

Findings from a Survey of Community Mental Health Provider Organizations

Understanding Michigan's Long-Term Supports and Services Workforce

**A report prepared for:
Michigan Office of Services to the Aging
Michigan Department of Community Health**

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So What? Consulting

About this Project

The Michigan CMH Employer Workforce Survey is a part of a larger survey effort by the Michigan Office of Services to the Aging to study the size, stability, and compensation levels of the direct-care workforce supporting participants in Michigan's Medicaid-funded home and community-based services programs. Summaries and detailed analysis of survey findings are available at www.PHInational.org/michigan.



PHI Michigan is a regional program of PHI (www.PHInational.org). PHI works to improve the lives of people who need home and residential care—and the lives of the workers who provide

that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

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Introduction

In 2010, the Office of Services on Aging (OSA) of the Michigan Department of Community Health (MDCH), along with similar agencies in seven other states,¹ was awarded federal funding through the State Profile Tool (SPT) to collect data on the direct-care workforce in home and community-based services (HCBS) programs. In consultation with the SPT consumer advisory council, OSA opted to conduct surveys of providers and workers supporting self-directing participants in three of its Medicaid HCBS programs,² including those that provide services to people with mental illness or cognitive and developmental disabilities who receive services through the Habilitation Supports Waiver (HSW) and 1915 (b)/(c) waivers, which are administered through the Community Mental Health (CMH) system.

The Michigan CMH Employer Workforce (CMH-EW) Survey represents the first attempt by state agencies to quantify the direct-support workforce specific to a large part of the CMH system and capture the workforce issues specific to those programs. OSA engaged PHI to develop and implement the CMH-EW Survey and prepare this report.

In the white paper, *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*, the National Direct Service Workforce Resource Center (DSW-RC) provided recommendations to states on how to develop a minimum data set (MDS) based on three key pieces of workforce data:

- **Workforce Volume** – Number of full-time and part-time direct-care workers
- **Workforce Stability** – Turnover rates and job vacancies
- **Workforce Compensation** – Average hourly wages and availability of benefits

The national survey tool that the CMH-EW Survey is based on focuses on these three topics—volume, stability, and compensation. The eight states participating in the survey project were also given the flexibility to expand these basic MDS data elements and collect other data related to the workforce, including information on training, career advancement, and injury rates. States were also allowed to customize some of the language to reflect state-specific programs.

Survey Tool Development

The CMH-EW Survey has its roots in an earlier survey developed under the SPT grant to collect workforce data from providers in the MI Choice program in early 2011. For the initial effort, a group of waiver agents volunteered to provide feedback on the survey's development and assist with pilot testing. This initial survey tool was developed based on recommendations and guidance provided in the DSW-RC white paper and the volunteer group of Michigan waiver agents.

The initial 20-question survey tool (**Appendix A**) focused on collecting data on volume, stability, compensation of direct-care workers, and workforce recruitment and retention challenges. The survey tool was tested with a total of 20 providers, chosen and recruited by the volunteer waiver agents in the summer of 2011. Fifteen providers attended focus groups to discuss the

1 The seven other states involved in the State Profile Tool Project are: Arkansas, Florida, Kentucky, Maine, Massachusetts, Minnesota, and Ohio.

2. Michigan conducted surveys of providers in the MI Choice, Home Help, and the HSW and 1915 (b)/(c) waiver programs. Surveys were also completed of workers supporting self-directing participants in HSW and MI Choice.

survey tool, and five were interviewed individually by phone. Providers that participated in the pilot testing found the survey tool easy to understand and were comfortable providing the information and data requested.

The development and testing of Michigan's initial survey tool informed the development of the survey tool that became a part of the national SPT project and the final CMH-EW Survey (**Appendix B**). In addition to the volume, stability, and compensation questions, this new survey tool also included questions on recruitment and retention, training, and cultural competency. This survey tool was tested with a small group of randomly chosen CMH providers. Feedback was positive and resulted in a few changes and clarifications of service definitions.

Methodology

In early 2012, PHI worked in coordination with the Bureau of Community Mental Health Services (BCMHS) to request provider mailing lists from all 46 Community Mental Health Service Providers (CMHSPs) that coordinate the following services to HSW and 1915 (b)/(c) Medicaid waiver participants:

- Adult Day Services
- Chore Services
- Community Living Supports
- Job/Vocational Services
- Personal Care
- Private Duty Nursing
- Residential Services
- Respite

Twenty-two CMHSPs responded to the request for their provider mailing lists (**Appendix C**). The provider lists were refined with assistance from subcontractors through internet searches and telephone calls to remove duplicate agencies, those that provide services in other home and community-based programs, and those that no longer offer services. Contact names and headquarters addresses for multi-site agencies were also identified through this process.³

In late March 2012, surveys were mailed to 440 unduplicated provider organizations across Michigan. Based on previous workforce surveys, specifically with direct-care workers, SPT set a goal of a 40 percent response rate for all states participating in this survey effort. Respondents were given the option of completing the survey that was mailed to them or logging on to a secure website to complete the survey online. CMHSPs and the Bureau of Behavioral Health and Substance Abuse Services also announced the survey release at various meetings and through email, and encouraged provider participation. Approximately two weeks prior to the survey being mailed, providers were also sent a postcard informing them that they would be receiving the survey. In May 2012, reminder telephone calls were made to 85 providers—25 percent of the survey population that had not yet responded to the survey.

³ Data Processing Services completed the printing, mailing, and data entry for the CMH-EW Survey and assisted with cleaning the mailing list. So What? Consulting completed pre-survey and follow-up phone calls to provider organizations.

The survey was closed in June 2012, with 123 survey respondents, for a response rate of 28 percent. The timing of the survey coincided with another data-collection effort that CMH was conducting and occurred in the midst of early discussions of integrating care for dually eligible Medicare and Medicaid beneficiaries. The overwhelming majority of the respondents (101) chose to complete the paper survey.

Key Findings and Analysis

The CMH Employer Workforce Survey provides a picture of provider organizations that deliver long-term supports and services to participants in the HSW and 1915 (b)/(c) waiver programs. These organizations include adult foster care homes, homes for the aged, home care agencies, and supportive employment agencies. The survey findings can be broken down into five categories:

- Type of services provided by surveyed organizations
- Workforce volume
- Workforce stability
- Workforce compensation
- Training needs and interests

Table 1 – Services Provided by CMH Provider Organizations

Which of the following services does your organization currently provide? (Check all that apply)	
Community Living Supports	77%
Residential Services	68%
Personal Care	50%
Respite	27%
Adult Day Services	18%
Chore	13%
Other	13%
Private Duty Nursing	2%

Type of Services Provided

The CMH-EW Survey focused on provider organizations that employ direct-support staff who provide personal care and home health services in participants’ homes, residential settings, and job/vocational programs. Of the providers that responded, community living supports was the most common service delivered, followed by residential services and personal care (Table 1).

Community Living Supports (CLS) is a bundled service available to waiver participants that is designed to increase participants’ independence and self-sufficiency. CLS can be provided in an individual’s home (including private residence or licensed facility) or in a community setting.

