

FINAL REPORT

March 2009

**National Direct Service Worker Resource Center Technical Assistance Project to
Provide Support in the Development of Utah's Home- and Community-Based
Direct Service Workforce**

Matthew Bogenschutz, MSW

Amy Hewitt, PhD

University of Minnesota
Institute on Community Integration
Research and Training Center on Community Living
150 Pillsbury Dr. SE, 214 Pattee Hall
Minneapolis, MN 55455
612-625-1098
hewit005@umn.edu

Dorie Seavey, PhD

Radha Biswas, MA

PHI
718-402-7766
dseavey@phinational.org



FINAL REPORT
March 2009

**National Direct Service Worker Resource Center Technical Assistance Project to
Provide Support in the Development of Utah’s Home- and Community-Based
Direct Service Workforce**

This technical report summarizes the results of technical assistance provided by the Research and Training Center on Community Living (RTC/CL) at the University of Minnesota and PHI to the Utah Department of Human Services (Utah DHS) through the DSW Resource Center. This technical assistance was provided under the auspices of the Lewin Group’s management of funds from the Centers for Medicare and Medicaid Services, aimed at developing the direct service workforce that supports individuals with disabilities. Technical assistance was provided in 2008.

This project has two primary goals: first, to assess the current status of Utah’s home- and community-based direct service workforce, and, second, to recommend interventions that may help improve workforce outcomes.

I. UTAH’S DIRECT SERVICE WORKFORCE: BACKGROUND ON LABOR MARKET DYNAMICS

As background context for survey results and recommendations presented in this report, we begin with a brief overview of Utah’s overall direct service workforce. This workforce, conservatively estimated at approximately 15,000 workers, delivers services and supports to consumers in home- and community-based settings but also works in institutional settings such as nursing facilities and large ICF MR facilities. Where available, we break out specific data and statistics related just to the state’s home- and community-based workforce.

Who are Utah’s direct service workers?

Utah’s direct service workers are the state’s “frontline” paid caregivers who provide daily living services and supports to persons with disabilities and chronic care needs, including older persons, those with intellectual and developmental disabilities (ID/DD), and people with physical disabilities. In standardized government surveys of employment and compensation, direct service workers are officially counted as Personal and Home Care Aides;¹ Home Health Aides;² and Nursing Aides, Orderlies

¹ **Personal and Home Care Aides** may work in either private or group homes. They have many titles, including personal care attendant, personal assistant, and direct support professional (the latter work with people with intellectual and developmental disabilities). In addition to providing assistance with ADLs, these aides often help with housekeeping chores, meal preparation, and medication management. They also help individuals go to work and remain engaged in their communities. A growing number of personal assistance workers are employed and supervised directly by consumers rather than working for an agency. These workers may provide some clinical assistance as well.

and Attendants.³ The first occupational category also includes direct support professionals: that is, workers who provide services and supports to individuals with ID/DD.

Utah’s direct service workers are employed in a range of long-term care settings including:

- The consumer’s or family’s home
- Community-based residential settings ranging from group homes to assisted living facilities, plus a wide range of non-residential day programs and other community support services
- Institutional settings such as nursing facilities, hospitals, and large facilities for persons with ID/DD.

Table 1. Direct Service Workers in the Mountain Region: Demographic Characteristics, 2005-07

Demographic Characteristics	Mountain Region*	United States
Age, mean (years)	38	41
Gender, %		
Female	81	89
Male	19	11
Race & Ethnicity, %		
White only, NH	58	49
Black only, NH	6.3**	30
Other or mixed, NH	10	7
Spanish, Hispanic, or Latino	26	15
Marital Status, %		
Married	45	39
Previously married	24	27
Never married	31	33
Single Parent, Grandparent, & Caretaker, %	14	19
Citizenship/Foreign Born, %		
Native	85	79
Foreign born	15	21
Education Level, %		
High school or less	51	59
Some college or degree	49	41

* Mountain Region refers to: MT, ID, WY, CO, NM, AZ, UT, NV.

**indicates small cell size & resulting unreliability of the estimate.

Source: PHI analysis of U.S. Census Bureau, Current Population Survey, pooled regional data from 2006, 2007, and 2008 Annual Social & Economic (ASEC) Supplement

According to the Utah Department of Workforce Services and the US Bureau of Labor Statistics, the state’s direct service workforce currently numbers about 15,000, with roughly 40 percent of these workers employed in home- and community-based settings. Table 1 presents basic demographic characteristics for the direct-service workforce as a whole for the Mountain Region, an 8-state region that, in addition to Utah, includes Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, and Nevada.

The Mountain region’s direct service workforce is largely female and white, and is younger than the workforce

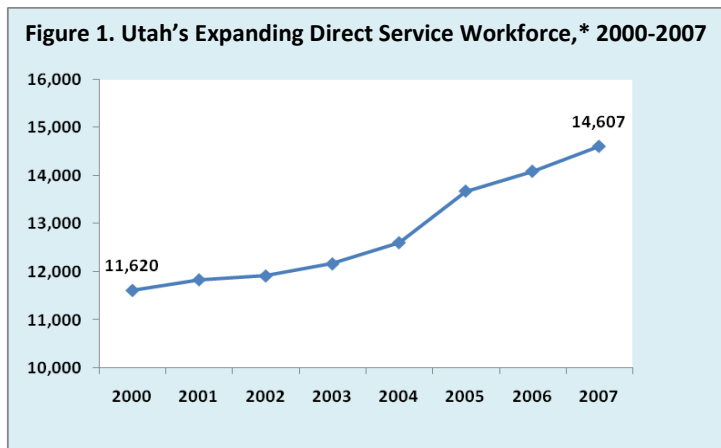
² **Home Health Aides** provide essentially the same care and services as nursing assistants, but they assist people in their own homes or in community settings under the supervision of a nurse or therapist. They may also perform light housekeeping tasks such as preparing food or changing linens.

³ **Nursing Assistants or Nursing Aides** generally work in nursing homes, although some work in assisted living facilities, other community-based settings, or hospitals. They assist residents with activities of daily living (ADLs) such as eating, dressing, bathing, and toileting. They also perform clinical tasks such as range-of-motion exercises and blood pressure readings. In some states, they may also administer oral medications.

nationally, with a mean age of 38 years old. Nearly a fifth of the region’s direct service workers (DSWs) are men, compared to only 11 percent nationwide. A smaller percentage of the region’s DSWs are foreign born, compared with national trends. Finally, about half of the Mountain region’s DSWs have completed a high school diploma or less compared to 58 percent of DSWs nationwide, and the region has a higher proportion of DSWs who have attended some college compared to the country as a whole.

What are the employment projections for Utah’s direct service workforce?

Since 2000, Utah’s agency-based direct service workforce has grown by roughly 26 percent, from 11,600 workers in 2000 to about 14,600 in 2007 (Figure 1). These numbers do not include self-



employed workers or those hired by consumers, often as part of publicly-financed consumer-directed programs.

The latest employment projections from the Utah Department of Workforce Services project dramatic growth in demand for direct service jobs over the coming decade (see Table 2).⁴ Direct service positions across the entire workforce are expected to increase by about 60 percent to about 24,000 jobs. Demand for home- and community-based positions are expected to increase even more rapidly—at 69 percent for Personal and Home Care Aides, and 83 percent for Home Health Aides.

