HSRI and The National Core Indicators Staff Stability Survey



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Agenda

Today. . 1.

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- Who are we?
- HSRI's work to elevate the status of direct support professionals
- History of National Core Indicators
- Launch of the new NCI Staff Stability Tool
 - Design/Development
 - Survey content
 - Pilot results and next steps
- Why is this important?
- Questions?

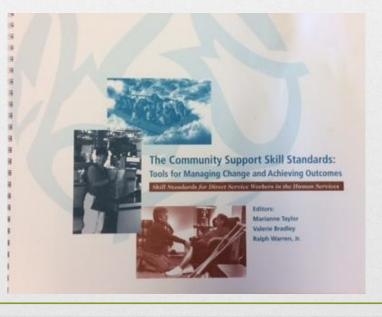
Who Are We?



- The Human Services Research Institute (HSRI)
 - Established in 1976
 - To assist states and the federal government to enhance services and supports
 - To support the development of alternatives to congregate care facilities
 - Behavioral Health, Intellectual and Developmental Disabilities, Child and Family Services

HSRI and DSP Workforce 1996

• Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes



Skill Standards

- Funded by the U.S. Department of Education
- Part of several projects focused on entry level positions
- Required a collaboration among 3 groups educators, employers, labor
- Robust process that brought together DSPs in focus groups around the country – "what do you need to know to do your job?"

Skill Standards

- Validated competencies with providers and educators
- Developed indicators for each competency area
- Developed portfolio approaches to measuring competencies
- Worked to create the original committee that evolved into NADSP
- Formed the foundation for the College of Direct Support

Competencies



- Participant Empowerment
- Communication
- Assessment
- Community & Service Networking
- Facilitation of Services
- Community Living Skills
 & Support

- Education, Training, & Self Development
- Advocacy
- Vocational, Education & Career Support
- Crisis Intervention
- Organizational Participation
- Documentation

History of National Core Indicators (NCI)



Overview of NCI

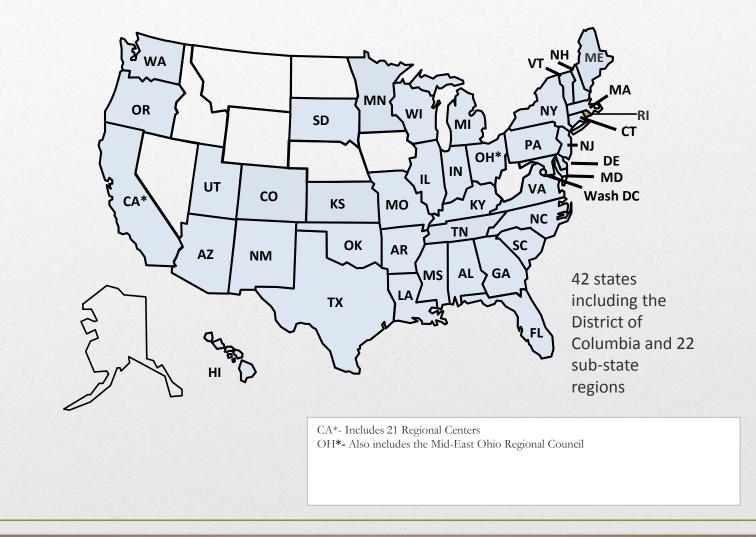
• NASDDDS – HSRI Partnership

- Multi-state collaboration of state DD agencies
- Launched in 1997 in 6 participating states now in 42 states (including DC) and 22 sub-state areas
- Goal: Measure performance of public systems for people with intellectual and developmental disabilities
 - Help state DD systems assess performance by benchmarking, comparing to other states

NCI

- Assesses performance in several domains including:
 - employment, community inclusion, choice, rights, and health and safety
- Now expanded to elderly and people with disabilities through the NCI-AD in partnership with NASUAD

NCI State Participation 2014-15



How Does NCI Collect Data?

• Adult Consumer Survey

- ✓ In-person conversation with a sample of adults receiving services to gather information about their experiences
- Keyed to important person-centered outcomes that measure system-level indicators related to: employment, choice, relationships, case management, inclusion, health, etc.
- Adult Family, Child Family, and Family/Guardian Surveys Mail surveys – separate sample from Adult Consumer Survey
- Other NCI system level data: Staff Stability

Launch of New NCI Staff Stability Tool



Why Do We Want A Tool To Look At Staff Stability?

