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## Maine Direct Service Workforce Survey Results 2012 [Chartbook]

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# CHARTBOOK

## Maine Direct Service Workforce Survey Results

2012

MUSKIE SCHOOL OF PUBLIC SERVICE



UNIVERSITY OF  
SOUTHERN MAINE



## Maine Direct Service Workforce Survey Results

November 2012

This document was prepared by the Muskie School of Public Service at the University of Southern Maine for the Maine Department of Health and Human Services.

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# Acknowledgements

We would like to begin by acknowledging the critical contribution of Carrie Blakeway, Dana Foney and Nooshin Mahalia of the Lewin Group, in their role as part of CMS' National Direct Service Workforce Research Center. The National Direct Services Workforce Research Center was responsible for the design of the survey, working patiently with us as we tailored the survey and survey protocol to Maine's needs, troubleshooting problems with the survey instrument and providing us with the survey data and a preliminary analysis that provides the foundation for this databook.

We would also like to thank members of the State Profile Tool project team and others from the Maine Department of Health and Human Services. In particular we would like to thank Jay Yoe for his leadership, and Elizabeth Gattine, Romaine Turyn, Gary Wolcott and Heidi Bechard for providing invaluable assistance with identifying the survey population, encouraging provider and worker participation, and mailing and tracking Personal Attendant surveys.

We extend our gratitude to the people and organizations that helped us pretest the Personal Attendant and Provider Organization survey instruments. Thanks to Dennis Fitzgibbons and Beth Mogan at Alpha One for identifying Personal Attendants who would pretest the Personal Attendant survey instrument and for providing office space for us to conduct the pretest. Thanks also to the Personal Attendants who met with researchers to take the survey, respond patiently to our questions, and offer suggestions for improvements in the wording of questions and the survey. The names of the Personal Attendants are not included here to protect their privacy.

We also wish to extend our thanks to the individuals from provider organizations who helped pretest the Provider Organization Survey, including David Lawlor from Mobius, Inc., Jessica Irish from Group Main Stream, Richard McLaughlin from In Home Care, Sally Sweeney from KFI, Bridgett Ireland from the Charlotte White Center, and Jillian Jolicoeur from Assistance Plus.

We would like to thank our own staff from the Muskie School including Sherry Gildard for the endless task of maintaining and updating the list of provider organizations and for making sure Personal Attendants received their gift cards, Louise Olsen for helping to identify provider organizations and assisting DHHS staff where needed, and Mark Richards for helping to pretest the Personal Attendant Survey. We credit Al Leighton and his staff from the Muskie School's Survey Research Center with our great response rate. Al helped us to prepare the surveys for mailing, tracking responses, and supervising follow-up calls, and Margaret Gormley, Linda Stevens and Bridgette O'Connor provided gentle yet persistent follow-up with non-responders.

Finally, we wish to express our deep appreciation to all of the Personal Attendants and Provider Organizations that responded by completing the surveys. Their responses provide a valuable resource to help policymakers better understand the strengths and challenges facing Maine's direct service workforce.

# Table of Contents

Data Highlights.....	7
Introduction.....	9
The Personal Attendant Survey.....	11
About the Personal Attendant.....	12
About the Person Supported by the Personal Attendant.....	24
Wages and Benefits.....	31
Training.....	40
The Provider Organization Survey.....	45
Types of Provider Organizations.....	46
Workforce Volume.....	53
Workforce Stability.....	60
Compensation & Benefits.....	63
Organizational Cultural Competence.....	72
Workforce Challenges.....	79
Training & Qualifications for Direct Service Workers.....	85



# Data Highlights

Maine was one of seven states funded by the U.S. Centers for Medicare and Medicaid Services (CMS) in 2007 to prepare a profile of its long-term services and supports system under the State Profile Tool (SPT) grant to assess and document the states' shifting balance of funding and services from institutional to home and community-based settings. Having recognized the important role that direct service workers play in the quality of services and supports provided to people with disabilities in home and community settings, in 2011 CMS asked the National Direct Service Workforce Center to work with State Profile Tool grantees to survey their direct service workforces. Survey results would help inform workforce policy at the state level and provide a baseline for measuring improvements in workforce quality and stability over time<sup>1</sup>. State Profile Tool grantee states were asked to collect a minimum data set of information about workforce volume, stability, and compensation and were offered the option to collect additional data, including information about cultural competence, workforce challenges, workforce training and worker qualifications.

In the summer of 2012, Maine conducted two anonymous surveys: one for Personal Attendants who work for adults with disabilities and families in participant-directed Medicaid-funded 1915 (c) and state plan programs under Sections 12, 19, 22 and 96 of the MaineCare Benefits Manual; and the second for Provider Organizations serving adults with intellectual disabilities and older adults with disabilities in Medicaid-funded 1915 (c) and state plan programs under Sections 19, 21, 29 and 96 of the MaineCare Benefits Manual. Respondents had the choice to complete the survey on paper or on-line.

## The Personal Attendant Survey

The survey population for the Personal Attendant Survey consisted of Personal Attendants who, at the time of the survey, were working for adults with disabilities and families in one or more of Maine's consumer-directed programs overseen by Alpha One, Elder Independence of Maine, or Public Partnerships, LLC. Key findings from this survey include:

- Fifty-one percent of direct service workers employed as personal attendants in Maine's participant-directed programs have an annual household income of less than \$22,000.
- Thirty-seven percent have no source of health-insurance and another 28% are insured under MaineCare.
- The majority of personal attendants became a personal attendant because a friend or family member needed care (69%). Many also value the personal satisfaction (59%) and flexible schedule (52%) that this work offers.
- Most personal attendants express a high level of satisfaction with their work, with 95% reporting they strongly agree or agree that they are satisfied with their job and 84% reporting they strongly agree or agree with the statement that their job uses their skills well.
- Personal attendants are less satisfied with their wages: a total of 39% agree or strongly agree with the statement that they are satisfied with their wages.

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<sup>1</sup> National Direct Service Workforce Resource Center. February 2009. *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*. A copy of the report is available at <http://www.dswresourcecenter.org>



## The Provider Organization Survey

The survey population for the Provider Organization Survey consisted of MaineCare-funded provider organizations which employ direct service workers (DSWs) to provide home and community-based long-term services and supports to older adults, adults with physical disabilities and other disabilities, and adults with developmental and intellectual disabilities. Organizations providing services and supports to adults with mental illness were excluded from the survey population.

For the purpose of this survey, direct service workers were defined as being part-time, full-time, intermittent and on-call workers with job titles or roles similar to Personal Support Specialists, Home Health Aides, Direct Support Professionals, Certified Nurses Assistants, Homemakers, or Personal Care Aides. The services provided by the DSWs were defined to include personal care, homemaker, adult day health, respite, community support, work support, and home support services. The primary settings where DSWs provided the services and supports were defined to be in the home, in residential settings, in day programs, or in job or vocational settings. Not included were institutional settings, school settings or child-care facilities. Key findings from this survey include:

- Of the Provider Organizations participating in the survey, 91% serve people with developmental disabilities, intellectual disabilities, or autism, while 55% serve persons with mental health or psychiatric conditions and 47% serve persons 65 years or older adults and 45% serve people with physical disabilities. (Provider organizations can serve multiple population groups.)
- Two-thirds of the Direct Service Workers employed by Provider Organizations work 36 or more hours per week.
- An average of 89 workers per Provider Organization work primarily in residential settings; an average of 29 workers per Provider Organization provided primarily in-home supports.
- At the same time, the Provider Organizations served fewer people in residential settings than in home settings, with an average of 42 persons receiving residential services and 50 persons receiving in-home supports per Provider Organization. Provider Organizations tended to serve more people in day programs or with rehabilitative or medical supports (an average of 52 people).
- Two-thirds of a Provider Organization's Direct Service Workforce has had more than 12 months of continuous paid employment.
- Workers providing day program and other community support services tended to be paid more than workers providing job or vocational services, residential services, or in-home supports (an average of \$10.92, compared to \$9.40, \$10.06 and \$10.29 respectively).
- 39% of Provider Organizations pay 76% or more of the health insurance premium for their Direct Service Workers.
- 92% of Provider Organizations offer vacation or paid time off to their full time workers.
- Provider Organizations were more likely to identify finding qualified workers as a workforce challenge (76%). Worker turnover was the second most frequently identified challenge (58%).

# Introduction

Maine was one of seven states funded by the U.S. Centers for Medicare and Medicaid Services (CMS) in 2007 to prepare a profile of its long-term services and supports system under the State Profile Tool (SPT) grant to assess and document the states' shifting balance of funding and services from institutional to home and community-based settings. Having recognized the important role that direct service workers play in the quality of services and supports provided to people with disabilities in home and community settings, in 2011 CMS asked the National Direct Service Workforce Center to work with State Profile Tool grantees to survey their direct service workforces. Survey results would help inform workforce policy at the state level and provide a baseline for measuring improvements in workforce quality and stability over time<sup>2</sup>. State Profile Tool grantee states were asked to collect a minimum data set of information about workforce volume, stability, and compensation and were offered the option to collect additional data, including information about cultural competence, workforce challenges, workforce training and worker qualifications.

In the summer of 2012, Maine conducted two anonymous surveys: one for Personal Attendants who work for adults with disabilities and families in participant-directed Medicaid-funded 1915 (c) and state plan programs under Sections 12, 19, 22 and 96 of the MaineCare Benefits Manual; and the second for Provider Organizations serving adults with intellectual disabilities and older adults with disabilities in Medicaid-funded 1915 (c) and state plan programs under Sections 19, 21, 29 and 96 of the MaineCare Benefits Manual. Respondents had the choice to complete the survey on paper or on-line.

The National Direct Service Workforce Center staff cleaned the data, recoding extreme outliers or extraneous data to missing; recoding ranges of numbers into averages, and other calculations.

The results of Maine's Personal Attendant Survey and Provider Organization Survey are presented in this Chartbook. Further analysis of data by population groups and settings is planned for a later date. The National Direct Service Workforce Center has conducted a cross-state analysis of survey data collected by Maine, Arkansas, Florida, Kentucky, Massachusetts, Michigan, Minnesota and Ohio on workforce volume, stability, and compensation.

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<sup>2</sup> National Direct Service Workforce Resource Center. February 2009. *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*. A copy of the report is available at <http://www.dswresourcecenter.org>



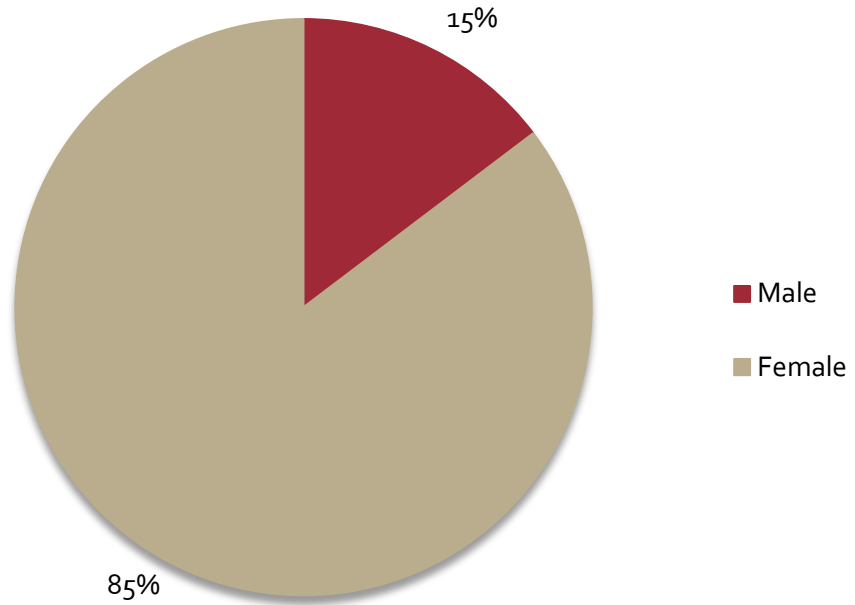
# The Personal Attendant Survey

The survey population for the Personal Attendant Survey consisted of Personal Attendants who, at the time of the survey, were working for adults with disabilities and families in one or more of Maine's consumer-directed programs overseen by Alpha One, Elder Independence of Maine, or Public Partnerships, LLC. The survey was voluntary. As an incentive to respond, Personal Attendants were offered a \$10 gift certificate that would be mailed to them after completing the survey. The Office of Elder Services and Office of Adults with Physical and Cognitive Disabilities (now known as the Office of Aging and Disability Services) elected to mail the surveys to Personal Attendants to protect their anonymity.

The survey began in the first week of May and ended the first week of August. Out of 1,000 Personal Attendants who received surveys, 459 responded for a response rate of 46%, the second highest among all 7 grantee states participating in the survey. Most of the respondents (96%) elected to mail in their surveys; the remaining 5% completed the survey on-line.

# About the Personal Attendant

**Figure 1. Gender**

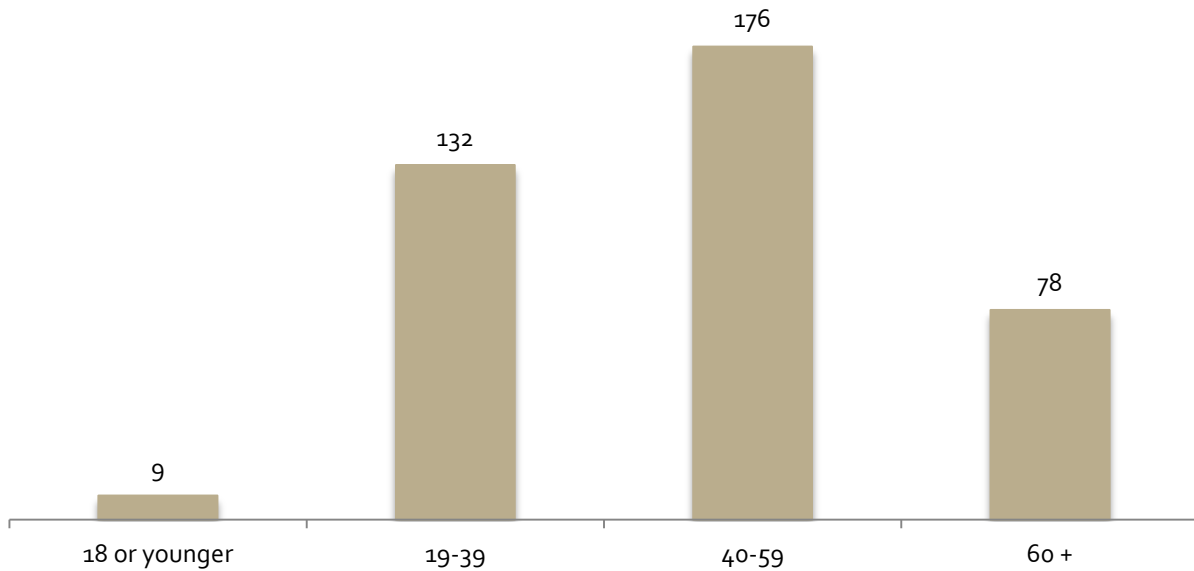


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Number of Personal Attendants responding to this question: 395.

- **85% of the Personal Attendants responding to this question (n = 395) were female.**

**Figure 2. Age of Personal Attendant**

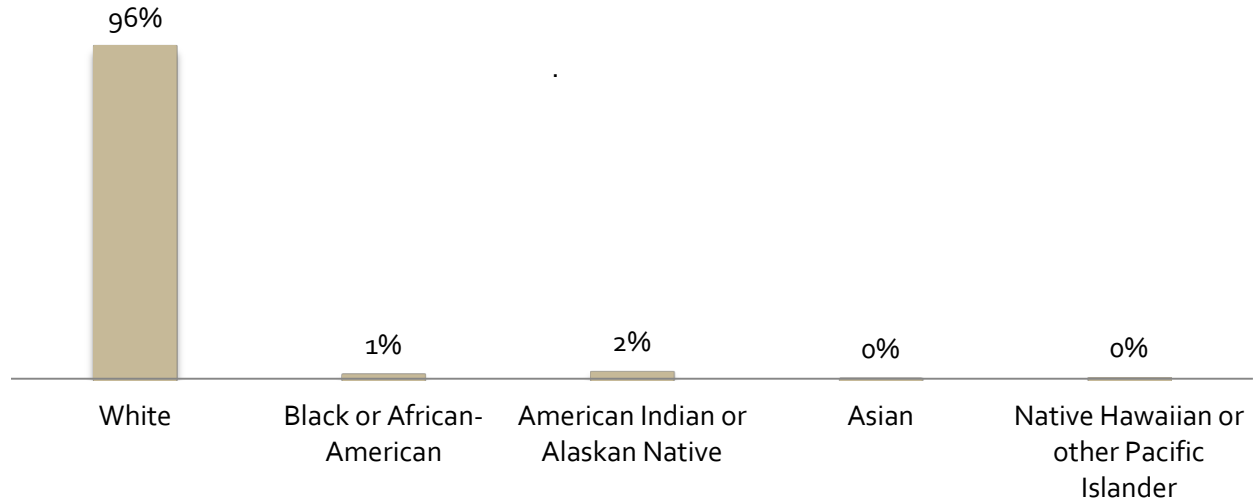


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Number of Personal Attendants responding to this question: 395.

- 45% of the Personal Attendants responding to this survey were age 40 to 59.
- 20% were age 60 and older.
- The average age was 45 years.

Figure 3. Race

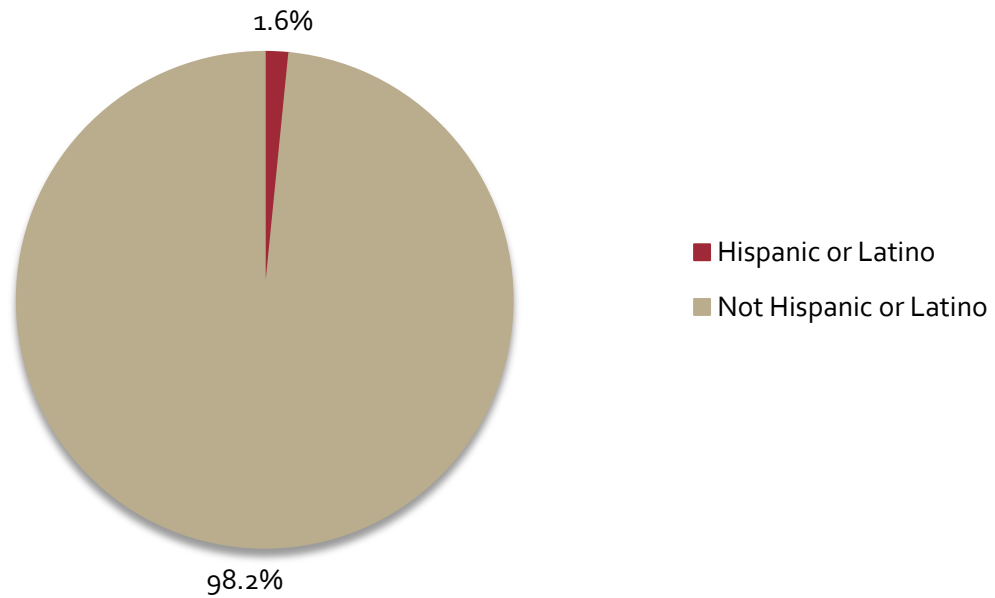


Number of Personal Attendants responding to this question: 401. Multiple responses allowed.

- 96% of the Personal Attendants responding to this question (n = 401) were white.



**Figure 4. Ethnicity**

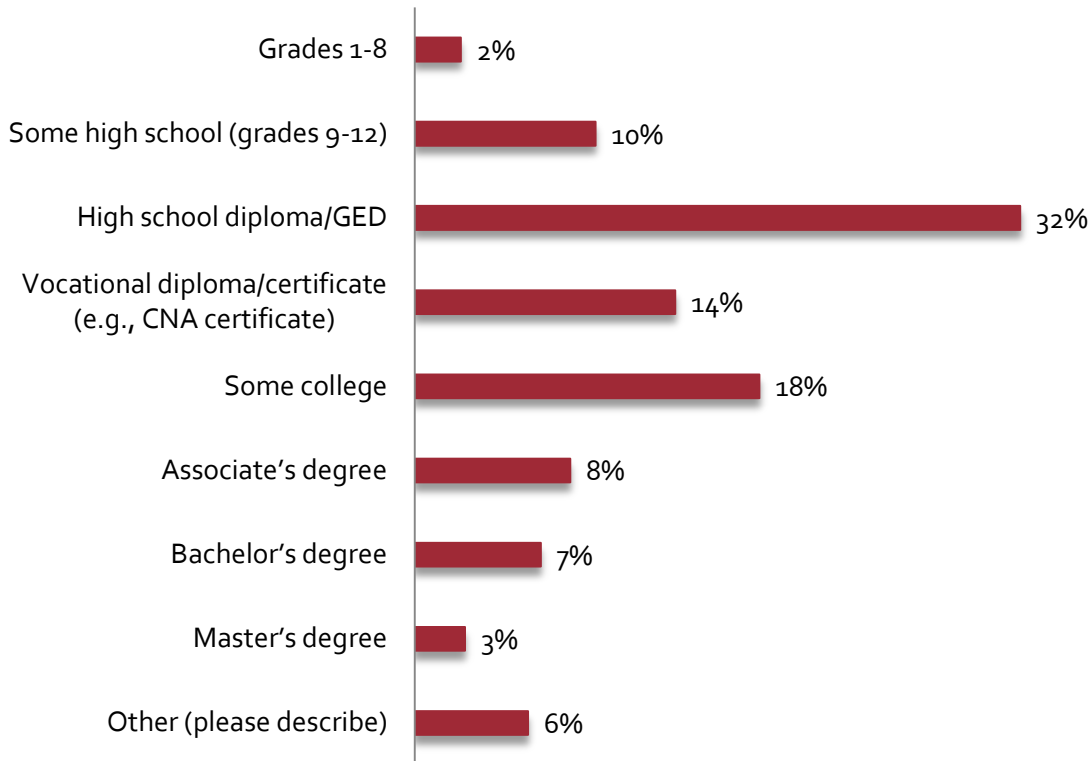


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Number of Personal Attendants responding to this question: 381.

