
Texas Direct Service Workforce Initiative

Stakeholder Recommendations to
Improve Recruitment, Retention, and the
Perceived Status of Paraprofessional
Direct Service Workers in Texas

Prepared by

Elyse L. Luke, MSPH
Research Specialist
Texas Department of Aging and Disability Services

On Behalf of
Texas Health and Human Services Commission
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Executive Summary

Background of the Paraprofessional Direct Service Workforce

The Direct Service Workforce (DSW) plays a critical role in the lives of older Americans and Americans who have disabilities because these workers provide the hands-on long-term services and supports (LTSS) older individuals and individuals with disabilities rely on each day. However, low wages, part-time hours, and lack of benefits, training opportunities, supervision, recognition, and respect have made recruiting and retaining a stable DSW in the United States and Texas a challenge. Already high DSW vacancy and turnover rates coupled with America's aging population will further increase demand for a stable paraprofessional DSW.

Introduction to the Texas DSW Initiative

To address DSW issues in Texas, the Texas Health and Human Services Commission (HHSC) applied for and received an individualized intensive technical assistance grant from the Centers for Medicare and Medicaid Services (CMS) National DSW Resource Center in Fiscal Year (FY) 2006. Texas was one of five states to receive the first group of grants the newly-formed National DSW Resource Center awarded. The one-year grant was for technical assistance only; no funds accompanied the grant. HHSC delegated daily management and completion of the Initiative to the Department of Aging and Disability Services (DADS).

The National DSW Resource Center provided technical assistance to help DADS develop and complete the Texas DSW Initiative. The purpose of the Initiative was to identify both barriers and potential solutions to improving turnover of the paraprofessional DSW in Texas. The Texas Promoting Independence Advisory Committee (PIAC) appointed a subcommittee - the DSW Advisory Committee (DSWAC) - to advise the DSW Initiative and charged DSWAC to bring back to PIAC recommendations for reducing turnover and improving recruitment and retention.

Methods

Data Collection

In FY 2006, DADS undertook two major data collection activities to obtain stakeholder input on DSW issues. DADS prepared a series of questions, assembled key stakeholder groups, and asked them to respond and comment on issues related to recruitment, training, retention, and the perceived status of paraprofessional direct service workers in Texas.

The first data collection activity was a DSW Stakeholder Forum which was held in Austin, Texas in November 2006. The Forum brought together national DSW experts, lead state agency representatives, service providers/employers, community groups, advocates, direct service workers, and consumers. Approximately 130 stakeholders participated in the Forum.

Following the 2006 meeting, DADS sent participants a survey and asked for feedback regarding the DSW forum and recommendations regarding potential next steps. Participants suggested that

DADS conduct additional DSW forums and obtain input from stakeholders across the state, not just the Austin-metro area. DSWAC agreed.

Therefore, the second activity was a series of four small focus group discussions which were held across the state in July 2007 – one each in El Paso, Houston, Progreso, and San Angelo. To ensure that different stakeholder perspectives were represented, DADS invited at least one (or at most two) individuals from each stakeholder group listed above. One state legislator and a staff member of another state legislator also participated in one of the focus group discussions. Fifty-four stakeholders participated in the series of focus group discussions.

Data Analysis

Since DADS recorded and took detailed notes during the series of focus group discussions, DADS decided to analyze the focus group data first. Qualitative analysis involved reviewing notes and direct stakeholder quotes from each discussion group. Analysis of the data revealed several common themes. Representative quotes from stakeholders were used as evidence to support each theme. Review of the notes from the 2006 DSW Stakeholder Forum did not yield additional themes but did yield additional quotes stakeholders made to support each theme.

Findings

Analysis of the data resulted in three major themes; stakeholders recommended offering direct service workers: (1) compensation, (2) opportunity, and (3) support. These three broad themes were further categorized into 14 key recommendations to improve recruitment, retention, and the perceived status of paraprofessional direct service workers in Texas. Specific stakeholder recommendations address wages, benefits, work schedules, training, targeted recruitment, stakeholder collaboration, a career ladder for workers, networking and mentor opportunities, job standards, a realistic job preview for potential workers, recognition, improved worker-consumer matches, and oversight of the workforce ([Table 1](#)).

Table 1 - Stakeholder recommendations to improve recruitment, retention, and the perceived status of paraprofessional direct service workers in Texas

Compensation

1. Offer direct service workers a livable wage and adopt measures to ensure investment in the DSW
2. Offer direct service workers benefits
3. Offer direct service workers 40 hours work per week

Opportunity

4. Offer direct service workers training
5. Make training accessible to direct service workers
6. Employ effective recruitment strategies including involving direct service workers in the development of Best Practices and targeted recruitment

7. Improve stakeholder collaboration to address DSW issues
8. Offer direct service workers a career ladder

Support

9. Create networking and mentor opportunities for direct service workers
10. Establish direct service worker job standards
11. Provide realistic job preview for potential direct service workers
12. Recognize and reward the contributions of paraprofessional direct service workers
13. Improve direct service worker-consumer match
14. Improve oversight of the DSW

Summary

To address DSW issues in Texas, stakeholders recommend offering paraprofessional direct service workers **compensation, opportunity, and support**. Specifically, stakeholders recommend improving wages, benefits, work schedules, recruitment strategies, stakeholder collaboration, realistic job previews, worker recognition, worker-consumer matches, and oversight of the workforce. They also recommend offering workers training, a career ladder, networking and mentor opportunities, and suggest that job standards be developed. In summary, to improve recruitment, retention, and the perceived status of the paraprofessional DSW in Texas, stakeholders recommend improving job quality for paraprofessional direct service workers.

Outcomes

Carrying out the Texas DSW Initiative resulted in a number of beneficial outcomes including but not limited to the following:

1. **The Texas Initiative raised awareness of DSW issues at the state, regional, and local level;**
2. Since various stakeholder groups participated in the Initiative, **many different stakeholder perspectives are represented;**
3. **Stakeholders made specific, actionable recommendations** to address DSW issues in Texas;
4. Since stakeholders identified potential solutions which are already described in the literature, **Texas will benefit by learning from best practices and strategies which have already been tried and described** by other states;
5. Since focus group discussions were held with various geographic, socioeconomic, and cultural population groups across the state, **stakeholder recommendations can be generalized to the areas included in the Initiative, not just to the Austin-metro area;**

6. The Texas DSW Initiative helped bring stakeholder groups together, in some cases for the first time, not only to discuss DSW issues but also to talk about ways they could work together. During the course of carrying out this Initiative, DADS observed **stakeholders unanimously acknowledge the need to work together to address DSW issues in Texas.**

Next Steps

The Paraprofessional Healthcare Institute (PHI) suggests that the challenge and crisis to recruit LTSS workers will be present for the next 20 years.¹ In general, with respect to next steps, PHI emphasizes the importance of finding one critical place to start – a place where some real and immediate gain can be anticipated and a place from which a long-term strategy can be built. PHI suggests not being discouraged if first attempts do not entirely fix the problem and instead recommends that those efforts be strengthened before moving to the next level of interventions. They further suggest that first-stage interventions be targeted at improving jobs for direct care workers, recognizing and rewarding workers, and building support mechanisms for low-wage workers.¹

DADS presented the recommendations stakeholders made to DSWAC in January 2008. DSWAC prioritized and then selected six of the 14 stakeholder recommendations and submitted them to PIAC for consideration. PIAC committed to reviewing the remaining eight stakeholder recommendations in addition to the six priority recommendations in PIAC's report to HHSC Executive Commissioner, Albert Hawkins.

