a formal performance appraisal?
(Never Annually 2-5 times a year Monthly or bi-monthly More than once a month)

How often are the following management practices used for direct care workers in your organization?

22. Permanent assignment to patients/clients/consumers.
(Never Seldom Occasionally Frequently Always)
23. Rotation of assignments to different services or units.
(Never Seldom Occasionally Frequently Always Does not apply)
24. Cross-training (learning new skills not generally covered in DCW certification training, such as medication administration or assisting with physical or occupational therapies).
(Never Seldom Occasionally Frequently Always)
25. Self-managed work groups that include direct care workers.
(Never Seldom Occasionally Frequently Always)
26. Flex Time for direct care workers. (Never Seldom Occasionally Frequently Always)
27. Peer-mentoring model for direct care workers
(Never Seldom Occasionally Frequently Always)
28. What percentage of direct care workers currently participate in a career ladder program for the direct care worker to advance to a higher level of direct care worker (for example, team leader or dementia care specialist)?
(None 1-25% 26-50% 51-75% 76-100%)
29. What percentage of direct care workers currently participate in a career ladder program for the direct care worker to become a Licensed Practical Nurse?
(None 1-25% 26-50% 51-75% 76-100%)
30. What percentage of direct care workers currently have a designated peer mentor?
(None 1-25% 26-50% 51-75% 76-100%)
31. Approximately what percentage of direct care workers participate in formal in-service programs beyond those required for certification?
(None 1-25% 26-50% 51-75% 76-100%)
32. During the past year, approximately what percentage of direct care workers have completed a self-directed educational video or computer-based training program while at work? (None 1-25% 26-50% 51-75% 76-100%)
33. During the past year, approximately what percentage of direct care workers have attended a conference or workshop away from work? (None 1-25% 26-50% 51-75% 76-100%)
34. Is participation in formal training or continuing education programs linked to wages/compensation? (Yes No)

35. Is participation in formal training or continuing education programs linked to performance evaluations? (Yes No)

During the past year, what percentage of direct care workers received any formal training (in-service, workshop, etc.) on ...

36. communicating effectively with other employees?
(None 1-25% 26-50% 51-75% 76-100%)

37. communicating effectively with patients/residents/clients?
(None 1-25% 26-50% 51-75% 76-100%)

38. Please estimate the overall competency level of direct care workers in your organization using the following benchmark:

0 = All require constant supervision and guidance

1

2

3

4

5 = All have an average level of competency for the position

6

7

8

9

10 = All perform their jobs well with minimal guidance

***question #38 should probably be reworded to ask about level of competence based on percentage of workforce; this question above is too aggregated; How about:**

38. What percentage of your direct care worker staff would you describe as requiring constant supervision and guidance? (None 1-25% 26-50% 51-75% 76-100%)

39. What percentage of your direct care worker staff would you describe as having average level of competency for the position? (None 1-25% 26-50% 51-75% 76-100%)

40. What percentage of your direct care worker staff would you describe as performing their jobs well with minimal guidance? (None 1-25% 26-50% 51-75% 76-100%)

The next 6 questions refer to individuals who supervise the activities of direct care workers in their everyday work. This may be a nurse, manager, or other clinical staff person. In answering these questions, think of those persons who are most likely to supervise direct care workers in your organization.

41. Who is the person directly responsible for supervising direct care workers in their daily activities?

(RN staff nurse RN supervisor HR manager LPN charge or unit nurse Other (specify))

During the past year, what percentage of direct care worker supervisors received any formal training (in-service, workshop, etc.) on ...

-
- 42. communicating effectively with other employees?
(None 1-25% 26-50% 51-75% 76-100%)
 - 43. communicating effectively with patients/clients/consumers?
(None 1-25% 26-50% 51-75% 76-100%)
 - 44. diversity or cultural issues? (None 1-25% 26-50% 51-75% 76-100%)
 - 45. effective disciplinary procedures? (None 1-25% 26-50% 51-75% 76-100%)
 - 46. skills for managing people? (None 1-25% 26-50% 51-75% 76-100%)

- 47. Does your organization have a formal goal for developing your direct care worker staff?
(Yes No Don't know)
- 48. If yes, do you have a written action plan for achieving these direct care staff development goals? (Yes No Don't know)
- 49. How many times have written **employee satisfaction surveys** been conducted during the past year? (None 1 2 3 More than 3 Don't know)
- 50. How many formal **patient/client/consumer satisfaction surveys** did your organization conduct during the last year? (None 1 2 3 More than 3 Don't know)

Now, we'd like to ask if you agree or disagree with the following statements about your organization. It is important that your confidential responses to these questions be honest and accurate.

