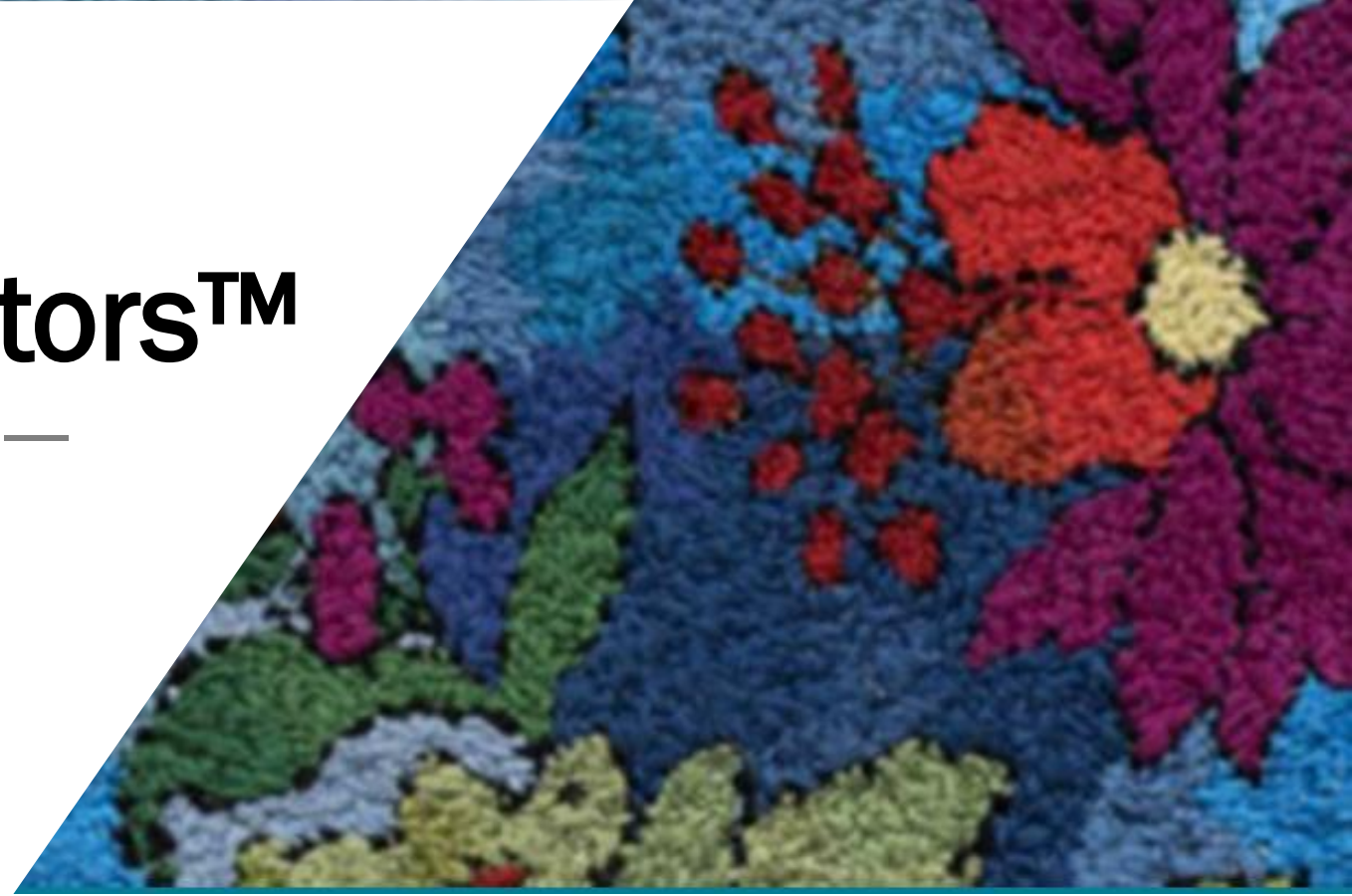


National Core Indicators™

Staff Stability Survey Results—
2017

www.nationalcoreindicators.org



NATIONAL
CORE
INDICATORS™

AGENDA

01

Survey Results
How analysis changed

Selected results

03

Why these data are
important

What is NCI?

Why the Staff Stability
Survey?

02

Conclusions



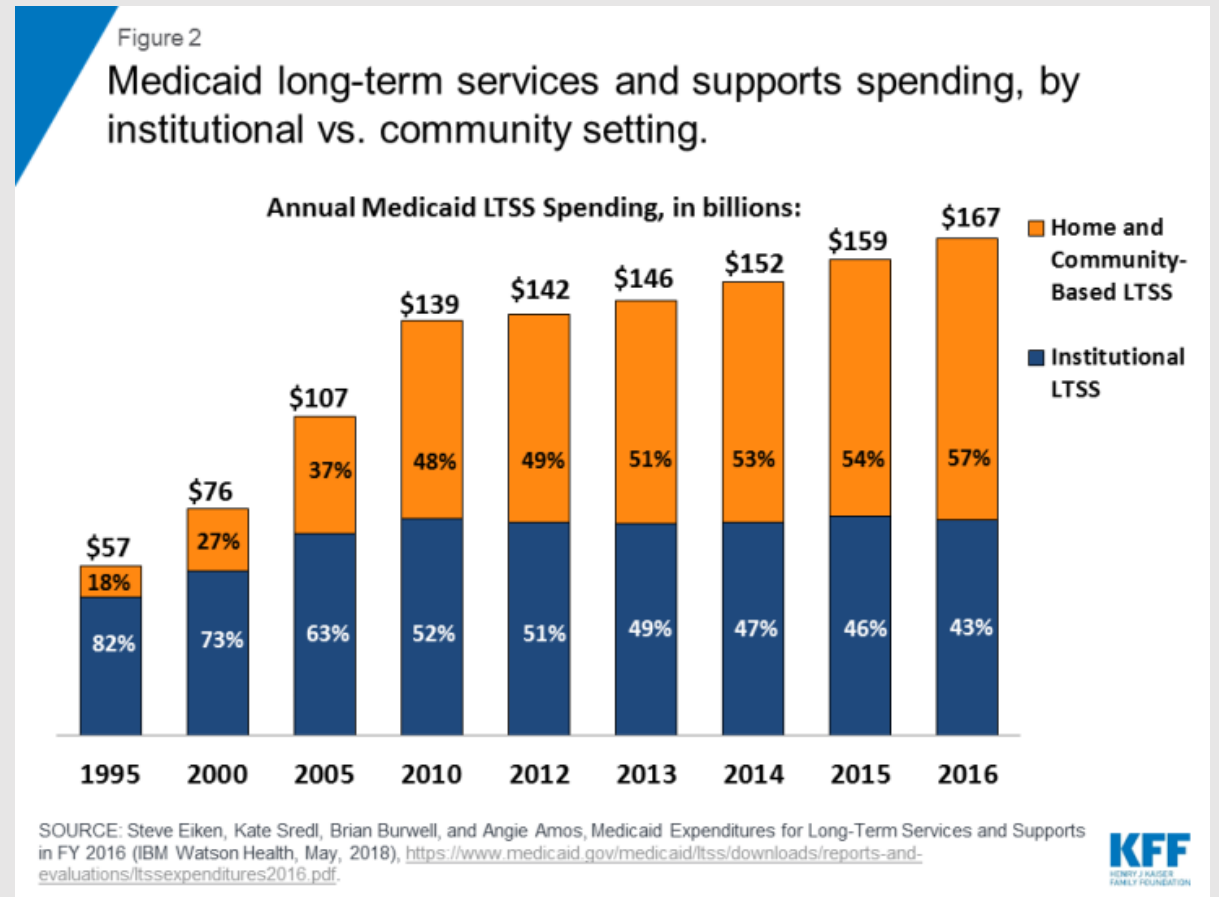
DSP Workforce:
Why do these
data matter?



Making the Case for the Staff Stability Survey:

