

Staff Stability Survey: Pilot 2014

The need for DSP workforce data

Around the country, states are looking to improve the quality and stability of the workforce of direct support professionals (DSPs) who assist adults with intellectual and developmental disabilities. Their efforts come at a time of escalating demand for long-term care services and supports and transition from institutional care to home and community-based settings. Importantly, states are also looking to reduce the costs associated with staff turnover at provider agencies¹, and to reduce the impact of turnover on the quality of supports and outcomes for consumers^{2,3}.

To develop policies and programs to support the DSP workforce, states require reliable data on turnover, wages, benefits and recruitment/retention. However, they have been impeded by a lack of ongoing, dependable state-based information.

The starting point

National Core Indicators (NCI) is a nearly 20-year collaboration between the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (HSRI). The purpose of the program, which began in 1997, is to support NASDDDS member agencies to gather a standard set of performance and outcome measures that can be used to track their own performance over time, to compare results across states, and to establish national benchmarks⁴. NCI had worked with a small number of states to collect data on DSP turnover and vacancy rates among provider agencies. In 2013, amid low response rates and waning interest, NCI decided to work with interested states and stakeholders to create a new, more relevant and useful Staff Stability tool.

To begin this process, NCI contacted member states and asked them to complete a survey about the old NCI Staff Turnover Tool, its utility, and whether states would be interested in collecting more comprehensive information on the DSP workforce (such as wages, benefits and recruitment/retention strategies). Twenty-four states responded, and the overall response was positive. States were enthusiastic about the possibility of collecting these data and looked forward to being able to benchmark and compare their state's data to those of other states.

Drafting and testing a new tool

NCI staff spoke with experts from the University of Minnesota and the National Direct Service Resource Center⁵, who offered insight and recommended resources to use as reference as NCI designed the new tool⁶. Once the tool was drafted, NCI brought it to providers and provider agencies for an online focus group. Using an online questionnaire, NCI received feedback from several provider agencies on the feasibility, ease, and utility of the survey. When revisions were made based on that feedback, NCI convened a focus group over the phone with providers and DSPs, who provided additional feedback on the survey. The focus group agreed that the New Staff Stability Survey would provide critical and relevant information about DSP workforce stability, wages, benefits and recruitment and retention

strategies. The focus group participants provided clarification on terminology and estimated the amount of time it would take a provider to complete the survey. Participants also suggested possible additional data to collect in the future using the Staff Stability Tool.

Two states agreed to pilot the survey. Online data collection (using HSRI's Online Data Entry System Administrator, otherwise known as ODESA) began in December 2014. Participating states provided HSRI with a list of all provider email addresses and then sent an email to all providers informing them of the new survey, why the state had decided to administer it, and how the data would be used.

HSRI then sent an email to each email address with a unique access code to access the survey instrument in ODESA and allow for anonymous responses. Follow-up emails were sent to all providers twice before data collection was complete. The dataset provided to states is anonymous and the data reported are presented in aggregate.

Response rates

Overall, response rates were low. In discussions with state staff following data collection, the staff stated that the time of year (holiday season in December) and difficulty accumulating provider email addresses contributed to the low response rates. Overall, providers who completed the survey communicated their satisfaction with the ease and accessibility of the survey, and felt that the state-level aggregate dataset will provide policymakers and lawmakers with valuable data.

This report presents results from the pilot in Ohio.

National Core Indicators Staff Stability Survey: Ohio Interim Report

Please note that the following cases were deleted:

- Those that reported providing no services
- Those that reported employing no DSPs

These are preliminary results and are not representative.

