



# Researching Provider Solutions in Florida

Deliverable 4: Mixed Methods Report for the Florida Developmental Disabilities Council, Inc.

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## Acronyms

|      |   |
|------|---|
| ACL  | Administration for Community Living         |
| APD  | Agency for Persons with Disabilities        |
| CDC+ | Consumer Directed Care Plus                 |
| DSP  | Direct Support Professional                 |
| FDDC | Florida Developmental Disabilities Council  |
| HHS  | Department of Health and Human Services     |
| I/DD | intellectual and developmental disabilities |
| RPS  | Researching Provider Solutions              |

## Introduction

The widespread shortage of Direct Support Professionals (DSPs) significantly impacts the intellectual and developmental disabilities (I/DD) community in Florida. DSPs play a vital role in helping individuals with I/DD carry out daily activities, such as preparing meals, taking medications, managing finances, and participating in community life. When individuals with I/DD are unable to access direct-care support, their health, safety, and overall well-being can be compromised (Mann and Nath 2023).

Recognizing this challenge, the Florida Developmental Disabilities Council, Inc. (FDDC) identified the need to improve access to direct-care support as a priority in its Five-Year State Plan (2022–2026). To advance this goal, FDDC partnered with Mathematica in 2022 to conduct the *Researching Provider Solutions* (RPS) project. The goal of this project is to identify ideas and strategies that could help Floridians with I/DD and their families receive the direct-care support that they need.

Most Floridians with I/DD who receive home- and community-based supports do so through the Florida state Medicaid program. To receive needed services in their homes, individuals with I/DD most often enroll in one of two Medicaid waiver programs administered by the Agency for Persons with Disabilities (APD). Florida's primary waiver programs for individuals with I/DD are iBudget Florida and Consumer Directed Care Plus (CDC+), an alternative self-directed service model. While iBudget beneficiaries receive DSP services through provider agencies, CDC+ beneficiaries are responsible for hiring and managing their own DSPs to access needed direct-care support. People not in a waiver program—those on the iBudget waitlist or unknown to APD—must typically rely on informal caregivers or find and pay for their own direct-care support.

To date, the RPS project has included several key activities to inform the FDDC's approach to improving access to direct-care support:

- An environmental scan of relevant literature, along with a web-based survey and interviews to understand the direct-care experiences of Floridians with I/DD and their families (referred to as service users, in this report) (Mann and Nath 2023; Mann et al. 2023)
- A legislative scan to explore how other states are addressing DSP workforce challenges, and focus groups with Floridians with I/DD and their families to assess the applicability of those approaches in Florida

Prior research had yet to incorporate the input and experiences of DSPs on known workforce challenges and strategies to address these. To better inform the FDDC's next steps in this area, we expanded the work to include (1) a survey of DSPs employed by a provider agency and (2) focus groups with consumer-directed DSPs. For both the survey and focus groups, the purpose was (1) to learn more about the provider landscape in Florida; (2) to understand what DSPs value with respect to their work and compensation; and (3) to understand how these values may align with promising policy interventions identified in other states and through prior research.

This report is organized into three sections. In Section I, we present the methods employed when conducting the survey, focus groups, and workgroup. In Section II, we integrate salient findings along with findings from prior research activities and identify opportunities that emerged for the FDDC. In Section III,

we propose updates to the previously developed DSP Workforce Enhancement Roadmap based on these findings. The appendices include the survey instrument and focus group discussion guide.

## I. Methods

Prior reports detail the methods of earlier research activities. Mann and Nath (2023) describe the methods employed for the environmental scan. Mann et al. (2023) describe the methods used to conduct the survey and interviews with individuals with I/DD and their families and caregivers. A memo delivered to the FDDC in September 2024 describes the legislative scan and the methods used for the focus groups with individuals with I/DD and their families/caregivers. Below we describe the methods used to conduct the web survey, focus groups, and RPS workgroup meetings.

### A. Survey

The research team designed and fielded a survey for DSPs that support individuals with I/DD in Florida and are employed through a provider agency. This survey was one of two research activities within the RPS workstream. The purpose of this survey was to better understand the experiences of this group of DSPs, what aspects of their work and compensation they value most, and how these values may align with promising initiatives.

Mathematica developed the DSP survey in collaboration with the FDDC. The survey content was informed by findings from prior research activities, specifically (1) the scan of legislation focusing on strengthening the direct support labor force and (2) three focus groups held in June through July 2024 to gather community reactions about potential solutions described in the legislation. In addition, members of the RPS workgroup were consulted for feedback on proposed survey topics. Draft survey questions were pretested with three DSPs and revised as needed prior to finalizing the survey.

The survey contained six sections, covering the following topics:

1. Information about the respondent, including screening items to determine eligibility
2. Training and feelings of preparedness
3. Compensation packages
4. Supporting individuals with I/DD in participating in the community
5. Experience working as a DSP (including how they get started and whether they intend to remain in the field)
6. Demographic items, including race/ethnicity, gender, age, and education

The full survey instrument is included in Appendix A.

The team used QuestionPro survey software to field the web survey, which was designed to take about 10 to 15 minutes to complete. The survey was fielded from February 10 to February 20, 2025, and was offered in English and Spanish. Those who completed the survey were offered a \$30 gift card. A total of 142 eligible participants responded to the survey, resulting in 139 complete responses and three partially complete responses. Exhibit 1 shows a summary of survey design elements.

**Exhibit 1.** Survey design summary

| Survey element      | Information   |
|---------------------|---|
| Population          | DSPs who support individuals with intellectual and developmental disabilities (I/DD) in Florida through a provider service agency (typically funded through the iBudget waiver program) |
| Sampling strategy   | Nonprobability sampling <sup>1</sup>  |
| Field period        | February 10, 2025–February 20, 2025   |
| Number of responses | 142 responses (139 complete and submitted surveys, 3 partially complete)  |
| Mode                | Self-administered QuestionPro web survey hosted by Mathematica  |
| Language            | English and Spanish   |
| Survey length       | 10–15 minutes   |
| Incentive           | \$30 post-pay gift card   |

<sup>1</sup> Given that nonprobability sampling was used, the survey sought to be informative but not necessarily representative of the broader population of service provider agency-employed DSPs.

Prior to starting analysis, the survey team reviewed the open-ended responses and back coded them into existing response categories or created new response categories where needed. The research team calculated frequency statistics to summarize descriptive survey results. We did not weight or otherwise adjust the results.

**B. Focus groups**

The focus groups sought to better understand the experience of consumer-directed DSPs, whose experiences can vary widely from those of the agency-employed DSPs who responded to the survey. Consumer-directed DSPs are hired by an individual or family through the CDC+ waiver or other consumer-directed options. These DSPs vary across two main characteristics: whether they are working independently or with an agency, and whether they are a family member of the individual they care for or unrelated.

Our recruitment strategy used a variety of channels to reach consumer-directed DSPs, including outreach through the FDDC’s newsletter and targeted outreach through the RPS workgroup’s channels. The eligibility criteria included:

- Employed as a DSP, home health aide, caregiver, or similar role
- Hired directly by an individual or their family (for example, through the Family Home Health Aide or CDC+ program)
- Provides care to one or more people with I/DD who live in Florida

To maximize the number of individuals our team could engage, we proposed two focus groups of three to five individuals each. We held these two focus groups in early April 2025 with six total individuals attending.

### **C. RPS workgroup**

Beginning in 2023, Mathematica formed a workgroup of organizational representatives and community members to provide formative input on research activities. In collaboration with the FDDC, we identified and contacted potential RPS workgroup members, including people with I/DD and their families as well as staff from APD, Disability Rights Florida, and the Family Care Council. RPS workgroup members received email messages about project activities and participated in virtual meetings. The RPS workgroup convened twice, once in December 2024 and again in June 2025. In the December meeting, the RPS workgroup reviewed the proposed survey and focus group topics and provided input. RPS workgroup members also assisted with data collection by sharing the survey with their networks. In the June meeting, RPS workgroup members reviewed preliminary findings and provided insight to help contextualize what we learned from the survey and focus groups.

## II. Findings and Recommendations

### A. Hiring and recruitment

#### 1. The challenge

When prompted to reflect on the hiring process for DSPs in focus groups, consumer-directed DSPs agreed with service users—it is difficult to recruit new DSPs that are a good fit for the role. Research with DSPs and service users identified three main factors that make recruiting new DSPs challenging: (1) limited awareness of the profession; (2) low compensation relative to other entry-level roles; and (3) lack of clarity around job expectations. While DSP shortages are a key issue, service users also emphasized that recruitment efforts should not indiscriminately increase the pool of DSPs; instead, they should prioritize finding individuals whose values and strengths align with the role. Experienced consumer-directed DSPs agreed, emphasizing that the position has limited oversight and requires intrinsic motivation to do the job well.

For service users responsible for finding and hiring their own DSPs, the hiring process presents myriad challenges. In interviews and focus groups in 2023–2024, individuals with I/DD and their families expressed frustration with the process of hiring a trustworthy and consistent DSP. They raised quality and safety concerns, sharing experiences about how this had affected their lives. In turn, consumer-directed DSPs described service users’ apprehension around hiring someone they are unfamiliar with, with service users preferring to find help through personal referrals whom they view to be trusted sources of information. DSPs explained how this distrust—founded in service users’ negative experiences—limits families’ potential hiring pool and opportunities for new DSPs. In this environment, consumer-directed DSPs are also uncertain of how to demonstrate their experience and credibility to families through the hiring process.

#### 2. The opportunity

Despite DSP recruitment being a persistent challenge in Florida and nationally, there are promising strategies available to directly address the barriers to recruitment and improve hiring processes. The four opportunities presented below emerged from prior research and were refined or expanded through DSP survey data, focus groups with DSPs, and input from the RPS workgroup.

**Public awareness campaigns.** To address the lack of awareness of DSP careers, consumer-directed DSPs recommended that the FDDC launch a public awareness campaign. A literature review found that other states have funded campaigns to promote direct service careers, including a multi-agency effort in Maine to increase public awareness and positive perceptions of the field (Maine Department of Labor 2025). In the 2024 RPS report, we documented how service users recommended increasing outreach focused on individuals already involved in indirect caregiving or volunteer activities. Consumer-directed DSPs also supported targeted recruitment, noting that this helps reach individuals who have the right disposition and values for

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 “Where are the ponds where you want to go fishing to find people who may be a fit for this career?”

—Consumer-directed DSP

the job. In focus groups, DSPs added that some parents or family members are unaware there are pathways to receiving compensation for caregiving, and families should learn about this earlier in their journey.

Members of the RPS workgroup noted that achieving sustainable growth in the workforce requires reaching new audiences. Survey responses indicated that most DSPs working at agencies enter the field either due to an existing relationship with someone with I/DD (35 percent) or knowing someone working as a DSP (30 percent). Given this information, the RPS workgroup advised that awareness strategies that increase other community members' exposure to a career in caregiving could increase recruitment. In focus groups, DSPs recommended broader advertising of job opportunities to young people.

**Building connections with schools and training programs.** In focus groups, consumer-directed DSPs described technical programs or colleges as a potential pool for recruitment, especially given the need for younger DSPs. They described how targeted recruitment strategies could reach potential good fits for the job, such as high school students volunteering in special education classes or college students getting accredited in special education or social work. These young adults are often not aware of the DSP career. In previous years, the RPS workgroup described positive experiences engaging college students as a nontraditional form of direct-care support. This year, the RPS workgroup suggested connecting with schools or programs that provide training for roles similar to that of a DSP, such as Florida Health Occupations Students of America or certified nursing assistant (CNA) training programs. RPS workgroup members agreed that it would be beneficial to engage the Department of Education in Florida in these recruitment efforts, and they suggested that the FDDC could facilitate conversations to help identify and define the DSP role as an occupational category.