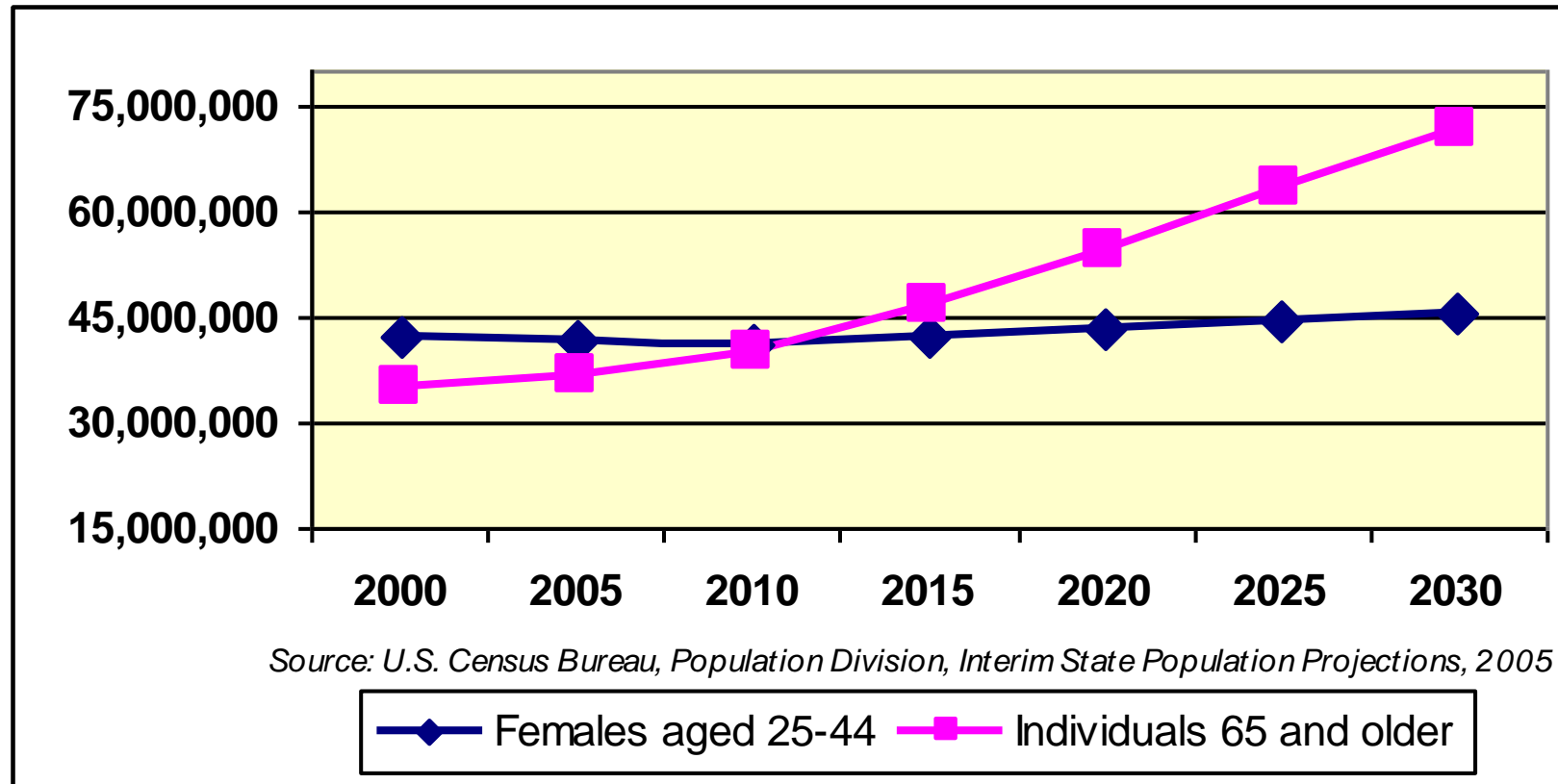
Both HCBS Enrollees and Spending are Increasing

- 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%*



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

Competition for care: Older adults





Issues Being Faced by DSP Workforce

- Low supply and high demand for DSPs accentuated by:
 - Low salaries.
 - Wages below Federal Poverty Levels → DSPs working several jobs
 - Public benefits (SNAP, Medicaid)
 - Erratic/unpredictable hours:
Part time
 - Few benefits
 - High levels of emotional and physical stress
 - High injury rate

Impact on provider agencies

Reduced training contributes to DSP skill stagnation

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

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

High turnover rates: extra incurred costs to providers

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.

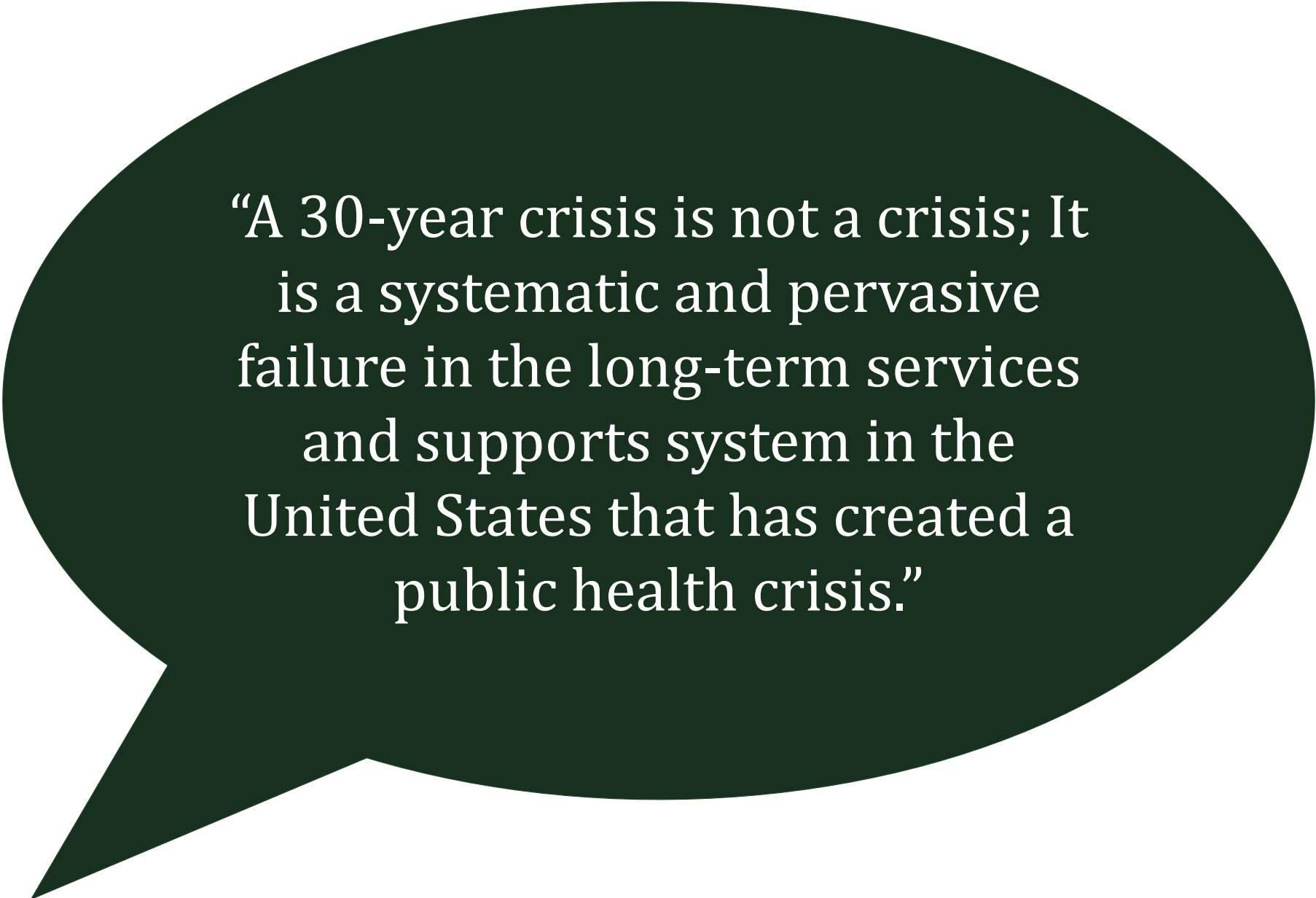
Impact on People with IDD and Their Families

Trouble creating trusting, meaningful relationships with DSPs

Forced into congregate models because staffing is limited

Less person-centered care with less focus on QoI

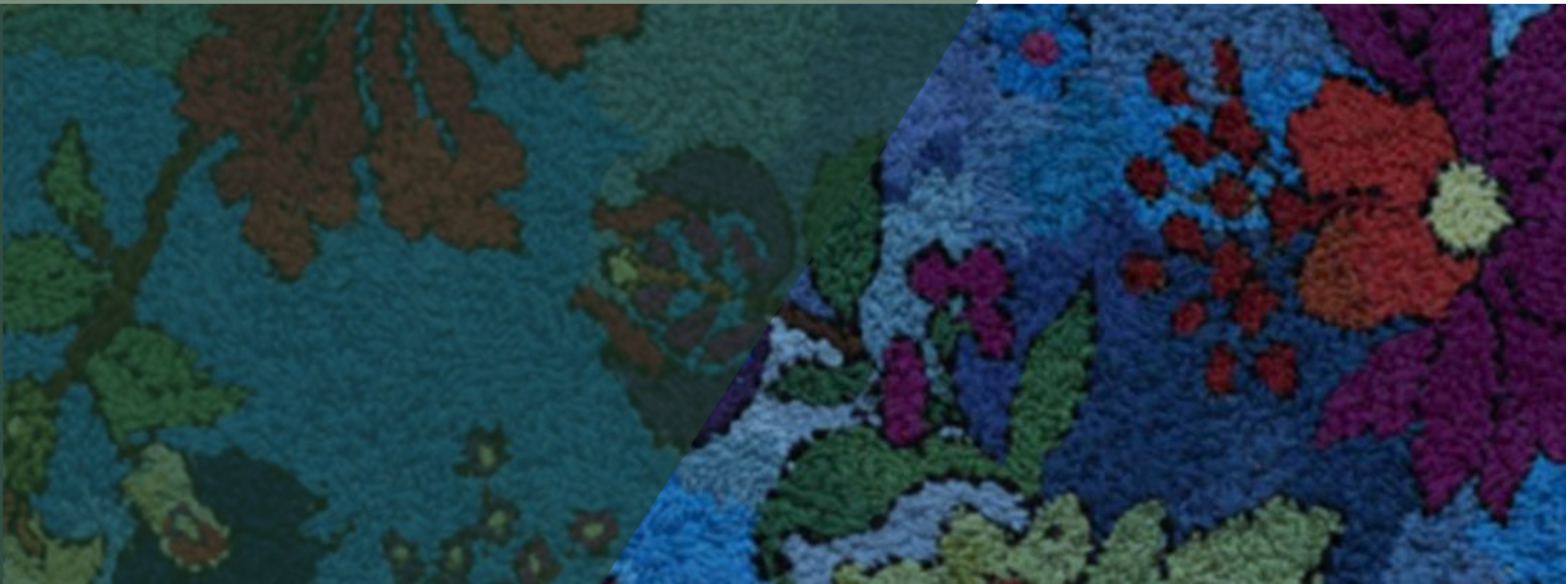
Families:
--Career concessions
--Health issues, stress



“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.”

