The National Core Indicators
Staff Stability Survey

NATIONAL CORE INDICATORS™

NASDDDS & HSRI

Mary Lee Fay
NASDDDS

Human Services Research Institute
HSRI

NASDDDS
National Association of State Directors of Developmental Disabilities Services

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?

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 2016-17: 46 states, the District of Columbia and 22 sub-state regions
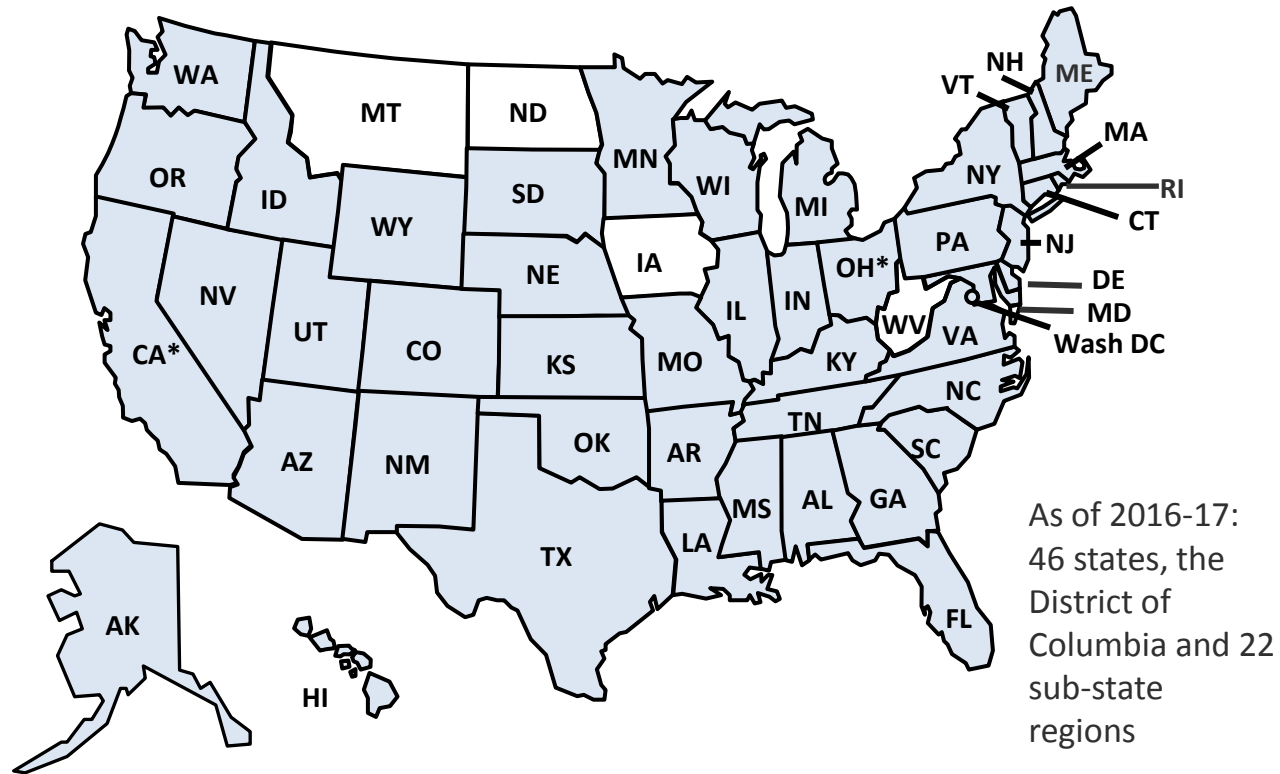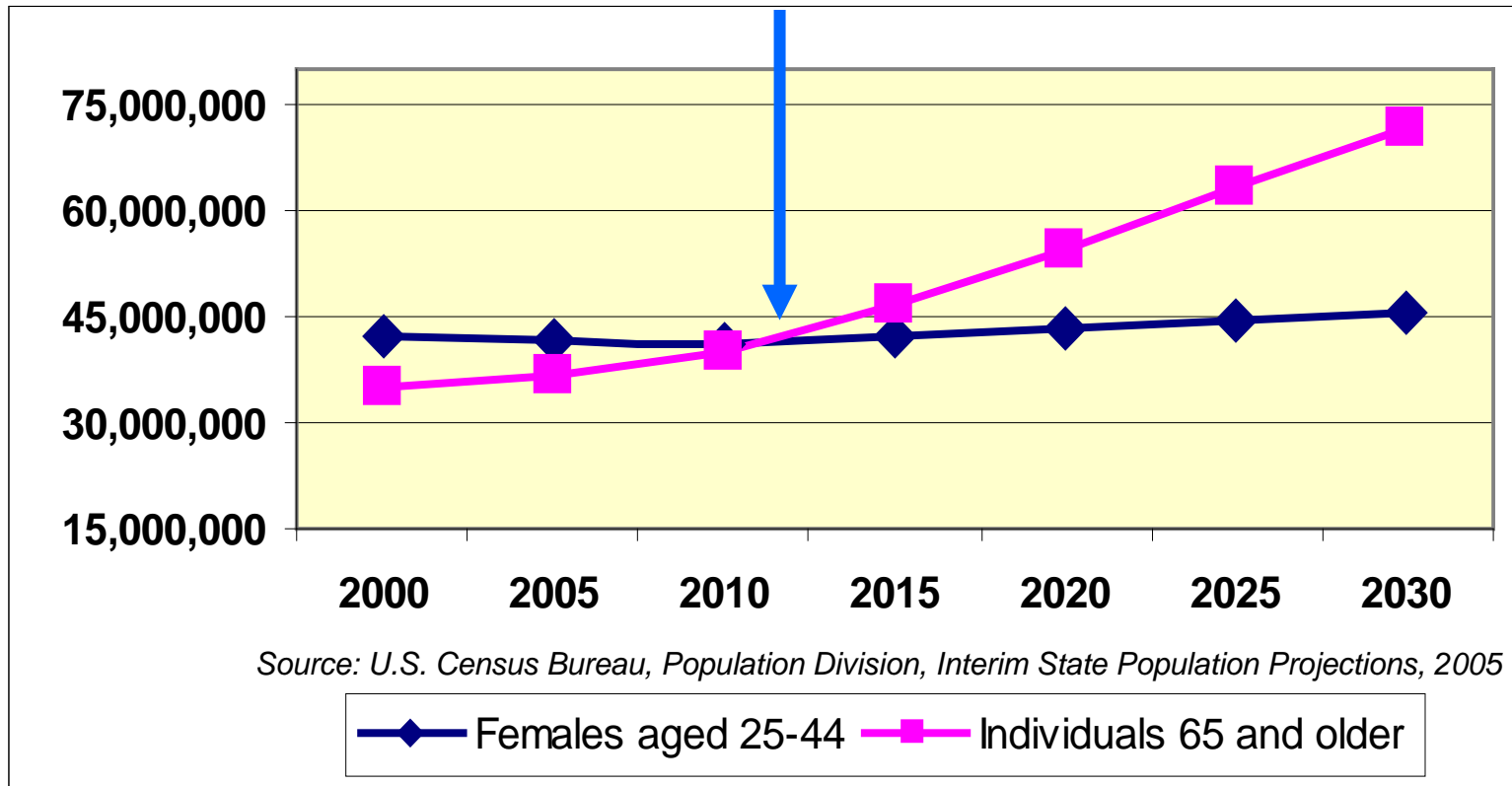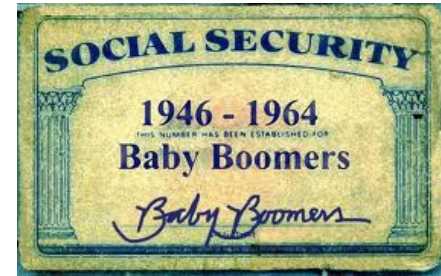
How Does NCI Collect Data?

