

OCTOBER 2021

FLORIDA QUALITY COUNCIL



Select from Florida participation in the National Core Indicators-IDD Adult Family Survey and Updates on Workforce

Val Bradley
Steph Giordano

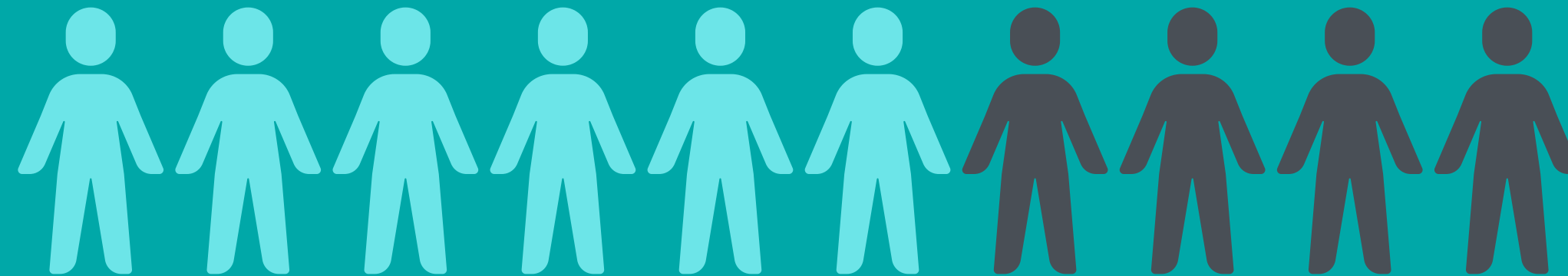
Adult Family Survey



- Mail out survey to families with a family member with IDD receiving at least one service in addition to case management
- Information is answered by the family of the person with IDD
- Surveys collected between July 1 2020 and June 30 2021
 - NCI-IDD added a COVID supplement to hear from families about their experiences and interactions with services during COVID-19
- Data in this presentation include *preliminary* data from 2020

64%

reported there were changes, cancellations or reductions to their family member's services due to COVID





79%

Reported they got enough information about changes, cancellations or reductions in services



63%

Reported staff and/or the case manager helped their family member adjust to those changes



About those changes, cancellations or reductions in services due to COVID...

