

**CMS Direct Service Workforce Demonstration  
Promising Practices in  
Marketing, Recruitment and Selection Interventions**

Prepared by  
University of Minnesota, Research and Training  
Center on Community Living  
in partnership with The Lewin Group

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### **Introduction & Overview**

Over the next few decades, as the United States population ages, the demand for long term care services is expected to increase significantly. The number of people over aged 65 who need long term supports and services is expected to double between 2000 and 2040. In addition to older Americans, millions of individuals below the age of 65 have some type of permanent or long lasting disability. Most individuals with disabilities prefer to live in the community, rather than in nursing facilities and institutions and the Supreme Court's *Olmstead* decision in 1999 requires states to offer the option of community-based services, making it likely that the demand for long-term services and supports will increase among younger adults with disabilities as well as among aging individuals.

However, the supply of home and community based direct care services may not keep up with demand. In 2005, the Bureau of Labor Statistics projected that between 2004 and 2014 the number of home health aides will grow 56 percent and the number of personal and home care aides will grow 41 percent. A recent report to Congress indicates that by the year 2020 the number of Direct Service Workers (DSW) supporting individuals with intellectual or developmental disabilities will grow by an estimated a 38 percent, resulting in the need for 900,000 full-time equivalent (FTE) new hires (Office of the Assistant Secretary for Planning and Evaluation, 2006). The professionals who provide direct care and support to individuals

with disabilities play a vital role in the home and community based services system. But this workforce faces serious and growing challenges.

In response to these challenges, the Centers for Medicare and Medicaid Services (CMS) initiated the Demonstration to Improve the Direct Service Community Workforce to test the effectiveness of different workforce interventions on the retention and recruitment of DSWs. Part of the President's New Freedom Initiative, this demonstration is one of several CMS grant programs designed to help states strengthen and improve the quality of their home and community based long term care service systems, which support individuals with disabilities to live and work in the community.

CMS awarded five grants in October 2003 for projects in Delaware, Louisiana, Maine, New Mexico and North Carolina. In May 2004, an additional five grants were awarded for projects in Arkansas, Indiana, Kentucky, Virginia, and Washington. The CMS demonstration program presents an opportunity for researchers and policy makers to better understand the issues of recruitment and retention in the direct service workforce and to develop effective interventions and strategies designed to effectively address the challenges.

Each of the CMS community workforce grant projects focuses on improving the quality of the direct care workforce, and each of the grantees are implementing different workforce interventions in

**Table 1. DSW workforce interventions across CMS grantees**

Interventions	2003 Grantees					2004 Grantees				
	DE	LA	ME	NM	NC	AR	IN	KY	VA	WA
Career ladder or recognition bonuses	☑				☑		☑	☑		
Health care coverage			☑	☑	☑		☑			☑
Mileage reimbursement							☑			
Peer mentorship	☑		☑			☑		☑		☑
Realistic job preview	☑							☑		☑
Targeted marketing or recruitment	☑					☑	☑		☑	☑
Training for supervisors	☑	☑				☑			☑	☑
Training for workers	☑	☑			☑	☑	☑	☑	☑	☑
Worker registry or referral centers						☑				☑

different kinds of settings. Five of the grantees provide health care coverage or help workers to enroll in health insurance programs to test the impact on worker satisfaction, retention, and recruitment. The grants also demonstrate several other kinds of workforce interventions (see *Table 1*). Eight grantees offer special training opportunities and programs for workers and five grantees implemented peer mentorship programs. Other interventions include supervisor training, targeted recruitment activities, and career ladders.

**Report approach and structure**

This report identifies promising practices in direct service worker marketing, recruitment, and selection across the CMS grantees. Under a contract to provide technical assistance to the DSW grantees in collaboration with The Lewin Group (Lewin), the University of Minnesota’s Research and Training Center developed this report. Staff from the Research and Training Center and from Lewin reviewed initial grant

applications, quarterly reports and grantee requests for technical assistance to identify grantees implementing interventions specifically related to marketing, recruitment and worker selection. These grantees include: Arkansas, Delaware, Indiana, Kentucky, Virginia and Washington. Once these grantees were identified, project staff conducted document reviews and in depth interviews with the grantees to gain an explicit understanding of the interventions used by the grantees and the successes and challenges they experienced in designing and implementing their interventions. The grantees interviewed for this report had many interventions in their plans but only those interventions related to marketing, recruitment and selection were included in this report. This report also includes a literature review of best practices in DSW recruitment and selection based on a recently published book on this topic (Larson & Hewitt, 2005). This report uses the term DSW to refer to the professionals who provide direct support to individuals with long

term support needs, although in some cases other studies cited used alternative terms for these workers including home health aids, direct care workers, and Direct Support Professionals.

### **The importance of marketing, recruiting and selection and their connection to quality care**

Finding, keeping and training competent Direct Service Workers (DSW) is a critical problem for provider organizations and can have grave effects on the lives of the people with disabilities who receive services. These negative effects have been identified by families, policy makers, service providers, and people with disabilities who receive services. DSW turnover results in people experiencing difficulty: 1) developing and maintaining relationships with their staff that are based on respect, trust and knowledge of one's needs, 2) maintaining continuity in their support and care, and 3) developing new treatments and interventions that are based on a comprehensive and long term understanding of the person's unique needs and preferences.

A study of Home and Community Based Services in Minnesota showed that higher vacancy rates were associated with poorer consumer and family satisfaction (Larson, Hewitt & Lakin, 2004). When there are more vacant DSW positions, an increased use of overtime, and high DSW turnover rate, there is a resulting negative effect on quality. The ability to market positions and recruit qualified potential new workers that are committed to the profession and will stay in their positions is directly related to the ability of organizations to provide high quality care and support.

### **Direct Service Worker Vacancies**

Many studies have identified staff recruitment as a serious challenge for organizations (Hewitt, Larson & Lakin, 2000; Test, Solow & Flowers, 1999; Barry Associates, 1999; Oklahoma Developmental Disabilities Service Division, 2000; Irwin Seigel Agency, 2001; ANCOR 2001; National Association for Home Care, 2004). Vacancy rates have ranged from 6-17 percent. In addition to organizational challenges, vacancies pose problems for people with disabilities and their families who hire their own support staff members to work in their homes because they often end up going without needed support when they are unable to find workers to fill authorized hours of service (Hewitt, Larson & Lakin, 2000). Surveys have found that as many as one third of elderly adults requiring personal assistance services report experiencing unmet need for support (LaPlant, Kaye, Kang & Harrington, 2004).

Since 1999, the proportion of state agencies reporting that direct care vacancies are a serious workforce issue has declined. However, in 2004, 76 percent considered it a serious or very serious issue (Harmuth & Dyson, 2005). High vacancies are caused in part by low unemployment, increased demand for DSWs and a shrinking supply of people from which to choose. Vacancies also exist because DSW work is not considered a profession to which people aspire. In fact, many labor economists, policy makers and educators consider it to be a secondary labor market that requires little skill. As a result, career paths and educational programs to prepare people to work in this field are not widely available. This situation adds to the recruitment challenges faced by employers of DSWs.

