



**NATIONAL CORE
INDICATORS**
NASDDDS & HSRI

The National Core Indicators Staff Stability Survey



Human Services
Research Institute

NASDDDS

National Association of State Directors of Developmental Disabilities Services

Agenda



- What is the Staff Stability Survey?
 - Why is it important?
- What are the instructions for the survey?
- How to use the data



NATIONAL CORE INDICATORS (NCI)?

- NASDDDS, HSRI & State DD Directors
 - Multi-state collaboration of state DD agencies
 - Launched in 1997 in 13 participating states – now in 45 states (including DC)
- Goal: Measure performance of public systems for people with intellectual and developmental disabilities

www.nationalcoreindicators.org





DSP Workforce: Why do these Data Matter?

Direct Support Professionals (DSPs)

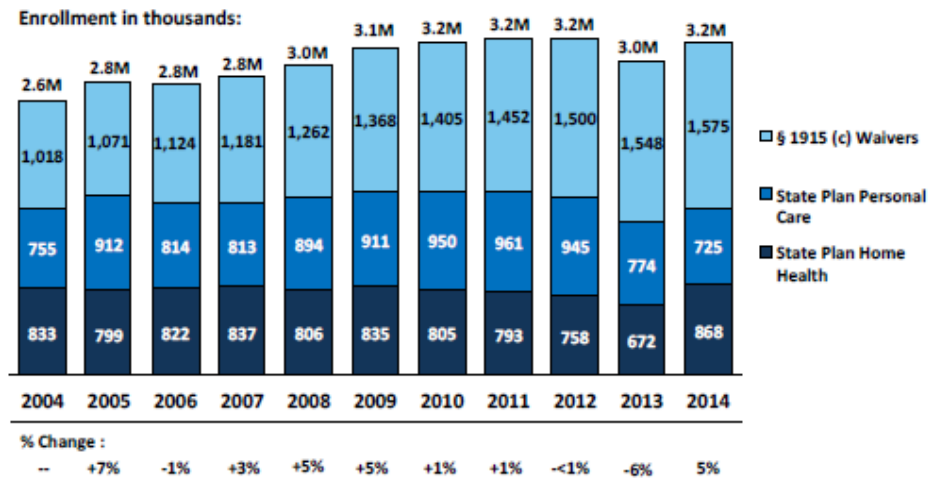


Making the Case for the Staff Stability Survey:

Both HCBS Enrollees and Spending are Increasing

- Enrollment in HCBS increasing
- More DSPs are needed than ever before
- 27 Million Americans will need LTSS in 2050.
 - Demand for DSPs is expected to increase by 48%*

Growth in Medicaid HCBS enrollment by program, 2004-2014.



NOTES: Figures updated annually and may not correspond with previous reports. Excludes enrollment in capitated Section 1115 HCBS waivers, the Section 1915 (i) HCBS state plan option, and the Community First Choice state plan option.
SOURCE: Kaiser Family Foundation analysis of CMS Form 372 data and Medicaid HCBS program survey conducted in 2016.



*http://www.ancor.org/sites/default/files/pdf/ancor_minimum-wage-white-paper_07-11-2014.pdf



Wages below Federal Poverty Levels result in DSPs working several jobs

There's a good chance they are receiving some public benefits (e.g., food stamps, Medicaid)

Reduced training contributes to DSP skill stagnation

High vacancy rates/turnover rates impact service delivery – staffing ratios and access

High turnover rates: extra incurred costs to providers

Limited candidate pool, competition from other businesses, makes providers consider candidates they wouldn't have previously hired

Impact

Estimates of costs associated with replacing DSPs in IDD services range:

- \$2,413 and \$5,200

In NY, the cost of replacing DSP workers was estimated at \$79,804,549.00 in 2015 *

* Hewitt, A., Macbeth, J., Merrill, B., and Kleist, B. (2018) *The Direct Support Workforce Crisis: A Systemic Failure*. Impact (31) 1.



Impact on People with IDD and Their Families

- Trouble creating trusting, meaningful relationships with DSPs
- Forced into congregate models because staffing is limited
- Less person-centered care
- Families:
 - Career concessions
 - Health issues, stress, burnout, societal cost