*The direct service workforce is defined to include SOC 31-1012, 31-1012, and 39-9021. Employment estimates do not include self-employed workers or those who work directly for private households. Estimates for 39-9021 for 2007 were not published; therefore, the estimate was derived using the average of the 3 prior years.

Source: UT Department of Workforce Services and US Bureau of Labor Statistics, Occupational Employment Statistics Program, <http://www.bls.gov/oes/2007/may/oessrcst.htm>.

In fact, as shown in Table 3

Table 2. Growing Demand for Direct Service Jobs in Utah, 2006-2016

Direct Service Occupation	2006	2016	Percent change
Personal & Home Care Aides	1,895	3,195	68.6
Home Health Aides	4,120	7,520	82.5
Nursing Aides, Orderlies & Attendants	8,807	12,907	46.6
TOTAL	14,822	23,622	59.4

below, home- and community-based direct service jobs in Utah’s metro areas are projected to be among the 20 top fastest growing occupations in the state through 2016, among jobs that are expected to generate 100 or more annual openings from 2006 to 2016.

⁴ Note: The 2006 employment estimates in Table 2 are slightly higher than those presented in Figure 3 because they attempt to include DSWs who are directly employed by private households as well as those who are self-employed. In many states, these estimates still significantly underestimate the number of independent providers of direct services. See PHI (April 2008 and January 2009).

Table 3. Fastest Growing Occupations in Utah Metro with 100 or More Annual Openings, 2006-2016

Rank	Occupational Titles	2006 estimated employment	2016 projected employment	Numeric Change	Percent Change
1	Ushers, Lobby Attendants, & Ticket Takers	1,150	2,350	1,200	104.3%
2	Network Systems and Data Communications Analysts	2,260	4,460	2,200	97.3%
3	Counter Attendants, Cafeteria, Food Concession, and Coffee Shop	4,020	7,820	3,800	94.5%
4	Mental Health and Substance Abuse Social Workers	1,480	2,780	1,300	87.8%
5	Computer Software Engineers, Applications	3,790	6,990	3,200	84.4%
6	Home Health Aides	3,260	5,960	2,700	82.8%
7	Hotel, Motel, and Resort Desk Clerks	1,700	3,100	1,400	82.4%
8	Pharmacy Technicians	1,950	3,550	1,600	82.1%
9	Waiters and Waitresses	13,680	24,380	10,700	78.2%
10	Counter and Rental Clerks	3,560	6,260	2,700	75.8%
11	Cleaners of Vehicles and Equipment	3,040	5,340	2,300	75.7%
12	Library Technicians	1,330	2,330	1,000	75.2%
13	Amusement and Recreation Attendants	2,860	4,960	2,100	73.4%
14	Customer Service Representatives	27,830	48,130	20,300	72.9%
15	Cabinetmakers and Bench Carpenters	2,500	4,300	1,800	72.0%
16	Personal and Home Care Aides	1,530	2,630	1,100	71.9%
17	Computer Systems Analysts	2,800	4,800	2,000	71.4%
18	Industrial Engineers	1,830	3,130	1,300	71.0%
19	Medical Assistants	4,090	6,990	2,900	70.9%
20	Dental Assistants	3,250	5,550	2,300	70.8%

Source: UT Department of Workforce Services, Utah Occupational Projections, 2006-2016, available at: <http://jobs.utah.gov/opencms/wi/pubs/outlooks/state/index.html>

Utah Direct Service Worker Wages

In 2007, median hourly wages in Utah for all three direct service occupations were in the \$9 dollar range, significantly less than the median wage for all Utah occupations taken together at \$13.99.

Further, over the period 2000 to 2007, real DSW wages in Utah (i.e., nominal wages adjusted for inflation) have declined for all three categories of workers. As shown in Figures 2 and 3 below,

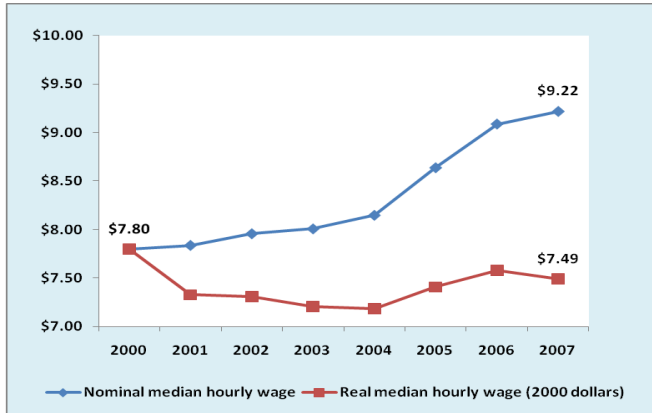
Table 4. Wages for Direct Service Workers in Utah, 2007

	Mean wage	10 th percentile wage	Median wage	Middle range (25 th - 75 th percentile)
Personal and Home Care Aides	\$9.86	\$7.42	\$9.22	\$8.16 to \$10.83
Home Health Aides	\$9.55	\$7.74	\$9.30	\$8.36 to \$10.64
Nursing Aides, Orderlies and Attendants	\$10.00	\$7.97	\$9.74	\$8.66 to \$11.19

Source: http://www.bls.gov/oes/oes_dl.htm

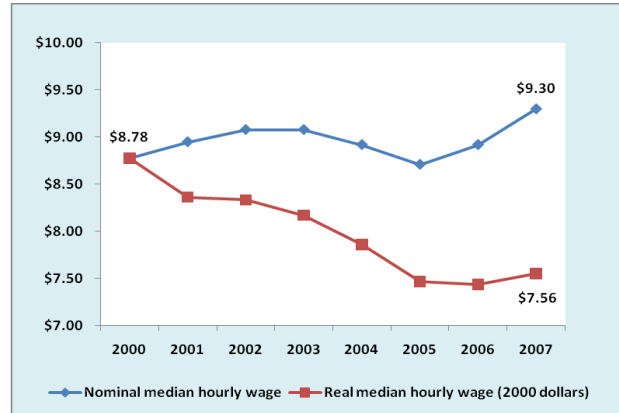
real wages for Personal and Home Care Aides workers fell by 4% from \$7.80 to \$7.49, while real wages for Home Health Aides fell 14% from \$8.78 to \$7.56.

Figure 2: Median Hourly Wages for Personal and Home Care Aides in Utah, nominal and inflation-adjusted, 2000-2007



Sources: Calculations by PHI using median hourly wage data from the Occupational Employment Statistics Program of the U.S. Department of Labor, Bureau of Labor Statistics, and regional Consumer Price Indices for urban wage earners and clerical workers (1982-84=100), also from the Bureau of Labor Statistics at U.S. DOL.

Figure 3: Median Hourly Wages for Home Health Aides in Utah, nominal and inflation-adjusted, 2000-2007



Sources: Calculations by PHI using median hourly wage data from the Occupational Employment Statistics Program of the U.S. Department of Labor, Bureau of Labor Statistics, and regional Consumer Price Indices for urban wage earners and clerical workers (1982-84=100), also from the Bureau of Labor Statistics at U.S. DOL.