- 51. Employees take personal responsibility for their behavior.
(Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)
- 52. The organizational culture encourages risk-taking.
(Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly disagree)

**risk taking – sounds kind of vague to me; what does it mean, exactly?*

- 53. The organizational culture encourages continuous staff improvement.
(Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly disagree)
- 54. Senior management has presented a clear vision of the future of the organization.
(Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)
- 55. The organization rewards staff for being innovative.
(Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree)
- 56. Management communicates effectively with staff in all levels of the organization.
(Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly disagree)

57. Management solicits input from all levels of staff when deciding on purchases related to care delivery. (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly disagree)

58. Management solicits input from all levels of the organization when deciding on policies and protocols related to care delivery. (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly disagree)

59. Management solicits input from all levels of the organization when deciding on overall organizational/agency policies or processes. (Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly disagree)

60. Please write a brief description of one or two of the strategies your agency/organization uses to recruit (hire) direct care workers and fill vacancies.

61. Please write a brief description of one or two of the strategies your agency/organization uses to retain direct care workers and reduce turnover.

62. If you could do one thing to improve your organization's ability to recruit and retain quality direct care workers, what would it be?

63. Do you use any of the following methods in your organization to help direct care workers manage their stress levels? Check all that apply.

- Extra time off during/following periods of high workload_____
- Quiet areas in the workplace for breaks_____
- Exercise breaks during work hours_____
- Reimbursement for health club membership_____
- Support groups that meet regularly and include a group facilitator_____
- Private counseling at the workplace or offsite_____
- Peer mentoring/support_____
- Other (Please Describe): _____
- Don't use any specific method_____
- Don't know_____

64. What mechanisms are used in your organization to handle direct care workers' concerns?

Check all that apply.

- Talk with supervisor_____
- Toll-free "hotline" _____
- Organizational ombudsman_____
- Mediation_____
- Arbitration_____
- Peer mentor_____
- Other (Please Describe): _____
- Don't use any specific method_____
- Don't know

65. Have any grievances been filed by direct care workers in your organization within the last year? (Yes No)

65b. If yes, approximately how many grievances were filed?_____

66. What approaches are used to handle poor performance or negative behaviors at your organization/agency? Check all that apply.

- Counseling by supervisor in the work unit_____
- Counseling by senior manager_____
- Peer Mentoring_____
- Written documentation_____
- Final warning conference_____
- Probation_____
- Suspension_____
- Termination_____
- Other: _____
- Don't use any specific method
- Don't know

***question #66 doesn't seem like it will get at a process that involves different approaches based on first, second, third repeated bad behaviors or severity of bad behaviors? For example, what if the agency deals with first violation through peer mentor and in-writing, second violation involves a meeting with supervisor, third with senior management, and a fourth results in termination?**

How about this instead:

66. What approaches are used to handle the **first instance** of poor performance or violation of your organization/agency rules/policies/protocol? Check all that apply.

- Counseling by supervisor in the work unit_____
- Counseling by senior manager_____
- Peer Mentoring_____
- Written documentation_____
- Final warning conference_____
- Probation_____

-
- Suspension_____
 - Termination_____
 - Other: _____
 - Don't use any specific method
 - Don't know

67. What approaches are used to handle the **second instance** of poor performance or violation of at your organization/agency rules/policies/protocol? Check all that apply.

- Counseling by supervisor in the work unit_____
- Counseling by senior manager_____
- Peer Mentoring_____
- Written documentation_____
- Final warning conference_____
- Probation_____
- Suspension_____
- Termination_____
- Other: _____
- Don't use any specific method
- Don't know

68. What approaches are used to handle the **third instance** of poor performance or violation of at your organization/agency rules/policies/protocol? Check all that apply.

- Counseling by supervisor in the work unit_____
- Counseling by senior manager_____
- Peer Mentoring_____
- Written documentation_____
- Final warning conference_____
- Probation_____
- Suspension_____
- Termination_____
- Other: _____
- Don't use any specific method
- Don't know

69. When direct care workers terminate their employment voluntarily, how often are exit interviews conducted? (Never Seldom Occasionally Frequently Always)

70. If exit interviews are conducted what are the top 3 reasons given by exiting workers as to their reasons for leaving? Number reasons 1-3 in order of relevance.

- Worker left for a higher paying job_____
- Worker left for an easier job_____
- Worker left for a more interesting/preferable job_____
- Worker left for a job that offers more hours_____
- Worker left for a job that offers more-preferred hours/schedule_____
- Worker left for another job that is closer to home_____
- Worker left for no new job (no longer wants/needs to work)_____

- Worker left for reasons related to work/family conflicts (birth of new child, child care problems, child or other family member needs care-giving that interfered with work, dealing with family emergency/illness/crisis, difficulty balancing work and family responsibilities, etc.)_____
- Temporary Pregnancy/maternity leave_____
- Worker left for reasons related to transportation (no car, car broken down, etc.)_____
- Worker left for personal, health or disability-related reasons (illness, substance abuse, mental illness, stress, etc. on the part of the worker)_____
- Worker left for personal or family reasons unrelated to work or work/family balancing (for example, family is moving away)_____
- Worker left to go to school_____
- Other (describe)_____
- Don't know_____

71. Do you use any of the following individual financial incentives for good performance for the direct care workers that you employ? Check all that apply.

