The Direct Support Professional Workforce “Crisis”: How data can inform retention and recruitment

HCBS Conference
Baltimore, MD
8/28/18 1:15-2:30pm
In Minneapolis, a 'house of horrors' hidden in plain sight
Girls endured years of abuse, neglect; system did little

Children with disabilities abused at state-funded group home, complaints allege

Beset by rapes, rats, scalding, Florida home for disabled could lose license

STATE

By Carol Marbin Miller and Monique O. Madan
National Quality Forum (NQF) framework

NQF FRAMEWORK FOR HOME & COMMUNITY BASED SERVICES OUTCOME MEASUREMENT

11 Domains
2-7 Subdomains

- Consumer Leadership in System Development
- Choice and Control
- Human and Legal Rights
- Community Inclusion
- Holistic Health and Functioning
- System Performance & Accountability
- Equity
- Service Delivery & Effectiveness
- Person-Centered Service Planning and Coordination
- Workforce
- Caregiver Support
Workforce Key to Quality
Is there a crisis?

A crisis (from the Greek κρίσις - krisis; plural: "crises"; adjectival form: "critical") is any event that is going (or is expected) to lead to an unstable and dangerous situation affecting an individual, group, community, or whole society. Crises are deemed to be negative changes in the security, economic, political, societal, or environmental affairs, especially when they occur abruptly, with little or no warning. More loosely, it is a term meaning "a testing time" or an "emergency event".

**Definition of CRISIS**

1. a : the turning point for better or worse in an acute disease or fever
   b : a paroxysmal attack of pain, distress, or disordered function
   c : an emotionally significant event or radical change of status in a person's life • a midlife crisis

2. : the decisive moment (as in a literary plot) • The crisis of the play occurs in Act 3.

3. a : an unstable or crucial time or state of affairs in which a decisive change is impending; especially : one with the distinct possibility of a highly undesirable outcome • a financial crisis • the nation's energy crisis
   b : a situation that has reached a critical phase • the environmental crisis • the unemployment crisis
A Systemic Failure

By Amy Hewitt, Joseph Macbeth, Barbara Merrill, and Barbara Kleist

Direct Support Professionals (DSPs) provide daily support to people with intellectual and/or developmental disabilities (IDD) so they can live and participate in their communities as friends, neighbors, co-workers, students, family members, volunteers, voters, and taxpayers. Increasingly these supports are provided inside the individual or family home, allowing other family members to work and have respite from their daily caregiving.
Root of DSP workforce challenges

- No good planning
- Departments of Labor allowed “off the hook”
- Changing demographics
  - Aging of Americans
  - Fewer younger Americans
- Shifts in laws and expectations
Other factors influencing reality

• Growth # of People with ID/DD Receive Services
  • 390% increase in last 2 decades
• People with IDD live longer (age 66)
• Growing diversity
• Economic stability and growth
  • Impact of Great Recession on momentum
DSP workforce reality is a public health crisis

- **Primary public health concern** due to:
  - size of the workforce and increases in demand to support need
  - support provided is essential to the health, safety and overall well-being of seniors, people with disabilities
  - substandard work conditions undermine the ability to recruit and retain DSWs threatening the future supply

Workforce conditions that deter entry into the profession

- Low wages
- Meager benefits
- Physically challenging work (high rate of injury)
- High accountability for actions
- Isolation from other workers and supervisors
- Lack of a career ladder
- Insufficient training and professional development
Consistent workforce data

- **Number of DSPs**
  - PT/FT/relief or temporary

- **Demographics**
  - Basics
  - Retirement age

- **Wages**
- **Benefits**
  - Taken up

- **Crude Separation**
  - Before 6 months

- **Average tenure**

- **Vacancies**

- **Overtime paid in last 30 days**

- **Waiting lists, denials and authorized vs delivered services**

- **Frontline supervisor**
  - Number
  - Demographics
  - Wages
  - Crude separation
  - Vacancies

- **Differences by**
  - FT/PT and temp status
  - Setting type
    - Individual characteristics
  - Service type
  - Provider
  - Zip Code