Table 5 shows regional variation in DSW wages within Utah. Hourly median wages for Personal and Home Care Aides ranged from a low of \$ 8.42 in the Ogden-Clearfield area to a high of \$10.00 in the Salt Lake City Area, a difference of almost 20%. For Home Health Aides, median wages ranged from a low of \$7.99 to a high of \$9.38, also a nearly 20% difference. For Nursing Aides, Orderlies and Attendants, wages ranged from \$8.98 to \$ 10.04, and the variation was smaller, 12%.

Wages for Utah’s DSWs compare unfavorably with those in the six states neighboring Utah (Table 6). Hourly median wages for Personal and Home Care Aides in Utah are in the middle of the range. For Home Health Aides, Utah wages are lower than in

Table 5: Median Hourly DSW Wages by Sub-State Region, 2007

Utah regions	Personal and Home Care Aides	Home Health Aides	Nursing Aides, Orderlies and Attendants
Box Elder and Rich			\$8.98
Central		\$7.99	\$8.94
Eastern		\$8.62	\$9.96
Logan MSA		\$8.66	\$9.93
Ogden-Clearfield MSA	\$8.42	\$9.38	\$9.72
Provo-Orem MSA		\$9.21	\$9.46
Salt Lake City MSA	\$10.00	\$9.54	\$10.04
Southwest	\$8.61	\$8.11	\$9.29
St. George MSA		\$9.16	\$9.40

Source: UT Department of Workforce Services and the US Bureau of Labor Statistics, Occupational Employment Statistics Programs, available at: <http://www.bls.gov/oes/current/oesrcma.htm>

four other states, while for Nursing Aides, Orderlies and Attendants, Utah's wages are the lowest in the region.

Table 6: Median Hourly DSW Wages in Utah and Neighboring States, 2007

State	Personal and Home Care Aides	State	Home Health Aides	State	Nursing Aides, Orderlies & Attendants
Nevada	\$10.16	Colorado	\$10.68	Nevada	\$12.91
Arizona	\$10.06	Nevada	\$10.54	Colorado	\$12.20
Wyoming	\$10.02	Wyoming	\$10.25	Arizona	\$10.99
Utah	\$9.22	Arizona	\$9.97	Wyoming	\$10.98
Colorado	\$8.97	Utah	\$9.30	New Mexico	\$10.22
New Mexico	\$8.86	New Mexico	\$9.03	Idaho	\$10.05
Idaho	\$8.85	Idaho	\$8.85	Utah	\$9.74

Source: UT Department of Workforce Services and the US Bureau of Labor Statistics, Occupational Employment Statistics Programs, available at: <http://www.bls.gov/oes/current/oesrcst.htm>.

DSW Health Coverage in the Mountain Region

Researchers have found a strong, positive link between health insurance benefits and worker retention. However, many DSWs do not have access to affordable health insurance and/or other family supportive fringe benefits. This is particularly true for workers who work less than full-time at their frontline jobs, either by choice or because of employer job design. Table 7 shows that proportionately more DSWs in the Mountain Region do not have any health insurance compared to the United States as a whole (38 percent uninsurance rate in Utah versus 27 percent nationwide). Compared to the national average, DSWs in the Mountain Region tend to have less employer provided coverage and less public coverage.

DSW Household Economic Sufficiency in the Mountain Region

Table 8 gives a snapshot of the economic self-sufficiency conditions of DSWs in the Mountain Region.

Earnings and Labor Force Participation. Assuming full time, year-round employment, average annual income in 2007 in Utah and surrounding states was \$22,425, compared to \$26,175 for the nation. However, average annual earnings for direct service workers were far lower, \$16,123, because about half of all direct service workers in the area were employed part time.

Poverty status. About 15 percent of the direct service workforce in Utah and surrounding states live below the federal poverty line, while 45 percent of DSWs live in households with incomes at or below 200 percent of the federal poverty line, a threshold that typically allows households to be eligible for many federal and state public assistance programs.

Table 7: Health Insurance Coverage Rates for DSWs in the Mountain Region and the U.S., 2005-2007

Health Insurance Coverage, %	Mountain Region	United States
Uninsured	37.5	27.2
Employer provided, private	44.7	52.7
Other private	6.3*	5.9
Public insurance	11.5	14.2

* Mountain Region refers to: MT, ID, WY, CO, NM, AZ, UT, NV.

**Small cell size and resulting unreliability of estimate.

Source: PHI analysis of U.S. Census Bureau, Current Population Survey, pooled regional data from 2006, 2007, and 2008 Annual Social & Economic (ASEC) Supplement.

Reliance on public benefits. Thirty-seven percent of DSW households in the Mountain Region rely on some form of public assistance, such as Medicaid or food stamps, compared to 42 percent nationwide. Since the percentage of DSW households with incomes below the 200% poverty line threshold is fairly similar, this may indicate that linkages to public benefits may be less accessible to DSWs in the Mountain Region compared to other regions in the country.

Table 8: Direct Service Workers in the Mountain Region: Selected Economic & Employment Characteristics, 2005-07

Economic & Employment Characteristics	Mountain Region*	United States
Labor force participation, %		
Year round, full time	48.3	55.7
Year round, part time	20.9	19.0
Part year, full time	18.3	13.7
Part year, part time	11.5	11.6
Individual annual earnings		
Median	\$14,000	\$16,000
Mean	\$16,123	\$18,698
Individual annual earnings (for full time, full year work)		
Median	\$20,342	\$21,000
Mean	\$22,425	\$25,012
Total Family Income		
Median	\$32,650	\$31,078
Mean	\$45,255	\$44,056
Family Poverty Status, %		
< 1.00	14.5	15.7
< 1.50	32.4	30.7
< 2.00	45.3	44.9
Household Public Assistance, %		
Any	36.8	41.8
Medicaid (for anyone in household)	26.5	32.6
Food & nutrition	24.0	27.4
Housing, energy & transportation	5.8	7.5

* Mountain Region refers to: MT, ID, WY, CO, NM, AZ, UT, NV.

**indicates small cell size and resulting unreliability of the estimate.

Source: PHI analysis of U.S. Census Bureau, Current Population Survey, pooled regional data from 2006, 2007, and 2008 Annual Social & Economic (ASEC) Supplement.

II. RESULTS OF THE UTAH PROVIDER ORGANIZATIONAL OUTCOMES SURVEY

Methods

Based on an existing model for assessing the status of direct service workers (DSW) and frontline supervisors (FLS) working in the field of intellectual and developmental disabilities, staff from the RTC/CL and PHI worked collaboratively with administrators from the Utah DHS to develop a survey instrument to be distributed to provider agencies across sectors statewide. This collaborative process yielded the *Utah Provider Organizational Outcome Survey*, an instrument that is completed by administrators of service provider organizations, and elicits information related to organizational demographics, as well as outcomes and practices related to recruitment, training, and retention of DSWs and FLSs.

The 11-page survey, which contained a combination of quantitative and qualitative response items, was distributed to all organizations that had contracts with the Utah DHS to provide services to individuals with disabilities at the time of the project's initiation. Surveys were initially distributed via mail in early 2008. Follow up e-mails and phone calls from the UACS provider trade association and Utah DHS were made to provider agency contacts to prompt them to complete and return the survey, in order to obtain the most accurate outcome measures possible.

