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## **Demonstration to Improve the Direct Service Community Workforce: An Overview**

**March 2008**

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### **BACKGROUND**

The Centers for Medicare and Medicaid Services initiated the Demonstration to Improve the Direct Service Community Workforce to test the effectiveness of different workforce interventions on the retention and recruitment of direct service workers, including direct support professionals, personal assistance providers, home health aids and others. Part of the New Freedom Initiative, this demonstration was one of several CMS grant programs designed to help states strengthen and improve the quality of their home and community based long term care service systems, which support individuals with disabilities to live and work in the community.

Over the next few decades, as the population ages, the demand for long term care services is expected to increase significantly. The professionals who provide direct care and support to individuals with disabilities play a vital role in the home and community based services system. But this workforce faces serious and growing shortages. This demonstration program presented an opportunity for researchers and policy makers to better understand the issues of recruitment and retention in the direct service workforce.

Five grants were awarded in October 2003 for projects being implemented in Delaware, Louisiana, Maine, New Mexico and North Carolina. In May 2004, an additional five grants were awarded for projects in Arkansas, Indiana, Kentucky, Virginia and Washington. The grants were operated by state agencies in Arkansas, Maine, New Mexico, Virginia and Washington while the remaining five grants were awarded to private employer agencies or universities.

### **GRANT PROJECTS OVERVIEW**

While each of the grant projects focused on improving the quality of the direct care workforce, the grantees implemented different workforce interventions in different kinds of settings. Five of the grantees provided health care coverage or helped workers to enroll in health insurance programs to test the impact on worker satisfaction, retention and recruitment. The North Carolina and New Mexico grantees payed for all or part of health insurance plans for employees of several participating agencies. Indiana offered workers a monthly cafeteria-style benefit that they could use to cover health care expenses, prescriptions, or other medical expenses. Maine and Washington marketed to and assisted workers who were either independent providers or employed by small agencies to enroll in state sponsored health insurance programs.

The grantees also tested the impact of several other kinds of workforce interventions such as training and peer mentorship (see Interventions Table on next page). Eight grantees offered special training opportunities for workers. For example, in their demonstration in Louisiana, the Volunteers of America worked with Louisiana State University to develop a training curriculum that workers can take in person or online. During the grant period, they trained over 100 workers in two states and have expanded the program now to VOA sites around the country. ArcBRIDGES, Inc. in Gary, Indiana worked with a local community college to develop and fund an 18 month certificate program that 35 workers have successfully completed.

Five grantees implemented peer mentorship

## DSW DEMONSTRATION INTERVENTIONS BY GRANTEE

INTERVENTIONS	2003 GRANTEES					2004 GRANTEES				
	DE	LA	ME	NM	NC	AR	IN	KY	VA	WA
Career ladder or recognition bonuses	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Health care coverage			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Mileage reimbursement							<input checked="" type="checkbox"/>			
Peer mentorship	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Realistic job preview	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>		
Targeted marketing or recruitment	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Training for supervisors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Training for workers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
Worker registry or referral centers						<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

programs, including Washington State which employs approximately 23,500 Individual Providers in their Medicaid consumer-directed home care model.

Other interventions that were tested include web-based worker registries that match workers skills, training and availability with consumer needs and preferences and pre-service orientation programs designed to give job candidates a realistic understanding of what the job entails.

### GRANT ACTIVITIES AND FINDINGS

As of December 2007, a total of 11,319 workers had participated in at least one intervention across the ten grantees. Many participated in more than one. Through these grants, approximately 5800 workers received some kind of health care benefit and more than 2500 workers received enhanced training.

Beyond the workers already employed by a consumer or agency, the grantees have reached out to thousands of job candidates through targeted recruitment, marketing and employee selection strategies.

Agency supervisors, consumer-supervisors and family members also received training in several of the states, accounting for more than 5,000 other individuals who participated in one of the demonstration projects.

A national evaluation of the demonstration program is still underway, and the full impact of these demonstration strategies on retention and recruitment is not yet known. However, preliminary data indicate that the interventions had significant positive effects in some cases. For example, in North Carolina, 75 percent of the workers surveyed who received health insurance had reported that it had increased their likelihood to stay with their employer.

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The Kentucky grantee documented a dramatic decrease in worker turnover among the participating agencies – from 62 to 27 percent - much of which they attribute to the success of their pre-service orientation program.

The University of Minnesota Research and Training Center on Community Living completed a report in December 2006 that identifies *Promising Practices in Marketing, Recruitment, and Selection* strategies that emerged from the DSW grant projects.

More information about the health insurance interventions implemented by the grantees, and detailed case studies of four different approaches are available in a January 2007 report by the Paraprofessional Healthcare Institute, *Emerging Strategies for Providing Health Coverage for Frontline Workforce in Long Term Care*. Both of these reports are available on the National Direct Service Workforce Resource Center website at: [www.dswresourcecenter.org/](http://www.dswresourcecenter.org/)

## **TECHNICAL ASSISTANCE**

To support the programmatic and evaluation activities of DSW grantees, CMS funded a team of technical assistance providers. The team provided technical assistance to grantees individually, as well as through national meetings, teleconferences, and an internal project website.

## **NATIONAL EVALUATION**

In addition to individual evaluations conducted by each grantee, CMS contracted for a national level evaluation of this demonstration program with results planned for 2008. This evaluation will inform the direction of future CMS policy and workforce initiatives. It should provide invaluable information to researchers, employers, consumers and policy makers at the state level about the effectiveness of different kinds of workforce interventions on recruitment and retention.

## **ADDITIONAL INFORMATION**

You can find additional information and resources about this grant program on the CMS website at:

[www.cms.hhs.gov/NewFreedomInitiative/](http://www.cms.hhs.gov/NewFreedomInitiative/)

You may address questions about this grant program to the National DSW Resource Center at:

[info@dswresourcecenter.org](mailto:info@dswresourcecenter.org).