- **Costs of recruitment, selection and on boarding**
  - Marketing
  - Advertising
  - Interviewing
  - Selection process
  - Background checks
  - Replacement DSP costs
  - Training delivery and time
  - Admin

- **Ratio # people served to people served**

- **Qualitative stories where a DSP changed a life and saved money**
Importance of DATA

• Legislative advocacy
• Accuracy in separating information DSP who with certain populations or types of services
• Make informed policy and practice decisions
• Create wage scales within organizations
• Other reasons? .......
Direct Care Workers

Largest Occupational Groups in the U.S., 2020

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct-Care Workers</td>
<td>4,999,100</td>
</tr>
<tr>
<td>Retail Salespersons</td>
<td>4,968,400</td>
</tr>
<tr>
<td>Teachers from K to 12th Grade</td>
<td>3,902,000</td>
</tr>
<tr>
<td>Cashiers</td>
<td>3,667,000</td>
</tr>
<tr>
<td>Law Enforcement &amp; Public Safety Workers</td>
<td>3,612,000</td>
</tr>
<tr>
<td>Fast Food &amp; Counter Workers</td>
<td>3,553,000</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>3,449,300</td>
</tr>
</tbody>
</table>

From: Occupational Projections for Direct-Care Workers 2012–2022
Number of DSPs in U.S. 2016

- NURSING HOMES
- INDEPENDENT PROVIDERS
- OTHER INDUSTRIES
- HOME CARE
- TOTAL

https://phinational.org/policy-research/workforce-data-center/
Projected growth of workforce 2016-2026 (BLS)

<table>
<thead>
<tr>
<th>Industry</th>
<th>2016</th>
<th>2026</th>
<th>Percent change from 2016-2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME CARE</td>
<td>1,970,900</td>
<td>3,003,900</td>
<td>52%</td>
</tr>
<tr>
<td>NURSING HOMES</td>
<td>603,700</td>
<td>607,900</td>
<td>1%</td>
</tr>
<tr>
<td>OTHER INDUSTRIES</td>
<td>1,863,300</td>
<td>2,169,700</td>
<td>16%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4,437,900</td>
<td>5,781,500</td>
<td>30%</td>
</tr>
</tbody>
</table>

LTSS and U.S. economy 2007-2017

- 1 million+ direct care jobs (54% growth)
- 1 in 6 new jobs in U.S. was in LTSS
- 4/5 new jobs were in home care

Projected Aging of the Direct-Care Workforce in the United States, 2010-2020

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ages 16-34</td>
<td>38%</td>
<td>38%</td>
<td>36%</td>
</tr>
<tr>
<td>ages 35-54</td>
<td>39%</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>55 and older</td>
<td>23%</td>
<td>24%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Age of DSPs in U.S. (2015 ACS)

- 16% 16-24
- 22% 25-34
- 38% 35-44
- 21% 45-54
- 17% 55-64
- 7% 65+
- 16% 55 and older

DSP citizenship status in U.S. (2015 ACS)

- **U.S. citizen**: 77%
- **U.S. citizen by naturalization**: 13%
- **Not a citizen of the U.S.**: 10%

DSP educational attainment in U.S. (2015 ACS)

- Associates degree or higher: 19%
- Some college, no degree: 33%
- High school graduate: 34%
- Less than high school: 14%

National employment status in the U.S. (2015 ACS)

- **Home Care**
  - FT: 32%
  - PT: 68%

- **Nursing Homes**
  - FT: 47%
  - PT: 53%

- **Total**
  - FT: 40%
  - PT: 60%

United States DSP wages over time (2016 BLS)

WAGE GROWTH:  
Home care  
-$0.17  
Nursing homes  
-$0.01  
Total  
-$0.48  

Median Annual Earnings (2015, ACS)

<table>
<thead>
<tr>
<th></th>
<th>Home care</th>
<th>Nursing homes</th>
<th>Total (Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$13,800</td>
<td>$20,000</td>
<td>$17,000</td>
</tr>
</tbody>
</table>

United States
DSP health insurance (2015 ACS)