- Merit bonus_____
- Attendance bonus_____
- Special recognition awards (merchandise, trips, etc.)_____
- Productivity bonus tied to quality or outcomes_____
- Other individual incentive (please explain):

- Don't use any individual financial incentives_____
- Don't know_____

61a. If you do use special recognition awards as individual incentives for good performance for the direct care workers that you employ, what type(s) do you use? Check all that apply.

- Employee of the year/month (no financial award attached, just publicly announced recognition)
- Coupons and/or gift certificates for meals, merchandise, etc.
- Holiday bonuses and/or gifts
- Cash
- Trips
- Other (describe): _____

72. Do you use any of the following group-based financial incentives for good performance that include direct care workers? Check all that apply.

- Bonus based on group, team, or unit productivity tied to quality or outcomes_____
- Special recognition awards (merchandise, trips, etc.) for group, unit or team_____
- Other group incentive (explain): _____
- Don't use any group financial incentives_____

73. Do you use any of the following organization-wide financial incentives that include direct care workers? Check all that apply.

- Profit sharing_____
- Employee stock options_____
- Special recognition awards (merchandise, trips, etc.)_____

- Other organization-wide incentives (explain): _____
- Don't use any of the above organization-wide financial incentives _____

Do you offer any of the following health benefits to direct care workers? If yes, indicate how much of the cost is paid by your organization. If benefits are offered but not paid for by your organization, indicate 0%. If yes, indicate if benefit is available to all direct care workers (fulltime, part-time, per diem, etc.). If yes, indicate if direct care worker families/dependents are also covered.

Benefit	Offered to direct care workers	Cost paid by agency/org	Benefit is available to which DCWs	Direct care workers families/dependents
Health insurance	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Dental Insurance	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Vision Insurance	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Prescription Drug Plan	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No

Do you offer any of the following health benefits to direct care workers? **If yes**, indicate how much of the cost is paid by your organization. If benefits are offered but not paid for by your organization, indicate 0%. **If yes**, indicate if benefit is available to all direct care workers (fulltime, part-time, per diem, etc.). **If yes**, indicate if direct care worker families/dependents are also covered.

Benefit	Offered to direct care workers	Cost paid by agency/org	Benefit is available to which DCWs	Direct care workers families/dependents
Mental/Behavioral/ Substance Abuse Services or Program	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Wellness Programs	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Life Insurance	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Disability Insurance	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Financial Assistance to attend training workshops/conferences	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No

Do you offer any of the following health benefits to direct care workers? **If yes**, indicate how much of the cost is paid by your organization. If benefits are offered but not paid for by your organization, indicate 0%. **If yes**, indicate if benefit is available to all direct care workers (fulltime, part-time, per diem, etc.). **If yes**, indicate if direct care worker families/dependents are also covered.

Benefit	Offered to direct care workers	Cost paid by agency/org	Benefit is available to which DCWs	<i>Direct care workers families/dependents</i>
Educational assistance to attend certificate or degree programs	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Pension, 401(k), 403(b), or IRA plan	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Health care for retirees	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Use of agency car during work hours	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Transportation assistance to/from work	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No

Do you offer any of the following health benefits to direct care workers? **If yes**, indicate how much of the cost is paid by your organization. If benefits are offered but not paid for by your organization, indicate 0%. **If yes**, indicate if benefit is available to all direct care workers (fulltime, part-time, per diem, etc.). **If yes**, indicate if direct care worker families/dependents are also covered.

Benefit	Offered to direct care workers	Cost paid by agency/org	Benefit is available to which DCWs	<i>Direct care workers families/dependents</i>
Paid time off	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Sick leave	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Vacation time	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Uniforms/shoes	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Child care/elder care	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No

Do you offer any of the following health benefits to direct care workers? **If yes**, indicate how much of the cost is paid by your organization. If benefits are offered but not paid for by your organization, indicate 0%. **If yes**, indicate if benefit is available to all direct care workers (fulltime, part-time, per diem, etc.). **If yes**, indicate if direct care worker families/dependents are also covered.

Benefit	Offered to direct care workers	Cost paid by agency/org	Benefit is available to which DCWs	<i>Direct care workers families/dependents</i>
Dependent care subsidy	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Housing subsidy	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Funeral/bereavement leave	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Membership in recreation programs	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No
Membership or assistance to participate in worker coalition/organizations	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • 0% • 1 – 25% • 26 – 50% • 51 – 75% • 76 – 99% • 100% • part of a “cafeteria” plan 	<ul style="list-style-type: none"> • all • Fulltime only • Fulltime and some others 	<ul style="list-style-type: none"> • Yes • No

90. What is the typical/average caseload (number of patients/clients/consumers) for a direct care worker? _____

(this question #90 may not work as is, depending on how variable is client load; if it fluctuates widely, we may have to reword it in order to capture reliable and accurate data)

The following questions deal with the current composition of your workers. In an average month, approximately how many workers (in **Full Time Equivalents**) are employees? By employees, we mean workers whom you pay wages or salaries using an hourly, monthly or annual rate and deduct FICA. If none, please indicate "0".