The survey also captured data on the size of the provider organizations in CMH waiver programs by asking the number of settings they deliver services in. Respondents vary greatly in the number of settings they provide services in, with the smallest being a single location and the largest, 240 locations. A little more than one-third (38%) indicate they have only one site/service setting in Michigan. Overall, respondents indicate they deliver services in approximately 10 locations.

Workforce Volume

The CMH-EW Survey sought to quantify the workforce volume for providers in the CMH waiver programs. Workforce volume is defined by three data elements:

- Number of direct-support workers, employed or contracted
- Percentage of direct-support workers employed full-time (36 hours or more per week)
- Percentage of direct-support workers employed part-time (1 to 35 hours per week)

Direct-support workers are a sizeable part of the CMH waiver program workforce. The 123 respondents to the CMH-EW Survey employ 10,640 direct-support workers. On average, survey respondents report employing 123 direct-support workers. Most organizations (90%) directly employ direct-support workers and do not use employment/consulting contracts to deliver long-term supports and services.

Respondents were also asked to identify the service setting that direct-support workers work in. Just over half (54%) work in residential services (**Chart 1**).

Respondents report that the average number of hours that direct-support workers must work to be considered full-time is 36 hours/week. However, 5,994 (56%) of direct-support workers employed by respondents work 1 to 35 hours per week (**Chart 2**).

Workforce Stability

CMH-EW Survey respondents provided information on workforce stability, as defined by the following elements:

- Average turnover rate for direct-support workers
- Number of direct-support job vacancies

In addition to these data elements, respondents were also asked to assess their level of difficulty recruiting and retaining direct-support workers, and to identify their recruiting and retention challenges.

Chart 1 – Setting Where Direct-Support Workers Work, CMH Provider Organizations

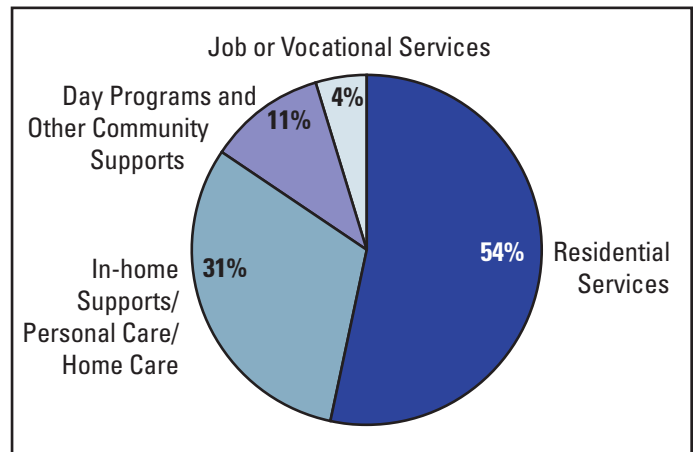


Chart 2 – Full-Time vs. Part-Time Direct-Support Workers, CMH Provider Organizations

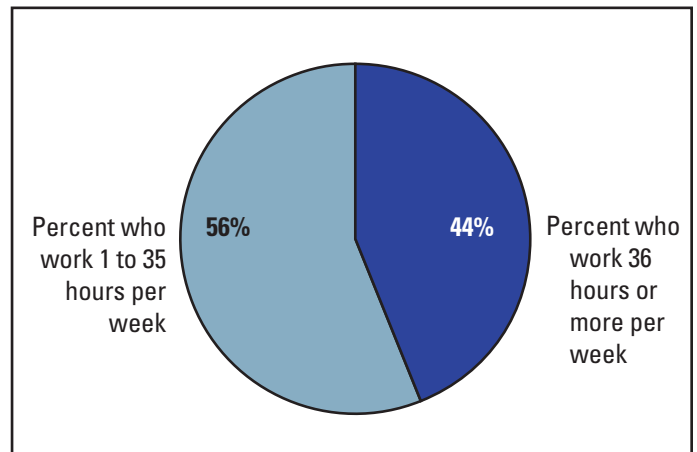


Table 2 – Ability to *Recruit and Hire* Direct-Support Workers to Deliver CMH Waiver Services

How would you describe your organization’s ability to recruit and hire qualified direct service workers?	
Easy/no problem	10%
Moderately easy	25%
Somewhat difficult	41%
Difficult	17%
Almost impossible	3%
It depends on the time of year	3%
I am not sure/don’t know	1%

Table 3 – Ability to *Retain* Direct-Support Workers to Deliver CMH Waiver Services

How would you describe your organization’s ability to retain qualified direct service workers once they are hired?	
Easy/no problem	13%
Moderately easy	38%
Somewhat difficult	40%
Difficult	3%
Almost impossible	2%
It depends on the time of year	2%
I am not sure/don’t know	2%

recruiting, hiring, and retaining direct-support workers. Respondents report finding it harder to recruit and hire direct-support workers than it is to retain them. Almost two-thirds (64%) report some level of difficulty recruiting and hiring direct-support workers, while nearly half (47%) report difficulty in retaining workers (Table 2 and Table 3).

Respondents were asked to provide the number of direct-support workers that left the organization over the previous 12 months. On average, providers report 40 direct-support workers leaving the organization during that period. With an average of 123 direct-support workers per organization, this represents a potential turnover rate of 32 percent for direct-support workers of providers that responded to this survey.

Though average turnover rates were relatively high, organizations did not report excessive job vacancies. At the time providers responded to this survey, they reported a total of 408 vacancies in their organizations. On average, respondents said they needed to hire four direct-support workers in the week that the survey was completed.

The CMH-EW Survey also asked provider organizations to identify their level of difficulty

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Table 4 – Recruitment and Hiring Challenges for CMH Provider Organizations

What are the three most significant recruitment challenges for your organization? (check up to three)	
Finding people who are willing to work for the wage that we offer	49%
Finding people who will work evenings, weekends, or holidays	37%
Finding workers with the skills needed to serve the people we support	35%
Finding people to work part-time or intermittently	32%
Finding people with reliable transportation	17%
Finding people with a clear criminal background check	16%
Finding people who can communicate effectively with the people they will support	16%
Other types of jobs are more attractive	16%
Finding people who are willing to work in a position that doesn't offer health insurance	14%
Finding people with a clean driving record	13%
Recruitment is not a problem for this organization	10%
Finding people willing to give up their unemployment benefits	8%
Finding people who meet the minimum education or experience requirements	8%
Finding workers with reliable child care	7%

The three most significant recruitment challenges reported by responding organizations are: finding people to work for the offered wage (49%); finding people to work evenings, weekends, or holidays (37%); and finding workers with the necessary skills (35%) (Table 4). Other notable barriers include difficulty finding workers willing to work part-time or intermittently, as well as workers' having a good driving record and clear criminal background check.

Among the challenges related to retaining direct-support workers, respondents cite low wages (67 %) as the single greatest challenge. One-third of respondents indicate that a lack of full-time hours, the inability of workers to perform basic duties, and workers' personal stressors pose challenges (Table 5).