41%

Said the changes were mostly not good for their family

35%

Said the changes were somewhat good, somewhat not good

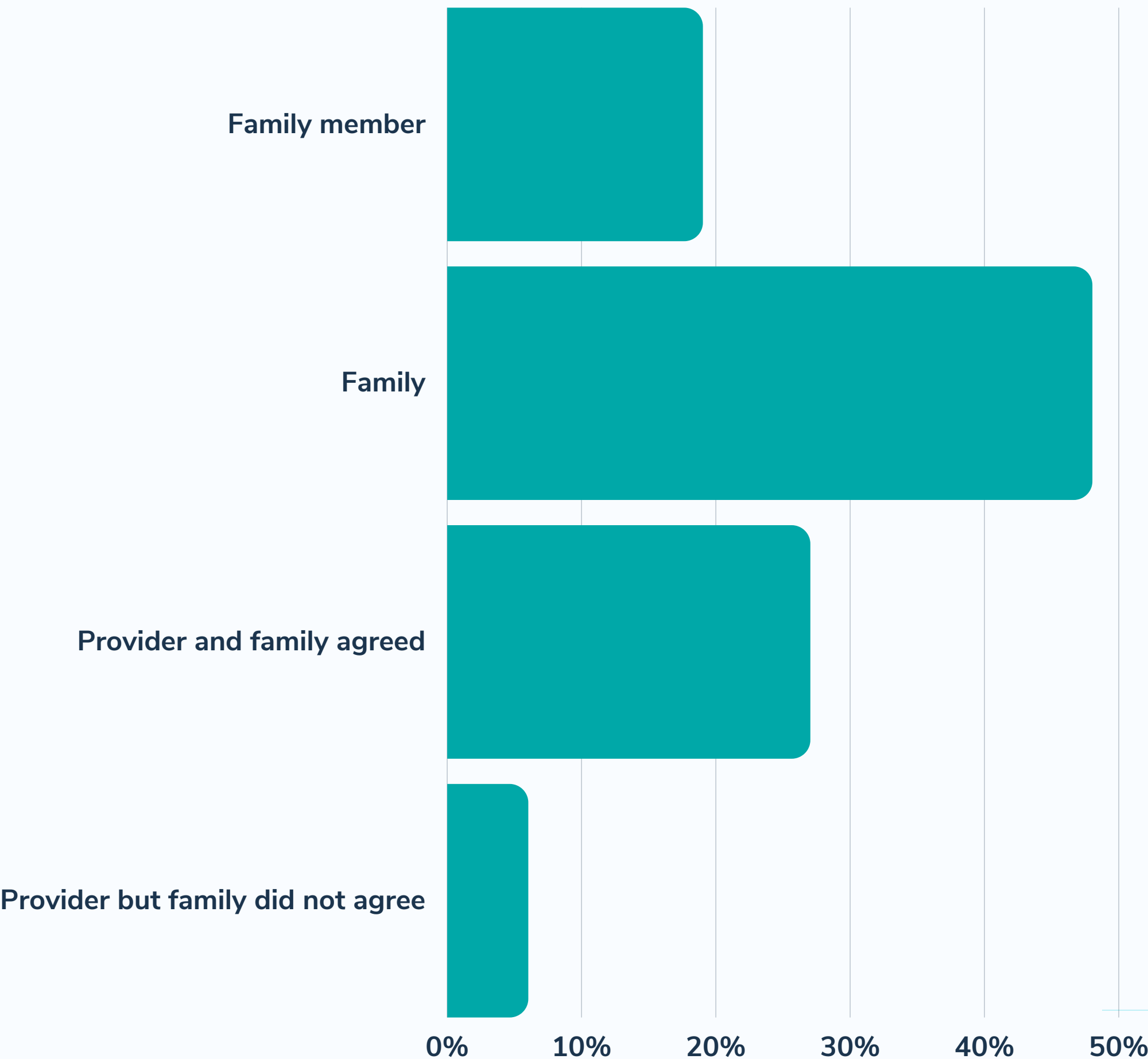
10%

Said the changes were mostly good for their family

14%

Said the changes did not affect their family

If there were changes to in-home supports, how was that decided?



In-home supports are supports that happen in the home, with a direct support person helping the family member in their home with things like help getting bathing, getting dressed, or making meals.

For many people, in-home supports changed due to COVID.. For some people supports may have stopped completely, they may have had fewer people come to the home. Some people may have started to get more supports in-home due to COVID.

This questions asked respondents if there were any changes to in-home supports their family member was getting due to COVID, who made the decisions about the changes to in-home supports, if there

Since COVID time started, did family member take part in any services using video conference technology?

14%

Social groups organized by day program

13%

Exercise or physical activity

6%

Life skills (cooking, other self-care)

5%

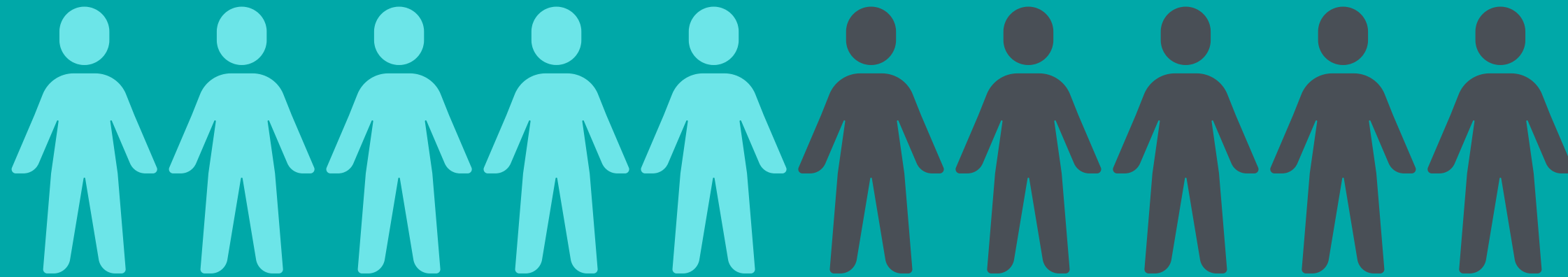
Job coaching, job skills, other employment related activities

39%

Other

50%

who reported their family member did not take part in services using video said that was because video conference services were not offered



Other top reasons family member did not take part in services using video conference:


- 18% family member did not want to participate
- 16% family member had trouble engaging in online services
- 10% family member had trouble using the online platform and did not have support needed to participate

As a result of service changes due to COVID 19, does your family member need more help with the following...