**Developing realistic job previews.** In the 2024 focus groups, service users identified a need to help potential applicants understand what the DSP role entails. Consumer-directed DSPs affirmed the need to set expectations around different DSP roles, noting that new hires may not understand their responsibilities; for example, a DSP may not expect to be doing activities like housecleaning and laundry. In focus groups, DSPs cautioned that new hires are often unprepared for the challenging nature of the role, and those that are unprepared are not likely to stay in the position. This level of understanding differed notably from agency-employed DSP's perceptions of their own preparedness for the role in the survey, with 75 percent reporting that they felt very or extremely prepared. In part, this discrepancy may be due to disparate levels of orientation, training, and ongoing support between agency-employed DSPs and consumer-directed DSPs. Additionally, the majority of DSPs surveyed had worked as a DSP for seven or more years, potentially contributing to a greater depth of preparedness. Service users and consumer-directed DSPs both noted that early exits from DSP roles can be disruptive for both provider agencies and individuals with I/DD.



“Being a DSP is very individualized and varies with each client I have and with whatever agency I’m working with.”

—Agency-employed DSP

To support recruitment and self-directed hiring, service users also recommended providing more standardized and detailed job descriptions in the 2024 report. At the same time, they emphasized how

different the DSP role can look for clients with different health and social needs. In focus groups, consumer-directed DSPs echoed that roles are highly variable by client, which adds to the challenge of adequately communicating job expectations.

**DSP certification program.** Conversations with consumer-directed DSPs indicated that a DSP certification program could be an objective way to assuage families' concerns about hiring unfamiliar DSPs. In both the survey and focus groups, DSPs noted how a certification would allow them to better market their skills during the hiring process. RPS workgroup members added that a certification program could include a process to de-certify individuals as DSPs, in cases where DSPs are terminated for safety-related reasons. This additional safety measure could help service users feel more confident in hiring DSPs. The certification program is discussed in greater detail in the training and quality of care section below.

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"I am a certified nursing assistant. I feel that if there were a certified DSP [role], it could weed out the 'bad eggs.' People who are not fit for the position would be less inclined to go for the position."

—Agency-employed DSP

## B. Job satisfaction and retention

### 1. The challenge

As one DSP who owns an agency noted, under the Florida Medicaid fee-for-service model used to compensate DSPs, low reimbursement rates are one factor that can make it difficult for agencies to offer benefits and incentive packages that include competitive benefits. About 32 percent of agency-employed DSPs reported not receiving health insurance, and 35 percent reported not being offered a retirement plan as a part of their benefits package. For consumer-directed DSPs employed by individuals or families, the benefits offered can vary from those working with agencies. In the 2023 RPS report, service users shared their perceptions of how low wages impacted their ability to find and retain DSPs, as well as the quality of care provided. In the survey and focus groups, DSPs emphasized that compensation and benefits were important to them and tied to their satisfaction and likelihood of remaining in the field.

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"I can't offer a lot of incentives. I can't do paid time off. I can't do vacation days. If you're sick or you have to call out, I'll work with you to try and make those hours up as best as I can."

—DSP agency owner

Agency-employed DSPs who responded to the survey highlighted that the most important benefits to receive would be paid time off (PTO), paid sick time, health insurance, and a retirement plan. Just under 13 percent of agency-employed DSPs reported not receiving PTO and 61 percent of those flagged this as a benefit that is extremely important to them to receive. Of the 38 percent of agency-employed DSPs who reported not receiving paid sick time, 61 percent reported that it is extremely important to them. Both agency-employed and consumer-directed DSPs cited dissatisfaction with their monetary compensation. Of those thinking of leaving the field, 88 percent of DSP survey respondents cited dissatisfaction with their wages as one of the contributing factors.

Survey respondents and focus group participants emphasized that while wages are typically low, they find the work rewarding and valuable because of the difference they make in the lives of the people they support. One significant way that DSPs do this is by supporting individuals with I/DD in actively participating in their community. Particularly for DSPs providing companion services, taking clients into the community to visit friends, go out for a meal, or do other activities is a key aspect of their role. More than 80 percent of survey respondents cited supporting social or recreational activities as one of their main activities with clients, but limited funding and a lack of support from others at their agency were among the most significant barriers to supporting their clients in their community. In focus groups, consumer-directed DSPs raised that these activities are often not compensated or may not come with mileage reimbursement.

## **2. The opportunity**

The previous environmental scan identified three factors that can drive improvements in retention among DSPs: improved compensation, workforce capacity supports (such as training and emotional supports from supervisors), and broader occupational reform. In this section, we share DSPs' insights into specific opportunities to improve job satisfaction that emerged in this year's data collection, rather than broader occupational reform and improved compensation. As the solutions required to improve DSP job satisfaction and retention are specific to each agency or service user, there are opportunities for the FDDC to advocate to improve the job satisfaction and retention prospects in the state.

**Mileage reimbursement.** DSPs facilitate their client's ability to engage in their communities. They often drive clients to community activities and other destinations, but DSPs are not uniformly provided with mileage reimbursement. Consumer-directed DSPs may be able to receive a tax write-off for mileage reimbursement, but focus group participants noted that this may not be sufficient. For DSPs employed through an agency, these costs may or may not be reimbursed. One consumer-directed DSP noted that DSPs in companion services roles have the lowest compensation rate but are required to arrange the most transportation. These observations from consumer-directed DSPs reinforced the ideas raised by service users in the 2024 RPS report. Service users suggested standardizing mileage reimbursement for DSPs who drive clients to community activities, noting that this could improve the quality and reliability of care

**Stipends or partnerships for community activities.** In addition to a lack of consistent mileage reimbursement, agency-employed DSP survey respondents reported several challenges in supporting their client's participation in their communities, including (1) limited funding available for activities, (2) a lack of support from others in their agency, (3) difficulty finding activities, and (4) difficulty finding appropriate transportation. In the 2024 focus groups, service users reported that some DSPs are unable to afford to engage in community-based activities because of their low wages. In response to these challenges, the FDDC could explore developing or promoting existing opportunities where DSPs can support their client's participation in their local community.

**Recognition of high-performing DSPs.** DSPs who stay in the role long term tend to be intrinsically motivated and value driven. As one focus group participant said, "one of the reasons that I stay in the industry is it gives quality of life to somebody." Although low wages may be a challenging issue to address, recognizing and rewarding high-performing DSPs might be a way to increase satisfaction as well as the likelihood that they remain in the field.

The 2024 RPS report recommended exploring a reliability bonus pilot program for DSPs with regular attendance and timeliness, but continued research has shifted the focus of recognizing high-performing DSPs to strategies that reward more general high performance (Bradley 2021). RPS workgroup members suggested the FDDC encourage provider agencies to develop programs to recognize strong performers through wage and career progression. Both agency-employed and consumer-directed DSPs likewise asserted that opportunities for professional growth could improve retention. When asked what changes provider agencies could make to improve job satisfaction among DSPs, one survey respondent recommended “more work-related incentives to boost the morale in the workplace.” This resonates with service users’ suggestion, from 2023, that completion of training be accompanied by wage increases. One such program currently active in the state of Florida is the DSPaths program offered by Arc Broward, a training and credentialing program that provides wage incentives for graduating DSPs; a RPS workgroup member noted that this program has increased retention rates.

**Advocacy for wage increases.** RPS reports from 2023 and 2024 highlighted the challenges of low wages on job satisfaction and retention within Florida’s DSP workforce. Evidence from the 2023 environmental scan suggests that improved compensation can improve DSP retention (Mann and Nath 2023). In interviews and focus groups from 2023–2024, service users asserted that legislative solutions and initiatives to improve DSP compensation were critical, despite the likely weak political feasibility of increasing DSP wages. Service users specifically pushed for consideration of geographic wage adjustments. This year, consumer-directed DSPs and the RPS workgroup agreed on the importance of addressing DSP compensation. One RPS workgroup member suggested focusing on the critical and valuable support that DSPs provide to individuals with I/DD as a way of reframing the conversation around the need for DSP wage increases.



*On how provider agencies can improve DSP satisfaction:*

“Appreciation for time and effort put in, considering the extent of things asked of the employee. Appreciation goes a long way when higher pay is not an option.”

—Agency-employed DSP



“The pay is so low, I don't understand how we can't get any raises. Some staff work more than they [spend at] home. When an emergency situation comes up with the weather, I'm always here working.”

—Agency-employed DSP

## C. Training and quality of care

### 1. The challenge

In interviews conducted in 2023, individuals with I/DD and their families reported concerns with service quality because of unprofessional behavior exhibited by some DSPs, leading to potentially unsafe conditions. These concerns were echoed in the 2024 focus groups, when service users raised concerns about a lack of crucial soft and hard skills leading to distress or trauma for clients. When a new DSP enters the workforce, there are several trainings and approvals required before they can begin working, including APD approval, CPR and HIPAA certifications, background checks, and fingerprinting. One consumer-directed DSP highlighted that the cost of these requirements can be a barrier to entry for low-wage workers. One RPS workgroup member, providing the provider agency perspective, noted that there is a rush after someone is hired to get them into the field, as the agency will not be compensated until the DSP has completed onboarding. Consumer-directed DSPs reported that they often receive limited training up front on their client's specific needs and behaviors, which can be overwhelming.

“They hired me, and the training I received was just on-the-job training. Someone would show me around the house, explain to me the individual’s day, the medicine they take, the food they eat... I only had... one day of training. And the next thing you know, I’m scheduled for a shift.”

—Consumer-directed DSP

In both the survey and the focus groups, DSPs raised that there are few incentives for DSPs to continue investing in their own professional growth. They noted that the current system does not provide DSPs with good incentives and opportunities for career growth or professional development due to a lack of opportunities for wage increases and limited pathways for career growth. Additionally, the continuing education units (CEUs) mandated by APD have presented challenges for DSPs. One focus group participant mentioned that it can be difficult to find CEUs that are both relevant to the individuals they serve and are no or low cost. Overall, DSPs reported struggling to get more training due to not knowing how to access relevant training, particularly for specific client needs (for example, mobility issues in cerebral palsy, mental health).

### 2. The opportunity

Below are three opportunities to improve the available training, and subsequently the quality of care provided, that emerged from prior research and were refined or expanded through DSP survey data, focus groups with DSPs, and input from the RPS workgroup.

**Orientation training reimbursement.** The RPS workgroup recommended that the FDDC advocate for reimbursement for orientation training and other training requirements, asserting this would increase DSP preparedness and improve the quality of care. Funding the onboarding process and training time would better prepare staff to do the job well by eliminating the need to rush DSPs into the workforce as quickly as possible. Additionally, one consumer-directed DSP suggested that state-funded onboarding time would eliminate a barrier to entry for low-wage workers who otherwise would not be able to afford the onboarding expenses of certifications, background checks, and fingerprinting. In the 2024 focus groups,

service users advocated for DSPs to have an on-the-job orientation and training period to balance increases in up-front training with the need for immediate DSP capacity.

**DSP certification program.** More than two-thirds of DSP survey respondents reported interest in pursuing a DSP certification, if it were made available. In focus groups, one consumer-directed DSP highlighted the difficulty of proving their skills during interviews with prospective clients without a certification or credential to point to. A credentialing program could professionalize the DSP workforce by ensuring that credentialed DSPs have received a standard level of training and instruction and can communicate this level of preparedness to potential employers. However, previous conversations with service users and responses to this year’s DSP survey suggested increased training or certifications should be tied to pay increases to provide incentives for completion.

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“Having a formal certification for Direct Support Professionals could help standardize the skills required for the role, making it easier to transition between employers and ensuring that I’m meeting a recognized set of competencies. Plus, it might open up more job opportunities or offer career advancement.”