- **Less than 2% of the Personal Attendants responding to this question (n = 381) were Hispanic or Latino.**

**Figure 5. Highest Education Level**

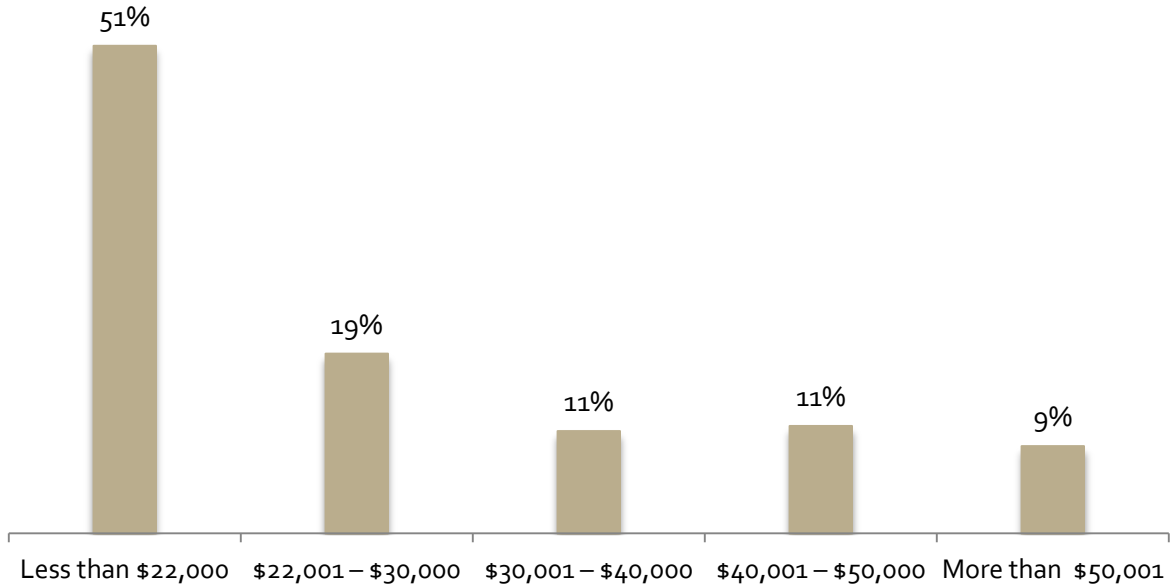



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Number of Personal Attendants responding to this question: 448.

- **The majority of Personal Attendants responding to this question (n = 448) do not have any college-level education.**

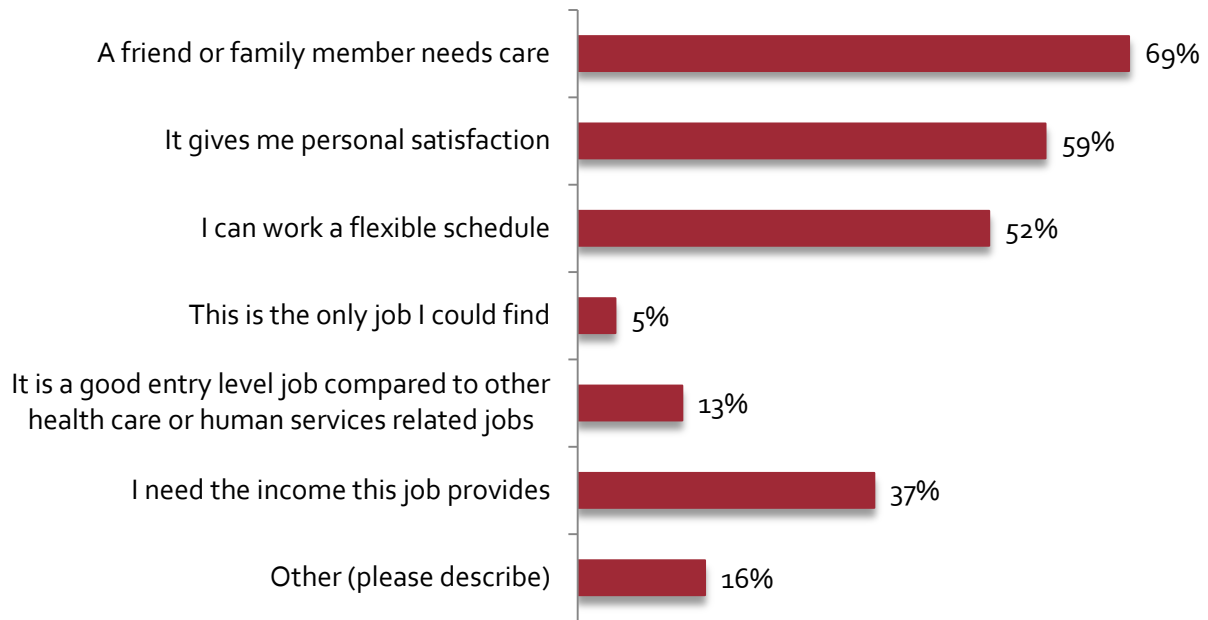
**Figure 6. Annual Household Income**



Number of Personal Attendants responding to this question: 386.

- **More than half of the Personal Attendants responding to this question (n = 386) have an annual household income of less than \$22,000.**

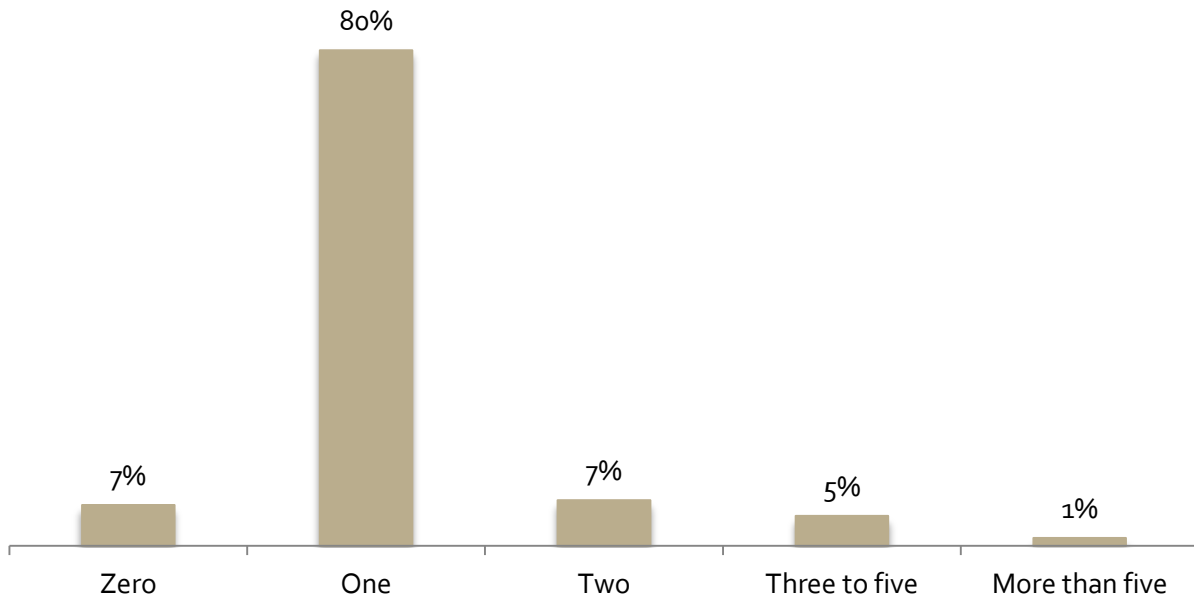
**Figure 7. Reason for Becoming a Personal Attendant**



Number of Personal Attendants responding to this question: 380. Multiple responses allowed.

- **Most Personal Attendants became a personal attendant because a friend or family member needs care.**
- **Personal Attendants also value the personal satisfaction their job gives them and the fact they can work on a flexible schedule.**

**Figure 8. Number of People Personal Attendant Supported Last Week**

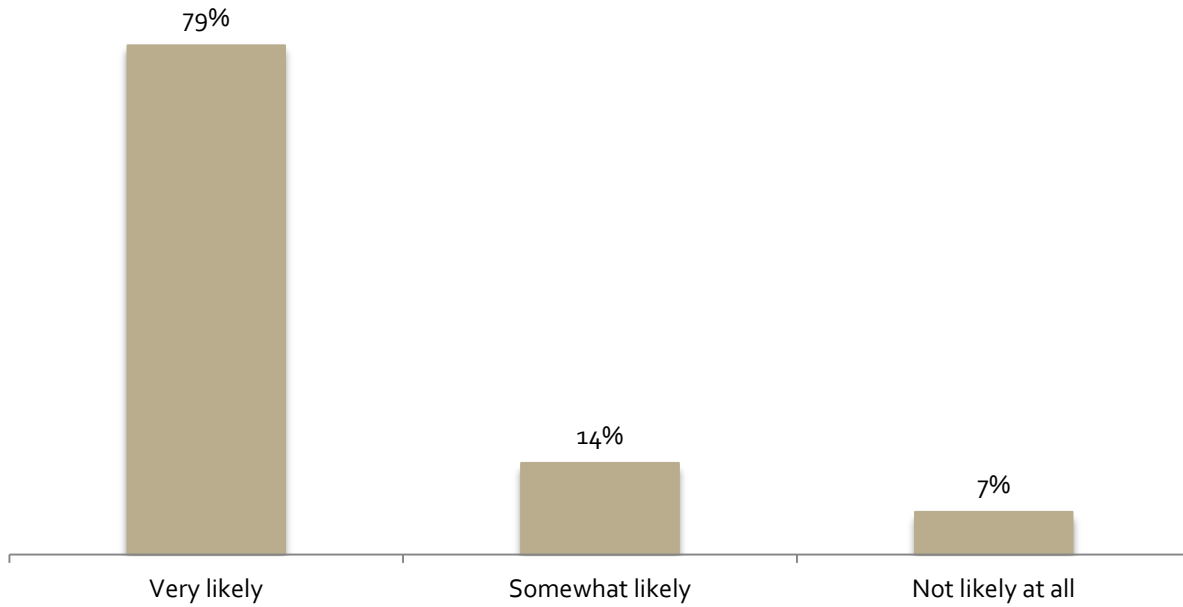


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Number of Personal Attendants responding to this question: 392.

- **80% of Personal Attendants supported only one person in the week prior to the survey.**

**Figure 9. Likelihood of Working as a Personal Attendant a Year from Now**

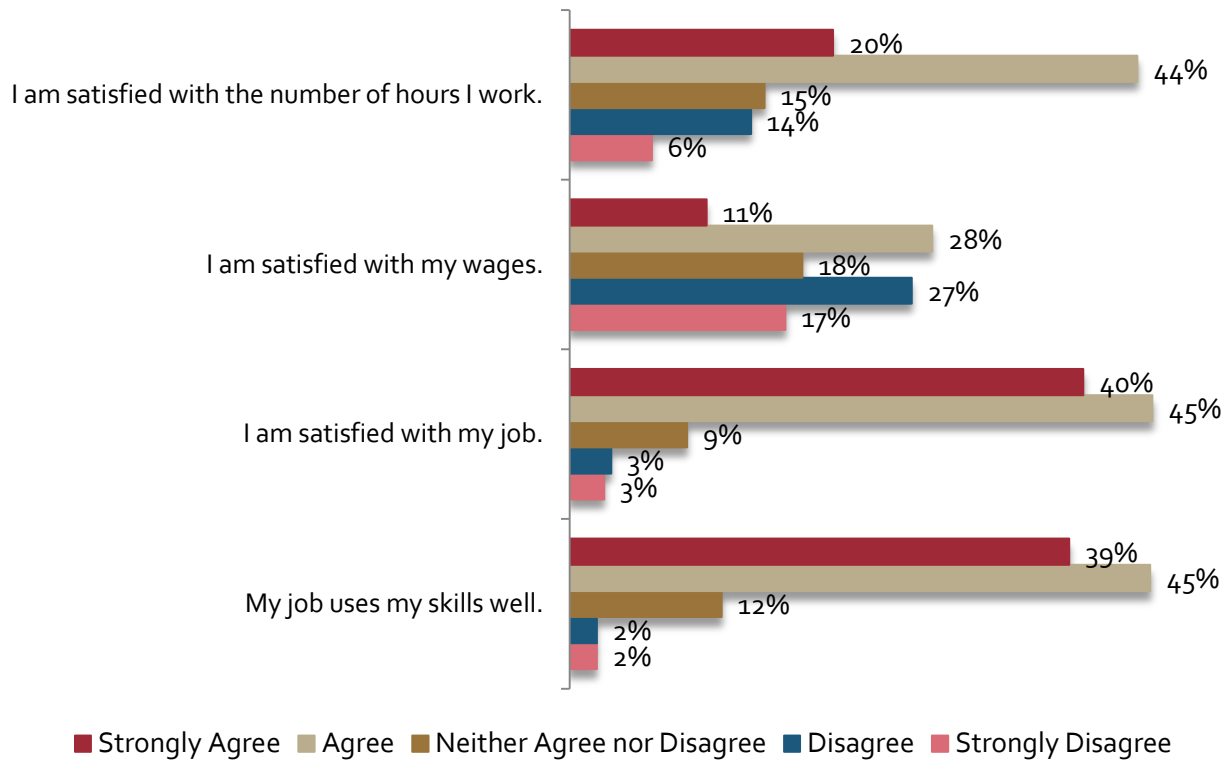


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Number of Personal Attendants responding to this question: 332.

- **79% of Personal Attendants said they were likely to be working as a Personal Attendant a year from now.**

**Figure 10. Level of Job Satisfaction**



Number of Personal Attendants responding to this question: 385.

- **Most Personal Attendants are satisfied with their job, believe their job uses their skills well and are satisfied with the number of hours they work. Fewer Personal Attendants are satisfied with their wages.**

**Figure 11. Length of Time Personal Attendant Worked for Any Employer**

- **Personal Attendants have worked as a personal attendant for an average of 6.5 years.**
- **The median number of years worked as a personal attendant is 4 years.**

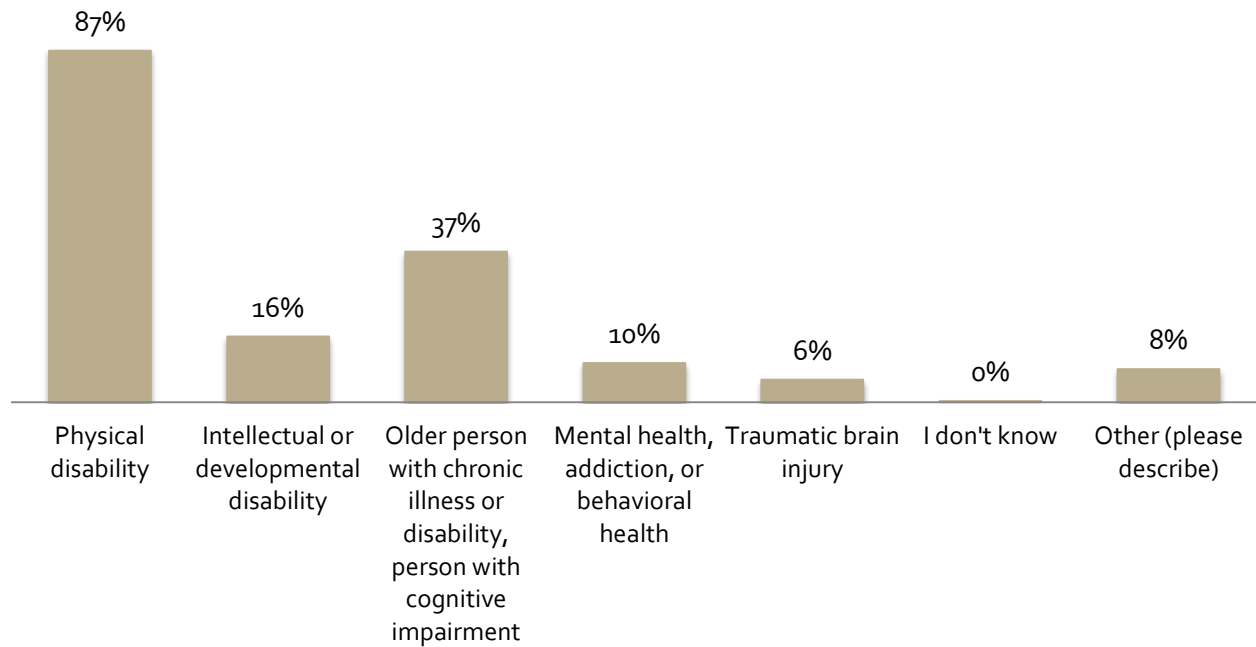
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Number of Personal Attendants responding to this question: 383.



## About the Person Supported by the Personal Attendant

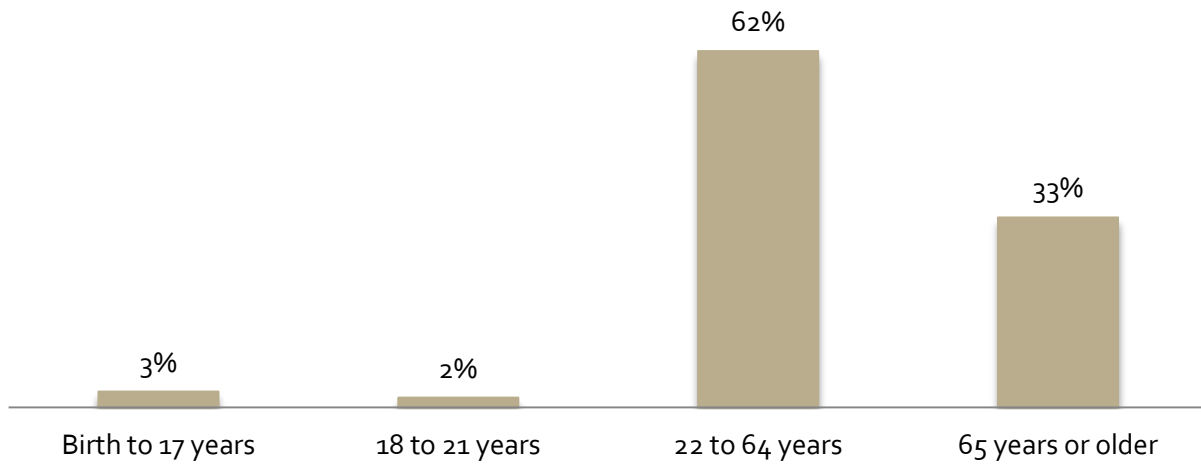
**Figure 12. Reason Persons Supported Needs Assistance**



Number of Personal Attendants responding to this question: 381. Multiple responses allowed.

- **87% of Personal Attendants provide support to persons who have a physical disability.**
- **37% provide support to older adults with chronic illness or disability or a cognitive impairment.**

**Figure 13. Age of Persons Supported**

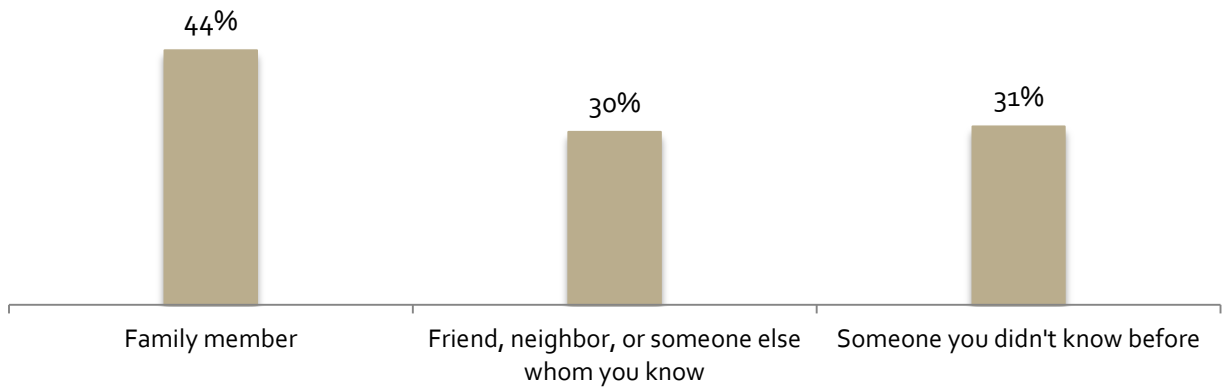


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Number of Personal Attendants responding to this question: 286.

- **Two-thirds of Personal Attendants provide support to someone between the age of 22 to 64; one-third provide support to someone age 65 and older.**

**Figure 14. Relationship to Persons Supported**

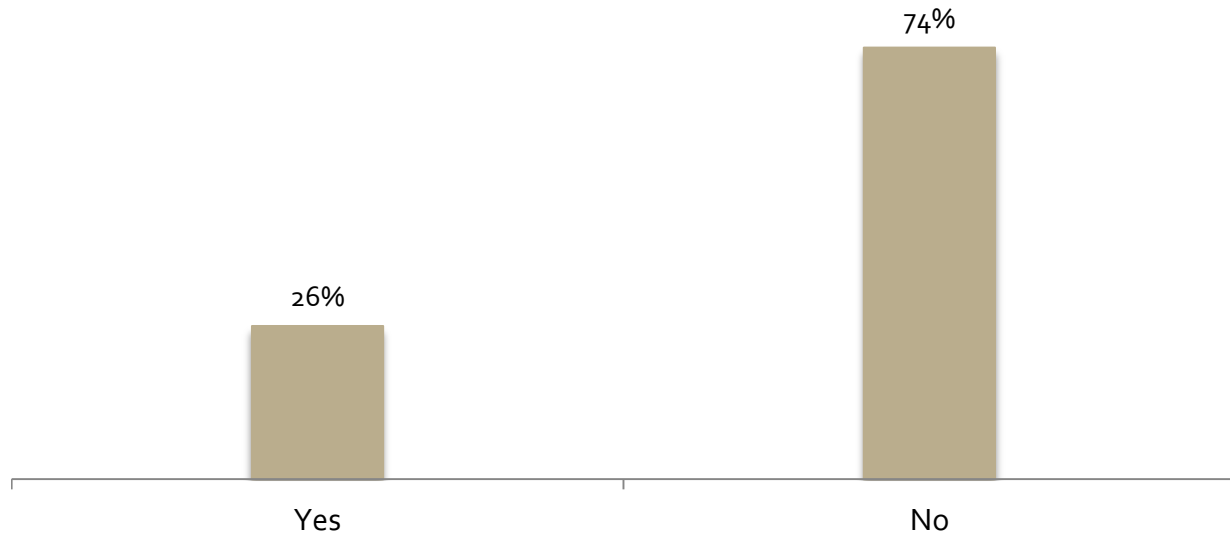


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Number of Personal Attendants responding to this question: 415. Multiple responses allowed.

