



Metro Regional Quality Council: Support Staff Quality Improvement Report

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In this Report:

This report will outline the status of the direct care workforce for people with disabilities in Minnesota 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 Person-Centered Quality Reviews and surveys. The report will end with a discussion of the findings, state and local recommendations to improve experiences for people with disabilities, and next steps for the MRQC.

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 support staff to have a life based off their wants and needs. Considering Minnesota as a whole, the direct support workforce is more racially diverse than Minnesota's population. Support staff have many roles and are known by many job titles (e.g., Direct Support Workers (DSW), Direct Support Professional (DSP), Personal Care Assistance (PCA), Job coach, etc.).¹ 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 support staff 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 is the high turnover of support staff. 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.² Low wages, unaffordable benefits, limited training, and lack of career advancement opportunities make this work undesirable for some potential workers and unsustainable for existing workers.

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 Method 1: Person-Centered Quality Review Analysis- 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
- Services and supports

"To improve the quality of services and supports for people with disabilities"

Person-Centered Quality Review Procedure

Data scientists from the Minnesota 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 met the following qualifications:

- County of Fiscal Responsibility (CFR) within Hennepin, Scott, or Dakota counties;
- 14 years old or older;
- Receives Home and Community-Based Services (HCBS) but 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.

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 varied depending on the interviewee and the Quality Reviewer. However, for each of the ten topics there were one to two ranking questions (unless the interviewee refused). The interview questions can be found in Appendix C.

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, a full summary of the interview was sent to the interviewee to ensure accuracy.

Person-Centered Quality Review Demographics:

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

Table 1: Sex breakdown of Quality Review participants

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.

Person-Centered Quality Review Questions:

During the Person-Centered Quality Reviews, interviewers asked ranking questions and open-ended questions, which resulted in gathering two types of data: quantitative and qualitative data.

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: Control 100% of the time
- Not Applicable (N/A) - Does not apply to the person
-

Person-Centered Quality Review Quantitative Results:

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
Total	100

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

Demographic-Specific Analysis- Challenges/Barriers

The ranking question, “To what degree do staff treat you with respect?” was also disaggregated by race, sex, and service agreement types to identify 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 the responses, 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 the responses, although they only made up 47% of the total study sample.
- There was no association between Service Agreement type and levels of respect reported.

Person-Centered Quality Review Qualitative Results:

During the Quality Reviews, interviewers asked the participants open-ended questions to get a better understanding of their experiences. The participants’ responses were analyzed using QDA Minor.

This software aided in a common practice, called systematic coding, where phrases or terms are coded into categories to identify relevant patterns.

The responses were categorized 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.

Note: These qualitative questions were not the same every time, which will be reflected in the results. Frequency of experiences are likely underreported in this section.

Table 5: Best Practices working with Support Staff (Reported by People with Disabilities)			
Best Practices	Count	Cases	Percentage (%)
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 to 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	Percentage (%)
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	Cases	Percentage (%)
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 of the qualitative results, the demographic make-up of those who responded with a best practice or a challenge/barrier were compared with the demographic make-up 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.³ 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 disability, but also how this intersects with race and sex to present unique challenges to those who share multiple historically marginalized identities.

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

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 go on 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 disproportionally 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*.

Data Collection Method 2: Support Staff Recruitment and Retention Assessment

In the fall of 2020, the MRQC collaborated with two provider agencies in the Metro area to assess and improve their current practices in the area of staff recruitment, retention, and turnover strategies.

To support this work, the MRQC utilized the Recruitment and Retention in Supports for Minnesotans with Disabilities toolkit published by the Department of Human Services (DHS). This toolkit suggests that using best practices in recruitment, even when there are tight labor markets, can improve the number and quality of applicants⁴. This toolkit offers a variety of strategies that can be of assistance in the area of recruitment, retention and cost of turnover.

Survey Procedure

To gather holistic and well-rounded data from all involved stakeholders, the MRQC developed three surveys to be distributed to support staff, agency leadership, and service recipients. These surveys asked various questions about staff recruitment and retention practices as well as job satisfaction. Provider agencies distributed surveys electronically to all groups through email. Participants were given three weeks to complete the surveys. Individual answers were anonymous and participants received a \$15 Amazon gift card for their time.

MRQC staff also offered a focus group alternative for service recipients who did not or could not fill out the survey; though, there was no interest. Some service recipients filled out surveys with assistance from support of staff.

Demographics:

A total of 265 people were surveyed for this project. The breakdown of people surveyed can be found in Table 12 below.

Table 12: People Surveyed			
Leadership	Support Staff	Service Recipients	Total
25	219	21	265

Table 12: Sample size (n) of each survey and the overall response total

The surveyed leadership and support staff self-reported their position titles. The position titles are listed below:

- Program Manager
- Regional Director
- Assistant Program Manager
- Direct Support Professional
- Advanced Assistant Program Manager
- Advocate
- Advanced Direct Support Professional
- Support Director
- Human Resource Manager
- Human Resource Assistant
- Nurse

Results and Recommendations

This section will review the combined results of the surveys and highlight best practices and areas for improvement as reported by leadership, support staff, and service recipients.

It is important to note these results and recommendations are focused on actionable changes. Therefore, there will be limited reporting on wages, income, and benefits. Support staff have historically reported being underpaid and generally unsatisfied with wages and benefits but the legislative and systems changes necessary to achieve those outcomes is outside the scope of this report.

The results are divided into three main categories: Recruitment and Hiring, Training and Onboarding, and Retention Practices.

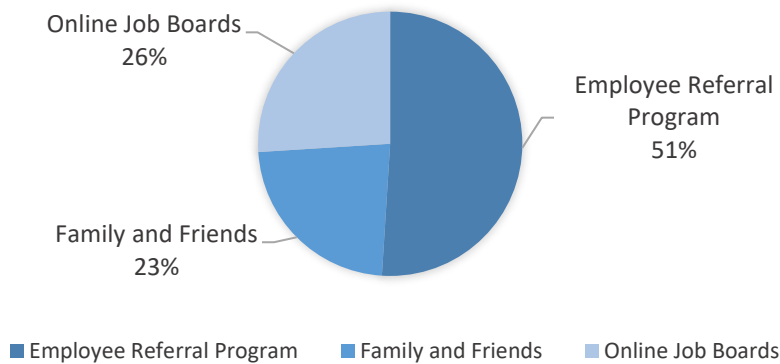
Recruitment and Hiring

Advertising Positions

Of the 219 support staff surveyed, we found that 74% found out about their job through the employee referral program or informally through word of mouth from family/friends. The other popular avenue for finding their job was through online job boards.