27%
ADL and/or IADL support



25%
Having someone to talk to if they feel lonely, stressed, anxious



23%
Food/nutrition support



23%
Positive Behavior Support



37%
Social support



35%
Respite services



17%
Financial support



11%
Using telehealth for health and/or mental health services



7%
Medication administration support



24%
Other





14%
reported that since COVID
they or someone in the
family started getting paid to
provide supports to their
family member

Across the state, 18% of respondents reported that they or someone else in the family is paid to provide to their family member.

Financial Challenges Due to COVID

28%

reported they or other wage earners in the household become unemployed or furloughed during the COVID-19 pandemic

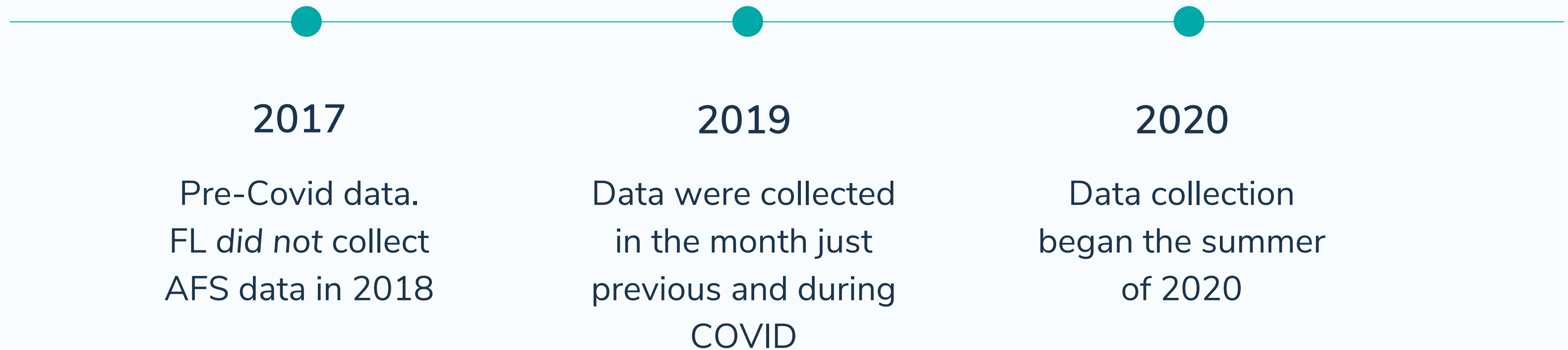
29%

reported their household income reduced due to COVID

24%

report it was sometimes or regularly harder to make sure your family has enough food to eat since COVID

