



Legislative Report

HCBS Workforce Development Grant

Disability Services Division

March 2022

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$37,000.

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Acronyms used in this report

- DSP: Direct support professional (In this report we use the DSP acronym to mean all types of direct care workers subject to the grant opportunity, including PCA and HHA workers. In the survey we also listed additional common acronyms that members of the public may identify with.)
- PCA: Personal care assistant
- HHA: Home health aide
- DHS: Department of Human Services
- DEED: Department of Employment and Economic Development
- HCBS: Home and community-based services

I. Executive summary

In June 2021, the Minnesota Legislature appropriated money from the American Rescue Plan Act for workforce development grants. The Legislature provided funding in fiscal years 2023 and 2024 to the Minnesota Department of Human Services (DHS) to attract and retain direct care workers who provide home and community-based services for people with disabilities and older adults. At least 90% of this funding must be directed to workers who earn 200% or less of the most current federal poverty level. This report summarizes feedback from interested parties on how to spend the grant funds and recommendations from DHS, based on that feedback.

More than 3,000 people provided feedback to DHS on how to use the funds. The top two goals they identified were to use the funds to:

1. Decrease staff turnover
2. Recruit new people into this field.

Within those goals, respondents selected the following activities for the grant (each respondent was able to select up to three activities):

Activity	Number of responses
Increase wages	2,409
Increase benefits (for example: health care, paid time off or retirement)	1,184
Retention bonuses	1,019
Bonuses to recognize excellence in work	573
Pay experienced DSPs/PCAs/HHAs to mentor new employees	493
Develop pathways to credential the DSP/PCA/HHA profession	447
Tuition reimbursement or loan forgiveness	415
Increase opportunities for DSPs/PCAs/HHAs to receive promotions or work in other human service positions	401
DHS should try multiple ideas to see what works	365
Recruitment programs	334
Child-care assistance	330
Public awareness campaign on importance of DSPs/PCAs/HHAs	314
Help with transportation (e.g., car repairs, transit passes, etc.)	208
Sign-on bonuses	199
Apprenticeship programs so people can try out being a DSP/PCA/HHA	151
Other	84

Quotes from survey respondents

Here are some of the many things stakeholders wrote in the comments sections of the survey:

- “The DSP wage, while increasing, is still not competitive. When a person can go to work in a fast food restaurant and make more than a DSP who is responsible for the health and safety of a human being, the wage is much too low.”
- “I am a consumer of direct support services and my PCAs really struggle to stay in this profession because of the low pay, lack of benefits, lack of overtime or adequate hours and difficulty in finding child care.”
- “To continue providing services at the level we should be, we must increase wages to existing employees to retain employment as well as attract new people to the field. I myself am struggling simply employed here because I love what I do and am so passionate about it, but passion doesn't pay the bills.”

Recommendations on how to use the grant funds

The total amount allocated to the grant was \$11,176,000. The estimated number of workers who meet the 200% or less of the federal poverty level requirement is around 150,000. This would equate to about \$75 per worker. Since \$75 per worker likely would not have much of an impact on addressing the workforce shortage, DHS recommends using the grant funds on a few strategic initiatives that would be more likely have a long-term impact on DSP wages, benefits and/or retention.

Recommendation 1

Allocate \$10 million (\$5 million each fiscal year) to reimburse provider agencies for the following:

1. Offering or sponsoring courses for DSPs to increase access to the [enhanced rate for PCA services](#) for participants at a high level of need who are using traditional PCA services
2. Bonuses to cover experienced direct care worker time spent mentoring or training new direct care workers
3. Retention bonuses to recognize excellence in work for DSPs who have worked in the profession for at least two years.

Reimbursement for courses under item 1 cannot exceed \$500 for any one person. Combined bonuses listed under items 2 and 3 for any one DSP cannot exceed \$1,500. Maximum funding amounts will be determined to ensure many providers, including consumer directed programs, can take advantage of these grants and be awarded based on size.