92. RNs: _____

93. LPNs: _____

94. Direct Care Workers: _____

In an average month, approximately how many workers (in **Full Time Equivalents**) are not employees of your organization? That is, how many are contract, per diem, or temporary workers? If none, please indicate "0".

95. RNs: _____

96. LPNs: _____

97. Direct Care Workers: _____

98. How many work-related illnesses and injuries have you reported to OSHA in the past 12 months for: (If none, please indicate "0".)

RNs: _____

LPNs: _____

Direct Care Workers: _____

99. Thank you for taking the time to complete this important survey. We would appreciate any feedback you could offer to help us improve this survey. Please indicate any questions or concerns you have below.

Thank you for taking the time to complete this survey. If you have any concerns, please direct them to: Lisa Morris at 207-780-5876 or by email at lmorris@usm.maine.edu.

Recruitment and Retention of Direct Care Workers and the Impact of Dirigo and Employer of Choice

Research Evaluation Draft

May 20, 2004

**For more information, please contact
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Evaluation Task/Objective: Examine the factors (at worker, household, and organization/agency levels) related to job turnover among direct care workers in Maine and test the impact of two interventions (Dirigo and Employer of Choice) on recruitment and retention of direct care workers in Maine.

Overview: The State's interest in providing health insurance through Dirigo Health to as many direct service workers as possible makes random assignment infeasible. The next best alternatives to experimental design are: (1) using a pre/post design to examine retention and recruitment before and after the interventions; (2) comparing job retention and recruitment outcomes of a group of participating workers and employers and a comparison group of nonparticipating employers and workers using statistics methods to control for worker-level differences on factors that also affect retention and recruitment; (3) employing a mixed method research design that examines the intervention and possible impacts at both the worker and the organization/agency level and incorporates both qualitative and quantitative data and analysis. We will incorporate all three approaches into this study. The three main components of the research evaluation include:

- Quantitative analysis of the impact of Dirigo and Employer of Choice on job retention and recruitment (vacancies) using longitudinal data (agency administrative tracking start and end dates, hours, etc. on all DCWs) and supervisor and worker survey data collected before and after interventions on sample of approximately 50 agencies and their direct care workers
- Qualitative data collected through supervisor and worker surveys and semi-structured interviews and focus groups of supervisors and workers of a sub-sample (approximately 10) of agencies
- In-depth case studies (in which more intensive data collection is conducted) of three agencies (small, medium, and large) and/or ones that we think are particularly interesting (in terms of recruitment and retention strategies being employed).

Sample

- There are approximately 130-150 home and personal health care employers in Maine; approximately 50 will be recruited into the study (based on feedback from Lewin/Better Jobs, Better care phone meetings, we have downsized our sample because of the labor intensive recruitment and tracking strategies that will need to be used.)
- The study sample will therefore include approximately 50 employers and all their direct care workers (approximately 800-1,000).
- **Recruitment and Attrition:** The issues involving sampling frame construction, sample selection, and attrition have and will continue to involve careful and intense recruitment strategies and planning and the provision of meaningful incentives of both agencies and workers. We have learned from our evaluation consultants provided by CMS that convincing busy employers (especially smaller ones) and workers to participate and then to remain in the study (for the 2.5

years later) will require a lot of time, effort, resources (financial incentives) as well as creativity and flexibility.

Data

- Agency administrative data: All agencies will report to us (monthly) the following information: hire date, employment status (FT, PT, on call, temporary agency worker, on leave of absence), change in employment (FT-PT, PT-FT, to leave of absence, quit, termination, movement to different position within agency, other), hourly wage rate (are DSWs paid some other way besides hourly?), departure date (last day worked, last day paid) of all direct care workers; larger agencies (so far) report this will be relatively easy; smaller agencies will need our assistance in setting up a process for tracking this information.
- Survey: baseline survey before Dirigo and Employer of Choice (late summer, early fall 2004)
 - Workers:
 - Initial recruitment: Workers will be recruited through their place of employment (we will attend staff meetings (host a on-site food and information session at other time), provide food (and day care, depending on when), explain the study, the purpose, etc. and ask for their willingness to participate and obtain signed consent; we will conduct surveys by phone
 - Obtain extensive contact information: As part of first survey, ask for address and phone number, theirs' and a family member's (grandmothers and/or mother)
 - Monetary incentives: \$ Stipends – at survey #1 and a larger stipend at survey #2; as well as entry into raffle (\$100 at store of choice)
 - Address/phone change cards: provide stamped cards they can drop in the mail to alert us of address and phone change
 - Periodic check-ins: Contact them periodically between survey #1 and survey#2 to keep them connected and involved (collect updated contact information)
 - Ask for the assistance of Direct Care Worker Coalition in advertising and maintaining interest among participants in order to reduce sample attrition.
 - Supervisors: on-line and/or mail survey
- UI data: we are still pursuing permission and agreement between us and Department of Labor/Bureau of Unemployment Compensation to obtain earnings data for worker sample (quarterly earnings and SICs on all jobs held by person); access to these data will require a cooperative agreement between Trish Riley's Office and DOL; DOL saves earnings data for 12 quarters back. We will ask them for data extractions say, by the end of this summer and then again towards the end of the study. This may not happen; the legality of obtaining these data are being challenged (I was able to get these data for another study because the workers in my sample were clients of state programs – Medicaid, Food Stamps, and/or TANF).
- Qualitative data: (the site visit and case study portion of this project are still under-development)
 - Site Visits to 10 agencies
 - Year 1-1.5: Needs Assessment and Baseline data collection Before Dirigo/Employer of Choice
 - Year 3: Follow-up site visit
 - Semi-structured interviews and focus groups (protocols still being developed but will be more open-ended versions of key questions in worker and supervisor surveys related to workplace climate, supervision, supervisor-worker relationships, work load, job satisfaction, work/family issues, recruitment and retention strategies, how problem is viewed by workers, by supervisors, etc.) of workers and Supervisors