Low wages contribute to high vacancy rates in community health and human services because the wages are not high enough to attract new workers to the fields. In developmental disability services, community private sector DSW wages have always been low in comparison to public sector DSW wages (Larson, Lakin & Hewitt, 2004; Colorado Department of Human Services, 2000; and Johnston, 1998). Average wages for DSWs in private sector community services range from \$7.30 to \$15.18 with a mean of \$8.68 (Larson, Hewitt & Knobloch, 2005). In 2004, the poverty level for a person working full time in a family of four was \$9.06 per hour. Thus, the average DSW earned below the poverty level wages for a family of four. **Table 2** presents wage data from several studies and gives comparison wage data from the Bureau of Labor Statistics for the three job classifications (Polister, Lakin & Prouty, 2003; Larson, Byun, Coucouvanis & Prouty, 2005).

Employer provided health insurance, or lack thereof, is another critical factor that impacts an organization’s ability to recruit and retain DSWs (Ebenstein, 2006). Most employers offer health insurance benefits to at least some of their DSWs. However, these benefits are often only available to full time employees (Larson, Hewitt & Knobloch, 2005). Furthermore, when this benefit is offered, there are often low utilization rates among workers. This low utilization is caused by growing health care costs (Claxton et. al, 2004), which have resulted in increased co-pays. In many cases, employee contributions are so high that they are not affordable on DSW wages (BDO Seidman, 2002; ANCOR, 2001; Colorado DHS, 2000). Also, part-time or on-call DSWs are often not eligible for health insurance (e.g., Larson, Lakin & Bruininks, 1998; Seiler, & Zajdel, 2003).

**Interventions to address vacancy challenges**

Addressing recruitment and retention challenges begins with letting potential workers know that a vacancy exists and getting as many qualified people as possible to apply for that vacancy. Recruitment practices and their effectiveness have been well-researched. Effective recruitment and selection strategies are those that, when used, result in fewer vacancies and greater retention of employees. Recruitment strategies include newspaper advertisements, internet job sites, word of mouth by or among current or former employees, job fairs, employment or referral agencies, or television or radio advertisements (Larson, Lakin & Bruininks, 1998; Test, Solow & Flowers, 1999; NYSARC, 2000). These strategies vary in their effectiveness.

**Table 2. Average hourly wages for residential Direct Service Workers**

Study	Wage Date	Both	Private	Public
<b><u>DD Residential Settings</u></b>				
Polister, Lakin & Prouty (2003)	2000		\$8.68	\$11.67
Larson, Byun, Coucouvanis & Prouty (2005)	2004			\$12.53
<b><u>All Long-Term Care Populations</u></b>				
Bureau of Labor Statistics (2005)				
Certified Nursing Aides, Home Health Aides	2005	\$10.31		
Personal Care & Home Care Aides	2005	\$9.04		
	2005	\$8.34		

Effective recruitment practices not only inform recruits about job openings, but also give them adequate and accurate information during the hiring process so they have realistic expectations about the job for which they have applied. In a meta-analysis of twelve studies, job survival (the number of months a new hire stays in the organization) was 24 percent higher for employees recruited using inside sources than for employees using outside sources (Wanous, 1992). Inside sources are referrals from sources that provide information that is not typically available to persons outside the employer (Wanous, 1992). Inside sources include: rehires; referrals from existing employees; and in-house job postings that are targeted at current employees, volunteers, and friends of staff members. Referral bonuses can be used to motivate current employees to refer the people they know to apply for open positions. Outside sources are referrals from sources providing less specific information about the organization as a place to work (Wanous, 1992). Outside sources include newspaper ads, internet sites, job fairs, employment agencies, high school, technical college and college placement offices.

The benefit was greater among organizations that had high turnover rates, and was present for disability service providers (Larson, Lakin & Bruininks, 1998). Increased knowledge before hire was associated with lower turnover among 234 nursing applicants (Williams, Labig & Stone, 1993). Other studies have also shown the benefits of using inside recruitment sources in increasing information the new hire has about the job and their commitment to it, thus improving the extent to which workers' pre-hire expectations are met,

and improving their job survival (Saks, 1994; Taylor, 1994; Zottoli & Wanous, 2000). Internships, work experience, or related previous experience is associated with lower turnover rates (Balfour & Neff, 1993; Lakin & Bruininks, 1981).

Realistic Job Previews (RJPs) can also improve the outcome of the hiring process. RJPs give potential employees specific information about the job for which they are applying that they are unlikely to know. RJPs reduce turnover that is caused by new employees having unmet expectations. When a new employee has unmet expectations about important aspects of the job and organization, low job satisfaction can result which causes the employee to leave his or her position (Porter & Steers, 1973). Therefore, when employers provide better information and encourage recruits to use the information to make an informed decision about whether the organization and job are a good match, individuals who do accept positions will have fewer unmet expectations.

Several studies have reported that providing realistic job previews can be effective in reducing turnover. Among newly hired residential DSWs, those who had fewer unmet expectations about their jobs and organization were significantly less likely to quit in the first 12 months (Larson, Lakin & Bruininks, 1998). In one meta-analysis, RJPs improved retention rates by 9 percent - 17 percent (McEvoy & Cascio, 1985); another found that RJPs increased retention of employees 12 percent for organizations with annual retention rates of 50 percent, and 24 percent for organizations with annual retention rates of 20 percent (Premack & Wanous, 1985). A meta-analysis conducted by Phillips (1998) reported that RJPs

delivered after a job offer has been made, but before an applicant decides whether to accept a position, are more effective in reducing turnover than those conducted before a job offer or after hire. RJPs that include an opportunity for the applicant to ask questions during the process are the most effective in reducing turnover; while not quite as effective, written and videotaped RJPs also aid in reducing turnover.

Selection is the process of deciding from amongst the applicants the one who is best qualified for an opening. In one study, 15 percent of all new DSW employees were fired in the first 12 months of employment (Larson, Lakin & Bruininks, 1998). Improving selection practices can reduce turnover due to selection errors.

Several comprehensive reviews discuss the relative merits of various selection strategies. Structured interviews and cognitive ability tests are good predictors of future job performance (Hermelin & Robertson, 2001; Cortina, Goldstein, Payne, Davison & Gilliland, 2000; Buckley & Russell, 1999). Structured interviews use the same questions for every applicant and score responses using a standardized scoring guide. Two major types are structured behavioral interviews and situational interviews. Both are based on a job analysis and assess skills critical to successful job performance. Cognitive behavioral tests are standardized tests that are used to assess the intelligence or cognitive ability of the candidates. Candidates whose scores most closely match those of successful employees are given preference in hiring. These hiring practices are much more effective at helping organizations select employees who will do a good job than standard interviews and hiring practices.