Results are illustrated in Figure 1 below:

FIGURE 1: HOW STAFF FOUND OUT ABOUT JOB



Realistic Job Previews:

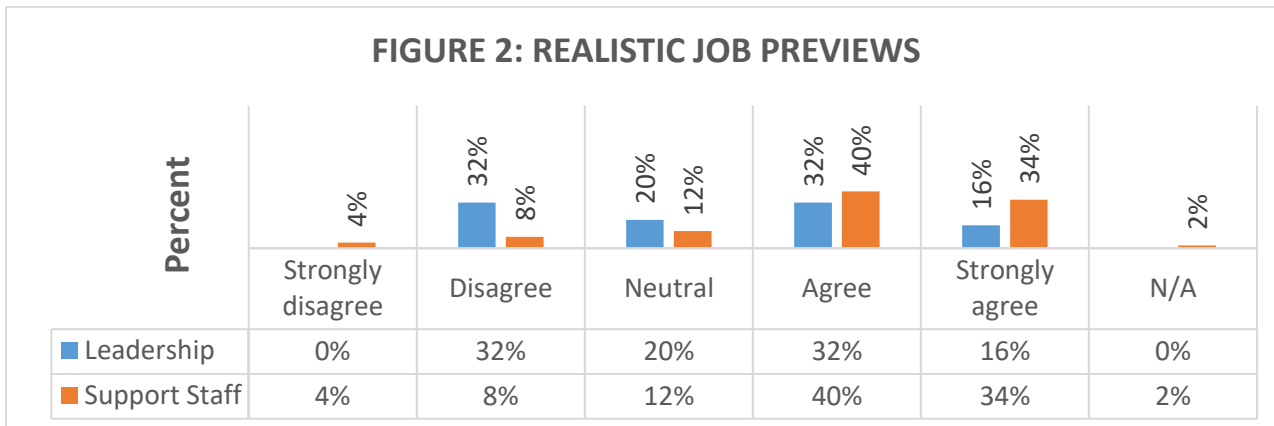


Figure 2 illustrates the different responses by support staff and leadership when asked if job descriptions and previews are accurate

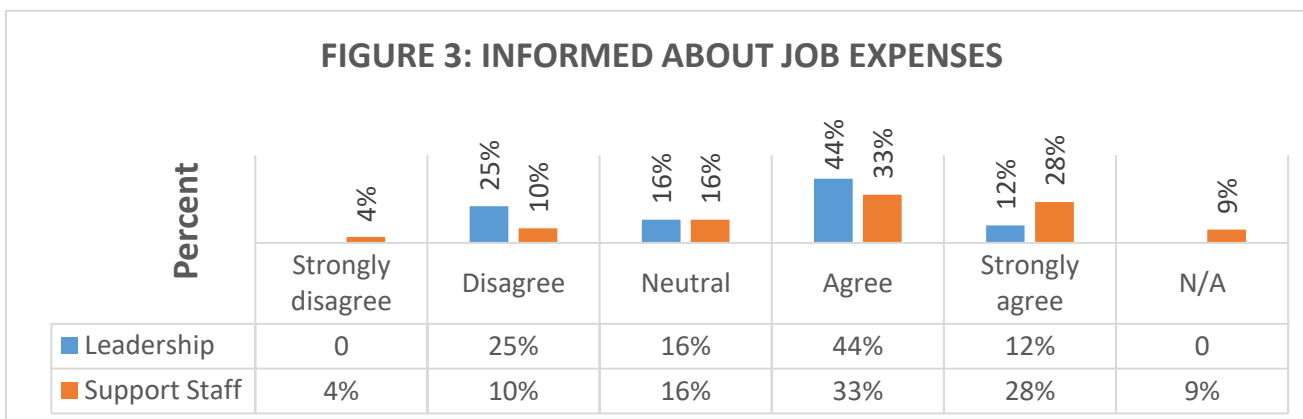


Figure 3 illustrates the different responses by support staff and leadership when asked if applicants are informed about potential expenses that accompany the job

Overall, 48% of leadership and 74% of support staff agreed or strongly agreed that provider agency provides realistic job descriptions/previews to potential employees. However, 32% of leadership and 12% of support staff noted that job descriptions are not accurate and do not properly reflect the duties of the position. Inaccurate job descriptions can result in negative training experiences and skewed expectations of the role, contributing to staff turnover. It is important to communicate realistic job descriptions to properly inform the applicant of the roles and responsibilities of the position while also highlighting the positives of this work.

When asked, 56% of leadership and 61% of staff strongly agreed or agreed that support staff are informed about personal expenses they might acquire while working for provider agency. Some staff noted that they were made aware of personal expenses during orientation, but policies have since changed or are unclear, making it difficult for support staff to understand expectations. Other support staff noted that they were unaware of the personal expenses required in this position such as car insurance, using cell phones for GPS, etc.

To increase support staff knowledge, policies should be reviewed and updated into plain language. Policies should be easily accessible for staff to reference when needed. Involving support staff in the reviewing and updating policies can ensure the process is person-centered and the resulting documents are easy to understand. In addition, steps should be taken to reimburse staff for any increase in data/phone bills and requirements or expenses such as driver’s licenses/insurance, etc. should be listed on the job posting if staff will be expected to have and use them on the job.