Table 5 – Retention Challenges for CMH Provider Organizations

What are the three most significant retention challenges for your organization? (check up to three challenges)	
Wages are not high enough	67%
Full-time positions or sufficient hours are not available	33%
Workers unable to do the essential job duties	33%
Other personal stressors faced by workers	33%
Paid health insurance is not offered	25%
Gas prices or public transit fares are too high	18%
Conflict among direct service workers, supervisors, and/or managers	17%
Workers do not have reliable transportation	17%
Workers do not have reliable child care	6%

Compensation and Benefits

CMH waiver provider organizations were asked to report information regarding compensation and benefit levels for direct-support workers. Compensation and benefits are defined by the following data elements:

- Average hourly wage by setting and job title
- Number (or percentage) of direct-support workers without health insurance
- Number (or percentage) of direct-support workers enrolled in employer-provided health insurance
- Number (or percentage) of direct-support workers with paid sick or vacation leave

On average, the starting hourly wage for direct-support workers in CMH waiver programs is \$8.65 per hour with an overall current wage of \$9.75 per hour.

In addition to providing overall wage rates, provider organizations were also asked to indicate wage rates by service type. Wage rates for direct-support workers are comparable across all service settings, with the highest hourly wages, \$9.82, paid to workers in day programs and community supports (**Chart 3**).

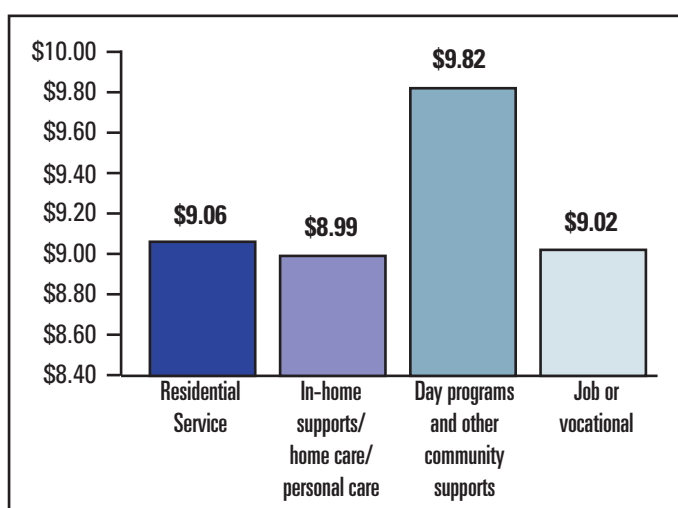
Paid time off for full-time direct-support workers is largely available in responding provider organizations. Of responding organizations, 70 percent indicate that full-time direct-support workers can earn and use paid vacation time; 53 percent indicate that they offer paid sick time to full-time workers.

Neither of these benefits is widely available to part-time workers, who make up the majority of the CMH provider workforce. Only 32 percent of organizations offer paid vacation time to part-time direct-support workers, and 20 percent offer paid sick time.

Agencies that responded to the survey provide health insurance to 2,858 direct-support workers, or 26 percent of the direct-support workers they employ. The survey did not ask if these organizations' direct-support workers receive health coverage outside of their employer-sponsored plan. However, other data shows that 32 percent of direct-support workers in Michigan are uninsured.⁴

This low level of insurance coverage is likely due to the low number of employers offering any health insurance coverage to this workforce. There are few affordable options for providers or their workers. Of respondents, 37 percent indicate that they do not offer health insurance coverage. When insurance is available, provider organizations are more likely to offer coverage to full-time workers (57%) rather than their largely part-time workforce (15%). In addition, coverage appears to be unaffordable for workers. The common threshold premiums considered affordable

Chart 3 – Current Direct-Support Worker Wage Rates by CMH Waiver Service



⁴ PHI (September 2011). "State Facts: Michigan's Direct-Care Workforce." Available online: <http://www.directcareclearinghouse.org/download/PHI-StateFacts-MI.pdf>.

Table 6 – Percent of Premium Paid by CMH Waiver Provider Organization

For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization?	
Percent of Premium Paid	Percent Responded
0%	34%
1% - 25%	3%
26% - 50%	14%
51% - 75%	1%
76% or more	23%
I am not sure/don't know	14%
Different percentages for different direct service workers	11%

Table 7 – Top 10 Required CMH Waiver Provider Training Topics

For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training for (check at least three, and all that apply)	
Training Topic	Response Percent
Safety and Emergency	96%
Consumer Rights	95%
Administering Medications	90%
Consumer Confidentiality	86%
Infection Control	85%
Cultural Competence	84%
Ethics	84%
CPR	80%
Personal Care	76%
Behavior Management	76%

to identify the areas that are considered a critical training need for workers. Among the top 10 topics respondents identify as a critical need—but are not required training—are documentation and crisis prevention and intervention.

for low-income individuals are at or below 5 percent of income.⁵ Approximately half (51%) of provider organizations report that they pay half or less of the health insurance premium—including 34 percent that do not pay any portion of the health insurance premium (Table 6).

Training Needs and Interests

The final area for analysis of the CMH-EW Survey findings is related to training needs and interests. The survey sought to gain information on how training is delivered now, what topics providers require for training, and the topics that are considered a critical need. The majority (70%) of organizations indicate that they both do their own training and contract with another entity to provide training to direct-support workers. The remaining 30 percent do all their own training.

Organizations were also asked to identify both their current training requirements and their critical training needs from a list of 30 training topics. The top three required training topics are safety and emergency, consumer rights, and administering medications. Table 7 shows the top 10 required training topics identified by responding organizations.

The CMH-EW Survey also asked provider organizations

5 Kaiser Family Foundation (January 2007). "Health Coverage for Low-Income Americans: An Evidence-Based Approach to Policy." Available online: <http://www.kff.org/uninsured/upload/7475.pdf>.

Summary of Findings

Provider organizations identified low wages, part-time hours, and lack of mileage reimbursement as significant challenges to attracting direct-care staff.

- Findings from the CMH Employer Workforce Survey show that the average starting (\$8.65) and current (\$9.75) hourly wages offered by these provider organizations are lower than the average hourly wages reported by the Bureau of Labor Statistics in May 2011 for Michigan home health aides (\$10.45), personal care aides (\$9.96), and nursing assistants (\$12.11).⁶ Given these comparative figures, CMH waiver providers are at a competitive disadvantage in recruiting and retaining direct-support staff compared to nursing homes and other Michigan long-term services and supports employers. Reimbursement rates and methodologies could better reflect competitive market labor costs or a family self-sufficient wage rate.⁷
- Just over half (56%) of direct-care workers employed by responding provider organizations work part-time, at less than 36 hours per week. This high level of part-time work compounds the challenges of the low wage rates, creating a significant recruitment and retention challenge, according to survey respondents. Employer organizations list the inability to offer full-time hours among the top recruitment and retention barriers.
- Mileage reimbursement is not common, with just over one-third (39%) of respondents saying they reimburse direct-support staff for mileage and/or gas for travel between participants. Direct-care workers are often required to drive between participants' homes or to drive participants for medical appointments throughout the course of a workday.

In 2006, the National Association for Home Care and Hospice estimated that home care workers in Michigan travel 161.3 million miles annually.⁸ With gas prices regularly exceeding \$3.50/gallon, getting to participants' homes can be difficult for workers. Given the wages that direct-care staff earn, it is likely that a significant portion of their wages for a given day goes directly to their own transportation costs to get from worksite to worksite, making the work financially unsustainable. Yet, there is no clear policy that either a) includes transportation costs in the calculation of the rate paid to providers, or b) requires providers to reimburse workers for their transportation costs incurred while serving participants.