Background information:

1. DHS developed the enhanced rate for PCA services to enable people eligible for a high number of PCA hours per day to recruit and retain DSPs by offering higher wages. The enhanced PCA rate makes offering higher wages possible. For DHS to pay provider agencies the enhanced rate, the PCA service needs to be provided to a person eligible for at least 10 hours of PCA services per day and be provided by a PCA who has completed qualifying training. Currently, for PCAs who provide services to a person who has chosen the traditional PCA service model, there are limited options for qualifying training and some of those options have a cost. This option would increase access to the enhanced rate for people who use traditional PCA services by funding the cost of the qualifying training for their PCAs or potentially expanding the options for qualifying trainings.
2. [Mentorship](#) can be an important step in helping DSPs build skills they need to be successful in their jobs. However, mentoring is not factored into component values when determining reimbursements rates outside of typical supervision tasks, which does not fully cover mentorship practices. Additionally, policy clarification and communication is needed to support provider agencies to encourage mentorship.
3. While it is important to recruit new people into this field, it is also very important that we show appreciation for the long-term workers who are currently supporting people. It is common for these workers to receive little or no pay raises to recognize their years of experience. This was a common concern mentioned in the feedback DHS received on how to spend the grant funds.

Recommendation 2

Allocate \$1 million (\$500,000 each fiscal year) (20 people/entities x \$50,000 each) to support eligible workers who would like to start their own employee-owned cooperative businesses or nonprofits, or to support existing businesses with changing their business model to an employee-owned cooperative. The money could be used to cover business startup costs that range from licensing fees to staff training time. DHS will partner with DEED to identify existing business support organizations in their network and to support workers in implementing sustainable business practices.

The benefit of using the grant funds for this project is that workers will have an opportunity to increase their wages and benefits through employee ownership. This project is also likely to support employee retention by giving employees more control over their work environment and surround them with the resources and expertise to effectively run a business. This recommendation will encourage advancement in the field for current direct care workers and expand the available provider pool for long-term system stability.

Dispersing funds

Funds may be used to:

- Ensure these opportunities are communicated to interested parties, including diverse and rural communities
- Cover administrative costs.

If by Jan. 1, 2023, DHS notices that people are using one of these grants more than another, DHS may shift some of the dollar amounts proposed above to more popular programs.

DHS understands the 2022 Legislature is considering additional legislative initiatives to bolster the direct support worker workforce. If any of the proposed uses of this grant are duplicated through 2022 legislative initiatives, DHS will shift funds to support the recommendations from stakeholders that are not covered through other initiatives so these grants can be directed to other identified uses. DHS will follow and remain engaged in legislative solutions to the shortage of direct support workers. Doing so will enable grant design to accommodate dynamic and changing workforce development needs.

Additional resources

DHS also looked into using the grant funds to support access to benefits and access to higher education. Through this effort, however, we learned of several existing resources that are already targeted to people who earn 200% or less of the federal poverty level. Therefore, DHS will not use grant funds for these programs but will share information about benefit and higher education opportunities with workers, employers and other community partners.

II. Legislation

The 2021 Minnesota Legislature required DHS to submit a report by March 1, 2022. The report must detail a plan to use funds received for HCBS workforce development. Specifically, [Laws 2021, First Special Session chapter 7, article 17, section 20](#) states:

Sec. 20. HCBS WORKFORCE DEVELOPMENT GRANT.

(a) This act includes \$0 in fiscal year 2022 and \$5,588,000 in fiscal year 2023 to address challenges related to attracting and maintaining direct care workers who provide home and community-based services for people with disabilities and older adults. The general fund base included in this act for this purpose is \$5,588,000 in fiscal year 2024 and \$0 in fiscal year 2025.

(b) At least 90 percent of funding for this provision must be directed to workers who earn 200 percent or less of the most current federal poverty level issued by the United States Department of Health and Human Services.

(c) The commissioner must consult with stakeholders to finalize a report detailing the final plan for use of the funds. The commissioner must publish the report by March 1, 2022, and notify the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance.

Eligible workers

Direct care workers who might be eligible for this grant include those working for/as:

- Day training & habilitation centers (DT&H)
- Home care nurses (RN and LPN)
- Home health agencies (HHA)
- Housing stabilization services
- Housing support supplemental services
- Moving Home Minnesota (MHM) services
- Personal care assistants (PCA)
- Waiver and Alternative Care (AC) services.

III. Introduction

Purpose of report

This report is submitted to the Minnesota Legislature pursuant to [Laws 2021, First Special Session chapter 7, article 17, section 20](#). This report details feedback from interested parties about how to distribute the \$11,176,000 [HCBS workforce development grant](#) to attract and retain direct care workers, as well as recommendations from DHS on how to distribute the funds based on that feedback. The DHS Disability Services Division has prepared this report as the lead division for implementing this grant.

The direct care workforce shortage

People with disabilities and older Minnesotans struggle to recruit and retain DSPs. For example, in 2021, more than 65 Minnesotans reported they moved into nursing homes because they could not find a caregiver to provide in-home services.