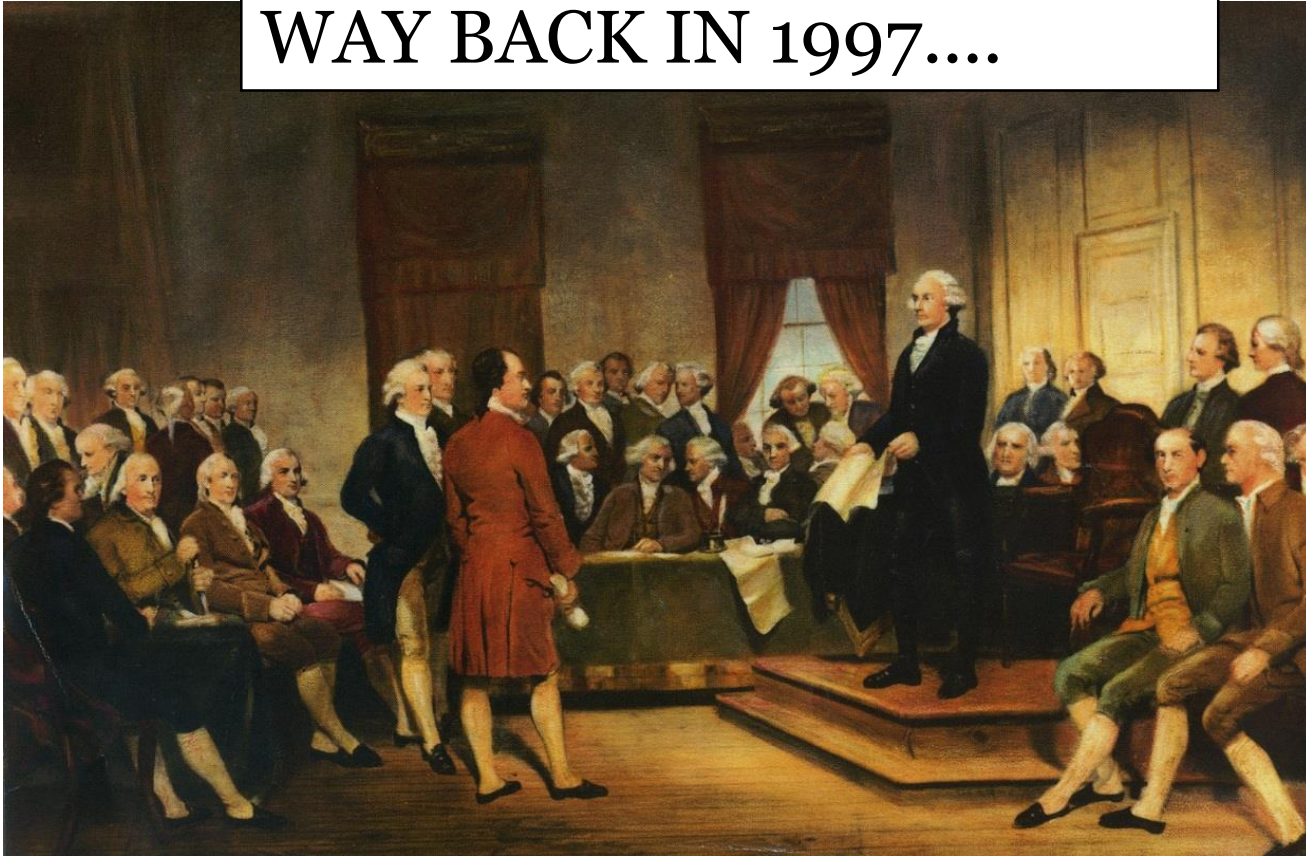
Hewitt, A., Macbeth, J., Merrill, B., Kleist, B. (2018) The direct support workforce crisis; A systemic failure. *Impact*. 31(1)

WHAT IS NCI?



Why was NCI developed?

WAY BACK IN 1997....



- NASDDDS, HSRI and State Directors
- 6 participating states
- 15 state steering committee
- Decided a specific tool was needed to measure the outcomes of state DD services from the perspective of the consumer
- Fear that tools were being developed that did not take into account needs of people with ID/DD

NCI System performance measures

Individual Outcomes

- Employment
- Community Participation
- Choice & Decision making
- Personal Relationships

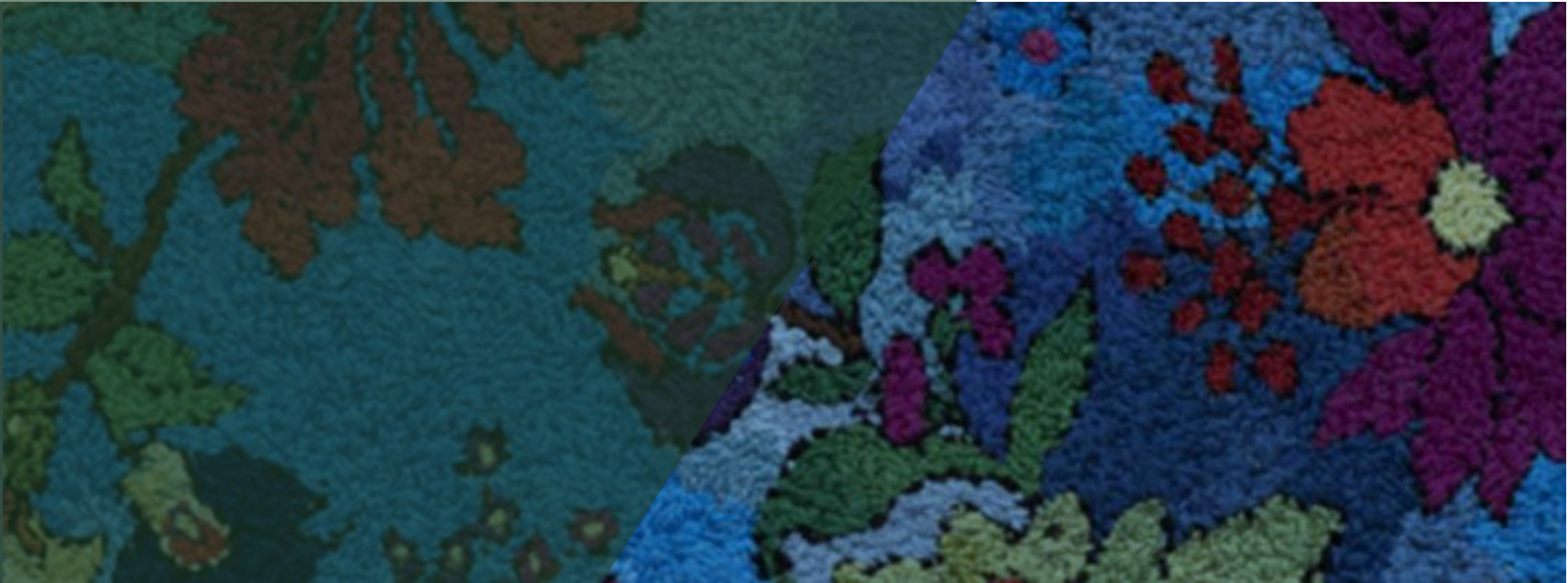
Family Outcomes

- Choice and Control
- Family Involvement
- Information & Planning
- Access, community connections
- Crisis Response

Health, Welfare, System

- Health and Welfare
- Respect for Rights
- Medications
- Safety
- Service Coordination
- Staff Stability

NCI STAFF STABILITY SURVEY 2017



Survey administration

- 1) State begins to raise awareness and gather enthusiasm for the survey within provider networks and provider community
- 2) State sends HSRI a list of email addresses of all eligible providers in the state
- 3) HSRI uploads list to portal
 - 1) PORTAL:
 - 1) State can edit/delete/add
 - 2) Send invites
 - 3) Monitor participation
 - 4) CANNOT SEE ANSWERS
- 4) State monitors participation, aiming to get maximum responses
 - 1) Deletes providers that are not eligible for survey so they are not factored into response rate calculation

2017 Participating states

- **Alabama (AL)**
- **Arizona (AZ)**
- **Connecticut (CT)**
- **Washington DC (DC)**
- **Georgia (GA)**
- **Illinois (IL)**
- **Indiana (IN)**
- **Kentucky (KY)**
- **Maryland (MD)**
- **Missouri (MO)**
- **Nebraska (NE)**
- **New York (NY)**
- **Ohio (OH)**
- **Oklahoma (OK)**
- **Oregon (OR)**
- **South Carolina (SC)**
- **South Dakota (SD)**
- **Tennessee (TN)**
- **Utah (UT)**
- **Vermont (VT)**

20 states
3,334
provider
agencies were in
the final dataset



Notes about survey results

- When comparing results from year to year, please keep in mind that the **survey questions may have changed.**
- **Weighting** affects the NCI averages
- **Consider the Ns** (number of responding provider agencies for each question); these vary by state and by question.
- Keep in mind that **some states only included HCBS Waiver-funded services** when establishing their sample of provider agencies. (OH and OK)