Retaining staff is a challenge for many organizations.

CMH-EW Survey respondents report a turnover rate of 32 percent, with an average of 40 direct-care staff leaving employment in the previous 12 months. A sizeable percentage of provider organizations (45%) report some level of difficulty retaining direct-support staff. A 2004 report shows

6 Bureau of Labor Statistics. May 2011 State Occupational Employment and Wage Estimates, Michigan. Available online: http://www.bls.gov/oes/current/oes_mi.htm#39-0000.

7 According to the Michigan League for Public Policy (MLPP), the self-sufficiency wage for a single person is \$10.83 per hour. MLPP defines economic self-sufficiency as "the level at which a household is able to meet all of its basic expenses without relying on government or non-profit assistance." *Economic Self-Sufficiency in Michigan: A Benchmark for Family Well-Being* (June 2011). Available online: <http://www.milhs.org/wp-content/uploads/2010/07/SSJune2011.pdf>.

8 National Association for Home Care and Hospice (June 2008). "Escalating Energy Costs Threaten Health Care for Critically Ill and Homebound Seniors: Home Care Nurses, Aides, and Therapists Drive 4.8 Billion Miles per Year to Reach Shut-In Patients." Available online: <http://www.docstoc.com/docs/40740920/Escalating-Energy-Costs-Threaten-Health-Care-for-Homebound-Seniors>.

that an organization spends an average of \$2,500 to recruit, screen, train, and hire a new worker.⁹ Given these figures, a CMH provider organization would spend approximately \$100,000—\$12.3 million across all respondents—to replace those who left employment over the last 12 months.

Research shows that the reasons for turnover are varied, but the most consistent ones are low wages and transportation costs. In fact, Michigan's own *Voices from the Front* study in 2004 showed that increasing wages by \$1 per hour reduced the likelihood that a worker would leave by 15 percent.¹⁰ Several other studies from across the country link wages and transportation costs to turnover, including a Wyoming study showing a 20 percent decrease in turnover as wages for direct-support workers increased and a Maine study demonstrating that reimbursing workers for transportation lowered turnover as much as a significant wage increase.^{11 12}

Providing affordable health care coverage is difficult for CMH provider organizations.

The largely part-time nature of home and community-based services—and the small size of many of the provider organizations—directly impacts the ability of provider organizations to make affordable health insurance coverage accessible to their staff:

- Only 26 percent of direct-care workers employed by responding provider organizations receive employer-sponsored health insurance.
- Of CMH provider organizations, 37 percent do not offer health insurance to their direct-care staff.
- For those that do offer health insurance, about half (51%) pay half or less of the premium costs—including 34 percent who do not pay any of those costs.

These factors contribute to an uninsured rate of 41 percent among Michigan's home care workers, a rate substantially higher than that of certified nursing assistants working in the state's nursing homes.¹³ This disparity adds to home and personal care jobs being less attractive compared to others in the long-term services and supports (LTSS) sector. The implementation of the Affordable Care Act—including the expansion of Medicaid to individuals with income under 138 percent of the federal poverty level and the availability to enroll in coverage through the Health Insurance Exchange, both slated to begin in October 2013—provides new coverage options for direct-care workers. MDCH has an opportunity to inform LTSS providers and their staff about critical decisions to be made regarding health care coverage in the coming year.

9 D. Seavey (October 2004). *The Cost of Frontline Turnover in Long-Term Care*, Better Jobs Better Care Report, Washington, DC: Institute for the Future of Aging Services, American Association of Homes and Services for the Aging. Available online: <http://phinational.org/sites/phinational.org/files/clearinghouse/TOCostReport.pdf>.

10 M. Mickus, C.C. Luz, A. Hogan (2004). *Voices from the Front: Recruitment and Retention of Direct Care Workers in Long Term Care Across Michigan*, Michigan State University. Available online: http://phinational.org/sites/phinational.org/files/clearinghouse/MI_vocices_from_the_front.pdf.

11 B.D. Sherard (2002). *Report to the Joint Appropriations Committee on the Impact of Funding for Direct Staff Salary Increases in Adult Developmental Disabilities Community-Based Programs*, Wyoming Department of Health. Available online: http://www.pascenter.org/documents/WY_2002.pdf.

12 L. Morris (2009) "Quits and Job Changes Among Home Care Workers in Maine," *The Gerontologist*, 49(5): 635-50. Available online: <http://gerontologist.oxfordjournals.org/content/49/5/635.abstract>.

13 PHI (September 2011). "State Facts: Michigan's Direct-Care Workforce." Available online: <http://phinational.org/sites/phinational.org/files/clearinghouse/PHI-StateFacts-MI.pdf>.

Core competencies and training for the home and community-based direct-care workforce must be expanded.

Current competency, curriculum, and training standards for the CMH-funded waiver workforce have been developed and are being implemented in accordance with both Medicaid and state licensing requirements—with trainings delivered both by provider organizations and local CMH employees. This system gives post-employment preparatory training to thousands of new workers who serve thousands of Medicaid participants.

MDCH and the Michigan Department of Human Services (MDHS) have separate responsibilities that impact the training of direct-support workers. MDCH policies outline modest competency and training requirements for the direct-support workforce regulated by the Bureau on Behavioral Health and Substance Abuse.¹⁴ Aides serving adults are to be trained in first aid and “in the beneficiary’s plan of service, as applicable.”

As the licensing agency for adult foster care homes, MDHS is responsible for training requirements for staff who work in adult foster care (AFC) homes serving CMH-funded beneficiaries/participants. AFC homes can seek an additional credential from MDHS—certification—to serve CMH-funded beneficiaries/participants.¹⁵ The additional credential requires the training of direct-support staff in the curriculum “Providing Residential Services in Community Settings: A Training Guide.”¹⁶

Developed in the late 1990s, this residential service curriculum has become the foundational piece for initial training for almost all direct-support staff working in CMH-funded services. However, people trained in the posted curriculum are not assured that their successful completion of the training will be recognized by employers. In some areas of the state, local CMH polices and individual employers require the retraining of trained workers because they do not feel assured that the content of the training or quality of trainers adequately prepares workers for their participants or settings. These retraining requirements—whether required by CMH or employer policies—seem to reflect a systemic lack of confidence in the curriculum and training entities.

Almost all provider organizations currently rely on a combination of in-house training sessions or contracts with outside organizations, including local CMH staff, with 30 percent solely doing the training themselves. Even with a training infrastructure and state-approved curriculum, one-third of providers report that the inability of staff to perform essential job duties is a challenge to retaining direct-support workers.

The Legislature has recognized the problems and challenges of training within the CMH system and has asked MDCH for resolution. In appropriations for MDCH in FY 2013, the department is asked to develop a plan to “maximize uniformity and consistency” in provider contract provisions related to “training requirements for direct-support staff.” Using the findings in the CMH-EW report to develop core competencies and specialized or advanced competencies can

14 Medicaid Provider Manual, Mental Health/Substance Abuse section and Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services and HCPCS/CPT Codes, March 12, 2012.