—Agency-employed DSP

**Identifying low- or no-cost training resources.** Overall, agency-employed DSPs reported feeling prepared to manage clients’ behavioral (72 percent), physical (80 percent), or social and communication needs (76 percent), regardless of their length of tenure as a DSP. However, both agency-employed and consumer-directed DSPs expressed interest in receiving more training, especially training related to their client’s specific needs or behavioral health training. One agency-employed DSP noted that “things change quickly and drastically” in their job, and more frequent trainings would help them adapt. Consumer-directed DSPs cited cost, lack of coverage for time off, and knowledge of where to access trainings as barriers, as did agency-employed DSPs in the survey. In focus groups, DSPs noted that support identifying and paying for trainings would reduce these conflicts and support their own development.

## D. Supervision and support

### 1. The challenge

As prior research has found, strong support and connection with supervisors may increase retention by improving job satisfaction among DSPs employed by provider agencies (Mann and Nath 2023). However, of the agency-employed DSPs who responded to the survey and reported that they were thinking about leaving the field, 44 percent noted that a main reason for thinking about leaving was a lack of support from either their supervisor or their provider agency.

In focus groups, DSPs hired directly by families noted that they also value supportive supervisory relationships, although they typically lack the formal supervision structures available to agency-employed DSPs. Instead, these DSPs rely primarily on feedback from the families of the individuals they support, which can be minimal or limited.

Despite differences in employment settings, a universal theme emerged in prior and current research: DSPs across the board desire more opportunities for supervision, mentorship, and meaningful feedback.

## 2. The opportunity

Building on prior research and enriched by survey data, focus groups with DSPs, and input from the RPS workgroup, the following three key opportunities have emerged for the FDDC to enhance supervision and support for DSPs.

**Supervisor training programs.** Frontline DSPs who transition into managerial roles often face dual responsibilities—providing direct support while also leading teams. As RPS workgroup members noted, these individuals are frequently promoted based on their performance as DSPs, but they are not always provided with the training or resources needed to succeed as supervisors.

Of the 29 percent of survey respondents who reported being only moderately, somewhat, or not at all satisfied with working as a DSP for their current provider agency, 30 percent indicated in an open-ended follow-up question that improvements related to supervision and support within their agency would increase their satisfaction.

Discussion among RPS workgroup members raised the potential for the FDDC to develop or promote training programs that include education on both direct support *and* supervisory skills. RPS workgroup members also flagged that DSPs promoted to leadership roles may not have the financial latitude to be able to develop leadership skills outside of their day-to-day role providing direct support, so free or low-cost courses may be particularly valuable.

**Mentorship opportunities.** Mentorship programs can play a critical role in improving soft skills, boosting retention, and enhancing service quality. Pairing new DSPs with experienced mentors may provide a structured way to transfer knowledge, build confidence, and foster professional growth.

Mentorship may also be a way for DSPs employed directly by families to receive the support and advice that agency-employed DSPs might receive from a direct supervisor. Focus group respondents noted that feedback typically comes from engaged family members, but that this is not always sufficient. As one focus group participant noted, “There should be someone besides the parents, maybe more of a professional role to help with behaviors or anything else that they [the DSP] might need to know from a different perspective than the parent. Because a lot of times, they [the client] are much different around the parents than they are without the parents.” In the 2024 focus groups, service users suggested pairing new DSPs with experienced mentors to support service quality and retention. Given this, the FDDC could consider developing or promoting an existing mentorship program for DSPs.

**Support groups and peer forums.** Focus group participants expressed a desire for community and connection with others in the field. Many highlighted the value of having spaces to share experiences, ask questions, and receive emotional support. It was noted that while informal Facebook groups exist, these can have misinformation due to the lack of moderation.



“... my clients are my heart, and I sincerely enjoy working with them on a day-to-day basis ... if I had the support from my supervisor and my co-workers that I feel I've lacked, then my experience at my current agency would improve tremendously....”

—Agency-employed DSP

Focus group participants noted that the FDDC could consider facilitating moderated support groups and online forums where DSPs who are employed directly by families and may otherwise have limited opportunities for connection with other DSPs can engage with peers, exchange ideas, and share resources.

### III. Discussion: Updates to the DSP Workforce Enhancement Roadmap

In 2024, Mathematica developed the DSP Workforce Enhancement Roadmap to identify both immediate, actionable steps and a long-term approach to addressing the DSP workforce in Florida. The roadmap was structured around four key milestones, each outlining evidence-based actions Florida can take to strengthen the DSP workforce: (1) ensure reliability and safety, (2) enhance appeal and retention through compensation, (3) build a sustainable workforce, and (4) address long-term workforce development. While achievement of these milestones in the roadmap would require coordination across entities like APD, legislative bodies, and provider agencies, the roadmap focused on the role the FDDC can play in advancing these objectives.

The research conducted during 2025 enabled us to affirm, refine, or revise the recommendations in the original roadmap through the integration of DSP perspectives. Overall, there was little disagreement between DSPs and the ideas that surfaced through environmental scans or previous conversations with service users. Rather, DSPs added new insights into the workforce conditions that contribute to the current state and new ideas of how to attract, retain, and improve the care quality of DSPs. Continued conversations within the FDDC and with partners agencies, experts, and the RPS workgroup also shaped the roadmap updates, particularly as administrative priorities and state budget considerations have shifted over the past year.

The revisions to the roadmap consolidate action steps into three milestones: (1) build the DSP pipeline, (2) address care quality and retention, and (3) professionalize and stabilize the workforce. Conversations with DSPs emphasized that meaningful changes in DSP reliability and safety must be addressed systemically by tackling some of the contextual issues—such as uncompensated training or a lack of transportation to community activities—that contribute to low-quality care. As a result, the roadmap removes the independent reliability and safety category and integrates these considerations across topics. **Build the DSP pipeline** focuses more explicitly on strategies for improving recruitment pathways. **Address care quality and retention** integrates strategies that both improve service quality and providers’ experiences, including supervision, funding for community integration, and training. **Professionalize and stabilize the workforce** addresses long-term policy solutions to entrenched workforce challenges, including development of a credentialing program for DSPs and increased Medicaid reimbursement for DSP’s services.



## A. Build the DSP pipeline

**Support recruitment pathways.** To support recruitment, the FDDC can support the identification and definition of the DSP role as an occupational category for individuals seeking employment with a workforce development partner, such as CareerSource. The FDDC could build relationships with training programs, such as Florida Health Occupations Students of America, to integrate training for DSPs. The FDDC may also build connections between DSP employers and two- or four-year colleges to provide opportunities for students in relevant programs to explore careers as DSPs, such as short-term summer employment or internship opportunities.

**Conduct public awareness campaigns.** The FDDC could consider a public awareness campaign for the DSP profession. One avenue includes reaching individuals who are already involved in indirect caregiving or volunteer activities. For example, the FDDC could develop fliers that specifically describe what the DSP role could look like and hold information sessions at community hubs, such as libraries, schools, children’s museums, senior centers, YMCAs, and faith-based centers. The FDDC could expand the reach of these campaigns beyond groups with existing relationships with the I/DD community to increase broader awareness of the profession, particularly with young adults. These campaigns could seek to improve public perception of DSPs, highlighting the reasons that individuals choose to join and remain in the field.

//////  
 “I’ll always stay in the field of direct care, in some type of way, with special needs. It’s just where I feel at home and what I love... If you have that passion, you should stick with it. Money isn’t everything—it’s rewarding in other ways, so you just make it work.”

—Consumer-directed DSP

**Develop job previews.** The FDDC could develop realistic job previews for different DSP roles to help those in the recruitment pipeline assess their fit with the career, in alignment with recommendations from the Administration for Community Living. The FDDC could partner with provider agencies and individuals with I/DD and their advocates to create job previews that represent different roles, types of service users, and personas of providers. Job previews could include personas or short video vignettes representing DSP clients and candidates—like a full-time parent with caregiving experience or a college student seeking part-time work. As part of this effort, standardized job descriptions for various types of DSP clients could be developed to facilitate recruitment efforts. To circulate these resources widely, the FDDC can provide these to provider agencies and make these available to service users self-directing services.

## B. Address care quality and retention

**Fund community engagement.** The FDDC could develop and disseminate advocacy resources outlining the lack of funding for transportation and participation in community engagement activities and recommend potential solutions, including standardized mileage reimbursement for providers of companion services. Outside of legislative solutions, FDDC could explore grants to or partnerships with Centers for Independent Living or similar community providers to include transportation assistance. Should funding become available, the FDDC could explore running a pilot program to assess the potential impact of mileage reimbursement as a statewide intervention.

If financial resources are not feasible, the FDDC could promote awareness of existing opportunities for no- or low-cost community activities (for example, museum passes through local libraries, calendars of events at community centers, and other options). Additionally, the FDDC could help facilitate public/private partnerships with community venues (for example, bowling alleys or movie theaters) to develop new no- or low-cost community activities. For transportation, FDDC could inform eligible providers of current tax write-offs for mileage and local paratransit options.

**Compensate orientation training.** The FDDC could explore legislative solutions for APD to reimburse for entry-level training costs for new DSPs. The FDDC could identify examples from other states of how orientation can be structured and compensated and collaborate with Florida’s Family Care Council to advance these considerations. The FDDC could consider leveraging the Centers for Medicare & Medicaid Services (CMS) Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate Setting: A Toolkit to further explore financing options for training. The currently uncompensated training and onboarding expenses could also be addressed by their inclusion in a standardized, statewide DSP certification.

**Develop a training database.** Beyond orientation, the FDDC could address barriers to ongoing training by identifying low- or no-cost training resources and courses for DSPs. Training resources should include those on behavioral health and trainings specific to I/DD-related conditions, which DSPs need to complete their CEUs annually. By maintaining a training database for DSPs, the FDDC could eliminate barriers in receiving additional training. The FDDC can also increase visibility of important training topics through this database to address pressing issues or safety concerns. The FDDC can reference existing resources focused on DSP trainings, including the University of New Hampshire’s [DSP Training and Informational Resources Directory](#). Additionally, the FDDC can identify gaps in available training on specific behavioral, physical, or social needs for future development.

**Enhance supervision.** The FDDC could support research to identify existing high-quality training programs that incorporate lessons on supervisory skills. The FDDC could explore funding the development of a training or apprenticeship program for supervisors, where they can access free trainings on managerial skills or agencies could pay a fee for supervisors to access a specialized training course. Likewise, the FDDC could support the development of an apprenticeship program, similar to New York’s DSP supervisor apprenticeship program, to improve supervisors’ skills. If existing training programs are preferred, the FDDC may consider working with provider agencies to fund grants to complete DSP supervision credentialing programs, such as the credential available through the National Alliance for Direct Support Professionals or support agencies in adopting peer mentorship programs for supervisors. The FDDC can additionally identify and promote strategies that agencies can employ to better provide feedback to DSPs on improving their quality of care.



*On improving DSP satisfaction:*  
 “Increase the sense of caring for those who are working directly with clients. When DSPs are not feeling supported, the work for our clients will not be the best we can deliver—either because we are all overwhelmed and exhausted.”

—Agency-employed DSP

**Facilitate peer supports.** The FDDC could facilitate support groups and other opportunities for DSPs working independently from agencies to grow their community connections. Alternatively, the FDDC could provide a moderated online forum for DSPs to ask questions, share resources and learnings, and provide emotional support. The FDDC could consider supporting mentorship programs that match new DSPs with those who have more experience in the field. The FDDC could collaborate with professional associations to facilitate these matches between senior DSP mentors and new DSP mentees to support retention and service quality improvements.