People Receiving Services Involved in the Interviews:

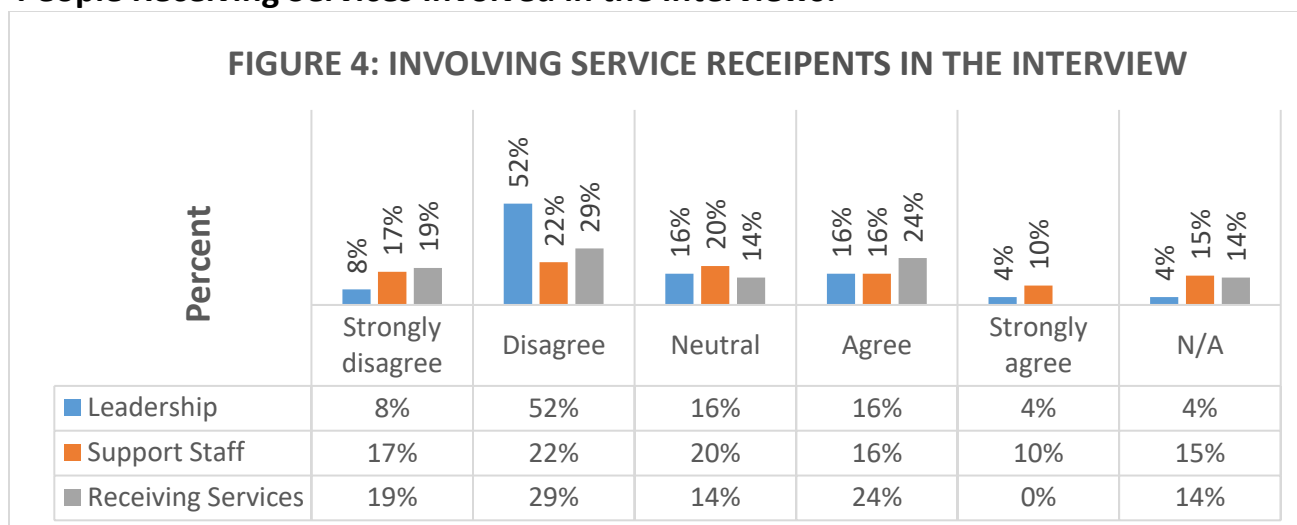


Figure 4 illustrates the different responses by support staff, leadership, and service recipients when asked if the people receiving services are involved in the interview process

Leadership, staff, and service recipients all reported that people who receive services are not typically involved in the interview or hiring process. When asked, 60% of leadership, 39% of support staff, and 48% of service recipients reported that they strongly disagree/disagree that the people who will receive the staffing services are part of their interview process.

There were a few instances where leadership creatively found ways for people receiving services to be involved in the process. For example, second round interviews were previously done on-site, giving the chance for service recipients and applicants to meet. Another way people were involved in the onboarding process was giving feedback to leadership about new staff within a probationary period. However, no one explicitly mentioned including people with disabilities in the interview or decision-making processes.

Conversely, there were many notes from staff and leadership that spoke to the inherent "vulnerability," "inability," and "bias" of people with disabilities as reasons for them to not participate in these processes. To be truly person-centered and promote choice, control, and autonomy, it is important that the people who receive the services are included in the hiring and decision-making processes because their lives are impacted by the service(s).

Involving the people with disabilities who will receive the supports in the interviews has a host of benefits, such as increasing the chance of a good match with the applicant and creating a positive workplace environment.

Training and Onboarding

Effective Onboarding and Training Process:

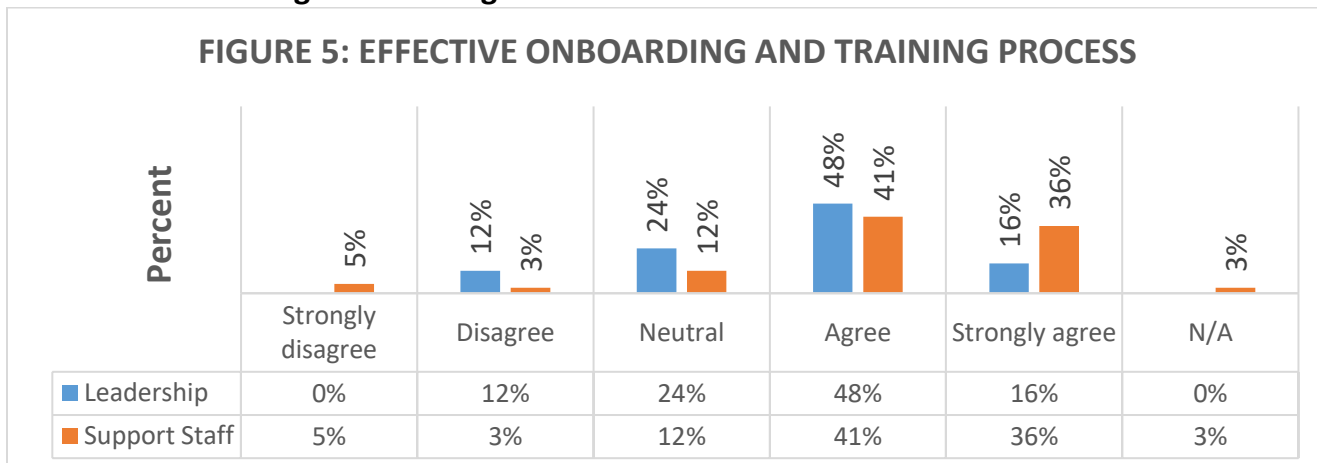


Figure 5 illustrates the different responses by support staff and leadership when asked if the training and onboarding process was effective

Overall, there were positive reviews of the onboarding and training process. More support staff (77%) reported that they strongly agree or agree that the onboarding process was effective when compared to leadership (64%). Specific areas of success were job shadowing, meet and greets, and hands on training.

However, training process differed across staff, with some reporting spending as little as 2 hours and as many as 100+ hours on their initial training. There were many comments that discussed how lengthy, confusing, and disorganized online/computer trainings could be. Additionally, multiple managers noted frustration with the staff turnover during or right after the initial orientation process, as well as the lack of training and onboarding for current and future managers.