Weighting

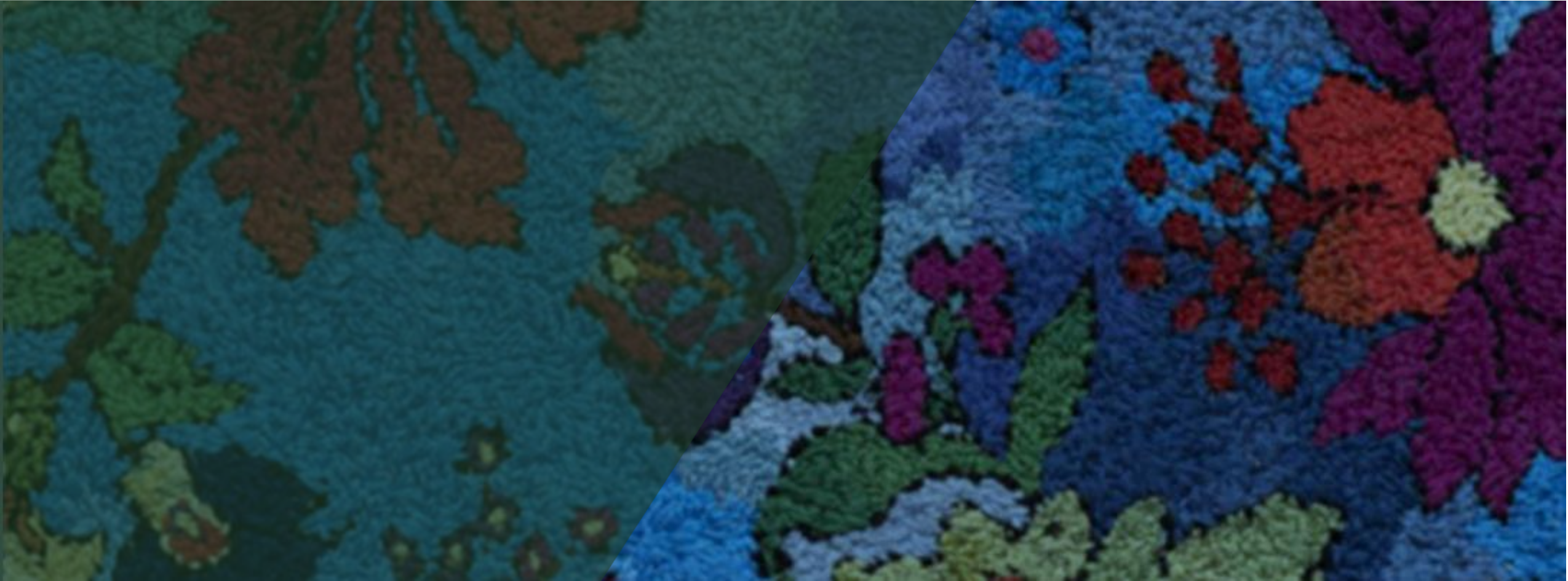
- NCI -wide data is weighted by each state's margin of error.
 - Margin of error
 - Statistic demonstrates the relative confidence one can have that the data accurately represent the total population*.
 - Based on total population size and sample size.
- States with lower MOE influence the NCI-wide data more.
- **This weighting does not effect state-specific results**

*For example, if the final sample from State A has a margin of error of 5% (and a 95% confidence level), you can say that 95% of the time, the statistics derived using that sample are within 5% plus or minus of the actual statistics of the total population.

	Valid responses	Total population ⁴	Response rate	Margin of error for sample size based on valid responses ^{5,6}
AL	41	140	28.3%	12.92%
AZ	222	313	66.9%	3.55%
CT	43	179	23.2%	13.06%
DC	68	92	66.7%	6.10%
GA	152	307	48.6%	5.66%
IL	226	267	81.9%	2.56%
IN	98	177	54.1%	6.63%
KY	169	178	82.0%	1.70%
MD	43	187	22.4%	13.15%
MO	191	437	40.6%	5.33%
NE	43	45	91.5%	3.19%
NY	299	334	84.7%	1.84%
OH*	1211	1238	89.3%	0.42%
OK*	61	106	55.0%	8.21%
OR	198	224	81.5%	2.38%
SC	43	55	78.2%	7.04%
SD	20	20	100.0%	0.00%
TN	116	146	76.8%	4.23%
UT	75	90	82.4%	4.65%
VT	15	15	100.0%	0.00%
Total	3334	4550		

*Only providers of HCBS-funded services received the survey.

SURVEY RESULTS



	1-20 DSPs	21-40 DSPs	41-60 DSPs	61+ DSPs
AL	41.5%	24.4%	12.2%	22.0%
AZ	36.0%	20.3%	12.2%	31.5%
CT	23.3%	16.3%	9.3%	51.2%
DC	38.2%	23.5%	5.9%	32.4%
GA	50.7%	18.4%	7.2%	23.7%
IL	31.4%	20.4%	9.3%	38.9%
IN	16.3%	8.2%	12.2%	63.3%
KY	42.6%	29.0%	10.1%	18.3%
MD	16.3%	18.6%	9.3%	55.8%
MO	39.8%	18.8%	7.9%	33.5%
NE	27.9%	20.9%	16.3%	34.9%
NY	14.4%	9.4%	7.7%	68.6%
OH	64.3%	15.6%	6.9%	13.2%
OK	24.6%	16.4%	9.8%	49.2%
OR	52.0%	15.7%	9.6%	22.7%
SC	11.6%	4.7%	7.0%	76.7%
SD	10.0%	0.0%	20.0%	70.0%
TN	23.3%	7.8%	12.1%	56.9%
UT	61.3%	13.3%	6.7%	18.7%
VT	0.0%	33.3%	0.0%	66.7%
	Weighted NCI Average: 32.3%	Weighted NCI Average: 15.1%	Weighted NCI Average: 9.4%	Weighted NCI Average: 43.3%

The percentage of agencies that employ 1-20 DSPs

RANGE: 0.0% to 64.3%

- This information can be used for planning.
 - How can states ensure that small agencies have admin capacity to survive if the state is contemplating alternative payment structures from the traditional Fee for Service?

Table 4. Number of service types provided—residential, in-home, and/or non-residential

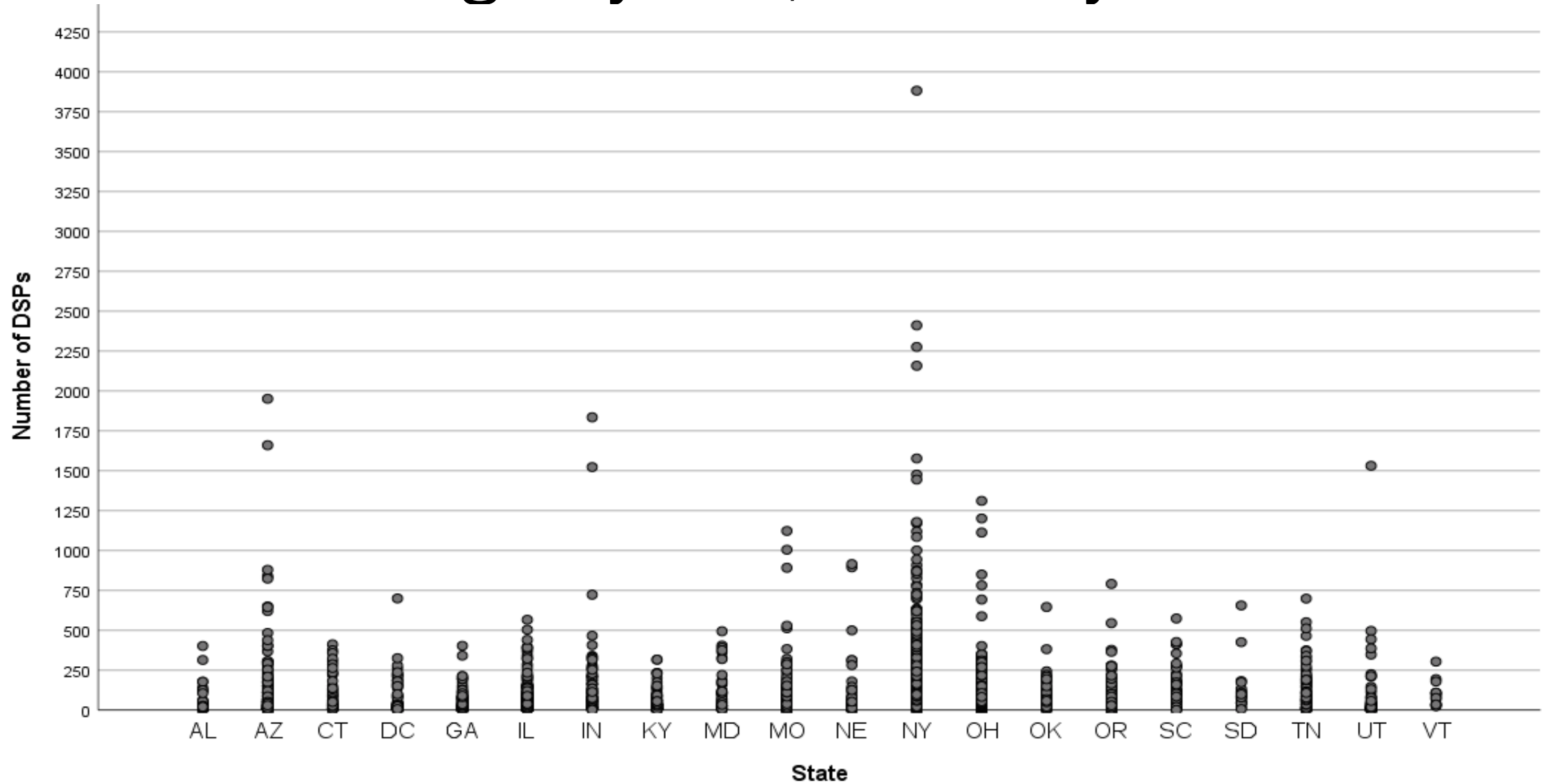
	1 Type	2 Types	All 3 Types	Number of responding agencies
AL	46.4%	34.1%	19.6%	41
AZ	50.5%	30.6%	18.9%	222
CT	27.9%	37.3%	34.8%	43
DC	52.9%	36.8%	10.3%	68
GA	37.5%	30.3%	32.2%	152
IL	45.1%	27.4%	27.4%	226
IN	14.3%	28.6%	57.2%	98
KY	30.2%	39.6%	30.2%	169
MD	27.9%	32.5%	39.6%	43
MO	49.7%	30.4%	19.9%	191
NE	9.3%	32.6%	58.2%	43
NY	22.4%	31.4%	46.2%	299
OH	52.6%	32.5%	14.9%	1211
OK	23.0%	41.0%	36.0%	61
OR	56.1%	29.8%	14.1%	198
SC	18.7%	27.8%	53.5%	43
SD	0.0%	15.0%	85.0%	20
TN	12.9%	40.5%	46.6%	116
UT	38.7%	26.7%	34.7%	75
VT ¹⁰	0.0%	6.7%	93.3%	15
	Weighted NCI Average: 24.9%	Weighted NCI Average: 22.0%	Weighted NCI Average: 53.1%	Unweighted Total: 3334