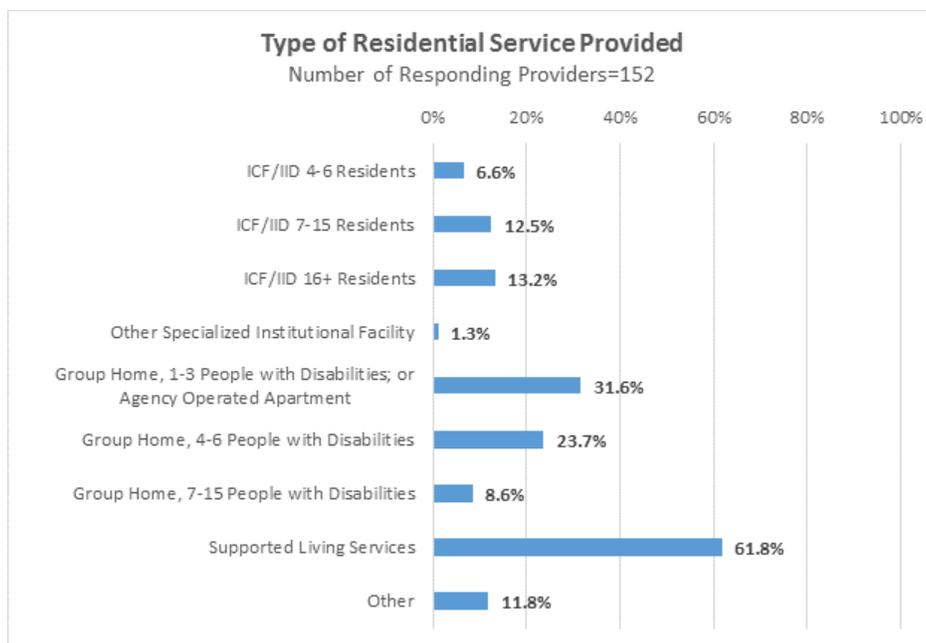
Total Number of Provider Responses (N): 212

Not every respondent responded to every question. Therefore, the number of responding providers varies by question.

Type of Services Being Provided

Residential Supports

- 71.7% of all respondents provide Residential Supports (i.e., living accommodations, services and supports provided to a person outside of the family home).

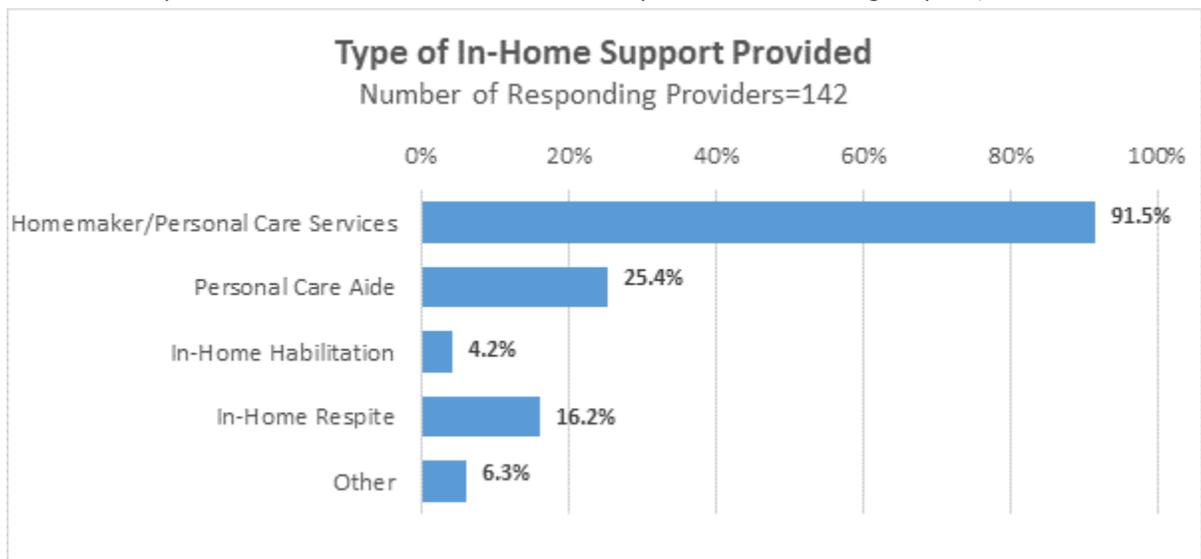


Note: "Other" responses include adult foster shared living, foster care, respite

- Of those providing Residential Supports, 146 providers responded to the question “How many adults with ID/DD were you providing residential supports to?” Among these, the mean number of adults receiving residential services was 60.5. When broken out by provider size, the average numbers of adults served were as follows:
 - 8.2 adults among small providers (employing 1-20 DSPs)
 - 19.0 adults among medium-sized providers (employing 21-40 DSPs)
 - 39.0 adults among large providers (employing 41-60 DSPs)
 - 149.2 adults among extra-large providers (employing 61+ DSPs)