## **Promising Practices in Marketing, Recruitment and Selection**

The DSW grantees used many different techniques to improve their recruitment and retention outcomes. Among those techniques are the following:

- *Computer Based Registration and Referral* – registering interested and qualified applicants into a computer database and matching these individuals to people or organizations who are looking for DSWs based on location, skills, interests, or other characteristics.
- *Marketing campaigns* – a comprehensive and intentional advertising campaign to let the public know about the role of DSWs.
- *Realistic job previews* – providing applicants with specific, realistic, and consistent information about the job of direct support (from the perspective of people who do the work) before a decision to accept employment is made.
- *Expanded list of recruitment sources* – purposefully reaching out and using recruitment sources that have not been used by the organization in the past.
- *Structured interviewing* – asking the same questions to all applicants that are designed to elicit responses that demonstrate desired skill and competence and then scoring responses based on certain pre-established criteria.
- *Expanded orientation or mentoring of new employees* – providing expanded access to orientation or mentoring experiences designed to help new employees feel welcomed in the new organization.

Descriptions of how the grantees designed and implemented their

interventions are in the following sections of this report.

## **Marketing and Recruitment Campaigns**

*Delaware* – The Workforce Recruitment and Retention Project in Delaware developed a ten minute recruitment video/DVD entitled: *Direct Support Professional Recruitment Video*. The purpose of the recruitment video/DVD is to introduce people to direct support work by telling the story of what it means to work as a DSW. The video/DVD captures the voices of DSWs and individuals who receive support by answering the following questions:

- What is direct support work?
- What do Direct Service Workers do?
- What should a person expect when they work as a Direct Service Worker?
- What does it take to do direct support work?

The video also highlights typical expectations of the job such as paperwork requirements and how DSWs can connect with the individuals they support. It shows the work from different perspectives with a value-based approach to DSW. The recruitment video/DVD has been used by the grantee in a statewide campaign and dissemination effort. All but one of the grantee's participating organizations used it to raise public awareness about the important role DSWs play in the life of individuals with disabilities. It was also used to educate workforce counselors in workforce centers funded by the Department of Labor about direct support work as a viable career option for people who use their services to find new employment.

The recruitment video/DVD was produced by a private sector production company that worked in collaboration with grantee staff and partnering organizations. During production, interviews were set up with individuals who have various disabilities and with several DSWs employed in the partnering organizations. Individuals with disabilities were asked to simply "tell us your story," and DSWs were asked, "tell us about the work you do every day." Throughout the filming and editing process great efforts were put into place to make the video contain real stories and information from the DSW perspective. It was important to the grantee staff that the voice of the DSWs and the individuals being supported were heard. Project staff worked hard to show the connection between what the individuals being supported needed and the work of the DSW.

Post production, this video has won three awards for excellence: the Aegis Awards, TASH Award and Videography Award. The Aegis Awards are the video industry's premier competition for peer recognition of outstanding video productions and non-network promotions. The recruitment video/DVD was recognized for its outstanding production quality. The recruitment video/DVD is available for purchase - for more information call Renee Settles-Bean at the Center for Disabilities Studies at (302) 831-3073.

The Delaware grantee also created a marketing campaign with the purpose of presenting to the public and potential new recruits a message that the direct support profession is "*a career and not just a job.*" This campaign promotes a shift in thinking about the field, and reinforces the goal of the project to increase the professional status of the

DSWs and the value of the work they do. The project agreed to purchase a license for a successful Pennsylvania marketing plan called Care Careers ([www.carecareer.org](http://www.carecareer.org)). The license included a Web site and job hot line (1-800-883-2500). People interested in learning more about direct support work were able to call the job hot line or request information from the Web site and then they were passed along to the four project partners. There were approximately 50 contacts made between the Web site and hotline which resulted in two individuals being hired as DSWs.



DE Marketing Materials

The project used radio and television ads in this marketing campaign but found them to be too expensive. As a result they decided to focus on using only the local Delaware cable television for the ad campaign. A Care Career Brochure was also utilized as part of the Delaware marketing campaign.

*Indiana* - The DSW demonstration project at Arc Bridges, Inc. in Indiana developed a marketing intervention that strategically placed about 20 billboard advertisements throughout the geographic area in which services were provided by the organization. This

marketing strategy had not been previously used by the organization.

The primary goal of the billboard marketing effort was to get the message out to the community that interested applicants should “choose a helping career and become a Direct Support Professional.” Arc Bridges has experienced a number of positive outcomes from their billboard campaign. The number of applicants for open positions nearly doubled in the initial year of their implementation of this strategy. The number of applicants from rural areas of the counties in which they provide services have also increased. Another important outcome of this effort is that the Bridges reports that community awareness of their organization and the services it provides has increased as a result of the billboard campaign. Currently, Arc Bridges is not tracking data about the retention of their direct support workforce by recruitment source, so it is not known if DSWs who learned about jobs from the billboards are staying longer in positions than those that learned about the positions from other sources.



Arc Bridges marketing billboard

In addition to creating billboards to expand their marketing activities, Arc Bridges also participated in 100 percent of the community-wide job fair activities in all counties in which they provided

services. They also went to local primary and secondary educational programs and introduced the profession of direct support to local children. These marketing activities increased their community visibility and improved the number of applicants they received for posted jobs. Unanticipated benefits included securing community job placement opportunities for the people with disabilities they serve within community organizations Arc Bridges came in contact with at job fairs.

### **Targeted Marketing**

*Arkansas* – One of the Arkansas grantee’s primary interventions is an effort to recruit and train elders and people with disabilities to become DSWs. This intervention is based on the belief that people with disabilities and older workers are an untapped labor pool needed in this time of DSW shortages.

The Community Care Attendant Resource and Education (C-CARE) project is directed by the Arkansas Division of Aging and Adult Services and includes several partners: DHS Office of Systems and Technology, AR Division of Health, AR Department of Rehabilitation Services, AR Department of Education, AR Workforce Investment Board, and the Senior Community Service Employment Program.

C-CARE has promoted the recruitment, training, and hiring of people with disabilities and older individuals as a way to bring new workers into the field of direct support. The project has attempted to improve and expand the pool of workers. Although they are traditionally viewed as those in need of personal care services rather than those capable of providing these services, they are in fact a valuable, untapped resource.

C-CARE focused their targeted recruitment on persons with disabilities or people age 55 and older to become trained full- or part-time Personal Care Attendants. The goal was to recruit 10 trainees per month but enrollment was lower than expected. The grantee has increased recruitment activities with expectations of higher enrollment in future classes. One positive outcome of the lower recruitment numbers has been increased personal attention from the trainer to recruits, because the trainer was able to spend more time providing individualized training to participants.

