



Metro Regional Quality Council: Support Staff Qualitative Data Analysis

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Table of Contents

In this Report:	3
Current Status of the Support Staff Shortage in Minnesota	3
Data Collection: Person-Centered Quality Reviews Support Staff Section	3
Person-Centered Quality Review Procedure	4
Person-Centered Quality Review Follow-up Protocol:	5
Person-Centered Quality Review Results	5
Demographics:	5
Support Staff Ranking Question:	6
Support Staff Open-Ended Questions:	6
Demographic Specific-Analysis	8
Demographic-Specific Best Practices:	9
Demographic-Specific Challenges/Barriers	10
Demographic-Specific Challenges/Barriers - Ranking Question	10
Discussion	11
Recommendations	12
Next Steps:	13
Appendix	14
Appendix A: Waiver Types	14
Appendix B: Interview Tool: Cheat Sheet	15
References	18

In this Report:

This report will outline the current status of support staff for people with disabilities and will cover support staff data, best practices, and challenges/barriers collected by the Metro Regional Quality Council (MRQC). The MRQC collected this information through a literature review and our Person-Centered Quality Reviews. The report will discuss the review process and results, and will conclude with recommendations and the next steps for the Metro Regional Quality Council (MRQC) within the support staff shortage.

Current Status of the Support Staff Shortage in Minnesota

Minnesotans with disabilities and older persons in need of long-term services and supports rely on direct support workers (DSWs) to have a life based off their wants and needs. DSWs in Minnesota are primarily women (78 percent) with an average age of 43 years old.³ Looking at Minnesota as a whole, the direct support workforce is more diverse than Minnesota’s population. DSWs have many roles and are known by many job titles (e.g., Direct Support Professional (DSP), Personal Care Assistance (PCA), Job coach, etc.).³ For the purpose of this report, support staff will be the term used. The skills that support staff bring to their jobs are vital to people with disabilities being able to live and participate in their communities.

The direct care workforce is large. It is one of the highest-demand and anticipated growth sectors in the United States and Minnesota. One significant barrier that affects this growth sector is direct support staff turnover. According to the Minnesota Direct Support Worker Survey (2019), the turnover rates in Minnesota for organizations that employ direct support workers is 39 percent, compared to the national average of 51 percent.⁴ Low wages, unaffordable benefits, limited training, and lack of career advancement opportunities make this work undesirable by some potential workers and unsustainable by existing workers.³

These challenges impact people with disabilities, their families, employers, and service providers who are finding it increasingly difficult to find and keep high quality support staff. Expansion of this workforce is impossible without significant improvements in worker recruitment, retention, and turnover prevention.

Data Collection: Person-Centered Quality Reviews Support Staff Section

The Metro Regional Quality Council conducted 240 Person-Centered Quality Reviews between November 2017 and January 2020. Quality Reviews are interviews with people about their quality of life. The reviews asked about choice and control in different topic areas such as:

- Housing
- daily routine
- community involvement
- employment
- relationships
- support staff
- safety, transportation, case management
- future life planning
- services and supports
- hopes, dreams and goals

Person-Centered Quality Review Procedure

Data scientists from the Department of Human Services (DHS) randomly selected interview participants and transferred their information into the Regional Quality Council's secure database, Agile Apps. To qualify to be in the random sample, a person must meet the following qualifications:

- County of Fiscal Responsibility (CFR) is within Hennepin, Scott, or Dakota counties;
- Are 14 years old or older;
- Receiving Home and Community-Based Services (HCBS) but are not strictly on the Elderly Waiver

From Agile Apps, MRQC staff randomly selected between 50 and 100 participants each week to invite to participate in the Quality Reviews. MRQC sent participants "Selected for Interview" letters and, if necessary, a "Selected for Interview Guardian" letter to guardians. An example of the selection letter can be provided upon request of the MRQC Project Manager. The initial contact attempt also contained an informational brochures that informed the participant and their supports about the MRQC and what the interview process entailed. MRQC staff or interns followed up the letter with one to two phone calls to each participant (if the phone number on Agile Apps was accurate). Each contact attempt and response was recorded in the Agile Apps database.