- Any health insurance coverage: 82%
- Health insurance through employer/union: 37%
- Medicaid, Medicare or other public coverage: 40%
- Health insurance purchased directly: 13%

- Home care: 86%
- Nursing homes: 56%
- Total (average): 48%
- Medicaid, Medicare or other public coverage: 26%
- Nursing homes: 11%
- Total (average): 31%

National Core Indicators™

2016 Staff Stability Survey Report
NATIONAL CORE INDICATORS (NCI)?

• NASDDDS – HSRI Collaboration
  ▪ Multi-state collaboration of state DD agencies
  ▪ Launched in 1997 in 6 participating states with a 15 state steering-committee – now in 47 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

• Assesses performance in several areas, including:
  ▪ employment, community inclusion, choice, rights, and health and safety

• Now expanded to elderly and people with disabilities through the NCI-AD
National Core Indicators  State Participation

As of 2017-18: 46 states, the District of Columbia and 22 sub-state regions
Why Develop A Tool To Look At Staff Stability?

- Lack of consistent national data about direct service workforce- no DoL SOC* for DSP
- Data needed to assess status of a state’s DSP workforce
- Measure impact of policy or fiscal initiatives
- Legislatures requesting data before approving increases based on the need for a competent, skilled workforce

*Standard occupational classification
Growth in DD Services

United States
Living Arrangements of LTSS Recipients by Fiscal Year over Time

The number of Long-Term Supports and Services Recipients is for the IDD Agency in the state. Group settings (1-6, 7-15, and 16+ Group) include ICF/IID, group home, and other congregate settings.
Direct Care Workers as a Percentage of the Total Health Workforce, 2014

- Health diagnosing and treating practitioners (6.31 million workers) - 10.9%
- Health care support occupations (1.72 million workers) - 21.4%
- Health technologists and technicians (3.37 million workers) - 40.0%
- Direct care workers who provide long-term care (3.27 million workers) - 6.9%
- Other direct care workers (1.09 million workers) - 20.8%

Source: GAO analysis of Census Bureau data. | GAO-18-718
Impact on Workforce and Agencies

• Wages below Federal Poverty Levels result in DSPs working several jobs
• Many eligible for public benefits (e.g., food stamps, Medicaid)
• High vacancy rates/turnover rates impact service delivery – staffing ratios and access, stress, mandatory OT
• High turnover rates: increased costs to providers
National Core Indicators

Staff Stability 2016 Survey Results Highlights
2016 Staff Stability Survey Results

The report is available at
https://www.nationalcoreindicators.org/resources/staff-stability-survey/
Goal of NCI Staff Stability Survey

To establish *standardized* benchmark DSP workforce data for state DD systems to measure improvements made through policy or programmatic changes.
Who is a Direct Support Professional?

For the purpose of this survey:

• DSP is an employee who’s primary job responsibility is to deliver support, training, and/or personal assistance or supervision to adults with I/DD. DSP’s, for this survey, must spend at least 50% of their time in direct service tasks.
Important Notes on the Report

- State operated facilities (employees of the state) were not included.
- “AVERAGE” data (at bottom of tables) are average of state averages.

All data refer to:
- Jan 1, 2016-Dec 31, 2016
- Data are shown aggregated by state (not by individual provider).
- See Appendix in report for more info on state sampling procedures.
The 2016 Sample

• 3,022 agencies, 21 states
• 70% deliver Residential Services, 75% In-home Services, 58% Non-Residential Services
• Desired confidence level/margin of error is 95/5; not all states met
• 156,000 people supported in residential or at home; 201,000+ supported in non-residential (may be duplicated counts)
• 2017 data in the cleaning process, but estimates of participation available.

* States were instructed to provide NCI with a list of all provider agencies in the state providing direct support to adults with IDD. These states did not provide NCI with the email addresses of all provider agencies providing services.
Standard Definitions of Service Type

Definitions of support types

• Residential supports
  ▪ People living outside of the family home.
  ▪ 24-hour supports such as a group home or ICF/ID And/or
  ▪ people living in supported housing or supported living < 24 hours of support
  ▪ Key factor is provider agency owns the setting or operates the lease

• In-home supports
  ▪ supports provided to a person in their home (not owned or leased by a provider agency).