The time and money spent on onboarding and developing the workforce can be one of the best long-term investments in reducing turnover and improving the performance of the support staff workforce. Skill development has been recognized for years as a tool to reduce turnover across all areas of work. Not knowing how to do one’s job is a key predictor of turnover in numerous national studies.²

Mentoring Program:

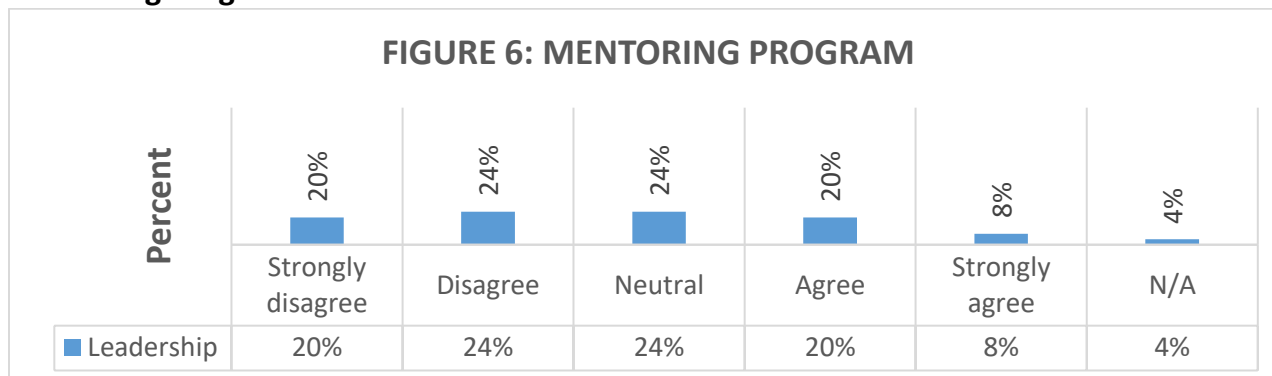


Figure 6 illustrates the responses by leadership when asked if there is a mentor program

When leadership was asked about a mentoring program, 44% strongly disagreed or disagreed that provider agency used a mentoring program for new staff. Mentoring is a powerful supplement to supervision in coaching for improved performance. Mentoring is typically informal and defined as a professional relationship in which an experienced person assists a less experienced person in developing specific skills and knowledge. It is not a supervisory relationship, but rather includes a focus on help from a colleague.

Mentoring is especially helpful when there are not a lot of coworkers around, or workers are in scattered sites – both often being true in disability supports. Bear in mind that people have different learning preferences, and mentoring can often help address learning styles. Mentoring also may help in retention of new employees, as there is an ongoing resource for the new hire.

Retention Practices

Diversity and Inclusion:

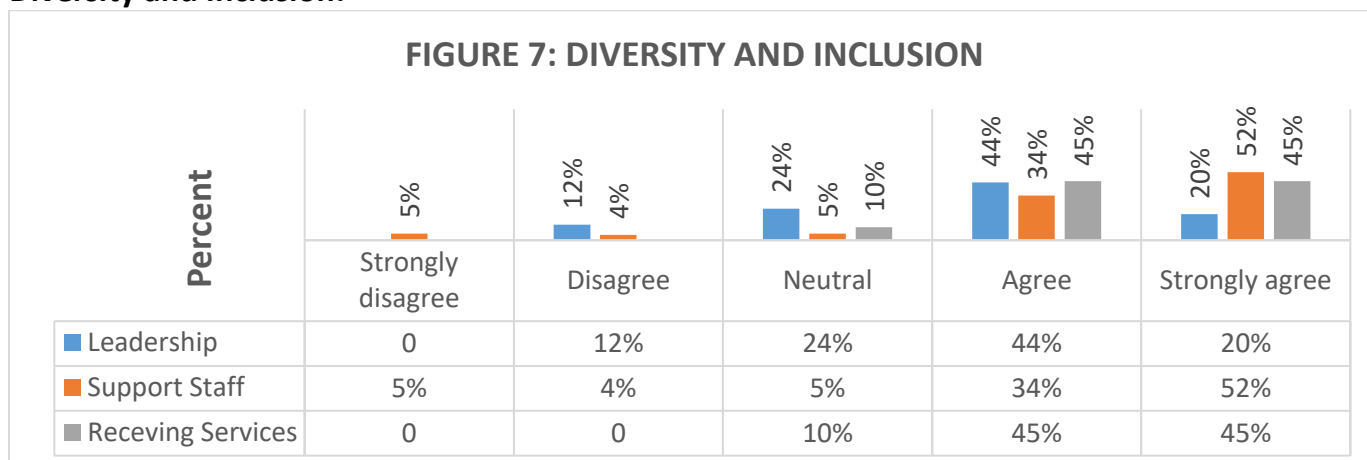


Figure 7 illustrates the different responses by support staff, leadership, and service recipients when asked if provider agency respects diversity and promotes inclusion

Generally, leadership, staff, and service recipients reported positive experiences relating to diversity, equity, and inclusion at their place of employment. When asked if the provider agency respects differences of cultures, generations, abilities, gender identity, sexual orientation etc, 86% of staff reported they either agree or strongly agree, 90% of service recipients reported they either agree or strongly agree and 64% of leadership reported they either agree or strongly agree.

When asked for comments, many support staff mentioned tightknit relationships make it difficult for outsiders to feel part of the team. Others mentioned white privilege or lack of diversity among coworkers and inhibiting opportunity for advancement in the agency.

Almost a quarter of leadership said they neither agree nor disagree that provider agency respects differences of cultures, generations, abilities, gender identity, sexual orientation etc. Of those who selected neither agree nor disagree, no one wrote a comment on why they answered this way, making it difficult to understand why they have a neutral experience with inclusion and diversity as leaders at provider agencies.