Completed surveys were returned directly to the RTC/CL, where staff developed a coding scheme, coded survey responses and entered results into Excel. The data file was transferred to SPSS16 before data were cleaned and checked for errors. Once prepared, data were analyzed to produce a wide ranging portrait of the current status of direct service workforce issues in Utah, which allows for comparison with prior studies of workforce development and enables recommendations for workforce interventions that may assist in improving conditions in the future. Data were analyzed both split by the agency's membership status in UACS and in aggregate.

Results

The *Utah Provider Organizational Outcome Survey* was distributed to all organizations with contracts to provide services to individuals with disabilities. Surveys were completed and returned to the evaluators by 46 of the 92 agencies that received the survey, for a total response rate of 50%, consistent with typical response rates for mail-based surveys of this nature. The response rate between the Utah Association of Community Services (UACS) and non-UACS organizations was markedly different, with 76.9% of UACS-affiliated agencies responding, as compared with only 30.2% of agencies without an affiliation with UACS.

Completed surveys were coded, cleaned, and entered into SPSS 16 for analysis. A series of data analyses, segmented by UACS status and in aggregate, were conducted to produce the findings. The findings presented below constitute an outline of the workforce challenges facing direct service employers in Utah, with emphasis on critical issues such as wages, benefits, training, turnover, and recruitment and retention challenges.

Respondent Profile

A total of 46 agencies returned usable surveys: 30 UACS members and 16 agencies that are not affiliated with UACS. Responses were obtained from all geographic regions of the state, with the highest representation coming from Utah’s primary population centers of Salt Lake County (45.7%) and the Ogden-Clearfield and Provo-Orem areas (32.6% each). Since several providers operate in multiple parts of the state, geographic data represents the percentage of total respondents operating in each region, rather than straight percentages.

The majority of responding organizations were relatively small, with annual revenue reported at less than a million

dollars by just over 63% of agencies that responded to the survey. Nevertheless, a significant amount of the respondents reported yearly revenues of \$5-10 million (15.2%) and above \$10 million per year (6.5%). Agencies served 195 people, on average, with a wide range that extended from one person to as many as 1,100 individuals. Respondents were well distributed, both in terms of the types of services offered and the

Table 9. Participating Agency Demographics

<i>Location</i>	N	%	<i>Services Offered</i>	N	%
Logan	10	21.74	24-hour Residential (16+)	1	2.18
Ogden-Clearfield	15	32.61	24-hour Res. (community)	16	34.78
Provo-Orem	15	32.61	Professional Parent	9	19.57
St. George-Cedar	5	10.87	<24-hour residential	22	47.83
Salt Lake County	21	45.65	In-home supports	16	34.78
Northern UT	4	8.70	Non-Res. Comm. Support	25	54.35
West Central UT	4	8.70	Job or Vocational Services	26	56.52
Southwestern UT	2	4.35			
Eastern UT	7	15.22	<i>Population Served</i>	N	%
			Aging/Chronic Med. Cond.	4	8.70
<i>Annual revenue</i>	N	%	Intellectual & Dev'l Disability	31	67.39
under \$50,000	19	41.30	Physical Disability	9	19.57
\$500,000 - \$999,999	10	21.74	Traumatic Brain Injury	9	19.57
\$1million - \$2,999,999	3	6.52	Mental Health/Subs. Abuse	3	6.52
\$3million - \$4,999,999	3	6.52	Multiple Categories	25	54.35
\$5million - \$9,999,999	7	15.22			
\$10million or more	3	6.52	<i>Number of People Served</i>	N	
			Mean	194.53	
			Range	1-1100	

population served, suggesting that results represent a wide array of agencies in a number of demographic domains. A full synopsis of the demographic composition of the sample may be found in Table 9.

General Workforce Challenges

One section of the survey instrument asked agency representatives to indicate which types of challenges were among the most serious facing the agency. Each respondent was asked to indicate up to four workforce-related challenges. The percentage of respondents indicating each category of

Table 10. Workforce challenges (% of agencies reporting)

	UACS	Non-UACS	Total
Finding qualified DSWs	76.7	68.8	73.9
New hires quit in 1st 6 months	73.3	18.8	54.3
Co-workers don't get along	10.0	12.5	10.9
DSWs dissatisfied with supervisors	10.0	0	6.5
Morale problems	10.0	6.2	8.7
Training doesn't get results	6.7	6.2	6.5
Not enough training programs	20.0	18.8	19.6
Supervisors ill-prepared	16.7	0	10.9
Difficult working conditions	23.3	25.0	23.9
DSW wages/benefits poor	76.7	62.5	71.7
Turnover of DSWs	60.0	31.2	50.0
Turnover of FLSs	3.3	6.2	4.3

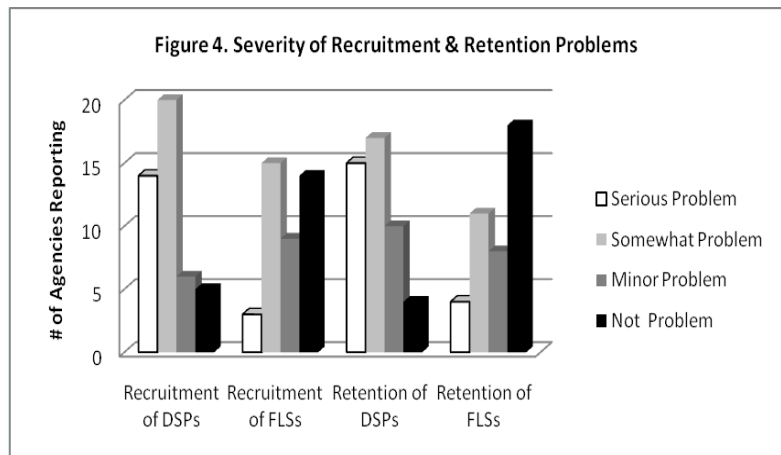
challenge is indicated in Table 10, with results displayed in aggregate as well as by UACS membership status. It is important to note that these challenges have been identified by agency administrators, not by frontline workers or individuals receiving support, and therefore represent only a single perspective on common workforce challenges.

Difficulties in finding qualified DSWs, poor wages and benefits for DSWs, DSW turnover, and early turnover of DSWs are clearly indicated as the top challenges facing agencies in Utah based on this general survey question. However, it is also

noteworthy that difficult working conditions and a lack of training programs were also reported by sizeable portions of agencies. The magnitude to which recruitment and retention issues for DSWs and FLSs are viewed as concerns by agency administrators are summarized in Figure 4. While these are commonly reported challenges nationwide, these results are noteworthy for several reasons.

First, although finding direct service staff is seen as a problem by over two thirds of the sample, and poor benefits and wages for DSWs is reported as a problem in nearly equal proportions, DSW turnover, and especially early turnover, appear to be of far greater concern to UACS members than they are for respondents from agencies that are not affiliated with UACS. While there is a general trend across most categories for UACS members to report higher degree of challenge, the degree of difference in reporting these two challenges is markedly different from other categories.