- Escalating demand for LTSS Services in home and community based settings
 - DSPs are critical to the ability of systems to increase community capacity
- Growing body of research demonstrates that stability of workforce has direct impact on consumer outcomes
- Lack of data the variables that affect the quality and stability of the direct support professional workforce
 - Data are needed to assess trends in recruitment and retention as well as the issues that face this workforce

Prior NCI Staff Turnover Survey

- Asked about vacancy rates and turnover
 - Not utilized frequently
 - Didn't provide info that states needed in order to assess workforce stability
- Used Survey Monkey to assess states' interest in the Turnover Tool
 - Didn't feel it provided relevant data

Examples of How States Can Use Staff Stability Data

- We wanted to create a tool that would help states:
 - Inform policy and program development regarding direct support workforce improvement initiatives
 - Monitor and evaluate the impact of workforce initiatives
 - Compare state workforce outcomes with those of other states
 - Provide context for consumer and family outcomes
 - Build systems to more effectively collect, analyze, and use DSP workforce data

Examples of Reforms

- Development of DSP credentialing
- Use of statewide training protocols (e.g., College of Direct Support)
- Recognition of the contributions of DSPs
- Development of career ladders
- Self-directed teams

Design of the Staff Stability Survey



Design Process

- Survey of NCI states regarding the original tool and interest in the development of a new survey
- Literature review
- Conduct of provider focus groups (ANCOR)
- Circulation of a draft and solicitation of input from:
 - State DD Directors
 - DSPs
 - Provider agency management
- Conduct of a pilot to test the instrument

How it works

- All provider agencies working with the state to support adults in residential, work, day services and community integration are included as respondents to the survey
- The state forwards one email address for each agency to HSRI
- HSRI sends a unique ODESA link to each provider who will input data directly responses go to the state contact
- MEANWHILE: State sends communication to all providers explaining:
 - why providers are being asked to participate, why the state has chosen to do the survey, anonymity, etc.
- State also initiates contact with State Provider Network

Example Email with Unique Link



Department of Developmental Disabilities



Dear Provider,

As you were made aware by a recent email, Department of Developmental Disabilities is partnering with the National Core Indicators Project to collect data on Direct Support Professionals. We will be collecting data on volume, stability, compensation and benefits of Direct Support Professionals serving adults with intellectual and developmental disabilities age 18 and older. The data gathered from this voluntary and anonymous survey will help Department of Developmental Disabilities

- Inform policy and program development regarding direct service workforce improvement initiatives
- Monitor and evaluate the impact of workforce initiatives
- · Compare state workforce outcomes with those of other states
- · Provide context for consumer and family outcomes
- · Build systems to more effectively collect, analyze and use DSW workforce data

Results of this survey will be reported in the aggregate, and your organization will not be identified in any way.

When completing this survey, please consider direct support professionals who were on the payroll during any period between November 1, 2013 and October 31, 2014.

Here is your unique link to the survey tool:

http://systems.hsri.org/NCISSS/Survey-Entry.asp?UID=TestUID4

If you have any questions regarding the Staff Stability Survey, please contact:



We thank you in advance for taking the time to complete this survey.

Staff Stability Survey 2014-2015

Survey Instrument

- Questions ask about:
 - Types of services provided
 - Turnover/tenure
 - Wages
 - Benefits
 - Recruitment and retention strategies
- Recommend it goes to person responsible for HR/Payroll
- We've used terminology and definitions that are general
 - Wanted the language to be recognizable to a wider audience.
 - Example: terms to refer to types of services—we didn't use state-specific language/program names.

Types of Direct Support Professionals (DSPs) to Include:

- The direct support workforce includes the following job titles and those in similar roles (this list is NOT exhaustive):
 - Personal Support Specialists (PSSs)
 - Home Health Aides (HHAs)
 - Direct Support Professionals (DSPs)
 - Certified Nursing Assistants (CNAs)
 - Homemakers
 - Personal Attendants/Personal Care Aides
 - Direct Support Professionals working in job or vocational services
 - Direct Support Professionals working at day programs or community support programs

Whom to Include

- DSPs whose primary responsibility is to provide support, training, supervision, and personal assistance to adults with intellectual/developmental disabilities who work in the following settings:
 - Residential services
 - In-home
 - Day programs and community support
 - Job or vocational
- All full-time and part-time Direct Support Professionals.
- All paid staff members who spend at least 50% of their hours doing direct service tasks even if they are also supervisors.