### **C. Professionalize and stabilize the workforce**

**DSP training and certification.** The FDDC could consider establishing a training program for DSPs that results in a DSP certification. The FDDC could identify grant funding for DSPs to complete the certification, which could include current training requirements for DSPs entering the field, as well as supplementary trainings on safety and behavioral management. This certification program could maintain a directory of certified professionals and individuals decertified due to violations. The FDDC can build on existing training resource toolkits to inform Florida’s approach, such as the resources published by CMS as part of the Core Competency Project (CMS n.d.). The FDDC could monitor relevant federal legislation, such as H.R. 2941—Recognizing the Role of Direct Support Professionals Act—for developments on certification. Previous reports highlighted leveraging the CMS Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate Setting: A Toolkit to further explore training approaches and financing opportunities (National Direct Service Workforce Resource Center 2013).

**Long-term wage strategy.** Broad wage increases for DSPs are likely to be a longer-term goal with significant political challenges. To build political will for this issue, the FDDC could support data-gathering efforts from DSPs, employers, and other stakeholders. The FDDC could also conduct marketing to make the case for DSP wage increases, referencing effective campaigns to increase wages for similar sectors, such as nursing facility staff. To inform advocacy for specific legislative solutions, FDDC could conduct studies similar to Minnesota’s annual DSP labor market survey or Massachusetts’ wage impact and comparison report (Carney et al. 2024).

Alternatively, the FDDC could explore public-private partnerships across the state to address some of the challenges associated with low DSP wages. For example, the FDDC can collaborate with provider agencies to promote recognition of strong performers and career progression within the DSP profession. The FDDC could also explore implementing strategies highlighted in the CMS’s [Strengthening the Direct Service Workforce in Rural Areas](#) report to address the challenges caused by low DSP wages without, or alongside, a substantial wage-focused legislative agenda.

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Appendix A:

Survey Instrument



The Florida Developmental Disabilities Council, Inc. (FDDC) helps people with intellectual and developmental disabilities (I/DD) participate in all aspects of life. The FDDC focuses on education, advocacy, and building partnerships that will support its goals.

This survey is for Direct Support Professionals (DSPs) that support individuals with intellectual and developmental disabilities (I/DD) in Florida through a provider service agency, typically funded through the iBudget waiver program. **We understand that you or the provider agency that employs you may use another term for this work. For example, other terms may include Direct Care Worker, Direct Care Professional, Personal Caregiver, Home Health Aide, etc.** Regardless of the term you or your provider agency might use, if you work directly with individuals with I/DD to support them in being independent and integrated into their community, we want to hear from you!

This survey is designed to help the FDDC understand the experiences of DSPs, what aspects of their work and compensation DSPs value most, and how these values may align with promising workforce initiatives. Your perspectives shared in this survey could help to inform DSP workforce policy in Florida.

You will receive a \$30 gift card for sharing your perspective in this survey. This survey will take about 10-15 minutes to complete and will ask about topics like your work as a DSP, your experience working with your provider service agency, the training you received, and your likelihood of remaining in the field.

This survey is being conducted by Mathematica, an independent research company hired by the FDDC. Your participation is voluntary, which means you do not have to take part and you may skip any questions you do not want to answer. There are no risks associated with completing the survey.

We encourage you to respond to this survey candidly. If you would like to receive the \$30 gift card for completing the survey, then you will be prompted to provide your name and email address at the end of the survey (if you do not want the \$30 gift card, then you may choose not to provide us with your personal information).

Your personal information will be kept private, and your responses to this survey will be anonymous in all reports (i.e., your responses will never be linked to your name or your provider service agency in any reports to the FDDC or to the public). This information will not be stored in any database, recorded on study documents, or included in any presentations or reports of this study. Your individual responses will not be shared with your provider service agency or the individuals you support.

We will store all files and recordings in a secure place. To protect your privacy, only the project team will access these files.

By clicking “begin,” you are consenting to participating in this survey.

If you have questions, please contact Mathematica by email at [FLProviderSolutions@mathematica-mpr.com](mailto:FLProviderSolutions@mathematica-mpr.com) or by phone at (617) 301-8987.

**Click “begin” to start the survey.**



**A. About You**

**A1. Are you currently working as a Direct Support Professional (DSP) employed through a service provider agency (including a home health agency)?** Examples of service provider agencies include regional Arc Chapters (for example, The Arc of Bradford County), adult day training programs, and group homes - *not* federal agencies or programs like Medicare or Medicaid.

A DSP works directly with people with intellectual and developmental disabilities (I/DD) to assist the people they work with to become independent and integrated into their community.

Day-to-day tasks can vary widely and might include:

- Supporting engagement with the community
- Helping people with I/DD be more independent by helping with managing finances
- Providing caregiving and support for daily living like bathing, toileting, preparing meals and taking medication
- Advocating for rights and services for people with I/DD
- Providing emotional support

**You or the provider agency that employs you may use another term for this work. For example, other terms may include Direct Care Worker, Direct Care Professional, Personal Caregiver, Home Health Aide, etc. Even if your exact job title is not “Direct Support Professional,” if the description above of a DSP matches the work you do, please select “Yes” below.**

- Yes..... 1
- No ..... 0

**IF A1 RESPONSE IS NO OR A1 RESPONSE IS MISSING, DISPLAY A1a:**

A1a. At this time, we are only surveying individuals who are currently working as a Direct Support Professional (or other similar job title) providing support to individuals with I/DD through a service provider agency (including home health agencies). We appreciate your time and your consideration of this request.

However, in spring 2025 we will be conducting a focus group with DSPs who are employed directly by the individual they support or their family (rather than employed by a service provider agency). If you are currently working as a DSP (or other similar job title) providing support to an individual with I/DD **and you are employed directly by the individual you support or their family**, there may be an opportunity to share your experience in this focus group in the spring.

If you would like to receive more information about this upcoming opportunity, please provide your name and email address below or contact us at [FLProviderSolutions@mathematica-mpr.com](mailto:FLProviderSolutions@mathematica-mpr.com). Otherwise, please click “NEXT” to close out of this survey.

**Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**SCREENOUT MESSAGE AFTER A1a:**

Thank you for your time. If you have questions or concerns, please contact Mathematica by email at [FLProviderSolutions@mathematica-mpr.com](mailto:FLProviderSolutions@mathematica-mpr.com).

To exit this survey, simply close this browser tab/window.

**IF A1 RESPONSE IS YES, CONTINUE IN SURVEY:**

**A1b. Is “Direct Support Professional” the job title that you or your employer use to describe your role?**

- Yes..... 1
- No ..... 0

**IF A1b RESPONSE IS NO, DISPLAY A1c:**

**A1c. What is the job title that you or your employer use to describe your role?**

*Select one*

- Direct Care Worker ..... 1
- Direct Care Professional ..... 2
- Personal Caregiver ..... 3
- Home Health Aide..... 4
- Other (*please specify*) \_\_\_\_\_ ..... 5

**DISPLAY MESSAGE AFTER A1c:**

**Thank you. Throughout the rest of the survey we will use the term “DSP” to describe the role, though we understand that you or your employer use a different term.**

**A2. How many individuals do you currently support as a DSP with this provider agency?**

*Select one*

- One ..... 1
- Two ..... 2
- Three ..... 3
- More than three ..... 4

**A3. IF THEY SUPPORT ONE INDIVIDUAL: Does this individual currently live in Florida?**

**IF THEY SUPPORT MORE THAN ONE INDIVIDUAL: Does at least one of these individuals currently live in Florida?**

- Yes..... 1
- No ..... 0

**IF RESPONSE TO A3 IS NO OR MISSING:**

**Thank you for your interest in the survey. At this time we are only surveying DSPs providing care for individuals in Florida. We appreciate your time and your consideration of this request.**

**If you have questions or concerns, please contact Mathematica by email at [FLProviderSolutions@mathematica-mpr.com](mailto:FLProviderSolutions@mathematica-mpr.com).**

**A4. As a DSP for your provider agency, which of the following settings do you work in?**

*Select all that apply*

- Residential (community-based group homes, supported living services, or ICF/ID home (intermediate care facilities for individuals with I/DD)) ..... 1
- Private residence (in individual's personal home or their family's home, homemaker/personal care services, in-home habitation, and in-home respite) ..... 2
- Nonresidential (day supports, adult day training programs, community support programs, community-based employment supports, facility-based employment supports, or out-of-home habitation)..... 3

**IF MORE THAN ONE SETTING SELECTED AT A4:**

**A4a. In which setting do you spend the majority of your time working?**

*Select one*

- Residential (community-based group homes, supported living services, or ICF/ID home (intermediate care facilities for individuals with I/DD)) ..... 1
- Private residence (in individual's personal home or their family's home, homemaker/personal care services, in-home habitation, and in-home respite)..... 2
- Nonresidential (day supports, adult day training programs, community support programs, community-based employment supports, facility-based employment supports, or out-of-home habitation)..... 3

**A5. How many hours PER WEEK do you usually work as a DSP for your provider agency?**

**If you work for multiple provider agencies or in multiple settings, please include all time worked across all provider agencies and settings.**

HOURS WORKED PER WEEK

**A6. Please select the shifts you usually work:**

*Select all that apply*

- Days ..... 1
- Evenings ..... 2
- Nights ..... 3
- Weekends ..... 4
- Holidays ..... 5

**A7. How long have you been working for your current provider agency?**

*Select one only*

- Less than 1 year ..... 1
- 1 - 3 years ..... 2
- 4 - 6 years ..... 3
- 7 – 10 years ..... 4
- More than 10 years ..... 5

**SKIP A8 IF RESPONDENT ONLY WORKS WITH ONE INDIVIDUAL.**

**A8. For this question, please think about the individual that you currently spend the most time with as a DSP for your provider agency. This may or may not be the individual that you have worked with the longest.**

**How many hours PER WEEK do you spend providing care for this individual?**

**Your best estimate is fine.**

HOURS PER WEEK

**A9. IF WORKING WITH MORE THAN ONE INDIVIDUAL: For this question, please think about the individual that you currently spend the most time with as a DSP for your provider agency.**

**How long have you been working with this individual?**

**IF ONLY WORKING WITH ONE INDIVIDUAL: How long have you been working with the individual that you support as a DSP for your provider agency?**

*Select one only*

- Less than 1 year ..... 1
- 1 - 3 years ..... 2
- 4 - 6 years ..... 3
- 7 - 10 years ..... 4
- More than 10 years ..... 5

**A10. IF WORKING WITH MORE THAN ONE INDIVIDUAL:** For this question, please think about the individual that you currently spend the most time with as a DSP for your provider agency.

**What are your main activities and duties?**

**IF ONLY WORKING WITH ONE INDIVIDUAL:** What are your main activities and duties for the individual you support as a DSP for your provider agency?