- **Most Personal Attendants have a personal relationship with the person they provide support to: 44% are family members; 30% identify the person they support as a friend, neighbor or someone else they know.**

**Figure 15. Personal Attendants Who Live With Person Supported**

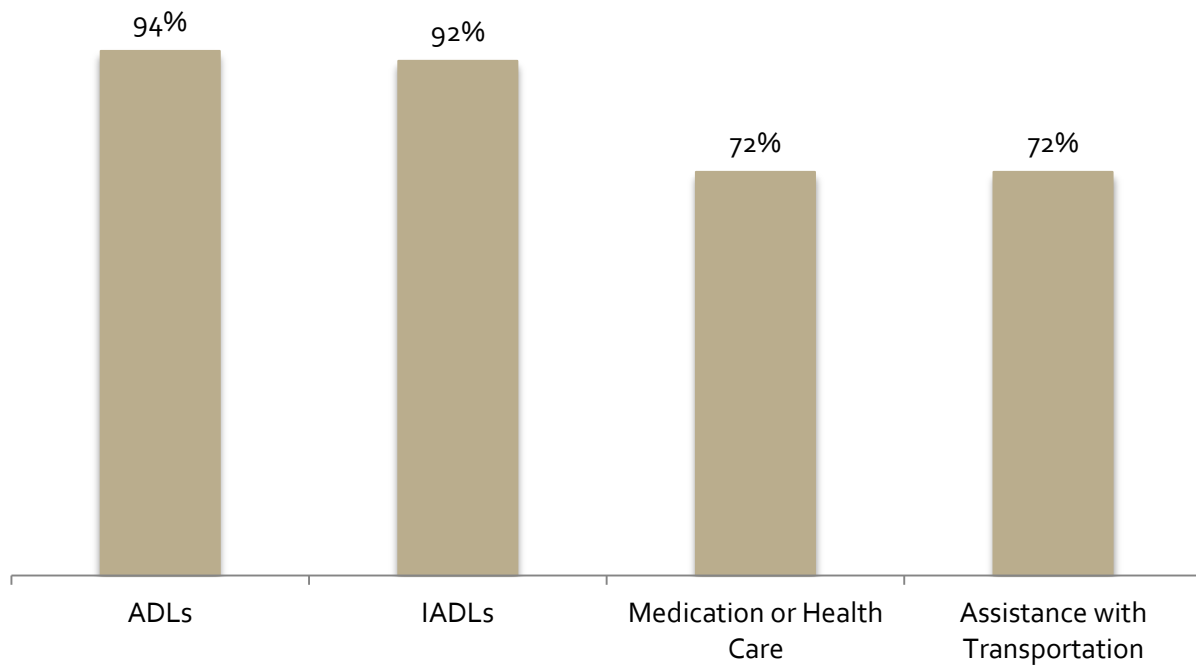


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Number of Personal Attendants responding to this question: 286.

- **26% of the Personal Attendants live with the person they provide support to.**

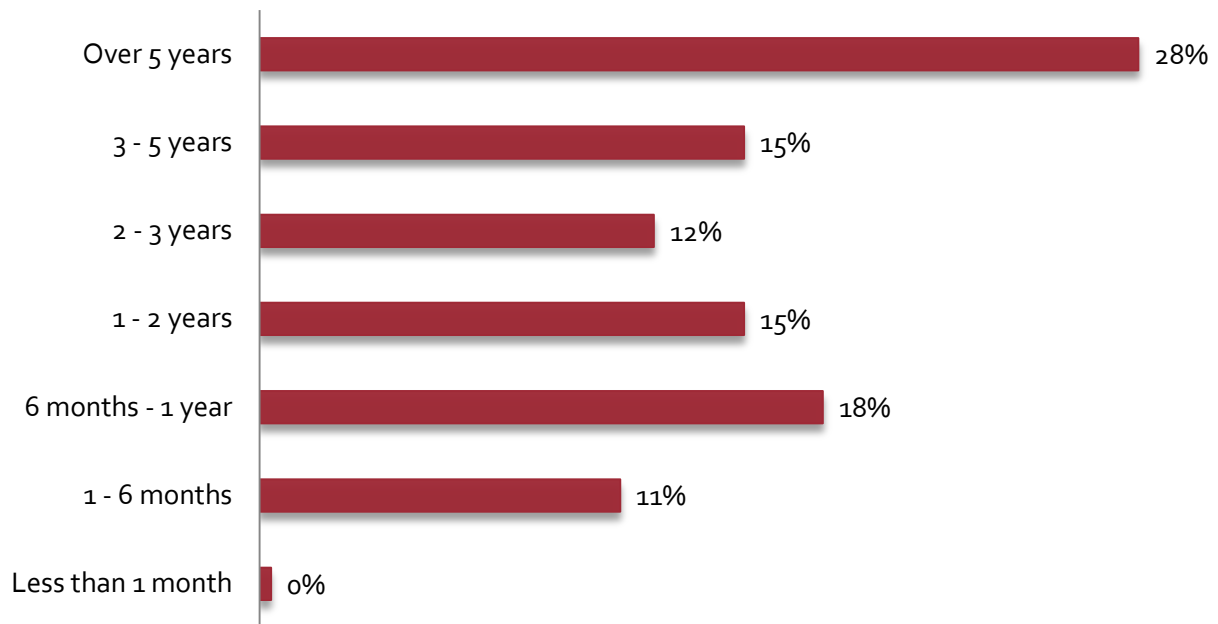
Figure 16. Type of Services Provided\*



Number of Personal Attendants responding to this question: 287. Multiple responses allowed.

- **Almost all Personal Attendants provide assistance with mobility, toileting, and other Activities of Daily Living (ADLs); and assistance with meal preparation, housekeeping and other Instrumental Activities of Daily Living (IADLs).**
- **In addition, a majority of Personal Attendants provide assistance with medication and health care activities and transportation.**

**Figure 17. Length of Employment\***



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Number of Personal Attendants responding to this question: 282.

- **43% of Personal Attendants have worked as a personal attendant for 3 or more years.**

# Wages and Benefits



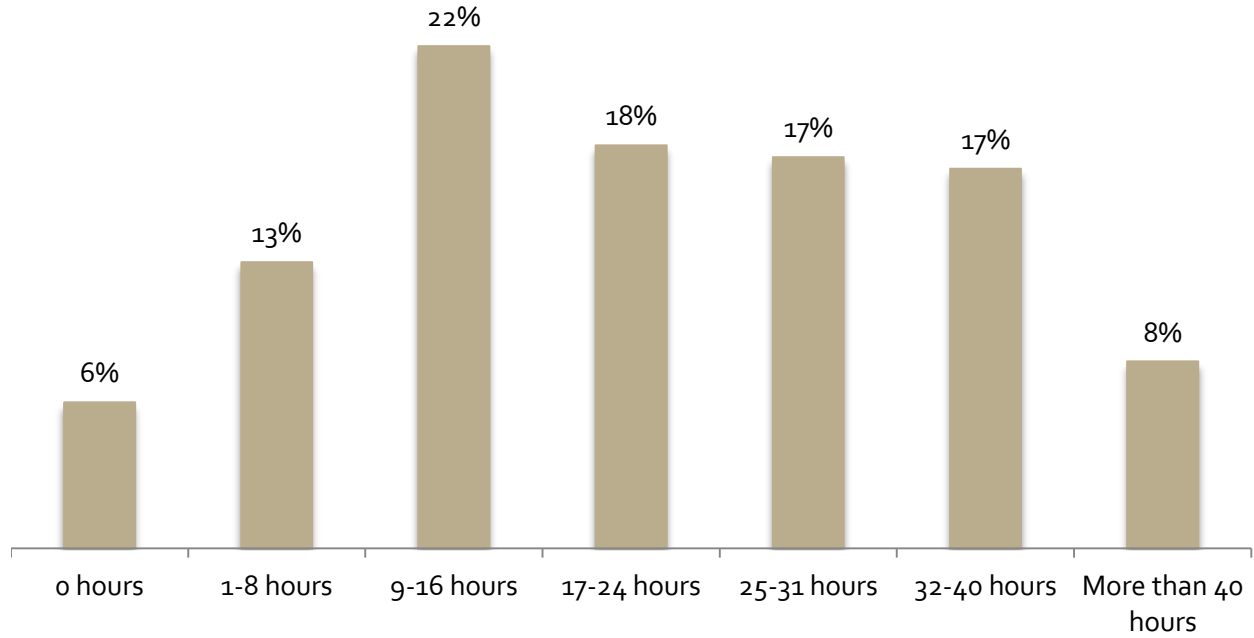
### Figure 18. Average Wage Paid to Personal Attendants

- Personal Attendants are paid an average of 9.51 per hour.
- Hourly pay ranges from \$5.35 per hour to \$17.50 per hour.

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Number of Personal Attendants responding to this question: 271.

**Figure 19. Average Number of Hours Worked in Last Week**

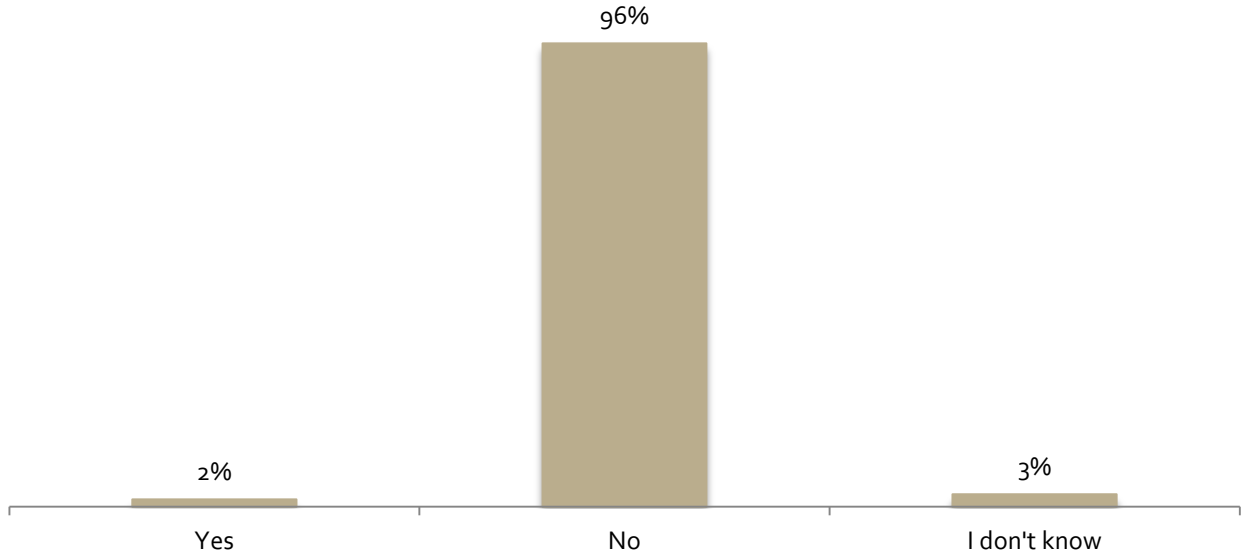


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Number of Personal Attendants responding to this question: 391.

- **70% of Personal Attendants worked 31 or fewer hours in the week prior to the survey.**

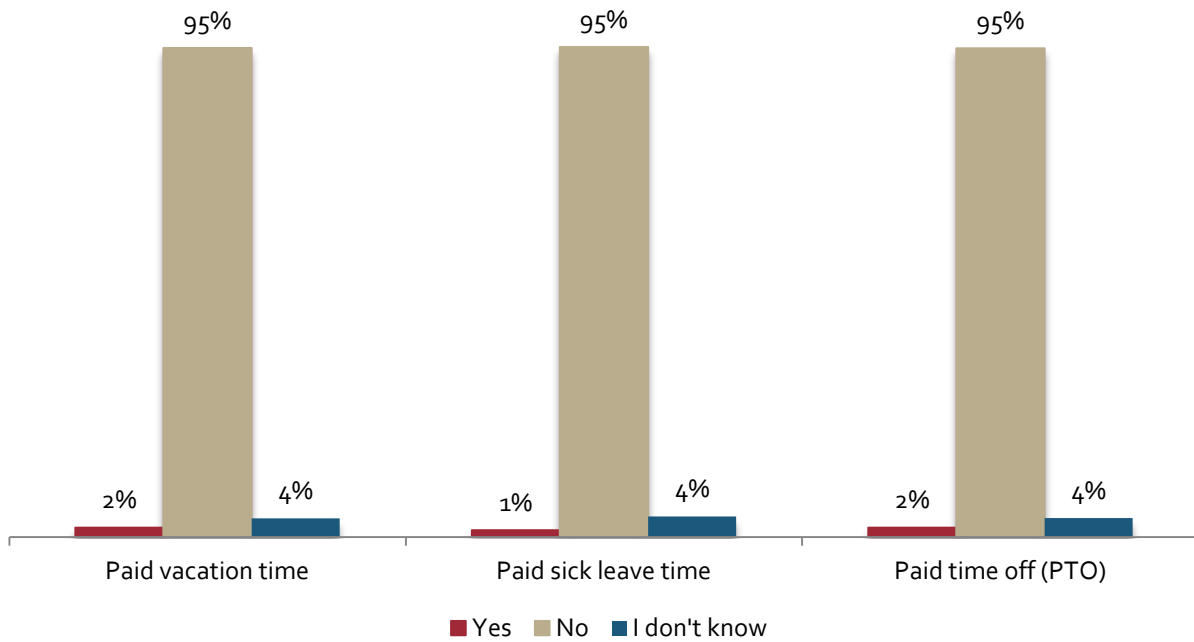
**Figure 20. Receipt of Health Insurance as Job Benefit**



Number of Personal Attendants responding to this question: 363. Multiple responses allowed. Paid time off (PTO) is paid days off that can be used for either vacation or sick leave

- **96% of Personal Attendants do not receive health insurance as a benefit of their employment as a personal attendant.**

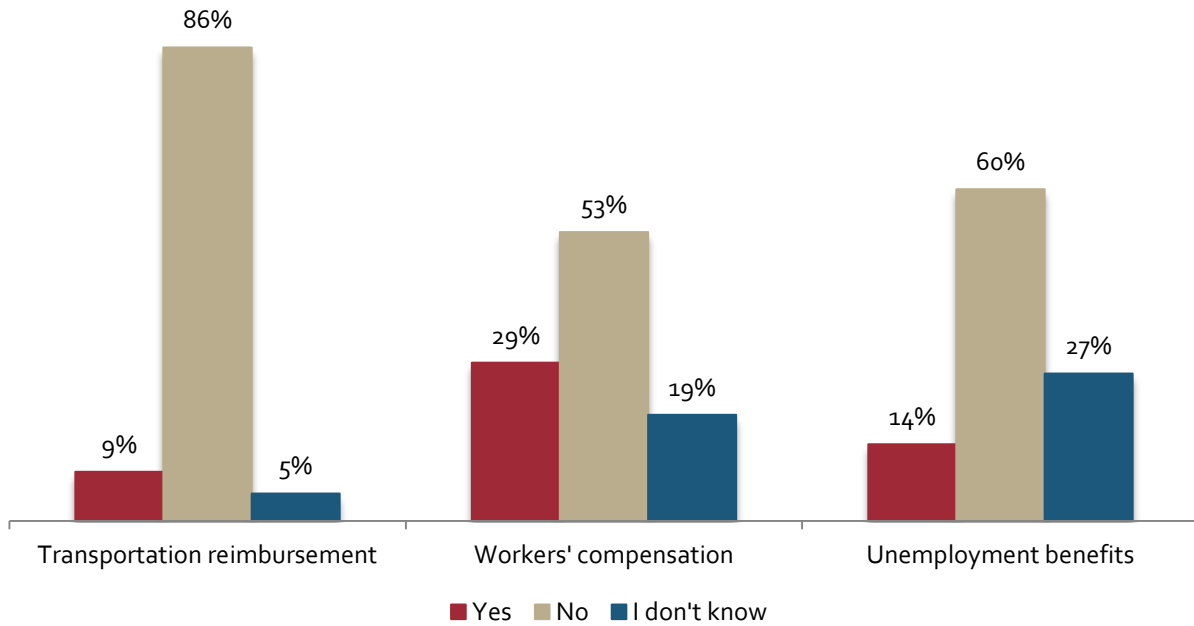
**Figure 21. Receipt of Paid Time Off as Job Benefit**



Number of Personal Attendants responding to these questions: 356, 354 and 356 respectively. Multiple responses allowed. Paid time off (PTO) is paid days off that can be used for either vacation or sick leave.

- **Almost no Personal Attendants receive paid vacation time, paid sick time or paid time off.**

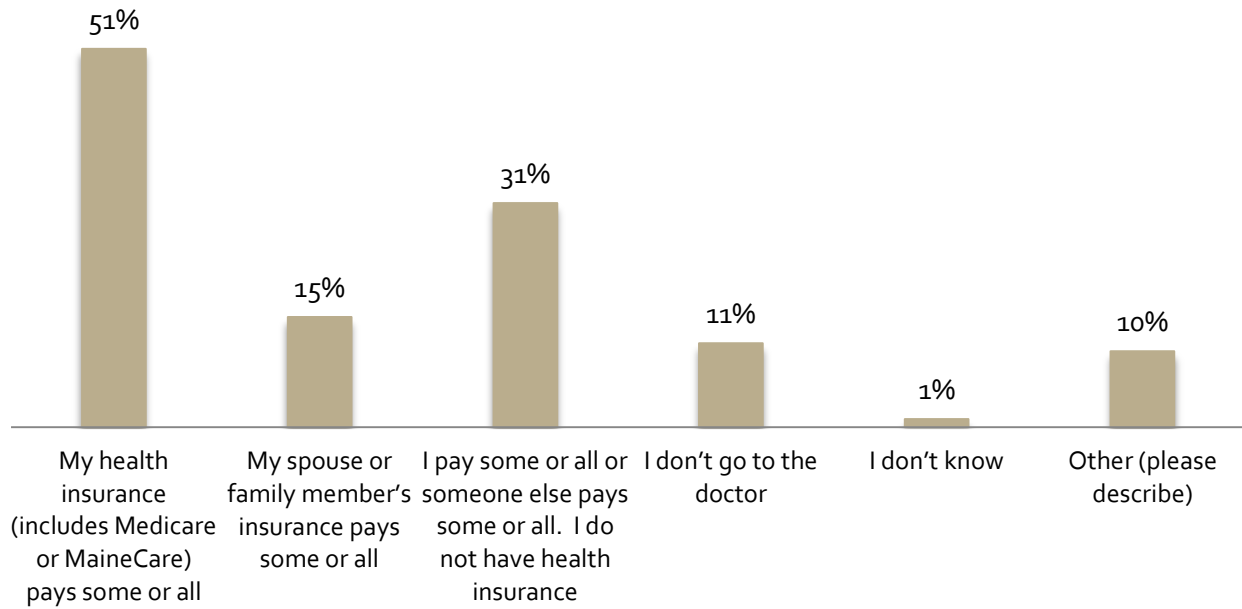
**Figure 22. Receipt of Other Job Benefits**



Number of Personal Attendants responding to this question: 387. Multiple responses allowed. Paid time off (PTO) is paid days off that can be used for either vacation or sick leave.

- **Most Personal Attendants do not receive reimbursement for transportation as part of their employment as a personal attendant.**
- **29% of Personal Attendants receive workers' compensation and 14% receive unemployment benefits. A number of Personal Attendants do not know if they receive these benefits.**

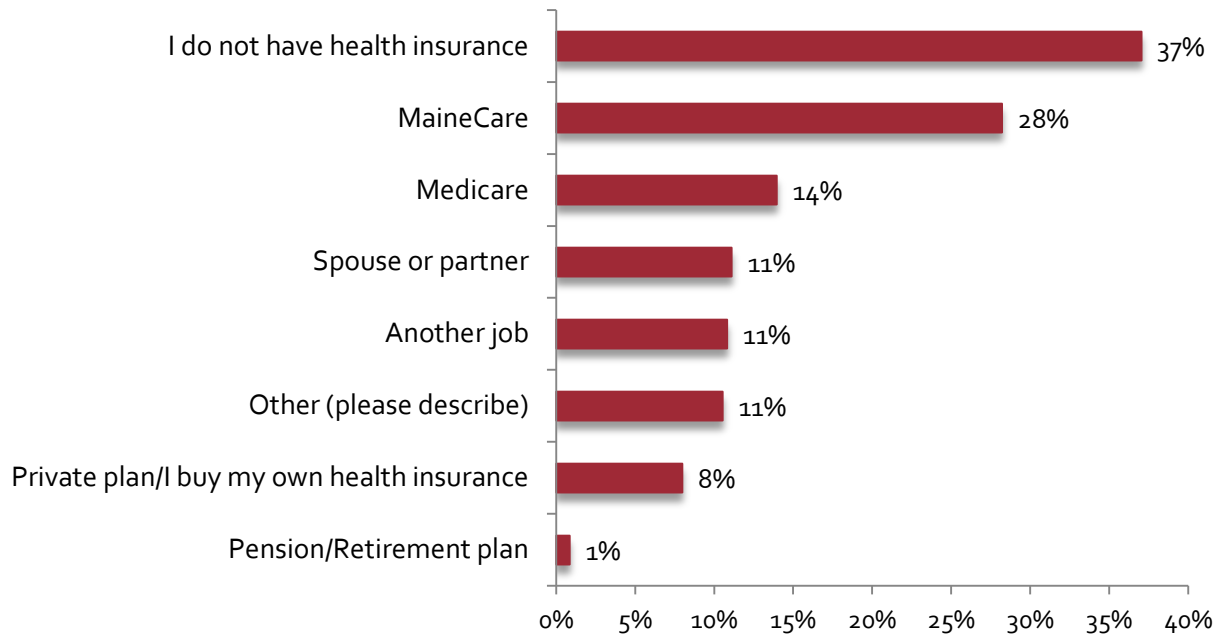
**Figure 23. Medical Care Payment Method**



Number of Personal Attendants responding to this question: 367. Multiple responses allowed.