- 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
- **Staff Stability**

Why did we decide to expand the NCI Staff Stability Survey?

Shortage of Care Givers

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

Legend: Females aged 25-44 · Individuals 65 and older

Larson, Edelstein, 2006

Demographics: Supply

Demand for New Direct-Care Workers Outstrips Number of Women Entering Labor Force (aged 25-54)

New direct-care workers needed, 2010-20 — 1,615,100

Women entering the labor force, 2010-20 — 612,350

© 2012, PHI   www.PHInational.org

NASDDDS
2016

Growing demand for personal care aides

- Topping the list of occupations expected to grow between 2012 and 2022 are **personal care aides, in the No. 1 slot** (580,800 new positions); home health aides, No. 4 (424,200 jobs); and nursing assistants, No. 6 (312,200 jobs).

- **All these workers provide similar services, helping clients** — mostly seniors — bathe, dress, get up in the morning and perform other activities at home or in group homes, assisted living centers, rehabilitation facilities and nursing homes.

- Put all three numbers together and you have this eye-opener: **More than 1.3 million new paid caregivers** will be needed to meet demand over the next decade.

- According to PHI (formerly the Paraprofessional Healthcare Institute), in 2020 the direct care work force — by that point, **about 5 million strong — will become the largest occupation in the US, surpassing the number of retail salespeople.**

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

- Lack of consistent national data about direct service workforce
- Data are needed to assess how state's DSP workforce is changing or improving and where challenges lieResearch demonstrates that <u>stability of workforce and relationships has direct impact on the lives of the people supported</u>
- Legislatures more frequently request data before approving increases based on the need for a competent, skilled workforce

How we designed the survey

Design Process

Assess interest in new survey

- Got feedback from:
  - State DD Directors
  - State NCI staff
  - Provider Association, ANCOR

- Literature review
- Consulted with Provider Focus groups (ANCOR)
- 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

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**

What does the NCI Staff Stability Survey Tell Us

ccc

2014 Data

10 states

- **Arizona (AZ)**
- **Washington, D.C. (DC)**
- **Georgia (GA)**
- **Kentucky (KY)**
- **Maine (ME)**
- **Ohio (OH)**
- **South Carolina (SC)**
- **Texas (TX)**
- **Utah (UT)**
- **Vermont (VT)**

2015 Data
to be released soon

AL	OR
AZ	PA
DC	SC
GA	SD
IN	TN
KY	TX
MN	UT
MO	VT
OH	

17 states

Response rates 2014-15

	Number of responses*	Valid responses **	Total number of providers	Response rate	Meets 95% confidence interval and 5% margin of error	# Responses needed to reach 95% confidence interval and 5% margin of error^
AZ	49	42	363	13%		187
DC	31	25	94	33%		76
GA	51	44	368	14%		189
KY	163	147	204	80%	YES	134
ME	18	16	84	21%		70
OH	365	292	1766	21%	YES	316
SC	16	15	57	28%		50
TX	53	49	535	10%		N/A
UT	31	28	97	32%		78
VT	16	15	16	100%	YES	16

*Please note that the following cases were deleted and not included in this column: Those that had logged in to the data entry system but had answered no questions

**Please note that the following cases were considered invalid: Those that reported providing no services and those that reported employing no DSPs
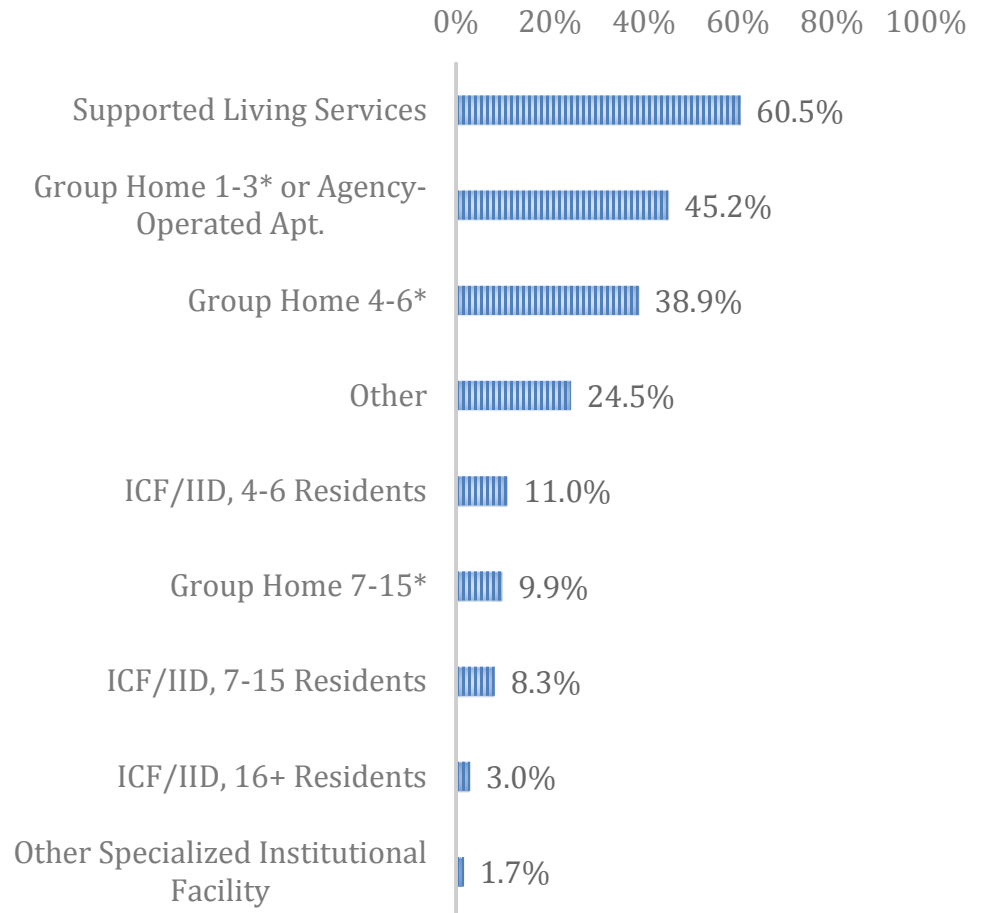
National Core Indicators (NCI)