During the Quality Review process, there were two Quality Reviewers: one to lead the interview and one to take notes. After an introduction and overview of the process, the reviewers asked questions within the ten topic areas relating to quality of services and overall quality of life. The purpose of these interviews were to be conversational and to record the thoughts and experiences of the interviewee. As a result, the specific questions within each topic vary depending on the interviewee and the Quality Reviewer. However, for each of the ten topics there are one to two ranking questions (unless the interviewee refused). The interview tool used to support the Quality Reviewers can be found in Appendix B.

Once the interview was complete, both reviewers were responsible for revising and editing the notes for accuracy. After both reviewers reviewed and approved the notes, they were uploaded into Agile Apps. A full summary of the interview was sent to the interviewee, along with an interviewee feedback form. The feedback form aimed to gather information on how the experience was for the interviewee and if there were any areas within the process that needed improvement. The feedback allowed MRQC staff to evaluate the Quality Review procedure and lead to changes in the process as well as trainings for MRQC staff, interns, and/or volunteers. The interviewee feedback form can be made available upon request.

Person-Centered Quality Review Follow-up Protocol:

Directly after the interview, the Quality Reviewers gave a resource list to the interviewee that contained information about the project, general resources, housing resources, crisis resources, the Office of the Ombudsman, and community advocacy and support resources. After the interview, Quality Reviewers highlighted any relevant resources that could potentially help the interviewee based on what was shared during the interview. When explaining the resource list, the Quality Reviewers encouraged interviewee to contact the project manager with any questions or concerns that may have come up after the interview. The interviewee was also encouraged to reach out to the Project Manager if there were any mistakes or missed information in the full summary of their interview. This final review by the interviewee allowed for a third check for accuracy (the first two checks being from each Quality Reviewer).

The interviewees were invited to use their summary to help direct changes in their services or use it as a tool to advocate for themselves with their support team or family. Multiple copies of the summary could be sent to the interviewee if they wanted to share it with others. The interview summary could also be sent to different members of the interviewee’s support team, if requested.

Person-Centered Quality Review Results

Demographics:

Table 1: Sex	n
Female	114
Male	126
<i>Total</i>	<i>240</i>

Table 1: Sex breakdown of Quality Review

Table 2: Race	n
Asian	7
Black / African American	61
American Indian / Alaskan Native	1
White	161
Unspecified or Unknown	10
<i>Total</i>	<i>240</i>

Table 2: Race of Quality Review participants

Table 3: Service Agreement Type	n
Alternative Care (AC) Waiver	6
Brain Injury (BI) Waiver	6
Community (CADI) Waiver	125
Developmental Disabilities (DD) Waiver	63
Elderly Waiver (EW)	2
Essential Community Supports	2
Home Care	36
<i>Total</i>	<i>240</i>

Table 3: Service agreement type of Quality Review participants

Note: A list of the service agreement types, their acronyms, and an explanation of each waiver type can be found in Appendix A.

Support Staff Ranking Question:

All Quality Review participants were asked to rank, “To what degree do you feel your staff treat you with respect?”

The rankings options are as follows:

- None: No control - control 0% of the time
- Some: Less than half control - control 50% of the time or less
- Most: More than half control - control 51% of the time or more
- Full-Full control - control 100% of the time
- Not Applicable (N/A) - Does not apply to the person

The results to the question, “To what degree do you feel your staff treat you with respect?”:

Table 4: To what degree do you feel your staff treat you with respect?	
Ranking Choices	Percentages (%)
Full	58
Most	28
Some	10
None	1
Not Applicable (N/A)	3

Table 4: participant’s responses to the question, “To what degree do you feel your staff treat you with respect?”

Support Staff Open-Ended Questions:

In addition to the ranking questions, participants were asked open-ended questions to gather a more detailed understanding of their experiences and relationships. For the purpose of this report, the notes of the support staff section of the Person-Centered Quality Reviews were analyzed. The notes were categorized and coded based on how they fell into the following categories:

- **Best practices** included any responses from participants that mentioned a positive experience with staff or positive traits of support staff.
- **Challenges/Barriers** included any responses from participants that mentioned a negative experience with or trait of support staff.
- **The notable mentions** included anything that was a more severe negative consequence of bad staff. Instances of abuse or neglect by staff are often underreported, so this category includes participants who have chosen to share their experiences of abuse or neglect.