**Please include the activities and duties you complete yourself for the individual you support, as well as the activities and duties that you support the individual in completing for themselves.**

*Select all that apply*

**Around the home or residential setting**

- 1  Cooking or preparing meals
- 2  Doing light work around the house (for example, laundry, doing dishes, straightening up, light cleaning, or taking out the trash)
- 3  Doing heavy work around the house (for example, scrubbing floors, washing windows, and doing heavy yard work)
- 4  Home maintenance
- 5  Supporting social/leisure activities (for example, crafts, exercise, or other hobbies)

**In the community**

- 6  Shopping
- 7  Managing communication (for example, the telephone, mail, texting)
- 8  Providing sign language interpretation
- 9  Emotional support
- 10  Visiting friends or other social arrangements in the community
- 11  Support at recreational activities

**Daily life**

- 12  Personal care (for example, bathing, feeding, dressing, grooming, toileting, etc.)
- 13  Walking (for example, getting around inside or outside the home)
- 14  Managing money (for example, keeping track of expenses or paying bills)
- 15  Managing medications
- 16  Managing transportation (for example, either via driving or by organizing other means of transport)
- 17  Arranging and monitoring outside help or services (for example, employment support or center-based day activities)
- 18  Coordinating community services – or services with a local religious institution
- 19  School responsibilities (for example, homework, reading, writing)
- 20  Other (*please specify*)

**A11. Thinking about all the time you have spent working as a DSP across all employers, provider agencies, settings, and individuals, how long have you been working as a DSP?**

*Select one only*

- Less than 1 year ..... 1
- 1 - 3 years ..... 2
- 4 - 6 years ..... 3
- 7 - 10 years ..... 4
- More than 10 years ..... 5

**B. Training**

**B1. How prepared for work do you feel based on the training provided by your current provider agency?**

*Select one only*

- Not at all prepared ..... 1
- Somewhat prepared ..... 2
- Moderately prepared..... 3
- Very prepared ..... 4
- Extremely prepared ..... 5

**B2. IF WORKING WITH MORE THAN ONE INDIVIDUAL: For this question, please think about the individual that you currently spend the most time with as a DSP for your provider agency.**

**Based on the training offered by your provider agency, how prepared do you feel to help this individual manage their behavioral needs?**

*Supporting an individual with their behavioral needs may include helping to prevent challenging behaviors, teaching new skills to replace challenging behaviors, reinforcing positive behaviors, and ensuring safety when necessary.*

**IF ONLY WORKING WITH ONE INDIVIDUAL: Based on the training offered by your provider agency, how prepared do you feel to help this individual manage their behavioral needs?**

*Supporting an individual with their behavioral needs may include helping to prevent challenging behaviors, teaching new skills to replace challenging behaviors, reinforcing positive behaviors, and ensuring safety when necessary.*

*Select one only*

- Not at all prepared ..... 1
- Somewhat prepared ..... 2
- Moderately prepared..... 3
- Very prepared ..... 4
- Extremely prepared ..... 5
- Not applicable, this individual does not need help managing their behavioral needs ..... 6

**B3. IF WORKING WITH MORE THAN ONE INDIVIDUAL:** For this question, please think about the individual that you currently spend the most time with as a DSP for your provider agency.

Based on the training offered by your provider agency, how prepared do you feel to help this individual manage their physical needs?

*Supporting an individual with their physical needs may include helping with personal care (for example, bathing, feeding, dressing, grooming, toileting, etc.), cooking, cleaning, and walking or getting around inside or outside the home.*

**IF ONLY WORKING WITH ONE INDIVIDUAL:** Based on the training offered by your provider agency, how prepared do you feel to help this individual manage their physical needs?

*Supporting an individual with their physical needs may include helping with personal care (for example, bathing, feeding, dressing, grooming, toileting, etc.), cooking, cleaning, and walking or getting around inside or outside the home.*

Select one only

- Not at all prepared ..... 1
- Somewhat prepared ..... 2
- Moderately prepared..... 3
- Very prepared ..... 4
- Extremely prepared ..... 5
- Not applicable, this individual does not need help managing their physical needs ..... 6

**B4. IF WORKING WITH MORE THAN ONE INDIVIDUAL:** For this question, please think about the individual that you currently spend the most time with as a DSP for your provider agency.

Based on the training offered by your provider agency, how prepared do you feel to help this individual manage their social and communication needs?

*Supporting an individual with their social and communication needs may include helping with spoken, written, or sign language (including assistive technology), helping them to express themselves, and assisting them in engaging as an active participant in their community.*

**IF ONLY WORKING WITH ONE INDIVIDUAL:** Based on the training offered by your provider agency, how prepared do you feel to help this individual manage their social and communication needs?

*Supporting an individual with their social and communication needs may include helping with spoken, written, or sign language (including assistive technology), helping them to express themselves, and assisting them in engaging as an active participant in their community.*

Select one only

- Not at all prepared ..... 1
- Somewhat prepared ..... 2
- Moderately prepared..... 3
- Very prepared ..... 4
- Extremely prepared ..... 5
- Not applicable, this individual does not need help managing their social and communication needs..... 6

**B5. Has your provider agency offered you trainings on any of the following topics, or shared information about how you can access trainings on these topics?**

Select one per row

|   | Yes, and I have taken trainings on this topic | Yes, but I have not taken trainings on this topic | No, but I would be interested in taking trainings on this topic if they were offered. | No, and I would not be interested in taking trainings on this topic |
|---|---|---|---|---|
| a. Training in advanced care techniques (for example, first aid to individuals with unique needs, such as the Heimlich maneuver for wheelchair users, enhanced seizure response, and emergency planning tailored to individuals with I/DD and their families) | 1 <input type="radio"/>                       | 2 <input type="radio"/>                           | 3 <input type="radio"/>   | 4 <input type="radio"/>   |
| b. Special topic trainings (for example, trainings on behavioral management or trainings on working with individuals with dementia or with certain mental health conditions)  | 1 <input type="radio"/>                       | 2 <input type="radio"/>                           | 3 <input type="radio"/>   | 4 <input type="radio"/>   |
| c. Trauma-informed care training (for example, training in how to support and care for individuals affected by trauma)  | 1 <input type="radio"/>                       | 2 <input type="radio"/>                           | 3 <input type="radio"/>   | 4 <input type="radio"/>   |
| d. Professional development trainings (for example, certifications or career advancement trainings)   | 1 <input type="radio"/>                       | 2 <input type="radio"/>                           | 3 <input type="radio"/>   | 4 <input type="radio"/>   |
| e. Cultural competency training (for example, training in how to best support individuals from culturally diverse backgrounds)  | 1 <input type="radio"/>                       | 2 <input type="radio"/>                           | 3 <input type="radio"/>   | 4 <input type="radio"/>   |
| f. Advocacy training (for example, training in the diverse challenges facing individuals with I/DD (e.g., human rights, legal, administrative, and financial) and how to identify and use advocacy strategies to overcome such challenges)                    | 1 <input type="radio"/>                       | 2 <input type="radio"/>                           | 3 <input type="radio"/>   | 4 <input type="radio"/>   |

**B5a. Are there other trainings that you wish your provider agency offered? If so, please list these below.**

**B6. Sometimes DSPs say that they would like more training but find it difficult to get that training. Please indicate if any of the following are challenges that you face in receiving additional training.**

*Select one per row*

|   | No, not a challenge     | Yes, minor challenge    | Yes, major challenge    |
|---|-------------------------|-------------------------|-------------------------|
| a. Training is too expensive                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Training is time-intensive                                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. No one can fill in for me to allow me to attend the training | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Lack of transportation to training                           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. It takes too long to get to the training from work or home   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. Don't know how to access the training                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**B7. Are there opportunities for you to get paid more by your provider agency if you complete optional trainings?**

- Yes..... 1
- No ..... 0
- Don't know ..... 99

**B8. Imagine Florida began offering a certification program where, after completing certain trainings and passing an exam, you could become a certified Direct Support Professional. This certification would be recognized as a role across employers. Would you be interested in pursuing that certification?**

- Yes..... 1
- No ..... 0
- Don't know ..... 99

**B8a. Please explain.**

**C. Compensation**

**C1. What is your hourly wage (before taxes) paid by the provider agency that you currently work for?**

*Select one only*

- Between \$15 and \$17.99 per hour ..... 1
- Between \$18 and \$20.99 per hour ..... 4
- Between \$21 and \$23.99 per hour ..... 3
- Between \$24 and \$26.99 per hour ..... 4
- \$27 per hour or more ..... 5

**C2. Do you receive increased pay from your provider agency when you work the following times?**

*Select one per row*

|               | Yes                     | No                      | Don't know              |
|---------------|-------------------------|-------------------------|-------------------------|
| a. Overtime   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Nights     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Weekends   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Hurricanes | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Holidays   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**C3. Do you feel that you are fairly compensated for your work by your provider agency?**

- Yes ..... 1
- No ..... 0

**C4. Please indicate which of the following benefits you currently receive from your provider agency:**

*Select all that apply*

- Paid time off to be used as needed (for example, for vacation) ..... 1
- Paid sick time, **separate** from paid time off for vacation ..... 2
- Health insurance ..... 3
- Dental insurance ..... 4
- Vision insurance ..... 5
- Retirement plan (like a 401(k) or 403(b))..... 6
- Post-secondary education support ..... 7
- Other benefits (for example, employer-paid job-related training, employer-sponsored disability insurance, flexible spending account, health incentive programs, life insurance, transportation benefits, childcare, employee assistance program) ..... 8

**C5. Regardless of whether your current provider agency offers these benefits, how important is it to you personally to have a job that offers ...**

*Select one per row*

|   | Extremely important     | Very important          | Somewhat important      | Not too important       | Not at all important    |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Paid time off to be used as needed (for example, for vacation)   | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |
| b. Paid sick time, <b>separate</b> from paid time off for vacation  | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |
| c. Health insurance   | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |
| d. Dental insurance   | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |
| e. Vision insurance   | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |
| f. Retirement plan (like a 401(k) or 403(b))  | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |
| g. Post-secondary education support   | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |
| h. Other benefits (for example, employer-paid job-related training, employer-sponsored disability insurance, flexible spending account, health incentive programs, life insurance, transportation benefits, childcare, employee assistance program) | 5 <input type="radio"/> | 4 <input type="radio"/> | 3 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> |

**D. Community engagement/support**

**D1. DSPs may support individuals with intellectual and developmental disabilities (I/DD) in participating in their community. This may include engaging in sport, recreational, and social activities like going to the movies, going bowling, or attending community events. However, there can be barriers to providing this support.**

**Which of the following, if any, do you think have been the most significant barriers to supporting this individual in participating in their community?**

**Please think specifically about the individual that you currently spend the most time with as a DSP for your provider agency.**

*Select up to three*

- Limited funds available for these activities ..... 1
- Lack of support from others at the provider agency ..... 2
- Cultural or language barriers ..... 3
- Scheduling conflicts ..... 4
- Difficulty finding appropriate transportation for individual ..... 5
- Individual behavior and/or safety concerns related to the individual's behavior make this challenging ..... 6
- Difficulty finding appropriate activities, or a lack of available activities ..... 7
- Individual is not interested in available activities ..... 8
- Also responsible for other individuals who do not want to participate in activity ..... 9
- Other (*please specify*) \_\_\_\_\_ ..... 10
- None of these have been a barrier ..... 0

**E. DSP experience**

**E1. Please indicate how much you agree or disagree with the following statement:**

**My provider agency gives me the support I need.**

*Select one only*

- Strongly agree ..... 1
- Agree ..... 2
- Disagree ..... 3
- Strongly disagree ..... 4
- Don't know ..... 5

**E2. Please indicate how much you agree or disagree with the following statement:**

**In general, I feel that I am making a positive difference in the [life of the individual / lives of the individuals] I support.**

*Select one only*

- Strongly agree ..... 1
- Agree ..... 2
- Disagree ..... 3
- Strongly disagree ..... 4
- Don't know ..... 5

**E3. Overall, how satisfied do you feel working as a DSP for your current provider agency?**

*Select one only*

- Extremely satisfied ..... 1
- Very satisfied ..... 2
- Moderately satisfied ..... 3
- Somewhat satisfied ..... 4
- Not at all satisfied ..... 5

**IF RESPONSE TO E3 IS NOT AT ALL SATISFIED, SOMEWHAT SATISFIED, OR MODERATELY SATISFIED:**

**E3a. In a few words, please describe the changes your provider agency could make to increase your satisfaction.**

**F. Recruitment and retention**

**F1. We are interested in how DSPs get started in this field of work. What led you to become a DSP?**

*Select all that apply*

- I learned about it through a job board or flier. .... 1
- I enjoy helping and caring for others ..... 2
- I knew someone working as a DSP ..... 3
- I have a family member with I/DD ..... 4
- I knew someone (other than a family member) with I/DD ..... 4
- I learned about it through a community organization or religious institution  
(for example, YMCA, church, Jewish Community Center, synagogue) ..... 5
- Other (*please specify*)..... 99