The grantee developed targeted marketing materials for the project (brochure, flyer, and poster), which have



Arkansas targeted marketing brochure

been distributed to five churches and various community service organizations and committees for recruiting students in addition to project partners previously listed. Other targeted marketing strategies have been to present information about the project at conferences and to consumer and

provider groups. The grantee hopes that by getting the word out, more people with disabilities and people over the age of 55 will begin to participate.

Arkansas has experienced challenges implementing this intervention primarily related to difficulties maintaining project partners. One partner withdrew from the project and this resulted in a slow down of activities for several months.

*Virginia* – The grantee in Virginia, the Department of Medical Assistance Services (DMAS), has collaborated with several local organizations to develop effective targeted recruitment and marketing materials designed to attract new people to the field of direct support. Collaborating project partners include: Partnership for People with Disabilities, Virginia Geriatric Education Center, the Northern Virginia SkillSource Center, and the Virginia Partnership for Nursing. DMAS sub-contracted with the Northern Virginia SkillSource Center to hire a dedicated Job Developer to recruit people into the direct support career path. To date, 25 DSWs have been placed by the SkillSource Center into direct support positions.

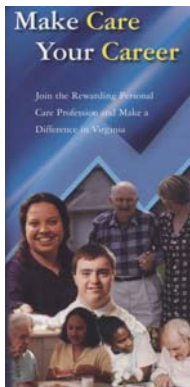
The selection and hiring of this staff member was critical to the success of the targeted marketing intervention for this CMS demonstration project. The right employee for this position had to be skilled in communicating with various communities and had to be knowledgeable about each community's specific culture. This knowledge was necessary in securing entrance into communities in order to recruit. For example, accessing community leaders could be the only way to gain the trust of some community members who could then entertain the recruitment process. The person who was eventually hired

into this position is tenacious and had a unique skill and knowledge set that has been beneficial to the success of this intervention. She has conducted a considerable amount of face-to-face targeted recruiting in places such as military bases, churches, synagogues, mosques, senior centers, and community centers. She is knowledgeable about the different community centers and places of worship in different immigrant communities. She is also knowledgeable about which communities have a history of getting along or not getting along. This is critical knowledge in working with agencies to placing or matching new direct support staff to individuals who need support.

DMAS also collaborated with the Virginia Geriatric Education Center (VGC) at Virginia Commonwealth University's Department of Gerontology, School of Allied Health to recruit new people into the field of direct support. The unique approach in this intervention is targeted recruitment of family members and respite providers into the direct support field. VGC utilized its relationship with Senior Connections, an area agency on aging, to identify potential recruits. Care Coordinators at Senior Connections were asked to identify individuals with whom they were working (the families and respite care providers of individuals who use community human service support) that demonstrated or reported an interest in working in the field of direct support beyond their immediate circumstance. Thus far, 21 family members have received training as preparation to enter the field of direct support.

A significant challenge for VGC in this intervention has been that they are not directly involved in the recruitment process. They are relying upon a third

party to identify potential DSWs and therefore VGC is somewhat removed from the process. Additionally, VGC was scheduled to recruit high school and college students into the profession through the Kids into Health Care initiative. Unfortunately, the funding source for that program was eliminated and recruitment efforts were never able to begin.



VA English



VA Spanish



VA Korean



VA Farsi

DMAS and collaborators, Northern Virginia SkillSource Center and Virginia Partnership for Nursing, worked together with a for-profit marketing group to develop a colorful and engaging brochure designed to market careers in the “Personal Care Profession.” This effective brochure uses photographs and text to communicate what is involved in direct support careers across a variety of populations, including people who are aging, people with various disabilities

and other people who use community human service support. The brochure has been published in 4 languages, including English, Farsi, Spanish, and Korean. Although the design aspect of the project was costly, the project partners were pleased with the final product. DMAS noted that the translation of the brochure was completed by the marketing agency at a very reasonable cost. The brochures have been disseminated through all project partners and are widely available to the public.

The Virginia grantee experience challenges related to attracting DSW participation in their interventions. Participation was often a hardship for workers because of the training requirements and because candidates were required pay for their own training (approximately \$550) prior to being placed in a job. The Job Developer from the SkillSource Center realized that finding creative ways to locate funds to offset the cost to each candidate was essential to secure recruits. Funding assistance for recruits has come from churches, training rate reduction from agencies based on group training fees, and other social service programs (e.g. women living in domestic violence shelters may be able to access training dollars from the shelter). Training expenses continue to be a barrier in the recruitment process.

### Web-Based Marketing and Recruitment

Virginia - Virginia Partnership for Nursing has developed new content for their Web site, designed to recruit people into direct care positions. The new Web site content provides potential DSWs with information about the types of jobs available in direct care (e.g. companion,

personal care attendant) that could serve as a step into a nursing career. The information details the job duties that are typically associated with each job type as well as the benefits of each position in terms of continued career paths.

The new Web site content also includes links to the state Medicare Web site and community agencies that offer PCA training. These links are expected to be instrumental in the recruitment process of DSWs. Each link connects potential workers to technical support, such as training opportunities designed specifically for those preparing to become DSWs. Challenges experienced with this intervention in Virginia have related to technical issues in the development of their Web site.

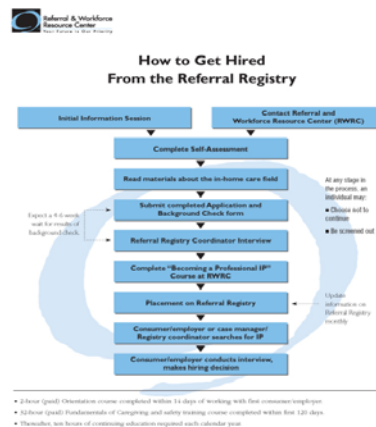
*Washington* – The Washington State Demonstration to Improve Direct Service Community Workforce, administered by the Home Care Quality Authority, included several different interventions designed to improve staff recruitment and retention outcomes. The grantee initially piloted Referral and Workforce Resource Centers (RWRC) in three regions of the state beginning in 2005, adding a fourth in 2006:

- 1) The Spokane Area RWRC serves Spokane and Whitman Counties and is operated by: Aging and Long Term Care of Eastern Washington (a local government agency)
- 2) Snohomish Area RWRC is operated by: Sunrise Services, Inc. (a home care agency)
- 3) The Northeast Area RWRC serves Ferry, Pend'Oreille and Stevens Counties, and is operated by: Rural Resources Community Action (a local governmental agency)

4) Beginning in 2006, The South Sound Area RWRC serves Lewis, Mason, and Thurston Counties operated by: WorkSource Olympia (an organization of the Employment Securities Department).

The RWRCs provide information to DSWs and prospective workers about the field, offer training and peer mentorship, orientation for new workers, and educated them about the availability of insurance in Washington for qualified individual providers.