Person-Centeredness:

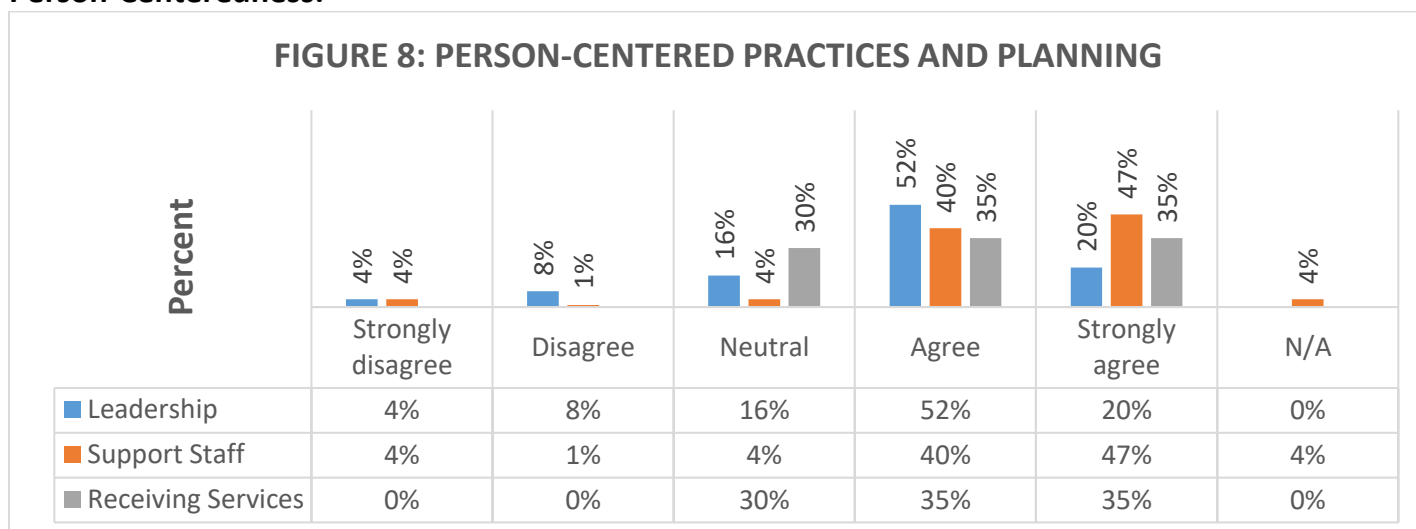


Figure 8 illustrates the different responses by support staff, leadership, and service recipients when asked if they know about or are trained in person-centered thinking/planning

Many staff and managers claimed to have undergone trainings around person-centered thinking and practices. Despite the training in person-centeredness for staff and leadership, there was a reported lack of choice and control in hiring staff, lack of job preparation for current and future managers, and ineffective communication between staff, leadership, and people receiving services. These factors combine to create an environment that does not support autonomy, agency, or control for people receiving services, and therefore is not truly person-centered.

When asked, 40% of service recipients responded that they did not have a person-centered plan or did not know what person-centered planning was, indicating a lack of accessible information regarding the process, and more generally, their rights to make decisions about their lives.

Additionally, if an organization is truly person-centered, it must also be person-centered with the employees. To improve workplace satisfaction, provider agency and leadership should promote person-centeredness with both service recipients and staff.

Schedule Flexibility:

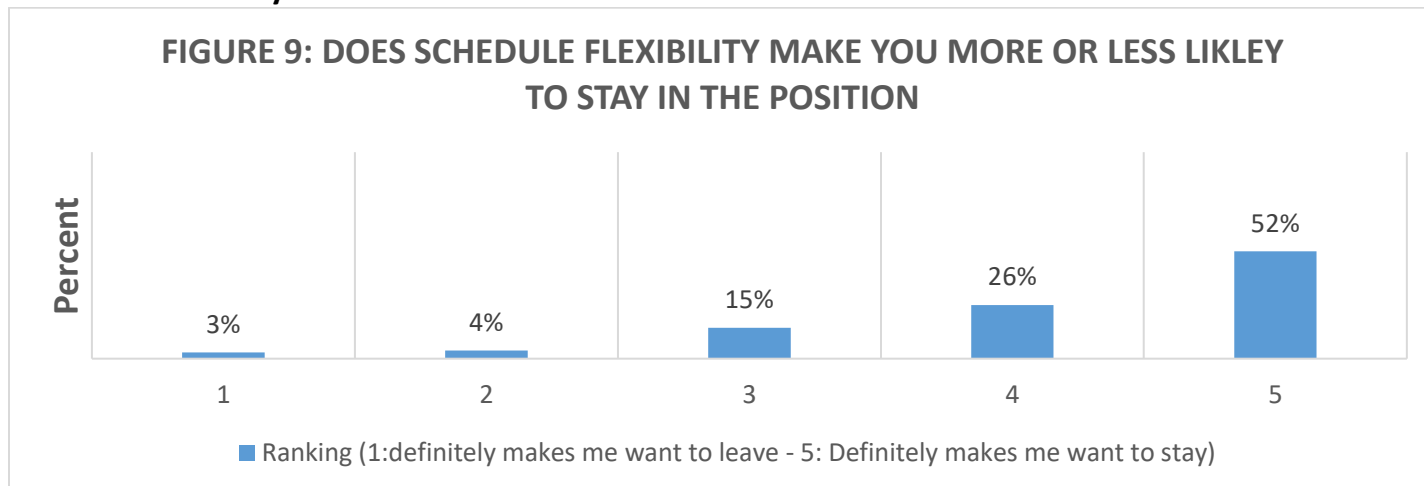


Figure 9 illustrates the responses by support staff and leadership when asked if the flexible schedule made people more or less likely to stay in their position.

78% of the support staff surveyed reported that schedule flexibility is a factor that makes them more likely to stay in this job. Highlighting this flexibility could be a very successful tool to increase or improve recruitment in job postings, advertisements, and conversations with perspective staff. That being said, there were a number of staff who noted the flexibility of their schedules depended on if their location was fully staffed or not. It was also noted that policies and procedures around scheduling create barriers for support staff to have flexibility in and control over their schedules.