- **Just over half of Personal Attendants said that their health insurance pays for their medical care.**
- **Another 31% said that their medical care is paid for out-of-pocket, either theirs or someone else.**

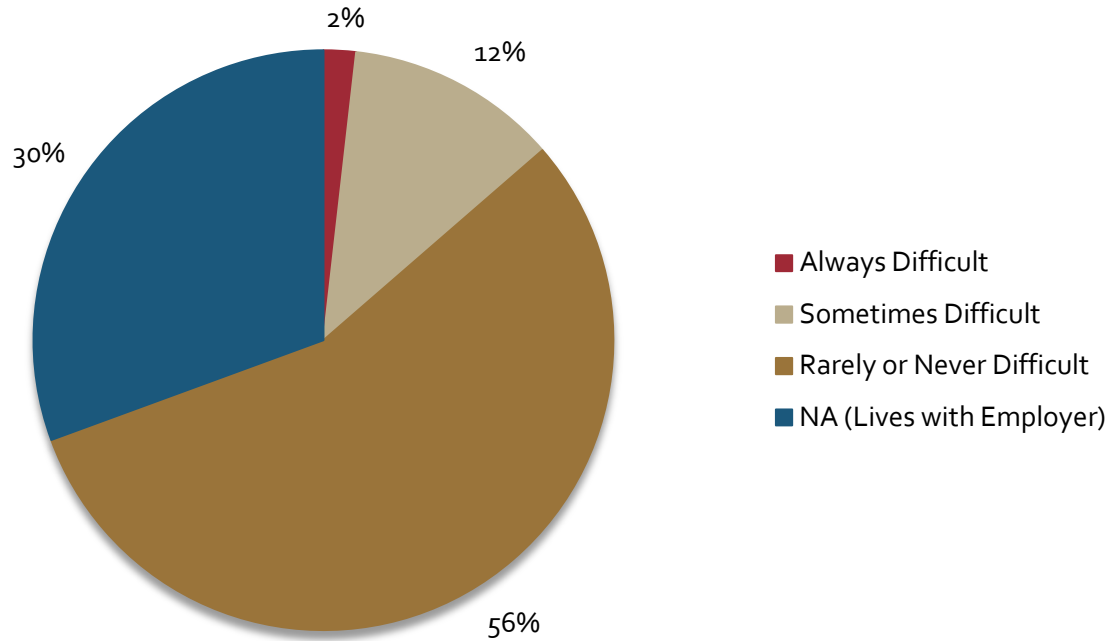
**Figure 24. Source of Health Insurance If Not Through Employment**



Number of Personal Attendants responding to this question: 351. Multiple responses allowed.

- **37% of the Personal Attendants do not have health insurance. For those that do have health insurance, the majority (28%) have health insurance through the MaineCare program.**

**Figure 25. Difficulty Getting To or From Work**



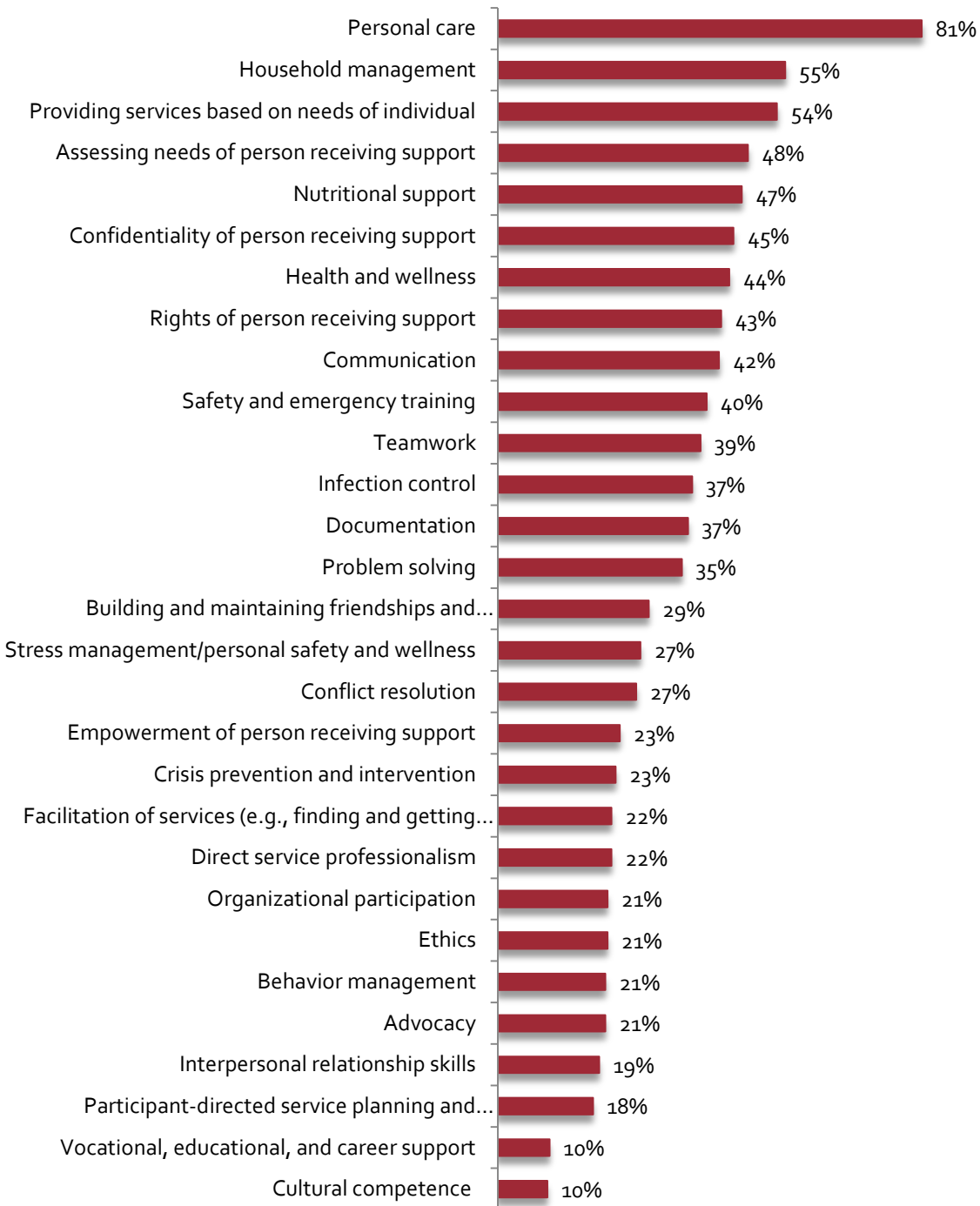

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Number of Personal Attendants responding to this question: 367.

- 56% of Personal Attendants said they rarely or never have difficulty getting to or from work, while 2% said it was always difficult and 12% said it was sometimes difficult.
- 30% of Personal Attendants live with the person they support.



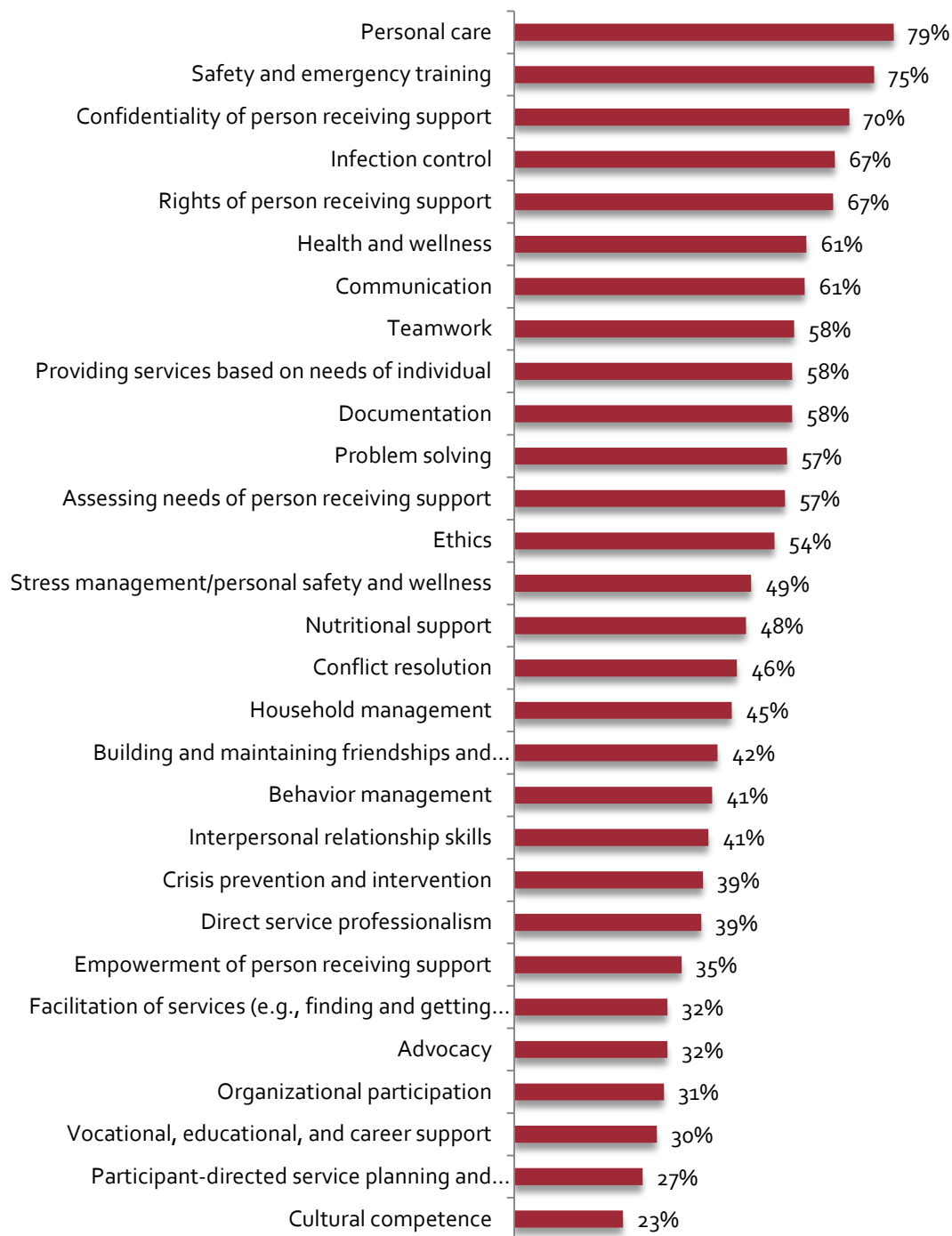
# Training

**Figure 26. Type of Training Received by Person Supported or Family Member**

Number of Personal Attendants responding to this question: 252. Multiple responses allowed.

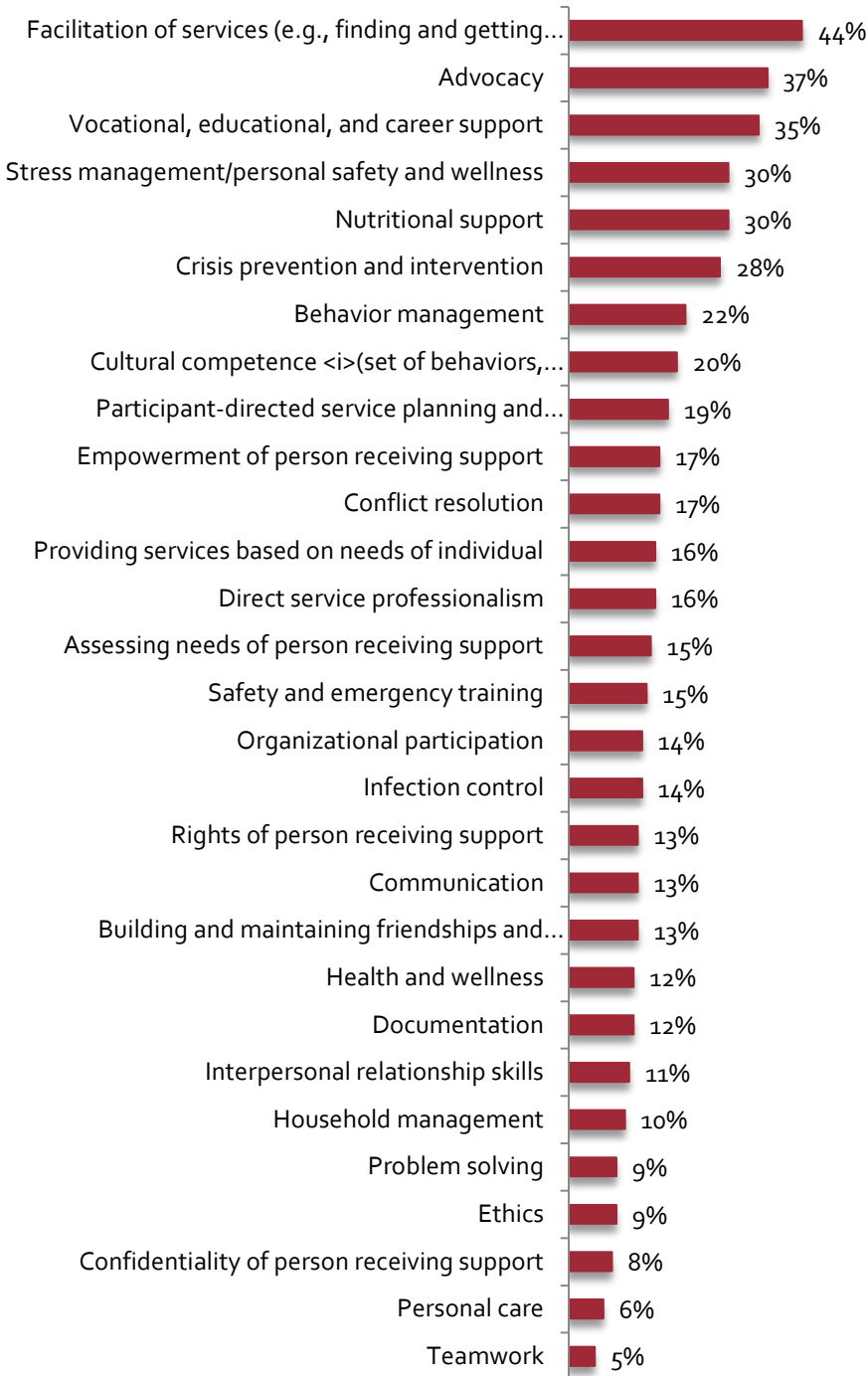
- **81% of the Personal Attendants received training in Personal Care from the person they provide personal assistance to.**

**Figure 27. Type of Training Received in Class or Training Program**



Number of Personal Attendants responding to this question: 269. Multiple responses allowed.

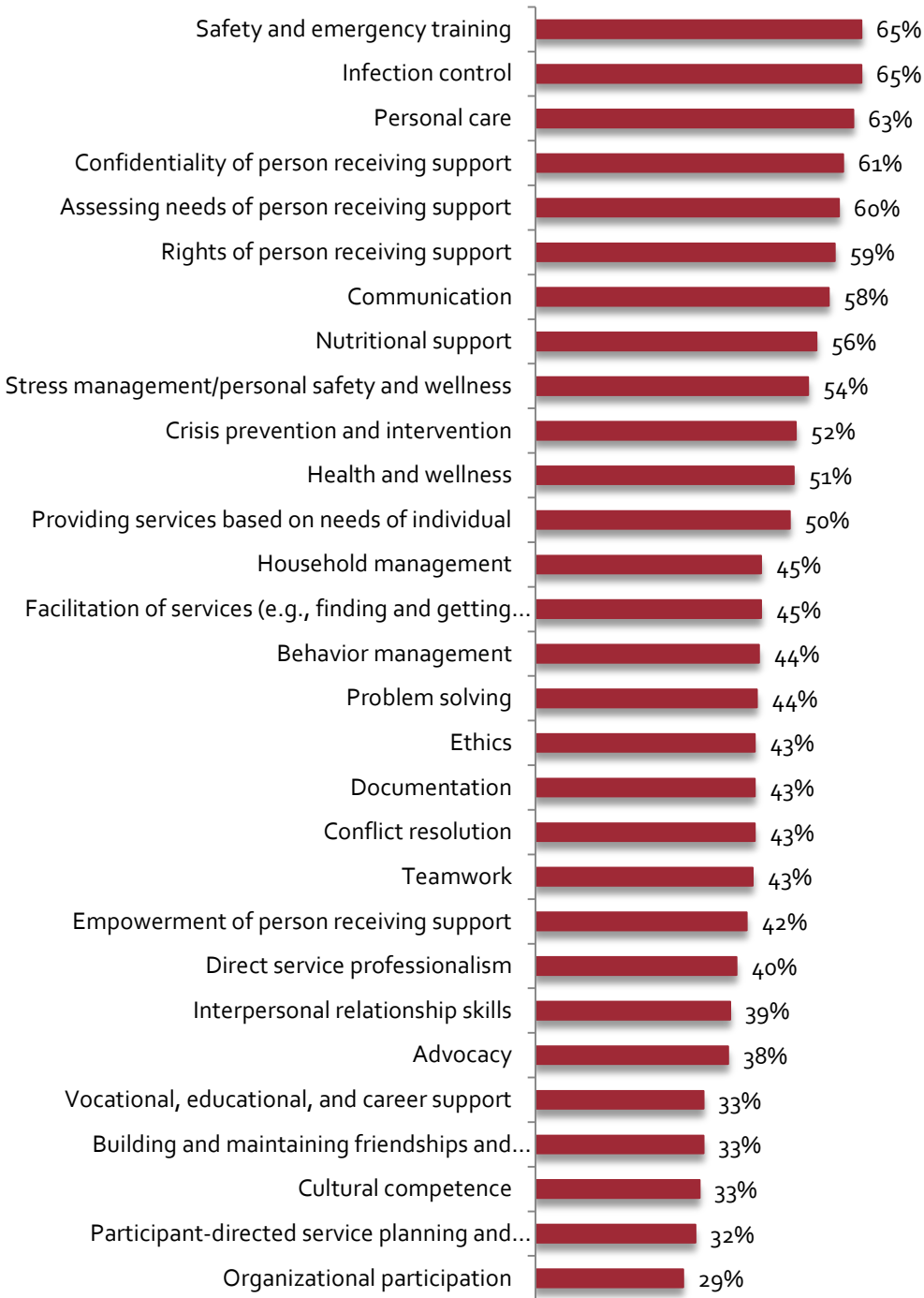
- **Personal attendants also receive a variety of training in classrooms or formal training programs.**

**Figure 28. Type of Training Needed**

Number of Personal Attendants responding to this question: 124. Multiple responses allowed.

- **44% of the Personal Attendants say they need training in how to facilitate access to services; 37% say they need training in advocacy.**

**Figure 29. Type of Training that Should be Required**



Number of Personal Attendants responding to this question: 246. Multiple responses allowed.

- **65% of the Personal Attendants say that safety and emergency training should be required; 65% also said that training in infection control should also be required.**

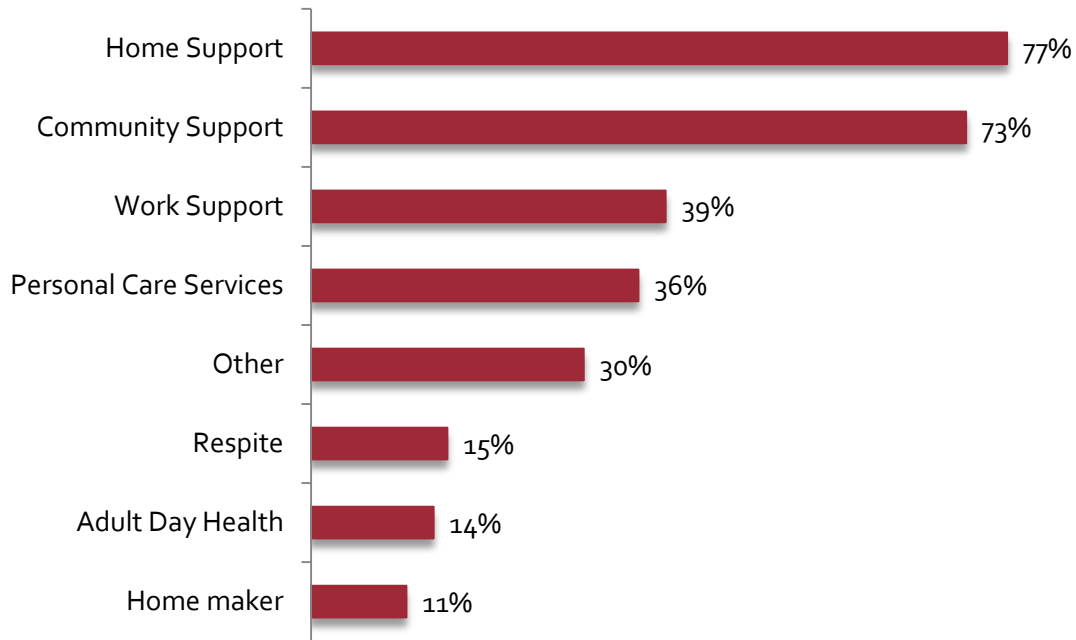
# The Provider Organization Survey

The survey population for the Provider Organization Survey consisted of MaineCare-funded provider organizations which employ direct service workers (DSWs) to provide home and community-based long-term services and supports to older adults, adults with physical disabilities and other disabilities, and adults with developmental and intellectual disabilities. Organizations providing services and supports to adults with mental illness were excluded from the survey population.

For the purpose of this survey, direct service workers were defined as being part-time, full-time, intermittent and on-call workers with job titles or roles similar to Personal Support Specialists, Home Health Aides, Direct Support Professionals, Certified Nurses Assistants, Homemakers, or Personal Care Aides. The services provided by the DSWs were defined to include personal care, homemaker, adult day health, respite, community support, work support, and home support services. The primary settings where DSWs provided the services and supports were defined to be in the home, in residential settings, in day programs, or in job or vocational settings. Not included were institutional settings, school settings or child-care facilities.

The survey was voluntary. The majority of provider organizations responded for their entire organization in Maine (77%) or had only one site (14%) to report for. Only 9% said their responses were for a subdivision of their organization operating within Maine. The survey began in the first week of May and closed the first week of August. Out of 125 employers, 68 responded for a response rate of 54%, the highest among the 6 states that conducted surveys of Provider Organizations. Survey responses were mailed (51%) or submitted on-line (48%).