Table 5: Best Practices working with Support Staff (Reported by People with Disabilities)			
Best Practices	Count	Cases	Cases (%)
Staff treats person with respect	171	137	57%
Staff is helpful	122	97	40%
Good relationship with staff	80	72	30%
Staff are friendly, caring and trustworthy	50	47	20%
Go on outings in the community	29	28	12%
Staff listens, attentive, responsive needs	129	122	50%
Good communication with staff and supervisors	43	41	17%
Person has control who staff are	4	4	2%
Staff well trained and have a flexible schedule	14	14	6%
Person had the same staff for 2 years or more	52	49	20%
Staff provides transportation/runs errands for person	14	14	6%

Table 5: Best Practices working with Support Staff reported by People with Disabilities

Table 6: Challenges/Barriers working with Support Staff (Reported by People with Disabilities)			
Challenge/Barrier	Count	Cases	Cases (%)
Staff shortage, turnover and low wages	80	70	29%
Disrespectful staff	35	32	13%
Staff do not listen and not trustworthy	22	21	9%
Staff not proactive/attentive	34	27	11%
Poor training and lack of flexibility	38	36	15%
Staff cancelling or no showing	16	14	6%
Poor communication with staff and supervisors	26	23	10%
Lack of independence for person	18	16	7%
No/limited community outings	4	4	2%

Table 6: Challenges/Barriers working with Support Staff reported by People with Disabilities

Table 7: Support Staff Treating People they Support with Respect (Reported by People with Disabilities)	
Best Practices	Barriers
<ul style="list-style-type: none"> • Treats person with respect • Staff is helpful • Good relationships with staff • Staff listens; is attentive, responsive • Good communication • Goes on community outings 	<ul style="list-style-type: none"> • Staff turnover/shortage • Staff is disrespectful • Staff is not proactive • Poor communication • Staff having limited time • Staff is poorly trained

Table 7: list common best practices and barriers to support staff treating people who they support with respect

Table 8: Notable Mentions working with Support Staff (Reported by People with Disabilities)			
Notable Mention	Count	Case	Cases (%)
Theft by staff	4	4	2%
Had to report staff (MAARC)	4	4	2%
Abuse by staff	3	3	1%
Staff fired as result of abuse	2	2	1%
Having to train staff	2	2	1%
Hospitalized as result of negligence/being untrained	1	1	0.4%

Table 8: Notable Mentions working with Support Staff reported by People with Disabilities

Demographic Specific-Analysis

In this section, demographic make-ups of those who responded with a best practice or a challenge/barrier were compared with the demographic make-ups of the total study sample. The purpose of this analysis was to see if there were any disproportionate representation in best practices or challenges/barriers.

A disproportionate representation occurs when a specific group of people report a certain experience at a higher frequency than what is expected. To calculate disproportionate representation, we took the number of people in a specific group within a category/experience and divided that by the total amount of people in that category/experience. It is important to highlight disproportionate representations in this work because it allows us to evaluate challenges/barriers that may be more prevalent to a certain group of people. This way, we are considering not just ability status, but also how this intersects with race, sex, and even disability or waiver type to present unique challenges to those who share multiple historically marginalized identities.

$$\text{Disproportionate percentage} = \left(\frac{\text{Number of people in a specific group with the category}}{\text{Total number of people within the category}} \right) * 100$$

Some tables in this section are organized by service agreement type. A list of the service agreement types and their acronyms are below and an explanation of each waiver type can be found in Appendix A.

BI	Brain Injury (waiver program)
CADI	Community Access for Disability Inclusion (waiver program)
DD	Developmental Disabilities waiver

Demographic-Specific Best Practices:

Table 9 below outlines the best practices that were disproportionately reported by people on specific service agreement types while Table 10 outlines by group such as race or sex.