Relationships with Staff and Supervisors

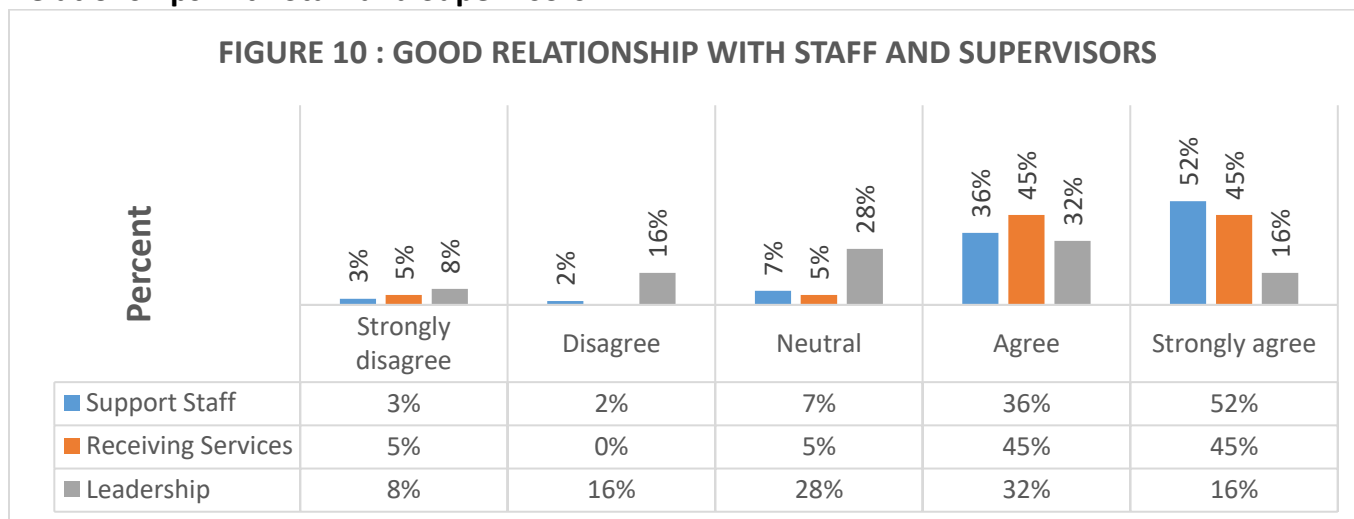


Figure 10 illustrates the different responses by support staff, leadership and people receiving services when asked about the quality of relationships between staff and supervisors

When asked about relationships, 90% of service recipients and 88% of support staff strongly agreed or agreed that they have good relationships with coworkers, support staff and supervisors. Further, over 79% of staff said their relationships with the people receiving services made them more likely to stay in the job. Staff commented that they love working with the people they support, it can be fun and rewarding, and often time's feels like an extension of their family.

Relationships reported by staff and leadership varied depending on their location – some reported very positive relationships with their coworkers and noted that it was the highlight of the job. Others noted negative experiences such as unsupportive supervisors or supervisors who take advantage of their willingness to help, gossiping, lazy co-workers, and managers who do not listen.

One positive outcome of good relationships is that it is a very effective recruiting tool. As stated above, over 74% of support staff found out about the job through the employee referral program, from family/friends.

The main takeaway for this section is that support staff, managers, and people receiving services to have positive relationships not only prevents turnover of existing staff but also promotes recruitment of new staff.

Opportunities to Communicate Concerns:

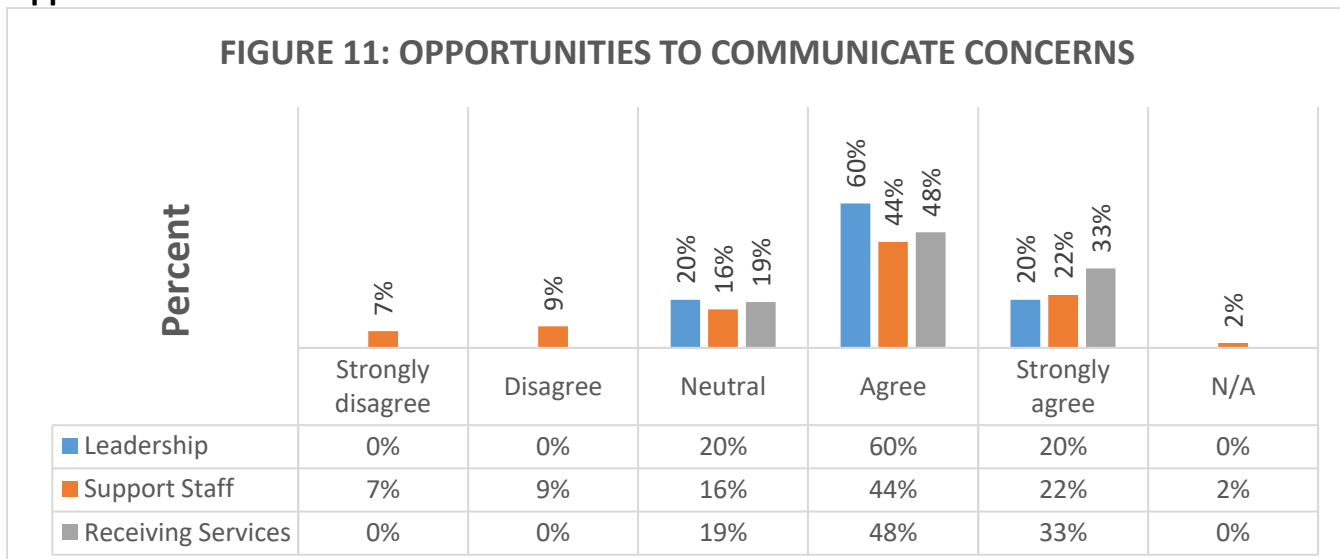


Figure 11 illustrates the different responses by support staff, leadership, and service recipients when asked if they were able to communicate concerns to supervisors

Generally, there were positive experiences reported by staff and managers who communicated regularly. However, not all staff/managers reported this type of relationship. There were different experiences with communication by group, with 80% of leadership reporting that they agree or strongly agree that there are opportunities to communicate concerns compared to 66% of support staff. 81% of service recipients reported that they agreed or strongly agreed that they can communicate concerns and give feedback.

To improve job satisfaction and reduce turnover, emphasis should be put on improving workplace experiences for support staff. To do this, there should be more opportunity for staff to provide feedback in a structured way (beyond yearly reviews). Many staff felt that they had the opportunity to share thoughts and feedback with their managers but did not feel they were heard or did not see any changes as a result of the conversation. Staff also reported gossiping and “favoritism” affecting the quality of communication in their workplace.