# Types of Provider Organizations

**Figure 30. Types of Services Provided by Provider Organizations**

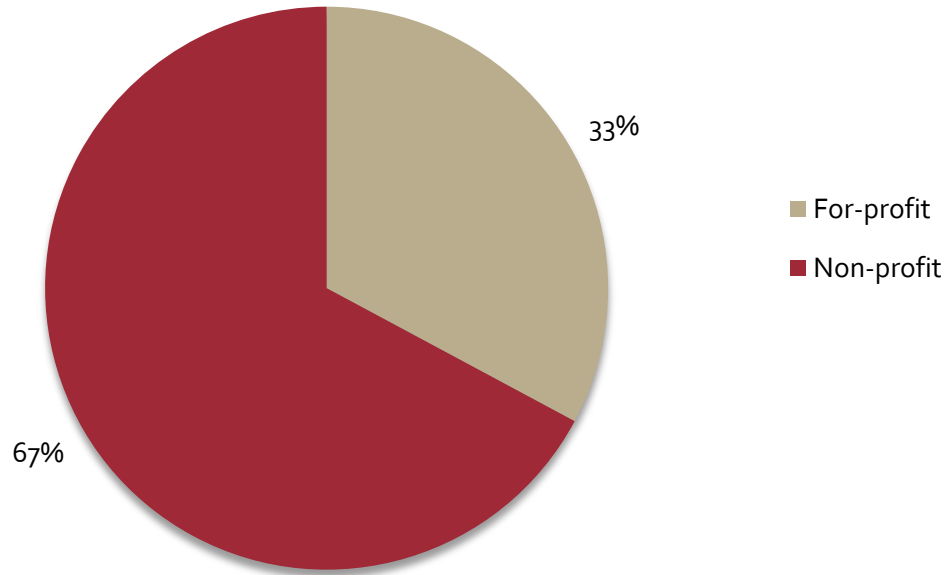

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Number of Provider Organizations responding to this question: 66. Multiple responses allowed.

- **Most of the Provider Organizations participating in this survey provide Home Support, Community Support and Work Support services, which are services for persons with developmental disabilities, intellectual disabilities or autism.**



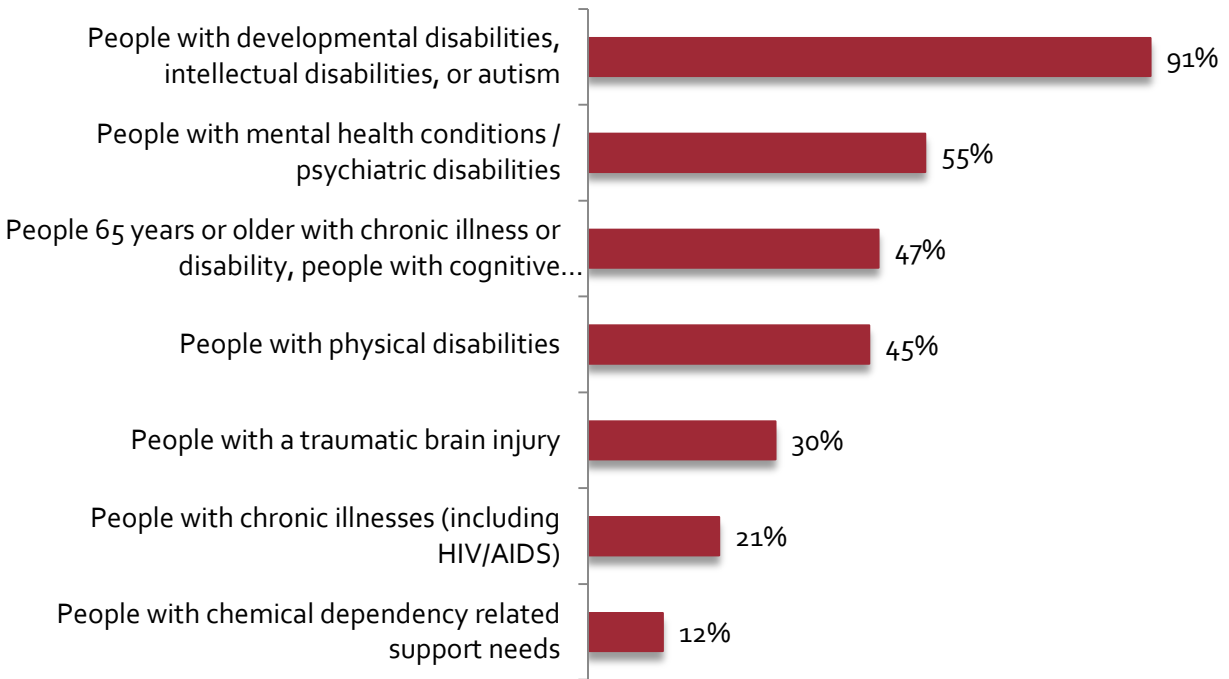
**Figure 31. For-Profit Status**



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Number of Provider Organizations responding to this question: 67.

- **67% of the Provider Organizations are non-profit.**

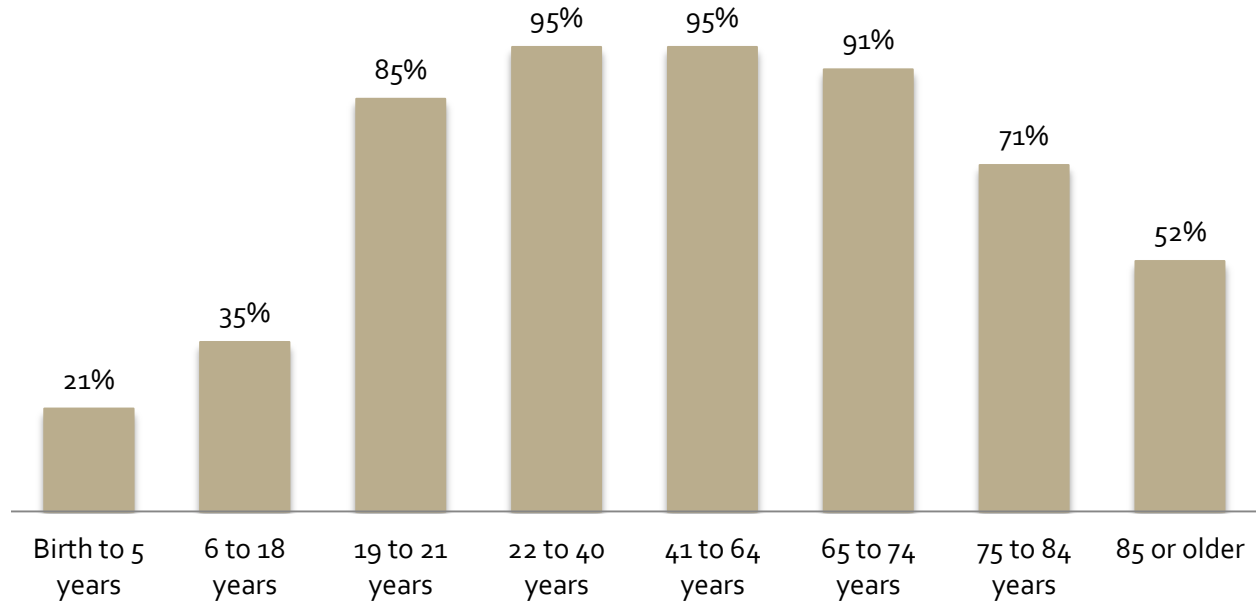
**Figure 32. Populations Served**


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Number of Provider Organizations responding to this question: 66. Multiple responses allowed.

- **91% of Provider Organizations serve persons with developmental disabilities, intellectual disabilities or autism.**

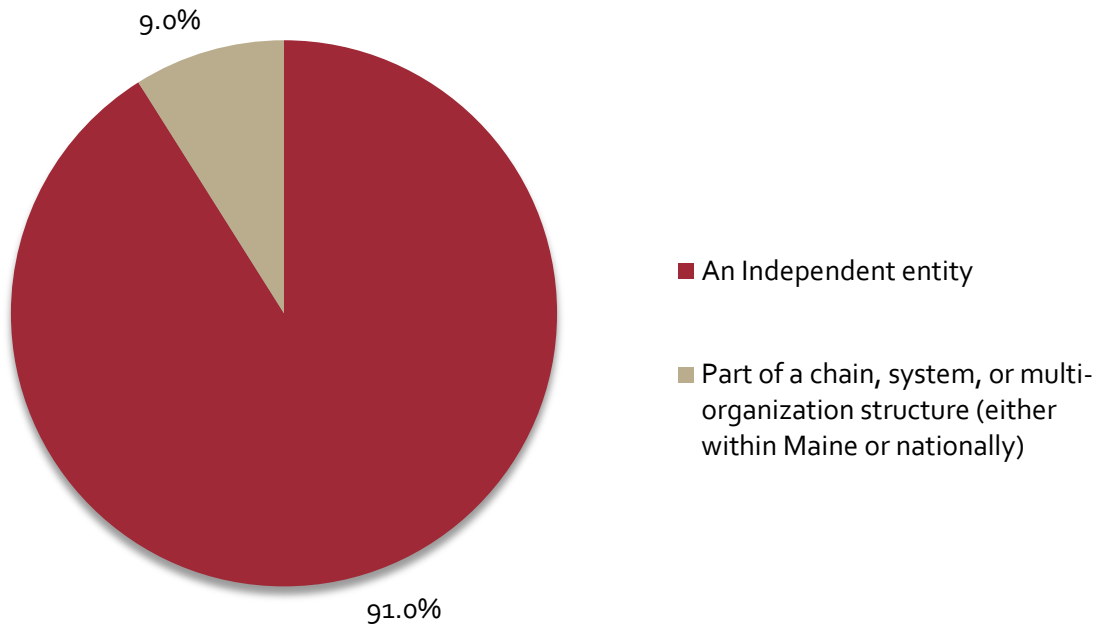
**Figure 33. Age Groups Served**



Number of Provider Organizations responding to this question: 66. Multiple responses allowed.

- **The Provider Organizations participating in this survey are more likely to serve adults or older adults.**

Figure 34. Type of Organizational Structure



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Number of Provider Organizations responding to this question: 67.

- **91% of Provider Organizations report they are an independent entity, not part of a chain, system, or multi-organization structure.**

### Figure 35. Number of Service Locations

- The Provider Organizations provide services across an average of 13 service locations (excluding services provided in the consumer's own home).
- The number of service locations range from 1 to 59 depending on the Provider Organization.

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Number of Provider Organizations responding to this question: 64

# Workforce Volume

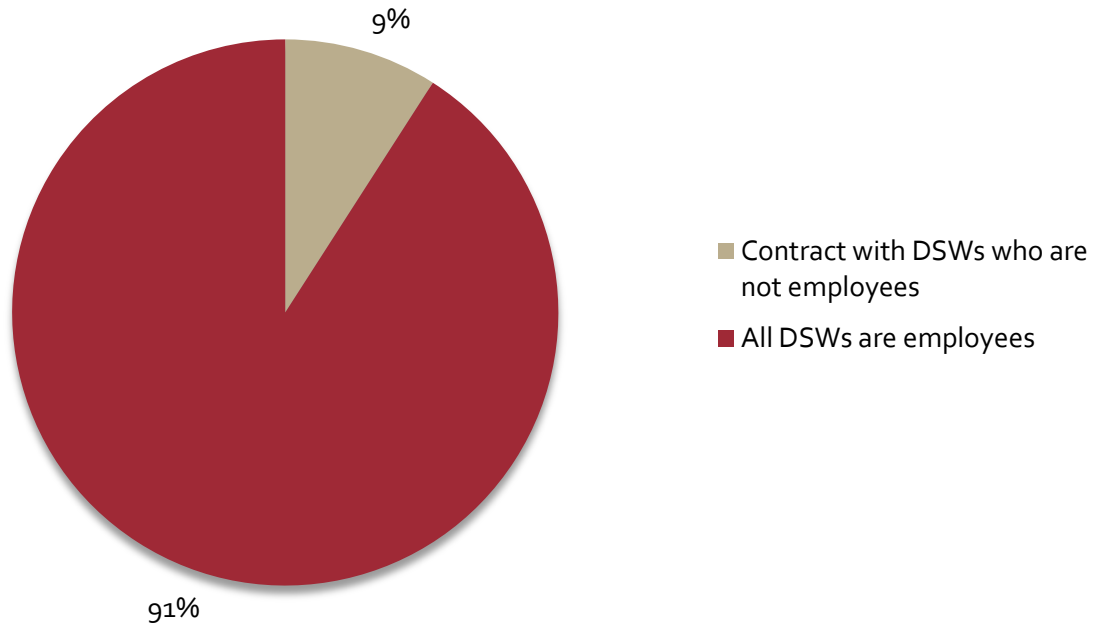
### Figure 36. Hours Per Week Considered To Be Full-Time

- Provider Organizations' definition of full time employment is an average of 33½ hours per week.
- The definition of full time employment ranges from 20 hours per week to 40 hours per week depending on the Provider Organization.

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Number of Provider Organizations responding to this question: 66.

**Figure 37. Provider Organizations Who Contract with Non-Employee Direct Service Workers**



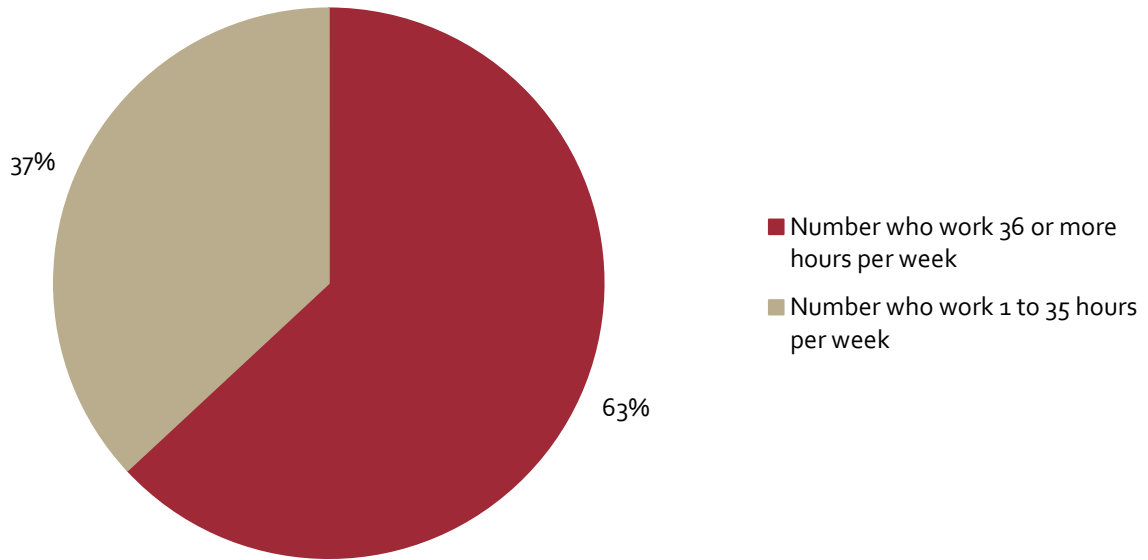
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Number of Provider Organizations responding to this question: 61.

- **91% of Provider Organizations report that all of their Direct Service Workers are employees; 9% contract with Direct Service Workers who are not employees.**



**Figure 38. Average Number of Direct Service Workers by Number of Hours Worked Per Week**

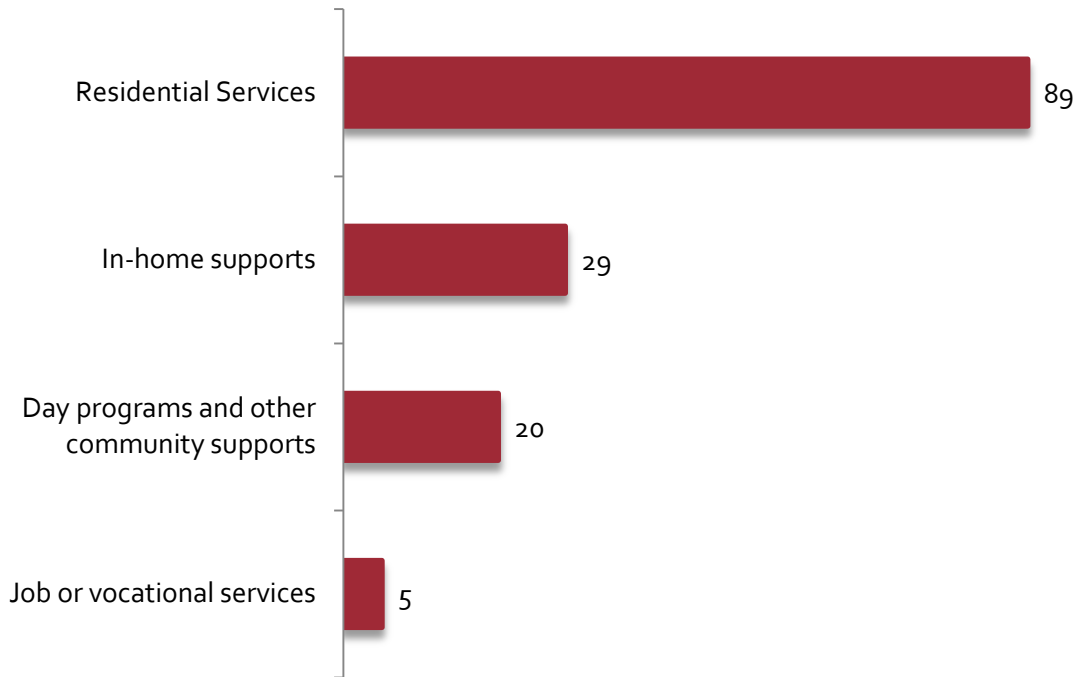


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Number of Provider Organizations responding to this question: 60, representing 6,354 direct service workers. Responding as of February 29, 2012.

- **On average, two-thirds of a Provider Organization’s workforce works 36 or more hours per week.**

**Figure 39. Average Number of Direct Service Workers by Type of Setting Where Primarily Work**



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Number of Provider Organizations responding to this question: 62.

- **On average, the majority of Direct Service Workers work primarily in residential settings: an average of 89 workers per Provider Organization.**

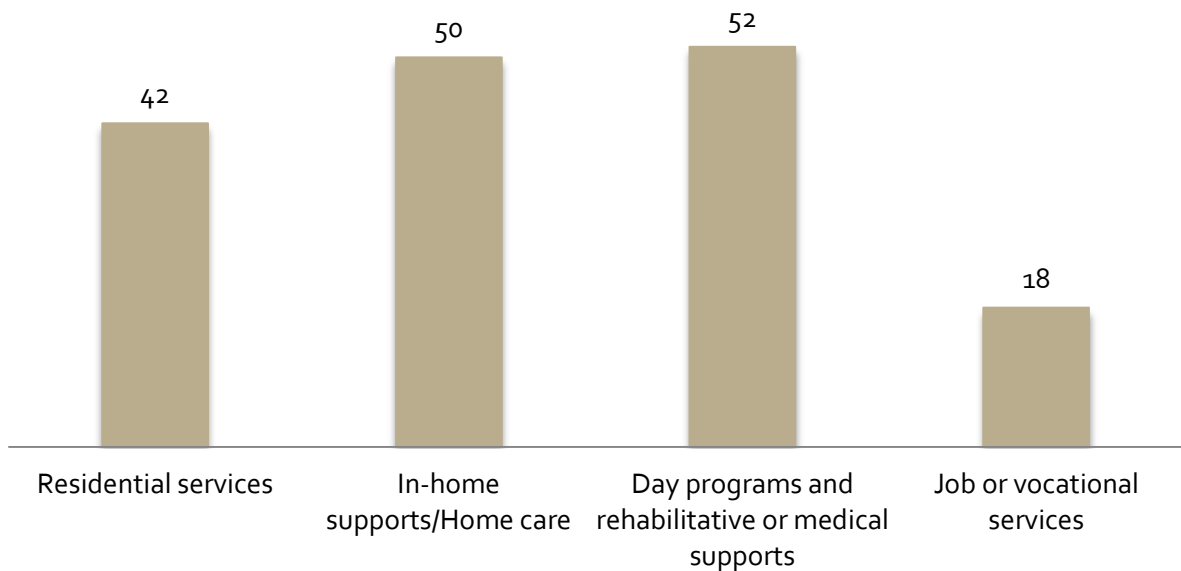
#### Figure 40. Number of Consumers Currently Supported

- The Provider Organizations serve an average of 117 consumers.
- The number of consumers served ranged from 6 to 844.

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Number of Provider Organizations responding to this question: 55.

**Figure 41. Average Number of Consumers by the Setting in Which the Consumer is Supported**



Number of Provider Organizations responding to this question: 60. Multiple responses allowed.

- **Most consumers are served in day programs (an average of 52 per Provider Organization) or receive in-home supports (an average of 50 per Provider Organization). (Compare with Figure 39. Average Number of Direct Service Workers by Type of Setting Where Primarily Work, which shows the majority of Direct Service Workers provide services in a residential setting, indicating that the needs of consumers in residential settings are higher.)**
- **The Provider Organizations in this sample served a total of 1885 consumers in residential settings; provided in-home supports to 2319 consumers; day program supports to 2226 and job or vocational services to 486 consumers.**

# Workforce Stability

**Figure 42. Average Number of Direct Service Workers Who Were Needed, Newly Hired or Left**

- **The Provider Organizations participating in the survey together employed a total of 6,104 Direct Service Workers.**

Number of Provider Organizations responding to this question: 62.

- **Each Provider Organization employed an average of 98 Direct Service workers.**

Number of Provider Organizations responding to this question: 62.

- **On average Provider Organizations reported they needed to hire 5 Direct Service Workers at the time of the survey (including full time, part time, on call, intermittent and contract).**

Number of Provider Organizations responding to this question: 57.