NOTES

- Data presented in following slides are average of 10 participating states

- Refer to the period of Jan 1, 2014-Dec 31, 2014

- Important to note that in the report, data are shown aggregated by state.

Residential

- Residential supports: 77% of responding agencies

0%   20%   40%   60%   80%   100%

Category	Percentage
Supported Living Services	60.5%
Group Home 1-3* or Agency-Operated Apt.	45.2%
Group Home 4-6*	38.9%
Other	24.5%
ICF/IID, 4-6 Residents	11.0%
Group Home 7-15*	9.9%
ICF/IID, 7-15 Residents	8.3%
ICF/IID, 16+ Residents	3.0%
Other Specialized Institutional Facility	1.7%

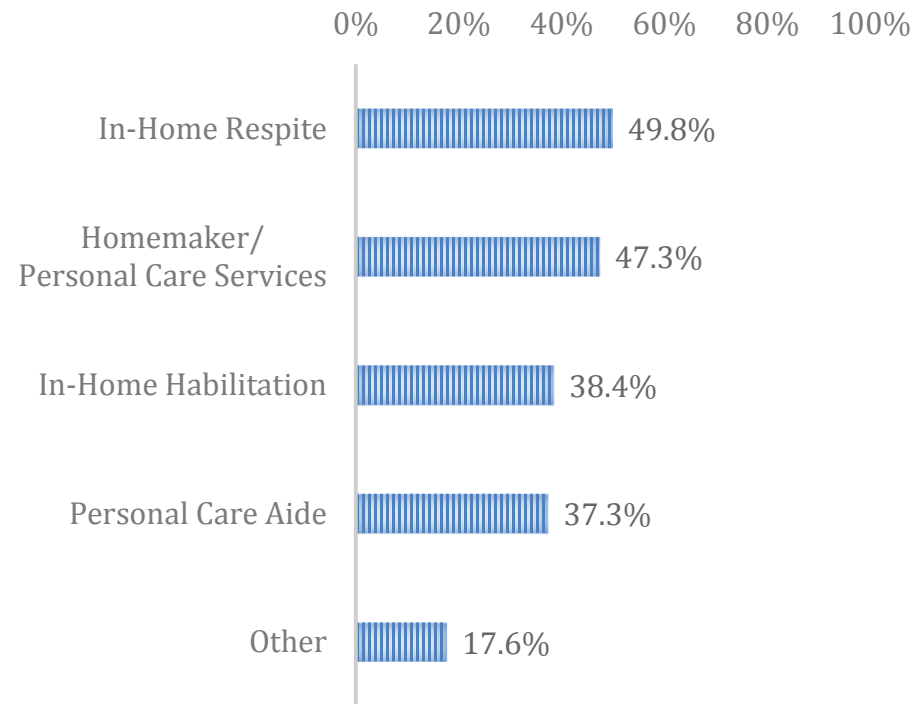* range refers to # of people with disabilities living in residence