15 Add citation [looks like a missing citation]

16 The residential services curriculum can be found on the MDHS website section on AFC homes at http://www.michigan.gov/dhs/0,4562,7-124-5455_27716_27717-224979--,00.html. The training materials have changed to reflect current realities. The food pyramid has been replaced with the food plate. These changes in the posted curriculum must be approved by MDHS for direct-care staff working in certified AFC homes.

help move CMH-funded services towards uniformity, consistency, and efficiency in worker training. Starting with agreed-upon competencies, other states have developed high-quality, adult-learner centered curricula that support and drive philosophies and goals of person-centered planning, freedom, integration, and participation.

Within the robust and experienced CMH training system, these survey results provide areas for improvement and a list of training topics that seem to comprise a set of core competencies for this workforce.

Conclusion

The CMH Employer Workforce Survey provides the foundation for OSA or another state agency to create a data warehouse on the direct-care workforce, and possibly other occupations that serve home and community-based programs. For a number of years, the Michigan Legislature has requested a report on a wide array of CMH and Pre-paid Inpatient Health Plans (PIHP) services, including an “estimated number of direct-support workers.”¹⁷ Findings from this survey and the other surveys that were a part of the State Profile Tool provide baseline data on workforce volume, stability, and compensation, establishing an initial minimum data set to inform state goals, programs, and priorities.

States are encouraged to collect workforce data on an ongoing basis to identify workforce trends, plan for program changes, and develop and analyze interventions to address workforce challenges. Only by having reliable program-specific information and data on the needs of workers and employers can Michigan adequately meet the growing demand and shifting preferences regarding delivery models for LTSS.

¹⁷ This request for basic direct-support workforce data regularly appears in section 404 of the MDCH appropriations bill.

Appendix A: CMH Self-Directed Workers Survey



MI Choice Provider Workforce (Pilot)

Survey

As an organization that contracts with a waiver agency that administers the MI Choice Home and Community Based Services (HCBS) Waiver program, you are being asked to complete this MI Choice Provider Workforce Survey. With funding from a grant from the Centers for Medicare and Medicaid services and cooperation from the Michigan Department of Community Health, the Michigan Disability Rights Coalition has contracted with PHI to conduct this survey to ensure your responses are confidential and anonymous.

DCH is conducting this survey to gather data on the volume, stability, and compensation of registered nurses (RNs), licensed practical nurses (LPNs), and direct-care workers that your organization employs or contracts with to provide the following services:

- ▶ **Adult Day**
- ▶ **Community Living Supports**
- ▶ **Homemaking**
- ▶ **Personal Care**
- ▶ **Private Duty**
- ▶ **Residential Services**
- ▶ **Respite**

When completing this survey, please include all staff or contractors in the above categories and not just those that provide services to consumers in the MI Choice program.

For the purpose of this survey, “direct-care workers” are defined as staff who provide hands-on assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) or provide back up or supervisory services, but are not RNs and LPNs. The most common names for these staff members are:

- ▶ **Certified Nursing Assistants (CNA)**
- ▶ **Homemakers**
- ▶ **Home health direct-care workers**
- ▶ **Housekeepers**
- ▶ **Personal care aides /attendants**

Please complete this pilot survey prior to attending the focus group on your scheduled date during the week of April 4, 2011

Pilot # _____

- 1.** Which of the following MI Choice services does your organization provide? (Check all that apply.)
- Adult Day
 - Community Living Supports
 - Homemaking
 - Personal Care
 - Private Duty Nursing
 - Residential services
 - Respite
- 2.** Which of the following MI Choice waiver agents does your organization contract with for services to provide the services listed in Question #1? (Check all that apply.)
- A&D Home Health Care, Inc.
 - Area Agency on Aging of Northwest Michigan
 - Area Agency on Aging of Western Michigan, Inc.
 - Area Agency on Aging, 1B
 - Detroit Area Agency on Aging
 - HHS, Health Options
 - Macomb-Oakland Regional Center, Inc.
 - Northeast Michigan Community Service Agency
 - Northern Lakes Community Mental Health/Northern Healthcare Management
 - Region 2 Area Agency on Aging
 - Region 3B Area Agency on Aging
 - Region 4 Area Agency on Aging
 - Region 7 Area Agency on Aging
 - Senior Resources
 - Senior Services, Inc.
 - The Information Center, Inc.
 - The Senior Alliance
 - Tri-County Office on Aging
 - U.P. Area Agency on Aging (UPCAP)
 - Valley Area Agency on Aging
- 3.** Does your organization contract with RNs, LPNs, or direct-care workers that are not employees of your organization to provide the services listed in Question #1?
- Yes
 - No

Volume

The following questions are related to the number of registered nurses (RNs), licensed professional nurses (LPNs), and direct-care workers your organization employs or contracts with to provide the services listed in Question #1.

- 4.** Please indicate the **total** number of RNs, LPNs, and direct-care workers currently employed (as of February 28, 2011) by your organization.
- RNs
 - LPNs
 - Direct-care workers
- 5.** Please indicate the number of RNs, LPNs, and direct-care workers currently employed (as of February 28, 2011) **full-time** (32 hours or more per week).
- RNs
 - LPNs
 - Direct-care workers
- 6.** Please indicate the number of RNs, LPNs, and direct-care workers currently employed (as of February 28, 2011) **part-time** (less than 32 hours per week).
- RNs
 - LPNs
 - Direct-care workers

Stability

The following information will be used to calculate the turnover and vacancy rates for RNs, LPNs, and direct-care workers your organization employs or contracts with to provide the services listed in Question #1. For the questions below, include individuals who work both full-time and part-time.

- 7.** Please indicate the number of RNs, LPNs, and direct-care workers who left employment for any reason – voluntary or involuntary – during calendar year (CY) 2010.
- RNs
 - LPNs
 - Direct-care workers
- 8.** Please indicate the average number of RNs, LPNs, and direct-care workers employed by your organization during CY 2010.
- RNs
 - LPNs
 - Direct-care workers

- 9.** Please indicate the number of vacant RN, LPN, and direct-care worker positions as of February 28, 2011.
- _____ RNs
 - _____ LPNs
 - _____ Direct-care workers
- 10.** How would you describe your organization's overall ability to **recruit** qualified direct-care workers? (Check only one answer.)
- Easy/no problem
 - Moderately easy
 - Somewhat difficult
 - Difficult
 - Almost impossible
 - It depends on the time of year
 - I am not sure/don't know
- 11.** What are the challenges your organization faces in **recruiting** qualified direct-care workers? (Check the top three challenges.)
- Wages are not high enough to attract workers
 - Health insurance is not offered
 - Candidates cannot clear a criminal background check
 - Other jobs in my area are more attractive
- 12.** How would you describe your organization's overall ability to **retain** qualified direct-care workers once they are hired? (Check only one answer.)
- Easy/no problem
 - Moderately easy
 - Somewhat difficult
 - Difficult
 - Almost impossible
 - It depends on the time of year
 - I am not sure/don't know

- 13.** What are the challenges your organization faces in **retaining** qualified direct-care workers once they are hired? (Check top three challenges.)
- Wages are not high enough to keep workers
 - Health insurance is not offered
 - Full-time hours are not available
 - Tension between workers and supervisor/management
 - Lack of reliable transportation
 - Lack of reliable child-care
 - Interpersonal stressors faced by workers
 - Other jobs in my area are more attractive

Compensation

The following information will be used to determine average wage rates and benefit levels for RNs, LPNs, and direct-care workers your organization employs or contracts with to provide the services listed in Question #1.

