

Workforce Issues Supporting Persons with Disabilities

FINAL DRAFT

Report Submitted to the Department of Human Services from the
Task Force on Direct Support Workforce Development

August 2000

Becklund Home Health Care
Aging Initiative, DHS
Minnesota Senate
ARC MN
AARM
Dakota County
MN Dept. Economic Security
Minnesota Habilitation Coalition
Industrial Relations Center
Progressive Individual Resources

Institute on Community Integration
Health Economics Program, MDH
Minnesota Home Care Association
Minnesota Health and Housing Alliance
St. Paul Ramsey County Public Health
Allina Home Health Services
Opportunity Partners
Institute for Minority Development
CSMD
University of Minnesota Extension

Acknowledgements

The provider industry for home and community-based services has been alerting legislators and other policy makers about what they have perceived as the growing crisis in the pool of workers for a number of years. The national attention to workforce shortages as well as the realization of the impact of the aging of the baby boom generation has helped bring this growing crisis to the forefront in Minnesota.

The shortage of workers in the health and human services sector is a concern of the Minnesota Department of Human Services' Community Supports for Minnesotans with Disabilities (CSMD) division, which promotes the development of flexible, person-centered support options in the community for people with physical disabilities, traumatic brain injury, developmental disabilities and people with other health care needs. The division has addressed workforce issues in such efforts as its Self-Determination Initiative, and in the Spring of 1999, identified workforce issues as a top priority in its strategic plans. Later that year the division convened a task force comprised of individuals who have addressed the workforce issue through a variety of initiatives. The task force was asked to:

- look at existing efforts directed toward workforce issues
- identify gaps and barriers recognized by various initiatives in attaining and maintaining a qualified workforce
- recognize commonality among short- and long-term strategies to address themes
- produce a report to CSMD

The task force met from December 1999 through August 4, 2000. Many documents, found in Attachment A, were reviewed and many workforce efforts in the community were heard about through small group breakouts and larger group discussions. This document is a compilation of the information provided.

CSMD would like to thank the following individuals who devoted time and effort to the production of this report: Stephanie Adams, Dennis Ahlburg, Jeff Bangsberg, Kari Benson, Senator Linda Berglin; Bob Brick, Milt Conrath, Patty Davids, Richard Davis, Duane Elg, Pam Erkel, Emily Farah-Miller, Amy Hewitt, Laurel Illston, LaRhae Knatterud, Sherri Larson, Diane Rydrych, Neil Johnson, Christine Kiel, Senator Sheila Kiscaden, Carole Lohmar, Bruce Nelson, Cliff Poetz, Laura McLain, Chris Ricker, Nora Stewart, Tim Vicchiollo, Dr. Richard Oni, Ella Gross, Jonette Zuercher, Gerry Nord, Holly Branch, Judy Hauschild and anyone that may have been unintentionally missed.

Table of Contents

Acknowledgments.....	Page ii
Table of Contents	Page iii
Executive Summary	Page iv
Background	Page 1
Labor Shortage Factors	Page 2
Labor Workforce Demographics.....	Page 4
Current Employer Strategies and Responses to Labor Market Trends	Page 5
Direct Support Work Faces Unique Challenges	Page 7
In Conclusion	Page 8
Direct Support Workforce Recommendations	Page 8
1. Enhance Informal Supports	Page 9
2. Enhance Benefit Packages and Create Job Flexibility	Page 10
3. Enhance and Create Partnerships	Page 11
4. Create Central Clearinghouse for Workforce Issues	Page 15
Resources.....	Attachment A

Executive Summary

Minnesota, like many other states, has been aggressive in creating community-based options for persons with disabilities and the elderly. The development of supports in local communities has helped families remain together, and provided greater choice for residential, employment and leisure opportunities. Individuals with disabilities who were once served in isolated settings far from their home now receive services closer to their home communities. Until recently, there was a ready workforce available to provide most of these supports.

During the last several years, Minnesota has positioned itself as a leading state in the growth of jobs. In fact, according to the Citizens League 1999 Report, 'From Jobs for Workers to Workers to Jobs', Minnesota has the lowest unemployment rate in the nation. The competition for a skilled workforce in the private sector has resulted in innovative ways to attract and retain workers. This has led to increased wages and the creation of incentive packages that include sign on bonuses, increased education/training opportunities and more attractive health care benefits. The competition for jobs from the private sector is making it far more difficult to fill direct service worker positions. Shifts in population from rural to urban and metro areas have also strained the job market in less populated regions of the state.

Now and looking ahead, there is cause for continuing concerns about worker shortages due to the aging of the baby boom generation and the improved health and longevity of persons with disabilities.