One of Washington’s primary goals was to develop and operate a worker referral registry that matches worker skills, training, and abilities with consumer needs and preferences and increases current and prospective worker knowledge of in-home care job opportunities. The registry has a Web site ([www.hcqa.wa.gov](http://www.hcqa.wa.gov)) where potential workers can go to find out about jobs in home care and individuals looking for an individual provider can search for a list of qualified individual providers to interview.



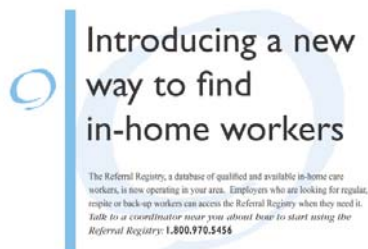
#### WA hiring registry hiring process

Individuals who want to have their names listed on the registry must meet certain criteria. Prior to being listed on a

consumer/employer referral, applicants must

- be at least 18 years old,
- successfully complete a background check,
- have a face-to-face interview with RWRC staff, and
- take an introductory course through the RWRC.

The registry database is updated monthly so contact information is current. The project has created a phone support system (with 24 hour access) and translation is available to non-English speaking users.



WA marketing and recruitment postcard

When DSWs participate in the Web registry and referral process they go through a three hour classroom-based orientation and screening class that has been developed as a component of this project. An instructor guide and learner manual for the orientation and screening class are available in electronic and print format. In one partnering region, the classroom-based format is used monthly with new applicants who want to be added to the independent provider registry. The class functions both as pre-service training and as an opportunity to screen and qualify candidates as appropriate for the registry. Other regions report they have very few applicants for the registry without prior experience as independent providers and therefore do not offer a classroom-based pre-service orientation and screening

option. In those counties, the learner guide is provided for independent study to applicants who do not have the required three months of previous experience.

The project developed marketing materials that can be used by each RWRC to let case managers, consumers, families, potential workers and others know about the referral registry. The referral registry has been marketed extensively both in the participating regions and statewide at employment fairs, conferences, workshops, and through direct contacts with both consumer groups and employee groups.

Initially, the RWRCs experienced difficulty attracting enough consumers to the registry. RWRC staff have worked hard to inform long term care case managers about the registry and keep them apprised of project activities so they will, in turn, recommend it to the consumers they serve. Because of ongoing effort, case managers are becoming an important source of consumer referrals to the registry. A survey of case managers conducted by the grantee's evaluator found that in areas where an RWRC have operated the longest (17 months at the time of the survey), 83 percent of case managers are likely to direct clients to the registry (Mann and Pavelchek, 2006). Registry coordinators contacted consumer employers one and three months after they used the registry. Consumer satisfaction with the referral registry services was 4.7 on a scale of 5 = excellent and 1 = unsatisfactory. Consumer-employer satisfaction rates with the individual providers found on the registry was 4.4 on the same scale (May 2006 Home Care Quality Authority News – Spring Issue).

Between February 1, 2005 and February 28, 2006, 2,345 individuals were screened to participate as potential workers on the Referral Registry. Of this number, 1,795 were qualified to participate on the registry. During this same time frame, 676 consumer requested referrals were provided (May 2006 Home Care Quality Authority News – Spring Issue). For each referral request by a consumer, the registry matched consumer-employers to workers 100 percent of the time. Each referral list had an average of seven worker names on the list. Data on the numbers of prospective workers hired from the registry indicates that about 34 percent of the time a referral is made to a consumer, a worker is hired from the registry.

The first four RWRCs were operated by four different types of organizations:

- an Area Agency on Aging;
- a combination of an Area Agency on Aging and WorkSource Development program;
- a home care agency;
- and a regional Employment Security Department.

These organizations have proven to have different strengths and abilities in providing services to consumers of in-home services and their workers. Making the model work in each of these different types of settings has been a challenge. These differences have demonstrated the importance of local administration and that advisory committees can have significant impact on how successful the centers are in their own communities.

*Arkansas* - The Arkansas grantee has begun the development of a Web-based DSW registry that can serve as an employment aid for DSWs seeking work. The registry has not yet been implemented, but it will be used by individuals with disabilities who hire their own DSWs and by provider agencies. The registry will provide a mechanism for employers (individuals or organizations) to connect with prospective employees who have received special training in direct support skills. In preparation for a statewide registry for DSW the project is conducting a pre- and post-survey of 1,702 members of the community based waiver to discover how they find DSWs. The responses will be analyzed and the results used to contribute to the design of the registry.

Arkansas experienced challenges in the design and development of the registry related to partnership development and in finding the staff time and resources it takes to develop and build a new Web site. There were also some concerns about whether and how the Web registry could protect consumer safety, which delayed the project. To address this concern, the grantee developed informational resources that will be included on the site to inform consumers about the importance of conducting criminal background checks and carefully screening job candidates.

### **Realistic Job Previews**

*Delaware* – The Delaware workforce recruitment and retention efforts included the development of an award winning video/DVD called: *Direct Support Professional Job Preview Video (RJP)*. This video/DVD has been used in conjunction with the statewide marketing campaign to enhance the

image of DSWs in Delaware. Much like their *Direct Support Professional Recruitment* video/DVD, a private production company was consulted to produce the video. The RJP captures real stories and information from the lives of DSWs and people with disabilities that receive their support. It is designed to provide a realistic snapshot into a career of working with people with disabilities. The video/DVD describes the expectations that a DSW should have going into the job and it shows both the challenges and rewards of direct support work. An emphasis is placed throughout the video on the values and attitudes a DSW needs to be successful in this profession.

DSWs highlighted in the video/DVD share information about the types of tasks they do in their day-to-day jobs, such as supporting people with grooming, dressing and bathing; taking people to places in the community so they can do the activities they enjoy; interacting with co-workers, family members and the community among many other skills and tasks. DSWs also share some of the challenges such as issues related to stress and burnout, completing paperwork, supporting people with challenging needs and managing conflicts that arise.

The RJP asks the viewer to consider this important question: Do you have what it takes to be a DSW? Again using the voices of people with disabilities and DSWs, it emphasizes the job expectations, dreams, and hopes of the individual who receives support. This video/DVD shows DSWs how individuals want to be treated and what it means to have a DSW in the individual's life. The video/DVD is available for purchase (for more information call Renee Settles-Bean at

the Center for Disabilities Studies at (302) 831-3073).

Delaware faced challenges related to gaining the cooperation and commitment of all their participating providers in implementing the demonstration interventions. For example, one of the four partners chose not to use the RJP because they felt its depiction of individuals with disabilities was demeaning.