• Non-Residential Supports
  ▪ supports and services outside of the home.
  ▪ Day programs and community support programs
  ▪ Job or vocational services
### Turnover Rate

The turnover rate = 
number of DSPs separated in last 12 months / 
number of DSPs on payroll as of December 31, 2016

<table>
<thead>
<tr>
<th></th>
<th>DSP’s on Payroll as of 12/31/16</th>
<th>N</th>
<th># DSP’s separated in last 12 months</th>
<th>N</th>
<th>Statewide Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCI Average</td>
<td>253,223</td>
<td>3022</td>
<td>111,931</td>
<td>2953</td>
<td>45%</td>
</tr>
</tbody>
</table>

NCI Average Turnover Rate: 45.5%
## Tenure: Employed DSP’s

<table>
<thead>
<tr>
<th></th>
<th>&lt;6 months</th>
<th>6-12 Months</th>
<th>&gt; 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average NCI</strong></td>
<td>19%</td>
<td>16%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>12-28%</td>
<td>11-23%</td>
<td>50-74%</td>
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</tbody>
</table>

## Tenure: Separated DSP’s

<table>
<thead>
<tr>
<th></th>
<th>&lt;6 months</th>
<th>6-12 Months</th>
<th>&gt; 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average NCI</strong></td>
<td>38%</td>
<td>21%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>23-50%</td>
<td>17-26%</td>
<td>27-56%</td>
</tr>
</tbody>
</table>
Vacancy rates

Table 19: Full-time DSP Positions and Vacancy Rates (As of Dec 31, 2016)

<table>
<thead>
<tr>
<th></th>
<th># FT DSPs employed</th>
<th># FT Position Vacancies</th>
<th>Total # FT DSP Positions</th>
<th>Statewide Vacancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCI AVG</td>
<td>148,521</td>
<td>17,953</td>
<td>166,474</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

- Includes only provider agencies that differentiated between full-time and part-time employees.
- NCI Average is 9.8% full-time vacancy rate; 15.4% part-time vacancy rate.
Wages

- Average Overall Wage: $11.76 /hour


- Average Starting wages: $10.79
  - Residential $10.52
  - In-Home $10.82
  - Non-Residential $10.90
### Wages

- Comparison to State Minimum Wage is essential to accurate understanding and context for comparison

<table>
<thead>
<tr>
<th></th>
<th>State Minimum Wage</th>
<th>Avg. Hourly Wage</th>
<th>Std. Deviation</th>
<th>Median Hourly Wage</th>
<th>Minimum Hourly Wage</th>
<th>Maximum Hourly wage</th>
<th>N</th>
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<tr>
<td>AL</td>
<td>$7.25</td>
<td>$9.53</td>
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<td>OR</td>
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<td>$20.00</td>
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<td>$13.59</td>
<td>$7.95</td>
<td>$10.50</td>
<td>31</td>
</tr>
</tbody>
</table>

**0-20%** | **21-40%** | **41-60%** | **61-80%** | **81-100%**
---|---|---|---|---
| 12% | 42% | 26% | 11% | 3% |

% above State Minimum Wage

% of providers who reported wages at this % of MW
Paid Time Off

“Pooled Paid time off” is defined as a bank of hours in which the employer pools sick days, vacation days, and personal days together and the agency doesn’t distinguish between category of time off. Regular time off is time provided and tracked by category – vacation, sick, personal, etc.

- 68% of participating agencies offered pooled paid time off to all DSP’s or to ALL Full-time DSP’s only
- 48% offered categorical time off to all DSP’s or to all FT Only DSP’s
2012 BLS Part Time Workers: Paid Time off

Percentage of workers with access to consolidated leave plans, private industry, 2012


All workers: 26%
Full-time workers: 27%
Part-time workers: 21%
Small establishments: 22%
Medium and large establishments: 30%

Beyond the Numbers: August 2013 | Vol. 2 / No. 18 PAY & BENEFITS, BUREAU OF LABOR STATISTICS
Other benefits

• Health Insurance – offered by 66% of responding agencies to Full Time Only, and an additional 14% offer to ALL DSP’s.
• Retirement, Continuing Education, career ladder, etc.
The picture is bleak

But, what can be done?
Resist the temptation to only look at wages....