-
- Case Studies:
 - 3 agencies (in which more intensive data collection is conducted) of three agencies (small, medium, and large) and/or ones that we think are particularly interesting (in terms of recruitment and retention strategies being employed).
 - more in-depth data collection (protocols still being developed but will be more open-ended versions of key questions in worker and supervisor surveys related to workplace climate, supervision, supervisor-worker relationships, work load, job satisfaction, work/family issues, recruitment and retention strategies, how problem is viewed by workers, by supervisors, etc.) of direct care workers and their supervisors as well as human resources director, Executive Direct, CEO, etc.
 - examination of agency policies and procedures and workplace processes
 - We will also attend meetings of and collect information from worker coalition organization and home-health care provider organizations

Data Analysis Strategy

Worker-Level Analyses

Worker-level outcomes

- Job Duration:
 - Consecutive months of employment in same position at same agency
- Insurance Take-Up:
 - $\Pr(\text{employee accepts}) = \Pr(\text{works for a firm that offers}) * \Pr(\text{worker is eligible} | \text{offer}) * \Pr(\text{accepts} | \text{eligible})$.
- Job Satisfaction
 - Overall, how satisfied are you with your job? (ASPE)

The worker-level outcome of primary interest is job duration/retention. We will also examine job stress and job satisfaction, both as outcomes in and of themselves and as covariates in job retention models. We will test for differences on these outcomes between the comparison groups and before and after the Dirigo and “Employer of Choice” interventions. The independent variables of primary interest are whether or not workers have health insurance and whether their employer participates in the “Employer of Choice” program and what version of the “Employer of Choice” model they adopt. Independent and control variables will include those measuring job satisfaction, job role design and quality, job stress, supervisor support and respect, commitment to the agency and intent to stay, worker characteristics (e.g. education, sex, race, age, previous work experience), job characteristics including wage and benefits, flexibility and consistency of work hours (obtained through worker and employer surveys), work/family and caregiving burden (e.g. marital/partner status, age and number of children, employment status of other adults in the household), job characteristics (e.g. part or full-time, wage rate, case load and mix, second job), unearned income and other assets (earnings of other household members, public assistance, car) and local labor market conditions (e.g. employment rates and wage rates as measures of local labor demand and thus the potential for job opportunities elsewhere).

We will use standard univariate and bivariate analyses to test for group differences (between “treatment” and comparison samples) and repeated measures (pre- and post-intervention). Multivariate methods will then be employed to examine the impact of participation in Dirigo and the “Employer of Choice” program while controlling for other factors that might also affect job satisfaction and job retention. Ordinary least squares (OLS) analysis will be used to estimate the impact of changes in stress and job satisfaction and from pre- to post-training as a function of participation in the training program, controlling for changes in worker characteristics, household factors, and job characteristics as well as

changes in Dirigo and “Employer of Choice” status. Interaction terms between the dummy variable flagging Dirigo participation and other covariates will be used to assess if there are different effects on different kinds of workers. To examine the robustness of the results from these models, we will estimate alternative specifications including pooled cross-section, fixed effects and random effects models.¹

We will use survival analysis regression methods to examine job retention. Survival analysis (also known as duration or hazard analysis) is more appropriate when analyzing job duration data because of the way it handles “time in the job so far” and the censored nature of the data.² Empirical evidence and theory indicate that the longer a person remains in a job, the “stickier” the job becomes. Controlling for time in the job enables us to separate out this state dependence from the impact of the intervention. Survival analysis uses as its dependent variable a duration-specific transition rate of exiting a job (as opposed to just “length of time in job”) and estimates the relationship between the dependent and independent variables using maximum likelihood estimation, a preferred approach because of its ability to handle censored cases.³ The estimation sample for the survival model will be a pooled sample of workers from all comparison groups. We will also test models that include job stress and job satisfaction scores as covariates, to explore the relationships between the interventions, changes job stress and job satisfaction, and job duration/retention. Interactions between the dummy flagging Dirigo and “Employer of Choice” participation and other covariates will be used to assess whether the training is having differential impacts on different kinds of workers. Again, to examine the robustness of the results from these models, we will estimate alternative specifications including pooled cross-section, fixed effects and random effects models.