*Kentucky* – The Kentucky grantee developed the Support Providing Employee's Association of Kentucky (SPEAK), which brought together eight employer agency members and their DSWs. One of SPEAK's primary initiatives is to provide a pre-service orientation to prospective job candidates – a kind of realistic job preview (RJP) that occurs before an individual is hired. In this partnership, each agency member continues to market and recruit applicants using strategies of their own choosing. Once an agency finds a prospect, the agency does an initial interview. If they are still interested in the job candidate after the interview, they refer that individual to SPEAK to participate in the RJP. The RJP is delivered in person by the SPEAK project coordinator, an employee of one of the lead organizations in the project. The session lasts up to five hours and includes three components – initial visit with the SPEAK coordinator, site visit, and family visit. The RJP session and experience is extremely informal and casual by design, to increase the comfort level of the prospective employee. Prospect employees are given a \$50 cash payment at the completion of the session.

Nearly all of the partnering organizations participate in the RJP aspect of Kentucky's demonstration

project. A few partners already had RJPs in place before the project began. When one of these organizations is considering an applicant, they usually just refer them to participate in the family visit part of the SPEAK RJP.

The RJP session typically begins at the coordinator’s office where he and the prospect “visit and chat” for about 15 minutes. During this time the prospect is told about what to expect and the purpose of the RJP (to help applicants make informed choice, reduce turnover, and improve the quality of support consumers receive).

Then site visits are conducted in both residential and employment settings. The job candidate is given the opportunity to ask existing DSWs questions about their work. Topics frequently discussed include the highs and lows of the work, what incentives are in place within organizations for DSWs to work hard (what will the DSW get out of it); the extent to which upper management is supportive of DSWs and their decisions within the organization; realities of reimbursement and raises; the most difficult things/hardest part of the work. Job candidates observe DSWs working on site.

Each candidate participates in a family visit, when possible with a family that receives services from the organization in which the prospect is applying for a job. A pool of 30 families volunteered to participate in these visits and they were trained about the purpose of the family visits and what the family should expect. The family describe the disability of their loved one, how that affects the lives of their family members, why they chose the agency, what they like about the agency and what they feel could be improved upon. Families also

share from their perspective how they have observed the agency to support direct care staff. The RJP coordinator tries during these interviews to facilitate questions that will expose the pressures DSWs feel when they work for a particular family and organization (e.g. employees work 60+ hours per week).

Finally, the job candidate and RJP coordinator conduct a de-brief and the candidate completes a response form that asks about what they learned during the session (e.g. challenges of the job, parts of the job the prospect will enjoy, attributes the prospect feels will make them good at direct support, what about working for this organization appeals to them). This form is sent back to their prospective employer. In addition, the RJP coordinator sends an objective report to the prospective employer, based on his observations of the candidate’s behavior and response to the RJP. No recommendations for employment are made in the report, but it is used by the employer organization to determine if a second interview will be offered and whether or not they ultimately hire the prospect.

**Referral & Workforce Resource Center**  
Helping People to Get Priority 1.800.970.5456

**Self-Assessment:**  
**How Compatible Are You to In-Home Care?**

**INSTRUCTIONS:** Complete the questions below, marking "Not True," "Neutral," or "True." When all answers are complete, visit the number of "Not True," "Neutral," and "True" responses. Use the key at the bottom of this page to check your results.

	False	Neutral	75% True
1. Enjoy working with people.			
2. Enjoy more than tasks.			
3. Freely seek help following directions.			
4. Enjoy meeting new people.			
5. Like to try new things.			
6. I would rather work with people than machines.			
7. I am a good problem solver.			
8. I expect that others may have different opinions than me.			
9. When someone wants something, there is certain way I can compromise.			
10. I prefer to work the day shift.			
11. It's not important to me that other people do things my way.			
12. I am comfortable with hating another person.			
13. I have no problem helping to stress another person.			
14. When others are angry I can usually understand what upsets them.			
15. Like to help others.			
16. I prefer to be around lots of people.			

**Write total number of responses for each column here:**

Now check your score against the key below		
Mostly True		Not True
8 or higher	You are ideally suited to individual in-home care. You communicate well with others, accept and take differences. You are comfortable with the intimate nature of caregiving. You like to help people.	7 or lower
7 or lower	You are capable of performing individual in-home care, but may prefer other professions.	8 or higher

**WA Direct Service Worker self-assessment**

The RJP has been beneficial to the participating organizations in screening out applicants for whom the job would not have been a good match. About 10 percent of prospects who complete the RJP have opted not to consider the job on their own initiative. Another 10 percent are not hired by the agency following the RJP. Of those that are hired, 93 percent are retained at the end of first three months.

Obtaining the support and cooperation of all partnering organizations has been a challenge for the Kentucky grantee. Developing the RJP took time because the SPEAK coordinator needed to learn about how each organization marketed, recruited and selected employees. Once the intervention was designed, the agencies had to agree to inject this process into their organization's hiring process. Partner meetings were spent discussing and hammering out the purpose, value, and process of the project intervention. Once "buy in" was obtained for the value of the pre-service orientation, the implementation process moved forward.

*Washington* – The Washington project created and implemented a realistic job preview to help potential individual providers decide if the role is a good match for them. The project Web site (discussed earlier in the section of this report on Web-based Marketing and Recruitment) includes detailed information about what being an individual provider is all about. A complete description of the role of an individual provider and the process of being hired from the referral registry is provided. One component of the RJP process in Washington is a 16 item self-assessment that helps potential

applicants decide how compatible they are to providing in-home care. In addition, a video was created describing the role of individual providers. This video is shown in some regions to applicants during the application process "Becoming a Professional Independent Provider" course.

### **Consumer directed marketing, recruitment and selection**

*Arkansas* –The Arkansas grantee provided training to individuals who self-direct their own personal assistant services about how to recruit and select potential new DSWs. Within a four module training program, six hours is devoted to topics related to recruiting and hiring employees. An outline of the training program includes:

- Recruiting and Screening Candidates
- Overview of the hiring process, including understanding the categories of regular, backup, and emergency staff
- Recruitment options
- Review of needs & preferences
- Creating ads
- Telephone screening
- Hiring Personal Assistants & Managing Your Home as a Workplace
- Recruitment options review
- Interview objectives, structure, and content
- Interviewing skills: Active listening, including asking open-ended questions and paraphrasing
- Conducting an interview
- Developing a staffing plan and work agreement

## AR Hands that Care



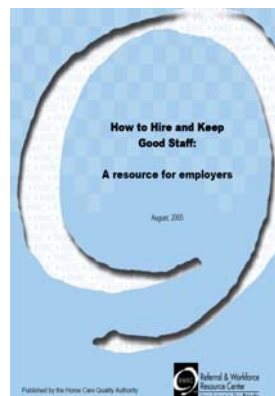
Arkansas marketing material for consumer direction training

Training individuals how to recruit their own employees reduces their reliance on others to find staff for them. This opens a large pool of new recruitment sources (the people who receive services and self-direct) that is underutilized (if utilized at all) by many provider organizations.

The primary challenges Arkansas experienced with their consumer training relate to selecting a trainer and curriculum, and arranging the logistics of the training, which involved bringing together consumers with disabilities from around the demonstration area.