States with large amount of smaller agencies--

- Higher percentage of agencies that provide only one type of support
- Specialized provider types
- Of those agencies that had 1-20 DSPs on payroll, 64% provided one service type.

	1 service	2 services	3 services
1-20 DSPs	64%	28%	8%
21-40 DSPs	40%	39%	21%
41-60 DSPs	32%	36%	32%
61+ DSPs	13%	33%	55%

Distribution of Agency Size, Sorted by State



Each circle represents one agency.

Supports provided

Residential:

(73.2%) RANGE: 41.4% to 100.0%

- Supports provided to a person who is living outside of the family home.

In-home:

(78.3%) RANGE: 34.1% to 93.3%

- Supports provided to a person in their home (only if their home is not owned or leased by the provider agency)

Non-residential:

(77.0%) RANGE: 45.6% to 100.0%

- Non-residential supports can include:
 - 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)

Turnover

- Changed calculation
 - (now state average is average of providers, as opposed to calculation using total state numbers)
- Rate calculated as;
 - # separated in past year/ # employed as of 12/31/17”
 - Turnover Rates over 100% may indicate several possibilities- downsizing of an agency, or positions with frequent turnover

NCI average turnover rate:

43.8%

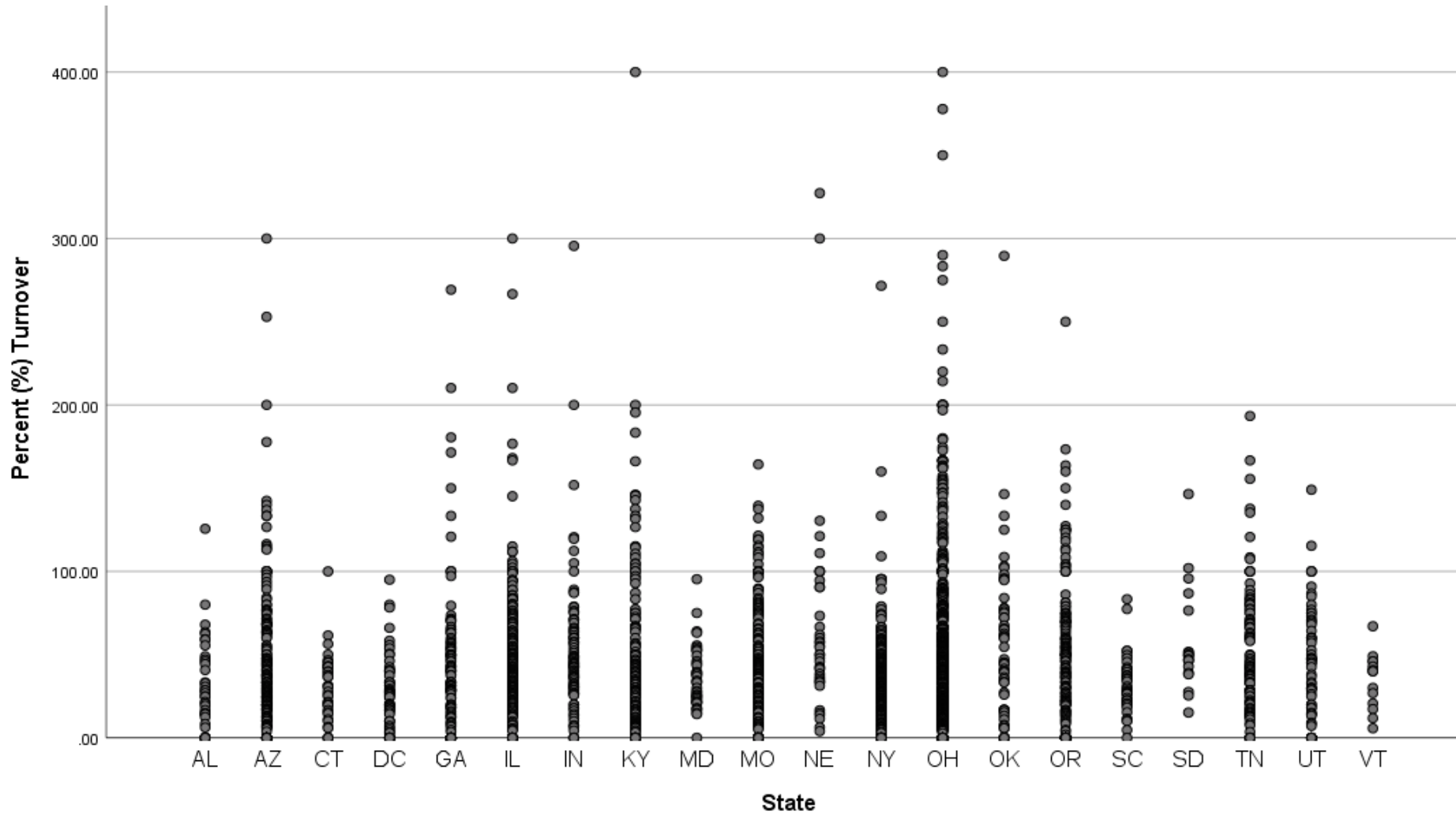
Min: 24.4% Max: 68.8%

NCI median turnover rate:

40.0%

Min: 20.4% Max: 50.0%

Turnover



Each circle represents one agency.

What can be learned from this slide?

- You can see the spread of turnover rates throughout your state
- You can see outliers
- You can see if most agencies are condensed in a certain range

Tenure: DSPs employed at 12/31/17

(DSPs working in all three service types)

1

% DSPs employed
LESS THAN 6 Mon.

19.5%

Range

14.8% to 26.2%

2

% DSPs employed
between 6-12 Mon.

15.8%

Range

11.4% to 19.6%

3

% DSPs employed
12+ Mon.

64.7%

Range

56.6% to 72.0%

What can be learned from this slide?

- Almost 1/5 of current DSPs (as of 12/31/17) have been employed less than 6 months.
 - In some states, it's over a quarter of DSPs
- Next year we've added more tenure ranges to help identify the characteristics of agencies with longer tenure rates.

Tenure: DSPs separated 2017

1

% DSPs employed
LESS THAN 6 Mon.

32.3%

Range

22.8% to 42.4%

2

% DSPs employed
between 6-12 Mon.

18.0%

Range

17.3% to 23.4%

3

% DSPs employed
12+ Mon.

37.6%

Range

22.9% to 59.4%

What can be learned from this slide?

- Almost 1/3 of separated DSPs had been employed less than 6 months.
- In one state, less than a quarter of all separated DSPs had been employed for 12+ months before leaving.
- Denominator includes those providers who had 0% turnover.

Reasons for separations

Table 14. Reasons for Separations

	Voluntary separation*	Employment was terminated*	Don't know why separation occurred*	Number of responding agencies
AL	78.4%	18.8%	2.8%	29
AZ	77.9%	17.7%	4.3%	177
CT	64.5%	31.6%	3.9%	35
DC	60.2%	35.2%	4.5%	51
GA	72.9%	21.1%	6.0%	102
IL	71.4%	24.7%	3.9%	196
IN	71.5%	20.9%	7.6%	90
KY	74.9%	19.5%	5.5%	140
MD	71.3%	23.5%	5.1%	39
MO	74.3%	17.9%	7.7%	152
NE	78.3%	19.4%	2.3%	38
NY	69.3%	21.9%	8.9%	261
OH	71.8%	21.6%	6.6%	755
OK	70.4%	18.6%	11.0%	51
OR	74.0%	23.0%	3.0%	158
SC	60.4%	35.8%	3.8%	40
SD	73.1%	19.7%	7.2%	19
TN	73.3%	18.5%	8.2%	99
UT	86.4%	8.8%	4.8%	54
VT	57.0%	12.0%	31.0%	13
Weighted NCI average:	Weighted NCI average:	Weighted NCI average:	Unweighted total:	2499
68.9%	18.7%	12.5%		

*% of total separations between 1/1/17 and 12/31/17

Across these 20 states, nearly 19% of all separations are due to termination of the DSP.