Second, challenges are noted across the spectrum of workforce development issues, including those issues related to recruitment, training, and retention of direct service workers. While training does appear to be of less immediate concern than recruitment or retention, it is



indicated as a problem by a substantial portion of administrators. This is consistent with other studies of workforce-related issues, which often indicate more severity in retention and recruitment problems than in training-related difficulties.

Finally, this general scan of workforce development challenges among Utah service provider agencies indicates that issues related to direct service workers may be of more acute concern than those issues pertaining to frontline supervisors. This is perhaps most apparent in the observation that DSW turnover is reported as a problem by over 45% more respondents than report difficulties in turnover among frontline supervisors. Administrators who completed the survey also indicated that supervisors are not adequately prepared only about 11% of the time.

Workforce Development Indicators

The following sections will outline the status of key indices of workforce development among providers in the state of Utah, based on the responses to the mailed survey. The key areas to be addressed in the section are compensation status (including wages and fringe benefits), turnover rates, and general indicators of recruitment and retention issues.

Recruitment

As noted in the general section above, finding qualified DSWs is reported as a major problem by service providers in Utah, with the vast majority of providers stating that recruitment of DSWs is a serious problem or somewhat of a problem. Slightly over 52% of agencies report that they have had to curtail services to prospective clients because of staffing shortages.

Table 11. Recruitment and retention Interventions (% agencies using)

Use of inside recruitment sources	54%
Code of Ethics to guide practice	44%
Use Realistic Job Preview	39%
Link with peer mentors	37%
Team building strategies	37%
Referral bonuses for existing DSWs	35%
Targeted marketing recruitment	35%
Structured behavioral interviewing	33%
Competency-based training	24%
Wage increase for credentialing	17%

A section of the survey asked agency administrators to identify the percentage of their new employees coming from different sources. Of the sources listed, the three sources that produced the greatest percentages of new employees were: newspaper advertisements (24.4% of new hires, on average), referrals from current employees (23.4%), and websites (10.0%). A desire to work with individuals with disabilities (78%) was the most frequently cited reason why employees chose to work with a particular agency. Other notable reasons were the reputation of a particular agency (76%), needing a second job (34%), and a desire to try a new line of work (30%). Finally, a number of sources indicate that certain interventions can lead to improved

recruitment and retention outcomes for human services organizations. Employers were asked to identify which of these interventions they had used and found to be beneficial by selecting the appropriate interventions from a list. The ten most commonly identified intervention strategies are outlined in Table 11.

Compensation status

Poor wages and benefits for DSWs were identified as a problem by 71.7% of respondents to this survey, and this requires further examination. This section will present findings pertaining to wage and fringe benefit patterns among agencies in the survey sample, and will also place some of these findings in the context of national trends.

Wages: Table 12 presents the wage rates for DSWs and annual salaries for FLSs that were reported by agency administrators. These data show that the overall mean wage for direct service staff in Utah is around \$9.74 per hour, and the mean overall yearly wage for frontline supervisors is \$26,749. Since this sample represents about 50% of all agencies that have been licensed to provide services in the

Table 12. DSW and FLS Wages

	DSW Starting Hourly Wage*	DSW Mean Hourly Wage*	DSW High Hourly Wage	FLS Starting Annual Salary	FLS Mean Annual Salary	FLS High Annual Salary
UACS	\$8.12	\$9.29	\$11.70	\$23,093	\$26,343	\$33,977
Non-UACS	\$8.99	\$10.58	\$12.83	\$26,750	\$28,202	\$35,768
Overall	\$8.42	\$9.74	\$12.10	\$23,615	\$26,750	\$34,335

* Difference between UACS and Non-UACS is statistically significant at p<.05 based on Mann-Whitney U test

state of Utah, it is reasonable to assume that these figures are fairly representative of general wage trends statewide.

Of particular interest is the difference between the wage rates of workers in UACS and non-UACS organizations among DSWs and FLSs at the starting,

mean, and high ends of the pay scale. Non-UACS agencies report higher wages for their staff at all levels, with the difference in pay among DSWs in UACS and non-UACS agencies being statistically significant at the starting and average levels of pay, based on the application of the Mann-Whitney U test, which compares the means of two similar groups when samples sizes are small or irregularly distributed. This finding suggests that there is a real difference in pay, with non-UACS members paying DSWs at higher rates than UACS members. Although higher pay rates for frontline supervisors in non-UACS agencies are also observed, statistical comparison of earnings rates is not significant.

To place the wages reported by survey respondents into a national perspective, it is first important to understand that wage rates in community service delivery settings tend to lag well behind wages for workers in large state-operated institutions. The most recent comprehensive, nationwide survey of wage rates for direct support workers was conducted by Pollister, Lakin & Prouty in 2003 using wage data from 2000. This study revealed that the typical DSP working in a community setting made \$8.68 per hour in 2000. Adjusted for wage increases at 3% annually, this would translate to a wage of \$10.99 an hour in 2008, or \$10.17 hourly if increases of 2% per year are assumed. By either measure, the mean wage rate of \$9.74 revealed by this survey data suggests that wage rates in Utah may lag behind the national trend, and that the average wage rate among UACS member organizations, which stands at \$9.29, is markedly below the national trend, though non-UACS agencies appear to compensate staff at rates that are more in line with expectations.

Comparison may also come from the data presented in the first part of this report, which indicates that pay rates for direct service workers in Utah are lower than would be expected nationally or regionally. At \$9.74 per hour, the average hourly DSW wage reported by survey participants is comparable to recent estimates, which place hourly wage rates for DSWs in Utah in the \$9.22 to \$9.74

range. While survey results are at the top end of the recent estimate range, they do lag behind other states in the Mountain region, and wages in the Mountain region tend to be lower than the national average, as reported above.

Fringe Benefits: Based on responses from survey respondents, 54% of providers offer health insurance to full time employees, and 6.5% of agencies offer health coverage to part time direct service workers. On average, workers were required to work about 31 hours per week to gain eligibility for health insurance benefits. UACS-affiliated organizations were somewhat more likely than non-UACS agencies to offer health insurance to frontline staff, perhaps compensating to some extent for lower wages.

All agencies that offered health insurance paid a portion of the premiums, while expecting employees to contribute a portion of earnings as well. On average, agencies expend \$514.80 per month towards insurance premiums for each employee that elected individual coverage, and \$927.49 per month for individuals who used family health insurance. Employees contribute, on average, \$57.98 per month for individual coverage and \$262.73 for family coverage. In general, the ratio of agency expenditure to employee expenditure decreased as employees moved from individual coverage to family coverage, as indicated in Table 13. While this data does provide interesting information regarding the status of health care costs among community social service agencies in Utah, some degree of caution in interpretation is warranted, particularly pertaining to the relatively low sample size for non-UACS providers. Because few non-UACS providers reported on health insurance costs, the data in Table 13 is most accurately viewed in its aggregated form, which takes into account a larger array of provider input.