In the face of a shrinking labor pool, we need to find new ways to connect young people to the workplace and higher education opportunities, provide greater access to training and jobs, and provide career ladders to higher paying jobs. Several key themes have emerged from the efforts of the work group. They are as follows:

1. Systematically shift the system from reliance on paid staff to more informal supports that offer incentives, including tax relief and investments in in-home technology, to families, neighbors and friends to provide services;
2. Provide enhanced benefit packages, including health care/dental options, to staff who support persons in the health and human service sector;
3. Create portable training and certification programs and shared directories of trained part time staff, provide flexible hours of work, and career ladders that reinforce performance, seek younger workers by marketing to high schools, pay for transportation, pay for training; and
4. Establish a health and human service sector workforce development institute to develop policy, consolidate/coordinate the many existing programs and strategies, and independently evaluate the various federal, state and local efforts.

Background

The shortage of direct support workers (DSWs) is undermining access to critical personal supports and services needed by individuals living in our communities. Along with the rest of the nation, Minnesota is experiencing a labor force shortage projected to worsen in the coming decades.

It is projected that the median age of the states' workforce will climb from 36 today to 46 in 2030. Minnesota's ongoing labor shortages will require a creative approach to the roles of older workers/persons in the future.¹

DSWs are the backbone of home and community-based services (HCBS). Without DSWs, HCBS would not be an option for many of the individuals currently receiving supports and services.

As states emphasize person-centered planning, greater choice and control over their supports and services, fewer individuals are choosing to live in institutional settings. This increases the demand for health and human service workers employed in smaller, more individualized community settings. As it becomes more difficult to meet increased demand, it is more challenging to provide personal supports and services to existing and new individuals, and to cover vacant shifts in emergency situations.

This report focuses on direct support workers (DSWs) who support persons with disabilities, regardless of age. Occupations within DSW include home health aides, personal and home care aides, nursing assistants, homemakers, and human service workers or direct support professionals (DSP) who work with persons with mental retardation and related conditions.

DSWs are employed in a variety of settings, including individual homes; community-based group residences, such as waived sites; and institutional residential facilities, such as nursing homes (NHs) and intermediate care facilities for the mentally retarded (ICF/MRs).

As DSWs find themselves answering primarily to the person they are supporting rather than to an agency, having credentials, years of experience or education, may not be the most important factor in determining who is hired to become DSWs.

Yet, as services shift, a reliable and competent workforce becomes more important. While employed in different settings, DSWs perform similar work and require similar skills and interests.

CSMD and many members of this task force have received feedback describing how individuals in the community are being affected when faced with a lack of workers. This feedback comes in the form of complaints from individuals, and information from providers struggling to staff services.

¹ Project 2030 Final Report Summary

Some individuals told of having to wait exorbitant amounts of time for transfers to bed, meals, or to take care of other personal needs. Other individuals who go without qualified or competent staff told of not receiving skills training or behavior reinforcement. Individuals told of being forced to accept inadequate or inappropriate support, with families making great sacrifices to temporarily fill the gaps. Providers told of turning individuals away, and unable to pursue new business opportunities. These situations increase the risk of individuals being taken out of their community and admitted to hospitals or other institutional settings.

The following are other anecdotes shared by task force members:

Due to recent staff shortages, a mother of a consumer had to leave her job. The family is experiencing financial difficulties, and the mother does not have any other people to help provide support. (CSMD Staff)

Individuals in XXX are staying in nursing homes longer than required because (hey cannot find staff to allow them to receive services at home. (County Staff)

One provider told the story of trying to recruit direct support staff from the Workforce Centers. Caseworkers were unwilling to recommend workers to the home care agency because their wage offers were too low. (Task Force Member)

At a recent meeting in XXX County, a provider reported having 28 weekend openings for the ICF/MR facility as well as corporate foster homes providing SLS services. (County Case Manager/Social Worker)

A home care agency reported having to make difficult decisions when faced with limited staff. The agency is being forced to provide services to older adults who live alone instead of children who have family support in the home. (Task Force Member)

Labor Shortage Factors

Labor shortages are hard to measure, but wage growth, vacancy rates, and turnover among workers can be viewed together as indicators of labor shortage conditions.

Wage growth. Shortages occur when there is a sudden increase in demand for labor or a decrease in the supply of labor, and wages are not able to increase fast enough to attract workers. Rapidly increasing wages can be a strong indication of the market adjusting to the new quantity of workers desired. Slowly increasing or stagnant wages with a high percentage of job vacancies or new openings can indicate shortage conditions.