Vacancy rates

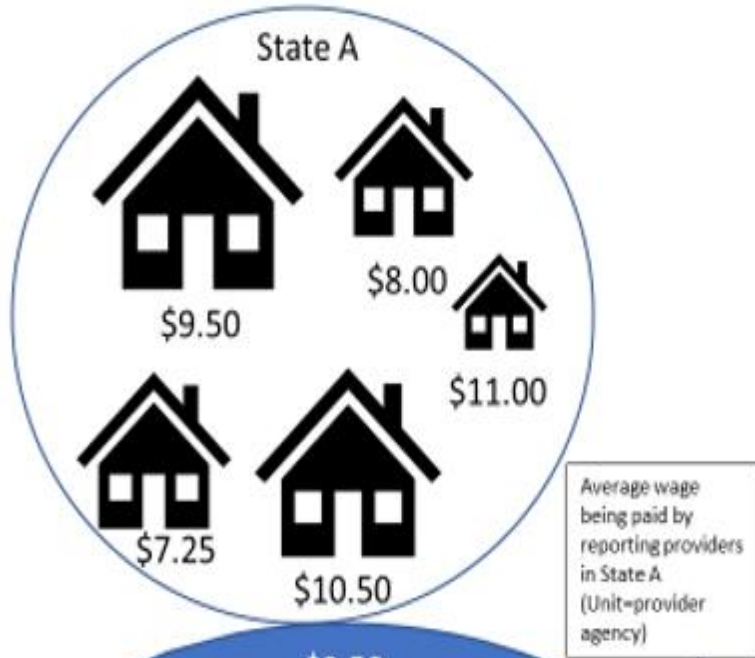
Table 15. Full-Time DSP and Part-Time DSP Vacancy Rates (as of Dec. 31, 2017)²⁰

	Average full-time vacancy rate	Number of responding agencies	Average part-time vacancy rate	Number of responding agencies
AL	6.0%	27	6.8%	27
AZ	7.4%	150	6.9%	153
CT	7.3%	32	18.9%	35
DC	4.4%	49	6.4%	51
GA	7.6%	99	12.1%	104
IL	9.0%	189	16.2%	194
IN	10.0%	85	14.6%	86
KY	6.5%	120	7.9%	122
MD	8.6%	37	14.4%	38
MO	7.5%	132	12.7%	136
NE	5.5%	39	12.0%	39
NY	11.5%	272	16.8%	278
OH	6.6%	667	9.2%	733
OK	7.7%	46	4.2%	48
OR	9.6%	136	9.2%	143
SC	5.3%	41	13.3%	41
SD	9.8%	19	30.2%	19
TN	11.9%	84	19.2%	88
UT	8.4%	43	6.2%	45
VT	7.0%	14	11.6%	14
	Weighted NCI average: 8.1%	Unweighted Total: 2281	Weighted NCI average: 17.3%	Unweighted Total 2394

- As we may have assumed, full time positions are less likely to be vacant than part-time positions.
- Could be for a number of reasons, pay, benefits, more permanent career...etc.
- The important thing is not to assume what contributes but to work to discover the contributors.

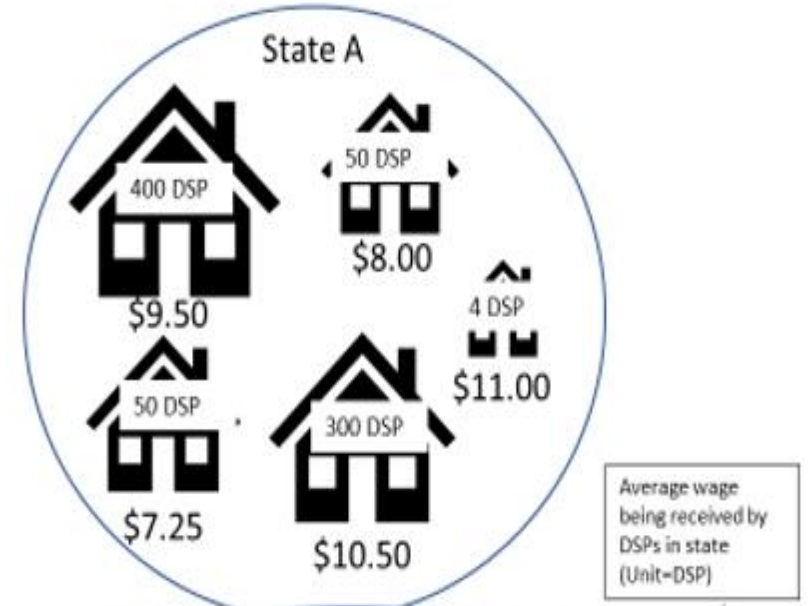
2 average wage calculation methods visualization

Method I of reporting wages
(as has been reported in past reports)



$$\begin{array}{r}
 \$9.50 \\
 \$8.00 \\
 \$11.00 \\
 \$10.50 \\
 +\$7.25 \\
 \hline
 \$46.25 \\
 \$46.25/5 \text{ agencies} \\
 =\$9.25/\text{hr.}
 \end{array}$$

Method II of reporting wages



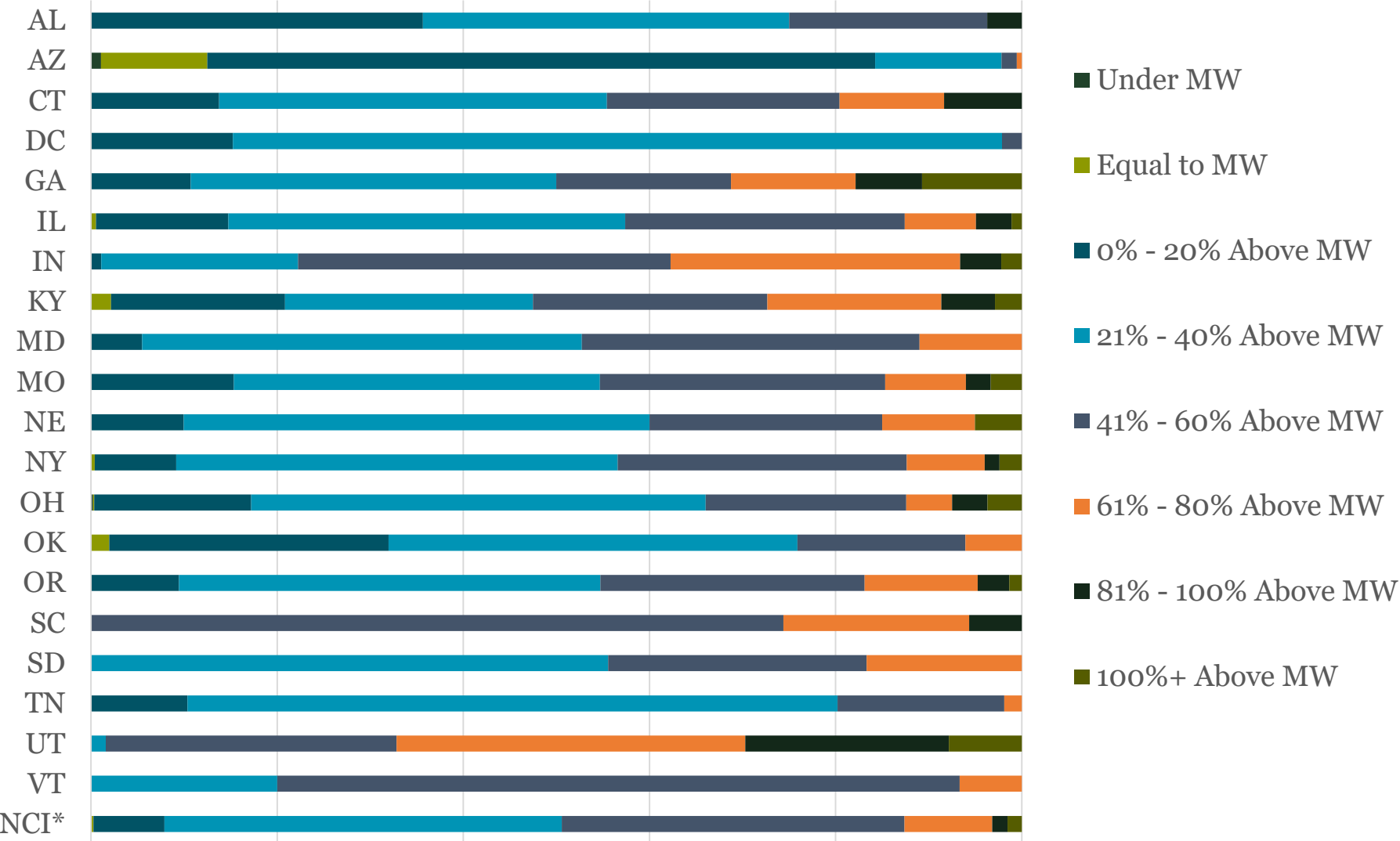
$$\begin{array}{r}
 \$9.50 \times 400 \text{ DSPs} = \$3,800.00 \\
 \$8.00 \times 50 \text{ DSPs} = \$400.00 \\
 \$11.00 \times 4 \text{ DSP} = \$44.00 \\
 \$10.50 \times 300 \text{ DSPs} = \$3,150.00 \\
 +\$7.25 \times 50 \text{ DSPs} = \$362.50 \\
 \hline
 804 \text{ DSPs earning total of} \\
 \$7,756.50/\text{hr.} \\
 \$7,756.50/804 = \$9.65/\text{hr.}
 \end{array}$$