DSPs are workers who provide critical support services to people with disabilities and older adults. Although DSP support is essential to the health and well-being of many Minnesotans, numerous positions remain unfilled. DEED's [Job Vacancy Surveys](#) for fourth quarter 2019 and second quarter 2020 reported that personal care aide positions had the highest number of vacancies of any occupation statewide. Vacancies continued to increase during the pandemic. Personal care aides have been in the top five of the [Occupations in Demand list](#) for many years. The DHS [Legislative Report: DWRS Labor Market Reporting 2019 \(PDF\)](#) finds a relatively high degree of instability in the DSP labor market because of staff turnover.

More information about the direct care workforce shortage in Minnesota can be found on the [direct care workforce shortage in Minnesota webpage](#).

Ongoing DHS efforts to address the shortage

DHS staff have been engaged in projects to address the direct care workforce shortage for more than five years. More recently the department has added the workforce shortage to strategic planning efforts and other collaborative initiatives. Below are just a few examples of efforts taken by DHS and DEED. Please note this list is not comprehensive. While these efforts help to reduce some of the impact of the shortage – and the HCBS workforce development grants will also be helpful – more resources and legislative changes will be needed to resolve this national problem.

In 2017, at the direction of the Minnesota Olmstead Subcabinet, DEED and DHS launched a multiagency workgroup tasked with developing recommendations for expanding, diversifying and improving Minnesota's direct care and support workforce. The group's official name is the Direct Care Workforce Shortage Cross Agency Steering Team, but it is often called the workforce shortage group. This team developed seven priorities, which it assigned to state agencies and other partners. To see the projects and for more information visit [The direct care workforce shortage in Minnesota webpage](#) (under the tab "State workgroup").

Note on the webpage that the recommendations include both priorities to focus on attracting and retaining workers, as well as strategies for reducing reliance on paid caregivers, which is consistent with current efforts at DHS.

One strategy for reducing reliance on paid caregivers is to identify and promote the use of technology. In 2018, DHS partnered with DEED and the Department of Administration to create and promote the [Minnesota Guide to Assistive Technology](#), which supports people through the process of identifying how assistive technology can meet their support needs. More recently, DHS has worked with community partners to help people learn about technology that can increase their independence and how to pay for that technology. Through these efforts DHS has identified several barriers that prevent people from accessing technology, and will prioritize addressing these barriers and continued education on technology solutions in the coming years. To learn more about the barriers to accessing technology, see the [Technology First Advisory Task Force June 2021 Legislative Report \(PDF\)](#).

While technology supports and other strategies might help some people reduce reliance on paid caregivers, other people will always need support from another person. That is why DHS is also focusing on ways to attract and retain workers. Some of the strategies we have tried include:

- The [Direct Support Connect](#) website, which matches workers with people who need supports based on shared interests and schedules
- The [Recruitment and Retention in Supports For Minnesotans With Disabilities: An assessment guide and toolkit \(PDF\)](#) for home and community-based service employers
- [Disability innovation grants](#) dedicated to the workforce shortage
- The [Life-sharing matching process and ongoing support options](#), which focuses on matching people based on shared interests and can serve as an alternative to the shift-staff model of care
- The [Collaborative Safety initiative](#), which supports retention by shifting from a culture in which staff are blamed for mistakes to a culture of learning, teamwork and identifying systemic factors.

DEED has also supported businesses with job fairs, advertising and recruitment through local [CareerForce centers](#).

Policy and data review are also a big part of DHS efforts to address the shortage. There have been many data-collection efforts but two particularly large projects have been collecting [labor market \(PDF\)](#) and [cost reporting](#) data from service providers to learn more about business costs and how much money is going toward their employees' wages and benefits. As we gather more information, we will use this data to make policy recommendations to the Minnesota Legislature. You may view recent policy changes supported by DHS and passed by the Legislature on the [2021 legislative changes that affect the direct care workforce shortage webpage](#).

As DHS has taken on more projects and initiatives, it has involved and dedicated more people to help address the shortage.

In 2020 the Disability Services Division added the workforce shortage to the division's strategic plan to help promote coordination and collaboration across the department. The division has formed several teams to focus on:

- Identification and promotion of promising practices
- Identification and prioritization of new project proposals
- Internal cross-department and external public communication about workforce initiatives
- Data collection to support informed decision-making practices.