Table 9: Best Practices Disproportionate Representation by Service Agreement Type		
Best Practice	Service Agree Type	Disproportionate Representation (%)
Able to talk to supervisor	CADI	72%
Attentive/Responsive	CADI	70%
Good relationship with staff	DD	50%
Had same staff for 2 years+	DD	44%
Provides transportation	DD	50%
Community Outings	CADI	70%

Table 9: Best practices analyzed for disproportionate representation by service agreement type

Table 10: Best Practices Disproportionate Representation by Group		
Best Practice	Group (Race or Sex)	Disproportionate Representation (%)
Caring staff	Female	70%
Flexible staff	Female	88%
Flexible staff	Black or African American	57%

Table 10: Best practices analyzed for disproportionate representation by group

Main Takeaways for Demographic-Specific Best Practices

- People utilizing Community Access for Disability Inclusion (CADI) waivers were disproportionately overrepresented in the best practices of *able to talk to supervisor* and *community outings*.
- People utilizing Developmental Disabilities (DD) waivers were found to be disproportionately overrepresented in the best practices of *control of who staff is*, *good*

relationship with staff, had same staff member for 2 years+, and provides transportation.

- Females were found to be disproportionately overrepresented in the Best Practices of *caring* and *flexible staff*.
- Black or African American participants were found to be disproportionately overrepresented in the best practices of *flexible staff*.

Demographic-Specific Challenges/Barriers

Table 11 below outlines the challenges/barriers that were disproportionately reported by people on specific service agreement.

Table 11: Challenges/Barriers Disproportionate Representation by Service Agreement Type		
Barrier/Challenge	Service Agree Type	Disproportionate Representation (%)
Does not trust staff	CADI	80%
Not Proactive/Responsive	CADI	80%
Inadequate weekend support	DD	80%
Staff shortage	CADI	73%
Staff turnover	DD	40%
Wants more independence	BI	20%

Table 11: Challenges/Barriers analyzed for disproportionate representation by service agreement type

Main takeaways for Demographic-Specific Challenges/Barriers

- People utilizing Community Access for Disability Inclusion (CADI) waivers were disproportionately overrepresented in the barriers or challenges of *does not trust staff*, *not proactive/responsive*, and *staff shortage*.
- People utilizing Developmental Disabilities (DD) waivers were disproportionately overrepresented in the barriers or challenges of *inadequate weekend support* and *staff turnover*.
- There was also a disproportionate over representation of Brain Injury (BI) waivers in the barriers or challenges of *wants more independence*.

Demographic-Specific Challenges/Barriers - Ranking Question

The ranking question, “To what degree do staff treat you with respect?” was also analyzed for demographic trends. Results of the support staff ranking question below are organized by ranking options.

- Black or African American people were disproportionately represented in the categories of some or none. Black or African Americans made up 50% of these cases, although they only made up 25% of the total study sample.

- A disproportionate representation of females was also found in the categories of some or none. Females made up 70% of these cases, although they only made up 47% of the total study sample.
- There was no association between Service Agreement type and levels of respect reported.

Discussion

The Metro Regional Quality Council recognizes that systemic disparities leads to lower quality of life for certain groups of people. For the MRQC to gain a better understanding of how these inequitable systems affect people who receive direct support services, we analyzed our support staff data noting challenges/barriers that were disproportionately represented by a particular group such as sex, race or service agreement type. Our results yielded that female, Black, and African American people who receive support staff services are at an increased chance of experiencing inequitable services that may negatively affect their quality of life.

Data collected by the MRQC found in the challenge/barrier categories that females were more likely to have theft by staff, staff no showing, and unresponsive staff. Black or African American people receiving services were more likely to have staff no show and staff having limited time to complete the needed services. This data shows that females and Black or African American people receive lower quality and inequitable services from their support staff. These negative experiences could result from a magnitude of factors such as implicit bias held by support staff and the companies that staff them, or lack of resources for groups receiving services. This data indicates the strong need for significant improvements in the recruitment and retention of high quality support staff.

When working on strategies to improve recruitment and retention of staff, emphasis and focus should be on improving the quality of experiences for those who utilize support staff services.