In September 2007, at the conclusion of the one-year technical assistance award, DADS asked the National DSW Resource Center and PHI to: (1) examine the recommendations stakeholders made from the Texas DSW Initiative; (2) search PHI's database and identify strategies and best practices relevant to the recommendations made by stakeholders; and (3) develop a report with details regarding interventions, strategies, and best practices relevant to recommendations from the Texas DSW Initiative.

In November 2007, PHI sent DADS a Resource Guide which included information regarding strategies and interventions to address DSW issues. The guide included specific information regarding in which state the intervention was being implemented; a brief description of the intervention; allocated resources (if known); outcomes (if known); and contact information for staff associated with each intervention. DADS plans to review each intervention included in the Resource Guide, determine its relevance to the Texas DSW Initiative, and report its findings in a future report.

Texas Direct Service Workforce Initiative

Background

Who are direct service workers and what do they do?

Paraprofessional direct service workers provide an estimated 70 to 80 percent of the paid hands-on LTSS received by Americans who are elderly or living with disabilities or other chronic conditions.² Among other daily tasks, these workers help consumers bathe, dress, and eat. Direct service workers are critically important to older Texans and Texans with disabilities who want to live at home or in their community.

The Bureau of Labor Statistics (BLS) estimates that there are 269,950 paraprofessional direct service workers in Texas and nearly 2.9 million paraprofessional direct service workers in the United States ([Appendix A](#)). They work with some of the most vulnerable members of the community and their work is physically, mentally, and emotionally demanding.³ Paraprofessional direct service workers fall into one of three categories, nursing assistants, home health aides, and personal and home care aides⁴:

- ***Nursing Assistants*** (usually known as certified nursing assistants or CNAs), most often work in nursing homes but are also employed in assisted living facilities, other community-based settings, and hospitals. They assist residents with activities of daily living (ADLs) such as bathing, dressing, transferring, toileting, eating, and walking. They also perform clinical tasks such as range-of-motion exercises and blood pressure readings, and in some states may administer oral medications.
- ***Home Health Aides*** also provide assistance with ADLs, but they assist people in their own homes or in other community-based settings. They may also perform instrumental activities of daily living (IADL) which include light housekeeping tasks, preparing food, taking medications, shopping, using the telephone, and money management.
- ***Personal and Home Care Aides*** may work in a consumer's home or a group home setting. This category of workers has many titles including Personal Care Attendant, Personal Assistant, and Direct Support Professional (the latter work with people who have intellectual/developmental disabilities [ID/DD]). In addition to providing assistance with ADLs and IADLs, these workers also help individuals in home- and other community-based settings (HCBS) with employment and transportation support. Because of the consumer-directed services (CDS) option, a growing number of personal assistance workers are employed and supervised directly by consumers rather than being employed by a service provider agency.

Overview of the DSW

The Direct Care Worker at a Glance – A National Perspective

Gender 9 out of 10 direct-care workers are women.^{4, 5}

Age The average age of workers in nursing homes is 37. The average age of workers in home care is 41.^{4, 5}

Race/Ethnicity Slightly more than 50% of direct care workers are white and non-Hispanic. About 33% are African American; the remainder are Hispanic and other ethnicities.^{4, 5}

Marital Status and Children 25% of direct care workers in home care and nearly 33% of those in nursing homes are unmarried and living with children, compared to 11% of the total United States workforce.^{4, 5}

Education 41% of direct care workers in home care and 50% of those in nursing homes completed their formal education with a high school diploma or a GED. Another 38% of those in home care and 27% of those in nursing homes attended college.^{4, 5}

Immigration While the vast majority of direct care workers are United States natives, 24% of home care aides and 14% of aides working in nursing homes are foreign-born.^{5, 6}

Income Median hourly wage estimates vary by category; in general, the estimated median hourly wage for direct service workers in the United States is higher than for direct service workers in Texas ([Appendix A](#)). The median hourly wage for Personal and Home Care Aides (\$6.41) and Home Health Aides (\$7.17) in Texas is lower than the living wage for one adult in Texas (\$7.45) ([Appendix B](#)).

Why is there concern regarding the paraprofessional DSW?

A 2005 national survey reported that since its first national survey in 1999, vacancies of direct care workers continues to be a serious workforce issue for most states.⁷ The concern regarding the DSW is that in addition to current vacancy and turnover rates, as America's population ages, the demand for direct service workers will outpace the available supply of workers. And, without an adequate workforce of direct service workers, aging Americans and Americans with disabilities will not have the LTSS they need to live at home or in their community. According to The Aspen Institute (2001), three key reasons for high vacancy and turnover rates among direct-service positions include²:

1. **“The quality of direct-care jobs tends to be extremely poor”** – low wages, few benefits, part-time hours, poor supportive supervision, and not being recognized as part of the health care team.
2. **“The full employment economy offers better job alternatives”** – Clerical and food-counter positions offer jobs that have less risk for injury, are less demanding than direct-care health positions are, and pay as well or better than direct-care jobs.
3. **“Post-Baby Boom demographics in the United States have created a ‘care gap’ that will worsen over the next 30 years”** – The “care gap” is the result of post-Baby Boom demographics in the United States. While the number of people requiring paraprofessional care is growing, the population of people who traditionally provide LTSS – primarily women between the ages of 25 and 54 – will not be able to keep pace ([Figure 1](#)).

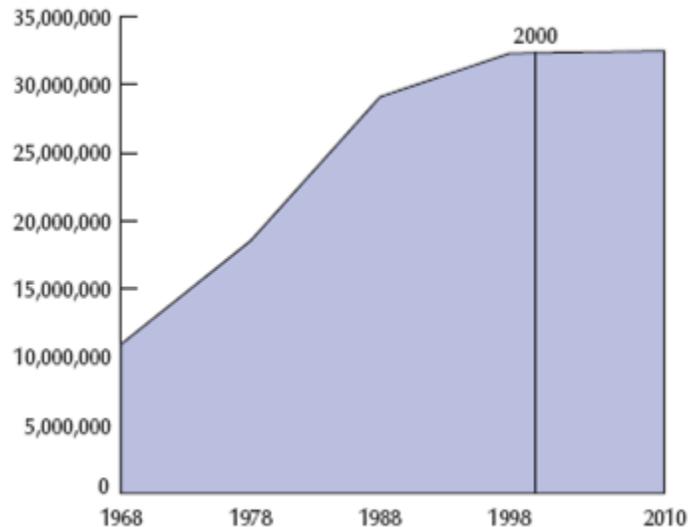
The ever-expanding demand for greater health and personal care services is associated with several factors, including medical advances that allow people with chronic illnesses and disabilities to live longer, technology that helps individuals with complex needs to live in HCBS, and most of all, a growing elderly population. At the same time, a smaller cohort following the Baby Boom cohort will yield relatively fewer workers available for care giving tasks.^{1, 8}

The “care gap” will not only place pressure on the formal, paid health care delivery system but will also place pressure on family caregivers. And, since women provide the majority of both paid direct care services and (informal) family care, when families turn to the formal system for services and supports for their loved one they will find relatively fewer paid staff available, because women who could provide paid care services will likely be caring for their own aging family member.²

Demographic changes in the United States and the impact on recruiting direct service workers

Demographic changes in the United States will contribute to the already difficult challenge of recruiting and retaining direct service workers. Figure 1 illustrates the number of women in the civilian work force between the ages of 25 and 44 from 1968 to 2000.¹ This work force constituted the traditional source of entry-level direct care staff which tripled from 10 million women in 1968 to more than 30 million women in 2000. In the 1980s, nearly 10 million workers from this cohort entered the labor force. However, the United States Department of Labor predicts that from 2000-2010, this traditional source of workers will only grow by 1.25 percent or 400,000 new workers.⁸