Full experience of work is important—Why do people leave jobs?

Wages are very important, but the context matters

Consider tenure, turnover and vacancy rates.

Look at wages, benefits, including retirement benefit-

Culture of the organization and work environment has an impact

The size of the agency appears to have an influence
Factors Tied to Retention

1. Do I know what is expected of me at work?
2. Do I have the materials and equipment I need to do my work right?
3. Do I have the opportunity to do what I do best every day?
4. Does my supervisor, or someone at work, seem to care about me as a person?
5. At work, do my opinions seem to count?

How Can States Use the NCI Staff Stability Data?

- **Compare**
  - Evaluate and compare state workforce data with those of other states, and across providers if possible

- **Partner**
  - Work with stakeholder groups to identify Quality Improvement efforts.

- **Monitor**
  - Monitor and evaluate the impact of workforce initiatives.

- **Inform**
  - Inform policy and program development regarding DSP workforce initiatives.

- **Provide**
  - Provide context for consumer and family outcomes.

- **Consider**
  - Consider performance measure links to other quality indicator data.
What are other states doing?

• Using NCI Staff Stability Data to fulfill legislative mandates on data provision.
• Providing incentives to agencies to assess and analyze the factors contributing to their agency’s turnover, and to promote practices in agencies with low turnover.
• Convening workgroups of all stakeholders to look at organizational culture tools and external factors contributing to turnover.
• Tracking whether rate increases are allocated to wages and/or increased benefits.
Questions?

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National Core Indicators (NCI)
New York State Office for People With Developmental Disabilities

Provider agency collaboration and the importance of data

HCBS Conference: August 28, 2018
Overview/Agenda

- Collaborating with Provider Agencies

- Recommendations to Strengthen Workforce

- NCI Staff Stability Survey Participation and Analysis
NYS OPWDD and Provider Agencies

A Collaborative Effort
Work Group

Supporting the staff who provide services to individuals with intellectual and developmental disabilities is part of a collaborative effort.

The Work Group, comprised of representatives from OPWDD and partners from the not for profit sector, convenes regularly to address the needs of Direct Support Professionals (DSPs).
Work Group Objectives

Specifically, the objective of the Work Group is to advance the field of Direct Support as a valued career in order to ensure the stability of the workforce.

• The Work Group is focusing on issues including:
  – recruitment
  – retention
  – compensation
  – the pursuit of strategies to reduce overtime
  – the promotion of employee work-life balance
Work Group Members

- Provider Agencies
  - Large
  - Small
  - Urban
  - Rural
- Provider Associations
- OPWDD Staff
- Industry Experts
- Academia
Work Group Activities

• The Work Group has met several times since its inception and members have been working to:
  – develop strategies to strengthen workforce
  – gather and analyze data
  – research available workforce analytics tools
  – study state/national surveys and indicators
  – explore various funding sources
  – meet with internal/external stakeholders
  – research trends, policies and practices in comparable states
  – research technology solutions
  – strategize on marketing campaigns
Key Initiatives

Data & Workforce Analytics

- Identifying: vacancy rates, turnover, wages, benefits, and recruitment/retention strategies.
  - NYS participation **NCI Staff Stability Survey**
    - Ongoing annual participation
  - Analyzing results of recent surveys:
    - NCI Adult Consumer Survey, #beFair2DirectCare survey, DSP Credentialing Study
  - Consolidated Fiscal Report (CFR) data and other sources
    - Review available data
Key Initiatives cont’d

Department of Labor - Occupational Code for DSPs
– Currently no code exists for DSPs

Pipeline Development
– High Schools, BOCES, Community Colleges, Colleges

Workforce Development Grants
– Locating resources & facilitating access

Research on Tech Solutions
– Scheduling software
– Remote monitoring
– Assistive technology
Key Initiatives cont’d

Emerging Workforce
  – Researching, Recruiting & Retaining “Millennials”
    • Gaining better understanding of largest share of American workforce, as of 2015.
    • Inviting experts from the field to share insight on recruitment and retention of this demographic.