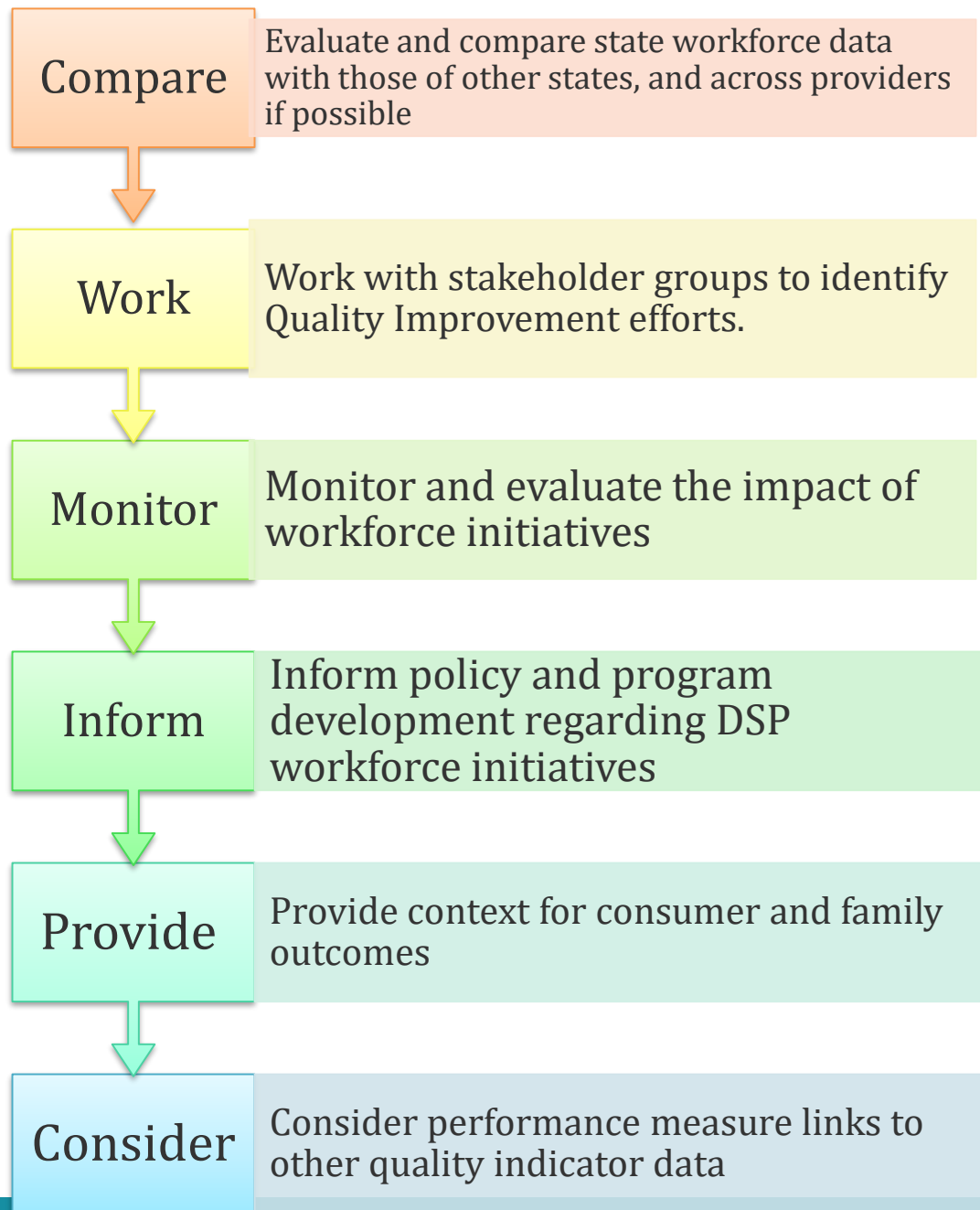


“A 30-year crisis is not a crisis; It is a systematic and pervasive failure in the long-term services and supports system in the United States that has created a public health crisis.”

Hewitt, A., Macbeth, J., Merrill, B., Kleist, B. (2018) The direct support workforce crisis; A systemic failure. *Impact*. 31(1)



How Can States Use the NCI Staff Stability Data?



NUMBER/STATUS OF DSPs

Of the **224,818** DSPs employed in the 2,364 reporting organizations:



34% were part-time



66% were full-time

There was variance by state ranging from 23% - 74% of the DSP workforce being part-time.

TURNOVER

46% state average turnover rate for DSPs



24% Range state average turnover rate for DSPs **69%**

Of DSPs who left positions in calendar year 2016:



TENURE

Of DSPs employed within these organizations:



Wide Audience



Report to the President 2017

America's Direct Support Workforce Crisis:
Effects on People with Intellectual Disabilities,
Families, Communities and the U.S. Economy



- NCI Staff Stability Data figured prominently in the 2017 President's Committee for People with Intellectual Disabilities report



Examples of How States Will Use Staff Stability Data

- The data from this survey will:
 - Provide data to inform policy and program development at the state level
 - Monitor and evaluate the impact of workforce policies and initiatives
 - Compare state DSP stability data with those of other states



Presentation of the Data

- Data will be aggregated at state level.

Table 14: Does your agency provide respite services?

	Yes	No	N
AL	34.9%	65.1%	43
AZ	71.8%	28.2%	103
CT	46.4%	53.6%	28
DC	46.8%	53.2%	79
GA	18.1%	81.9%	182
HI	43.8%	56.3%	16
IL	16.4%	83.6%	213
IN	82.7%	17.3%	98
MD	55.2%	44.8%	87
MO	33.3%	66.7%	114
NE	47.5%	52.5%	40
NY	67.7%	32.3%	279
OH-HCBS	34.8%	65.2%	1078
OH-ICF	52.6%	47.4%	97
OR	16.3%	83.7%	104
PA	50.0%	50.0%	114
SC	63.4%	36.6%	41
SD	27.8%	72.2%	18
TN	65.1%	34.9%	109
TX	66.7%	33.3%	39
UT	45.3%	54.7%	64
VT	57.1%	42.9%	14
NCI Average	47.4%	52.6%	Total: 2960

OR and MO; Data will be provided to the state disaggregated.