Nearly all agencies (89%) that offered health insurance to their direct service workers experienced an increase in premiums at the most recent renewal of benefits. The amount of increase averaged 9.32% across all agencies. Most commonly, the increase in premiums was absorbed by the agency (43.5%) or passed along to employees in the form of higher employee contributions (32.6%). Increasing deductibles or co-pays and reducing the amount of coverage were also reported by significant numbers of employers, while only a few agencies changed insurance plans, offered different types of coverage (such as Health Savings Accounts), or discontinued family coverage. None of the agencies surveyed dropped insurance entirely as a result of the increases in premiums.

Table 13. Monthly health insurance expenditures (in dollars)

	UACS	non-UACS	Total
<i>Mean monthly agency contribution</i>			
Individual	589.91	274.45	514.80
Two-person	674.46	n/a	674.46
Family	963.90	733.33	927.49
<i>Mean monthly employee contribution</i>			
Individual	78.79	5.95	57.98
Two-person	245.94	15.09	191.62
Family	327.39	20.25	262.73
<i>Ratio of contributions (agency to employee)</i>			
Individual	7.5:1	46.1:1	8.9:1
Two-person	2.7:1	n/a	3.5:1
Family	2.9:1	36.2:1	3.5:1

While over half of agencies participating in the survey do offer health benefits, and none reported cancelling coverage due to increasing premiums, high costs do appear to keep some providers from offering health insurance to direct service workers. Among agencies that did not offer insurance, 37% reported that the potential expense to the agency was the main factor, while 24% stated that the

potential expense for the employees was the primary barrier. Thirteen percent of respondents stated that they did not offer health coverage because the agency employed too few people to make it worthwhile, while 8.7% did not think offering health insurance was a necessary inducement to find staff. A smaller minority of respondents stated that they did not offer health insurance because there was not enough employee interest (4.3%), most employees are covered by a partner’s insurance (6.5%), because of administration difficulties, inadequacy of policies, or inability to find an insurer to underwrite a policy (2.2% each).

In addition to health insurance, the survey instrument also collected data on the use of several other common types of fringe benefits among Utah service provider agencies. Table 14 presents a

Table 14. Non-health fringe benefits offered (as percent of agencies)

	UACS	Non-UACS	Total
Sick Pay (full time)	63.3	31.2	52.2
Sick Pay (part time)	10.0	31.2	17.4
Vacation Pay (full time)	70.0	43.8	60.9
Vacation Pay (part time)	6.7	31.2	15.2
Tuition Reimbursement	16.7	6.2	13.0
Child Care	6.7	0	4.3
Housing	3.3	0	2.2
Retirement Match	46.7	25.0	39.1

synopsis of the non-health benefits offered by agencies that responded to the survey. Paid leave time, both in the form of vacation time and sick leave, were the most commonly reported fringe benefits, though the percentage of UACS members that offered paid leave far exceeded the percentage of non-UACS members for full time staff. Interestingly, however, non-UACS members were more likely to than UACS members to offer paid leave time to part time staff. It is noteworthy that paid vacation and sick time was offered to only a small minority of staff

who work for UACS members, whose benefits packages tend to strongly favor full time employment, as health insurance benefits were also offered to part time employees at only one UACS-affiliated agency.

While information about the distribution among full time and part time staff was not sought for other forms of benefits, over 46% of UACS members and a quarter of non members offered matching contributions to retirement savings programs. Tuition reimbursement schemes are provided by 13% of organizations that returned the survey, while child care assistance and housing are rarely offered.

There have been few comprehensive national studies of the rates of fringe benefit provision,

however, a number of state-level studies may provide context to the current status of fringe benefits among provider agencies in Utah. Using data from several different studies and compiled by Larson, Hewitt, & Knoblauch (2005), it is apparent that Utah’s providers offer fringe benefits at relatively low levels compared with many other states. These contextual data, as well as Utah’s overall rates are seen in Table 15, which provides information about how Utah’s providers compare to those in other states.

Table 15. State Comparison of Fringe Benefit Provision

	Low*	High*	Mean*	Utah
Health insurance	30% (CA)	98% (MN)	81%	54%
Retirement match	21% (CA)	81% (IL)	61%	39%
Tuition reimbursement	2% (NC)	70% (WI)	37%	13%
Paid leave time	30%(CA)	87% (OK)	68%	61%**

*Derived from Larson, Hewitt, & Knoblauch (2005)

** Represents vacation time

While Utah is below the average rate of fringe benefit provision in all of the categories in Table 15, the degree to which Utah providers fall behind providers in other states in the provision of health care benefits is of particular concern. Of the ten state-level studies summarized by Larson, Hewitt, & Knoblauch (2005), only California and Oklahoma providers offered health insurance to direct support workers at lower rates. Only in the category of paid time off did Utah's providers near the national average in rates of benefit provision.

Training & career development

On average, agencies responding to this survey indicated that they spent about 7.4% of their annual budgets on training, employee assistance, and staff development. Most agencies reported that their initial training programs were adequate, with a mean self-rating of 6.57 on a ten-point scale. The most commonly reported self-rating of initial training adequacy (mode) was 8. Among agencies that rated their initial training efforts at 5 or below, the most commonly cited reasons for the inadequacy of training were financially oriented, with finding resources to pay trainers or consultants, finding resources to cover shifts when staff are in training, and being able to pay for staff training time (since this expense cannot be reimbursed) being the most frequently identified concerns.

The average agency provided slightly over 21 hours of pre-service training to new hires, while just over 26 hours of annual training were provided by the typical agency. It bears mentioning, however, that very wide ranges of training hours were reported for both pre-service (range from 0 – 72 hours) and annual (range from 0 – 85 hours) training.

In addition to required training, the survey solicited feedback on other career development opportunities that were supported by the agencies that responded. The provision of formal in-service training beyond the required topics (50%), self-directed video or computer-based training (28.3%), and conference attendance (43.5%) were the most frequently cited forms of career enhancement activities, though no type of career development activity was supported by a majority of agencies. Activities pertaining to agency infrastructure, such as the assignment of a designated peer mentor or the development of a formalized career ladder are seldom utilized, while career development opportunities that link the frontline worker to the larger community of direct service professionals (e.g.: membership in the National Alliance for Direct Support Professionals or participation in a registered credentialing or apprenticeship program) were cited very rarely by administrators, indicating limited portability of career development activities that are completed by the employee.

Turnover & retention

Crude separation rates for DSWs and FLSs were calculated by dividing the number of DSWs or FLSs who left the agency during the year by the total number of people employed by the organization in a particular type of position. This method provides an accurate portrayal of the annual turnover rate for a given class of employee. Data regarding crude separation rates is displayed in Table 16, and indicates that the statewide turnover rate among DSWs is about 65% annually, while separation rates among FLSs stands at slightly over 28%. DSW turnover rates are roughly equivalent between UACS and non-UACS organizations, while turnover among frontline supervisors is higher among non-UACS agencies.

When asked to identify the reasons why DSWs and FLSs leave their jobs, agency administrators were most likely to cite the need for better pay (78%) or the desire to find a job with better fringe benefits (67%). The relocation of a spouse or partner (35%), a desire to work closer to home (19%), and frustration with being in a dead-end job (17%) were also cited as main reasons for employees leaving, while other factors, such as poor supervision, lack of recognition for the work, poor training, and troubles with co-workers were identified as problems by less than 10% of administrators.