In-Home Supports

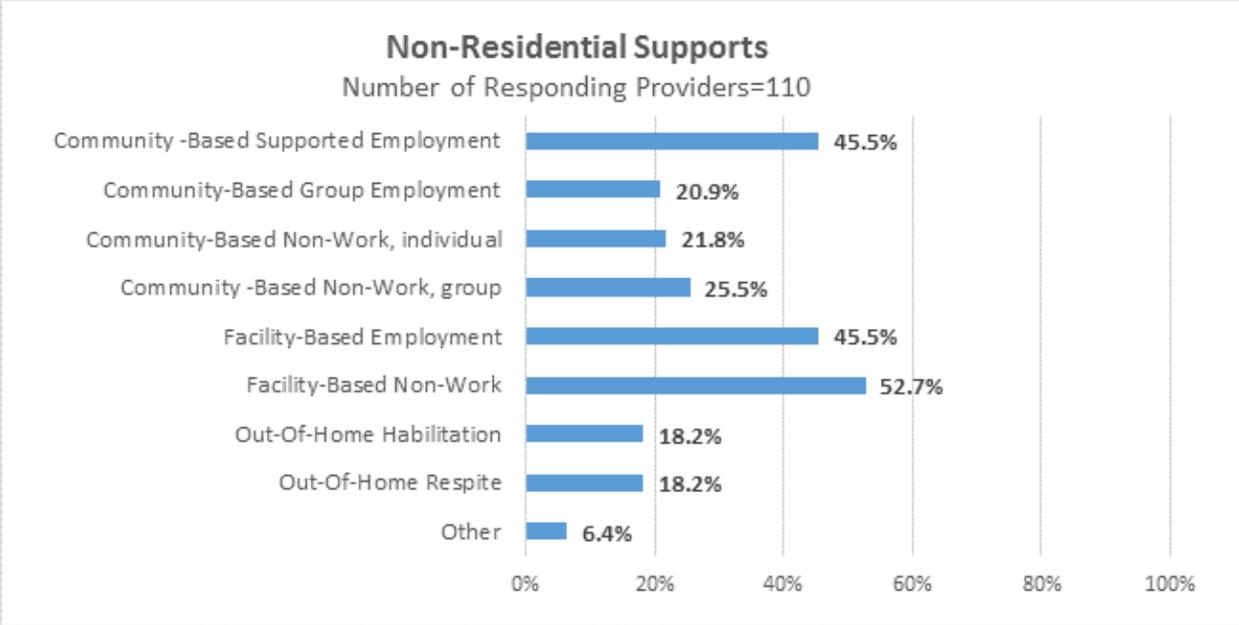
- 68.3% of all respondents provide In-Home Supports (i.e., supports provided to a person in his or her own independent home or in the home of a family member, including respite.)



- Of those providing in-home supports 142 providers responded to the question “How many adults with ID/DD were you providing in-home supports to?” Among these, the mean number of adults receiving in-home services was 33.6. When broken out by provider size, the average numbers of adults served were as follows:
 - 6.5 adults among small providers (employing 1-20 DSPs)
 - 14.5 adults among medium-sized providers (employing 21-40 DSPs)
 - 48.7 adults among large providers (employing 41-60 DSPs)
 - 91.6 adults among extra-large providers (employing 61+ DSPs)