Each team meets at least monthly and is working to build greater collaboration among partners. The feedback received from interested parties on the HCBS workforce development grant survey has helped DHS staff better understand people's concerns and ideas. We look forward to implementing projects based on their priorities.

IV. Public engagement

Meeting with the Direct Care Workforce Shortage Cross Agency Steering Team

The first step DHS took to engage with interested parties was to meet with 15 members of the [Direct Care Workforce Shortage Cross Agency Steering Team](#) (see the tab “State workgroup” for details) in October 2021. This group is routinely engaged with workforce shortage work at DHS. Its members suggested that DHS conduct a survey and host meetings with interested parties to gather input from as many DSPs as possible on how to use the available grant funds. This group also suggested questions and project ideas to include in the survey, and was instrumental in getting the survey out to the people they serve, family members and DSPs.

Survey

The workforce shortage survey was open from Nov. 29 to Dec. 19, 2021, and was available in six languages: English, Hmong, Karen, Russian, Somali and Spanish. DHS sent it to people who access services, lead agencies, providers of HCBS services, worker union representatives, ARRM, the Minnesota Homecare Association, the Minnesota First Provider Alliance, disability and aging organizations serving underrepresented groups and many other interested parties. In addition, DHS asked people to pass the survey along to other networks and people, particularly direct care workers since the money is intended for them.

The survey collected information about:

- Who was filling out the survey (worker, person receiving services, lead agency representative, etc.)
- Race
- Ethnicity
- Gender
- Primary language
- Whether the responder receives, delivers or authorizes services
- What category of services the responder receives, delivers or authorizes
- What the responder thinks the three most important goals for these grants should be
- What the responder thinks are the top three activities that will attract and retain DSPs/PCAs/HHAs.

You can find a full list of the survey questions in Appendix A. Survey results are listed in Appendix B.

DHS received 3,087 survey responses.

DSP focus groups

DHS hosted four DSP focus groups in November 2021. The focus group meetings were scheduled on different days of the week, at different times of the day (including one evening meeting) to provide opportunities for as many people to attend as possible. DHS encouraged people to provide written responses if they were unable to attend the focus group.

Unfortunately, only one DSP attended one meeting, two DSPs attended another meeting, and no DSPs attended the last two meetings. We believe attendance was low because it is difficult for DSPs to take time out of their days to attend a focus group, especially since many DSPs are working overtime because of the workforce shortage. Future efforts to engage DSPs would benefit from payment for their time to participate.

All three DSPs spoke about their passion for helping others and providing quality care. They described the low wages for DSPs and the high rate of turnover. One DSP said that the top two items that would make her job better would be higher pay and recognition for when DSPs do work that is above and beyond their responsibilities. She said that some of her coworkers have stepped up and covered extra shifts, especially during the pandemic, while others have not. The DSP said that she would like to see people who put in extra hours receive a bonus, especially since those people often spend more hours at work than they do at home. Attendees discussed that they and other colleagues have been working 80-120 hours per week during the pandemic due to the staff shortage.

Another DSP discussed the need for providers to create a level playing field since some providers pay more than others even when they receive the same reimbursement. Also, providers who serve clients with complex needs are not necessarily paying their staff a higher wage. The DSP suggested money from this grant could be used to incentivize education for DSPs in order to attract higher quality applicants. Providers could go to high schools to recruit and share information about the profession. Providers could provide various choices in education (such as financial, retirement and tax advice) and could potentially offer a wage increase when DSPs complete more education related to their job responsibilities. They suggested that the grant money could also be used to provide incentives for child care or to create retirement accounts that employers could match.

V. Challenges

Connecting directly with workers

One of the challenges with any workforce shortage project is that DHS does not have a way to contact all types of care workers directly to get their feedback. We must rely on their employers, advocacy groups and other partners to make the connection. However, our partners did a great job in promoting this survey and we heard from 856 care workers, 27.7% of all survey respondents.

Connecting with underrepresented groups

In an effort to reach underrepresented groups, DHS offered the survey in multiple languages and offered four opportunities for direct care workers to speak directly with DHS representatives. However, these opportunities were shared through written communications, and participation was relatively low – for example, only 70 respondents (2%) who took the survey selected something other than English as the primary language spoken in their home. Some groups are better reached through other means, such as television advertisements, radio commercials, targeted communication to specific cultural group members of their communities, etc. DHS is working to develop additional methods for reaching those target audiences. However, for the purposes of evaluating the survey results, it is important to note that additional outreach would not likely have made a statistically significant difference in the survey results because the difference between the third most popular survey result and the fourth most popular result was 446 votes – meaning DHS would have needed to reach 446 additional people who would have all needed to vote differently in order to change the top three most popular survey selections.