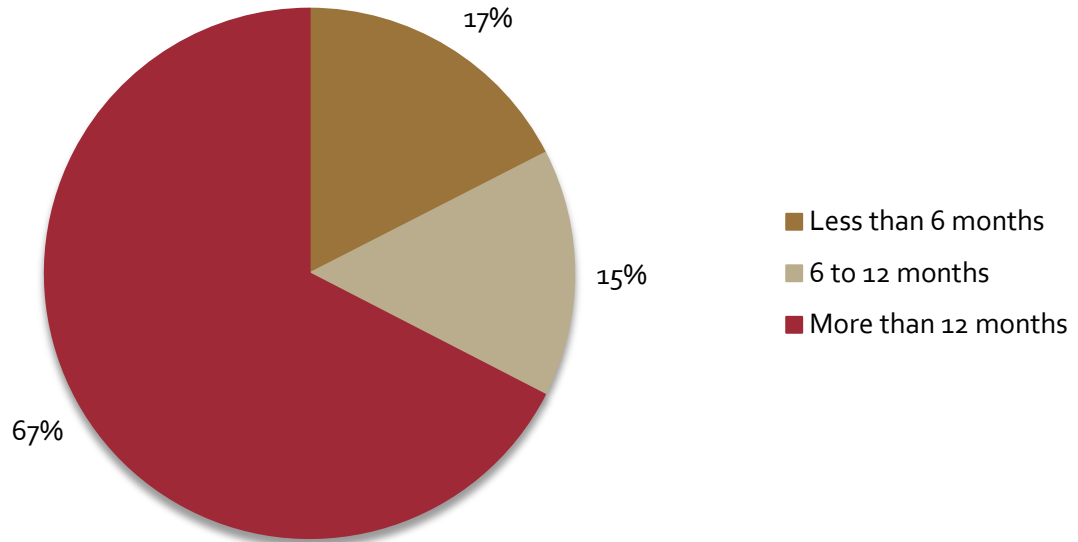
- **On average, Provider Organizations reported that 36 Direct Service Workers left employment or stopped contracting with the organization in the last 12 months.**

Number of Provider Organizations responding to this question: 54.

- **On average, Provider Organizations reported that 50 new Direct Service workers were hired during the last 12 months.**

Number of Provider Organizations responding to this question: 62.

**Figure 43. Average DSW Workforce Composition by Number of Months of Continuous Paid Employment**



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Number of Provider Organizations responding to this question: 59.

- **On average, two thirds of an Provider Organization’s Direct Service workforce has had more than 12 months of continuous paid employment.**

# Compensation & Benefits



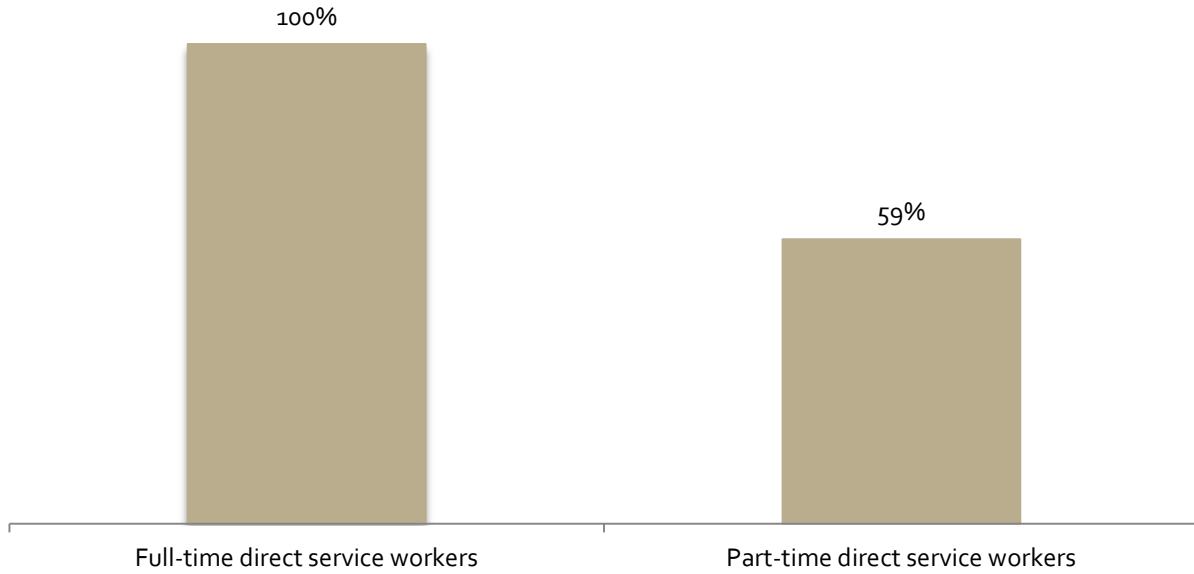
## Figure 44. Hourly Wage

- The average starting hourly wage across all Provider Organizations is \$9.58 per hour.
- The range of starting hourly wages extends from \$8.01 to \$13.00 per hour.
- The average current hourly wage paid to all full-time, part-time, on-call, contract or intermittent direct services workers is \$10.88.

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Number of Provider Organizations responding to this question: 59. Includes full-time, part-time, on-call or intermittent workers.

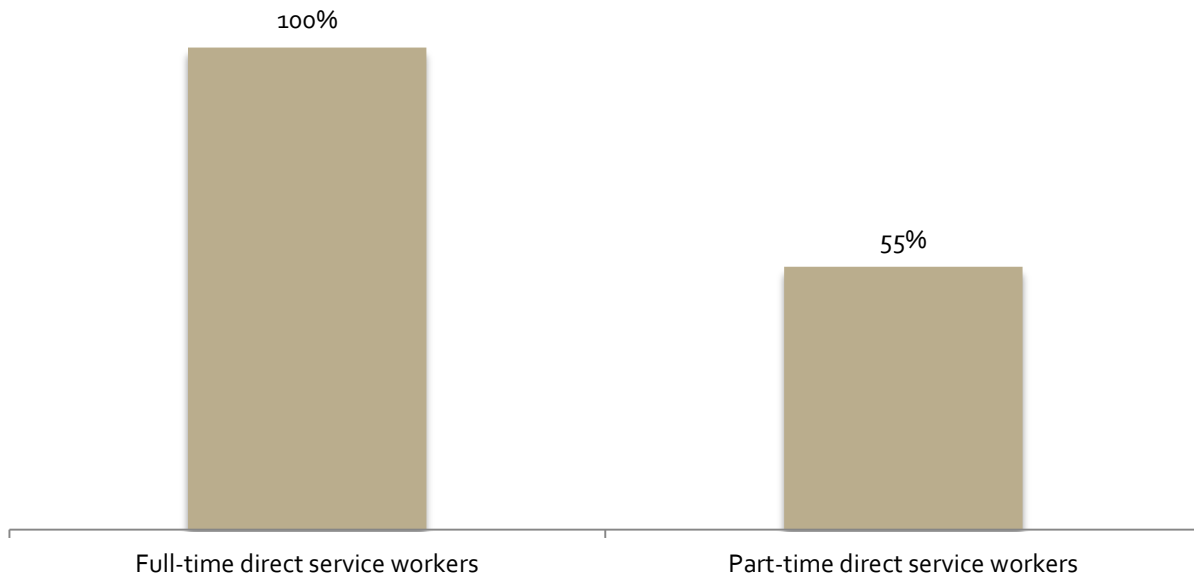
**Figure 45. Provider Organizations That Offer Vacation or Paid Time Off**



Number of Provider Organizations responding to this question: 54. Multiple responses allowed. Paid time off (PTO) are paid days off that can be used for either vacation or sick leave.

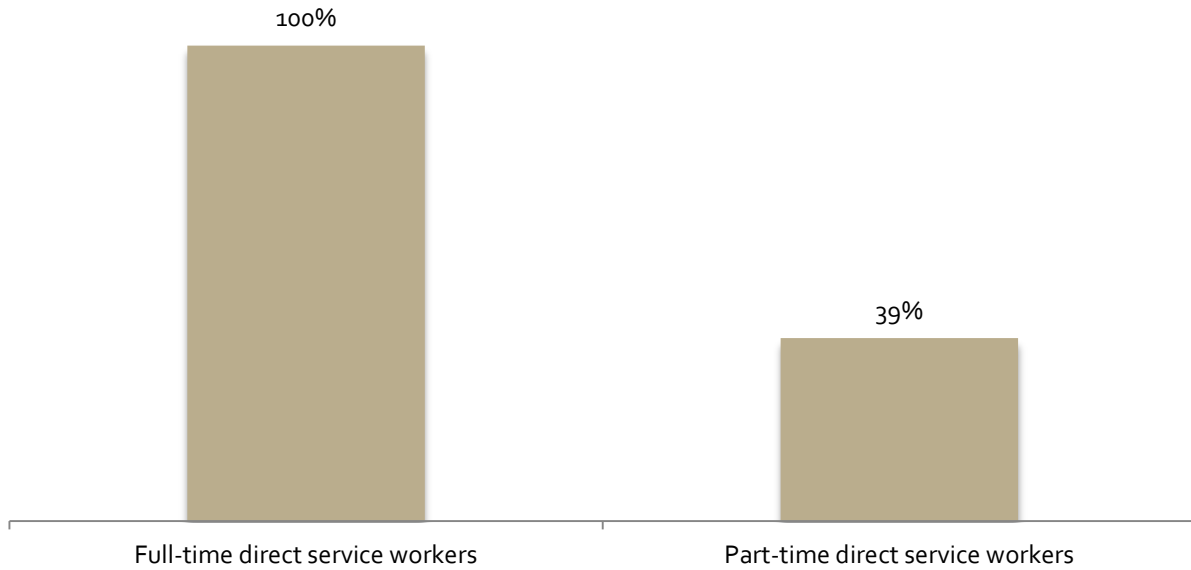
- **100% of the Provider Organizations said they offer vacation or paid time-off to full-time Direct Service Workers; 59% offer vacation or paid-time off to part-time Direct Service Workers.**

**Figure 46. Provider Organizations That Offer Paid Sick Time**



Number of Provider Organizations responding to this question: 44. Multiple responses allowed.

- **100% of Provider Organizations offer paid sick time to full-time Direct Service Workers; 55% offer paid sick time to part-time Direct Service Workers.**

**Figure 47. Provider Organizations That Offer Individual Health Insurance Coverage**

Number of Provider Organizations responding to this question: 52. Multiple responses allowed.

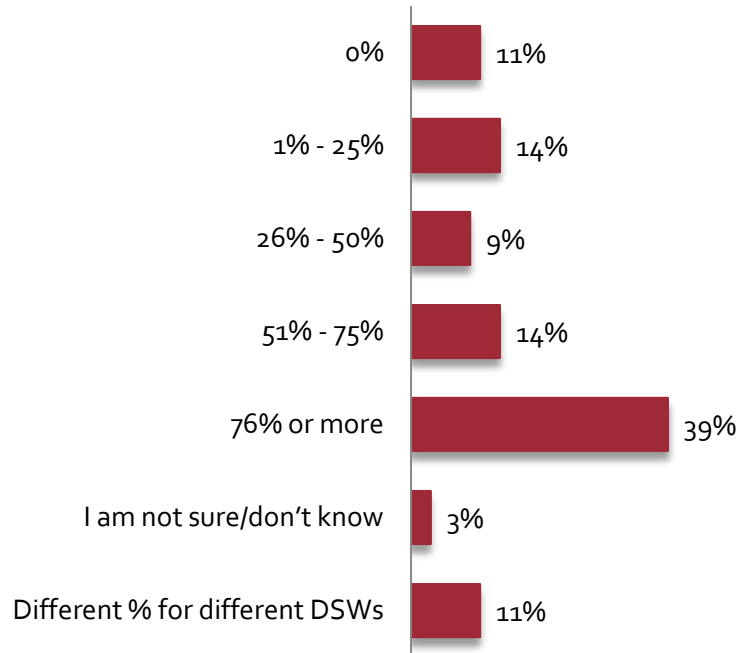
- **100% of the Provider Organizations said they offer individual health insurance coverage to full-time Direct Service Workers.**
- **39% said they offer individual health insurance to part-time Direct Service Workers.**

**Figure 48. Number of Direct Service Workers Who Receive Health Insurance**

- The number of a Provider Organization's full-time, part-time, on-call or intermittent Direct Service Workers who receive health insurance ranged from 0 to 325.
- On average, 48 employees per Provider Organization receive health insurance.
- 42% of Provider Organizations report that full-time, part-time, on-call or intermittent Direct Service Workers receive health insurance

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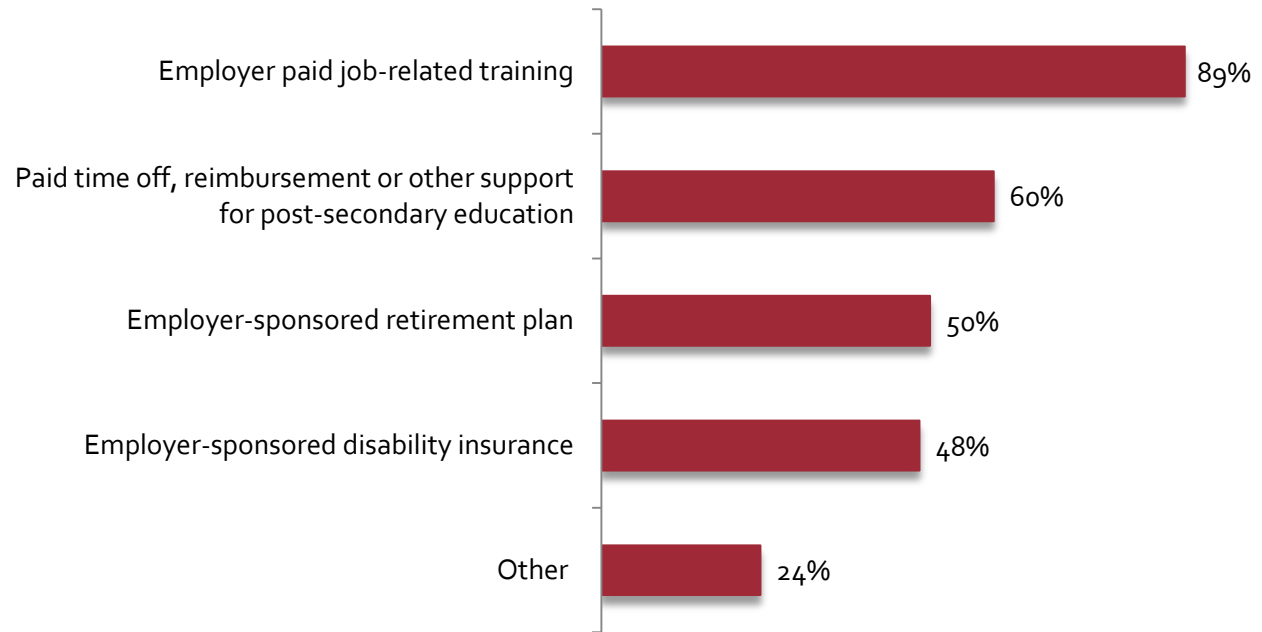
Number of Provider Organizations responding to this question: 57. Includes full-time, part-time, on-call or intermittent workers.

**Figure 49. Provider Organizations that Pay Portion of Health Insurance Premium**

Number of Provider Organizations responding to this question: 66.

- **39% of Provider Organizations pay 76% or more of the health insurance premium for their Direct Service Workers.**

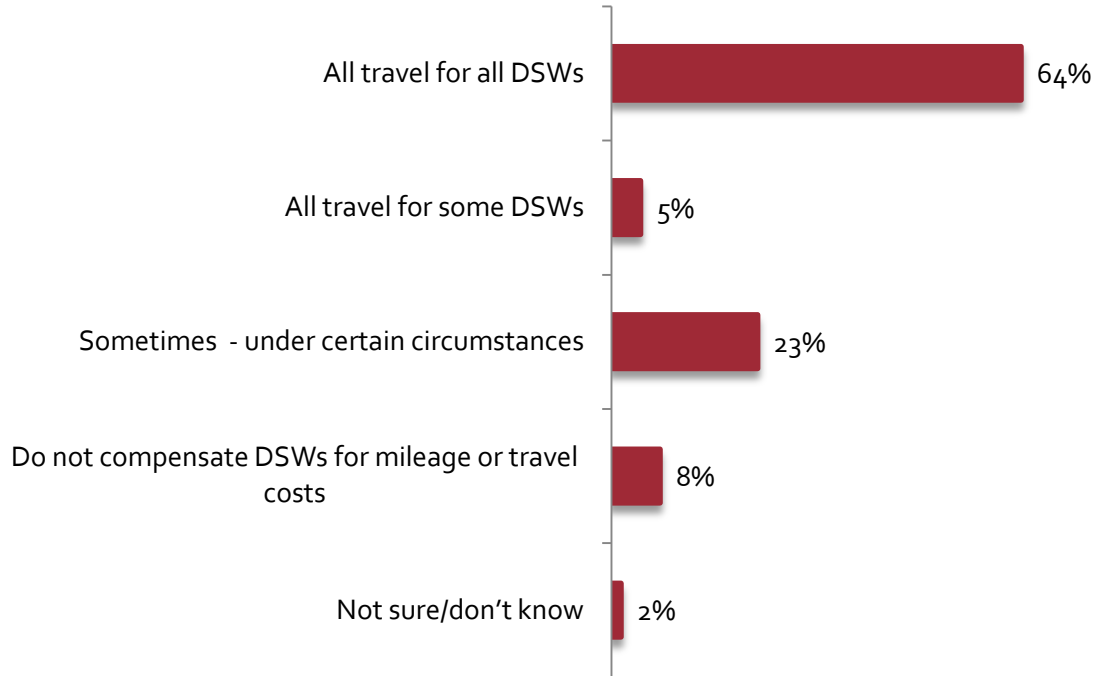
**Figure 50. Provider Organizations that Offer Other Benefits**



Number of Provider Organizations responding to this question: 62. Multiple responses allowed. Paid time off (PTO) are paid days off that can be used for either vacation or sick leave.

- **89% of Provider Organizations offer paid job-related training and 60% offer support for post-secondary education**
- **50% offer an employer-sponsored retirement plan and 48% offer employer-sponsored disability insurance.**

**Figure 51. Provider Organizations that Reimburse Direct Service Workers for Travel Between Consumers’ Homes or Work Sites**



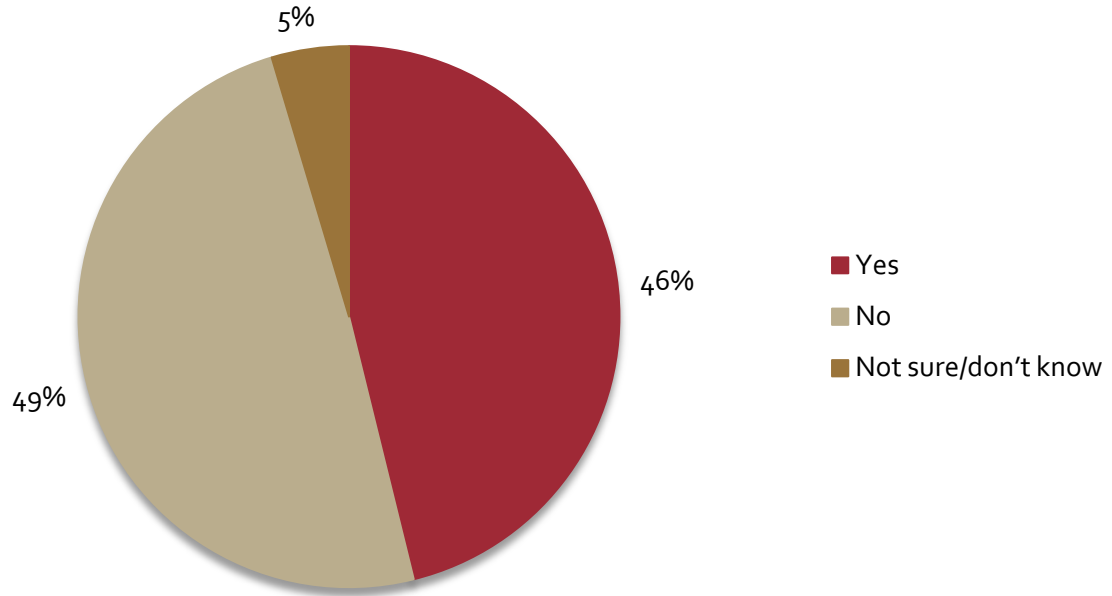
Number of Provider Organizations responding to this question: 66.

- **64 of Provider Organizations reimburse all of their Direct Service Workers for travel between consumers’ homes or work sites.**



# Organizational Cultural Competence

**Figure 52. Provider Organizations with Written Plan for Recruiting, Retaining & Promoting Staff Who Are Representative of Populations Served**

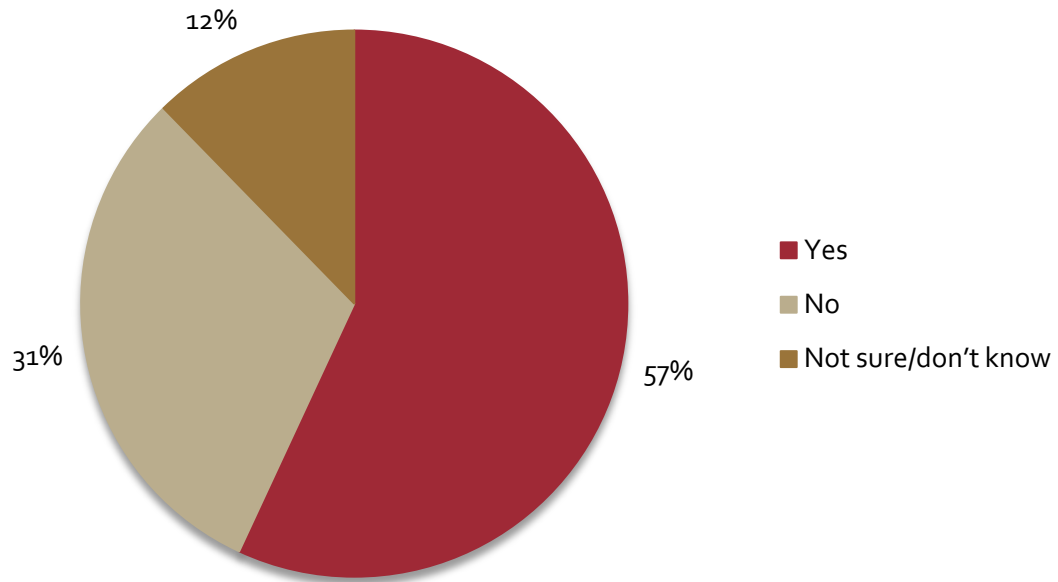


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Number of Provider Organizations responding to this question: 65.