We will also estimate logistic regression models to examining the factors related to the probability of offer, eligibility, and take-up of insurance. In the first model, the dependent variable is a dichotomous (0,1) variable indicating whether the individual works for an employer who offers health insurance. In the second model, the dependent variable is (0,1) indicating whether the person is eligible for offered insurance. In the third model the dependent variable is (0,1) indicating whether the person accepts the employer-offered insurance, conditional on being offered and eligible. The product of these three probabilities is the probability that a worker is covered by health insurance from her or his employer. Thus:

$$\text{Pr}(\text{employee accepts}) = \text{Pr}(\text{works for a firm that offers}) * \text{Pr}(\text{worker is eligible}|\text{offer}) * \text{Pr}(\text{accepts}|\text{eligible}).$$

¹ The pooled cross-section specification will create a sample of before and after (Dirigo and/or employer of choice intervention) observations for each person. It can be estimate using a random-effects model (STATA commands: xtpcse for OLS models) which allows for the fact that the error terms will be correlated across the two observations and produces corrected standard errors. A dummy variable will be coded 0 if the observation comes from the pre-intervention survey, and one if it comes from the post-intervention survey.

² Censored cases are those workers not observed to exit the job before the end of the study (24 months later). Technically, when we don't observe the workers leaving their jobs, we don't have an accurate value for the dependent value (how long in the job) for these cases. Ignoring information regarding the timing of transitions would at least compromise the precision of estimates, if not bias them altogether.

³ This procedure estimates the parameters such that their values will maximize the likelihood of observing what is in fact observed. There are two steps to this procedure. The first is to construct a likelihood function. As shown above, the likelihood function is formed as the product of density terms for completed spells and the survivor function for censored spells. Using δ_i as the censoring indicator, the likelihood function can be written as:

$$L = \prod_{i=1 \Rightarrow n} [f(t_i)]^{\delta_i} [S(t_i)]^{1-\delta_i}$$

Where δ_i equals zero if the case is censored and one otherwise. This expression demonstrates how MLE is able to combine information from both censored and uncensored cases thereby resulting in no loss of information.

To model the individual worker's take-up decision we will use a competing risk framework, whereby a worker either accepts coverage, declines and takes alternative coverage, or declines and remains uninsured. A competing risk model shows the effect of the independent variables disaggregated according to the way an event takes place. It is assumed that, conditional on the covariates, those who have a higher (or lower) probability of one type of event are not just as likely to experience one of the other events. In other words, if it is known that the worker accepts their employer's insurance offer that should provide no information (beyond what is known from the covariates) about her or his probability of declining employer's insurance. The competing risk model will be estimated using a multinomial logistic regression model (MNL).

Agency-Level Analysis

- Retention:
 - Number of DCWs employed for less than 6 months / total number of DCWs at time of survey
 - Number of DCWs employed for less than 12 months / total number of DCWs at time of survey
 - Number of DCWs employed for 2 or more years / total number of DCWs at time of survey
 - Number of DCWs employed for 3 or more years / total number of DCWs at time of survey
 - Number of DCWs employed for more than 1 year/number of DCWs on pay roll at the end of the fiscal year
 - average length of stay for each type of employee
- Turnover:
 - The number of regular (full-time, part-time, on-call) employees who separated from the agency (based on the last day of pay) for any reason over the course of 12 months / average number of regular employees over the 12 months
 - Number of full-time new hires over 12 months/ average number of full-time workers over the 12 months
 - Number of part-time new hires over 12 months/average number of part-time workers over the 12 months
 - Total number of workers employed at Time 1 minus the number still employed at Time 2 (12 months later) / number employed at Time 1
- Vacancies:
 - Number of job openings/total number employed (or total number of positions)

Employer-level outcomes will include use of contract and temporary workers, turnover rates, vacancy rates, and staff retention. The sample for the employer-level analyses will include all 150 employers. Since we only have 150 employers in the sample, most of the analysis will be restricted to univariate and bivariate analyses to test for group differences (between comparison groups) and repeated measures (pre- and post-intervention) in mean values on dependent variables (e.g., turnover rates, retention, contract/temporary staff to total workers) using analysis of variance methods (Cross-tabulations, T-tests, ANOVA, Chi Square). We will assess the strength of relationships using correlation and regression techniques. We will estimate multiple regression models and report these findings if they are found to be robust. Ordinary least squares (OLS) will be used to estimate the impact of Dirigo and the "Employer of Choice" on changes in average number of weeks workers remain employed and turnover and vacancy rates between the pre-intervention and post-intervention periods as a function of changes in the independent variables. We will use a pooled cross-section specification to increase the size of the estimation sample and to test the robustness of the OLS results. The pooled cross-section specification will create a sample that includes multiple observations for each agency.