In-home

- In-home supports: 59% of responding agencies

0% 20% 40% 60% 80% 100%

In-Home Respite — 49.8%
Homemaker/Personal Care Services — 47.3%
In-Home Habilitation — 38.4%
Personal Care Aide — 37.3%
Other — 17.6%

Non-residential

- Non-residential supports: 76% of responding agencies

	0%	20%	40%	60%	80%	100%
Community-based Supported Employment				56.9%		
Facility-based Non-Work			45.6%			
Facility-based Employment			37.6%			
Community-based Non-work, Individual			37.3%			
Out-of-home Respite		25.5%				
Community-based Non-work, Group		23.7%				
Community-based Group Employment		22.2%				
Out-of-home Habilitation		21.7%				
Other	9.3%					
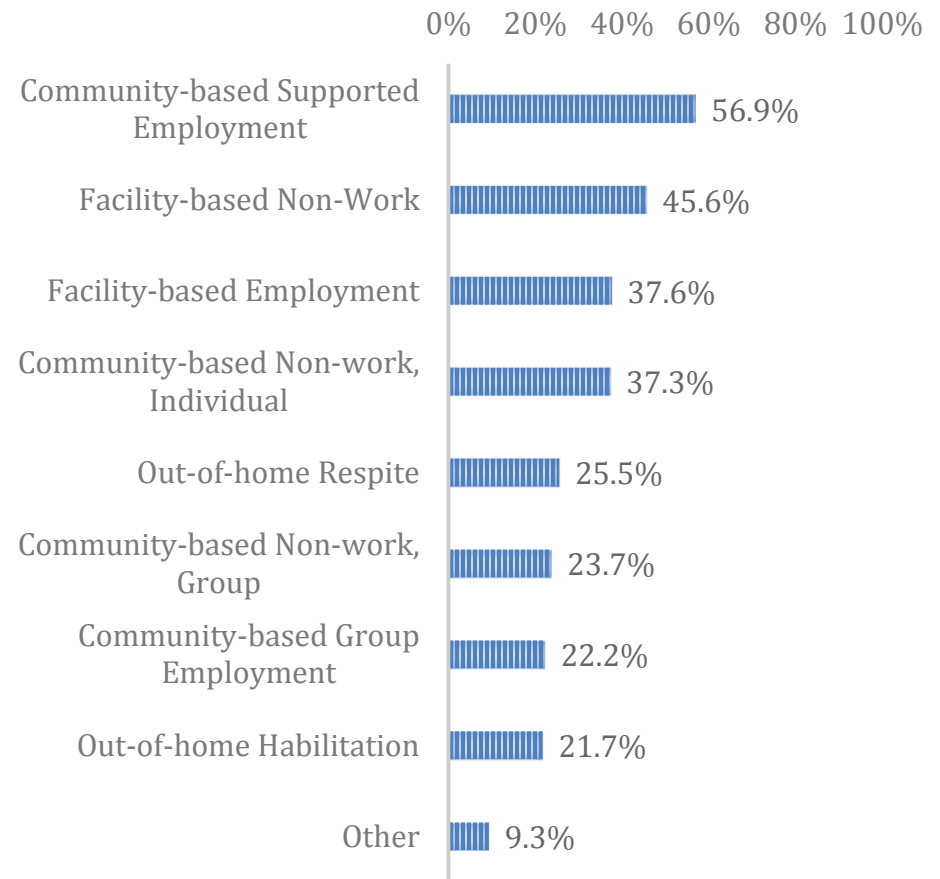
TENURE: CURRENT DSPs
As of Dec. 31, 2014....

35.5% of DSPs had been in their positions for less than 12 months.