Since 2000, there have been several studies of turnover rates among direct service workers, many of which have been summarized by Hewitt & Larson (2007) and Seavey (2004). Based on the average rate of DSW turnover among the 20 studies compiled by Hewitt & Larson (2007), Utah’s DSW turnover rate of 65% is higher than the national average of 52%. This differential holds steady even when turnover rates among only the 10 private sector service providers in the Hewitt & Larson study are considered.

Table 16. DSW & FLS Crude Separation Rates

	UACS	Non-UACS	Total
Low DSW Turnover	0	0	0
High DSW Turnover	162.50%	163.16%	163.16%
Mean DSW Turnover	63.89%	65.87%	64.69%
Low FLS Turnover	0	0	0
High FLS Turnover	100.00%	150.00%	150.00%
Mean FLS Turnover	21.62%	42.75%	28.44%

CONCLUSIONS & RECOMMENDATIONS

Based on the results of this study, it appears that provider agencies in Utah experience somewhat elevated rates of DSW turnover, significant difficulties in recruitment, and additional challenges in the preparation of direct service staff to perform job duties. In addition, wages appear to be lower than might be expected, and most types of fringe benefits are offered at a lower rate in Utah than in many other states. Although these challenges are quite commonly faced, there are several things that stand out about Utah’s situation in particular, based on the results of this survey of provider agencies from around the state.

First, agencies appear to be split based on UACS membership status in the form and amount of wages and fringe benefits they provide to direct service workers. While agencies that are not affiliated with UACS tend to provide higher wages, UACS members appear to offer more generous fringe benefits to their DSWs. While this finding may be of most concern with regards to the low rates of health care insurance provision by non-UACS members, the finding holds true over nearly all forms of fringe benefits. One reason for this may be the comparatively small size of non-UACS agencies, which may negatively impact their capacity to provide affordable health insurance plans and other fringe benefits to their workers. Since the turnover rates among UACS and non-UACS organizations are roughly equivalent, it is unclear whether the potential benefits of higher wages or better fringe benefits may be more valuable to DSWs.

Regardless, wage rates for UACS and non-UACS-affiliated organizations alike are somewhat lower than current estimates suggest as typical. The rate at which Utah providers offer fringe benefits is also generally lower than what has been found in other states recently. As stated in the first section of this report, Utah ranks behind the national average and lower than other states within the Mountain

region in terms of DSW wage rates, and real wages for direct service workers in Utah have fallen over the past seven years. Rates of health insurance coverage for DSWs in the Mountain region, including Utah, as substantiated by this research, are lower than would be expected nationally. These factors combine to place community service organizations at a disadvantage when competing for workers at the low end of the wage spectrum.

Training practices appear to vary widely between agencies, according to the results of this study, with some agencies reporting no training, even at pre-service, and some reporting up to 80 hours annually. While this may be attributable, to some extent, to differing formats of service provision, the differential is quite wide, and the fact that multiple agencies reported no training is of serious concern. Staff training is a primary means by which DSWs may be supported in their professional development, which may then support better retention outcomes and certainly effects life outcomes of the people they support in community services. Training is also essential for supporting the health and safety of individuals receiving services, making it an essential part of competent service provision. Although pre-service and annual training hours appear to be adequate and agency administrators generally rate their training programs highly, the discrepancy between organizations that give little attention to training matters and those that provide high degrees of training is of concern since it suggests that DSWs in different employment settings may have very different skill sets for supporting people with disabilities in leading safe and happy lives in the community. The high portion of providers who cited lack of reimbursement for training direct service workers is an issue that should be addressed by the state to ensure that mandatory minimal training is provided to all workers.

Related to training, staff development initiatives appear to be implemented unevenly across providers. The most common form of staff development to be implemented among survey respondents is the use of inside sources (such as existing employee referrals) for recruiting new DSWs. This intervention is a positive step in addressing the concern over difficulties in finding new DSWs, which was expressed strongly by survey respondents. However, in order for it to be most effective in the long term, it should ideally be paired with retention-oriented interventions such as team building, peer mentoring, competency-based training, and the promotion of a career path through credentialing and formalized career ladders. In addition, interventions aimed at the promotion of a professional identity for DSWs, such as membership in NADSP, are infrequently used. The introduction of many of these interventions would offer low cost ways to provide added support to DSWs as they begin and continue in their jobs, thus assisting in the recruitment and retention issues that have been identified by administrators.

Turnover of direct service workers among service providers supporting people with disabilities tends to be somewhat higher in Utah than in many other states, based on recent studies of the same nature in other parts of the country. The cost of replacing a single DSW is estimated at \$2,413 (Hewitt & Larson, 2007). At this cost, and considering that Utah's overall turnover rate is higher than average, it is apparent that poor retention outcomes place a severe financial strain on provider agencies in the state, which may make it more difficult to address other issues regarding training and compensation. High turnover also impacts the quality of service to individuals with disabilities, since continuity of support

may be associated with stronger relationships between DSWs and the individuals they support, and more consistent progress towards community living outcomes.

In order to fully understand the results of this study, it is essential to recognize that recruitment, staff development, and retention are all closely related, and somewhat circular in their associations. Poor recruitment strategies may lead to inadequate job matches, making training difficult. If an employee does not feel confident in his or her job due to weak staff development, it is likely to lead to turnover. If a DSW cannot afford monthly living expenses or provide health insurance for his or her family, he or she is likely to seek employment elsewhere. As such, workforce development interventions aimed at one facet of the work cycle (recruitment, staff development, retention) may have ripple effects in other areas as well. With this in mind, there are several recommendations that may be made based on the results of this study.

III. Recommendations

This study was conducted at the state level and therefore the recommendations below are intended to serve as suggestions for intervention that are most applicable as statewide interventions. Organizations reported a wide range of experiences and workforce challenges. These recommendations are targeted for the observed direct service workforce development needs of Utah as a whole.

1. **Increase wages and access and utilization of fringe benefits.** In order to make direct service a more attractive and feasible long-term career option, compensation packages for DSWs and FLSs should be improved in Utah. The skill competencies required of direct service workers are significantly greater and more complex than for many other occupations that pay similar wage rates. This suggests that direct service work should be compensated at a higher rate in order to attract the more highly skilled individuals that the work requires, who will expect greater compensation for their services. Wage increases are necessary, but may be difficult to achieve since various agencies structure wages differently. Even in cases when Cost of Living Allowances (COLA) are passed from a state to individual agencies, the increases may be handled differently. If COLA increases are to be considered in the future, it is recommended that they be distributed in a uniform manner across all organizations in order to bring greater consistency to wage levels statewide. Other policy tools for increasing wage rates include: establishing wage floors, increasing reimbursement rates, creating rate enhancements tied to favorable workforce outcomes (such as reduced turnover and increased retention), and directing that a minimum percentage of the rate be directed to direct service labor costs.

Another possibility may be developing a scheme by which the state may assist with the offset of fringe benefit costs, particularly health care.⁵ By adding an incentive or bonus to organizations that offer health insurance coverage to employees, DSWs may gain more access to health insurance, thereby increasing the viability of long-range employment as a DSW. The costs of implementation of such a program may be partially offset by savings in other government health

⁵ For a review of state coverage options for DSWs, see HCHCW (2008).

programs, which sometimes cover a substantial portion of DSWs who are not covered by other insurance. Or, efforts to ensure access to health benefits for community direct service workers through state offered plans should also be explored. The provision of health insurance will assist agencies to attract strong employment candidates who will see the value in health insurance and will provide an incentive for DSWs to remain employed with the security of health coverage.