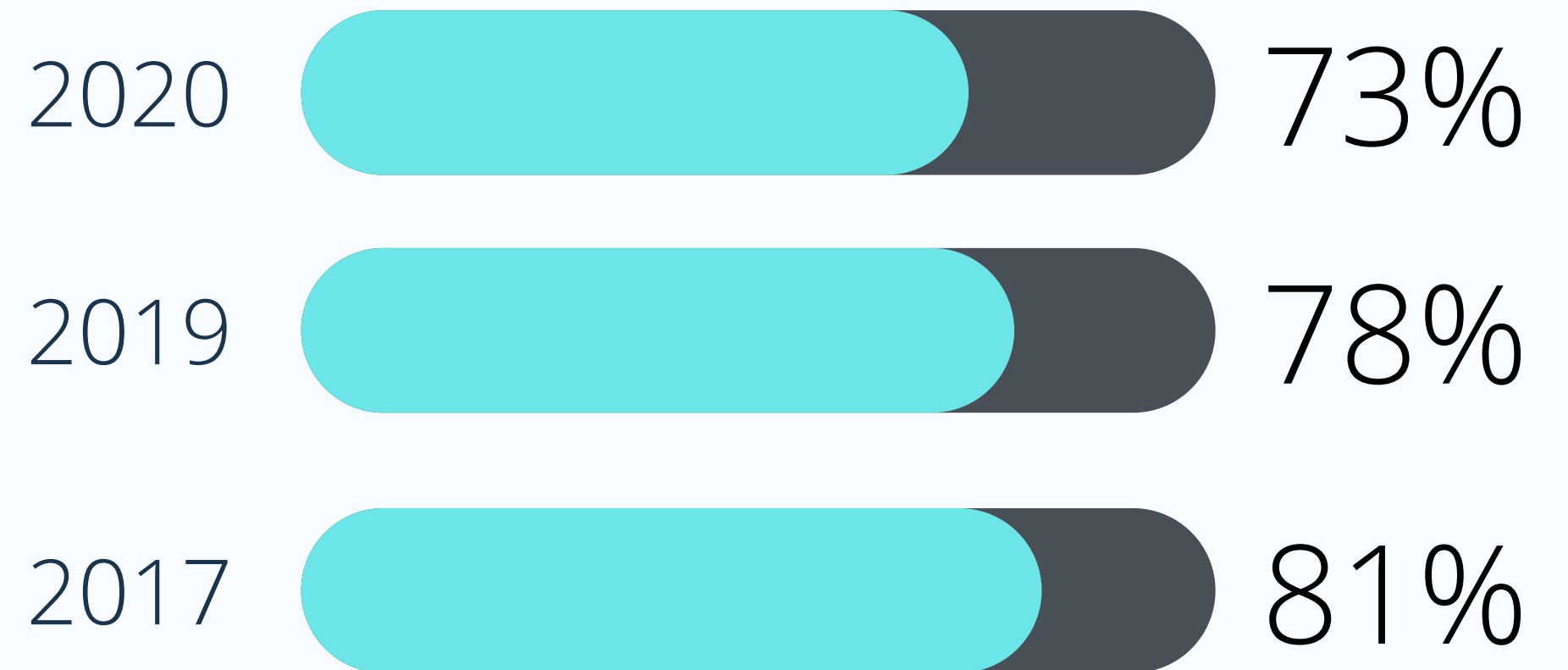
Florida Adult Family Survey Trends





Family member can always see health professionals when needed

This includes doctor, dentist, mental or behavioral health specialist