DSWs in community residential settings work for lower compensation and fewer benefits compared to institutional personnel.² Direct care staff hourly wages in Minnesota, \$7.07 in 1998, were below the federal poverty guidelines for a family of four.³

² Association of Developmental Disabilities Providers, 1999; Larson, Lakin, & Bruininks, 1998; Mitchell and Braddock, 1993; Rubin, Park & Braddock, 1998

³ Association of Developmental Disabilities Providers, 1999; Larson et al., 1998; Rubin et al., 1998

Between 1990 and 1996, home health aides experienced wage increases at a rate below the inflation rate and below related occupations.⁴

Vacancy rates. High vacancy rates testify to an occupation's lower attractiveness in relation to other employment opportunities or to a skill mismatch between the work and the workforce.

A 1999 survey of Twin Cities businesses by Minnesota Department of Economic Security (MDES) found that personal care and service occupations have:

- the second highest vacancy rate (5.5%)
- the sixth highest number of job openings
- the third highest "difficulty to fill" rating of all vacant occupations.⁵

Other high-vacancy occupations include food preparation and serving, community and social services. Over three-quarters of all vacant positions are in occupations paying less than \$12.50 per hour. In comparison, most direct support work positions have an entry-level wage between \$7 and \$8.

Turnover rates equate the value of a present job when compared to other employment choices available. A high turnover rate suggests that for a given position, employment conditions, benefits, wages, supervision, problems with co-workers, and unmet expectations on the part of the workers, are worse than what they expect to find elsewhere.

A recent study of MR/RC waiver providers placed residential program turnover at 43.9%.⁶

Urban greater Minnesota areas were found to have turnover rate 9 percentage points higher than metro areas and 14 percentage points higher than rural areas.

1999 data on turnover in the home care industry places turnover rates at an average of 20.8%.⁷

This suggests that:

- Workforce shortages are at crisis proportion for individuals, providers, county and state government;
- Direct support employers are faring worse than other occupations experiencing shortages.

Labor Workforce Demographics

From 1996 to 2006, Minnesota expects to see one million net job openings (400,000 newly created jobs plus another 600,000 net replacement openings, mostly from retirements). MDES

⁴ MDES 1999 Related occupations are considered here to be other high growth occupations requiring the same educational attainment and years of experience.

⁵ MDES 2000

⁶ ICI 2000

⁷ 2000 Minnesota Home Care Association Fast Fax Survey of Staffing Crisis in Home Care.

estimates that more than half of these openings will require some post-secondary training or education.

From 2010 to 2030, the number of net new workers in the region will be barely half the number of any one of the previous four decades.

In the next 30 years, about 80% of the total population growth in Minnesota will be among nonwhite populations. Nonwhites, currently and in the future, make up a larger share of younger age groups than of older age groups, which means they will comprise a larger share of the regions future workforce.

The future workforce will be older as well. From the year 2000 to 2030, the population of between the ages of 15 and 64 years old will remain unchanged, while the number of people over the age of 65 is expected to double. We need to tap into potential older workers to stay in the workforce.

The staffing crisis we are experiencing will take more than money to be resolved.⁸ Any effort on the part of an organization or state to solve the workforce shortage from a single perspective, wages only, education only, empowerment only, public relations only, is doomed to failure.⁹

Demand for DSW is increasing. Over the next 30 years, the demand for DSWs will increase as baby boomers age, persons with disabilities live longer, and caregivers age.

1. If current trends persist, people will live alone and have fewer children available to provide care.
2. The majority of people with developmental disabilities in the United States currently reside with family caregivers. In 1998, 7,036 individuals with developmental disabilities were living in households with caregivers aged 60+ years.¹⁰

As these caregivers age beyond their caregiving capacities, formal living arrangements must be established to support their relatives with disabilities¹¹

Baby boomers will begin to reach age 65 in 2010. The numbers of persons in our society aged 65+ years is projected by the 1996 U.S. Bureau of the Census to be 35 million in 2000, and will reach 90 million 2050.

By the year 2030, 1.2 million persons, or 1 out of every 4 Minnesotans will be over age 65, compared to 1 out of 8 today. By 2030, Minnesota will witness a 200% increase in the numbers of older people with chronic conditions. By the year 2050, over 250,000 Minnesotans will be over 85, the largest number ever. Because of the size of this group of persons who need supports

⁸ Olmsted County Staffing Work Group: Position Paper on the Crisis in Direct Care Staffing 1999 ⁹ AAMR

¹⁰ State of the States in Developmental Disabilities 2000

¹¹ State of the States in Developmental Disabilities 2000

and services, the traditional response of family, communities, and government could be overwhelmed.¹²

The aging of our society, the increasing longevity of persons with developmental disabilities, and growing waiting lists in the state are forces working to stretch state service delivery systems well beyond their capacity to meet current and projected demands for residential, vocational, and family support services for individuals with developmental disabilities.¹³

In 1999, MDES projected a 75% increase in the number of new openings for personal and home health aides, a 66% growth in the number of openings for human service workers and a 69% growth in home health aides.¹⁴ At the same time, many other industries are experiencing increased demand for workers.