*Washington* – In Washington, the grantee worked to develop and share resources for consumers about how to hire, interview, and supervise individual provider workers. In addition, they developed a tool to help match consumers and individual providers based on certain interests and characteristics. This tool is part of the Web-based worker registry and is used in the matching process. The project also facilitated innovative opportunities for consumers and potential individual providers to meet one another. In one region, “speed interview” sessions are sponsored where, similar to “speed dating,” a group of consumers and a group of individual providers have the

opportunity to meet each other and do a short interview before rotating to the next person. Some success was reported in initial trials of this type of matching event for families whose children with developmental disabilities were looking for individual providers to come into their homes. To assist consumers in selection, telephone and in person interview questions are posted on the Web site for individuals to consider using when talking to potential employees. Additionally, training manuals for consumers/employers were developed on “How to hire and keep good staff” and “Effective supervision and communication.”



“WA How to hire and keep good staff”

## Preliminary Outcomes and Findings

Each DSW grantee conducted an evaluation of their activities, measuring the impact of their demonstrations on key outcome variables such as turnover and retention. These evaluations are ongoing at the time of this report’s completion, but two of the grantees discussed in this report were able to document some changes over time.

Aggregating data across all participating agencies, Kentucky documented a drop in turnover rates from 43 percent to 29 percent over a two year period. Over the

same period, average retention per employee increased from 31 months to 36 months. The realistic job preview intervention certainly contributed to these changes.

Indiana's turnover rate has remained steady (around 21 percent) since the beginning of their grant period, but they have seen a slight increase in retention rates – from 51 months to 52 months per employee on average.

Measuring the impact of marketing and recruitment activities on workforce outcomes, separate from the other interventions, can be difficult. At least one grantee reported challenges collecting data about job applicants consistently, which hindered their ability to measure the impact of marketing activities. Grantees in this demonstration had better access to information about turnover and retention rates among employed workers.

Interventions that are designed to attract more qualified applicants or help agencies select workers who are better suited to the job can impact these key workforce variables.

### **Challenges and Barriers to Implementation**

While each of the grantees experienced success with many of their marketing, recruitment and selection strategies, each also reported challenges and barriers to implementation. One significant challenge was developing and maintaining partnerships. When partners withdrew from project activities this often resulted in the process and timelines for completing activities to slow down. Many of the grantees involved in marketing, recruitment, and selection interventions had not planned for the length of time it would take to

evolve strong partnerships and solidify and evolve unique roles and responsibilities of partnering organizations.

Obtaining the cooperation of participating agencies regarding developing interventions and using and implementing project products was also difficult for many grantees. This resulted in many demonstration projects having longer planning periods than anticipated and also in varied implementation and use of the interventions across project partners.

Another challenge was finding DSWs to participate in the activities of the projects. In some situations this was related to problems getting information out to provider organizations, the importance of using effective and easy-to-understand recruitment materials, and in some situations there were financial barriers to worker participation.

### **Policy and Future Research Implications**

The direct service workforce crisis requires intensive, focused, immediate, comprehensive interventions, many of which require additional investment in the long term care industry.

Involvement of all stakeholders is essential so that the promise of keeping individuals with disabilities and the elderly in their communities can be kept. Projects, such as the CMS DSW demonstrations, are essential to learning about effective interventions to improve practice in the area of direct support workforce marketing, recruitment and retention.

Focused attention on the ability of the grantees to sustain these activities beyond the length of the projects will be

essential. The resources available to them through the grant have given them the opportunity to develop and implement these important marketing, recruitment, and selection interventions. However, all the grantees have expressed concern for how they will sustain activities beyond the funding period. Clearly provider, local, and state agency involvement will be essential. Grantees are using a number of specific strategies to sustain their grant activities. These strategies include but are not limited to: 1) using evaluation data from their demonstration projects to show states that their projects should have continued state funding, 2) moving training and orientation activities into the community college systems, 3) collaborating with labor unions to support legislative appropriations, 4) securing individual partner organizational commitment to continue specific interventions, and 5) writing grants to states and private foundations.

Many of the marketing, recruitment, and selection materials that were developed in the CMS workforce projects are ones that can be replicated. However, it will be important for CMS and the states involved to actively disseminate their information, findings and materials.

Several grantees indicated that they experienced “slow starts” and that it took a while to build their partnerships. Future demonstrations might benefit from allowing additional time for planning and partnership development before the implementation of interventions. This could be initiated by allowing for initial short term planning grants. Then as partnerships evolve, funding for full implementation could follow. This structure would allow for opportunities to build positive relationships with partners, identify and

clarify partner roles and responsibilities from the beginning, and avoid problems during implementation. Taking the time up front during a planning phase of a project provides the opportunity to build good relationships rather than having to repairing relationship when things are not working out and gives participants purposeful time to clarify partner differences and similarities prior to implementation, measurement, and reporting of intervention outcomes.

One important outcome that was not measured by many of the grantees is overall cost savings and cost benefit analyses related to specific interventions. Many of the grantees discussed the importance of using cost savings as an essential argument in convincing partner organizations to contribute financially to sustaining the activities of the grant. This is also important information for states and local government agencies to have when they are considering long term funding of these interventions.

## **Conclusion**

The CMS funded Direct Service Workforce demonstrations have yielded many promising practices in the area marketing, recruitment, and selection of DSWs. Many of these interventions were based on well-researched and established practices, and they could be replicated and used by long term care organizations across the United States.

For these interventions to be sustained and replicated, it will be important for grantees and CMS to focus considerable effort on disseminating information regarding these specific practices and their related tools and products. Future research would help stakeholders understand the costs and benefits associated with these interventions

within organizations and for people who direct their own services. It will also be important to take additional steps to better understand how the use of these interventions makes a difference in the lives of the individuals who are supported by Direct Service Workers.