**F2. Are you thinking about leaving the field (that is, no longer working as a DSP for your current provider agency or for any other provider agency or individual)?**

- Yes..... 1
- No ..... 0

**IF RESPONSE TO F2 IS YES:**

**F2a. What are the main reasons you are thinking about leaving the field?**

*Select up to three*

- Dissatisfaction with wages (seeking higher pay)..... 1
- Dissatisfaction with benefits ..... 2
- Dissatisfaction with training opportunities..... 3
- Not enough career advancement or professional growth opportunities..... 4
- Lack of support from supervisor ..... 5
- Lack of support from provider agency ..... 6
- Not having the tools needed to do the job ..... 7
- Too physically challenging..... 8
- Too emotionally challenging ..... 9
- Feelings of burnout ..... 10
- Do not feel safe doing this work ..... 11
- Do not like the hours..... 12
- Individuals are difficult to work with ..... 13
- Other (*please specify*) \_\_\_\_\_ ..... 14

**IF RESPONSE TO F2 IS YES:**

**F2b. If your provider agency were to do any of the following, would it increase the likelihood you would stay in the field?**

*Select all that apply*

- Increase wage by \$2 more per hour..... 1
- Increase wage by \$4 more per hour..... 2
- Offer better benefits (time off, insurance, etc.)..... 3
- Increase training opportunities ..... 4
- Offer more career advancement or professional growth opportunities ..... 5
- Provide better support from supervisor ..... 6
- Provide better support from provider agency ..... 7
- Enable me to choose the individuals I work with..... 8
- Other (*please specify*) \_\_\_\_\_ ..... 9

## G. Demographics

### G1. What is your race and/or ethnicity?

Select all that apply

- American Indian or Alaska Native ..... 1
- Asian ..... 2
- Black or African American ..... 3
- Hispanic or Latino ..... 4
- Middle Eastern or North African ..... 5
- Native Hawaiian and Other Pacific Islander ..... 5
- White ..... 6
- Other (*please specify*) ..... 99

### G2. What is your gender?

Select all that apply

- Female ..... 1
- Male ..... 2
- Transgender ..... 3
- Nonbinary/Genderqueer ..... 4
- Prefer to self-describe ..... 5
- Prefer not to answer ..... 6

### G3. What is your age?

Select one only

- 18-24 ..... 1
- 25-34 ..... 2
- 35-44 ..... 3
- 45-54 ..... 4
- 55-64 ..... 5
- 65 or older ..... 6

**G4. What is the highest grade or level of school that you have completed?**

*Select one only*

- 8th grade or less ..... 1
- Some high school, but did not graduate ..... 2
- High school graduate or GED ..... 3
- Some college or 2-year degree ..... 4
- 4-year college graduate ..... 5
- Advanced degree (master's, professional, or doctoral degree) ..... 6

**G5. Do you have additional certifications or credentials? Please do not select if certifications are expired/inactive or if required exams have not yet been passed.**

*Select all that apply*

- Child care training (40 hours) ..... 1
- Medication administration certification ..... 2
- Certified Nurse Aid (CNA) ..... 3
- Certified Medical Assistant (CMA) ..... 4
- Certification from the Ohio Alliance of Direct Support Professionals (OADSP) (for example, the Basic Certificate, the Certificate of Initial Proficiency, or the Certificate of Advanced Proficiency) ..... 5
- Certification from the National Alliance for Direct Support Professionals (NADSP) E-Badge Academy (for example, certification in DSP-I, DSP-II, DSP-III) ..... 6
- Certification from the National Association for the Dually Diagnosed (NADD) as a NADD IDD/MI Dual Diagnosis DSP (a "NADD-DSP"), meeting the standards established by NADD for providing services to individuals with I/DD and mental health needs ..... 7
- Partial completion/some E-Badges from NADSP (but not certified) ..... 8
- Other (*please specify*) ..... 99
- None of the above ..... 0

**H. Closing**

**H1. If you have any comments about this survey or would like to share additional thoughts on your experience working as a DSP for your provider agency, please add them here.**

**H2. Thank you for the time you have spent answering these questions. Mathematica will email you a \$30 gift card to thank you for completing this survey.**

**Note the \$30 gift card is funded by Mathematica and not the FDDC.**

The information below helps us know where to send the gift card.

Your Name:

Email:

**SOFT CHECK: IF ANY FIELDS IN H2=NO RESPONSE;** This information is not required, however we will need it to be able to send you the \$30 gift card for completing the survey. If you do not wish to provide this information, or do not want to receive the \$30, you may leave this blank and click "NEXT" to submit your survey.

## CLOSING SCREEN



**Thank you for completing this survey.**

**We appreciate your time and the information you have provided. If you have any questions, please contact Mathematica at [FLProviderSolutions@mathematica-mpr.com](mailto:FLProviderSolutions@mathematica-mpr.com).**

## Appendix B

### Survey Data Tables

**Table 3.** Demographic characteristics of DSP Survey respondents

| Characteristic   | n   | %*    |
|--|-----|-------|
| <b>Age (n=139)</b>   |     |       |
| 18-24  | 12  | 8.6%  |
| 25-34  | 31  | 22.3% |
| 35-44  | 25  | 18.0% |
| 45-54  | 27  | 19.4% |
| 55-64  | 33  | 23.7% |
| 65 or older  | 11  | 7.9%  |
| <b>Race/ethnicity (n=136)</b>                                |     |       |
| American Indian or Alaska Native                             | 3   | 2.2%  |
| Asian  | 4   | 2.9%  |
| Black or African American                                    | 61  | 44.9% |
| Hispanic or Latino   | 16  | 11.8% |
| Middle Eastern or North African                              | 2   | 1.5%  |
| Native Hawaiian and Other Pacific Islander                   | 3   | 2.2%  |
| White  | 64  | 47.1% |
| Other  | 4   | 2.9%  |
| <b>Gender (n=140)</b>  |     |       |
| Female   | 118 | 84.3% |
| Male   | 20  | 14.3% |
| Transgender  | 1   | 0.7%  |
| Nonbinary/Genderqueer  | 1   | 0.7%  |
| Prefer to self-describe                                      | 0   | 0.0%  |
| <b>Highest education level completed (n=139)</b>             |     |       |
| 8th grade or less  | 1   | 0.7%  |
| Some high school, but did not graduate                       | 1   | 0.7%  |
| High school graduate or GED                                  | 61  | 43.9% |
| Some college or 2-year degree                                | 45  | 32.4% |
| 4-year college graduate                                      | 22  | 15.8% |
| Advanced degree (master's, professional, or doctoral degree) | 9   | 6.5%  |

Note: These characteristics were self-reported by respondents in the survey. Respondents were not required to respond to demographic questions; n reflects the number of responses.

\*Percentage sum is over 100% for race/ethnicity and gender because respondents could select multiple response options (as many as applied).

**Table 4.** Additional certifications/credentials (n=130)

| Additional certifications/credentials   | n  | %*    |
|---|----|-------|
| Child care training (40 hours)  | 28 | 21.2% |
| Medication administration certification   | 55 | 41.7% |
| Certified Nurse Aid (CNA)   | 14 | 10.6% |
| Certified Medical Assistant (CMA)   | 6  | 4.5%  |
| Certification from the Ohio Alliance of Direct Support Professionals (OADSP) (for example, the Basic Certificate, the Certificate of Initial Proficiency, or the Certificate of Advanced Proficiency)   | 1  | 0.8%  |
| Certification from the National Alliance for Direct Support Professionals (NADSP) E-Badge Academy (for example, certification in DSP-I, DSP-II, DSP-III)  | 5  | 3.8%  |
| Certification from the National Association for the Dually Diagnosed (NADD) as a NADD IDD/MI Dual Diagnosis DSP (a "NADD-DSP"), meeting the standards established by NADD for providing services to individuals with I/DD and mental health needs | 1  | 0.8%  |
| Partial completion/some E-Badges from NADSP (but not certified)   | 1  | 0.8%  |
| Other additional certifications/credentials   | 18 | 13.6% |
| No other certifications or credentials  | 36 | 27.7% |

\*Percentage sum is over 100% because respondents could select multiple response options. (as many as applied).

**Table 5.** Job title used to describe the role (n=142)

| Job titles                  | n   | %     |
|-----------------------------|-----|-------|
| Direct Support Professional | 121 | 85.2% |
| Direct Care Worker          | 1   | 0.7%  |
| Direct Care Professional    | 1   | 0.7%  |
| Personal Caregiver          | 1   | 0.7%  |
| Home Health Aide            | 0   | 0.0%  |
| Other                       | 18  | 12.7% |

**Table 6.** Number of individuals supported (n=142)

| Setting         | n   | %     |
|-----------------|-----|-------|
| One             | 2   | 1.4%  |
| Two             | 5   | 3.5%  |
| Three           | 8   | 5.6%  |
| More than three | 127 | 89.4% |

**Table 7.** Settings worked in (n=141)

| Setting  | n  | %*    |
|--|----|-------|
| Residential (community-based group homes, supported living services, or ICF/ID home (intermediate care facilities for individuals with I/DD))  | 66 | 46.8% |
| Private residence (in individual's personal home or their family's home, homemaker/personal care services, in-home habitation, and in-home respite)  | 19 | 13.5% |
| Nonresidential (day supports, adult day training programs, community support programs, community-based employment supports, facility-based employment supports, or out-of-home habitation) | 80 | 56.7% |

\*Percentage sum is over 100% because respondents could select multiple response options (up to 3).

**Table 8.** Setting in which DSPs spent the majority of their time working, among those who worked in multiple settings (n=21)

| Setting  | n  | %     |
|--|----|-------|
| Residential (community-based group homes, supported living services, or ICF/ID home (intermediate care facilities for individuals with I/DD))  | 5  | 23.8% |
| Private residence (in individual's personal home or their family's home, homemaker/personal care services, in-home habitation, and in-home respite)  | 5  | 23.8% |
| Nonresidential (day supports, adult day training programs, community support programs, community-based employment supports, facility-based employment supports, or out-of-home habitation) | 11 | 52.4% |

**Table 9.** Hours worked per week (n=133)

|                     | Hours |
|---------------------|-------|
| Mean hours worked   | 38.9  |
| Median hours worked | 40    |

**Table 10.** Hours worked per week with the individual they spend the most time with, among DSPs who work with multiple individuals (n=140)

|                     | Hours |
|---------------------|-------|
| Mean hours worked   | 28.9  |
| Median hours worked | 35    |

**Table 11.** Shifts typically worked (n=142)

| Shift    | n   | %*    |
|----------|-----|-------|
| Days     | 129 | 90.8% |
| Evenings | 56  | 39.4% |
| Nights   | 34  | 23.9% |
| Weekends | 53  | 37.3% |
| Holidays | 34  | 23.9% |

\*Percentage sum is over 100% because respondents could select multiple response options (as many as applied).