VI. Future considerations

As noted above, most people would like to see increases in wages and/or benefits. If additional money were to be allocated to the workforce shortage, DHS and many survey participants (as noted in the comments section) recommend the following legislative steps to help with increasing wages:

1. Address inconsistencies in the definition of direct care worker, training requirements, qualifications, reimbursement rates, etc., which impede delivery of equitable solutions to the shortage. DHS is developing a guide to the different types of direct care workers in mid- to late-2022 that might be helpful for this future work.
2. Provide reimbursement to PCA providers to cover overtime hours so existing staff may cover some of the shortage. Other types of providers may currently cover overtime costs, but PCA rates are too low to cover this cost.
3. Require all types of direct care service employers to put a consistent minimum percentage of their reimbursement rate toward staff salary and benefits of non-licensed direct care workers.
4. Provide the same inflationary increases to all types of programs that provide direct care.

VII. Appendix A: HCBS workforce grant survey

The Minnesota departments of Human Services and Health seek your feedback to help make decisions about how to award money to better attract and retain direct care workers. Please complete this short survey to give us your thoughts about the best way to spend money to achieve that goal. The survey should take 5-10 minutes. Please only take the survey once. Feel free to share the link with others, however.

The Home and Community-Based Services (HCBS) Workforce Development Grant passed during the 2021 legislative session. It provides \$5,588,000 starting in June 2022 and another \$5,588,000 starting in June 2023 to address challenges related to attracting and maintaining direct support professionals. At least 90 percent of the funding must be directed to workers who earn 200 percent or less of the federal poverty level.

DHS is required to consult stakeholders on how to spend the grant funding. For more information about this grant, go to the [HCBS Workforce Development Grant](#) page. If you have questions or need help, email positivesupports@state.mn.us

Section 1: About you

Definitions

DSP: Direct support professional

PCA: Personal care assistant

HHA: Home health aide

1. How would you describe yourself? (select all that apply)
 - DSP, PCA or HHA
 - Person who receives support from DSPs/PCAs/HHAs
 - Family member of someone who receives support from DSPs/PCAs/HHAs
 - Other staff (besides DSP/PCA/HHA) at agency that employs DSPs/PCAs/HHAs
 - County/lead agency staff
 - State staff
 - Advocate
 - Other (describe)
2. What is your race/ethnicity? (select all that apply)
 - African American/Black
 - American Indian/Alaska Native
 - Asian
 - Pacific Islander
 - White
 - Unknown
 - Other (describe)

3. Are you of Hispanic or Latinx origin?
 - Yes
 - No
 - Not sure
4. What is your gender (select one)
 - Man
 - Woman
 - Non-binary
 - Prefer to self-describe (describe)
5. What is the primary language spoken in your home? (select one)
 - English
 - Oromo
 - Karen
 - Russian
 - Vietnamese
 - Spanish
 - Somali
 - Hmong
 - Other (describe)
6. What other languages do you use at home? (open text box)

Section 2: Services

1. For the purposes of the next questions, select which one best applies to you. (Select one. If more than one applies, choose the one that best identifies with how you will answer questions about the workforce shortage grants.)
 - I receive services
 - I provide services
 - I authorize services (i.e., work for county, lead agency, tribal nation, managed care organization, etc.)
 - Other (describe)
2. What category of services do you receive? (select all that apply) [depending on what was selected for item 1, it either said receive/provide/authorize here]
 - Aging services (for people older than 65 years old)
 - Disability services
 - Mental health services
 - Other (describe)

3. What services do you access? [depending on what was selected for item 1, it either said receive/provide/authorize here]
 - Employment services
 - Day services
 - Services in a provider-controlled setting
 - Services in my own home or my family's home
 - Other (describe)
4. What categories of services are you familiar with in your other role? (select all that apply)
 - Aging services (for people older than 65 years old)
 - Disability services
 - Behavioral/mental health services
 - Other (describe)
5. What types of services are you familiar with in that role? (select all that apply)
 - Employment services
 - Day services
 - Services in a provider-controlled setting
 - Services in a person's own home or in the family's home
 - Other (describe)

Section 3: Suggestions

When answering, keep in mind that the total grant amount (\$11,176,000) divided by the number of estimated eligible workers (roughly 150,000 people) is only about \$75 per person.