Figure 1. Women aged 25-44 in the Civilian Work Force from 1968-2000¹; projected to 2010⁸



Graph courtesy of PHI (www.PHInational.org)

The expected labor shortage can be explained by the sharply increasing number of Baby Boom-generation women who aged into adulthood and entered the workforce for the first time in the late 1960s but who are now aging out of the workforce leaving behind a significantly smaller post-Baby Boom workforce. When the 9,857,000 workers from the Baby Boom cohort who entered the labor force in the 1980s is compared to the 400,000 anticipated new workers from 2000-2010, the expected decline in the work force is striking indeed.⁸

DSW vacancy and turnover rates

Results from the 2002 American Health Care Association Survey of Nursing Staff Vacancy and Turnover in Nursing Homes reported the turnover rate of CNAs in Texas as 105.2% - the 7th highest in the United States.⁹ Even though the turnover rate was reported for CNAs who provide care in nursing homes and not in HCBS, anecdotal evidence suggests that the turnover rate of paraprofessional direct service workers who provide care in HCBS is also more than 100%. However, precise vacancy and turnover rates of the paraprofessional DSW – including nursing assistants (i.e., CNAs), home health aides, and personal home care aides - are not available because neither vacancy nor turnover rates are routinely collected in Texas or the United States.

DSW turnover impacts paraprofessional direct service workers, LTSS consumers, and provider agencies

The three key stakeholder groups whose lives are touched each day within the LTSS system include paraprofessional direct service workers, LTSS consumers, and provider agencies. According to The Aspen Institute (2001), already high vacancy and turnover rates coupled with the impact of the “care gap” have negative consequences for all three stakeholder groups.²

- For direct service paraprofessional workers, “...high DSW turnover rates and high workloads can mean an increased risk of on-the-job injuries, more stress and frustration, and less opportunity for training and mentoring - all of which can further increase DSW turnover.”
- For consumers and their families, “...high turnover and understaffing can lead to an increased risk of care without continuity, inadequate and unsafe care, poorer quality of life, and reduced access or in some cases, denial of care.”
- For provider agencies, the direct cost of turnover - the costs of separation, vacancy, replacement, training, and increased worker injuries - is estimated to be at least \$2,500 per separated employee.¹⁰ DSW turnover may also include important indirect costs for providers, such as costs associated with lost productivity, reduced service quality, and deterioration of employee morale.

*In 2005, 29 of 38 states (76%) surveyed - Texas included - reported that direct care worker vacancies and turnover continues to be a **serious** or **very serious** problem in their state. Only four states reported that vacancies and turnover did not pose a serious problem.²*

Introduction

What Texas is doing to address challenges to recruit and retain a paraprofessional DSW

The Texas DSW Initiative

The DSW Initiative was undertaken to address paraprofessional DSW issues in Texas. PIAC made workforce issues a top priority for FY 2007 and the 2008-2009 state fiscal biennium. The State of Texas recognizes that addressing workforce issues is critical to successful compliance with the *Olmstead* decision and response to the Promoting Independence Initiative because a stable DSW is necessary for providing LTSS to individuals who choose to live in the community.

In FY2006, Texas was awarded a one-year grant from CMS' National DSW Resource Center to address paraprofessional DSW issues in HCBS in Texas. The award was for technical assistance only; no funds accompanied the grant. The award provided access to valuable resources, information, and assistance with carrying out the Texas DSW Initiative. Texas was one of five states selected to receive the first group of technical assistance awards from the National DSW Center. The grant was awarded to HHSC in September 2006 and HHSC subsequently delegated daily management and completion of the Initiative to DADS.

The Texas DSW Initiative involved two major data collection efforts: (1) a DSW Stakeholder Forum in Austin, TX in November 2006 and (2) a series of four small focus group discussions with stakeholders across the state in July 2007. The outcome of the Texas DSW Initiative is the list of 14 overarching stakeholder recommendations to improve recruitment, retention, and the perceived paraprofessional status of direct service workers in Texas described in this report.

Goal of the Texas DSW Initiative

The goal of the Texas DSW Initiative was to identify both barriers and possible solutions to improve recruitment, retention, and the perceived paraprofessional status of direct service workers who provide LTSS in HCBS in Texas.

Scope of the Texas DSW Initiative

While this report includes suggestions stakeholders made to address issues regarding turnover of the direct service workforce (DSW) and briefly mentions the impact those issues have on relevant stakeholder groups, it is important to note that the content and application of the recommendations in this report are limited. The scope of this report is limited in the following ways: 1) this report only addresses the paraprofessional DSW, not the professional DSW; 2) the content of the report is limited to the aging and disability consumer populations; 3) the grant to carry out this report was meant to address services provided in HCBS, not facility-based settings; 4) stakeholder input is limited to views, opinions, comments, and perspectives shared by the individual stakeholders who participated in the Texas DSW Initiative in FY 2006; and 5) while issues, concerns, and recommendations apply to direct service workers across the United States, the intent of this report is to address only direct service workers in Texas.

The National DSW Resource Center was created by the Centers for Medicare and Medicaid Services in 2006 to respond to the large and growing shortage of paraprofessional workers who provide direct care and personal assistance to individuals who need LTSS in the United States <http://www.dswresourcecenter.org>

However, while the focus of this paper is on the paraprofessional DSW, it is important to note that the professional DSW – which primarily includes Registered Nurses and Licensed Practical Nurses – plays a major role in the coordination and delivery of LTSS and that issues related to vacancy and turnover rates also apply to the professional DSW. Moreover, even though approaches to recruiting paraprofessionals and professionals into the DSW differ, public policy actions to address DSW issues between the two are similar.^{9, 11}

Data Collection

Methodology

Texas DSW Stakeholder Forum – November 2006

The first of two major data collection efforts was a DSW Stakeholder Forum which was held in Austin, TX in November 2006. DADS invited individuals from key stakeholder groups and national DSW experts to the Forum. National experts included representatives from PHI, the Council for Adult and Experiential Learning, and the Institute for Community Integration. Discussion included workforce issues and potential solutions for improving recruitment and retention of direct service paraprofessional workers across the state. The Forum helped participants learn what the issues were and what initiatives had been tried in Texas and other states. The Forum also generated stakeholder recommendations to address DSW issues in Texas. Approximately 130 stakeholders participated in the Forum.

Following the Stakeholder Forum, DADS sent participants a survey requesting feedback on the Forum and asked for recommendations regarding potential next steps. Nearly half of those of those who responded suggested that DADS compile consensus recommendations and submit them to PIAC for consideration. Participants also said they expected possible solutions to be “actionable” and “specific.”

With respect to next steps, stakeholders suggested that DADS conduct additional DSW forums to obtain input from stakeholders from across the state, not just the Austin-metro area. Survey responders specifically recommended that like the DSW Stakeholder Forum, future stakeholder forums include key stakeholder groups including direct service workers, consumers, and provider agencies/employers.

DADS subsequently compiled post-Forum feedback and consensus stakeholder recommendations to address DSW issues and submitted the information to DSWAC. DSWAC is a subcommittee of the PIAC and its members include representatives of people who have disabilities, people who are aging, provider agencies, community groups, advocates, HCBS consumers, direct service workers, and several PIAC members. DSWAC agreed with Forum

DADS sent post-Forum surveys to 116 participants. 35 responded for a response rate of 30%.

80% rated the forum as being “very good” or “excellent.”

No one rated the forum as being “poor.”

participants and recommended that DADS proceed with a series of small, focused group discussions with DSW stakeholders across Texas.