Method I: Average hourly wage all DSPs

	<i>State Minimum Wage (\$)</i>	<i>Avg. Hourly Wage (\$)</i>	Number of responding agencies
AL	7.25	9.40	28
AZ	10.00	11.24	184
CT	10.10	14.47	36
DC	11.50	14.03	46
GA	7.25	11.03	112
IL	8.25	11.47	183
IN	7.25	11.27	90
KY	7.25	10.54	139
MD	8.75	12.33	36
MO	7.70	10.88	150
NE	9.00	12.74	40
NY	9.70	13.69	251
OH	8.15	11.29	895
OK	7.25	9.49	50
OR	9.75	13.86	148
SC	7.25	11.55	35
SD	8.65	12.29	18
TN	7.25	9.58	106
UT	7.25	12.48	64
VT	10.00	14.72	15
	<i>Federal Minimum Wage: \$7.25</i>	Weighted NCI Results: \$12.52	Unweighted Total: 2626

Wages shown: Percent above minimum wage

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



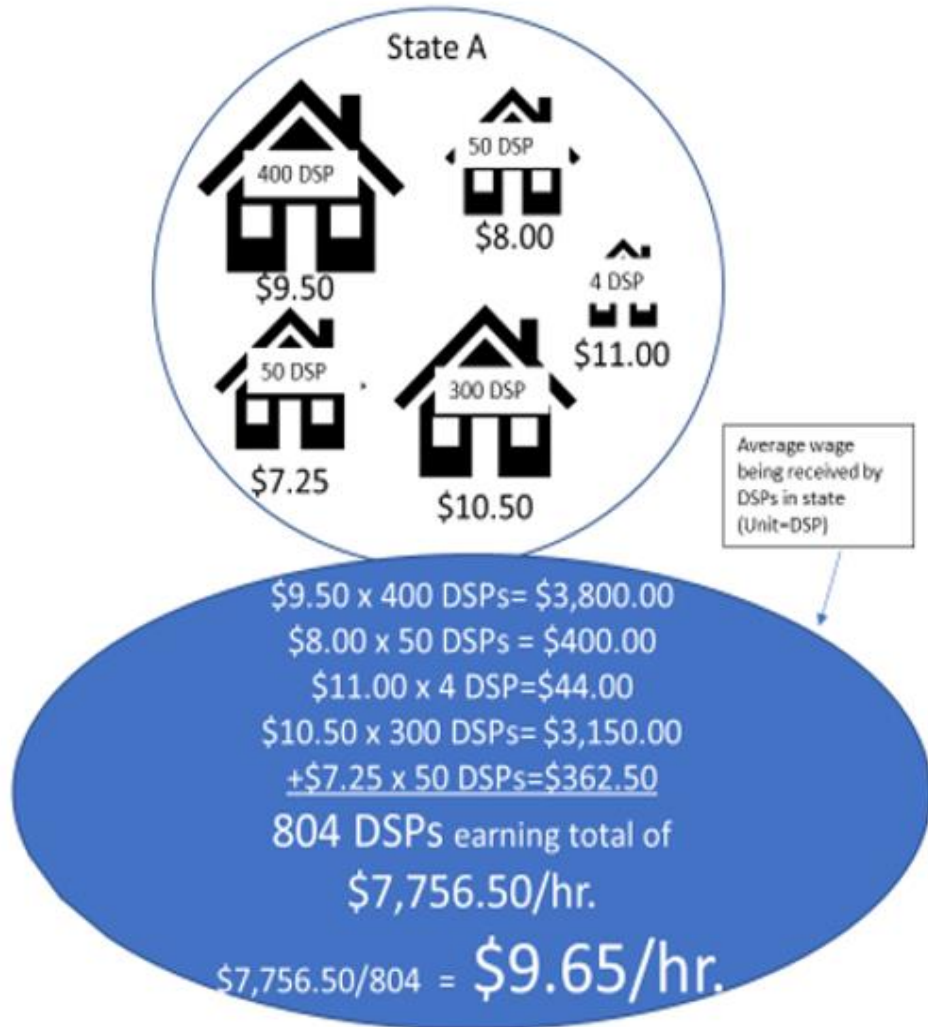
What can be learned from this slide?

- How are people being paid less than minimum wage?
 - People being paid rate per month, for example?
- Look at this info alongside vacancy rates
- Look at rate of voluntary separation

*NCI Weighted Average

Method 2 of demonstrating wages

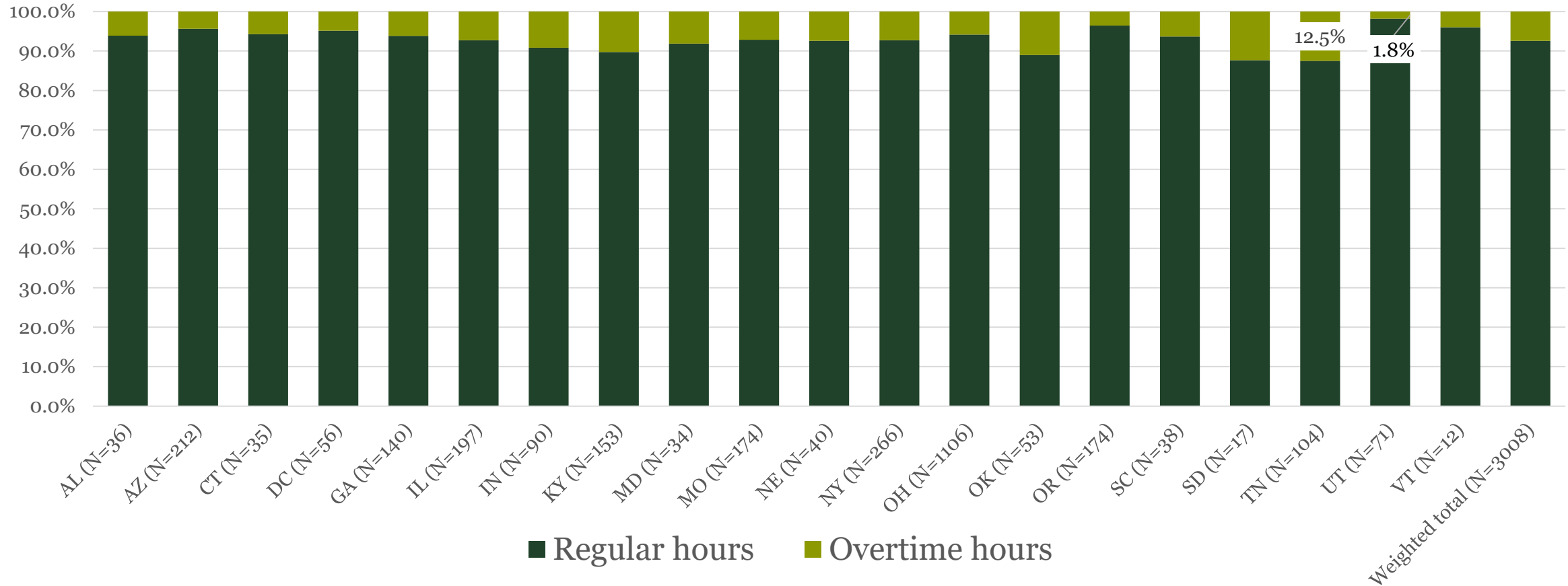
Method II of reporting wages



	Average Wage Calculated Using Method II Methodology (\$)	Number of responding agencies
AL	9.31	28
AZ	10.84	184
CT	14.22	36
DC	13.99	46
GA	10.42	112
IL	11.60	183
IN	11.27	90
KY	10.45	139
MD	12.37	36
MO	10.90	150
NE	12.85	40
NY	13.81	251
OH	11.37	895
OK	9.15	50
OR	13.13	148
SC	11.43	35
SD	12.99	18
TN	9.61	106
UT	12.24	64
VT	14.98	15
	Unweighted NCI Average: \$11.85	Unweighted total: 2626

- Average difference between Method 1 and Method 2 is \$0.10
- Range -\$0.70 to \$0.73

% Regular and % Overtime Hours (Oct, 2017)



The majority of DSP wages are not overtime hours.

- Look at overtime hours alongside vacancy rates.
- With high vacancy rates and LOW overtime hours, how is an agency covering the job of the vacant positions?

