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TECHNICAL
R E P O R T



National Evaluation of
the Demonstration to
Improve the Recruitment
and Retention of the
Direct Service Community
Workforce

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Prepared for The Centers for Medicare and Medicaid Services (CMS)

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Summary

Purpose and Approach

This report evaluates ten demonstration grants made by CMS to improve the recruitment and retention of direct service workers. Direct service workers are individuals who are employed to provide personal care or nonmedical services to individuals who need assistance with activities of daily living. Direct service work is very physically and emotionally demanding. Compensation in this industry is too low to attract a stable and sufficiently trained pool of workers that is adequate for the needs of the vulnerable individuals who require their assistance. In this context, CMS funded demonstrations of a variety of initiatives aimed at improving the recruitment of individuals who would be a good match for this difficult job and reducing turnover in these positions. Each of these ten demonstrations had a local evaluator, charged with assessing the implementation and outcomes of the funded activities.

CMS also requested a national evaluation of the ten demonstration grants. The national evaluation used a cluster design to take advantage of the similarities and differences among the grants. Each grantee undertook one or more activities, which were then clustered by type of initiative—health care, training, mentoring, and so forth. Clustering allows the evaluator to better understand the implementation challenges and potential outcomes of an initiative type under varying circumstances. It also permits a comparison of grantee outcomes, allowing the evaluator to isolate the effect of each initiative type on recruitment and retention.

The RAND Corporation, with the assistance of the University of Pittsburgh Graduate School of Public Health and the American Institutes for Research, conducted the national evaluation of the DSW demonstration grants. The research team reviewed the quarterly reports filed by the grantees through a Web-based system, as well as other documents provided by the grantees and other organizations assisting the grantees. We collected primary data through introductory calls soon after the national evaluation was funded, site-specific logic models developed with project directors, and interviews with demonstration stakeholders during site visits conducted in the final year of grantee funding. We administered surveys of workers, consumers, agencies, and the grantees during the final year of grant funding. These data sources informed our comprehensive evaluation of both implementation and outcomes. We assessed the implementation challenges and successes experienced by the grantees, accounting for each grant's unique context. We also examined the association of the grantee activities with changes in turnover and recruitment and with worker satisfaction, accounting for worker and job characteristics.

As with any evaluation, there are factors that limit our ability to draw definitive conclusions based on our analyses. Among the limiting factors are the tremendous variation in

grantee context, the deviation by grantees from planned activities, and the difficulty in obtaining timely survey responses from agencies, workers, and consumers, all of whom have many demands on their time. However, some patterns emerged from the combined implementation and outcome evaluations.

Key Findings

Our study found that stakeholders attributed the difficulties in recruitment and retention first and foremost to low pay relative to the challenges of the job. The perceptions of low pay and difficult work form an important lens through which to view the initiatives mounted by the grantees.

We also found that the substantial variation among the grantee sites made it very difficult to use the cluster design to compare among the initiative types or to generalize to a broader arena. The grantee sites varied in terms of client populations served, the labor markets in which they were situated, the constellation of direct care services provided, and the types of employment relationships used. However, some patterns emerged that can be used to inform future initiatives to increase recruitment and retention.

Despite significant efforts by grantees, implementation approaches struggled in many cases due to an incomplete understanding of workers' needs. For example, we found that some grantees that tried to implement health care coverage or training initiatives offered a package that did not meet the needs of workers, thereby rendering the initiative ineffective in improving recruitment or retention. In other cases, implementation was delayed because the initiative was modified or completely revised to better serve the workers, thereby preventing a timely output and outcome evaluation. Although each grantee was required to have a local evaluation, these evaluations were highly variable across grantees and often not useful in guiding midcourse corrections, either because of a lack of resources devoted to the local evaluation or because the grantee did not appreciate the potential of local evaluators to provide formative assistance.

Both the implementation and outcome evaluations confirmed high turnover and difficulty in hiring. Our multivariate analysis of the survey responses showed that initiatives that provided peer mentoring or additional training for workers or supervisors were not associated with the outcome of improved recruitment or retention. Although peer mentoring was intended to improve retention for the mentee, the initiative seemed to have been most appreciated by the mentors. Moreover, the states that implemented mentoring initiatives spent few resources on this particular initiative, which probably contributed to its lack of impact. With regard to additional training findings, the results from our implementation analyses suggest that many sites struggled with participation. In addition, two sites offered training that did not adequately meet the needs of the workers.

Our implementation evaluation suggests, however, that much of the worth of the initiatives appears to be in demonstrating to the workers that they are valued. The positive response to this recognition of value, rather than any particular benefit provided to the worker, is consistent with the survey analysis that shows a positive impact on recruitment, retention, and job satisfaction from initiatives that launched marketing campaigns to promote the occupation of direct service work and initiatives that provided recognition for long-serving and high-performing workers. The implementation evaluation suggested that the health coverage ben-

efits offered to workers often were not tailored to their needs, but the positive impact of the health coverage initiatives on outcomes suggest that such coverage provided a signal to the workers that their work was valued. The implementation evaluation also found that the realistic job preview initiative was well received by participants, and the outcome evaluation showed that it had a positive association with outcomes, suggesting that increased information about the nature of the job will reduce turnover due to unrealistic expectations.