- 14.** Please indicate the average hourly wage paid to RNs, LPNs, and direct-care workers.
- ____ RNs
 - ____ LPNs
 - ____ Direct-care workers
- 15.** Does your organization offer health insurance?
- Yes
 - No
- 16.** If yes to #15, please indicate the number of RNs, LPNs, and direct-care workers enrolled in health insurance offered by your organization.
- ____ RNs
 - ____ LPNs
 - ____ Direct-care workers
- 17.** How does your organization compensate staff for mileage costs for travel between consumer’s homes? (Check all that apply.)
- Gas card
 - Mileage rate
 - Provide bus pass
 - Pay for ferry costs
 - We do not compensate for mileage costs
 - Other _____

- 18.** If your organization compensates staff for mileage costs, which categories of workers is this compensation available? (Check all that apply.)
- RNs
 - LPNs
 - Direct-care workers
- 19.** Does your organization offer paid sick time for the following categories of workers? (Check all that apply.)
- RNs
 - LPNs
 - Direct-Care Workers
 - My organization does not offer paid sick time
- 20.** Does your organization offer paid vacation leave for the following categories of workers? (Check all that apply.)
- RNs
 - LPNs
 - Direct-Care Workers
 - My organization does not offer paid vacation time



PHI Michigan, a regional office of PHI (www.PHInational.org), works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, and employers, and policymakers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect and independence. For more information, contact PHI Midwest Director Hollis Turnham, hturnham@phinational.org, Ph: 517.327.0331.

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Appendix B: CMH Provider Organization Workforce Survey

Michigan CMH Provider Organization Workforce Survey

Survey Instructions

Purpose of the Survey:

You received this survey because your organization receives funding to provide services through the Community Mental Health system for people of all ages with physical or intellectual or developmental disabilities and/or mental illness with the following services:

- ▶ Adult Day Services
- ▶ Chore Services
- ▶ Community living supports
- ▶ Job/Vocational Services
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Residential services
- ▶ Respite services

The Centers for Medicare and Medicaid Services has asked Michigan to gather and report basic information about the volume, stability, wages, and compensation of direct service workers (DSW). This information will allow state and federal policymakers to:

- ▶ Identify and set priorities for long-term support and services reform and systems change.
- ▶ Inform policy development regarding direct service workforce improvement initiatives.
- ▶ Promote integrated planning and coordinated approaches for long-term supports and services.
- ▶ Create a baseline against which the progress of workforce improvement initiatives can be measured.
- ▶ Compare workforce outcomes for various programs and populations to better evaluate the impact of policy initiatives.
- ▶ Compare state progress with the progress of other states and with overall national performance (where data from other states are available).

Information from this survey will help the federal government and state develop ways to attract more workers into these jobs and keep workers in these jobs longer. The information from this survey can also assist organizations like yours understand how you compare to other organizations in your state, and how organizations in your state compare to those in other states (where data from other states are available). Your organization will be given the opportunity to see the results from Michigan by September 2012.

Notice of Privacy:

Filling out this survey is voluntary. Your answers to these questions will be kept private under the guidelines of the Privacy Act and will not affect your status as a CMH provider. This survey has been assigned a **Survey ID** number that appears at the bottom of every page. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey, so that we can follow up with organizations that do not fill it out to encourage a higher response rate. Results of this survey will be reported only in the aggregate; your organization will not be identified in any way.

If you have any questions or concerns about the survey, please contact PHI's Senior Workforce Advocate, **Tameshia Bridges** at (517) 643-1049 or by email at tbridges@phinational.org

Survey ID# MI12345
CMS-10404 (exp. date 2/28/15)

Michigan CMH Provider Organization Workforce Survey

Directions:

We encourage you to complete your survey online at:

<https://www.research.net/s/Michigan-CMH-Provider-Organization-Workforce-Survey>

If you complete the survey online, please enter <<MI3037>> when it asks for your Survey ID number. Alternatively, you may complete the paper survey enclosed and return your completed survey to **PHI Michigan, P.O. Box 505, Linden, MI 48451-9912.**, by mail using the stamped return envelope enclosed.

The survey will take approximately one hour to complete and will require access to your organization's personnel data. Please answer each question as accurately as possible. If you do not know the answer to one or more of the questions, please ask the person in your organization who would be able to provide an accurate answer. This survey should be completed by the person or group in your organization responsible for maintaining employee records including wages, benefits, hiring, training, and tenure with your organization. If your organization is part of a larger national or state organization, please send the survey to your organization's Michigan headquarters, or contact them for answers to any questions that you do not know.

We encourage you to keep a copy of your answers to this survey as a baseline for your own organization so that you can monitor your progress in addressing staff recruitment, retention, and training challenges over time and compare your organization's experiences to those of other organizations in Michigan. You can learn more about effective recruitment and retention strategies at the Direct Service Workforce Resource Center (www.dswresourcecenter.org).

Please refer to the following definitions as you complete this survey.

Definitions: Types of Workers

This survey is about people employed or contracted to be direct service workers. Direct service workers may work in one or more type of service settings and with one or more populations. This includes all paid workers whose primary job responsibility is direct service work. The direct service workforce includes the following job titles and those in similar roles:

- ▶ Direct support professionals
- ▶ Direct support worker
- ▶ Personal care attendant
- ▶ Homemakers
- ▶ CLS Worker
- ▶ Job Coach

Please include in your responses:

- ▶ All people whose primary job responsibility is to provide support, training, supervision, and personal assistance to people of all ages with physical and/or intellectual disabilities and/or mental illness with support needs.
- ▶ All part-time, full-time, intermittent, and on-call direct service workers.
- ▶ All direct service workers from all branches, divisions, or offices of your organization in this state.
- ▶ Contract or subcontracted direct service workers who are not employed by your organization directly.

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Michigan CMH Provider Organization Workforce Survey

- ▶ All paid staff members who spend at least 50% of their hours doing direct service tasks. These people may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct service work.

Only include supervisors if more than 50% of their hours are spent doing direct service tasks.

Do not include other licensed health care staff (physicians, social workers, psychologists, etc.), administrative staff, or full time managers or directors, unless they spend 50% or more of their hours providing direct, hands-on support and personal assistance or supervision to individuals with disabilities or older adults.

Definitions: Workplace Settings / Services

This survey refers to the following services provided through waiver programs administered by the Community Mental Health system in Michigan:

- ▶ Adult Day Services
- ▶ Chore Services
- ▶ Community living supports
- ▶ Job/Vocational Services
- ▶ Personal care
- ▶ Private duty nursing
- ▶ Residential services
- ▶ Respite services

Please include in your responses if applicable for your organization:

Direct service workers in the following settings:

- Residential services**—Supports provided to a person living in a community home or apartment with two or more people of any age with disabilities or who are aging (e.g. group home, assisted living, adult foster care home, home for the aged).
- In-home supports /home care/personal care** —Supports provided to a person in his or her own home or in the home or apartment or in the home of a family member.
- Day programs and community support programs**—Supports provided outside an individual's home such as adult day services.
- Job or vocational services**—Supports to help individuals on the job for which they are paid.