1. What do you think the three most important goals for these grants should be? (Select up to 3 items)
 - Decrease staff turnover
 - Help DSPs/PCAs/HHAs that support people with the greatest needs
 - Help DSPs/PCAs/HHAs who are low-income
 - Measure and learn from the grant's impact
 - Professionalize the DSP/PCA/HHA career path
 - Recruit new people to become DSPs/PCAs/HHAs
 - Other (describe)
2. What do you think are the top three activities that the grant money should be used for to attract and retain DSPs/PCAs/HHAs? (Select up to 3 items)
 - Pay experienced DSPs/PCAs/HHAs to mentor new employees
 - Develop pathways to credential the DSP/PCA/HHA profession
 - Increase opportunities for DSPs/PCAs/HHAs to receive promotions or work in other human service positions
 - Sign-on bonuses
 - Retention bonuses
 - Bonuses to recognize excellence in work

- Apprenticeship programs so people can try out being a DSP/PCA/HHA
- Recruitment programs
- Public awareness campaign on importance of DSPs/PCAs/HHAs
- Increase wages
- Increase benefits (for example: health care, paid time off or retirement)
- Tuition reimbursement or loan forgiveness
- Help with transportation (e.g., car repairs, transit passes, etc.)
- DHS should try multiple ideas to see what works
- Child care assistance
- Other (describe)

Comments

Share any other thoughts you want us to know (open text box)

VIII. Appendix B: HCBS workforce grant survey results

DHS compiled the data below was from survey responses on how federal funds should be distributed to direct care workers employed through home and community-based services.

Demographics of respondents

There were 3,087 respondents to this survey. The race and ethnicity that respondents identified as are in the tables below.

83.1% of respondents identified as women (total responses = 2,565). 15.1% of respondents identified as men (total responses = 465). 0.8% of respondents identified as non-binary (total responses = 24) and 0.8% of respondents identified that they prefer to self-describe (total responses = 26).

97.7% of survey respondents reported their primary spoken language is English (total responses = 3,017). 0.6% of respondents reported that their primary spoken language is another language that was not listed in the survey (total responses = 19). 0.6% of respondents reported that their primary spoken language is Somali (total responses = 17). 0.3% reported their primary spoken language is Hmong (total responses = 9). 0.2% reported their primary spoken language is Spanish (total responses = 7). 0.2% reported their primary spoken language is Oromo (total responses = 5). 0.1% reported their primary spoken language is Karen (total responses = 4). 0.0% reported their primary spoken language is Russian (total responses = 1). 0.0% reported their primary spoken language is Vietnamese (total responses = 1).

Respondents' race compared to Minnesota population data

Table 1: Race of respondents compared to census data taken from [State Population by Characteristics: 2010-2019](#)

Race	Percentage of survey respondents	Percentage of MN population
White	88.26% (Total responses = 2,722)	83.76%
African American/Black	4.15% (Total responses = 128)	7.01%
Other	2.33% (Total responses = 72)	Not available
More than one race	2.01% (Total responses = 62)	2.59%
Asian	1.82% (Total responses = 56)	5.19%
Unknown	0.91% (Total responses = 28)	Not available
American Indian/Alaska Native	0.45% (Total responses = 14)	1.37%
Pacific Islander	0.06% (Total responses = 2)	0.07%