- **46% of Provider Organizations have a written plan for recruiting, retaining or promoting staff who are representative of the populations they serve.**

**Figure 53. Provider Organizations with Available Interpreters Who Are Knowledgeable About Health Care Terminology**

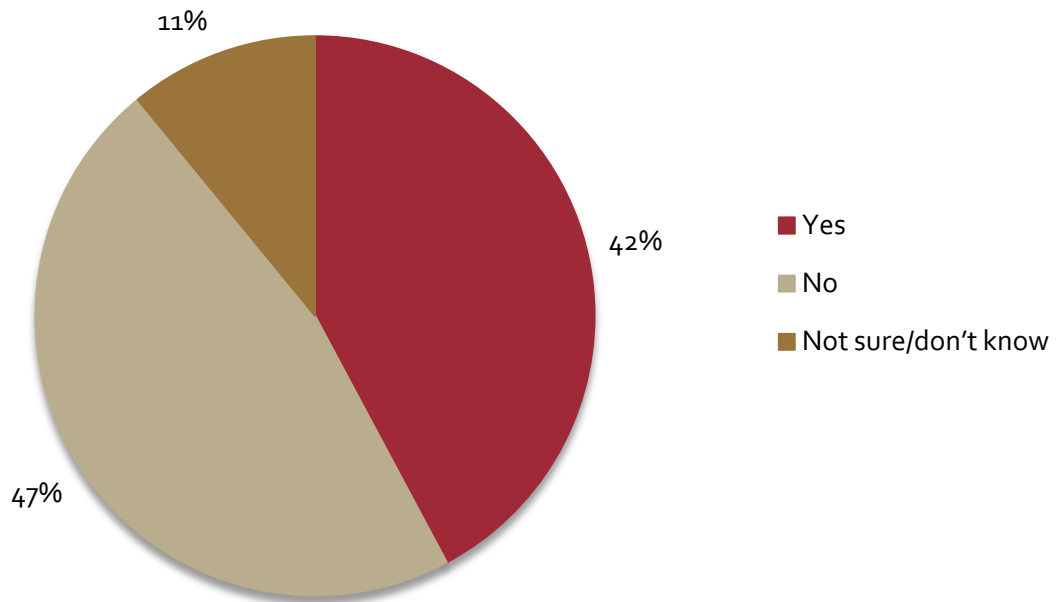


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Number of Provider Organizations responding to this question: 65.

- **57% of Provider Organizations said they had interpreters available who are knowledgeable about health care terminology.**

Figure 54. Provider Organizations with Written Policy Concerning Cultural Competence

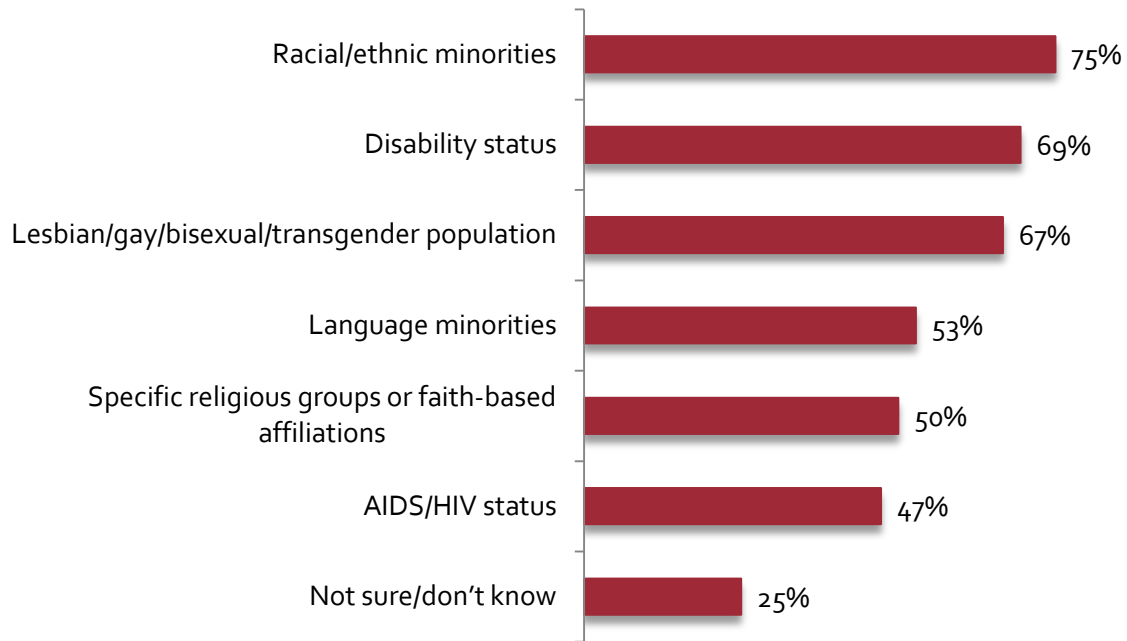


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Number of Provider Organizations responding to this question: 64.

- **42% of Provider Organizations said they did not have a written policy addressing cultural competence.**

**Figure 55. Provider Organizations Including Specific Populations in Cultural Competency Plan or Policy by Population Group**

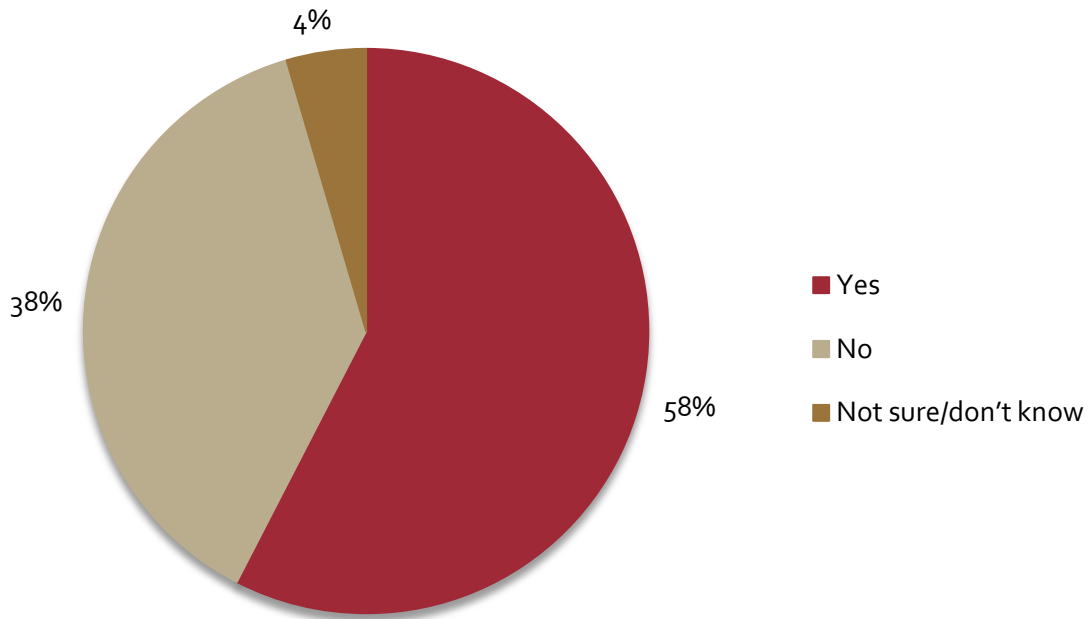


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Number of Provider Organizations responding to this question: 36. Multiple responses allowed.

- **Most Provider Organizations have a cultural competency plan or policy that addresses racial and ethnic minorities; disability status; and sexual orientation.**

Figure 56. Provider Organizations with Staff Trained in Cultural Competence

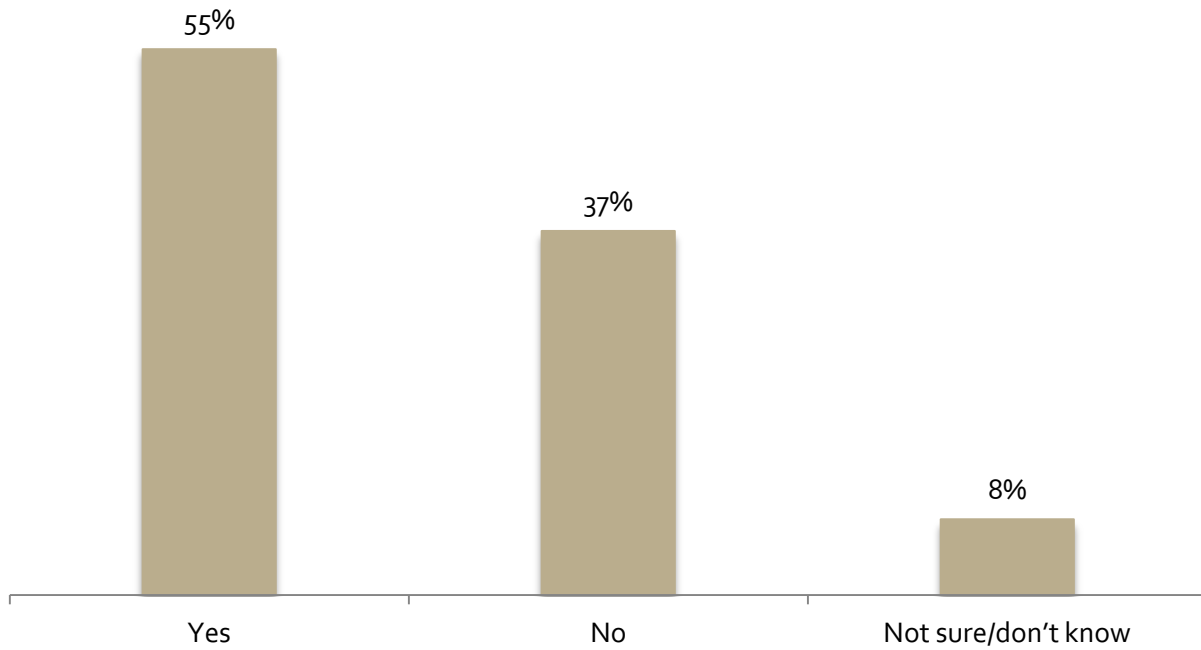


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Number of Provider Organizations responding to this question: 66.

- **58% of Provider Organizations said their staff receive training in cultural competence.**

**Figure 57. Provider Organizations Offering Training That Addresses Cultural-Related Knowledge, Skills, and Attitudes of Populations Served**



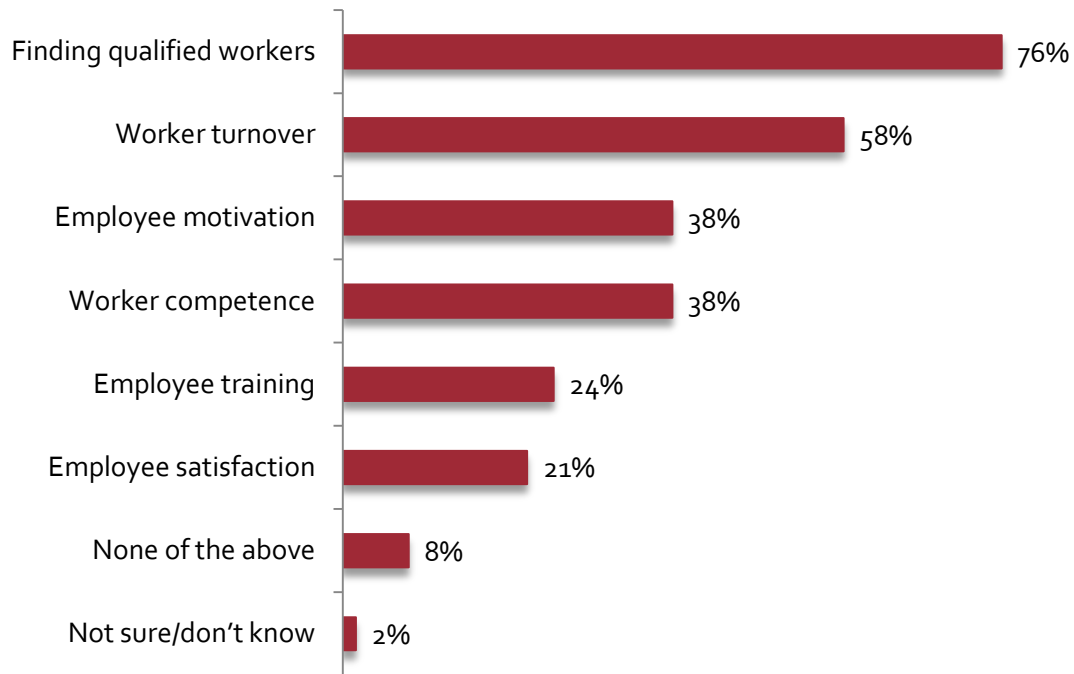
Number of Provider Organizations responding to this question: 65.

- 55% of Provider Organizations offer training that addresses cultural-related knowledge, skills, and attitudes of the populations served.

# Workforce Challenges



**Figure 58. Type of Workforce Challenges**

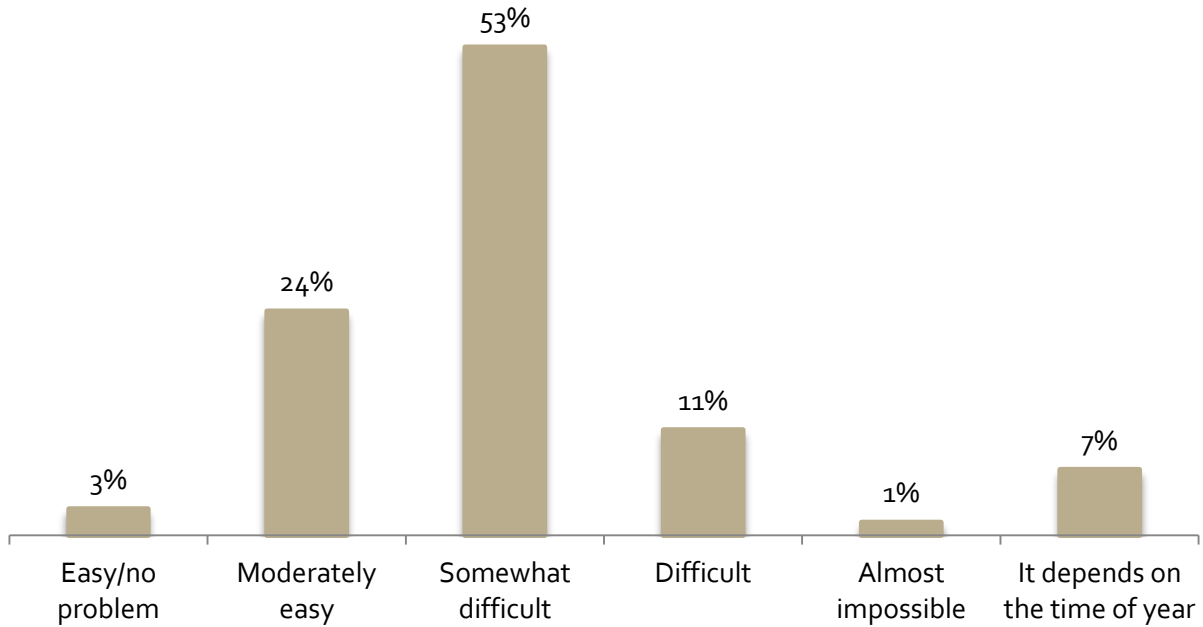


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Number of Provider Organizations responding to this question: 66. Multiple responses allowed.

- **76% of Provider Organizations said their most significant current workforce challenge was finding qualified workers.**
- **58% identified worker turnover as their most significant workforce challenge.**

Figure 59. Level of Difficulty Recruiting and Hiring Qualified DSWs



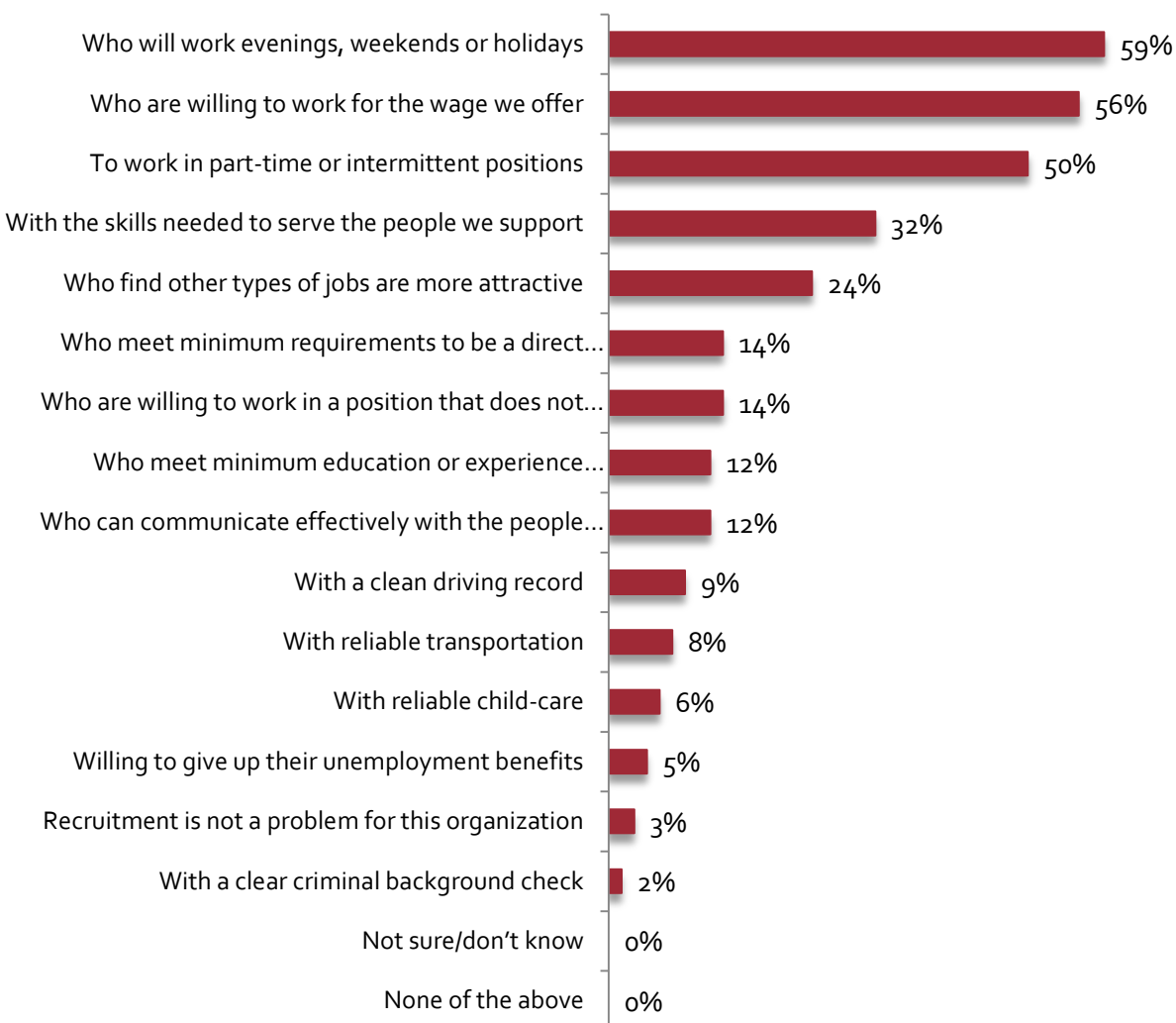

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Number of Provider Organizations responding to this question: 70.

- Only 27% said it was easy or moderately easy recruiting and hiring qualified Direct Service Workers.
- 64% said it was somewhat difficult or difficult.

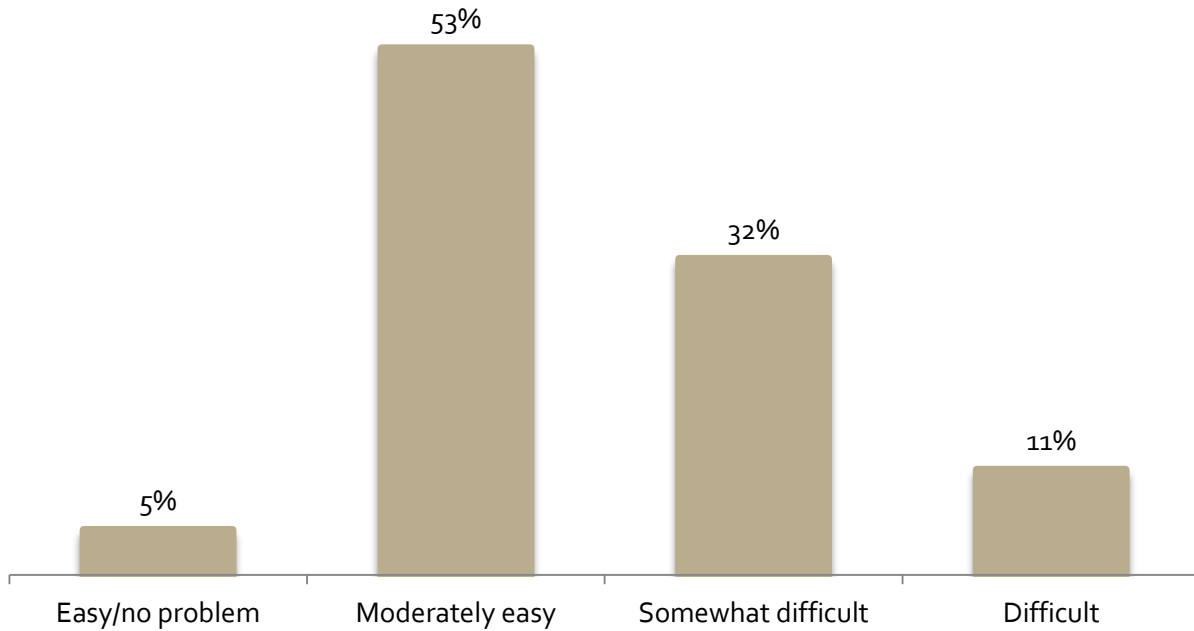
**Figure 6o. Most Significant Recruitment Challenges**

Finding people.....