Non-Residential Supports

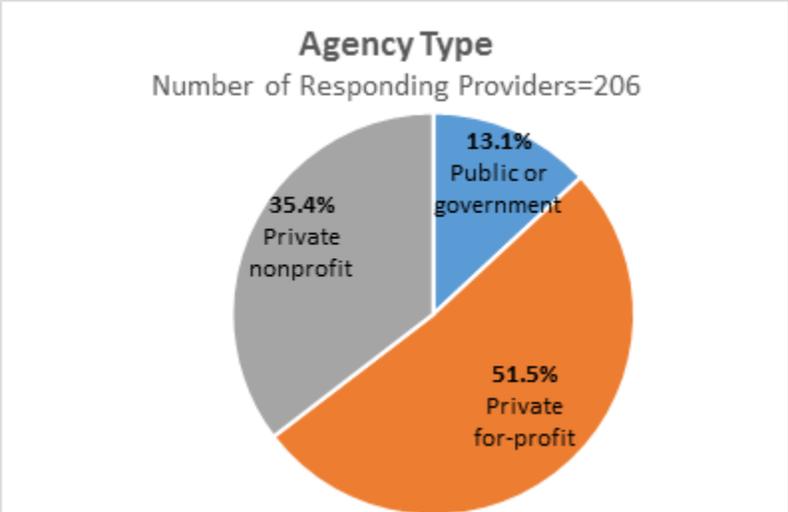
- 53.1% of all respondents provide Non-Residential Supports and Services (i.e., supports provided outside an individual’s home such as adult day program services and community supports; supports to help individuals who are looking for work or on the job for which they are paid—for example, work supports).



Note: "Other" responses include community recreation, community inclusion, camp and travel program

- Of those providing Non-Residential Supports, 110 providers responded to the question "How many adults with ID/DD were you providing non-residential supports to?" Among these, the mean number of adults receiving non-residential services was 92.4. When broken out by provider size, the average numbers of adults served were as follows:
 - 51.9 adults among small providers (employing 1-20 DSPs)
 - 51.6 adults among medium-sized providers (employing 21-40 DSPs)
 - 190.3 adults among large providers (employing 41-60 DSPs)
 - 160.9 adults among extra-large providers (employing 61+ DSPs)

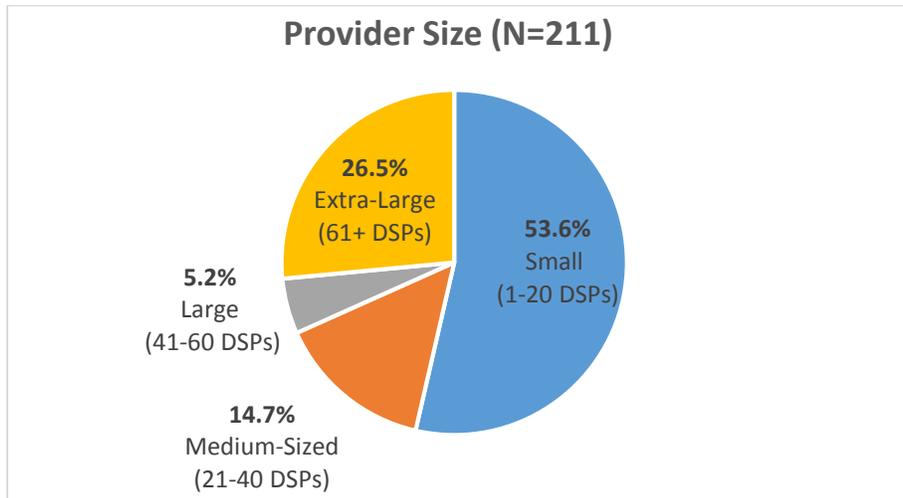
Additional Information about Responding Provider Agencies



99.5% of responding providers report that they require a criminal background check before hiring.

Staff

The 211 responding providers in Ohio employ a total of 16,071 DSPs, with an average of 76.2 per provider.