In 1997, MDES estimated that by 2000, 100,000 new jobs would be added and 170,000 old jobs would have openings. However, only 185,000 new workers would be expected to enter the workforce.

The workforce is shrinking. Over the coming years, the growth of the Minnesota workforce is not expected to keep up with the increased demand of DSWs. This is because of shifting demographics, lack of excess workers due to low unemployment rates, and a mismatch between the skills of workers and job requirements.

Lack of excess workers. Slower growth in the number of new workers entering the labor force and greater competition for those workers is two factors negatively affecting the supply of workers. In some counties in greater Minnesota, young workers are moving out of the counties in large numbers, adding to the shortages of workers.

Mismatch between worker skills and job requirements. Despite the availability of jobs many go unfilled because a larger number of today's workers have lower levels of skill and higher levels of dysfunction.

- High-skill mismatches: such positions often require specialized training, work experience, and/or post-secondary degrees.
- Low-skill mismatches: According to MDES, "low-skill and entry-level openings are actually far greater in number, and the shortage in these less lucrative occupations tends to occur throughout the state on an ongoing basis."

Decentralization of services has resulted in DSW having more autonomy in decision-making and greater direct accountability for their actions and judgments.

¹² Project 2030 Final Report Summary

¹³ State of the States in Developmental Disabilities: 2000

¹⁴ MDES. 1999. Employment Outlook to 2006.

Employers hiring for entry-level positions are increasingly unable to find workers with soft skills, or "work readiness" skills, such as understanding the importance of reliability, self-direction, promptness, proper attire, workplace etiquette and appropriate language.¹⁵

Furthermore, the need for these soft skills increases, as workers no longer have direct supervision by professionals. They increasingly work with minimal supervision and peer supports, and need greater technical and problem-solving skills and initiative.

Economy-wide wage growth is likely to continue for the next 20 years as growing industries compete for a smaller pool of labor. Individuals and providers, county and state agencies, and advocacy programs need to make a collaborative and comprehensive effort to work together, beginning now and into the future. This suggests that:

- Incumbent workers may be the most impacted by the lack of coordination in current workforce training efforts.
- Despite the successes of many individual programs and projects, the overall system is fragmented and failing to meet the needs of Minnesota employers and workers.

Current Employer Strategies and Responses to Labor Market Trends

Because the shortage of labor does not affect the health and human services industries alone, responses of other industries cannot be ignored. Many industries and individual businesses are actively involved in *workforce* and *workplace* development initiatives. Those involved in community supports must be aware of the competitive context, new innovations, and strategies created by these initiatives. Furthermore, it is important to understand how the labor force demands of health and human services differ from other industries.

Workforce development strategies focus on increasing the supply of workers that show promise of good performance, stability, and satisfaction in health and human service work. Some initiatives address skill mismatches through strategies designed to recruit and train workers for specific jobs, and by coming together to partner, collaborate, and form alliances. Other workforce development involves recruiting previously untapped sources of labor. The notion of what recruitment means and what it involves must be expanded. Recruitment efforts should not take place only when a specific opening occurs, but all the time.

Workplace development focuses on keeping the workers already employed. Retention is equally if not more deserving of time and effort on an agency's part as it is easy in this climate of desperation to focus on recruitment of new staff and overlook retention of existing staff.¹⁶ Public dollars are focused almost entirely on addressing the needs of unemployed and disadvantaged workers. Little money is spent on the incumbent workforce.¹⁷ Retention is the best strategy to address recruitment problems.

¹⁵ Citizens League 1998

¹⁶ Home Health Care Manage Prac. 1999

¹⁷ Citizens League, From Jobs to Workers to Workers for Jobs, Nov. 1999

Employers know what their immediate training needs are and can do an excellent job of providing skills to the state's incumbent workforce. However, small and mid-sized firms often need help in investing in the skills of their employees. To the extent that they build the overall skill level of the workforce, properly targeted investments in employer-sponsored training are in the long-term interest of the state.

Direct Support Work Faces Unique Challenges

While general *workforce* and *workplace* development strategies are applicable to many employers, DSWs in the health and human service sector face unique employment conditions and requirements.

Direct support work is characterized by "low social status, non-mandated training, lack of educational and career opportunities, and poor wages."¹⁸ Typically, status and wages are largely tied to educational attainment and training, or skill level.

By standard occupational descriptions, direct support work is not considered "skilled" work. Home care providers generally require fewer than sixty hours of in-service training.¹⁹ Human service facilities working with people with developmental disabilities provide in-service training ranging from 37 to 93 hours.²⁰

Providing quality direct support for vulnerable individuals requires a high level of soft skills to work in challenging interpersonal conditions. In addition to "work readiness" skills, workers must have physical stamina, good communication and documentation skills, and the ability to establish and maintain relationships.²¹

Despite recognition that direct support work is interpersonally challenging, the occupational status of DSWs continues to be reflected in low wages and lack of benefits and flexibility.