Number of Provider Organizations responding to this question: 66. Up to 3 responses allowed

- **Finding flexible workers willing to work evenings, weekends, or holidays (59%); finding workers who are willing to work at the wages offered (56%); and finding workers who are willing to work on a part-time or intermittent basis (50%) were most commonly identified as Provider Organizations' most significant recruitment challenges.**

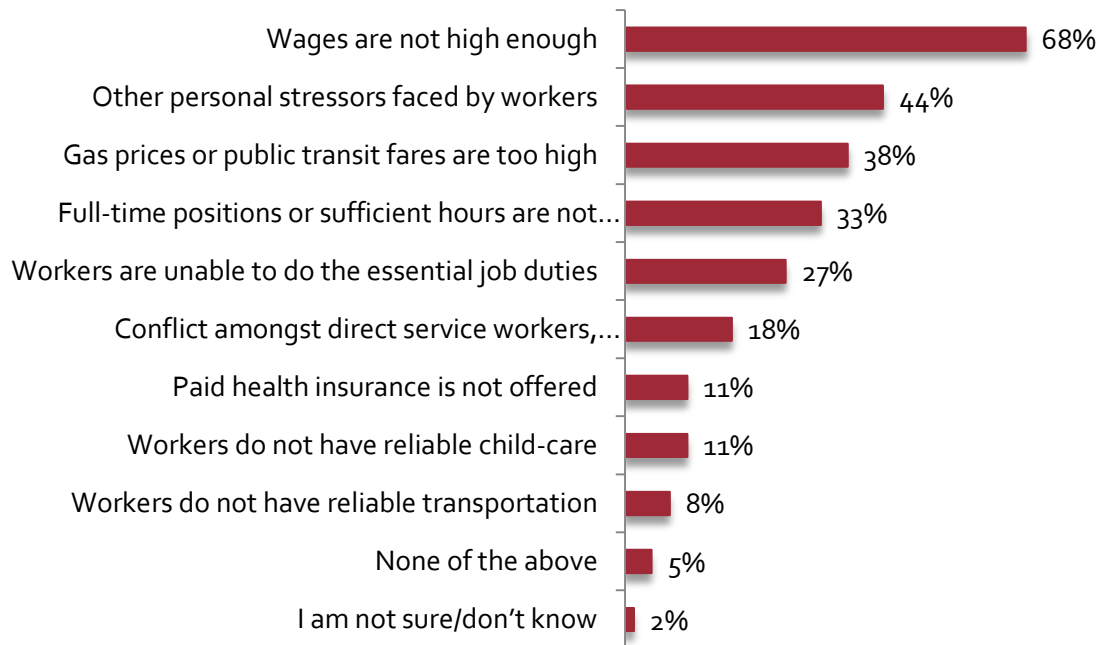
**Figure 61. Ability to Retain Qualified Direct Service Workers**

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Number of Provider Organizations responding to this question: 66.

- A total of 58% of Provider Organizations find it moderately easy or easy to retain qualified Direct Service Workers.
- A total of 43% said it was difficult or somewhat difficult.

**Figure 62. Most Significant Retention Challenges Reported**

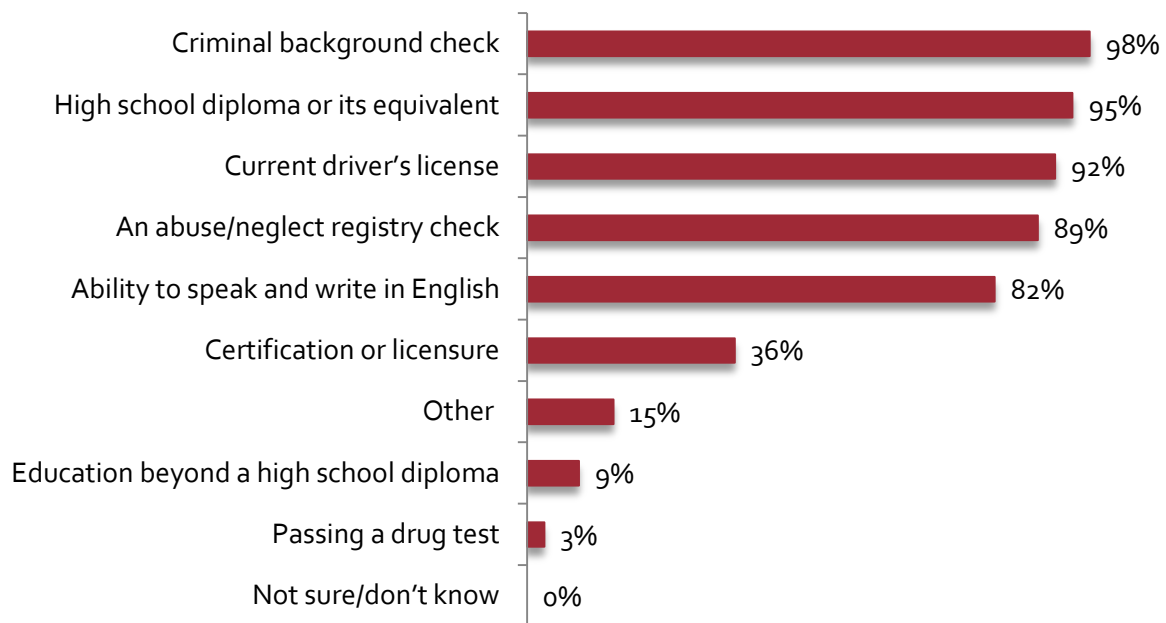


Number of Provider Organizations responding to this question: 66. Up to 3 responses allowed.

- **Low wages were most commonly identified as the most significant challenge for retaining Direct Service Workers (68%).**
- **Other factors included personal worker stressors (44%), transportation costs (38%) and the lack of sufficient hours (33%).**

# Training & Qualifications for Direct Service Workers

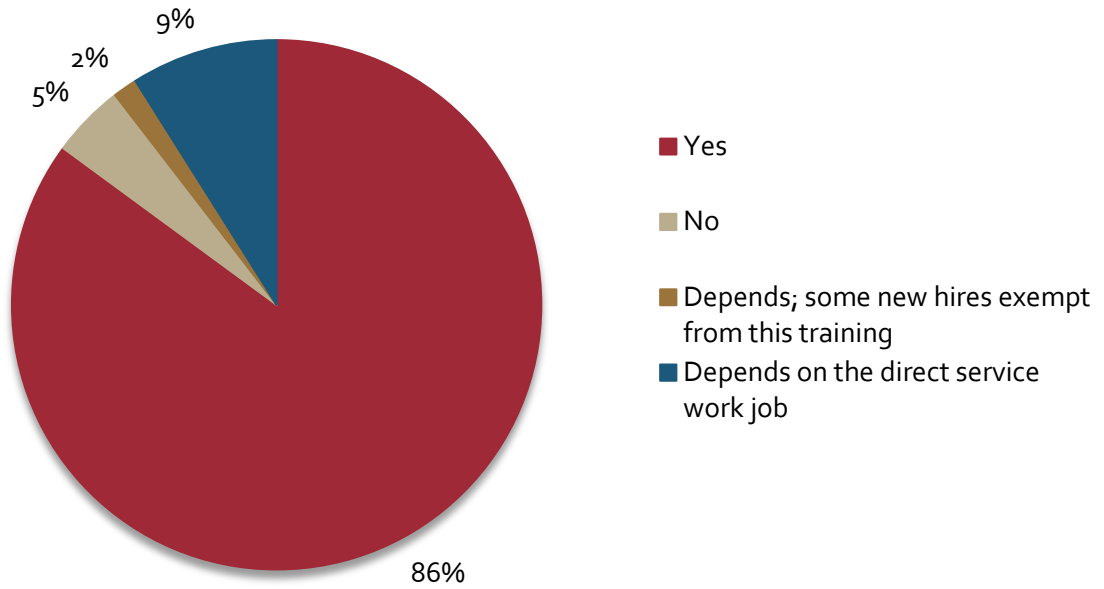
**Figure 63. Type of Hiring Requirements**



Number of Provider Organizations responding to this question: 66. Multiple responses allowed.

- **Almost all Provider Organizations (98%) require a criminal background check for the direct service workers they hire and 89% require an abuse/neglect registry check.**
- **Most Provider Organizations require a high school diploma (95%) and a current driver's license (92%).**
- **Many also require their Direct Service Workers be able to speak and write in English (82%).**

Figure 64. Specific Skill Training Required for New Hires



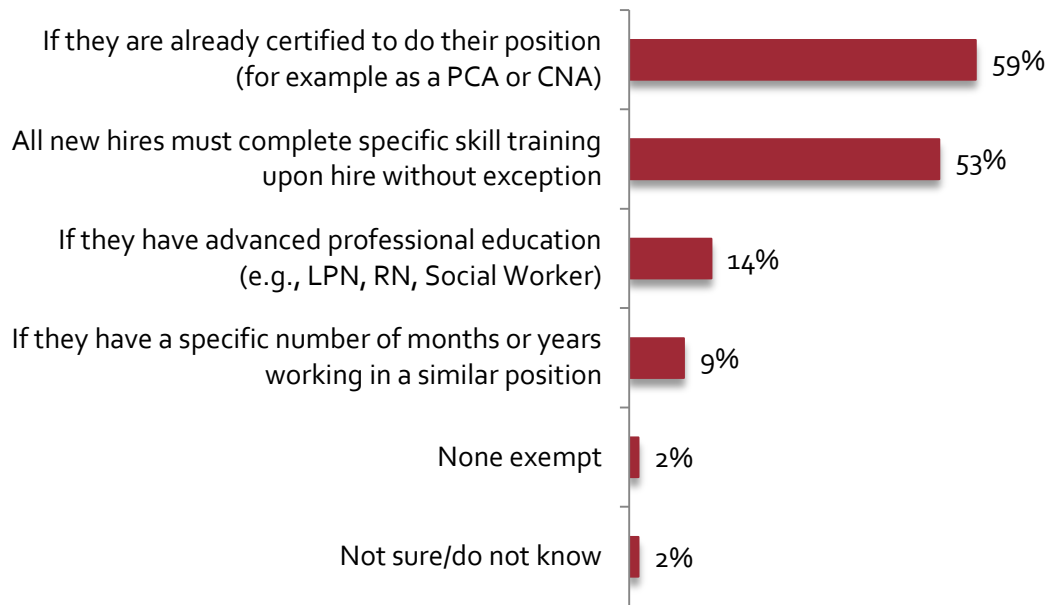
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Number of Provider Organizations responding to this question: 67.

- **86% of Provider Organizations require specific skill training for new hires.**



**Figure 65. Reason New Hires Are Exempted From Specific Skill Training**

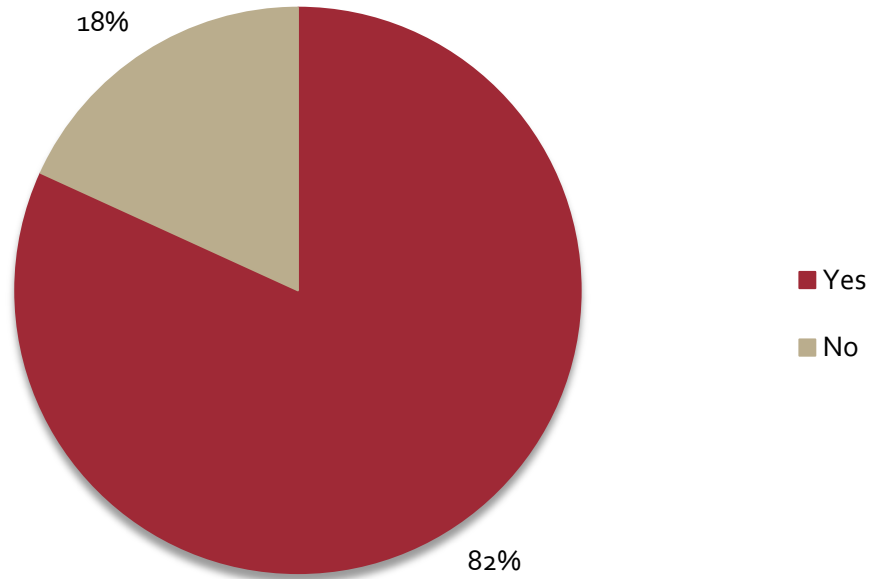


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Number of Provider Organizations responding to this question: 64. Multiple responses allowed.

- **59% of Provider Organizations exempt new hires from specific skill training if the new hire is already certified for their position.**
- **53% do not exempt new hires from specific skill training.**

**Figure 66. Periodic Training Required for On-Going Skill Development**

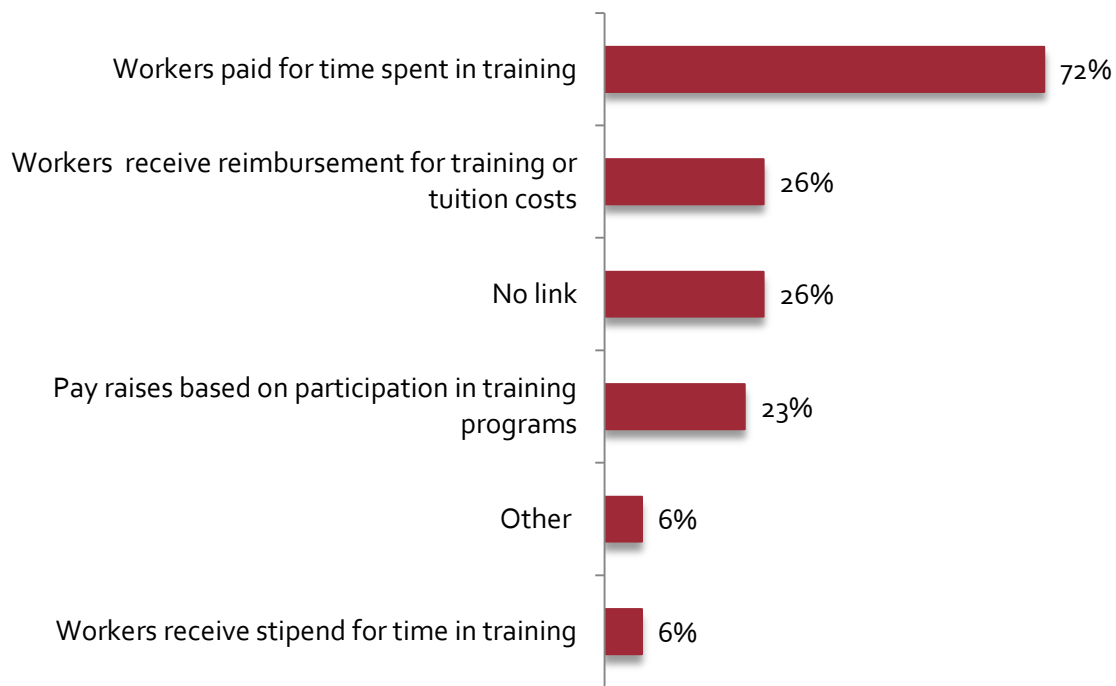


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Number of Provider Organizations responding to this question: 66.

- **82% of Provider Organizations require periodic training for ongoing skill development.**

**Figure 67. Type of Link Between Compensation and Training Programs**

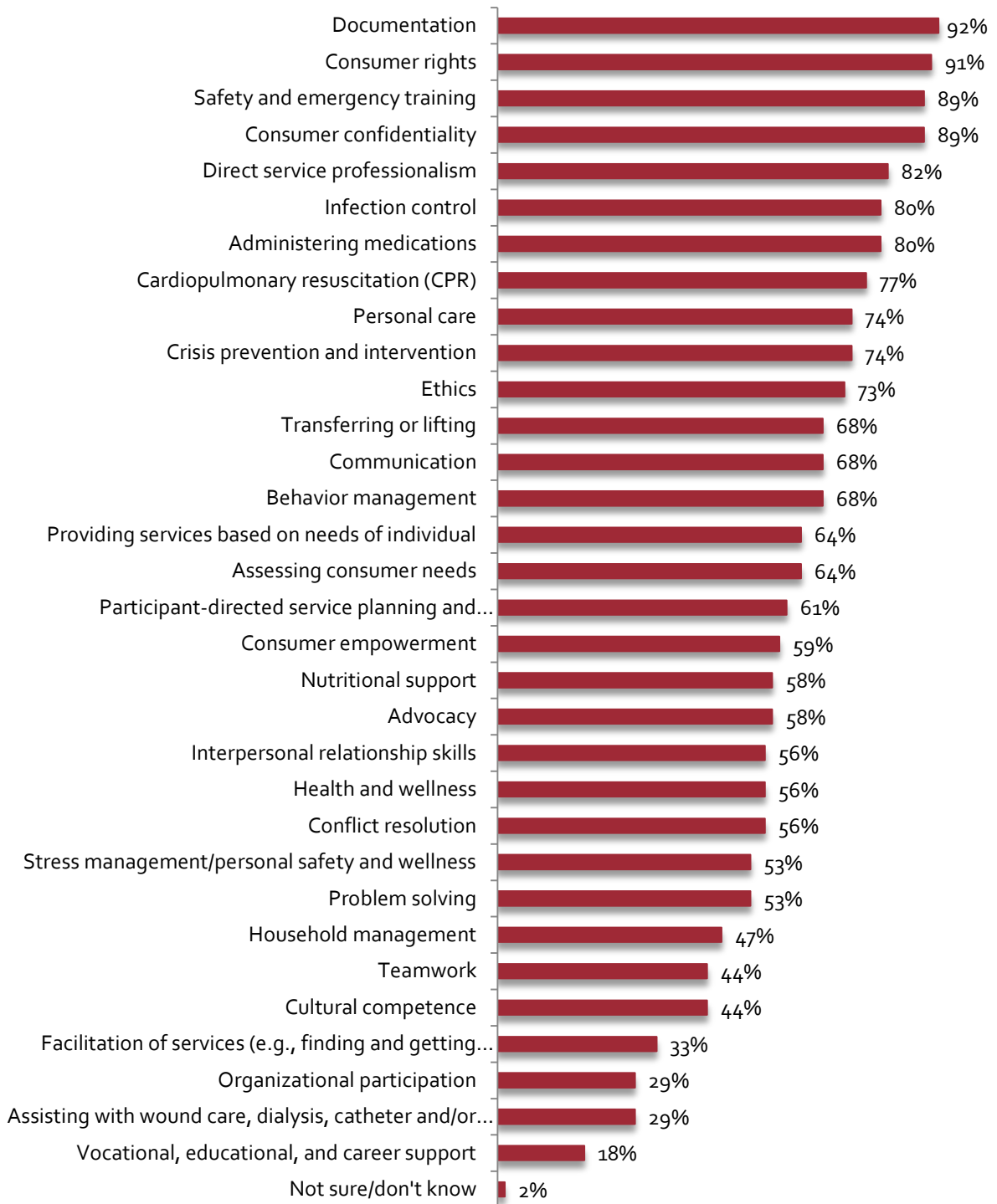


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Number of Provider Organizations responding to this question: 65. Multiple responses allowed.

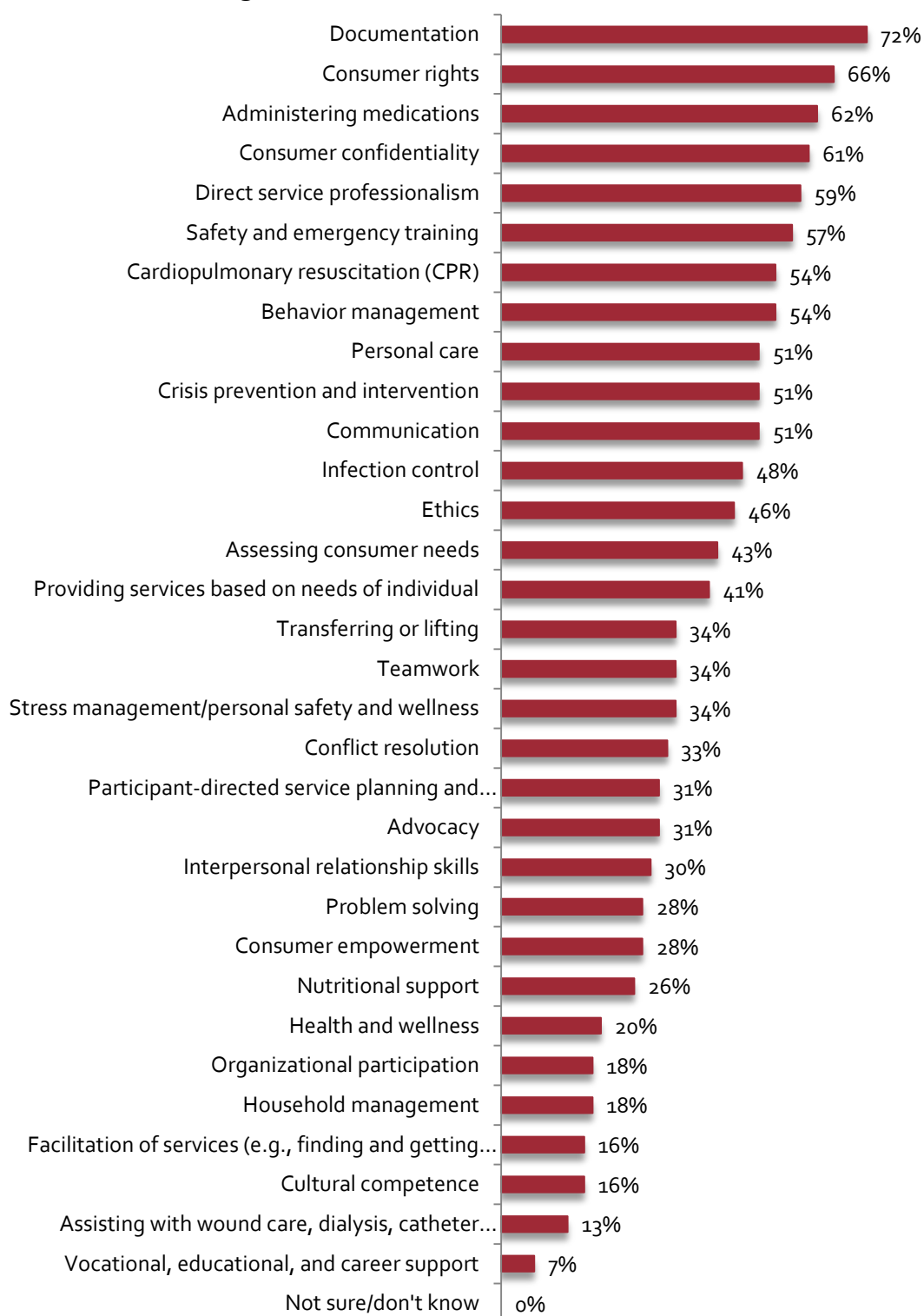
- **72% of Provider Organizations paid Direct Service Workers for time spent in training. 26% reimburse workers for training or tuition costs.**
- **Another 26% do not link compensation with training.**

**Figure 68. Required Training Topics**



Number of Provider Organizations responding to this question: 66. Multiple responses allowed.

**Figure 69. Critical Training Needs**



Number of Provider Organizations responding to this question: 61. Multiple responses allowed.