Texas DSW Stakeholder Focus Group Discussions – July 2007

In July 2007, DADS held a single focus group discussion with stakeholders in each of four cities: El Paso, Houston, Progreso, and San Angelo. These cities were purposefully selected so that data collected would be representative of the state's diverse socioeconomic, cultural, and regional populations. Twenty-eight individuals representing various state agencies, non-governmental organizations, and consumer groups helped DADS plan the series of stakeholder focus groups. These individuals were instrumental in identifying potential focus group participants and provided DADS with invaluable logistical support.

To ensure that a variety of stakeholder perspectives were included, DADS invited at least one, or at most two, representatives from each of the following stakeholder groups: DADS, Department of Assistive and Rehabilitative Services (DARS), HHSC, Texas Workforce Commission (TWC), local Mental Retardation Authorities (MRAs), non-profit groups, service providers, HCBS direct service workers, and HCBS consumers. DADS also notified the State Senator and State Representative who represented the physical location where each focus group was held (i.e., El Paso, Houston, Progreso, and San Angelo). Monetary incentives were not offered; participants volunteered their time.

The same DADS staff member facilitated each focus group discussion to ensure consistent administration of questions and data collection between groups. The facilitator encouraged participation from each individual so that input was heard from every stakeholder group representative. Focus group participants were asked to respond to the same set of questions at each focus group meeting ([Appendix C](#)). At the end of each of the four focus group meetings, the facilitator gave a verbal summary of what was discussed to verify that DADS accurately captured what stakeholders said.

Another DADS staff member took comprehensive notes at each of the four sessions. Each focus group discussion was also audio taped. Names of individuals were not recorded and DADS assured participants anonymity in both the focus group notes and the audiotape of each session.

Sample

Fifty-four individual stakeholders participated in one of four focus group discussions. Participation by location was as follows: nine stakeholders from San Angelo, eight from Progreso, 14 from Houston, and 23 from El Paso. Fifteen men (28%) and 39 women (72%) participated in the focus group discussions. The distribution of individuals by stakeholder groups is shown in Table 2.

Table 2. Focus group participants by stakeholder group

Stakeholder Group	# of Individuals
Paraprofessional Direct Service Worker	8
Provider agency/Employer	7
DADS Consumer	6
Advocate	6
DADS	6
Local MRA	5
DARS	4
TWC	4
Non-profit service agency/Employer	4
HHSC	2
State Representative	1
State Senator’s staff member	1
Total	54

Data Analysis

Focus group data was analyzed first and data from the DSW Forum was analyzed second. Since the DADS staff member who took detailed notes during each focus group discussion also analyzed the data, memory recall and detailed focus group notes were used as the primary source of data. The notes were used to identify key themes and selected stakeholder quotes were used as evidence to support each theme.

Several factors were analyzed to determine how much weight to assign to stakeholder input. *Frequency* (the number of times something was said) was one of the factors measured. *Specificity* (the level of detail provided), *emotion* (strong feelings regarding a specific issue), and *extensiveness* (how many different individuals commented on the same issue) were also weighed and analyzed.

After key themes were identified from the focus group data, those themes were compared to data from the 2006 DSW Forum (i.e., the forum held in Austin, Texas). Analysis of the 2006 DSW Forum data did not yield additional themes but did provide additional evidence (e.g., stakeholder quotes) to support each theme and validated focus group data.

Findings – Stakeholder Comments and Recommendations

Systematic, qualitative analysis of focus group data and data from the 2006 DSW Forum resulted in key themes which were used as the basis of stakeholder recommendations to address DSW issues in Texas. Fourteen overarching recommendations to improve recruitment, retention, and the perceived status of paraprofessional direct service workers in Texas were identified and then

grouped into three major categories: **Compensation**, **Opportunity**, and **Support**. Stakeholder recommendations are described in Tables 3-1 thru 3-3 (Compensation), Tables 4-1 thru 4-5 (Opportunity), and Tables 5-1 thru 5-6 (Support).

Table 3-1. Compensation – Offer direct service workers a livable wage and adopt measures to ensure investment in the DSW

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“Worker and consumer are in the same boat, living paycheck to paycheck.”</i> • <i>“I’m glad minimum wage went up but right now, milk is not going down, gasoline is not going down and I doubt our tax is going down. Our City Manager increases the taxes and so I’m looking at all of that going up and my take home pay once I get done paying everything, I have \$81/month leftover for everything. Minimum wage is going up but everything else is going up too!”</i> • <i>“I was told I wasn’t supposed to lift people and now I need physical therapy myself but I can’t get light-duty. I was out with no pay because of no insurance and no sick leave...I was never there for graduation, birthdays, nothing...as far as workers, we would like to have a life too but the pay is not there.”</i> • <i>“There are good providers that have company 401(k) plans and pay for holiday work...we need regulations since many competitors only pay minimum wage and keep the state reimbursement money that could go to the direct service worker.”</i> 	<p>#1: Offer direct service workers a livable wage and adopt measures to ensure investment in the DSW.</p> <p>Stakeholders across the state consistently identified low wages as a significant barrier to recruiting and retaining direct care paraprofessional workers in Texas.</p> <p>In addition to implementing livable wages, stakeholders suggested that adopting measures to ensure that service providers pass wage increases along to direct service workers (e.g., by supporting wage pass-through) would help with recruitment and reducing DSW turnover.</p>

Table 3-2. Compensation - Offer direct service workers benefits

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“The fact that Personal Care Attendants are doing repetitive tasks, for example, lifting a patient or scrubbing a surface, can lead to injury of the back and shoulders. That’s why health insurance is so important...it is very expensive for Personal Care Attendants to pay for an insurance plan of their own. A healthy Personal Care Attendant means less missed workdays and happier patients.”</i> • <i>“If you sacrifice your own well-being then you risk your own health and can’t take care of the client.”</i> • <i>“Just yesterday my son’s caregiver quit...she couldn’t provide care for my son because she didn’t have care for her own children. It’s a vicious cycle.”</i> • <i>“Some providers lose to fast food places because they offer fringe benefits and income and options available to them where a person can work at McDonalds close to home, as opposed to working with private (service provider) agencies that scatter them around town...”</i> • <i>“Car insurance is another thing too, not just the mileage. If they need somebody who needed a lift and I drive, who’s covering me? My insurance goes high because I was high risk.”</i> 	<p>#2: Offer direct service workers benefits.</p> <p>In addition to increasing wages, stakeholders consistently said that offering benefits would help reduce DSW turnover.</p> <p><u>Stakeholders suggested direct service workers be offered benefits to include:</u></p> <ul style="list-style-type: none"> • Health insurance • Life insurance • Transportation options • Paid vacation, sick leave, holidays, and medical leave • Mileage and auto insurance reimbursement • Workers compensation • Childcare options • Retirement benefits • Longevity/retention bonuses

Table 3-3. Compensation - Offer direct service workers 40 hours work per week

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“Not enough hours are offered and with low wages...not enough incentive to work.”</i> • <i>“Increasing hours will contribute to continuity of care. Every time a different worker goes in to the home, the quality of care goes down.”</i> • <i>“People wouldn’t be willing to give up their jobs so quickly if they knew they had a full-time job.”</i> • <i>“Agencies are not giving us enough hours. They keep us below 40 hours a week so they don’t have to offer us benefits.”</i> • <i>“Increasing wages and hours per week will help prevent workers from having to work multiple low-paying jobs and (will) cut down travel expenses between those multiple jobs.”</i> 	<p>#3: Offer direct service workers 40 hours work per week.</p> <p>The recommendation to offer direct service workers 40 hours work per week was consistently suggested by stakeholders across the state. 2006 DSW Forum and focus group participants said the lack of guaranteed full-time hours was a major cause of DSW turnover across the state.</p> <p><u>Stakeholders said that not having 40 hours of work per week:</u></p> <ul style="list-style-type: none"> • Prevents a direct service worker from being a full-time employee which in turn prevents the worker from accessing benefits to full-time employees, if offered • Means that a worker must work multiple, low-paying part-time jobs which are often located far apart from each other. And, when the worker has to travel between multiple jobs, the worker must weigh the cost to travel to each job against the relatively low wage the worker would earn from each job • Decreases the quality of care the consumer receives because a worker who travels between multiple part-time jobs becomes tired from traveling from job to job