In other states, the state can see who completed the survey and who did not complete the survey, but they cannot see specific answers.



Survey Instructions

Directions:

- **The survey will ask about the following information for DSPs who were on payroll for any length of time during the period of January 1, 2017 to December 31, 2017 and for whom your agency defines wages and benefits directly.**
 - **Date of hire**
 - **Whether they are current staff or separated staff**
 - **Date of termination (if applicable)**
 - **Whether they work full-time or part-time (current staff only)**
 - **Hours and wages**
 - **Benefits, such as paid time off, health insurance, etc.**
- **Human Resources or Payroll departments. You may require information from program directors, so it is best if you review the survey questions and seek additional input as needed.**



Types of DSPs

Include these workers in your responses:

- Paid staff members whose primary job responsibility is to provide support, training, supervision, and personal assistance to adults with IDD

Regarding host/foster/family home arrangements: Please respond only about DSPs who are employed and work in addition to the primary shared living/foster care provider.

Do not include these workers in your responses:

- Licensed healthcare staff (therapists, nurses, social workers, psychologists, etc.)
- Those who **only** provide transportation, home modifications, and/or meal delivery
- Contract or 1099 workers
- Staff hired through a temporary personnel agency
- Admin staff or supervisory staff, unless they spend 50% or more of their time doing direct support



Settings to Consider

Residential Support	In-Home Supports	Non-Residential Supports
<p>Your agency owns and/or operates the home in which the person lives.</p> <p>Residential Supports are supports provided to a person who is living outside of the family home. This can include 24-hour supports such as a group home or ICF/ID. Supported housing, supported living, shared living, host home or foster home should be counted in this category only if your agency owns the home or operates the lease.</p>	<p>Your agency does not own and/or operate the home in which the person lives.</p> <p>Supports provided to a person in their home (only if their home is not owned and/or operated by your agency).</p>	<p>Non-residential supports can include:</p> <ul style="list-style-type: none"> • Day programs and community support programs (supports provided outside an individual's home such as adult day program services and community supports) • Job or vocational services (supports to help individuals who are looking for work or on the job for which they are paid, e.g., work supports)



Survey asks about:

- Type of services provided
 - Number of people served in each setting type
- Number of employed DSPs
- Number of separated DSPs
- Number of positions at the agency
- Average and Starting wages
- Benefits provided



What to do with data?

Resist the temptation to only look at wages when examining workforce challenges in your state....

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

The size of the agency appears to have an influence

Consider tenure, turnover and vacancy rates.

Wages are very important, but the context matters

Look at both wages, benefits and additional benefits such as offering some type of retirement benefit-



Worker Retention:

Money matters:

- **Engagement:** Feeling involved in, enthusiastic about and committed to work
- **Wellbeing:** helping employees with: purpose, social, financial, community and physical



Table 3: Medisked Survey Results on DSP Reasons for Leaving Employment.

Reason for Leaving	Percentage
Inadequate pay	88.54%
Lack of supervisory support/appreciation	42.04%
Insufficient training/guidance	28.66%
Difficulties/stress of work performed	66.88%
Lack of advancement opportunities	49.68%

Source: Medisked survey. Multiple choice allowed therefore results add up to more than 100 percent.

<http://www.gallup.com/businessjournal/188399/retaining-employees-money-matter.aspx>

<https://cqrceengage.com/ancor/file/ZuL1zlyZ3mE/Workforce%20White%20Paper%20-%20Final%20-%20hyperlinked%20version.pdf>

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?

Buckingham M and Coffman C, First Break All The Rules: What the Worlds Great Managers do Differently 1999, Simon and Shuster and Gallup Organization. P 33



I've examined my data-What next?

- Look at tenure and turnover
 - Are the differences I am seeing consistent across
 - Setting sizes?
 - Service types (residential, in-home, etc?)
- Can we see relationships between benefits/wages and turnover in my state's data?
- Form work group to use data to guide decision-making. Include providers, DSPs, policy-makers



What are other states doing?

- Using NCI Staff Stability Data to fulfill legislative mandates on data provision
- Using data in reports to legislature to in support of additional resource requests
- Data contributes to understanding provider performance
- Tracking whether rate increases are being allocated to wages



Helpful References

- Castle, N., Engberg, J., Men, A. (2007) *Nursing home staff turnover: Impact on nursing home compare quality measures* *The Gerontologist* (47) 5 650-661
- Antwi Y., Bowblis, J. (2016) *The Impact of nurse turnover on quality of care and mortality in nursing homes: Evidence from the Great Recession* Upjohn Institute Working Paper
- Lerner, N., Trinkoff, A., Storr, C., Johantgen, M., Han, K., Gartrell, K. *Nursing home quality deficiencies increase in facilities with high nursing staff turnover* [PowerPoint Slides]





Questions?

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