Recommendations

Support Recruitment and Retention Efforts

Maintaining an equitable workforce of quality support staff for Minnesotans with disabilities can be a challenge, especially during times of lower unemployment. Recently, The Department of Human Services published the *Recruitment and Retention in Supports for Minnesotans with Disabilities toolkit* to address the support staff shortage for providers and people who hire their own support.¹

Recruitment, retention, and turnover prevention strategies that can be of assistance include:

- Use a range of effective and non-traditional strategies to reach potential employees
- Use Behavior Trait Interviewing; Behavioral-trait interviewing uses interview questions that not only ask about work experience, but also about more general life experiences
- Supporting state and local legislation that increases wages and benefits for direct support staff
- Direct Support Professionals (DSPs) participate in person-centered planning/thinking training opportunities
- Track Direct Support Professional (DSP) turnover and tenure organization wide
- Track financial and non-financial cost of support staff turnover
- Have an effective onboarding and competency-based training system for new hires; onboarding includes getting to know people who receive supports, coworkers and the organization
- Have many ways to reward and recognize employees for excellent support and performance

Creative Thinking for Supports and Staffing

People report better outcomes and experience more success when they, a case manager, and/or family member finds creative solutions to the support staff shortage. Dedication and follow through from the case manager or other supports are also necessary to get solutions identified, funded, and put into practice. One promising way people are creatively fill their support staff needs is through natural supports.

Natural supports are supports and relationships that are developed in natural environments such as the family, school, work and community. These relationships and the support and assistance they offer, maintain and enhance the quality and security of life for people with disabilities.²

Person-Centered Practices as the Expectation

Person-centered practices indicate respect, foster positive relationships, and improve overall quality of life. Service recipients and family members should be informed of person-centered practices in ways that gives them the knowledge and language to advocate for themselves, understand their rights, and promote autonomy and self-determination. All support staff should be trained in and practice person-centered principles and thinking. Specifically, staff and supports should:

- Facilitate choice and participation in meal preparation and planning, with special emphasis placed on taste and cultural preferences.
- Foster an environment with clear and respected professional boundaries.
- Encourage independence and autonomy within relationships. This may look like, but is not limited to welcoming visitors without time restrictions, allowing private phone calls/not screening communications, unrestricted access to technology that cultivates relationships, and increasing transportation options.
- Respect and follow one's personal life pace and routine. Activities, treatments, meals, etc. should be scheduled in ways that fit into their life pace rather than disrupting it.
- Respect one's personal space and privacy.

Next Steps:

Based on the analysis of the support staff section of the Person-Centered Quality Reviews, the MRQC is working to change the quality life for people with disabilities by improving the recruitment and preventing the turnover of high quality staff.

The council has started this work by:

- Completing a needs assessment to understand the current status of the support staff shortage within Minnesota
- Reviewing all active legislation relating to support staff, followed through the legislative process, and provided support for various pieces of legislation when the need arose
- Further identifying the sub category we will focus on: "Building Viable Careers"
- Developing a technical assistance project to support provider agencies assess their current practices and give them actionable steps and resources to better recruit and retain quality support staff.

Barriers to quality staffing has the potential to affect all aspects of life for people with disabilities. The Metro Regional Quality Council is working to improve access to, and reduce turnover of, high quality support staff for people with disabilities.

Appendix

Appendix A: Waiver Types

Alternative Care (AC) Waiver – State-funded cost-sharing program that supports certain home and community based services for individuals age 65 and over. This program provides services to prevent and delay transitions to nursing facility level of care. The program prevents the impoverishment of eligible seniors and shares the cost of care with clients by maximizing use of their own resources.

Brain Injury (BI) Waiver - Provides funding for individualized supports for individuals with brain injury. Individuals must require the level of care provided in a nursing home or neurobehavioral hospital.

Community Alternative Care (CAC) Waiver - Provides home and community-based services to children and adults who are chronically ill or medically fragile and require the level of care provided in a hospital. These services are an alternative to institutionalization.

Community Alternatives for Disabled Individuals (CADI) Waiver – Provides funding for individuals with disabilities who live in the community but require a nursing home level of care.

Developmental Disabilities (DD) Waiver - Provides funding for home and community-based services for children and adults with developmental disabilities or related conditions.

Essential Community Supports – Available for those who need services to live in the community and meet certain eligibility rules. It is designed for people who do not need the level of care provided in a nursing home. You may qualify for up to \$424 a month for services and supports.

Elderly Waiver (EW) – Funds home and community based services for people age 65 and older who are eligible for Medical Assistance (MA) and require the level of care provided in a nursing home, but choose to reside in the community.