By its nature, direct support work often involves temporary, changing, or part-time work conditions. Employers need DSWs who have flexible schedules, are willing to pick up extra hours as needed, and who are willing to accept a change in assignment should an individual enter a hospital or require different services.

In a national study of home care aides, 54 percent of the respondents indicated that they work fewer than 35 hours per week, while 25 percent work more than 40 hours per week.²² This data did not specify whether all hours were worked in the same job. However, it is likely that many workers work more than one job, as did 10% of Minnesotans in 1997.²³

¹⁸ National Alliance for Direct support workers, Fact Sheet

¹⁹ Feldman et al. 1990

²⁰ Braddock and Mitchell 1992

²¹ O*NET skill crosswalk for psychiatric aides and the Community Supports Skill Standards Project. ²²

Feldman et al 1990

²³ MDES 1999

In Conclusion

The part-time nature of direct support work means that most direct support workers are ineligible for benefits such as health insurance, paid vacation, sick leave or retirement packages.²⁴

Opportunity for advancement or career ladders/lattices does not exist in direct support work. By and large, in-service training is not transferable to other employment, nor is it accredited for contribution to two and four year college degrees

"The home care industry as a whole does not provide systematic rewards to home health aides for experience, above average performance, acquisition of increased skills, or for providing supports and services in more difficult cases."²⁵

Given the inherent characteristics and conditions of direct support work, it is not surprising that recruitment and retention is an on-going challenge even in slack labor market conditions.

Industries providing direct supports are less able to adjust quickly to new labor market conditions. Providing personal supports and services involve a complicated orchestration of providers, individuals, communities, state agencies, and the legislature. Accordingly, all parties must be involved in strategies for *workforce* and *workplace* development.

Government must be able to collect and monitor information about the nature and needs of this workforce in order to continually inform and adapt policy and to integrate workforce development issues to other systems change issues and activities, for example, educational reform and anti-poverty initiatives.

Direct Support Workforce Recommendations

The following recommendations have been summarized into four key themes representing research, experiences, and small and large group discussion of workforce issues. The four key themes are:

1. Enhance informal supports;
2. Enhance benefits and provide increased flexibility;
3. Enhance and create partnerships between providers for sharing resources; and
4. Establish a coordinated approach to workforce issues by establishing a central clearinghouse that addresses issues for both the private and public sectors.

²⁴ Larson et al, 1998; Crown et al. 1995; Feldman et al. 1990 ²⁵ Feldman et al. 1990:10

1. Enhance Informal Supports

- a) Rethink and expand the ways we support families through use and access to the telephone, Internet, and other technology, as Tele-medicine and Tele-homecare
 - b) Set an expectation for personal responsibility for health and long term care planning and costs.
 - c) Increase individual directed purchasing power by use of direct cash grants or vouchers.
 - d) Expand Consumer Support Grant (CSG) to includes the federal share of the MA dollars (currently in the works).
 - e) Modify homes for persons with disabilities without subjecting the home to increased property taxes.
 - f) Increase family directed purchasing by use of direct cash grants or vouchers.
 - g) Create tax relief or incentives, subsidies, credits or deductions for families to take on a greater role in caring for family members.
 - h) Create tax incentives for family members purchasing or donating homes to their children with a disability,
 - i) Support retreats to periodically bring families together.
 - j) Change existing sales tax credit for capital equipment purchases with an upfront exemption on such purchases and expand to non-manufacturing businesses along with targeted investment tax credits and other incentives.
 - k) Introduce volunteer programs for existing students youth groups and other potential workers. 1)
- Use Shared PCA and Private Duty Nursing options to maximize staffing.
- m) Use Employer of Record (EOR) or Fiscal Agent/Intermediary Options (FAO) to maximize value of funding for direct support.
 - n) Use Hardship Waiver per MN Statute 256B.0627 for payment of PCA services (must be non-corporate guardian/conservator of an adult, who is not the responsible party and not the PCPO.)
 - o) Increase use of community transportation systems.
 - p) Develop Transportation Initiatives
 - q) Encourage individuals, families and existing workers to recruit for current openings.