Tenure

Length of Employment	Percentage of total number of DSPs (16,071)
Percentage of total DSPs who have been employed less than 6 months	15.2% (144 responding providers)
Percentage of total DSPs who have been continuously employed in a direct support capacity for 6-12 months	12.8% (138 responding providers)
Percentage of current direct support staff who have been continuously employed in a direct support capacity for more than 12 months	57.3% (179 responding providers)

Among 205 responding providers, a total of **6,947** DSPs had left their employment (separated) within the past year.

Length of Employment Among Those Who Left	Percentage of total number of separated DSPs (6,947)
Percentage of separated employees who had been continuously employed in a direct support capacity for less than 6 months at the time of separation	27.1% (122 responding providers)
Percentage of separated employees who had been continuously employed in a direct support capacity for 6-12 months at the time of separation	16.3% (106 responding providers)
Percentage of separated employees who had been continuously employed in a direct support capacity for more than 12 months at the time of separation	35.2% (125 responding providers)

Full and Part Time

Of the 209 responding providers, 87.1% distinguish between full-time and part-time positions and 17.6% of 180 respondents have changed their definition of “full time” and “part time” in the past year as a result of federal directives.

	Number of responding providers	Minimum number of hours that define “full time”	Maximum number of hours that define “full time”	Average number of hours that define “full time”
How is a full-time position defined?	178	12	40	34.80

Notably, 64% (114 providers out of 178) define a full-time position as less than 40 hours minimum per week.

DSP Positions	Number Employed	Position Vacancies	Total Number of Positions
Full-time	9,508 (182 responding providers)	411 (173 responding providers)	9,919 (180 responding providers)
Part-time	5,694 (179 responding providers)	875 (174 responding providers)	6,569 (180 responding providers)

Wages

Service Type	Average Starting Salary	Current Average Hourly Wage
Residential No significant differences by provider size; only those who reported providing this service included in the averages	\$9.34/hr (100 responding providers)	\$10.30 (111 responding providers)
In-Home No significant differences by provider size; only those who reported providing this service included in the averages	\$9.13/hr (69 responding providers)	\$9.80 (76 responding providers)
Non-Residential No significant differences by provider size; only those who reported providing this service included in the averages	\$10.55/hr (64 responding providers)	\$11.74 (67 responding providers)
On-Site/On-Call Supports No significant differences by provider size	\$8.21/hr (54 responding providers)	\$8.67 (54 responding providers)
Overnight Support (Sleep Rate) No significant differences by provider size	\$7.97/hr (51 responding providers)	\$8.11 (52 responding providers)
Across All Services and Settings No significant differences by provider size	\$9.80/hr (92 responding providers)	\$11.20 (109 responding providers)

Note: Ohio’s state minimum wage is \$7.95/hr.

Benefits

There were no significant differences in provision of benefits by number of DSPs in a provider.

These responses were filtered for only providers that indicated that they differentiated between full-time and part-time employees (N=182).

Percentage of providers who offer **Paid Time Off** to DSPs (N=171)

“Paid time off” is defined as a bank of hours in which the employer pools sick days, vacation days and personal days together.

Full-Time DSPs	Part-Time DSPs	No DSPs	Not Offered	Unsure/Don't Know
60.2%	36.8%	1.8%	26.9%	1.8%

Percentage of providers who offer **Paid Sick Time** to DSPs (N=171)

Full-Time DSPs	Part-Time DSPs	No DSPs	Not Offered	Unsure/Don't Know
15.8%	8.2%	2.3%	15.8%	1.3%

Including those agencies that offer Paid Time Off, the following percentage of agencies allow DSPs to take time off when they're sick and still be paid:

Full-Time DSPs	Part-Time DSPs
76.0%	45.0%

Percentage of providers who offer **Paid Vacation Time** to DSPs (N=171)

Full-Time DSPs	Part Time DSPs	No DSPs	Not Offered	Unsure/Don't Know
18.7%	7.6%	2.9%	11.1%	1.2%

Including those agencies that offer Paid Time Off, the following percentage of agencies allow DSPs to take vacations and still be paid:

Full-Time DSPs	Part-Time DSPs
78.9%	44.4%

Percentage of providers who offer **Paid Personal Time** to DSPs (N=171)