**Table 12.** Tenure at current provider agency (n=140)

| Years              | n  | %     |
|--------------------|----|-------|
| Less than 1 year   | 23 | 16.4% |
| 1 - 3 years        | 39 | 27.9% |
| 4 - 6 years        | 20 | 14.3% |
| 7 - 10 years       | 20 | 14.3% |
| More than 10 years | 38 | 27.1% |

**Table 13.** Tenure with individual DSP supports (n=140)

| Years              | n  | %     |
|--------------------|----|-------|
| Less than 1 year   | 27 | 19.3% |
| 1 - 3 years        | 49 | 35.0% |
| 4 - 6 years        | 18 | 12.9% |
| 7 - 10 years       | 22 | 15.7% |
| More than 10 years | 24 | 17.1% |

**Table 14.** Main activities and duties for the individual supported

| Activity or duty  | n   | %*    |
|---|-----|-------|
| <b>Around the home or residential setting (n=118)</b>   |     |       |
| Cooking or preparing meals  | 68  | 57.6% |
| Doing light work around the house (for example, laundry, doing dishes, straightening up, light cleaning, or taking out the trash) | 65  | 55.1% |
| Doing heavy work around the house (for example, scrubbing floors, washing windows, and doing heavy yard work)                     | 21  | 17.8% |
| Home maintenance  | 16  | 13.6% |
| Supporting social/leisure activities (for example, crafts, exercise, or other hobbies)  | 102 | 86.4% |
| Other   | 19  | 16.1% |
| <b>In the community (n=125)</b>   |     |       |
| Shopping  | 81  | 64.8% |
| Managing communication (for example, the telephone, mail, texting)  | 58  | 46.4% |
| Providing sign language interpretation  | 17  | 13.6% |
| Emotional support   | 91  | 72.8% |
| Visiting friends or other social arrangements in the community  | 58  | 46.4% |
| Support at recreational activities  | 95  | 76.0% |
| Job or tech skills  | 6   | 4.8%  |
| Other   | 6   | 4.8%  |
| <b>Daily Life (n=138)</b>   |     |       |
| Personal care (for example, bathing, feeding, dressing, grooming, toileting, etc.)  | 96  | 69.6% |
| Walking (for example, getting around inside or outside the home)  | 81  | 58.7% |
| Managing money (for example, keeping track of expenses or paying bills)   | 50  | 36.2% |
| Managing medications  | 61  | 44.2% |
| Managing transportation (for example, either via driving or by organizing other means of transport)                               | 77  | 55.8% |
| Arranging and monitoring outside help or services (for example, employment support or center-based day activities)                | 49  | 35.5% |
| Coordinating community services – or services with a local religious institution  | 40  | 29.0% |
| School responsibilities (for example, homework, reading, writing)   | 35  | 25.4% |
| Medical appointments  | 7   | 5.1%  |
| Daily living skills   | 6   | 4.3%  |
| Other   | 3   | 2.2%  |

\*Percentage sum is over 100% because respondents could select multiple response options (as many as applied).

**Table 15.** Tenure as DSP (n=142)

| Years              | n  | %     |
|--------------------|----|-------|
| Less than 1 year   | 12 | 8.5%  |
| 1 - 3 years        | 29 | 20.4% |
| 4 - 6 years        | 20 | 14.1% |
| 7 - 10 years       | 26 | 18.3% |
| More than 10 years | 55 | 38.7% |

**Table 16.** How prepared DSPs feel based on provider agency-provided trainings (n=142)

| Feeling of preparedness | n  | %     |
|-------------------------|----|-------|
| Not at all prepared     | 2  | 1.4%  |
| Somewhat prepared       | 12 | 8.5%  |
| Moderately prepared     | 21 | 14.8% |
| Very prepared           | 59 | 41.5% |
| Extremely prepared      | 48 | 33.8% |

**Table 17.** How prepared DSPs feel to support behavioral, physical, and social and communication needs based on provider agency-provided trainings

| Feeling of preparedness                       | n  | %     |
|---|----|-------|
| <b>Behavioral needs (n=139)</b>               |    |       |
| Not at all prepared                           | 4  | 2.9%  |
| Somewhat prepared                             | 7  | 5.0%  |
| Moderately prepared                           | 28 | 20.1% |
| Very prepared                                 | 65 | 46.8% |
| Extremely prepared                            | 35 | 25.2% |
| <b>Physical needs (n=135)</b>                 |    |       |
| Not at all prepared                           | 3  | 2.2%  |
| Somewhat prepared                             | 5  | 3.7%  |
| Moderately prepared                           | 19 | 14.1% |
| Very prepared                                 | 53 | 39.3% |
| Extremely prepared                            | 55 | 40.7% |
| <b>Social and communication needs (n=139)</b> |    |       |
| Not at all prepared                           | 1  | 0.7%  |
| Somewhat prepared                             | 12 | 8.6%  |
| Moderately prepared                           | 20 | 14.4% |
| Very prepared                                 | 65 | 46.8% |
| Extremely prepared                            | 41 | 29.5% |

**Table 18.** Trainings offered or shared with DSPs by provider agencies (n=139)

| Trainings  | Yes, and has taken trainings on this topic | Yes, but has not taken trainings on this topic | No, but would be interested in taking trainings on this topic if they were offered | No, and would not be interested in taking trainings on this topic |
|--|--|--|--|---|
| Training in advanced care techniques (for example, first aid to individuals with unique needs, such as the Heimlich maneuver for wheelchair users, enhanced seizure response, and emergency planning tailored to individuals with I/DD and their families) | 122 (87.8%)                                | 6 (4.3%)                                       | 10 (7.2%)  | 1 (0.7%)  |
| Special topic trainings (for example, trainings on behavioral management or trainings on working with individuals with dementia or with certain mental health conditions)  | 106 (77.9%)                                | 9 (6.6%)                                       | 20 (14.7%)   | 1 (0.7%)  |
| Trauma-informed care training (for example, training in how to support and care for individuals affected by trauma)  | 78 (57.4%)                                 | 14 (10.3%)                                     | 41 (30.2%)   | 3 (2.2%)  |
| Professional development trainings (for example, certifications or career advancement trainings)   | 86 (63.7%)                                 | 19 (14.1%)                                     | 26 (19.3%)   | 4 (3.0%)  |
| Cultural competency training (for example, training in how to best support individuals from culturally diverse backgrounds)  | 77 (55.8%)                                 | 20 (14.5%)                                     | 37 (26.8%)   | 4 (2.9%)  |
| Advocacy training (for example, training in the diverse challenges facing individuals with I/DD (e.g., human rights, legal, administrative, and financial) and how to identify and use advocacy strategies to overcome such challenges)                    | 96 (68.1%)                                 | 17 (12.3%)                                     | 26 (18.8%)   | 1 (0.7%)  |

**Table 19.** Challenges in receiving additional trainings (n=141)

| Challenges   | Not a challenge | Minor challenge | Major challenge |
|--|-----------------|-----------------|-----------------|
| Training is too expensive                                    | 87 (62.1%)      | 31 (22.1%)      | 22 (15.7%)      |
| Training is time-intensive                                   | 72 (51.4%)      | 52 (37.1%)      | 16 (11.4%)      |
| No one can fill in for me to allow me to attend the training | 97 (69.8%)      | 31 (22.3%)      | 11 (7.9%)       |
| Lack of transportation to training                           | 121 (87.1%)     | 13 (9.4%)       | 5 (3.6%)        |
| It takes too long to get to the training from work or home   | 118 (84.3%)     | 16 (11.4%)      | 6 (4.3%)        |
| Don't know how to access the training                        | 112 (81.2%)     | 20 (14.5%)      | 6 (4.4%)        |

**Table 20.** Do DSPs have the opportunity to get paid more if they complete additional trainings (n=141)

|            | n  | %     |
|------------|----|-------|
| Yes        | 26 | 18.4% |
| No         | 55 | 39.0% |
| Don't Know | 60 | 42.6% |

**Table 21.** Interest in completing a DSP certification (n=141)

|            | n   | %     |
|------------|-----|-------|
| Yes        | 102 | 72.3% |
| No         | 12  | 8.5%  |
| Don't Know | 27  | 19.1% |

**Table 22.** Nonstandard hours DSPs receive increased pay (n=139)

| Shifts     | n  | %*    |
|------------|----|-------|
| Overtime   | 93 | 66.9% |
| Nights     | 21 | 15.1% |
| Weekends   | 22 | 15.8% |
| Hurricanes | 32 | 23.0% |
| Holidays   | 71 | 51.1% |

\*Percentage sum is over 100% because respondents were asked "Yes" or "No" for each option.

**Table 23.** Perceptions of being fairly compensated (n=140)

|                                      | n  | %     |
|--------------------------------------|----|-------|
| Yes, feels fairly compensated        | 64 | 45.7% |
| No, does not feel fairly compensated | 76 | 54.3% |

**Table 24.** Pre-tax hourly wage (n=140)

| Hourly Wage                       | n   | %     |
|-----------------------------------|-----|-------|
| Between \$15 and \$17.99 per hour | 100 | 71.4% |
| Between \$18 and \$20.99 per hour | 17  | 12.1% |
| Between \$21 and \$23.99 per hour | 9   | 6.4%  |
| Between \$24 and \$26.99 per hour | 11  | 7.9%  |
| \$27 per hour or more             | 3   | 2.1%  |

**Table 25.** Benefits received from provider agency (n=142)

| Benefits   | n   | %*    |
|--|-----|-------|
| Paid time off to be used as needed (for example, for vacation)   | 124 | 87.3% |
| Paid sick time, separate from paid time off for vacation   | 88  | 62.0% |
| Health insurance   | 98  | 69.0% |
| Dental insurance   | 96  | 67.6% |
| Vision insurance   | 88  | 62.0% |
| Retirement plan (like a 401(k) or 403(b))  | 94  | 66.2% |
| Post-secondary education support   | 8   | 5.6%  |
| Other benefits (for example, employer-paid job-related training, employer-sponsored disability insurance, flexible spending account, health incentive programs, life insurance, transportation benefits, childcare, employee assistance program) | 41  | 28.9% |

\*Percentage sum is over 100% because respondents could select multiple response options (as many as applied).

**Table 26.** Importance of benefits, regardless of whether they are offered by current provider agency (n=142)

| Benefits   | Extremely important | Very important | Somewhat important | Not too important | Not at all important |
|--|---------------------|----------------|--------------------|-------------------|----------------------|
| Paid time off to be used as needed (for example, for vacation)   | 114 (82.6%)         | 19 (13.8%)     | 2 (1.4%)           | 0 (0.0%)          | 3 (2.2%)             |
| Paid sick time, separate from paid time off for vacation   | 106 (77.9%)         | 17 (12.5%)     | 8 (5.9%)           | 4 (2.9%)          | 1 (0.7%)             |
| Health insurance   | 104 (75.9%)         | 25 (18.2%)     | 6 (4.4%)           | 1 (0.7%)          | 1 (0.7%)             |
| Retirement plan (like a 401(k) or 403(b))  | 98 (72.1%)          | 22 (16.2%)     | 13 (9.6%)          | 3 (2.2%)          | 0 (0.0%)             |
| Dental insurance   | 92 (68.7%)          | 24 (17.9%)     | 10 (7.5%)          | 6 (4.5%)          | 2 (1.5%)             |
| Vision insurance   | 86 (65.2%)          | 28 (21.2%)     | 10 (7.6%)          | 6 (4.5%)          | 2 (1.5%)             |
| Other benefits (for example, employer-paid job-related training, employer-sponsored disability insurance, flexible spending account, health incentive programs, life insurance, transportation benefits, childcare, employee assistance program) | 81 (61.8%)          | 34 (26.0%)     | 13 (9.9%)          | 3 (2.3%)          | 0 (0.0%)             |
| Post-secondary education support   | 65 (49.6%)          | 36 (27.5%)     | 21 (16.0%)         | 9 (6.9%)          | 0 (0.0%)             |

Note: These have reordered based on the number of "Extremely important" responses per benefit.

**Table 27.** Barriers to supporting individuals with intellectual and developmental disabilities in participating their community (n=138)

| Barriers  | n  | %*    |
|---|----|-------|
| Limited funds available for these activities  | 70 | 50.7% |
| Lack of support from others at the provider agency  | 34 | 24.6% |
| Cultural or language barriers   | 16 | 11.6% |
| Scheduling conflicts  | 36 | 26.1% |
| Difficulty finding appropriate transportation for individual  | 24 | 17.4% |
| Individual behavior and/or safety concerns related to the individual's behavior make this challenging | 38 | 27.5% |
| Difficulty finding appropriate activities, or a lack of available activities                          | 32 | 23.2% |
| Individual is not interested in available activities  | 24 | 17.4% |
| Also responsible for other individuals who do not want to participate in activity                     | 33 | 23.9% |
| Other   | 3  | 2.2%  |
| None of these have been a barrier   | 36 | 26.1% |

\*Percentage sum is over 100% because respondents could select multiple response options (up to 3).