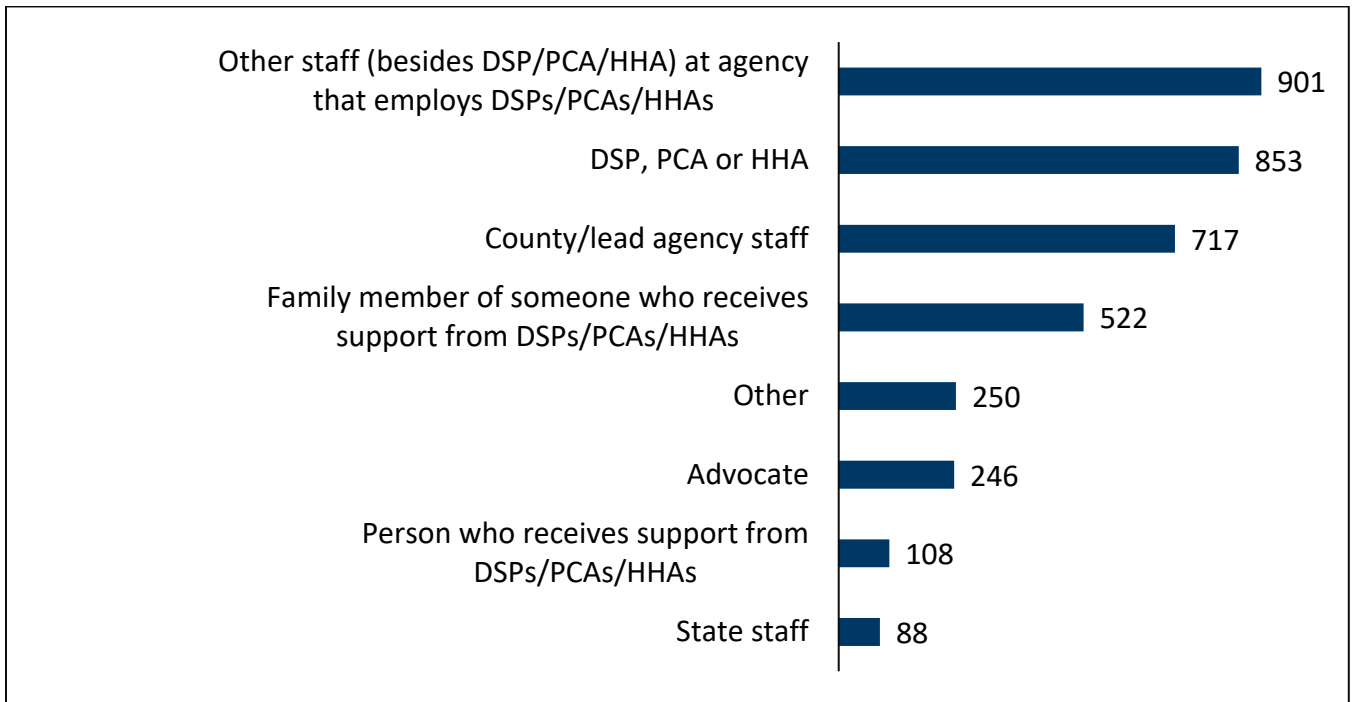
Respondents' ethnicity compared to Minnesota population data

Table 2: Ethnicity of respondents compared to census data taken from [State Population by Characteristics: 2010-2019](#)

Ethnicity	Percentage of survey respondents	Percentage of MN population
Not Hispanic or Latino/a	95.95% (Total responses = 2,959)	94.41%
Hispanic or Latino/a	2.26% (Total responses = 70)	5.59%
Not sure	1.78% (Total responses = 55)	Not available

Roles of respondents

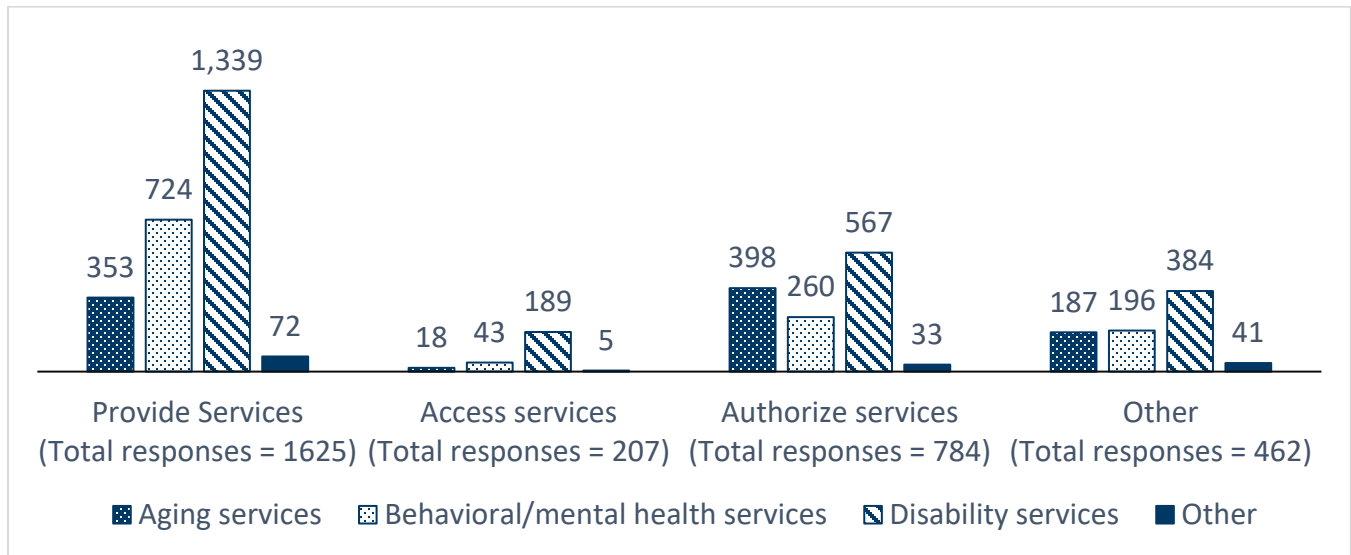
Figure 1: Total number of responses is larger than total number of respondents because some respondents selected more than one role