Appendix D

North Carolina

Caregivers Are Professionals, Too!
CMS Grant 2004 Employee Survey

Instructions: Please use a pen to complete the survey by circling the answer that best represents your views. Please pay attention to the scales in each question because they vary. When you complete the survey, please return it in the postage-paid envelope provided. Your individual responses will ONLY be seen by independent researchers at Western Carolina University who are assisting us on this grant research project. This survey is part of a federally funded grant that focuses specifically on the caregiving profession. It is aimed at enhancing the job satisfaction and career opportunities for Direct Service Workers. "Direct Service Worker" includes Certified Nursing Assistants, In-Home Aides, Personal Care Assistants, Care Givers, etc. Thank you for your participation in this survey. Please be completely honest with all answers.

Job Satisfaction (Circle the response that best represents your views)

- 1) How satisfied are you with the overall working conditions here?
- | | | | | |
|--------------------------|------------------------------|----------------|---------------------------|-----------------------|
| Very Dissatisfied | Somewhat Dissatisfied | Neutral | Somewhat Satisfied | Very Satisfied |
| 1 | 2 | 3 | 4 | 5 |
- 2) How satisfied are you with your work schedule?
- | | | | | |
|--------------------------|------------------------------|----------------|---------------------------|-----------------------|
| Very Dissatisfied | Somewhat Dissatisfied | Neutral | Somewhat Satisfied | Very Satisfied |
| 1 | 2 | 3 | 4 | 5 |
- 3) How satisfied are you with the amount of responsibility you have?
- | | | | | |
|--------------------------|------------------------------|----------------|---------------------------|-----------------------|
| Very Dissatisfied | Somewhat Dissatisfied | Neutral | Somewhat Satisfied | Very Satisfied |
| 1 | 2 | 3 | 4 | 5 |
- 4) How satisfied are you with the way this agency is managed?
- | | | | | |
|--------------------------|------------------------------|----------------|---------------------------|-----------------------|
| Very Dissatisfied | Somewhat Dissatisfied | Neutral | Somewhat Satisfied | Very Satisfied |
| 1 | 2 | 3 | 4 | 5 |
- 5) How satisfied are you with the attention paid to suggestions you make?
- | | | | | |
|--------------------------|------------------------------|----------------|---------------------------|-----------------------|
| Very Dissatisfied | Somewhat Dissatisfied | Neutral | Somewhat Satisfied | Very Satisfied |
| 1 | 2 | 3 | 4 | 5 |

6) How satisfied are you with your job security?
Very Dissatisfied **Somewhat Dissatisfied** **Neutral** **Somewhat Satisfied** **Very Satisfied**
1 **2** **3** **4** **5**

7) How satisfied are you with your job benefits?
Very Dissatisfied **Somewhat Dissatisfied** **Neutral** **Somewhat Satisfied** **Very Satisfied**
1 **2** **3** **4** **5**

8) How satisfied are you with how clearly your job responsibilities are defined?
Very Dissatisfied **Somewhat Dissatisfied** **Neutral** **Somewhat Satisfied** **Very Satisfied**
1 **2** **3** **4** **5**

9) Overall, how satisfied are you with your job as a direct service worker?
Very Dissatisfied **Somewhat Dissatisfied** **Neutral** **Somewhat Satisfied** **Very Satisfied**
1 **2** **3** **4** **5**

Supervisory Relationships (Circle the response that best represents your views)

10) My supervisor is open to new and different ideas, such as a better way of dealing with care.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

11) My supervisor is available to answer questions or advice when I need help with my clients.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

12) My supervisor listens to me when I am worried about a client's care.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

13) My supervisor tells me when I am doing a good job.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

14) My supervisor is responsive with problems that affect my job.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

Job Environment (Circle the response that best represents your views)

15) I am respected by the agency I currently work with.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

16) I am involved in challenging work.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

17) I have a chance to gain new skills and knowledge on the job.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

18) I am trusted to make basic activities of daily life client care decisions.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

19) I am confident that I have the skills to do my job.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

Respect (Circle the response that best represents your views)

20) To what degree do you feel your supervisor respects you, as part of the health care team?

- 1 - A great deal**
- 2 - Somewhat**
- 3 - Not at all**
- 4 - Don't know**

- 21) To what degree do you feel clients respect you, as part of their health care team?
1 - A great deal
2 - Somewhat
3 - Not at all
4 - Don't know

Job Role (Circle the response that best represents your views)

- 22) If I do good work I can make more money as a care giver (or DSW).
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

- 23) If I do good work I can count on being rewarded or recognized.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

- 24) I feel I am valued at this agency.
Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

Intent to Stay (Circle the response that best represents your views)

- 25) How long have you been a care provider in your lifetime?
Years _____ **Months** _____

- 26) How long have you worked in your current job as a direct service worker?
Years _____ **Months** _____

- 27) How likely is it that you will leave this agency in the next 6 months?
Not at all Likely **Somewhat Likely** **Very Likely** **Don't Know**
1 **2** **3** **4**

- 28) How likely is it that you will leave this agency in the next 12 months / 1 year?
Not at all Likely **Somewhat Likely** **Very Likely** **Don't Know**
1 **2** **3** **4**

- 29) How likely is that you will leave this agency in the next 2 years?
Not at all Likely **Somewhat Likely** **Very Likely** **Don't Know**
1 **2** **3** **4**

29A) How likely is that you will still work as a caregiver for any agency 1 year from now?