## References

- Balfour, D.J., & Neff, D.M. (1993). Predicting and managing turnover in human services agencies: A case study of an organization in crisis. *Public Personnel Management, 22*, 473-486.
- ANCOR. (2001). *State of the states report*. Alexandria, VA: ANCOR.
- Balfour, D.J., & Neff, D.M. (1993). Predicting and managing turnover in human services agencies: A case study of an organization in crisis. *Public Personnel Management, 22*, 473-486.
- Barry Associates (1999). *The Ohio Provider Resource Association 1999 salary and benefits survey*. Columbus, OH: OPRA.
- BDO Seidman (2002). *On the growing crisis in recruiting and retaining the direct support workforce*. American Network of Community Options and resources. Retrieved July 31, 2006. <http://www.ancor.org>
- Buckley, M.R., & Russell, C.J. (1999). Validity evidence. In R.W. Elder & M.M. Harris (Eds.), *The employment interview handbook* (pp. 35-48). Thousand Oaks, CA: Sage Publications.
- Bureau of Labor Statistics (2005). *Occupational Employment and Wages, May 2005*. Washington, DC: U.S. Department of Labor, Occupational Employment Statistics. Downloaded July 30, 2006 from [www.bls.gov/oes/current/oes399021.htm](http://www.bls.gov/oes/current/oes399021.htm).
- Bureau of Labor Statistics (December 7, 2005). Table 3c. The 10 fastest growing occupations, 2004-14. *BLS Releases 2004-14 Employment Projections*. Downloaded September 19, 2006 from <http://www.bls.gov/news.release/ecopro.nr0.htm>.
- Bureau of Labor Statistics (2006). Washington, DC: U.S. Department of Labor. Downloaded July 18, 2006 from <http://www.bls.gov/cps/home.htm>
- Case, B., Himmelstein, D., and Woolhandler, S. (2002). "No Care for the Caregivers: Declining Health Insurance Coverage for Health Care Personnel and their Children." *American Journal of Public Health* 92 (3): 404-408.
- Claxton, G., Gil, I., Finder, B., Holve, E., Gabel, J., Pickreign, J., Whitmore, H., & Fahlman, C. (2004). *Employer Health benefits: 2004 annual survey*. Kaiser Family Foundation and health and Education Trust. Retrieved July 31, 2006. <http://www.kff.org/insurance/7148>
- Collins, S.R., Davis, K., Doty, M.M., & Ho, A. (2004). Wages, health benefits, and worker's health. *Task force on the future of health insurance Issue Brief #788*. New York: The Commonwealth Fund. ([www.cmwf.org](http://www.cmwf.org))
- Colorado Department of Human Services. (2000). *Response to Footnote 106 of the FY 2001 appropriations long bill: Capacity of the community services systems for persons with developmental disabilities in Colorado*. Denver, CO: Developmental Disabilities Services, Office of Health and Rehabilitation Services, Colorado

Department of Human Services.

- Cortina, J.M., Goldstein, N.B., Payne, S.C., Davison, H.K., & Gilliland, S.W. (2000). The incremental validity of interview scores over and above cognitive ability and conscientiousness scores. *Personnel Psychology*, 53, 324-351.
- LaPlant, M. P., Kaye, H.S., Kang, T., & Harrington, C. (2004). Unmet Need for Personal Assistance Services: Estimating the Shortfall in Hours of Help and Adverse Consequences. *Journal of Gerontology*, 59-B, S-98.
- Ebenstein, W. (2006). Health Insurance Coverage of Direct Service Workers in the Developmental Disabilities Field. *Mental Retardation*, 44, 128-134.
- Harmuth, S., & Dyson, S. (2005). Results of the 2005 National survey of state initiatives on the long-term care direct-care workforce. New York: National Clearinghouse on the Direct Care Workforce and the North Carolina Department of Health and Human Services, Office of Long Term Care.
- Hermelin, E., & Robertson, I.T., (2001). A critique and standardization of meta-analytic validity coefficients in personnel selection. *Journal of Occupational and Organizational Psychology*, 74, 253-277.
- Hewitt, A., Larson, S.A., & Lakin, K.C. (2000). *An independent evaluation of the quality of services and system performance of Minnesota's Medicaid Home and Community Based Services for persons with mental retardation and related conditions*. Minneapolis: University of Minnesota, Research and Training Center on Community Living.
- Irwin Siegel Agency. (2001). *Staff recruitment and retention strategies: Results and analysis of the Staff Recruitment and Retention Survey*. Rock Hill, NY: Author.
- Johnston, K. (1998). *Developmental disabilities provider direct service worker study: Results and findings*. Anchorage, AK: Governor's Council on Disabilities and Special Education
- Mann, C. & Pavelchek, D. (2006). *Case Manager Web Survey Summary of Results*. Home Care Quality Authority.
- Larson, S.A., Hewitt, A., & Anderson, L. (1999). Staff recruitment challenges and interventions in agencies supporting people with developmental disabilities. *Mental Retardation*, 37, 36-46.
- Larson, S.A., & Hewitt, A.S. (Eds.). (2005). *Staff recruitment, retention and training strategies for community human services organizations*. Baltimore: Paul H. Brookes Publishing, Co.
- Larson, S. A., Hewitt, A., & Lakin, K. C. (1994). Residential services personnel: Recruitment, training and retention. In M. Hayden & B. Abery (Eds.). *Challenges for a service system in transition: ensuring quality community experiences for persons with developmental disabilities* (pp. 313-341). Baltimore: Paul H. Brookes.
- Larson, S.A., Hewitt, A.S., & Knobloch, B. (2005). Recruitment, retention and training challenges in community human services. In S.A. Larson & A.S. Hewitt (Eds.).

- Staff recruitment, retention and training strategies for community human services organizations.* (pp. 1-20). Baltimore: Paul H. Brookes Publishing, Co.
- Larson, S.A., Lakin, K.C., & Bruininks, R.H. (1998). *Staff recruitment and retention: study results and intervention strategies.* Washington, DC: American Association on Mental Retardation.
- National Association for Home Care. (2004). *Homecare Salary and Benefits Report 2003-2004*, Oakland, NJ: Hosptial & Healthcare Compensation Service.
- NYSARC. (2000). *Staff recruitment and retention: Report on turnover and vacancies. Study and analysis.* Delmar, NY: Author.
- Office of the Assistant Secretary for Planning and Evaluation (2006). *The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress.* Washington, DC: Office of Disability, Aging and Long-Term Care Policy, ASPE, U.S. Department of Health and Human Services. John Drabek, Project Officer.
- Oklahoma Department of Human Services, Developmental Disabilities Service Division. (2000). *Direct support staff turnover reduction plan: Annual report to residential providers.* Oklahoma City: Author.
- Polister, B., Lakin, K.C., & Prouty, R. (2003). Wages of direct support professionals serving persons with intellectual and developmental disabilities: A survey of state agencies and private residential provider trade associations. *Policy Research Brief, 14(2)*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institution on Community Integration.
- Saks, A.M. (1994). A psychological process investigation for the effects of recruitment source and organization information on job survival. *Journal of Organizational Behavior, 15*, 225-244.
- Seiler, R., & Zajdel, J. (2003). *Direct support professional statewide workforce employment assessment report.* Report prepared for the Idaho Council on Developmental Disabilities. Moscow, ID: Center on Disabilities and Human Development, University of Idaho, College of Education.
- Test, D., Solow, J. & Flowers, C. (1999). *North Carolina direct support professionals study: Final report.* Charlotte: University of North Carolina at Charlotte.
- Williams, C.B., Labig, C.E., & Stone, T.H. (1993). Recruitment sources and posthire outcomes for job applicants and new hires: A test of two hypotheses. *Journal of Management, 26*, 611-632.
- Zottoli, M.A. & Wanous, W.P. (2000). Recruitment source research: Current status and future directions. *Human Resources Management Review, 10*, 353-382.