Respondents' relationship to services

A total of 207 respondents use services. A total of 1,625 respondents provide services. A total of 784 respondents authorize services. A total of 462 respondents said they serve another role. Respondents who said they have another relationship to services were asked which services they are familiar with.

Figure 2: The total number of responses for each service is larger than the total number of respondents because respondents were able to select more than one type of service in their responses



Responses by goal

Overall responses by goal

Respondents were able to select up to three goals.

Table 3: Total number of responses is larger than total number of respondents because respondents were able to select up to 3 goals

Goals	Responses
Decrease staff turnover	2,235
Recruit new people to become DSPs/PCAs/HHAs	1,913
Professionalize the DSP/PCA/HHA career path	1,336
Help DSPs/PCAs/HHAs that support people with the greatest needs	1,206
Help DSPs/PCAs/HHAs who are low-income	1,160
Measure and learn from the grant's impact	169
Other	157

Responses by goal for DSPs and all other respondents

Table 4: Total number of responses is larger than total number of respondents because respondents were able to select up to three goals

Goal	Other respondents	DSP, PCA or HHA respondents
Decrease staff turnover	74.1% (Total responses = 1,656)	67.9% (Total responses = 579)
Recruit new people to become DSPs/PCAs/HHAs	66.6% (Total responses = 1,488)	49.8% (Total responses = 425)
Help DSPs/PCAs/HHAs who are low-income	33.5% (Total responses = 749)	48.2% (Total responses = 411)
Professionalize the DSP/PCA/HHA career path	43.6% (Total responses = 974)	42.4% (Total responses = 362)
Help DSPs/PCAs/HHAs that support people with the greatest needs	38.7% (Total responses = 865)	40.0% (Total responses = 341)
Measure and learn from the grant's impact	5.6% (Total responses = 126)	5.0% (Total responses = 43)
Other	5.1% (Total responses = 115)	4.9% (Total responses = 42)

Responses by activity for DSPs and all other respondents

Table 6: Total number of responses is larger than total number of respondents because respondents were able to select up to three activities

Activity	Other respondents	DSP, PCA or HHA respondents
Increase wages	76.5% (Total responses = 1,709)	82.1% (Total responses = 700)
Retention bonuses	32.1% (Total responses = 718)	35.3% (Total responses = 301)
Increase benefits (for example: health care, paid time off or retirement)	40.9% (Total responses = 913)	31.9% (Total responses = 272)
Bonuses to recognize excellence in work	15.6% (Total responses = 349)	26.4% (Total responses = 225)
Pay experienced DSPs/PCAs/HHAs to mentor new employees	14.9% (Total responses = 333)	18.8% (Total responses = 160)
Increase opportunities for DSPs/PCAs/HHAs to receive promotions or work in other human service positions	12.0% (Total responses = 267)	15.7% (Total responses = 134)
Tuition reimbursement or loan forgiveness	13.4% (Total responses = 299)	13.8% (Total responses = 118)
Public awareness campaign on importance of DSPs/PCAs/HHAs	9.9% (Total responses = 222)	10.8% (Total responses = 92)
Develop pathways to credential the DSP/PCA/HHA profession	16.2% (Total responses = 363)	9.8% (Total responses = 84)
DHS should try multiple ideas to see what works	12.6% (Total responses = 282)	9.8% (Total responses = 84)
Child care assistance	11.7% (Total responses = 262)	8.0% (Total responses = 68)
Sign-on bonuses	6.0% (Total responses = 133)	7.9% (Total responses = 67)
Recruitment programs	12.4% (Total responses = 276)	6.9% (Total responses = 59)
Help with transportation (e.g., car repairs, transit passes, etc.)	7.1% (Total responses = 158)	5.9% (Total responses = 50)
Apprenticeship programs so people can try out being a DSP/PCA/HHA	5.6% (Total responses = 125)	3.2% (Total responses = 27)
Other	3.1% (Total responses = 70)	1.9% (Total responses = 16)