Table 4-1. Opportunity - Offer direct service workers training

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“I wasn’t given training...the person I was working with trained me.”</i> • <i>“We need to be trained because I need you and you need me.”</i> • <i>“As a parent, one of my greatest frustrations with caregivers is their lack of training. They aren’t familiar with how to communicate with a non-verbal person, how to motivate the consumer to do more than lay in bed. The caregivers who have worked with my child have been trained in CPR and taking vitals. That is it! My child is non-verbal and non-ambulatory, but he is very smart and does more than sit in bed. The workers who have been assigned to my child have lacked ingenuity when working with my child. They fail to realize the trust that has to be established between caregiver and consumer. Again, you’re asking these people to be the mind and body for a human being. Enhancing training for consumer interaction and addressing the personal side of care giving is important.”</i> 	<p>#4: Offer direct service workers training.</p> <p>Stakeholders across the state and national experts who participated in the 2006 DSW Forum consistently said that lack of training plays a significant factor in both DSW turnover and decreased quality of care. Stakeholders also consistently said that consumers are the ones who provide training, not provider agencies.</p> <p><u>To reduce workforce turnover, stakeholders recommended the following specific training interventions for direct service workers:</u></p> <ul style="list-style-type: none"> • “Soft skills” training including people skills (e.g., sensitivity and respect for consumer); and disability culture (e.g., People First Language, consumer rights) • Skills-based training including professionalism, work ethics, and problem-solving skills; Basic and advanced communication skills (e.g., working with consumers who are non-verbal, or who use sign language); Behavioral management (e.g., when working with children); Diet and nutrition training; Training regarding medications; and bowel and bladder programs • Basic clinical training: including blood pressure, CPR and first aid training; and Universal precautions and infection control • Body mechanics training: including transfer and lifting skills, fall prevention and appropriate exercises

Table 4-2. Opportunity - Make training accessible to direct service workers

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“I was an attendant and it was out of necessity that I wound up there and I was glad to have the job. I didn’t get any schooling because there’s not enough time to get training to better myself and get out of attendant care services.”</i> • <i>“If attendants have to get training on their own time, when do they do it? On weekdays they need to work to get money and on weekends they need childcare so they can’t go for training.”</i> • <i>“Some (provider) agencies require CPR training but CPR training is \$25 and we have to pay for the training ourselves...at \$5 per hour, it would take me 5 hours just to pay for CPR training and that’s a barrier.”</i> • <i>“Offer training at different times so people on different shifts can attend the training.”</i> • <i>“Anytime you’re dealing with people and you’re getting paid for it, that training should be mandatory.”</i> • <i>“Employers can’t let their employees attend training because then they have to cover for the staff that’s attending training by bringing in another employee.”</i> 	<p>#5: Make training accessible to direct service workers.</p> <p>Stakeholders identified a number of barriers related to access to training and said that barriers existed for both workers and their employers.</p> <p><u>Specific recommendations included:</u></p> <ul style="list-style-type: none"> • Offer direct service worker paid time off to attend training • Ask employer to pay for initial training for each employee and re-certification fees only for long-term employees (e.g., CPR training) • Offer training at various times of the day • Create a central database of available training opportunities across the state • Ask employer to advertise training opportunities in a place the direct service worker is likely to look (e.g., provider newsletter, with pay stub, etc.) • Modify training notices and training materials for use by the DSW (i.e., modify for literacy and translate materials into Spanish) • If online training is offered, identify options for computer access <p><u>With respect to employers (providers), stakeholders recommend:</u></p> <ul style="list-style-type: none"> • Taking training to the worker to avoid paying one employee to cover another employee • Creating a central database with grants opportunities, speaker resources and opportunities to share resources

Table 4-3. Opportunity – Employ effective recruitment strategies including involving direct service workers in the development of Best Practices and targeted recruitment

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“In exit interviews, sometimes we don’t get the real information but what we need is to find out from the people who stay... Why do they stay?... so we can find out the best practices to help retain workers.”</i> • <i>“People who do this job do it because it’s a calling.”</i> • <i>“The place to get the best care is to recruit from the churches because it is a calling and it is service-oriented work where you do work of love and caring and that’s what’s promoted in churches.”</i> • <i>“There’s no unified system for people to look for jobs. There’s no direct link that links all the people that need care to all the people that provide care. There’s no one-stop shop. You have to keep jumping from site to site. There is no (unified) system to make sure that all jobs are in one place.”</i> 	<p>#6: Employ effective recruitment strategies including involving direct service workers in the development of Best Practices and targeted recruitment.</p> <p><u>Suggested recruitment strategies include the following:</u></p> <ul style="list-style-type: none"> • Asking tenured caregivers to help develop best practices for recruiting workers - Stakeholders suggested that long-time caregivers could provide insight into reasons why workers remain on the job. Those reasons could then be used to develop best practices to recruit workers in Texas • Appeal to candidates for whom being a direct service worker is “a calling” • Partner with other agencies and community groups to identify a potential pool of direct service workers across the state • Use retention specialists to address high DSW turnover rates • Create a one-stop shop where potential workforce candidates can search for jobs. Stakeholders said that not knowing where to search for a job as a direct service worker is a barrier for potential new workers. They suggested a single source for posting available DSW jobs and training. <p>During statewide focus group discussions, only a few had ever heard of the Attendant Network Registry (http://www.attendantnetwork.org/attnet/index.jsp) and none had actually used it.</p>

Table 4-4. Opportunity - Improve stakeholder collaboration to address DSW issues

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“No one person, agency, or sector of the health care industry can resolve this issue alone. We must all work together if we are to resolve the workforce shortage.”</i> • <i>“Systems don’t talk to one another...we need to build a system that encompasses the efforts of all involved to recruit, train, and retain workers.”</i> • <i>“We must all come together to help resolve recruitment and retention of direct service workers. If you believe that someone else will deal with the issue, it will never be resolved.”</i> • <i>“Don’t let what you started today stop...keep the conversation going and work in parallel to one another.”</i> • <i>“Some of the DARS consumers can benefit (from training). It’s just a matter of us knowing what the needs are in the community. We pay for on-the-job training of the DARS consumer and that’s a win-win situation for the DARS consumer and the person who needs an attendant care worker.”</i> • <i>“We (DARS) would want HHSC to be involved too. TWC also has to be involved to match and screen employers and we can help them with hiring.”</i> 	<p>#7: Improve stakeholder collaboration to address DSW issues.</p> <p>Stakeholders uniformly agreed that improved collaboration between them was necessary to address DSW issues. Many stakeholders suggested that workforce boards, agency networks and community groups work together to identify opportunities for collaboration and resource sharing.</p> <p>Stakeholders also said that if many groups could share recruitment and training resources and materials then it would prevent each individual group from having to obtain its own resources and create its own materials.</p>