Don't Include

- People who are hired directly by the person or the person's family for whom your agency's role is limited to being a fiscal intermediary/employer of record.
- **People only working in school settings** for children through 12th grade.
- People providing therapy services (nurses, social workers, psychologists, etc.)
- People providing seasonal services, such as summer camp counselors.
- Administrative staff, managers or directors who don't spend 50% or more time providing support

Results of the Pilot Survey



Pilot

Data from the period of 11/1/13 to 10/31/14

- State 1:
 - Providers certified with state
 - 1750 provider email addresses
 - 212 valid provider responses (total N) 12% response rate
- State 2:
 - Providers with open contract with the state
 - 98 provider email addresses
 - 24 valid provider responses (total N) 24% response rate

Pilot findings (Procedure)

- Response rate low
 - Time of year (December = Holidays)
 - Email addresses were difficult to get.
- Survey itself not challenging
 - 30 min-1 hr. to complete
 - Instructions and explanations were clear



Findings (Procedure)

- Unique email was forwarded to others
 - Forwarded outside of agency
- Anonymity?
- Terminology



- Questions were simple to answer and clear and concise. Instructions were also clear.
- Providers found questions important and were hopeful that the info would be useful.

Interesting Pilot Findings

(non-representative)

Type of Service	State 1 (212)	State 2 (24)		
Residential Supports	71.7%	66.7%		
In-Home Supports	68.3%	50.0%		
Non-Residential Supports	53.1%	91.7%		
State 1: 36% o provide only o	f providers State 2: 25 ne type of provide of	5% of providers nly one type of		

service (the rest provide multiple types of services) State 2: 25% of providers provide only one type of service (the rest provide multiple types of services)

State 1: 212 responding provider agencies employ a total of 16,071 DSPs with an average of 76.2 per provider

State 2: 24 responding provider agencies employ a total of 3,135 DSPs, with an average of 130.6 DSPs per provider

Length of Tenure

Percentage of total DSPs who have been continuously employed in a direct support capacity for... Percentage of <u>separated employees</u> who had been continuously employed in a direct support capacity for ...

	State 1 Percentage of Total # of DSPs (16,071)	State 2 Percentage of Total # of DSPs (3,135)		State 1 percentage of total # of separated DSPs (6,947)	State 2 percentage of total # of separated DSPs (2,514)	
Less than 6	15.2% 33.1%					
months			Less than 6	27.1%	47.8%	
6-12 months	12.8%	2.8% 19.9%			47.070	
			6-12 months		24.0%	
More than 12	57.3%	45.4%				
months	57.3%0	43.4%	More than 12 months	35.2%	27.5%	

Turnover



- In State 1, the number of separated DSPs in the past 12 month period (6,947) divided by the number of employed DSPs (16,071) reveals a **turnover rate of 43%**.
- In State 2, the number of separated DSPs in the past 12 month period (2,514) divided by the number of employed DSPs (3,135) reveals a turnover rate of 80%.
 - In State 2, in Large Providers (61+ DSPs) (N=8) there was a turnover rate of 84%

Wages



- In State 1, DSPs providing Non-Residential Supports earned the most, at \$11.74 per hour
 - Residential 10.30/hr.
 - In-home \$9.80/hr.
 - The average wage across all service types was \$11.20/hr.
- In State 1, DSPs providing Non-Residential Supports earned the most, at \$10.67 per hour
 - Residential \$9.23/hr.
 - In-home \$9.31/hr.
 - The average wage across all service types was \$10.18/hr.

Full Time/Part Time

- State 1: 87% distinguish between FT and PT
 - Average *#* hours that define FT=35
 - 64% of providers define FT as less than 40 hours per week minimum
- State 2: 87% distinguish between FT and PT
 - Average # hours that define FT=31
 - 90% of providers define FT as less than 40 hours per week minimum

State 1: Benefits

	FT	РТ	Not offered
• Paid Sick Time	76.0	45.0	
• Paid Vacation Time	78.9%	44.4%	
• Paid Personal Time	70.7%	43.2%	
Health Insurance*	58.5%	14.6%	33.9%
Dental Coverage	54.4%	15.8%	39.2%
Vision Coverage	49.1%	15.2%	43.9%