2. Enhance Benefit Packages and Create Job Flexibility

- a) Focus statewide tax policy more on technology-based investments and upgrades, while considering new ways to facilitate technology transfer and assistance. These efforts should spur innovation and improved productivity in the absence of additional workers.
- b) Develop incentives, financial or otherwise for businesses to examine and make changes that would find and retain workers.
- c) Create a pay scale that rewards length of service, additional training, and dedication to the population being served.
- d) Create aggregate reimbursement levels that allow for differentiation between types of care needed within HCBS system. Agencies are currently reimbursed the same rate for stable and complex client cares. (Tiered positions link to pay)
- e) Expand reimbursements to cover transportation costs, training costs, and unfunded mandates from federal and state regulations, for example, OASIS, differential pay for weekend, holidays, and complex care as incentive for retention.
- f) Subsidize health care for low-income workers. Make MN Care available to all DSWs (Universal Health Coverage)
- g) Provide block grants to areas/communities for flexible, creative economic development initiatives that encourage cooperation between education and industry.
- h) Provide financial incentives to small and medium-sized employers to help offset the cost of training incumbent workers. Iowa currently generates funds for training through tax increment financing (TIF), using the sale of bonds that are repaid by a portion of the tax revenue generated by the salaries of new employees and from a portion of the new property tax revenues generated by capital improvements to support the new jobs.
- i) Offer bonus/incentives for new hires, and recruiters of new hires extending over 6-12month period.
- j) Advance/promote for positions from within the agency.
- k) Develop and provide intra and interagency scholarships for training and educational efforts.
- l) Schedule work hours around educational commitments.
- m) Implement cost of living adjustments (COLAs) to DSWs in salary or other fringe benefits, based upon legislation and recognized needs of the agency. For example, propose increases based on completed training, certification requirements met and/or length of service meeting performance requirements.

- n) Reward long-term employment and longevity by a reasonable salary spread between incumbent and new workers.
- o) Provide benefit support by identifying paid health care and dental plans for part-time workers.
- p) Provide some paid time off, for example, sick days, vacation days, holiday pay or personal leave days.
- q) Use retention bonuses, Christmas bonuses of \$XX per year.
- r) Be creative and explore non-traditional benefits and offer a menu of benefits: For example, spousal employment, child care, transportation, free room and board for support workers, tuition credits for hours worked, flexible schedules, and discounts in local stores.
- s) Provide greater compensation through transportation. For example, "Ticket to Ride" was implemented by an urban agency that noted several staff receiving bus-fare reimbursement greater than the cost of local bus passes. The agency purchased monthly bus passes for the staff at significant savings over reported travel expenses. The benefit for staff was unlimited use of bus travel for the entire month and extended to personal time as well as agency business.
- t) Adjust the workplace to help workers balance work and family commitments (work-life policies). These policies include on-site child and elder care, job sharing, flextime, and employer-provided family social services.
- u) Facilitate annual supervisory surveys by workers to give supervisor's insight about DSW perception of his or her supervision. If the survey flags a concern, the field supervisor can get some additional training. Demonstrates to staff that administrators care about staff views and treatment on the job.

3. Enhance and Create Partnerships

- a) Participate in system redesign by understanding employee skill needs, explicitly communicating these needs to training and education programs, and rewarding through patronage those programs that are serving their employment needs.
- b) Fund studies to examine the effectiveness and outcomes of training supported by public dollars.
- c) Develop a pool of trained workers who have at least some basic knowledge about persons with disabilities and the elderly before providing supports and services. (Transferable skills and portable credentials)
- d) Provide post-placement follow-up and supports to assure retention and advancement in jobs that will provide wages that can support families.

- e) Provide public funding to match employer dollars for training for critical vacancies that are identified by wage levels (providing public dollars to support partnerships activities like the Minnesota Job Skills Partnership is one way to support employer-sponsored training for incumbent workers and leverage public dollars with private funds.
- f) Create partnerships between DSWs, self-advocates and professional or trade associations to define problems and be active partners in solutions.
- g) Foster activism in labor-management relations, negotiating wage and benefit levels, resolving union problems, and addressing other issues faced by mainstream employers.
- h) Develop new jobs that are more attractive to the workforce of today and tomorrow, are higher paying and have a higher status in society. (Shore up the current system as a temporary "bridge" to the future until these jobs exist.)
- i) Provide a strong role for DSWs to influence decisions regarding policy, job roles and development, and specific supports for the individuals they support.
- j) Bring professional status to DSW through opportunities to earn credentials, opportunities to grow, develop, and advance within those careers.
- k) Develop and support participation in professional associations for DSW or membership in current associations. DSWs are scattered throughout communities, and it is important for them to gather with colleagues to exchange ideas and receive mutual support from each other.
- l) Publish registry of staff who have worked in consumer-directed programs and obtained positive evaluations. The result is consumer satisfaction and voluntary credentialing or recognized endorsement by local consumer advocacy organizations, of support staff who have demonstrated the ability to work collaboratively to achieve quality outcomes as defined by the individuals being supported.
- m) Address issues of education and training of DSWs, organizational change, career pathways, recruitment and retention, and adequacy of information.
- n) Offer English as second language curriculum specific to the industry of home and community-based services. Include diagnoses, getting directions to homes, reading and writing of care plans, and required documentation.
- o) Use peer mentoring, carefully matching mentors and training, monitoring the process and evaluating the programs.
- p) Provide opportunities for DSW to network and socialize.
- q) Develop and train supervisors, to increase competence (Include topics such as teaching the adult learner, and providing effective supervision, feedback, and support.