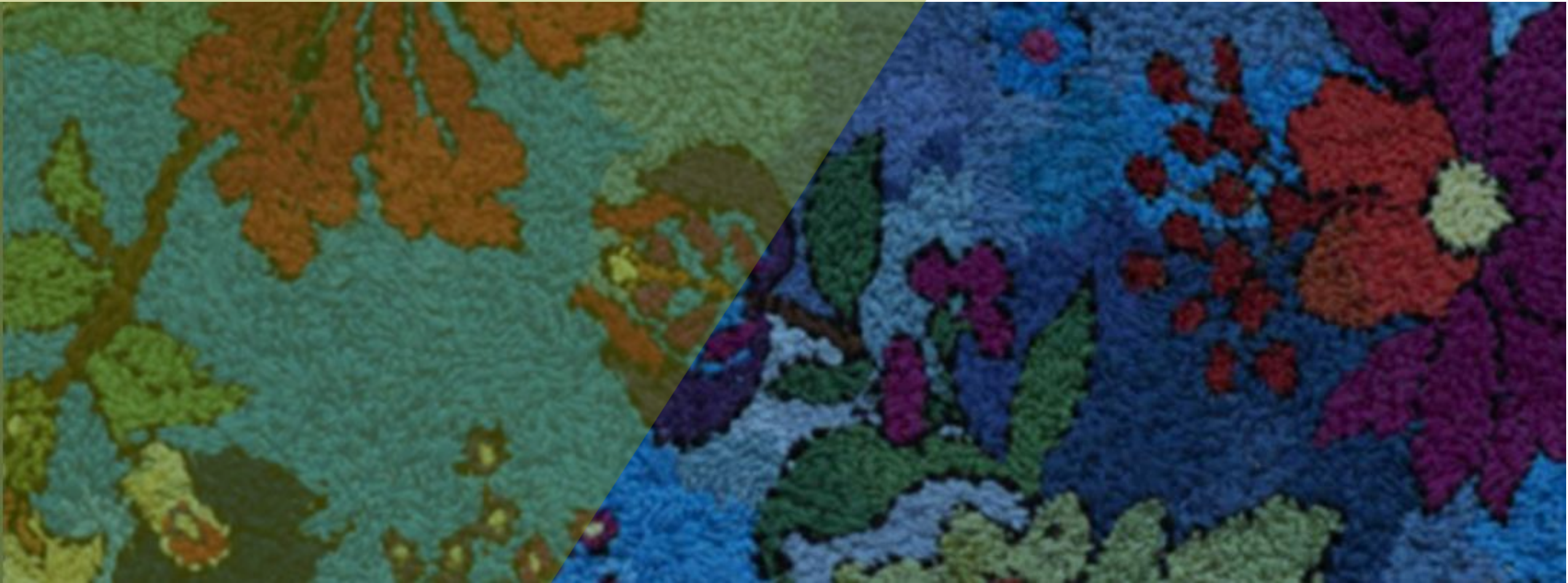
Benefits

This is a potential area of discussion with your providers.

Do they offer some form of Paid Time Off? If they do offer health insurance(s), what percentage of employees actually use them?

- 22.7% of responding providers offered pooled paid time off to some or all DSPs.
 - *Pooled paid time off → provider agency offers a bank of hours with no further delineation of the purpose or the type of time off.*
- Of those not using the pooled method:
 - **59.7%** offered **paid sick time** to some or all DSPs.
 - **64.6%** offered **paid vacation time** to some or all DSPs.
 - **30.4%** offered **paid personal time** to some or all DSPs.
- Among the responding agencies,
 - 71.7% offered health insurance to some or all DSPs;
 - 68.0% offered dental coverage to some or all DSPs; and
 - 55.6% offered vision coverage to some or all DSPs.

CONCLUSIONS



UTAH

YEAR	TURNOVER RATE	Average Hourly Wage (Across settings)	Range
2015	75.6%	\$11.58	DNR
2016	68.7%	\$12.06	\$9.00- \$18.62
2017	68.3%*	\$12.48	\$9.50-\$19.16



- UT originally had a \$15 million general fund proposal to increase DSP wages over 3 installments of \$5 million per year.
- The approved funding for the third installment wasn't \$5 million.
- UT DD agency has since asked for additional increments to come close to the \$15 million.
 - FY16- \$5,400,000
 - FY17- \$5,000,000
 - FY18- \$2,000,000
 - FY19- \$1,500,000
 - FY20- \$850,000

UT got a one time appropriation of \$1,250,000 to begin raising wages immediately. This took place from 4/1/2015 thru 6/30/2015.

*Taken from Appendix A in the 2017 report as to be comparable to previous years.

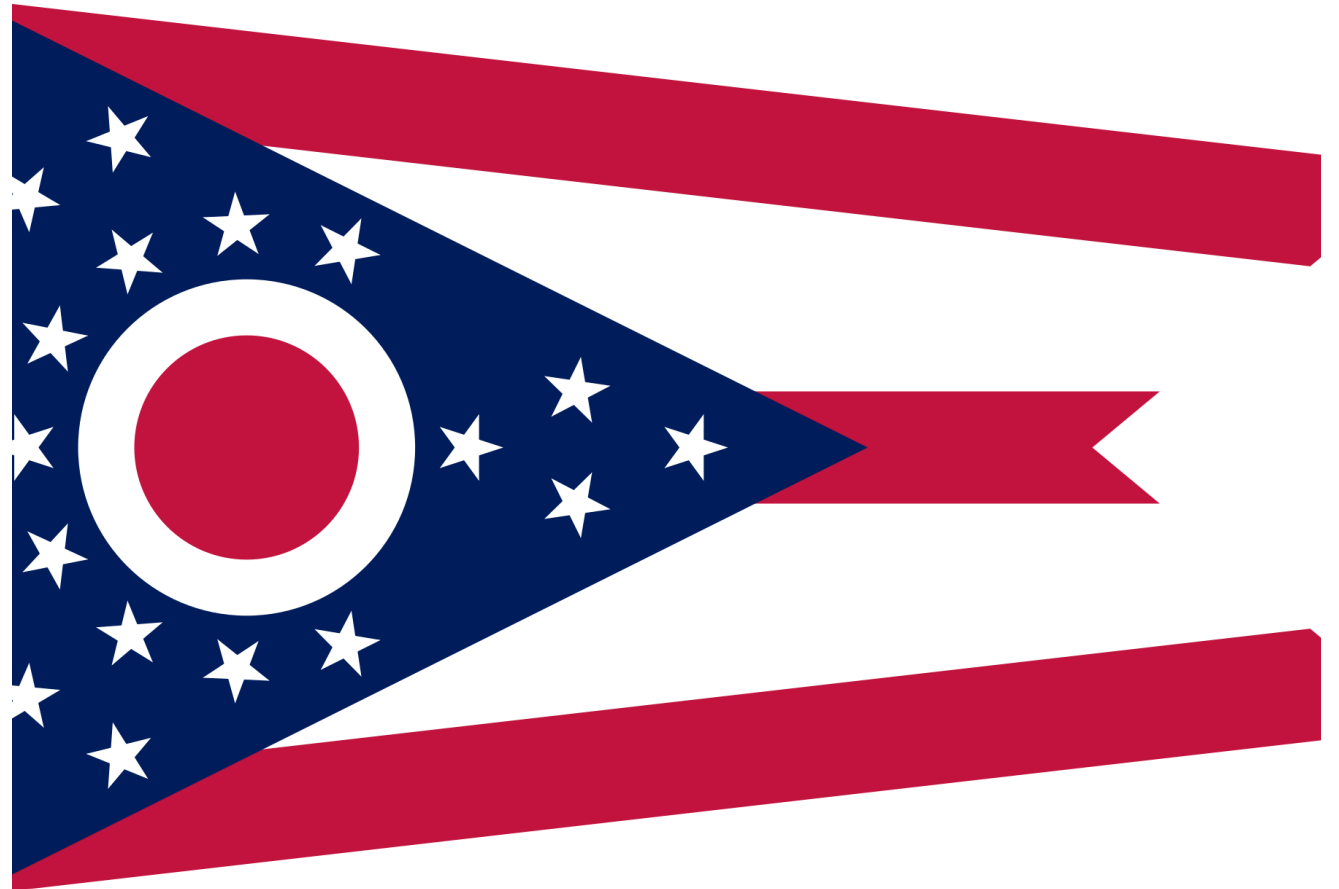
Tennessee

- 2018 legislative session
 - \$50 million in state and federal dollars towards a rate increase for providers contracted with the DIDD
 - Funds were for the **sole purpose of increasing the DSP staff salary component** in the DIDD provider rate methodology, with a legislative intent to **increase the hourly wages of DSPs** at DIDD contracted provider agencies.
 - *Using NCI (along with other sources) to monitor*
- Rate increase includes recurring and nonrecurring funds.
 - ~ \$34 million of the money dedicated for increase is “one-time” money that must be reauthorized by the state legislature in the following legislative session.
- The current rate methodology assumes an average hourly wage of \$9.15 per hour for DSPs.
 - The recurring funding increases the average hourly wage from \$9.15 to \$9.41.
 - The non-recurring funding further increases the average hourly wage from \$9.41 to \$10.00 an hour.
 - **The total funding was calculated on \$0.85 average hourly wage increase for DSPs**
 - *Using NCI (along with other sources) to monitor*



OHIO

- Ohio working closely with stakeholders to hone their questions and made it required for all providers.
- Adding questions to assess state specific needs.
 - For example, questions on yearly expenditures on elements such as payroll taxes, workers' compensation, fringe benefits, etc.
 - Info on types of trainings received





“Treat employees like they make a difference and they will.”

Jim Goodnight

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Untitled, by Laurie Maguire

Thank You.



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