*23.8% of providers offer health insurance to both FT AND PT

State 2: Benefits

	FT	РТ	Not offered
• Paid Sick Time	70.0%	15.0	
• Paid Vacation Time	70.0%	15.0%	
• Paid Personal Time	60.0%	15.0%	
Health Insurance*	70.0%	5.0%	25.0%
Dental Coverage	60.0%	5.0%	30.0%
Vision Coverage	50.0%	0.0%	40.0%

*7.1% of providers offer health insurance to both FT AND PT

Other Benefits

	Unpaid time off	Employer paid job- related training	Employer sponsored retirement plan	Employer sponsored disability insurance	Flexible spending account	Health incentive programs
State 1	45.6%	59.6%	43.3%	26.9%	21.6%	14.6%
State 2	47.8%	65.2%	30.4%	13.0%	17.4%	13.0%

State 1: Other responses

- Unfortunate events borrow plan
- One paid bonus day per month
- Life insurance
- Credit union membership
- Financial planning
- Bonuses (attendance, disciplinary documentation, etc.)
- AFLAC deductions

State 2: Other Responses

- Mileage
- Gas reimbursement
- Cell phone
- Bonuses
- HAS

Recruitment and Retention

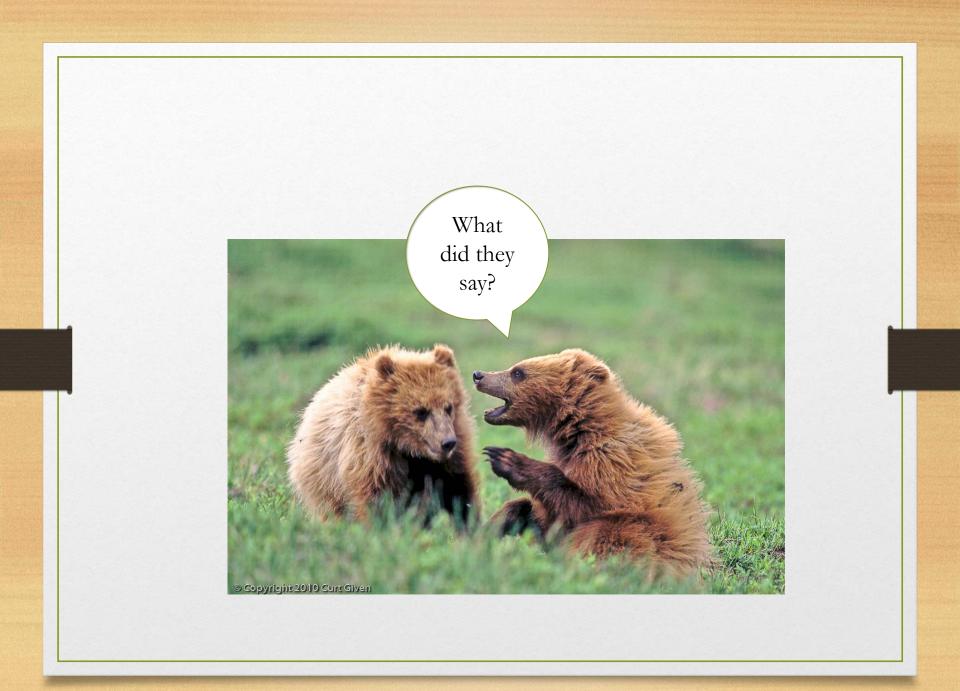
- Paid recruitment incentive program;
 - State 1 54.5% -- State 2 28.4%
- Realistic job preview
 - State 1 90.9% -- State 2 80.3%
- Code of ethics
 - State 1 100% -- State 2 87.4%
- DSP Ladder
 - State 1 50.0% -- State 2 44.7%

Survey Roll-Out

- 9 states are participating in the roll out.
 - Data due June 30, 2015. Refers to period 1/1/14-12/31/14
- Data collection has begun
 - Email address of HR person
 - Specified that should not be forwarded out of agency
 - Do not delete responses
- One state is making survey mandatory
 - NCI role is minimal
- Working on analysis plan-how to make valid comparisons between states

What's Next?

- Working on increasing provider buy-in, to enhance response rate.
- Survey for DSPs
 - employed directly by individual receiving services?
- Further assessing reasons for turnover
- Help states to benchmark and track progress
- Link to NCI survey outcomes



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