- r) Enhance attitudes, knowledge, and skills related to job performance by regularly scheduling in-service training to provide technical information.
- s) Develop worker satisfaction surveys and exit interviews so that employers can more quickly address problems, themes, and trends at the local level.
- t) Develop more opportunities for incumbent workers to improve their skills through training opportunities adapted to workers needs and schedules.
- u) Implement training and education in health and human service fields for all workers, the displaced and non-traditional workers as well as the incumbent workers.
- v) Facilitate partnerships between education and industry at an early age regarding job openings and useful skills.
- w) Provide creative and flexible new ways of connecting student with career information (the problem is not a lack of information but access to what exists.)
- x) Provide initial training through state efforts and dollars. State support of training efforts will allow for smaller class sizes where current limitations may exist for ten or more students decreasing offering of training.
- y) Accelerate School-To-Work programs to reach students more consistently and at the necessary scale (increase work-based learning opportunities and strengthen partnerships.)
- z) Institute educational assistance programs for workers who wish to advance their careers. This works especially well for the younger worker to progress long term in health and human service careers.
- aa) Make the incumbent workforce aware of training opportunities that already exist for them.
- bb) Establish a mechanism that allows for refresher courses and testing out to meet certain skill categories.
- cc) Reallocate funding from existing training programs that are duplicative or unsuccessful to the training of incumbent workers by a system of vouchers for unemployed individuals.
- dd) Develop collaborative partnerships with state agencies, community education and private training programs, and employers to design and implement systemic training and education programs.
- ee) The K-12 education system needs to begin arming students with basic skills, and providing young people the help and guidance they need to take advantage of information and resources that already exist.

- ff) Create standardized curriculum for students to have shadowing experiences in healthcare worksites before graduation from high school,
- gg) Develop a career path in the health and human service sector that promotes credit bearing/credentialing opportunities, so that programs can be built on as workers continue to develop their careers.
- hh) Develop competency-based training materials that use effective instructional strategies such as experiential components, direct observation, feedback, and skill demonstrations.
- ii) Increase the number of customized training programs specifically targeted to employers' needs in Health and Human Services careers.
- jj) Avoid duplicate efforts to develop training materials by monitoring the availability of high-quality materials that have already been developed.
- kk) Look to state-of-the-art training and education techniques using interactive TV and computer based instruction, self-paced learning tests, audiovisual aides, lectures, workshops, or other written information with or without discussion.
- ll) Fund and promote online universities MN can offer at public institutions or places of employment (work-centered).
- mm) Gain legislative support of alternate benefits, such as tuition credits for public colleges and universities based on hours worked, or free access to state higher education institutions for students that meet certain educational requirements in high school or loan forgiveness for high achieving graduates.
- nn) Offer tax credits to small and medium sized employers for training expenses and evaluate the outcomes.
- oo) Establish exchange programs with other organizations so workers have continued interest and new experiences in health care.
- pp) Recruit community organizations, such as church, schools, and clubs, to augment services that are unable to be filled through traditional delivery methods.
- qq) Implement job-sharing schedules and/or creative non-traditional staffing, for example, flexible hours, which may involve more than one service site, so workers can get enough hours to be full-time.
- rr) Create an employee leasing corporation, an entity of providers that hires a worker full-time and provides staff to one or more of the agencies. The corporation recruits, hires, trains, orients, and pays the worker. The worker receives full-time benefits.

4. Create Central Clearinghouse for Workforce Issues

- a) Develop new partnerships for more affordable housing and better transportation access.
- b) Develop networks of employers grouped around similar and complementary sectors.
- c) Identify needs and work gaps by collecting human resource related information on a regular basis (turnover, vacancies, wages, use of temp services, characteristics of workers, access to training, and resources currently spent on advertising, hiring and training.)
- d) Collect information about the quality of care being provided (effects of job orientation, ongoing supports and what impact staff stability has on quality of life for individuals being supported.)
- e) Work with the federal Workforce Reinvestment Act, effective July 1, 2000. This provides the state with unprecedented opportunity to redesign the training system for tomorrow's economy and will integrate various job training and employment programs into single, consolidated system of services. The WIA will provide one stop centers located in each major population area.
- f) Minimize the administrative burden that counties need to go through to access and maintain dollars.
- g) Look at existing staffing ratios in rules and statutes. Do they make sense, or do they need to be changed given today's crisis workforce issues?
- h) Review regulations that Medicare, MDH and DHS have in place along with other accrediting entities to streamline and simplify the requirements. Current regulations limit the use of staff, volunteers, and family members in providing certain care components.
- i) Reduce administrative, regulatory, and other barriers to innovation and program adaptation among post-secondary institutions to allow more flexibility in meeting the needs of today's workforce. For example, work with secondary and post-secondary schools to have hours worked count as school credit, work study, or internship credits. Work with training that fits the realities of home and family services (staff in family homes, staff working odd hours, one or two staff at site, and different training needs to different individuals.)
- j) Gain national recognition, for example, the governor proclaims Direct Support Workers Day, recognizes aide of the year, honor years of service aides, and provides state or national care conference reimbursement.
- k) Instill in the community that caring for the disabled and elderly is a 'noble profession' and mission to service our community. Professionally develop industry-wide campaign to enhance DSW value and image.