- 673 providers employed 54,608 DSPs
  - 18.9% had been in their DSP positions less than 6 months
    - One state: 33.5% of DSPs had been in positions less than 6 months
  - 16.6% had been in the DSP positions between 6-12 months
  - 63.3% had been in the DSP position 12+ months

May not add to 100% because of missing responses

TENURE: SEPARATED DSPs
As of Dec. 31, 2014

- 22,998 DSPs separated between Jan. 1, 2014 and Dec. 31, 2014
  - 37.2% had been in their DSP positions less than 6 months.
  - 22.2% 6-12 months
  - 41.4% 12+ months

59.% had been in DSP position less than 12 months

Two states: About 73% of separated DSPs had been in their positions for less than 12 months

Wages

- Across all participating states and service types, DSPs received an average hourly wage of $**11.11**.
  - Range: $9.62/hr.-$13.70/hr.
  - $10.55 for DSPs residential supports.
  - $10.93 for DSPs in-home supports.
  - $11.10 for DSPs non-residential supports.
- Broken out by organization type, average hourly wages were
  - higher public/government provider agencies than at private, for-profit and private, non-profit agencies.

Turnover Rates

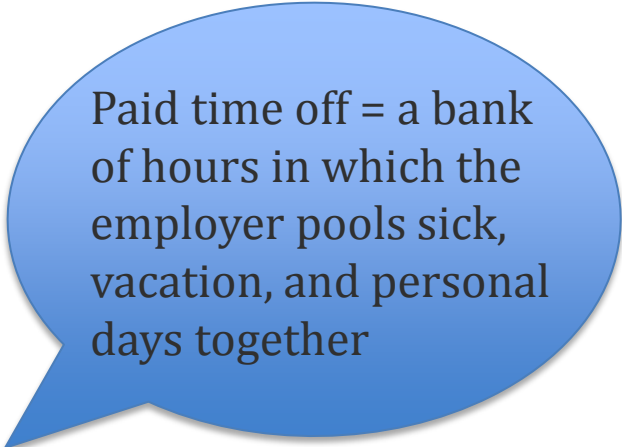(Number of DSPs on staff as of Dec. 31, 2014)

÷

(Number of DSP separated between Jan. 1, 2014 and Dec. 31, 2014)

- Average turnover rate: 44.4%
- Range from: 21.5%--80.2%

The good kind of turnover

Benefits

> Paid time off = a bank of hours in which the employer pools sick, vacation, and personal days together

- 43% offer paid sick time:
  - 24% offer it as paid time off
  - 19% offer it as paid sick time.
- 43% offer paid vacation time:
  - 24% offer it as paid time off.
  - 19% offer it as paid vacation time.
- 30% offer paid personal time off:
  - 24% offer it as paid time off.
  - 6% offer it as paid personal time.

Challenges Encountered

- Accuracy and completeness of list of email addresses varied by state
  - Affected the "sampling."
  - Affected ability to assess "representativeness" of data
- Email filters catching email with survey
- Terminology differences
- Lack of standardized method for follow up with providers
- We aren't capturing some critical components of the DSP workforce
  - Overtime, awake rate

Changes in the 2015-16 data

- More states made responses mandatory
- ODESA able to track if provider has responded or not – allows for targeted emails
- Clarified some questions or added ability to respond by residential, employment or day

Response Rates 2015-16

	Valid responses	Total number of providers	Response rate
AL	25	148	17%
AZ	102	322	32%
DC	36	82	44%
GA	105	364	29%
IN	88	184	48%
KY	172	195	88%
MN	270	830	33%
MO	145	254	57%
OH_HCBS	880	1127	78%
OH_ICF	85	98	87%
OR	111	142	78%
PA	115	655	18%
SC	43	61	70%
SD	21	21	100%
TN	53	66	80%
TX	126	689**	18%
UT	72	94	77%
VT	15	15	100%

How Can States Use the NCI Staff Stability Data?

- Generally, data gathered with this tool can be used on **state level** to:
  - Compare state workforce data with those of other states.
    - Benchmark!
  - Inform policy and program development regarding direct support workforce improvement initiatives
    - Monitor and evaluate the impact of workforce initiatives
    - Attempt to answer those two questions
  - Provide context for consumer and family outcomes
  - Build systems to more effectively collect, analyze, and use DSP workforce data

Contacts

- NASDDDS
  - Mary Lee Fay: MLFay@nasddds.org
  - Mary Lou Bourne mlbourne@nasddds.org
- HSRI
  - Dorothy Hiersteiner: dhiersteiner@hsri.org

- NCI website: www.nationalcoreindicators.org

Human Services Research Institute

NASDDDS