4 out of 10

SINCE 2017, ABOUT 40% OF RESPONDENTS REPORTED THAT THEY DID NOT GET CRISIS SERVICES WHEN NEEDED

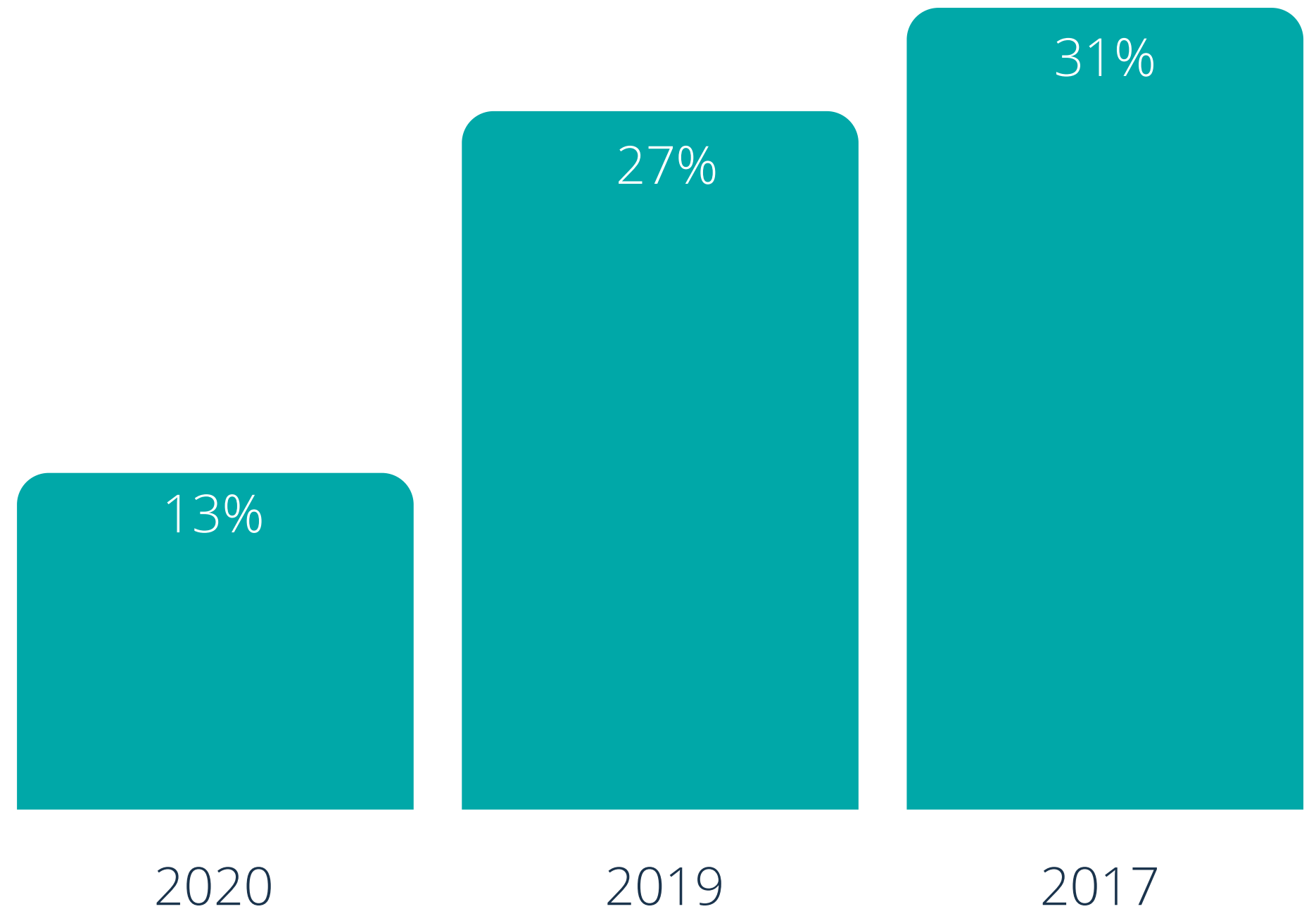
Percentage that did get crisis services when needed:

