The National Core Indicators
New Staff Stability Survey

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Agenda

• National Core Indicators
• Why we expanded the Staff Stability Tool
• Design/Development
• Survey directions and specifics
• Pilot results and next steps
• Why is this important?
• Questions?
What are the National Core Indicators?
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 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

- 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
NCI is a Person-Centered Tool that Provides Information on:

- Individual characteristics of people receiving services
- The locations where people live
- The activities they engage in during the day including whether they are working
- The nature of their experiences with the supports that they receive (e.g., with case managers, ability to make choices, self-direction)
- The context of their lives – friends, community involvement, safety
- Health and well-being, access to healthcare
NCI State Participation 2014-15

State contract awarded in 2014-15 through AIDD funding

CA* - Includes 21 Regional Centers
OH* - Also includes the Mid-East Ohio Regional Council
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 state level data: Staff Stability
NCI Survey Data Uses

- States use NCI data for myriad purposes
  - Benchmarking system performance
  - Compare system performance with other states and to NCI average
  - QA
  - CMS assurances/HCBS transition plans
  - Advocacy

- We wanted to create a tool to measure Staff Stability that could be used in same ways.
Why did we decide to expand the NCI Staff Stability Survey?
Why Did We Want A Tool To Look At Staff Stability?

• Escalating demand for LTC Services oriented towards home and community based settings
  ▪ DSPs are critical to increasing services in least restrictive settings

• Growing body of research demonstrates that stability of workforce has direct impact on consumer outcomes

• Lack of data about direct service workforce
  ▪ Data are needed to assess how state’s DSP workforce is changing or improving and where challenges lie
Prior NCI Staff Turnover Survey

• Asked about vacancy rates and turnover
  ▪ Not utilized frequently
  ▪ Didn’t provide info that states need 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
How we designed the survey
Design Process

• Survey of state staff on old Staff Turnover tool
  ▪ Assess interest in new survey
• Literature review
• Consulted with Provider Focus groups (ANCOR)
• Put together draft
• Got feedback from:
  ▪ State DD Directors
  ▪ DSPs
  ▪ Provider agency management
• Pilot
How it works

• All provider agencies working with the state to support adults in residential, work, day services and community integration are included
• The state forwards to HSRI one email address for each agency
• HSRI sends a unique ODESA link to each provider who will input data directly
• MEANWHILE: State sends communication to all providers
  - 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
Dear Ohio Provider,

As you were made aware by a recent email, the 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 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, and 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/NCISS/Survey-Entry.asp?UID=TestUID4

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

Tina Evans
tina.evans@dodd.ohio.gov
614 752-9028

We thank you in advance for taking the time to complete this survey.
The NCI
Staff Stability Survey
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
Pilot Results
Pilot
Refers to the period of 11/1/13 to 10/31/14

• State 1:
  ▪ Sent survey link to all providers certified with state
  ▪ 1750 provider email addresses
  ▪ 212 valid provider responses (total N) **12% response rate**

• State 2:
  ▪ Sent survey link to all 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)*

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>State 1 (212) Percentage of responding providers</th>
<th>State 2 (24) Percentage of responding providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Supports</td>
<td>71.7%</td>
<td>66.7%</td>
</tr>
<tr>
<td>In-Home Supports</td>
<td>68.3%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Non-Residential Supports</td>
<td>53.1%</td>
<td>91.7%</td>
</tr>
</tbody>
</table>

**State 1:** 36% of providers provide only 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...

<table>
<thead>
<tr>
<th>Less than 6 months</th>
<th>State 1 Percentage of Total # of DSPs (16,071)</th>
<th>15.2%</th>
<th>State 2 Percentage of Total # of DSPs (3,135)</th>
<th>33.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 months</td>
<td>12.8%</td>
<td></td>
<td>19.9%</td>
<td></td>
</tr>
<tr>
<td>More than 12 months</td>
<td><strong>57.3%</strong></td>
<td></td>
<td><strong>45.4%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Percentage of separated employees who had been continuously employed in a direct support capacity for ...

<table>
<thead>
<tr>
<th>Less than 6 months</th>
<th>State 1 percentage of total # of separated DSPs (6,947)</th>
<th>27.1%</th>
<th>State 2 percentage of total # of separated DSPs (2,514)</th>
<th>47.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 months</td>
<td>16.3%</td>
<td></td>
<td>24.0%</td>
<td></td>
</tr>
<tr>
<td>More than 12 months</td>
<td>35.2%</td>
<td></td>
<td>27.5%</td>
<td></td>
</tr>
</tbody>
</table>
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 2, 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
- State 2: 87% distinguish between FT and PT
## State 1: Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>FT</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Sick Time</td>
<td>76.0%</td>
<td>45.0%</td>
</tr>
<tr>
<td>Paid Vacation Time</td>
<td>78.9%</td>
<td>44.4%</td>
</tr>
<tr>
<td>Paid Personal Time</td>
<td>70.7%</td>
<td>43.2%</td>
</tr>
<tr>
<td>Health Insurance*</td>
<td>58.5%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>54.4%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Vision Coverage</td>
<td>49.1%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

*23.8% of providers offer health insurance to both FT AND PT*
## State 2: Benefits

<table>
<thead>
<tr>
<th></th>
<th>FT</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Paid Sick Time</strong></td>
<td>70.0%</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>• Paid Vacation Time</strong></td>
<td>70.0%</td>
<td>15.0%</td>
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<td>60.0%</td>
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<td>5.0%</td>
</tr>
<tr>
<td>Vision Coverage</td>
<td>50.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Unpaid time off</th>
<th>Employer paid job-related training</th>
<th>Employer sponsored retirement plan</th>
<th>Employer sponsored disability insurance</th>
<th>Flexible spending account</th>
<th>Health incentive programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>State 1</td>
<td>45.6%</td>
<td>59.6%</td>
<td>43.3%</td>
<td>26.9%</td>
<td>21.6%</td>
<td>14.6%</td>
</tr>
<tr>
<td>State 2</td>
<td>47.8%</td>
<td>65.2%</td>
<td>30.4%</td>
<td>13.0%</td>
<td>17.4%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

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
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
  - 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
What did they say?
Contacts

- HSRI
  - Dorothy Hiersteiner: dhiersteiner@hsri.org
- NASDDDS
  - Mary Lee Fay: MLFay@nasddds.org
- NCI website: www.nationalcoreindicators.org