Home Care Services - Covers the following services: skilled nurse visits, home health aide (HHA) visits, home care nursing (HCN), home care therapies. Members are eligible under Medical Assistance, Minnesota Care, or Waivered Service Programs.

Appendix B: Interview Tool: Cheat Sheet

Housing

- 1a. How much control do you have over your living situation?
 1b. How much control would you like to have over your living situation?
- *Where do you live?*
 - *What do you like best about where you live?*
 - *Do you live with other people? If so, with how many?*
 - *Did anyone ask you who you'd like to live with?*
 - *Do you like the people you live with?*
 - *Would you rather live with someone else?*
 - *Can you make changes in who you live with?*

Daily Routine

- 2a. How much control do you have over your daily routine?
 2b. How much control would you like to have over your daily routine?
- *When do you usually have your meals?*
 - *What do you usually do on a weekday?*
 - *When do you have meals? Who decides when and what you eat?*
 - *Who decides when you go to sleep?*
 - *Who decides when you go shopping?*
 - *How much time do you have your daily routine for fun?*
 - *Can you change your daily routine?*

Employment

- 3a. How much choice do you have over whether or not you are working?
 3b. To what extent do you feel your job meets your needs?
- *Do you have a job? If yes, what do you do?*
 - *Do you like your job? What do you or don't you like about your job?*
 - *How would you describe your ideal job?*
 - *Do you know of any other job you really want?*
 - *Does anyone talk to you about your job and other jobs you would be good at?*

Community

- 4a. How much control do you have over things you enjoy doing outside of your home?
 4b. How much control would you like to have over things you enjoy doing outside of your home?
- *Do you do things for fun outside your home?*
 - *Are the things you do for fun outside your home what you enjoy?*
 - *Would you like to do things for fun outside your home more often?*
 - *When do you usually do things for fun outside of your home?*
 - *With whom do you usually do things outside of your home?*
 - *Who chooses the things you do fun outside of your home?*

Relationships

- 5a. How much control do you have over the amount of time you spend with people you care about (family and/or friends)?
 5b. How much control would you like to have over the amount of time you spend with people you care about (family and/or friends)?

- *Do you have family? Do you spend time with your family? If so, how much/often?*
- *Do you have any friends? Who are your friends?*
- *Do you spend time with your friends? If so, how much/often?*
- *Do you get to spend the time you want with your friends and/or family? Would you like to have more time?*
- *Are there family or friends you would like to see that you currently do not?*

Transportation

6. To what degree is transportation available when you want to go somewhere?
- *How do you get to places you need or want to go?*
 - *Can you usually get to places when you need to and want to?*
 - *Is there anything you would like to change about your transportation?*
 - *Does your transportation come on time?*
 - *Are there any places you want to go, but don't have transportation?*
 - *If you decide to go somewhere at the last minute to go somewhere important to you, can you get there?*

Support Staff

7. To what degree do staff treat you with respect?
- *Do staff listen and talk to you?*
 - *Do staff pay attention when you want to say something to them?*
 - *Do staff take action if you have a request?*
 - *Do staff treat you with respect? Describe.*
 - *Do staff ignore you?*
 - *Do staff raise their voice at you?*

Safety

8. To what degree do you feel safe?
- *Do you feel safe with the people in your life?*
 - *Is your home, workplace, and/or neighborhood safe?*
 - *Have you ever been afraid in your neighborhood? If so, why?*
 - *Have you ever been afraid in your house/apartment? If so, why?*
 - *Have you ever been afraid at work/day program?*
 - *Do you know your rights? Do you feel you are being respected?*

Case Management

9. To what degree does your case manager explain your services in a way that you can understand?
- *Do you have a case manager?*
 - *How often do you talk to your case manager?*
 - *Has your case manager explained services to you?*
 - *If yes, did you understand your services when they were explained to you?*
 - *What could your case manager have done differently for you to understand your services better?*

Services and Supports

10a. To what degree are your services helping you meet your wants?

10b. To what degree are your services helping you meet your needs?

- *What services/supports do you receive?*
- *Do the services/supports help you in the house and in the community? How?*
- *What service/supports help you the most?*
- *What services/supports you wish you had?*
- *Are there any changes you would like make to your services to make your life better?*

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