Professional Development
  – Credentialing
  – Training/Development opportunities

DSP Recognition
  – Recognition activities and marketing campaign

Inventory of Recommendations
  – List of recommendations, resources, and tools
NYS OPWDD and Provider Agencies

Developing Recommendations
Inventory of Recommendations

Agency Specific:

- Recruitment
  - Examples: Target recruitment methods toward millennials; Utilize technology and mobile applications in recruitment

- Retention
  - Examples: Provide training for supervisors; Recognize employees regularly; Offer flexibility in benefit choices

- Cost Savings
  - Examples: Apply for grants; Explore technology solutions for addressing issues

- Agency Toolkit
  - Examples: Developing agency toolkit that can be utilized by provider agencies to help strengthen their recruitment and retention strategies
Inventory of Recommendations

System Wide:

– Career/Profession
  • Examples: Pursue Federal DOL occupational code designation; Explore alternative learning options, such as BOCES, Job Corp, and Apprenticeships

– Robust and Reliable Data
  • Examples: Participate in the NCI Staff Stability Survey; Explore addendum to current reports or some other mechanism for capturing more specific data

– Funding and Rates
  • Examples: Study impact of recent funding increase provided by Governor/Legislature; Review funding/rate structures and impact on agencies offering higher DSP wages; Explore additional flexibility in use of Medicaid and other funding sources
NYS OPWDD and Provider Agencies

NCI Staff Stability Survey
NCI Staff Stability Survey

Overview:

- NYS participated in the Nation Core Indicators (NCI) Staff Stability survey for the first time in 2017.
- The data gathered refer to the period between Jan. 1, 2016 and Dec. 31, 2016.
- NYS administered the survey to all agencies that provided direct support services to adults with intellectual and developmental disabilities in 2016.
- Not mandatory, but significant efforts made to encourage/support participation.
NCI Staff Stability Survey

NYS Participation Rates:

- 354 provider agencies identified as eligible participants
- 280 provider agencies completed surveys
- 79.1% response rate (Meets 95% confidence level and 5% margin of error)
NCI Staff Stability Survey

Efforts:

- Engage providers and provider associations
- Discuss importance of data
- Gain buy in and utilize partnerships
- Multiple emails and offers of assistance
- Phone calls

2017:

- Initial data indicates that NYS has increased participation and achieved over 80% participation rate
Analysis

– Review data for trends
– Identify correlations
– Utilize data to inform efforts

Next Steps:

– Continue analyzing data and developing strategies
– Explore possible geographic break downs for future surveys
Questions?

Thank You!
Shaping policy • Sharing solutions • Strengthening communities
Presented by Esmé Grant Grewal, Esq.
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ANCOR

Service providers support more than one million Americans with intellectual and developmental disabilities through the Medicaid program.

**ANCOR is their voice in Washington.**

**Who does ANCOR represent?**

Americans with I/DD include people with Down Syndrome, cerebral palsy and autism.

ANCOR is nonpartisan. We represent a workforce of many thousands of community providers across the country who empower people with disabilities to live with dignity – helping them to avoid costly state-run institutional care.

**ANCOR members matter**

Our members provide vital services including residential supports, daily life skills building and employment support.

We work tirelessly to protect the Medicaid safety net for those served by our members and to lead the innovation of new and diverse funding streams.

**Facts & Figures**

ANCOR represents 1,400+ service providers and 52-state provider associations.

There are more than 5 million Americans with intellectual and developmental disabilities (I/DD) living in the U.S.

Each year, about 6,000 babies are born with Down syndrome.

1 in 68 children are now born with Autism.

45% of frontline workers leave the field every year, leading to one of the nation’s most pressing workforce crises.
Addressing the Disability Services Workforce Crisis of the 21st Century

Electronic Version

American Network of Community Options and Resources 2017
DSP turnover is high and frequent.
A high level of disruption is happening often in supports that need to be stable to be successful.