- 63% in 2020
- 60% in 2019
- 62% in in 2017



**During 2020,
there was a sharp
decrease in
availability of
respite services.**

If respite is needed how often can services
always be used*



*Question wording was changed in 2019 years

Ability to contact the case manager and support workers increased in 2020.



Can always contact case manager when needed

- 77% 2020
- 70% 2019
- 76% 2017



Can always contact support workers when needed

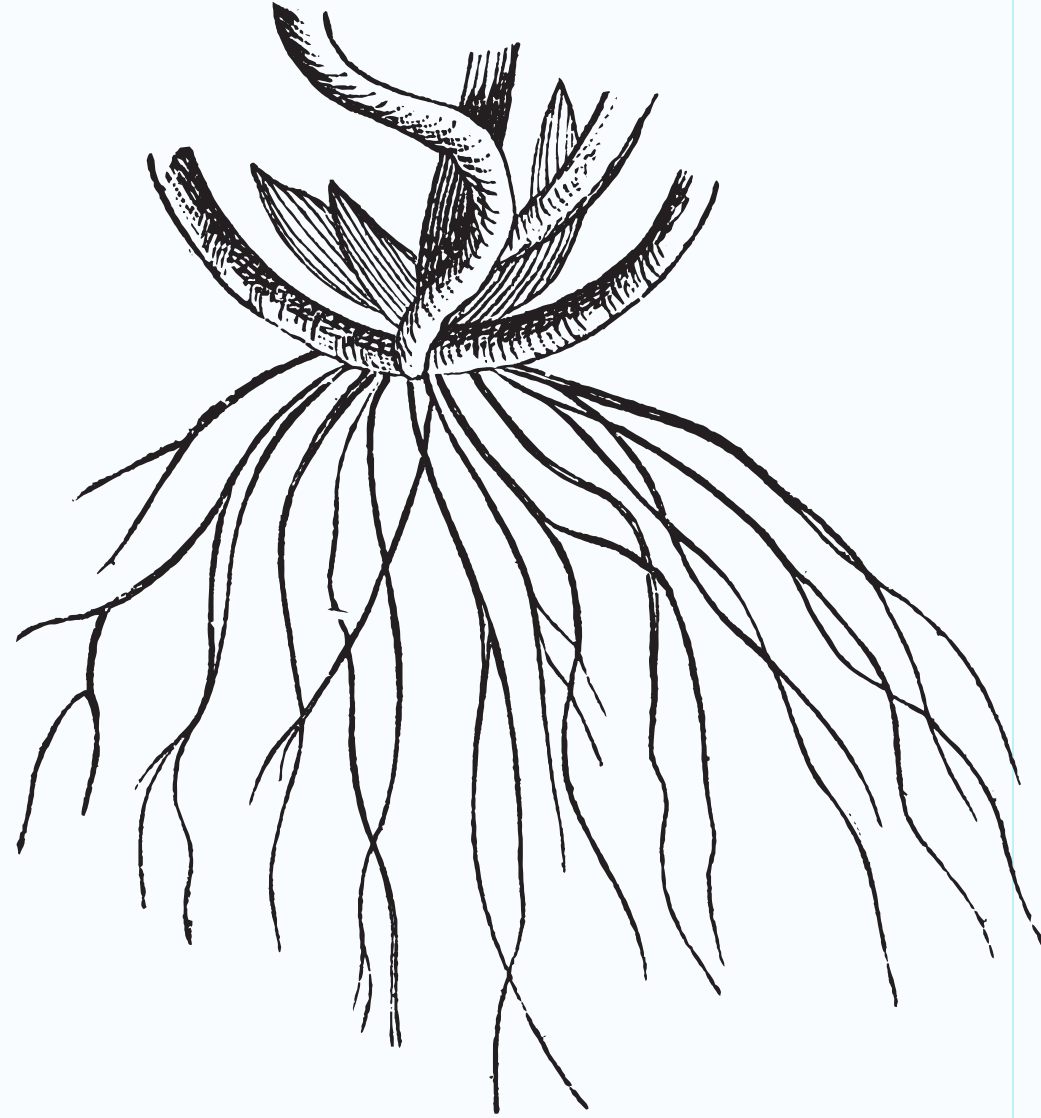
- 73% 2020
- 69% 2019
- 75% 2017



Direct Support Professionals

The Crisis in Direct Support: Time for All Hands on Deck

Roots of the Crisis



Changing demographics

More older people, smaller pool of potential support staff

High skilled job with low pay

Skills include routine delivery of complex physical health care, person-centered practices, and positive behavior supports as well as administrative and communication skills.

More people who need support

The numbers of people who require support for behavior challenges, and other mental issues has grown over the last several years

Changes to service model

Residential and day services have been deconstructed and providing more individually tailored services and supports can be more labor intensive

COVID

The COVID epidemic has exacerbated an already dire situation

What Are Providers Doing Today to Recruit and Retain Staff?

Key Informant Interviews



Specific Initiatives

- Signing bonuses and referral bonuses are given at 3 months and 6 months
- Welcome packages that include a description of benefits are given to new staff
- Outreach to immigrant communities
- Working with high schools and community colleges
- Developing standardized curricula and credentialing strategies
- Advertising on all social media with engaging ads, great pictures, and good taglines



Specific Initiatives

- Producing radio spots
- Giving all staff recruitment business cards to hand out to someone who they witness giving great customer service, which basically says, you are great, and you should work here
- Reviewing contributions to pensions to reallocate to DSP salaries
- Providing staff with more control—over jobs and decisions in the organization
- Reassess management structure to find ways to move resources to frontline staff



Going Forward



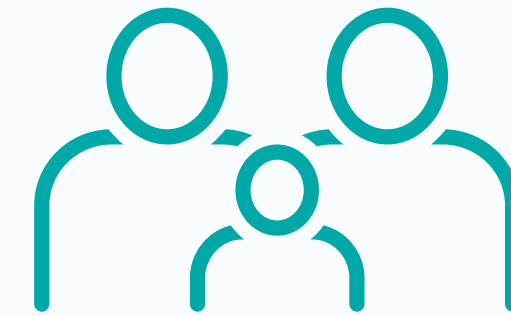
Explore Employee Resource Networks (e.g., Schenectady Arc); EAP programs



See [CQL](#) list of innovative providers



Expand enrollment in self-direction



Pay family, neighbors and friends



Create on-line match systems that connect people with IDD and potential support staff

Bottom Line

- Continue to lobby the Department of Labor to create an occupation category for DSPs
- Work with states to ensure that any additional funding for HCBS services and supports goes to enhance the status of DSPs
- Push for increased wages, benefits, competency-based training and credentialing
- Make changes to IDD rate structures to accommodate the increased costs
- Include training and credentialing as part of any value-based purchasing scheme
- Continue to monitor the impact of the DSP crisis on the health and well-being of people with IDD and their families