Support Staff Recognition

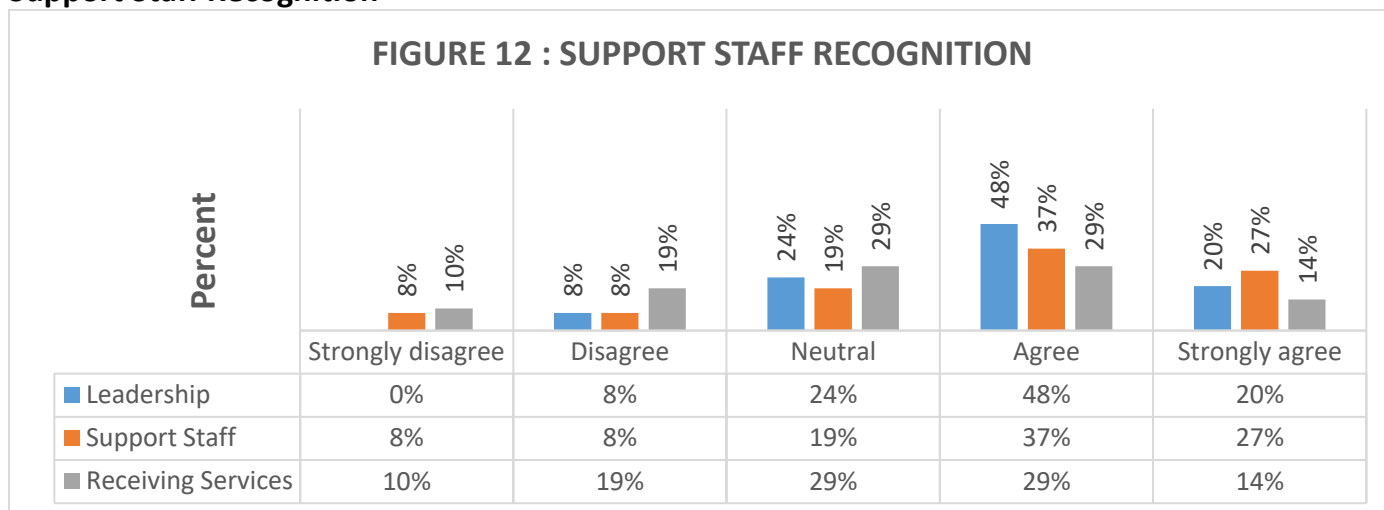


Figure 12 illustrates the different responses by support staff, leadership, and service recipients when asked if there are opportunities to recognize staff for quality work

Approximately 68% of leadership and staff and 64% of people receiving services reported that they strongly agree/agree that provider agency has many ways it recognizes their support staff. However, when asked 29% of service recipients reported that they strongly disagree or disagree that they participate in activities that recognize their direct support staff for excellent support and work.

When asked for comments, support staff reported receiving gift cards, gift bags, and candy. Some staff reported that the same staff receive recognition and leadership often misses other staff who go above and beyond their work duties. There were also multiple comments that noted the need for merit raises for staff who have more responsibilities than others have, as well as comments highlighting the need for more recognition during the COVID-19 pandemic.

It is important to provide positive feedback and recognition to all staff when warranted. This can be an effective retention strategy as people are more likely to stay in jobs when they feel their contributions are valued. Positive feedback and recognition does not always have to be costly. Many times, when leadership shows gratitude with a note or acknowledgement it is more impactful than receiving a gift or material reward.

Opportunities for Advancement

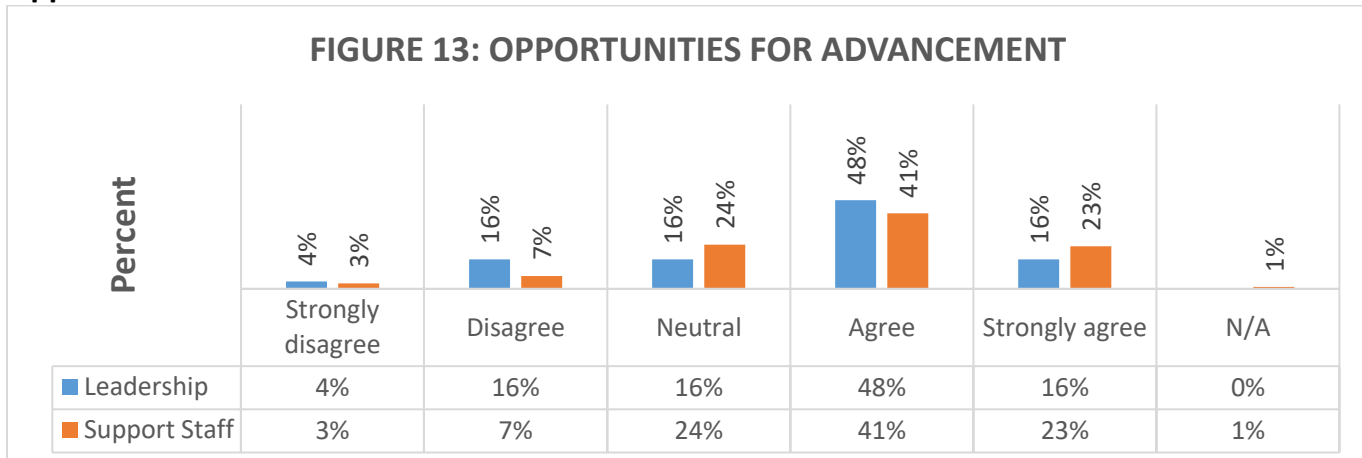


Figure 13 illustrates the different responses by support staff and leadership when asked if there were advancement opportunities for support staff

64% of leadership and support staff reported that they strongly agree or agree that there are opportunities for advancement at provider agencies. Leadership noted many learning and advancement opportunities such as classes, committee engagement, and learning paths but support staff often have to take it upon themselves to bring ideas to leadership and their supervisor. Support staff mentioned there being few personal growth and learning opportunities available and many had no desire to move up because of the low pay and increase in responsibilities. Others said staff would rather leave to get a different, higher paying job rather than move up. Leadership noted that promotion from within is encouraged but advancement beyond the house is unlikely, likely limiting career options for many. The main takeaway here is that employees of all kinds are more likely to continue in jobs if they have the opportunity to professionally grow and advance beyond a promotion.