Do not include employees in the following settings:

- ▶ **People who work only in institutional settings** such as ICF-MRs, Skilled Nursing Facilities, Nursing Homes, Hospitals, or Rehabilitation Facilities. However, employees of institutional settings should be included if they work with people living in home and community settings.
- ▶ **People working only in school settings** for children through 12th grade.
- ▶ **People who are hired directly by the person or the person's family** for whom your organization's role is limited to being a fiscal intermediary/employer of record.
- ▶ **People working in child care facilities** unless they specifically support children with disabilities.
- ▶ **People providing therapy services**, such as occupational therapists.

Michigan CMH Provider Organization Workforce Survey

Survey Questions

1. Which of the following services does your organization currently provide? (check all that apply)

- Adult day services
- Chore Services
- Community Living Supports
- Homemaker
- Job/Vocational Services
- Personal Care
- Private Duty nursing
- Residential Services
- Respite
- Other (please describe) _____

2. Is your organization... (check only one)

- Independent entity (i.e., not part of a chain or larger organization)
- Part of a chain, system, or multi-organization structure (within your state or nationally)
- Government operated
- I am not sure/don't know

3. If your organization has multiple sites in this state, for what part of the organization are you responding? (check only one)

- The entire organization in this state
- A subdivision of the organization within this state
- A single service setting that is part of a larger organization
- Our organization has only one site

4. Excluding services provided to people in their own or a family member's home, how many different service locations (agency offices, residential adult foster homes or homes for the aged, adult day centers) does your organization operate in Michigan?

- Total number of settings
- I am not sure/don't know

Workforce Volume

The following questions are related to the number and assignments of the direct service workers your organization employs or contracts with to provide the services listed in Question #1.

Direct Service Workers

5. How many hours per week (not per pay period) do direct service workers have to work to be considered full-time employees at your organization?

- Number of hours per week
- I am not sure/don't know

Michigan CMH Provider Organization Workforce Survey

6. Does your organization contract with direct service workers who are not employees of your organization to provide the services listed in Question #1? (check only one)

- Yes
- No
- I am not sure/don't know

7. How many total direct service workers did your organization employ or contract with on February 29, 2012? (check box below if using a different date)

- A. Number who work 36 or more hours per week
- B. Number who work 1 to 35 hours per week
- Total number of direct service workers (the sum of A plus B)
- I am not sure/don't know
- If you used a date other than the last day of past month please indicate (MM/DD/YYYY)

8. How many direct service workers worked primarily in each of these types of settings? (please count each employee in the setting he or she works the most hours)

- A. Residential services
- B. In-home supports/home care/personal care
- C. Day programs and other community supports
- D. Job or vocational services
- Total number of direct service workers (the sum of A-D)
- I am not sure/don't know

Individuals Served

9. How many people with a disability or who are aging does your organization currently support?

- Total number of people supported
- I am not sure/don't know

10. How many individuals with a disability and/or mental illness does your organization currently support in each of the following settings and in total?

- A. Residential services
- B. In-home supports/home care/personal care
- C. Day programs and rehabilitative or medical supports
- D. Job or vocational services
- Total number of people supported (the sum of A-D)
- I am not sure/don't know

Michigan CMH Provider Organization Workforce Survey

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for direct service workers that your organization employs or contracts with to provide the services listed in Question #1.

Direct Service Workers

11. How many direct service workers do you need to hire this week? Please include all full-time and part-time, on-call, contract, and intermittent positions that are currently funded but have no specific person assigned. You might be using overtime or substitutes to cover these positions.

Number of new workers needed
 I am not sure/don't know

12. In the last 12 months, how many direct service workers (including full-time, part-time, on-call, contract, or intermittent) left employment or stopped contracting with your organization for any reason (voluntary or involuntary)?

Total direct service workers who left the organization
 I am not sure/don't know

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for direct service workers your organization employs or contracts with to provide the services listed in Question #1. **Please use your organization's definition of full-time and part-time for this section. Please report average amounts across your organization.**

Direct Service Workers

13. What was the average starting hourly wage paid to full-time, part-time, on-call, or intermittent direct service workers who were hired by your organization over the last 12 months?

\$ ____ . ____ (per hour)
 I am not sure/don't know

14. What is the current average hourly wage paid to all full-time, part-time, on-call, or intermittent direct service workers in each of the following types of services or settings?

\$ ____ . ____ (per hour) Residential services
\$ ____ . ____ (per hour) In-home supports/Home care
\$ ____ . ____ (per hour) Day programs and other community supports
\$ ____ . ____ (per hour) Job or vocational services
\$ ____ . ____ (per hour) **Current average hourly wage across all services and settings**
 I am not sure/don't know

Michigan CMH Provider Organization Workforce Survey

15. Which of the following direct service workers are eligible to earn and use vacation or paid time off (excluding sick time) at your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call, contract, or intermittent direct service workers
- No direct service workers are eligible for paid vacation or paid time off
- No paid vacation time or paid time off offered
- I am not sure/don't know

16. Which of the following direct service workers are eligible to earn and use paid sick time? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call, contract, or intermittent direct service workers
- No direct service workers are eligible for paid sick time
- Paid sick time is not offered
- I am not sure/don't know

17. Which of the following direct service worker groups are eligible for individual health insurance coverage through your organization? (check all that apply)

- Full-time direct service workers
- Part-time direct service workers
- On call, contract, or intermittent direct service workers
- No direct service workers are eligible for health insurance coverage
- No health insurance coverage is offered
- I am not sure/don't know

18. How many direct service workers (including full-time, part-time, on-call, contract, or intermittent) currently receive individual health insurance coverage through your organization?

- Number of direct service workers enrolled in health insurance coverage through your organization
- I am not sure/don't know

19. For direct service workers who are currently receiving individual health insurance coverage, what percentage of the premium is paid for by your organization? (check only one)

- 0%
 - 1% to 25%
 - 26% to 50%
 - 51% to 75%
 - 76% or more
 - I am not sure/don't know
 - Different percentages for different direct service workers (please describe)
- _____

Michigan CMH Provider Organization Workforce Survey

20. Does your organization compensate direct service workers for mileage or travel costs for travel between consumer homes or work sites? (check only one)

- Yes – for *all* travel for *all* direct service workers
- Yes – for *all* travel for *some* direct service workers
- Sometimes - under certain circumstances
- No, we do not compensate direct service staff for mileage or travel costs between consumers' homes or work sites
- I am not sure/don't know

Organizational Cultural Competence

Cultural competence is defined as a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.¹

21. Does your organization have a written plan for recruiting, retaining, and promoting staff who are representative of populations served? (check only one)

- Yes
- No
- I am not sure/don't know

22. Are interpreters available, if needed, who are knowledgeable about healthcare terminology and can translate and/or interpret information to diverse populations? (check only one)

- Yes
- No
- I am not sure/don't know

23. Does your organization have a written policy concerning cultural competence? (check only one)

- Yes
- No
- I am not sure/don't know

24. If yes, which of the following populations are included in the cultural competency plan or policy at your organization? (check all that apply)

- Racial/ethnic minorities
- Language minorities
- Lesbian/gay/bisexual/transgender population
- Specific religious groups or faith-based affiliations
- AIDS/HIV status
- Disability status
- I am not sure/don't know