Full-Time DSPs	Part-Time DSPs	No DSPs	Not Offered	Unsure/Don't Know
10.5%	6.4%	2.9%	19.9%	1.2%

Including those agencies that offer Paid Time off, the following percentage of agencies allow DSPs to take personal time and still be paid:

Full-Time DSPs	Part-Time DSPs
70.7%	43.2%

Percentage of providers who offer **Health Insurance** to DSPs (N=171)

Full-Time DSPs	Part-Time DSPs	No DSPs	Not Offered	Unsure/Don't Know
58.5%	14.6%	2.9%	33.9%	0.6%

In 23.8% of providers that offer Health Insurance, BOTH full-time and part-time employees are eligible.

Of those providers that offer Health Insurance to full-time and/or part-time DSPs (N=103) 94.2% report that dependents can be covered by the health insurance coverage offered by the agency (*not specified whether the coverage of dependents is covered by the provider*).

Percentage of providers who offer **Dental Coverage** to DSPs (N=171)

Full-Time DSPs	Part-Time DSPs	No DSPs	Not Offered	Unsure/Don't Know
54.4%	15.8%	2.3%	39.2%	0.6%

Percentage of providers who offer **Vision Coverage** to DSPs (N=171)

Full-Time DSPs	Part-Time DSPs	No DSPs	Not Offered	Unsure/Don't Know
49.1%	15.2%	2.3%	43.9%	0.6%

Percentage of providers who offer **Other Types of Benefits** to DSPs (N=171)

Other Benefits	Unpaid time off	Employer paid job-related training	Employer-sponsored retirement plan	Employer-sponsored disability insurance	Flexible spending account	Health incentive programs	Unsure/Don't know	Other
32.2%	45.6%	59.6%	43.3%	26.9%	21.6%	14.6%	5.3%	12.9%

Note: Among other examples, "Other" benefits may include an unfortunate events borrow plan, one paid bonus day per month, life insurance, credit union membership, financial planning, bonuses (attendance, disciplinary, documentation), AFLAC deductions.

Recruitment and Retention

Pay Incentive Program (N=194)

Among responding providers, 28.4% offer a paid recruitment incentive for current staff who bring in new staff. Of those:

- 43.6% pay an incentive of \$1-\$50
- 30.9% pay an incentive of \$51-\$150
- 16.4% pay an incentive of \$151-\$200
- 23.6% pay an incentive of \$200+

The rate of the recruitment incentive is significantly related to number of DSPs in the organization.

Realistic Job Preview (N=193)

Among responding providers, 80.3% offer a realistic job preview. Of those:

- 20.6% use a video format
- 3.2% use a picture book format
- 68.4% use a structured visit to the site
- 45.2% use a written script
- 18.1% use a website
- 17.4% use another computer based format (PowerPoint slides, etc.)

Code of Ethics (N=190):

Among responding providers, 87.4% train their DSPs on a Code of Ethics and ask their DSPs to sign a Code of Ethics.

Direct Support Professional Ladder (N=190)

Among responding providers, 44.7% use a direct support professional ladder to retain highly skilled workers in DSP roles (continuing to provide direct service to individuals with ID/DD).

¹ U.S. Department of Health and Human Services (2006). The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress. Retrieved from <http://aspe.hhs.gov/daltcp/reports/2006/DSPsupply.htm>

² Ibid.

³ Larson, S.A., Hewitt, A. & Lakin, K.C. (2004). A multi-perspective analysis of effects on recruitment and retention challenges on outcomes for persons with intellectual and developmental disabilities and their families. *American Journal on Mental Retardation*.

⁴ National Core Indicators (www.nationalcoreindicators.org/about/)

⁵ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Workforce/Workforce-Initiative.html>

⁶ Edelstein, S., Seavey, D. (2009). The need for monitoring the long-term care direct service workforce and recommendations for data collection. Retrieved from http://phinational.org/sites/phinational.org/files/research-report/dsw_dccrrptfeb09.pdf