**Table 28.** Agreement with the statement: "My provider agency gives me the support I need." (n=140)

| Agreement         | n  | %     |
|-------------------|----|-------|
| Strongly agree    | 48 | 34.3% |
| Agree             | 62 | 44.3% |
| Disagree          | 18 | 12.9% |
| Strongly disagree | 5  | 3.6%  |

**Table 29.** Agreement with the statement: "In general, I feel that I am making a positive difference in the life of the individual I support." (n=140)

| Agreement         | n   | %     |
|-------------------|-----|-------|
| Strongly agree    | 109 | 77.9% |
| Agree             | 30  | 21.4% |
| Disagree          | 0   | 0.0%  |
| Strongly disagree | 0   | 0.0%  |

**Table 30.** Level of satisfaction working as a DSP for current provider agency (n=140)

| Agreement            | n  | %     |
|----------------------|----|-------|
| Extremely satisfied  | 47 | 33.6% |
| Very satisfied       | 53 | 37.9% |
| Moderately satisfied | 22 | 15.7% |
| Somewhat satisfied   | 15 | 10.7% |
| Not at all satisfied | 3  | 2.1%  |

**Table 31.** Reasons for becoming a DSP (n=139)

|  | n   | %*    |
|--|-----|-------|
| I learned about it through a job board or flier  | 22  | 15.8% |
| I enjoy helping and caring for others  | 100 | 71.9% |
| I knew someone working as a DSP  | 42  | 30.2% |
| I have a family member with I/DD   | 40  | 28.8% |
| I knew someone (other than a family member) with I/DD  | 19  | 13.7% |
| I learned about it through a community organization or religious institution (for example, YMCA, church, Jewish Community Center, synagogue) | 15  | 10.8% |
| School   | 2   | 1.4%  |
| Other (please specify)   | 8   | 5.8%  |

\*Percentage sum is over 100% because respondents could select multiple response options (as many as applied).

**Table 32.** Considering leaving the DSP field (n=139)

|     | n   | %     |
|-----|-----|-------|
| Yes | 25  | 18.0% |
| No  | 114 | 82.0% |

**Table 33.** Main reasons for thinking about leaving the DSP field, among those who are thinking of leaving the field (n=25)

| Reasons for thinking about leaving the field                       | n  | %*    |
|--|----|-------|
| Dissatisfaction with wages (seeking higher pay)                    | 22 | 88.0% |
| Dissatisfaction with benefits                                      | 2  | 8.0%  |
| Dissatisfaction with training opportunities                        | 5  | 20.0% |
| Not enough career advancement or professional growth opportunities | 16 | 64.0% |
| Lack of support from supervisor                                    | 9  | 36.0% |
| Lack of support from provider agency                               | 9  | 36.0% |
| Not having the tools needed to do the job                          | 9  | 36.0% |
| Too physically challenging   | 6  | 24.0% |
| Too emotionally challenging  | 6  | 24.0% |
| Feelings of burnout  | 15 | 60.0% |
| Do not feel safe doing this work                                   | 4  | 16.0% |
| Do not like the hours  | 1  | 4.0%  |
| Individuals are difficult to work with                             | 3  | 12.0% |
| Other  | 4  | 16.0% |

\*Percentage sum is over 100% because respondents could select multiple response options (up to 3).

**Table 34.** Potential changes to increase retention, among those who are thinking of leaving the field (n=25)

| Changes  | n  | %*    |
|--|----|-------|
| Increase wage by \$2 more per hour                                 | 12 | 48.0% |
| Increase wage by \$4 more per hour                                 | 17 | 68.0% |
| Offer better benefits (time off, insurance, etc.)                  | 7  | 28.0% |
| Increase training opportunities                                    | 12 | 48.0% |
| Offer more career advancement or professional growth opportunities | 17 | 68.0% |
| Provide better support from supervisor                             | 11 | 44.0% |
| Provide better support from provider agency                        | 11 | 44.0% |
| Enable me to choose the individuals I work with                    | 5  | 20.0% |
| Other  | 1  | 4.0%  |

\*Percentage sum is over 100% because respondents could select multiple response options (as many as applied).

## Appendix C

### Focus Group Protocol

## Informed consent

Thank you all for taking the time to join today. My name is [name], a researcher at Mathematica. [Brief bio/background on facilitator]. This focus group is being conducted on behalf of the Florida Developmental Disabilities Council, Inc. (FDDC), an organization that supports people with intellectual and developmental disabilities through education, advocacy, and partnerships that promote meaningful participation in all aspects of life.

The purpose of this study is to gather insights and perspectives on your experiences as direct support professionals who support individuals with intellectual and developmental disabilities. Your answers will help inform FDDC's future strategies and legislative efforts on increasing the direct care workforce.

To clear up any confusion, you all may be using different terms for the work that you do like Direct Care Worker, Direct Care Professional, Personal Caregiver, or Home Health Aide. To keep things simple, we'll refer to the role as direct support professional or DSP.

Today's discussion will be about 90-minutes long. Your personal information will be kept private, and the information you share today will be anonymous in all reports (meaning your responses will never be linked to your name or your provider service agency in any reports to the FDDC or to the public). This information will not be stored in any database, recorded on study documents, or included in any presentations or reports of this study. Your individual responses will not be shared with your provider service agency or the individuals you support.

To protect your privacy, only our project team and other focus group participants will see or hear our discussion. Information we learn won't be attributed to you or your organization in any reports shared with the FDDC. Similarly, we ask that you respect the privacy of the other group members by not talking about any information shared during the focus group today. Florida state law does require that we tell the authorities if we learn about possible neglect or abuse or that you might hurt yourself or someone else (§ 415.1034(1)(a)5).

This study was reviewed and approved by a research ethics review board—if you have any questions about this, you can raise them in a moment or reach out through the email address we've used to contact you. This focus group will be recorded for notetaking purposes. I will ask for your permission to do so momentarily. We will store the recording and notes in a secure place. To protect your privacy, only the project team will access these files. We will not share the recording with anyone outside of our team, and the recording will be erased once we finish our study.

Your participation is voluntary, which means you do not have to take part or answer a question if you do not wish to. There are no risks or costs related to today's discussion. To thank you for your time, you may choose to receive a \$40 gift card. After today's call, you will receive a link via email with instructions for how to order your gift card.

You can choose to keep your video on or off during the focus group today. If you do not feel comfortable using your real name during our conversation, you may use a fake name (pseudonym). If you're comfortable, we welcome you to unmute and share your thoughts. You can also use the raise hand

feature if you want to make sure you're heard. Alternatively, you're welcome to use the chat function. You're welcome to speak directly to one another (you don't always have to talk to me) and respond to what others are saying, whether you agree or disagree. As you do, please be courteous and respectful of what other people say.

For each of you, do I have your permission to record this conversation?

[If all participants consent:] I will turn on the recording now but let me know if you would like me to stop at any time.

[Moderator note: START AUDIO RECORDER AND/OR WEBEX RECORDING NOW IF PARTICIPANTS CONSENT.]

[If one or more participants does not consent to recording]: Take notes to be securely uploaded to project folder.

[For all participants:] For our records, can you each please indicate your consent to participating in this discussion by stating "I consent to participating"?

[If all participants consent: Continue with protocol.]

[If one or more participants does not consent:] Thank participant(s) for their time and cue them to leave meeting platform.

We know your time is valuable, so we appreciate you taking the time to talk with us today. Does anyone have any questions before we get started?

If you have questions after the discussion, please contact Mathematica by email at [FLProviderSolutions@mathematica-mpr.com](mailto:FLProviderSolutions@mathematica-mpr.com) or by phone at (617) 301-8987.

*[Pause to await a response and answer any questions.]*

## A. Introductions

To start off, I would like to begin with introductions. Let's go around and share your first name, where you're calling in from today, and how long you've been working as a direct support professional in your current role and more generally.

## B. Recruitment, hiring, training

The first topic we want to discuss is what your experiences were with being hired and starting your job, including any training you received.

- **What did the hiring process look like for the individuals or family you currently work with?**
  - *Probe:* How were they connected to you (job board, through a relationship)? Was there a website or job posting where you found information about this position?
  - *Probe:* Did you have interviews with the individual you serve or their family?

- **Were there benefits or other perks to this type of work that make the job appealing to you?**
  - *Probe:* For those who have done both, are there any benefits specific to working independently outside of an agency?
- **How did you learn about the day-to-day responsibilities of the job before you started working?**
  - *Probe:* What resources or opportunities would have helped you to fully understand your role and responsibilities? (e.g. job shadowing, better description of role)
  - *Probe:* What aspects of the role surprised you or didn't align with your expectations? If so, what were these?
- **For that most recent position, tell me about the training you received in advance of starting on the job, either formal or informal.**
  - *Probe:* Which trainings did you find especially helpful? Are there topics you wish you had additional training on?
  - *Probe:* How well do you feel your training or support prepared you for the unique aspects of supporting individuals with intellectual or developmental disabilities?
  - *Probe:* How did you receive the training? (Online? In person? Group?) How was your experience accessing the training?
  - *Probe:* How much was the training focused on the specific needs of the person(s) you'd be supporting versus general overview knowledge?

### C. Preparedness and support

We've talked about your experience coming into the job. We'd like to hear about your experiences on the job and the supports you receive.

- **How prepared do you feel to handle the situations you encounter in your current job?**
  - *Probe:* What aspects of the job could you be better prepared for? What might make you feel more confident on the job?
  - *Probes:* Can you tell me about a time where you weren't sure what to do/experienced [situation]? (For example, how to handle a behavioral or emotional situation or help with a physical need.) What would've helped you in that situation?
  - *Probe:* Do you have regular contact with a supervisor or someone who can give you support or feedback about your work? How often can you connect with them?
  - *Probe:* Do you have access to resources you can (or cannot) use to do your job? For example, if you're expected to transport the individual, whose car do you use?
- **Imagine Florida began offering a program where you could become a certified Direct Support Professional, after completing certain trainings and passing an exam. This certification would recognize you as a certified Direct Support Professional and would be recognized as a role across employers. Would you be interested in pursuing that certification? Why or why not?**
  - *Probe:* What would you want to get out of a certification program if you participated?

### D. Retention

In our remaining time together, let's shift to discuss retention, or staying in the job or this line of work.

- **What reasons do you have for staying in your current job?**

- *Probe: Do you feel like you're making a difference in the lives of the people you support?*
- *Probe: What's your favorite part about the work?*
- *Probe: Would you recommend this line of work to your friends or family? Why/why not?*
- **By a show of hands, how many of you have considered or have plans to leave your specific job or this career? What reasons led you to consider leaving?**
  - *Probe: Would you consider continuing to work as a DSP, but switching to an agency? If so, why?*
  - *Probe: How, if at all, would opportunities for career growth impact the likelihood for you to stay in this line of work?*

## **E. Prioritization and conclusion**

As we start to wrap up, we want to give you the opportunity to elevate what you find most important as it relates to our discussion today.

- **Of the things we've talked about today, what do you think is most important for us to highlight as FDDC considers strategies to support the direct care workforce?**

Thank you again for your time and perspective. In the next few days, please look out for an email with instructions for how to claim your \$40 gift card for participation in the discussion. In the meantime, feel free to reach out to us with questions, or if you have additional thoughts following this conversation that you'd like to share, we can be reached at [FLProviderSolutions@mathematica-mpr.com](mailto:FLProviderSolutions@mathematica-mpr.com).

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