Table 4-5. Opportunity – Offer direct service workers a career ladder

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“Even though the salary increase may be minimal, creating increasing levels will help workers perceive themselves as advancing.”</i> • <i>“When they go for a Certified Nursing Assistant (CNA), it’s gonna increase turnover because after they get their CNA, they leave.”</i> 	<p>#8: Offer direct service workers a career ladder.</p> <p>“Lack of opportunities for advancement” was a consistent theme heard statewide. Long-time direct service workers said they had worked for years without a raise.</p> <p>To reduce DSW turnover, stakeholders suggested that workers be offered a career ladder that is balanced with incentives to remain on the job. They also suggested that workers who have more training and experience be paid a higher wage than entry-level direct service workers.</p> <p>However, while some stakeholders said that direct service workers should be offered advancement via a career ladder, other stakeholders disagreed and said that a career ladder may actually <i>increase</i> turnover because workers would leave for an advanced position/higher paying job once they attained a higher level of skill and training.</p>

Table 5-1. Support - Create networking and mentor opportunities for direct service workers

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“I got my jobs from word of mouth.”</i> • <i>“I need to talk to another attendant so I know how we can help each other. I don’t know why I can’t talk to another attendant. Together we can do a better job. I want to be able to talk to my co-workers.”</i> • <i>“The first 12 months, people were dropping out so we assigned mentors so people would not get lost. With a mentor, they had someone to ask. That helps retain counselors so workers don’t become frustrated because they don’t know what to do. That costs time but not money.”</i> 	<p>#9: Create networking and mentor opportunities for direct service workers.</p> <p><u>Stakeholders said that networking direct service workers would be beneficial because:</u></p> <ul style="list-style-type: none"> • Being networked helps workers feel less isolated which in turn increases job satisfaction and influences them to remain on the job • Direct service workers could help recruit other direct service workers since workers tend to find their jobs by word of mouth <p><u>Stakeholders said that having a mentor would be beneficial for direct service workers because:</u></p> <ul style="list-style-type: none"> • Direct service workers could learn from each other, which in turn helps to improve the quality of care consumers receive • Having a mentor would increase a worker’s confidence in their skills which in turn increases the chance that the worker will stay with the job

Table 5-2. Support - Establish direct service worker job standards

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“Maybe there’s a high turnover because there’s no guidelines, no job description...that’s the consumer’s responsibility. The worker doesn’t know what to expect. They need guidelines from the employer.”</i> • <i>“Sometimes, families think the caregiver is the caregiver for the entire family and that’s not the case!”</i> • <i>“You get a broom and you get a blood pressure cuff and you say, ‘I’m a caregiver not a housekeeper’. Make the guidelines up front. You have the list of what the caregiver provides so the family knows...”</i> • <i>“The agency doesn’t want to be sued but they never talk about how the consumer treats the worker. The consumer needs to be trained too.”</i> • <i>“The state has a budgeted line item for nurses, why not direct service workers? This lack of funding substantiates the lack of identity. Build an identity for the direct service worker and provide structure.”</i> 	<p>#10: Establish direct service worker job standards.</p> <p>Stakeholders cited a lack of standardized job descriptions and required training as a barrier to both recruiting and retaining a DSW in Texas. Focus group participants said that lack of a job description and training standards create confusion regarding the direct service worker’s role and consumer expectations. They said that having state-level work and training standards which describe essential tasks involved and qualifications and skills required would help to clarify expectations for both the worker and consumer. They also said that some consumers mistakenly expect the direct service worker to help with cooking and cleaning even when the worker is only supposed to provide direct care.</p> <p>Stakeholders further said that training should not be limited to direct service workers but should also be extended to consumers. Focus group participants said that like the consumer, a direct care worker should have certain rights too. As an example, stakeholders said that too often, families incorrectly perceive the direct service worker as being available to help the entire family, not just the consumer.</p> <p>Stakeholders said that creating a DSW “book of rights” would help to clarify the direct service worker’s role and consumer expectations.</p> <p>Stakeholders agreed that creating both state-level job and training standards and a DSW Book of Rights would help to clarify the direct service worker’s role and improve the paraprofessional status of direct service workers across the state.</p>

Table 5-3. Support - Provide realistic job preview for potential direct service workers

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“People don’t know what an attendant care person really is and what they do.”</i> • <i>“People need to know what to expect to avoid having people quit on the first day of work.”</i> 	<p>#11: Provide realistic job preview for potential direct service workers.</p> <p>Stakeholders unanimously agreed that disparity between job expectation and reality is a barrier to DSW retention. Focus group participants said that providers are constantly looking for new workers to recruit because a lot of direct service workers quit when they find out what the job actually involves. They said it was common for a worker to quit on the first day of work. Stakeholders suggested that turnover could be reduced if potential direct service workers could watch a video or CD of what the job actually involves before accepting it.</p>

Table 5-4. Support - Recognize and reward the contributions of paraprofessional direct service workers

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“We need to change the dialog from how this issue is a financial burden to how direct service workers contribute to their local economy, reduce health care expenses in institutions, etc.”</i> • <i>“A name tag would make all the difference.”</i> • <i>“Say, ‘Thank You’.”</i> • <i>“When you have your meetings, just include them in what’s going on with the agency (provider) so the workers feel a part of something. People are out there on their own but (they) need to feel a part of something.”</i> • <i>“Some (provider) agencies can get together and pay for a worker appreciation day!”</i> • <i>“Make sure every worker is recognized.”</i> • <i>“I never got a raise. When it came to bonuses, bonuses were thought of for the case managers but not once do they think of a bonus for the worker. Many times, not once did I get a thank you from the agency and yet I couldn’t get a letter of reference regarding my work so I could get another job. They said it was not allowed to get a letter of recommendation.”</i> 	<p>#12: Recognize and reward the contributions of paraprofessional direct service workers.</p> <p>Stakeholders suggested that acknowledging the DSW for their work and the important role they play in helping people live in the community would help to reduce DSW turnover. They suggested a list of specific strategies to recognize and reward the contributions of paraprofessional direct service workers:</p> <ul style="list-style-type: none"> • Acknowledgement of the DSW and the important role they play in providing LTSS in HCBS so people who are aging and those with disabilities can live in their community • Acknowledging the direct service worker as part of the provider agency (e.g., give worker a name tag or t-shirt which identifies the worker as an employee of the provider’s group) • Creating an employee of the month or year award • Recognizing workers for their years of service (e.g., 5, 10, or 15 years) with a certificate or lapel pin • Grandfathering long-time workers in recognition strategies • Organizing public recognition for workers with outstanding performance and years of service (e.g., publicly recognize worker in newsletters) • Including workers in provider meetings so workers feel less isolated • Giving every worker a small token of appreciation (e.g., hat, shirt) for reaching service milestones

Table 5-4 (continued). Support - Recognize and reward the contributions of paraprofessional direct service workers

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“Attendants don’t do this work because they want recognition or because the pay is great. They do it because they want to make a difference in someone’s life. I think that with any job, a person wants to be thanked for their efforts but also compensated. Both of these reflect the value of the work being done. Perhaps the state can initiate an Annual Award which recognized the jobs of many.”</i> 	<p>#12: Recognize and reward the contributions of paraprofessional direct service workers.</p> <ul style="list-style-type: none"> • Acknowledging special occasions (e.g., workers birthdays, anniversary of start date, etc.) • Acknowledging skill and level of effort to potential employers (e.g., provide letters of reference) • Awarding top performers (e.g., invite worker to a relevant conference, provide special parking space, etc.)