45.5% national average turnover rate

24% - 69% range of state turnover rates

Turnover by length of tenure

- Employed less than 6 months: 38.2%
- Employed between 6-12 months: 21.0%
- Employed more than 12 months: 40.8%

Source: National Core Indicators (NCI) 2016 Staff Stability Survey
Low wages are a primary cause of turnover. DSPs operate within a very demanding regulatory framework and have high responsibilities – including keeping individuals alive – which their wages do not reflect.

<table>
<thead>
<tr>
<th>Reason for leaving</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate pay</td>
<td>88.54%</td>
</tr>
<tr>
<td>Difficulty level / stress of work performed</td>
<td>66.88%</td>
</tr>
<tr>
<td>Lack of advancement</td>
<td>49.68%</td>
</tr>
<tr>
<td>Lack of supervisory support/appreciation</td>
<td>42.04%</td>
</tr>
<tr>
<td>Insufficient training/guidance</td>
<td>28.66%</td>
</tr>
</tbody>
</table>

Source: Medisked survey
Multiple choice selection allowed so results add up to more than 100 percent

Source: ANCOR 2017 workforce report
Demand for DSPs will increase, further exacerbating the effects of turnover.

Demographic trends increasing demand include the increase in autism diagnoses, increased longevity of people with I/DD, aging family caregivers needing more assistance to care for their loved ones with I/DD, and demand from baby boomers. Simultaneously, less women are being born into the labor pool and the DSP workforce is predominantly female. This promises unmet demand for supports.

Expected Employment Growth 2014-2024:
DSPs vs. National Average

- Personal Care Aides: 26%
- Home Health Aides: 38%
- National Average: 7%

Source: Bureau of Labor Statistics
Solutions include:

Improving DSP wages through greater federal and state investment in the Medicaid program, through which those wages are set. In 2018 some states increased DSP wages, including:
Connecticut
Kentucky
Maine

Innovative recruitment and retention techniques. Some agencies and states have shown creativity to increase recruitment within the constraints caused by lower wages:
Iowa: an agency leveraged a federal demonstration project to recruit more specialized DSPs, going beyond the usual recruitment targets.
Ohio:
The state and some schools partnered with I/DD supports agencies to recruit high school students on the verge of dropping out. The program allowed students to finish school while training to become DSPs.
One agency created an Employer Resource Network to offer more DSPs workplace flexibility and better benefits, leading to increased retention.
Wisconsin: an agency created clear career pathways with built-in wage increases, thus increasing retention.

Leveraging technology to better leverage DSPs time and reduce injuries. States such as Colorado and Minnesota have begun modernizing their authorized technologies policies to reflect recent developments in technology, such as the more widespread use of tablets, software and assistive technology.
Workforce Asks

Our Asks: Support efforts to increase the Direct Support Professionals workforce

- Sign on to standard occupational classification (SOC) letter to encourage the Bureau of Labor Statistics to designate DSP as a discrete class of workers

- Encourage CMS to confirm Medicaid payments are authorized for the use of innovative technology solutions to deliver HCBS waiver services

- Allow providers to reinvest savings generated by using technology to deliver services

- Annual state reporting of IDD service reimbursement rates

- Revisit the Transition to Independence Act, with a focus on how the DSP workforce enhances community engagement and independent living

- Support federal, state, and local pipeline programs to increase the number of people entering the DSP field
What To do?
ACTION STEPS (from 6/28/18 workforce summit)

• Create an occupational title in BLS
• Support the development of a profession using training and credentialing programs throughout the U.S. and related wage increases.
• Support the development of pipeline programs to ensure new entrants into the workforce.
• Promote increased use of technology-enhanced supports and self-directed options.
• Develop and implement evidence based practices to improve retention.
• Support public awareness campaigns that promote the direct support profession in U.S. communities.
• Improve data collection options on relevant workforce outcomes.
For More Information:

• UMN RRTC on Community Inclusion
  https://cl.ici.umn.edu/

• ANCOR
  http://www.ancor.org/

• NY OPWDD
  https://opwdd.ny.gov/

• NCI
  https://www.nationalcoreindicators.org/resources/staff-stability-survey/