Discussion

The Metro Regional Quality Council recognizes that systemic inequalities contribute to lower quality of life for people with disabilities. For the MRQC to gain a better understanding of how these inequitable systems affect people who receive direct support services, we analyzed the support staff data of Person-Centered Quality Reviews, 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 service recipients are at an increased chance of experiencing inequitable services that negatively impact their quality of life.

Data collected by the MRQC also found in the challenge/barrier categories that females were more likely to have theft by staff, staff no showing, and unresponsive staff. Compared to Black or African American service recipients who 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.

To further explore the findings of the quality reviews, the MRQC conducted a series of surveys gathering feedback about the dynamics of the support staff shortage. Responses revealed a lack of person-centeredness throughout workplace environments for both support staff and service recipients. These responses indicate the shortfalls of support staff services and the need for increased resources, education, and person-centered communication. The general inadequacies exemplified by these survey responses exacerbate the disproportionately poor quality of services for women and people of color shown through the patterns in the quality reviews.

To improve experiences and overall quality of life, there needs to be change in how people are served, supported, and viewed. Simply having a focus on equity is not enough. Systems must acknowledge their history of being founded on principles, which have promoted segregation, isolation, and perpetuated “vulnerability”.

Recommendations:

This section will cover the MRQC recommendations to improve the support staff workforce shortage.

Barriers to quality staffing has the potential to affect all aspects of life for people with disabilities.

- Legislation should support reimbursement rate increases for direct support providers to ensure the increase of competitive wages and benefits for support staff.
- Streamlined, consistent, and comprehensive training needs to be provided and required of direct care staff. Trainings should be developed and evaluated by people with disabilities and family members and should cover the following topics:
 - Comprehensive cultural sensitivity and responsiveness training
 - Person-centered thinking and practices
 - Professional boundaries and how to set and address them
 - Prevention of [physical, emotional, sexual] abuse, neglect, and financial exploitation
- People with disabilities who hold other historically oppressed identities need to be given support that takes into consideration the barriers they may face due to their intersecting identities.
- Person-centered practices will be contradictory if they are not also applied to staff and the environment that they are placed in, i.e., better pay, more support/resources/training, breaks during shifts, etc.
- Resources and technical assistance should be available to support the recruitment, retention, and turnover prevention of high-quality staff for provider agencies as well as people and families who hire their own staff.
- People should be aware of, and encouraged to use, natural supports. Natural supports are supports and relationships that are developed in natural environments such as the family, school, work and community. Natural supports tend to reduce staff turnover and improve the quality of care and overall quality of life.

Conclusion:

The MRQC is working to change the quality life for people with disabilities by improving the recruitment, retention and turnover prevention of high quality staff.

Maintaining an equitable workforce of quality support staff for Minnesotans with disabilities can be a challenge, especially during times of lower unemployment. From the 265 survey responses, it was clear that both provider agencies work hard to promote an inclusive and diverse environment for staff and people receiving services. There were also many other best practices reported from leadership, staff, and people receiving services that result in general job satisfaction.

As noted throughout this report, there is much room for improvement in supports and services in the areas of equity, informed decision-making, accessibility, and person-centeredness.

Here are the next steps in this quality improvement work:

- MRQC staff and members will share our findings wherever we can. We also report annually to the Department of Human Services.
- The MRQC Support Staff Workgroup will fine-tune the process and materials from start to finish for easy and high-quality replication. To support this, we have developed a packet that contains all materials used for this project, as well as updating all three surveys.
- MRQC staff and members will continue to collect as much data as we can. We do not just want to hear from provider agency employees about their experiences; we also want to hear from people who hire their own staff. Our goal is to identify and share best practices and recommendations to improve the recruitment and retention practices for all people who employ support staff.
- We hope to engage with and develop partnerships with other groups working on improving the direct support workforce shortage. The only way we will have lasting positive change on peoples' quality of life is if we work together, pool our resources, and collaborate.

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 Access for Disability Inclusion Wavier - 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: Selected for Interview Letter

Date:
Interviewee Name
Address

Dear (Interviewee Name):

You have been randomly selected by the Metro Regional Quality Council, in partnership with the Department of Human Services (DHS), to participate in an interview about your quality of life. The Metro Regional Quality Council is a group made up of people with disabilities, their families, county workers, DHS, community members, service providers and the Office of Ombudsman for Mental Health and Developmental Disabilities in Hennepin, Scott and Dakota counties.

The purpose of this interview is to learn about services and supports in our Region. We want to learn from you what is going well and how much choice and control people you have in their lives. We also want to know what is not going well and what you would like to change in your life. Participation in the interview is optional and will not affect the services you currently receive.

Staff and volunteers from the Metro Regional Quality Council will call you to ask if you are interested in participating and will schedule the interview. During the interview, staff will meet with you to find out what is most important to you and if you are happy with how things are going in your life. You may choose to invite a person in your life to sit in on the interview with you.

Should you choose to participate in our interview, we will ask you if you are your own guardian, or if you have a court appointed guardian. If you have a guardian, DHS requires us to obtain consent from your guardian before proceeding with the quality interview process, so we will need to reach out to them.

PLEASE NOTE: We will make two separate written attempts to obtain consent from your guardian. If we do not receive the signed consent form, or your guardian does not contact us within 60 days of the second attempt letter being sent, it will be assumed that they have given consent for you to participate in the interview. Please see MN State Rule 1205.1400 for guidelines pertaining to reasonable efforts to obtain written consent.

Information you share is important in helping improve quality of services and supports for people with disabilities. Your personal information will be kept private. Your privacy is important to us.

If you have any questions about this process, please contact Angie Guenther, Metro Regional Quality Council Project Manager, at (952)915-3669 or angieguenther@arcminnesota.org. You may also contact Jason Flint, Manager in the Disability Services Division at the Department of Human Services, at 651-431-2386 or jason.a.flint@state.mn.us.

Sincerely,
Angie Guenther, *Metro Regional Quality Council Project Manager*

Appendix C: 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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