2. **Support the development of professional identity for direct service workers.** The promotion of a professional identity for frontline workers may be a fairly simple way to assist in recruitment and retention by raising the status and profile of the career. The development of a professional identity may be achieved in a number of ways.

First, direct service workers may be encouraged to become involved in a professional association such as the National Alliance of Direct Support Professionals (NADSP, web: www.nadsp.org), which aims to increase the status of frontline workers. The formation of a state-level chapter of NADSP would also provide a good way for DSPs and FLSs to network and exchange ideas on their work and their collective identity. It would also provide a venue for the development of leadership within the DSW profession in Utah. Sponsorship of a state conference for DSWs and FLSs would also be a strong step towards promoting professional identity, which can assist in improving retention. This conference, while funded by the state, should be organized and implemented by a group of DSWs. Several states have implemented regularly scheduled conferences and workshops for frontline workers with positive feedback. The use of moderated blogs, newsletters, and e-mail listserves can also help DSPs remain connected and supported. The Utah DHS may be able to support any of these professional identity initiatives through financial support, use of meeting space, technology assistance, and sponsorship of leadership training seminars.

Additionally, agency-level interventions, such as the establishment of a career ladder, sponsorship of credentialing by an accredited training entity, and providing small recognition for significant career achievements can assist in promoting the professional identity of direct service workers.

3. **Improve training access and consistency.** Prior studies suggest that direct service workers are more likely to remain in their jobs if they feel they are adequately trained to execute the essential functions of their work, while poorly trained workers are more likely to leave their jobs or underperform in their duties. As stated previously, training amount and adequacy of pre-service and in-service training reported by survey respondents varies widely among organizations. Further, less than a quarter of respondents indicated that their agency uses a competency-based training model, calling into question the utility of the training that is provided. Additionally, many respondents indicated that they do not offer training because they are not reimbursed by the State for training hours.

Around the country, states are showing increasing interest in undertaking initiatives to improve their training programs for direct service workers, and in strengthening training requirements

(PHI, forthcoming 2009). Several states have created training requirements for workers not covered by federal OBRA requirements, such as personal care assistants, home care aides, assisted living aides. Others are considering standard or common training for all direct-care workers, regardless of setting (*e.g.*, Pennsylvania, Iowa). In addition, with the growing emphasis on consumer-directed care, many states are beginning to consider providing training resources and other supports to help both consumers and the independent providers (*i.e.*, non-agency workers) who provide them with services and supports.

Still other states have been supporting and funding online competency-based training programs, especially for DSPs. These programs tend to have several benefits. First, uniform competency-based training content becomes available statewide, thus eliminating many of the inequities in training quality that presently exist. This also serves to increase access to quality training, which may presently differ in varying parts of the state. Second, online training formats can be highly efficient, both in terms of cost and in terms of training delivery, which is self-paced by the learner, with additional site-based components to reinforce learning. Third, if the training program is accredited by the NADSP, the training can lead to a national credential for DSPs who complete the program. Finally, use of a competency-based curriculum can ensure that DSWs and FLSs are gaining the skills sets that are essential to carry out their job duties.

4. **Establish ongoing contact between Utah DHS & providers.** The establishment of ongoing communication between the Utah DHS and provider agencies is strongly recommended to invite continual dialogue about the status of workforce development at the grassroots level. The initiation of monthly or quarterly statewide teleconferences for the exchange of information would be useful to network providers and state-level administrators around the common cause of improving workforce outcomes in Utah. The state may also host webinars that can provide training and tips to administrators as well as DSWs. In addition, the creation of a regularly distributed newsletter or e-newsletter about workforce issues in the state could be a way to solicit input from a variety of stakeholders and disseminate ideas to agency administrators and DSWs statewide. Each of these interventions would serve to build the connection between the Utah DHS and service provider agencies, as well as providing an ongoing exchange of ideas and a network of natural supports as organizations attempt to implement workforce development interventions at the agency level.
5. **Implement regular data collection and monitoring of the direct service workforce.** The combination of a provider survey complemented with available statewide and regional data available from official government surveys can provide a useful snapshot of Utah's direct service workforce challenges. However, effective workforce development policies are best supported by regular, ongoing data collection and monitoring. Utah may wish to consider collecting and publicly reporting a minimum data set of information on that part of the direct service workforce that provides services and supports to publicly financed programs. A recent national white paper issued by the National Direct Service Workforce Resource Center supports such a recommendation and describes the parameters of the ideal minimum data set to collect (Edelstein & Seavey, 2009). Ultimately, state policy makers need reliable data that can help

them accurately identify how their state's workforce is changing or improving, and where the challenges lie.

IV. REFERENCES

- Edelstein, S. & Seavey, D. (February 2009). *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*, prepared for the National Direct Service Workforce Resource Center at the Centers for Medicare and Medicaid Services. Available at: http://www.dswresourcecenter.org/index.php/dsw/what_s_new/dsw_data_collection_recommendations.
- Hewitt, A. & Larson, S. (2007). The direct support workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices. *Mental retardation and Developmental Disabilities Research Reviews*, 13(2), 178-187.
- Health Care for Health Care Workers (HCHCW) (2007) Coverage Models from the States: Strategies for Expanding Health Coverage to the Direct-Care Workforce, Bronx, NY: Paraprofessional Healthcare Institute. Available at: <http://www.hchcw.org/uploads/pdfs/Coverage%20Models%20from%20the%20States.pdf>.
- Larson, S., Hewitt, A., & Knoblauch, B. (2005). Recruitment, retention, and training challenges in community human services: A review of the literature. In S. Larson & A. Hewitt (Eds.), *Staff recruitment, retention, & Training Strategies for Community Human Services Organizations* (pp. 1-18). Baltimore: Paul H. Brookes.
- PHI (April 2008) Occupational Projections for Direct-Care Workers 2006-2016, Facts 1, Bronx, NY: Paraprofessional Healthcare Institute. Available at: http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=277910.
- PHI (January 2009) Who are direct-care workers?, Facts 3, Bronx, NY: Paraprofessional Healthcare Institute. Available at: http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=291810.
- PHI (forthcoming 2009) 2007 National Survey of State Initiatives on the Direct-Care Workforce, Bronx, NY: Paraprofessional Healthcare Institute. Polister B., Lakin K., Prouty, R. (2003). Wages of direct support professionals serving persons with intellectual and developmental disabilities: a survey of state agencies and private residential provider trade associations. *Policy Research Brief*, 14(2). Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institution on Community Integration.
- Seavey, D. (2004) *The Cost of Frontline Turnover in Long-Term Care*. Better Jobs Better Care Practice & Policy Report, Washington, DC: Institute for the Future of Aging Services. Available at: http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=130310.
- Taylor M., Bradley V., Warren R. (1996). *The community support skill standards: tools for managing change and achieving outcomes*. Cambridge, MA: Human Services Research Institute.