- 1) Develop literature on the role of these workers in the provision of quality services to disabled and elderly individuals.
- m) Recruit people from groups who have traditionally experienced high unemployment rates may include persons with disabilities, foreign-born workers, young mothers, youth, second-career seekers, unskilled workers, high school dropouts, residents from other states, and persons on public assistance.
- n) Make creative use of the state's aging population both in the labor force and in non-paid roles. For example, provide credits toward real estate taxes dependent on number of hours worked in the health and human services sector.
- o) Create respect and more quickly integrate jobs by training administration, staff, and the community about the benefits of employing new and diverse populations.
- p) Pool resources between agencies to create a pool of trained staff from which multiple providers can draw from, dependent upon likes, interests and skills of the workers (for the purpose of sharing benefits, in-services, workers, orientation, and training.
- q) Cultivate relationships with career and placement offices, job counselors, workforce development centers, and high school guidance counselors.
- r) Develop consortiums to market health and human services to educators, students, and the general public.
- s) Utilize foundation, grant support or fiscal incentives for innovative staffing options or alternative care delivery models that include retention and recruitment.
- t) Provide educators and career counselors with marketing materials and information about the types of jobs available within the industry.
- u) Develop recruitment, training, and support programs working directly with communities of color, to attract people from diverse cultural backgrounds into DSW.
- v) Develop specific recruitment and marketing materials, such as brochures, videotapes and public service announcements to be viewed by targeted pools of potential recruits, such as high school and college classes, job centers, employment agencies, and community centers.
- w) Facilitate statewide media campaign to encourage adult workers to take advantage of workforce training options, upgrade their skills, and move into higher-wage occupations.

- NAHC Caregiver Recruitment and Retention
- Nursing Retention in Home Health Care: Addressing the Revolving Door (Home Health Care Manage Prac. 1999) this has many helpful hints and suggestions.
- Olmsted County Staffing Work Group: Position Paper on the Crisis in Direct Care Staffing (2-99)
- Opportunities for Excellence: Supporting the Frontline Workforce (1996)
- Personnel Initiative '97
- Pre-employment Intentions of Home Care Aides (CARING Magazine, 4-2000)
- Project 2030
- Staff Recruitment Challenges and Interventions in Agencies Supporting People with Developmental Disabilities (2-99)
- State of the States in Developmental Disabilities: 2000 STUDY SUMMARY

Resources

- A Plan to Enhance and Develop the Direct Support Workforce in Human Services and Health Care: Recommendations of the Massachusetts Partnership for Human Service and Health Care Skill Standards (11-97)
- Blue Ribbon Commission on Labor Force Issues (6-99)
- Challenges for a Service System in Transition Ensuring Quality Community Experiences for Persons with Developmental Disabilities (1994)
Chapter 13 Residential Services Personnel Recruitment, Training and Retention
- Citizens League: From Jobs for Workers to Workers for Jobs (11 -99)
- Citizen's League; Help Wanted: More Opportunities than People (11-98)
- Community Living for People with Developmental and Psychiatric Disabilities (1992)
Chapter 17 Satisfaction and Stability of Direct Care Personnel in Community-based Residential Services
Chapter 18 Human Resource, Program, and Client Correlates of Mental Health Outcomes
- Direct-Care Staff Stability in a National Sample of Small Group Homes (2-92)
- DIRECT CARE: WORK FORCE IN CRISIS (AAMR News and Notes, 9/10-98)
- ICI Curriculum for Workforce Recruitment and Retention
- KSU Study Documents High Staff Turnover Costs (8-98)
- Leverage Points for Informing State Workforce Development Policy (9-97, ngs.org)
- Leverage Points for Informing State Workforce Development Policy - Recommendations
- Longitudinal Study of Recruitment and Retention in Small Community Homes Supporting Persons with Developmental Disabilities (8-99)
- MCHA Ad Hoc Staffing Crisis Committee
- Minnesota World Competitor: the Governor's' Workforce Development Plan (2-00)