Not at all Likely **Somewhat Likely** **Very Likely** **Don't Know**
1 **2** **3** **4**

29B) How likely is that you will still work as a caregiver for any agency 2 years from now?

Not at all Likely **Somewhat Likely** **Very Likely** **Don't Know**
1 **2** **3** **4**

29C) How likely is that you will still work as a caregiver for any agency 5 years from now?

Not at all Likely **Somewhat Likely** **Very Likely** **Don't Know**
1 **2** **3** **4**

30) I often think about quitting?

Strongly Disagree **Somewhat Disagree** **Neutral** **Somewhat Agree** **Strongly Agree**
1 **2** **3** **4** **5**

31) How likely is it that you could find another employer with about the same pay and benefits you now have?

Very Unlikely **Somewhat Unlikely** **Neutral** **Somewhat Likely** **Very Likely**
1 **2** **3** **4** **5**

32) If a friend or family member asked your advice about taking a caregiving job, would you:

- 1 – Definitely recommend it**
- 2 – Probably recommend it**
- 3 – Probably not recommend it**
- 4 – Definitely not recommend it**

Demographics (Circle the response that best represents your views)

33) What is your age?

- 1 - Under 21**
- 2 - 21 to 34**
- 3 - 35 to 44**
- 4 - 45 to 54**
- 5 - 55 or older**

- 34) What is your sex?
1 - Male
2 - Female
- 35) What is your marital status?
1 - Married
2 - Unmarried
3 - Divorced
4 - Widowed
- 36) How many dependents under the age of 18 do you have?
1 - One
2 - Two
3 - Three
4 - Four
5 - Five or more
6 - None
- 37) What is the highest grade or year of school that you have completed? If you received a GED, choose the highest grade completed. (Circle only one)
- | | |
|--|-------------------------|
| None | 0 |
| Elementary, Middle, or Junior High school | 1 2 3 4 5 6 7 8 |
| High school | 9 10 11 12 |
| Some college/trade school | 1, 2, or 3 years |
| College graduate | Yes |
| Post-college | Yes |
| Don't know | |
- 38) What is your ethnic background?
1 - White
2 - African American
3 - Asian
4 - Native American
5 - Hispanic
6 - Other _____

Agency's Benefits and Financial Information (Circle the response that best represents your views)

39) Do you currently have health insurance?

- 1 - Yes
- 2 - No
- 3 - Don't know

40) Were you offered the opportunity to participate in a health insurance plan?

- 1 - Yes
- 2 - No (Skip to Question # 44)
- 3 - Don't know

41) If health insurance was offered to you, are you participating? If the answer is No, why aren't you participating?

- 1 - Yes
- 2 - No _____ (Skip to Question # 44)

42) Are you participating in a Mini- or Major-Medical insurance plan?

- 1 - Mini-Medical Coverage
- 2 - Major-Medical Coverage
- 3 - Don't know

43) To what extent has the health insurance increased your overall job satisfaction?

- | | | | | |
|------|-------------|---------|----------|------------|
| None | Very Little | Neutral | Somewhat | Great Deal |
| 1 | 2 | 3 | 4 | 5 |

44) How valuable is the availability of health insurance to you?

- | | | | | |
|----------|--------------|---------|-------------------|---------------|
| No value | Little Value | Neutral | Somewhat Valuable | Very Valuable |
| 1 | 2 | 3 | 4 | 5 |

45) Which of the following would be most valuable to you as a direct service worker?

(Please circle ONLY one)

- 1 - More pay
- 2 - Health insurance
- 3 - Opportunities for career advancement
- 4 - Recognition program
- 5 - Other _____

46) Which of the following would be least valuable to you as a direct service worker?
(Please circle ONLY one)

- 1 - More pay
- 2 - Health insurance
- 3 - Opportunities for career advancement
- 4 - Recognition program
- 5 - Other _____

47) Are you currently taking classes from a community college?

- 1 - Yes
- 2 - No

48) Have you received or are you currently receiving advanced training from your agency to improve your skills?

- 1 - Yes
- 2 - No

49) What is your current wage or salary? \$_____ per hour/month/year

50) Do you receive public subsidies for: (circle all that apply)

- 1 - Rent
- 2 - Food stamps
- 3 - Daycare
- 4 - Health insurance
- 5 - Other _____
- 6 - None

51) What is your total before-tax annual income including overtime and bonuses?

- 1 - Less than \$10,000
- 2 - \$10,000 to less than \$20,000
- 3 - \$20,000 to less than \$30,000
- 4 - \$30,000 to less than \$40,000
- 5 - \$40,000 to less than \$50,000
- 6 - \$50,000 or more

52) Do you have a second job?

- 1 - Yes
- 2 - No

53) What are the total hours for all your jobs?
_____ **Hours per week**

54) Do you want more hours?
1 - Yes
2 - No

Thank you for your participation in this survey.