Table 5-5. Support - Improve direct service worker-consumer match

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“Sometimes the worker has a consumer far from home and they won’t travel for \$5.15/hour so they look for another job.”</i> • <i>“Match people who live closer together and you get better services because you’re not as tired when you get to the job.”</i> • <i>“Family members should not be caregivers because the emotional relationship hinders the professional relationship. When you’re in a crisis situation, you have to be level-headed, and you have to do what needs to be done but sometimes when you’re too emotionally involved, it hinders the caregiver’s judgment.”</i> • <i>“In my case, I prefer attendants who didn’t work in a nursing home because... they come with certain ways of doing things and when I tell them what and how to do it, they don’t like it.”</i> 	<p>#13: Improve direct service worker-consumer match.</p> <p>Stakeholders said that mismatch between direct service workers and consumers contributes to DSW turnover. They recommended improved matching on the following specific characteristics:</p> <ul style="list-style-type: none"> • Worker proximity to the job(s) • Worker relationship to the consumer (i.e., family vs. non-family member as caregiver) • Primary language • Personality traits • Consumer expectation • Worker skills and experience <p>Stakeholders unanimously agreed that the worker’s distance to the job played a major role in DSW turnover. They said that if the job was too far away then the worker would be less inclined to take the job because the amount of pay would not be enough to cover travel expenses to get to the job. Therefore, stakeholders suggested that closer proximity to the job would help reduce DSW vacancy and turnover and improve the quality of care the consumer receives.</p> <p>Stakeholders were split regarding having a family member as the caregiver – some said they prefer family members while others disagreed. Stakeholders who disagreed said that when family members get too emotionally involved, they’re not able to make sound decisions for the consumer. They also said that when a family member takes advantage of the consumer, the quality of care decreases because the consumer may be less likely to report a family member to an authority.</p> <p>Consumers often said that they want direct service workers to perform tasks the way the consumer wants it done, not the way the worker wants to do it or has done it in the past for other consumers.</p>

Table 5-6. Support - Improve oversight of the DSW

Stakeholder Comments	Stakeholder Recommendations
<ul style="list-style-type: none"> • <i>“Who ever you choose as your attendant, you have to make sure they keep up with the tasks and the hours they’re supposed to be there. The agency and providers need to make sure the attendant is doing the tasks they’re supposed to do.”</i> • <i>“The majority of the people who are attracted to this type of job are people in transition. Some of them don’t have good work ethics...you don’t know if you can trust them. They should be checked up on often...”</i> • <i>“Physically challenged people already have to deal with the stress of having a disability, especially the ones who are totally dependent on others for their survival. They constantly worry if the attendant will show up every day so they can get out of bed, be given a shower, or something to eat.”</i> • <i>“We need to have better monitoring to make sure the worker shows up on the job...you should have a coded, time system so you can tell if the worker shows up for work. Maybe you can match the phone number to the client’s phone number so that you know the worker is at the client’s home.”</i> 	<p>#14: Improve oversight of the DSW.</p> <p>Stakeholders across the state described the DSW and potential workforce pool as people who are in transition, inexperienced, and unskilled. Many stakeholders said that a workforce pool which includes less than ideal candidates lowers consumer satisfaction, potentially reduces the quality of care consumers receive, and decreases the perceived status of paraprofessional direct service workers in Texas.</p> <p>Stakeholders also said that direct service workers should be monitored for attendance and performance. They said this was particularly important for consumers who live in rural areas across the state. They further said that there should be a system to ensure that all consumer complaints are investigated.</p> <p>While this stakeholder recommendation does not necessarily suggest a strategy to improve DSW recruitment or retention, it does suggest a strategy to improve consumer satisfaction, quality of care, workforce standards and the perceived status of direct service paraprofessional workers in Texas.</p>

Summary

Stakeholders recommend creating a quality job for direct service workers

Paraprofessional direct service workers include an estimated 269,950 Nursing Assistants, Home Health Aides, and Personal and Home Care Aides who provide LTSS in HCBS in Texas. These workers play a critical role in the lives of older Texans and Texans with disabilities who choose to live in their community.

In order to address the anticipated “care gap” and vacancy and turnover rates of the paraprofessional DSW in Texas, stakeholders recommend offering direct service workers improved wages, benefits, hours, training, networking and mentor opportunities, worker-consumer matches, recognition, a realistic job preview, and a career ladder. Stakeholders also recommended improved access to training and job opportunities, oversight of the workforce, job standards, and improved collaboration among DSW stakeholders. In making these recommendations, stakeholders identified every element PHI recommends for creating a quality job for paraprofessional caregivers including: **compensation, opportunity, and support** ([Appendix D](#)).¹² In summary, to improve recruitment, retention, and the perceived status of the paraprofessional DSW in Texas, stakeholders recommend creating a quality job for direct service workers.

Outcomes

During FY 2006, DADS carried out the Texas DSW Initiative in response to concerns regarding the paraprofessional DSW in Texas. The goal of the Initiative was to identify both barriers and potential solutions to improving turnover of the paraprofessional DSW in Texas. DADS invited national-, state-, and local-level stakeholders to participate in the Initiative. Stakeholders addressed the goal of the initiative by making 14 overarching recommendations to improve recruitment, retention, and the perceived paraprofessional status of direct service workers who provide LTSS to people who live in HCBS ([Table 1](#)). Results of the Initiative are significant because in addition to obtaining recommendations to address DSW issues, this initiative resulted in the following noteworthy outcomes:

1. Perhaps the most important outcome is that **the Texas DSW Initiative raised awareness of DSW issues at the state, regional, and local level.**
2. **Input was provided by many different stakeholder groups** including national experts, lead agency representatives, community groups, service providers, advocates, direct service workers, consumers, and state legislative representatives. Bringing various stakeholder groups together for the first time at the local-level was an unintended beneficial outcome of carrying out this initiative.

3. **Stakeholders made very specific, actionable recommendations to address DSW issues in Texas.**
4. Because stakeholders validated DSW issues and made recommendations that mirror recommendations adopted by other states, **Texas will be able to examine the literature and identify best practices that are relevant to the 14 overarching stakeholder recommendations** from this initiative.
5. Since data collection included focus group discussions which were held in various geographic, socioeconomic, and cultural populations across the state, stakeholder input is representative of various areas across the state, not just the Austin-metro area. Therefore, **stakeholder recommendations can be generalized to the population groups included in this initiative and are not just limited to the Austin-metro area.**
6. **Stakeholders unanimously recognized that addressing DSW issues will require improved stakeholder collaboration.** Another unintended beneficial outcome of the focus group discussions was that stakeholders in the various areas – El Paso, Houston, Progreso, and San Angelo – began networking and talking about ways to work together to address DSW issues in their local area.

Next steps

In general, with respect to next steps, PHI recommends improving recruitment and retention by starting at a place where real and immediate gains can be anticipated and a long-term strategy can be built. PHI suggests that first-stage interventions target improving jobs for paraprofessional direct care workers, recognizing and rewarding workers, and building support mechanisms for low-wage workers. PHI cautions that rather than be discouraged if first attempts do not entirely fix the problem, that first-level interventions be strengthened before moving on to the next level of interventions.¹

More specifically, with respect to the Texas DSW Initiative, after DADS presented the 14 stakeholder recommendations to the DSWAC in January 2008, DSWAC prioritized them and then submitted six of the recommendations to PIAC. The six stakeholder recommendations DSWAC selected were:

- (1) Recommendation #1: Offer direct service workers a livable wage and adopt measures to ensure investment in the DSW
- (2) Recommendation #2: Offer direct service workers benefits
- (3) Recommendation #5: Make training accessible to direct service workers
- (4) Recommendation #6: Employ effective recruitment strategies including involving direct service workers in the development of Best Practices and targeted recruitment
- (5) Recommendation #10: Establish direct service worker job standards
- (6) Recommendation #12: Recognize and reward the contributions of paraprofessional direct service workers

Even though DSWAC submitted only six stakeholder recommendations to PIAC, PIAC committed to reviewing all 14 stakeholder recommendations for consideration of its own workforce recommendations to HHSC Executive Commissioner Albert Hawkins.