¹ Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent, which include: 1) Valuing diversity, 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact, 4) Having institutionalized culture knowledge, and 5) Having developed adaptations to service delivery reflecting an understanding of cultural diversity. For more information, visit the National Center for Cultural Competence at:

<http://www.ncccurricula.info/culturalcompetence.html>

Michigan CMH Provider Organization Workforce Survey

25. Does staff at your organization receive training in cultural competence? (check only one)

- Yes
- No
- I am not sure/don't know

26. Does your training address key cultural related knowledge, skills, and attitudes of the populations served by your organization? (check only one)

- Yes
- No
- I am not sure/don't know

Direct Service Workforce Challenges

27. How would you describe your organization's ability to recruit and hire qualified direct service workers? (check only one)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

28. What are the three most significant recruitment challenges for your organization? (check up to three challenges)

- Recruitment is not a problem for this organization
- Finding people to work in part-time or intermittent positions
- Finding people who are willing to work for the wage we offer
- Finding people who are willing to work in a position that does not offer health insurance
- Finding people who can communicate effectively with the people they will support
- Finding people who meet minimum education or experience requirements
- Finding people who will work evenings, weekends or holidays
- Finding people willing to give up their unemployment benefits
- Finding people with a clean driving record
- Finding people with a clear criminal background check
- Finding people who meet minimum requirements to be a direct service worker
- Finding workers with reliable child-care
- Finding workers with reliable transportation
- Finding workers with the skills needed to serve the people we support
- Other types of jobs are more attractive
- None of the above
- I am not sure/don't know

Michigan CMH Provider Organization Workforce Survey

29. How would you describe your organization's ability to retain qualified direct service workers once they are hired? (check only one)

- Easy/no problem
- Moderately easy
- Somewhat difficult
- Difficult
- Almost impossible
- It depends on the time of year
- I am not sure/don't know

30. What are the three most significant retention challenges for your organization? (check up to three challenges)

- Wages are not high enough
- Full-time positions or sufficient hours are not available
- Gas prices or public transit fares are too high
- Paid health insurance is not offered
- Conflict amongst direct service workers, supervisors, and/or managers
- Workers are unable to do the essential job duties
- Workers do not have reliable child-care
- Workers do not have reliable transportation
- Other personal stressors faced by workers
- None of the above
- I am not sure/don't know

Direct Service Workforce Qualifications and Training

31. Which of the following are required to begin work as a direct service worker in your organization? (check all that apply)

- A criminal background check
- A current driver's license
- A high school diploma or its equivalent
- Ability to speak and write in English
- An abuse/neglect registry check
- Certification or licensure
- Education beyond a high school diploma
- Passing a drug test
- I am not sure/don't know

32. Does your organization offer (or contract with another entity to provide) periodic ongoing skill development trainings or formal in-service programs to all direct service workers (that is not just for new hires)? (check only one)

- Yes, we do training directly
- Yes, we contract out training
- Yes, we train both directly and through contracts
- No
- I am not sure/do not know

Michigan CMH Provider Organization Workforce Survey

33. For each topic listed below, please check the boxes next to the topics that your organization requires in-service or on-the-job training on. (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Household management |
| <input type="checkbox"/> Administering medications | <input type="checkbox"/> Infection control |
| <input type="checkbox"/> Assessing consumer needs | <input type="checkbox"/> Interpersonal relationship skills |
| <input type="checkbox"/> Assisting with wound care, dialysis, catheter and/or ostomy care | <input type="checkbox"/> Nutritional support |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Organizational participation |
| <input type="checkbox"/> Cardiopulmonary resuscitation (CPR) | <input type="checkbox"/> Participant-directed service planning and implementation |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Personal care |
| <input type="checkbox"/> Consumer confidentiality | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Providing services based on needs of individual |
| <input type="checkbox"/> Consumer empowerment | <input type="checkbox"/> Safety and emergency training |
| <input type="checkbox"/> Consumer rights | <input type="checkbox"/> Stress management/personal safety and wellness |
| <input type="checkbox"/> Crisis prevention and intervention | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Cultural competence ² | <input type="checkbox"/> Transferring or lifting |
| <input type="checkbox"/> Direct service professionalism | <input type="checkbox"/> Vocational, educational, and career support |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> I am not sure/don't know |
| <input type="checkbox"/> Ethics | |
| <input type="checkbox"/> Facilitation of services (e.g., finding and getting services for the individual) | |
| <input type="checkbox"/> Health and wellness | |

34. Check the boxes next to the topics you would identify as a critical training need for direct service workers in your organization (check at least three and all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Household management |
| <input type="checkbox"/> Administering medications | <input type="checkbox"/> Infection control |
| <input type="checkbox"/> Assessing consumer needs | <input type="checkbox"/> Interpersonal relationship skills |
| <input type="checkbox"/> Assisting with wound care, dialysis, catheter and/or ostomy care | <input type="checkbox"/> Nutritional support |
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Organizational participation |
| <input type="checkbox"/> Cardiopulmonary resuscitation (CPR) | <input type="checkbox"/> Participant-directed service planning and implementation |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Personal care |
| <input type="checkbox"/> Consumer confidentiality | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Providing services based on needs of individual |
| <input type="checkbox"/> Consumer empowerment | <input type="checkbox"/> Safety and emergency training |
| <input type="checkbox"/> Consumer rights | <input type="checkbox"/> Stress management/personal safety and wellness |
| <input type="checkbox"/> Crisis prevention and intervention | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Cultural competence | <input type="checkbox"/> Transferring or lifting |
| <input type="checkbox"/> Direct service professionalism | <input type="checkbox"/> Vocational, educational, and career support |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> I am not sure/don't know |
| <input type="checkbox"/> Ethics | |
| <input type="checkbox"/> Facilitation of services (e.g., finding and getting services for the individual) | |

² Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable them to work effectively in cross-cultural situations.

Michigan CMH Provider Organization Workforce Survey

Health and wellness

Thank you for completing this survey.

For paper surveys:

Please return it in the postage paid envelope provided to:

**PHI Michigan
P.O. Box 505
Linden, MI 48451—9912**

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 1 hr per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Survey ID# MI12345
CMS-10404 (exp. date 2/28/15)**

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Appendix C: List of Participating Community Mental Health Service Providers

- Allegan County Community Mental Health
- AuSable Valley Community Mental Health
- Bay-Arenac Behavioral Health
- Community Mental Health & Substance Abuse Services of St. Joseph County
- Community Mental Health for Central Michigan
- Community Mental Health Services of Muskegon County
- Copper Country Community Mental Health Services
- Detroit-Wayne County Community Mental Health Agency
- Huron Behavioral Health
- Ionia County Community Mental Health
- Kalamazoo Community Mental Health and Substance Abuse Services
- Lapeer County Community Mental Health Services
- Manistee Benzie Community Mental Health/Centra Wellness
- Montcalm Center for Behavioral Health
- Network180
- Newaygo County Community Mental Health
- Saginaw County Community Mental Health Authority
- Tuscola Behavioral Health Systems
- Van Buren Community Mental Health Authority
- West Michigan Community Mental Health System

PHI Michigan is a regional program of PHI (www.PHInational.org). PHI works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence. For more information, contact PHI Midwest Director Hollis Turnham, hturnham@phinational.org, Ph: 517.327.0331.

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