Further still, in September 2007, at the conclusion of the one-year technical assistance award, DADS asked the National DSW Resource Center and PHI to: (1) Examine the recommendations made by stakeholders who participated in the Texas DSW Initiative ; (2) Search PHI's database and identify strategies and Best Practices across the United States which are relevant to stakeholder recommendations from the Texas DSW Initiative; and (3) Develop a report with the list of strategies identified in PHI's database.

In November 2007, PHI sent DADS a Resource Guide which stratified DSW strategies and interventions by Texas stakeholder recommendations (i.e., Compensation, Opportunity, and Support). The guide included information regarding the state where the strategy was implemented, a brief description of the intervention, allocated resources (if known), the outcome of the intervention (if known), and contact information for staff associated with each intervention. DADS plans to review each intervention included in the Resource Guide, determine its relevance to recommendations stakeholders from the Texas DSW Initiative made, and report its findings in a future report.

Acronyms

ADL	Activities of daily living
BLS	Bureau of Labor Statistics
CDS	Consumer-directed services
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nursing Assistant
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DSW	Direct Service Workforce
DSWAC	Direct Service Workforce Advisory Committee
HCBS	Home- and other-community based settings
HHSC	Health and Human Services Commission
IADL	Instrumental activities of daily living
ID/DD	Intellectual Disability/Developmental Disability
LTSS	Long-term services and supports
MRA	Mental Retardation Authority
PHI	Professional Healthcare Institute
PIAC	Promoting Independence Advisory Committee
TWC	Texas Workforce Commission

Endnotes

1. Paraprofessional Healthcare Institute and Catholic Health Association of the United States (2003). *Finding and keeping direct care staff*. <http://www.phinational.org/publications/findkeep.pdf>.
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3. Gretchen Gemeinhardt and Christa Atkinson, *Ensuring older Texans can age at home through direct care initiatives* (Care for Elders Quality and Workforce Initiative results). <http://careforelders.org/files/DDF/Ensuring%255Folder%255FTexans%255FIssue%255FPaper.pdf>
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Appendix A. Employment and wage estimates for direct service workers, and all occupations in Texas and the United States, May 2006

Occupation Title (Occupation Code)	Employment Estimates (not including self- employed workers)		Median Hourly Wage Estimates	
	US*	TX**	US*	TX**
Personal and Home Care Aides (39-9021)	578,290	122,300	\$8.54	\$6.41
Home Health Aides (31-1011)	751,480	49,850	\$9.34	\$7.17
Nursing Aides, Orderlies, and Attendants (31-1012)	1,376,660	89,840	\$10.67	\$9.43
Healthcare Support Workers, All Others (31-9099)	185,580	7,960	\$12.98	\$11.97
TOTAL***	2,892,010	269,950	\$10.01	\$8.30
All Occupations (00-0000)	132,604,980	9,760,960	\$14.61	\$13.26

* http://www.bls.gov/oes/current/oes_nat.htm#b31-0000

** http://www.bls.gov/oes/current/oes_tx.htm#b00-0000

*** Total of direct service worker occupational codes including: 39-9021, 31-1011, 31-1012, and 31-9099

Appendix B. Wage Information for Texas

Wage Information for Texas	One Adult	One Adult, One Child	Two Adults	Two Adults, One Child	Two Adults, Two Children
Living wage for Texas (per hour)	\$7.45	\$13.63	\$10.72	\$15.52	\$19.22
Minimum wage (per hour)	<u>\$5.85</u>	<u>\$5.85</u>	<u>\$5.85</u>	<u>\$5.85</u>	<u>\$5.85</u>
Poverty wage (per hour)	<u>\$4.73</u>	<u>\$6.38</u>	<u>\$6.03</u>	<u>\$7.43</u>	<u>\$9.39</u>

Wages that are less than the living wage are underlined.

Source: Living Wage Calculator, <http://www.livingwage.geog.psu.edu/results.php?location=43>

Appendix C. DSW Focus Group Questions

Recruiting direct service workers:

1. What efforts have been successful in recruiting direct service workers? How can we expand or build upon these promising practices?
2. What current barriers exist to connecting potential direct service worker employees to employers?
 - a. To what extent can the Attendant Network registry address these barriers?
 - b. What can be done to increase use of the Attendant Network registry by workers? By employers?
 - c. Besides the Attendant Network registry, are there other ways of connecting prospective workers with potential employers?

Training opportunities for direct service workers:

3. What is the role of training in promoting the skills and qualities you want to see in the direct service workforce?
4. If we were to develop a formal training program for direct service workers, what skills and competencies should it teach?
 - a. Should training be mandatory?
 - b. Who should provide training?
 - c. Is there a role for advanced specialty training? If so, in what subject areas?
5. What barriers do direct service workers face in accessing training (not on the job training) and how can we overcome or lessen them?
6. How can we ensure linkages between training programs and employers?
7. What specific ways would you recommend direct service workers be notified that training is available?
8. In consumer directed programs, how do you strike an appropriate balance between consumer control and worker competency and skill development? Is there a way to create a partnership between consumers, workers, and training programs?

Appendix C (continued). DSW Focus Group Questions

Retaining direct service workers:

9. What types of professional supports would you like to be made available to you?
 - a. What specific benefits would you like to be made available to you?
 - i. How much would you be willing to pay for those benefits?
 - b. Full-time work?
 - c. Peer mentoring? Connection to other Direct Service Workers?
 - d. What other supports would you like? (e.g., childcare, transportation, affordable housing)

10. What specific kinds of recognition would be meaningful to help enhance the perception of direct service workers as a professional career choice?
 - a. Professional credentialing? National certification? Other?
 - b. What would opportunities for advancement look like? Training?

Appendix D. Comparison of Texas stakeholder recommendations with “The Nine Essential Elements of a Quality Job.”¹²

Texas DSW Initiative: Stakeholder Recommendations to Improve Recruitment, Retention, and the Perceived Status of Paraprofessional Direct Service Workers in Texas	The Nine Essential Elements of a Quality Job: “To ensure that all paraprofessional workers are able to provide the highest-quality care to all long-term care consumers” ¹²
COMPENSATION	COMPENSATION
1. Offer livable wage and adopt measures to ensure investment in the DSW	1. Family-sustaining wages*
2. Offer direct service worker benefits	2. Affordable health insurance and other family-supportive benefits
3. Offer direct service worker 40 hours work per week	3. Full-time hours , if desired, stable work schedules, balanced workloads, and no mandatory overtime
OPPORTUNITY	OPPORTUNITY
4. Offer DSW training	4. Excellent training that helps the worker develop and hone all skills – both technical and relational – necessary to support long-term care consumers
5. Make training accessible to the DSW	5. Participation in decision making , acknowledging the expertise that paraprofessional workers contribute, not only to workplace organization and care planning, but also to public advocacy
6. Ask long-time workers to help develop best practices to recruit and retain direct service workers	6. Career advancement opportunities
7. Improve stakeholder collaboration to address DSW issues	SUPPORT
8. Offer DSW career ladder	7. Linkages to both organizational and community services, as well as to public benefits, in order to resolve barriers to work
SUPPORT	8. Supervisors who set clear expectations and require accountability, and at the same time encourage, support and guide each paraprofessional worker
9. Create DSW networking and mentor opportunities	9. Owners and managers willing to lead a participative, on-going “quality improvement” management system-strengthening the core care giving relationship between the long-term care consumer and the paraprofessional worker
10. Establish DSW job standards	
11. Provide realistic job preview for potential DSW candidates	
12. Recognize and reward the contributions of paraprofessional direct service workers	
13. Improve direct service worker-consumer match	
14. Improve oversight of the DSW	

*"Family Economic Self-Security" standard, authored by Wider Opportunities for Women, at <http://www.sixstrategies.org/sixstrategies/selfsufficiencystandard.cfm>