



# Direct Support Workforce: Stability strategies and outcomes

August 30, 2017  
**HCBS Conference**  
*Baltimore, MD*

**rtc** on community living

**ICI**

INSTITUTE *on*  
COMMUNITY  
INTEGRATION

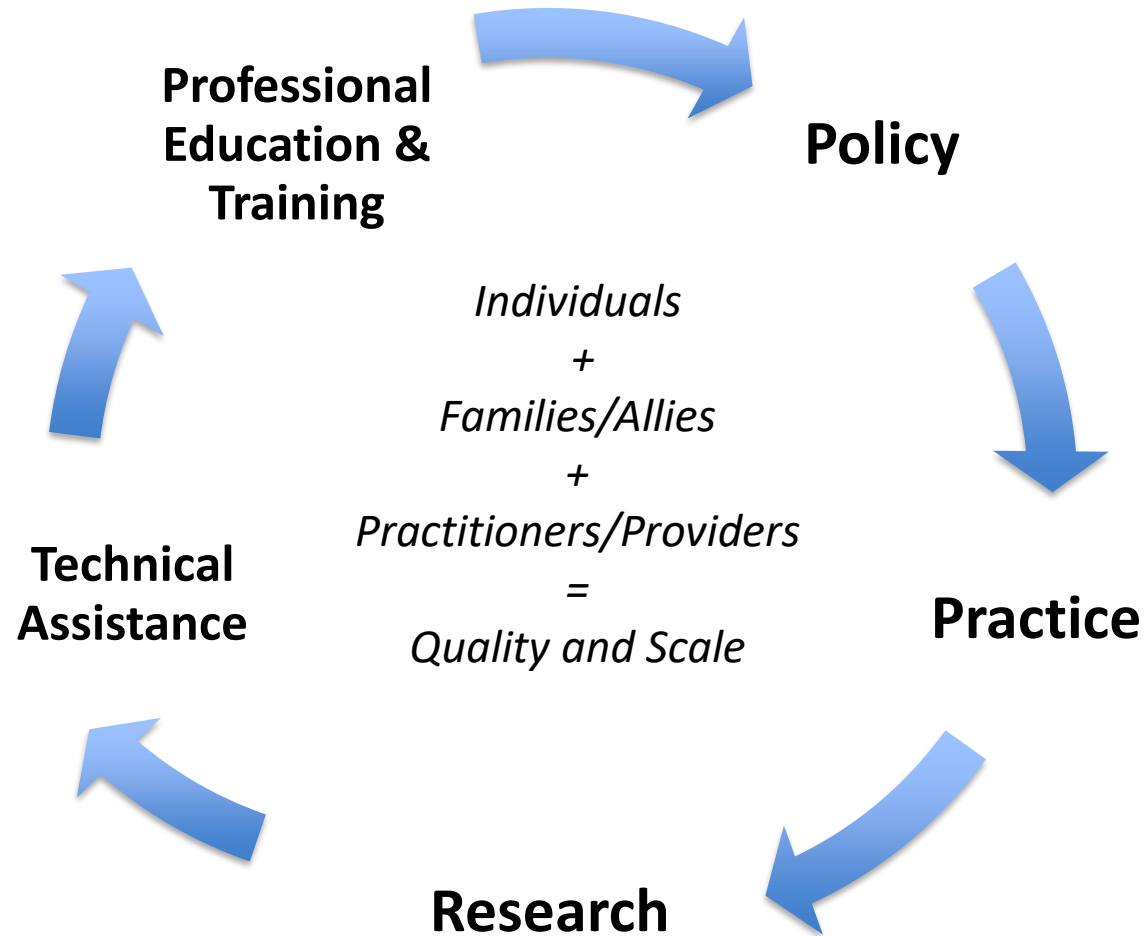


UNIVERSITY OF MINNESOTA  
Driven to Discover™

# Agenda

- Introduction to the session - Barb Kleist, UMN
- National Core Indicators, Staff Stability – Dorothy Hiersteiner, HSRI
- NYSACRA BeFair2DirectCare and other NY efforts.... – Ann Hardiman, NYSACRA
- NC initiative - Andrea Midenheimer, Cardinal Innovations
- Q & A

# UMN RRTC context



# Community living and participation

Person. Family. Community.

State. Region. Province. Country.

**CONTEXT IS EVERYTHING**

# LTSS in a word - UNCERTAINTY



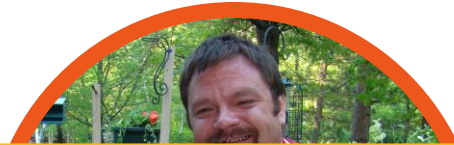
- HCBS Settings Rule
- DOJ litigation and settlement agreements
- Managed care transitions
- Budget implications of growth in demand and shrinking wage earners
- Individualized supports



# Advocacy and increased expectations

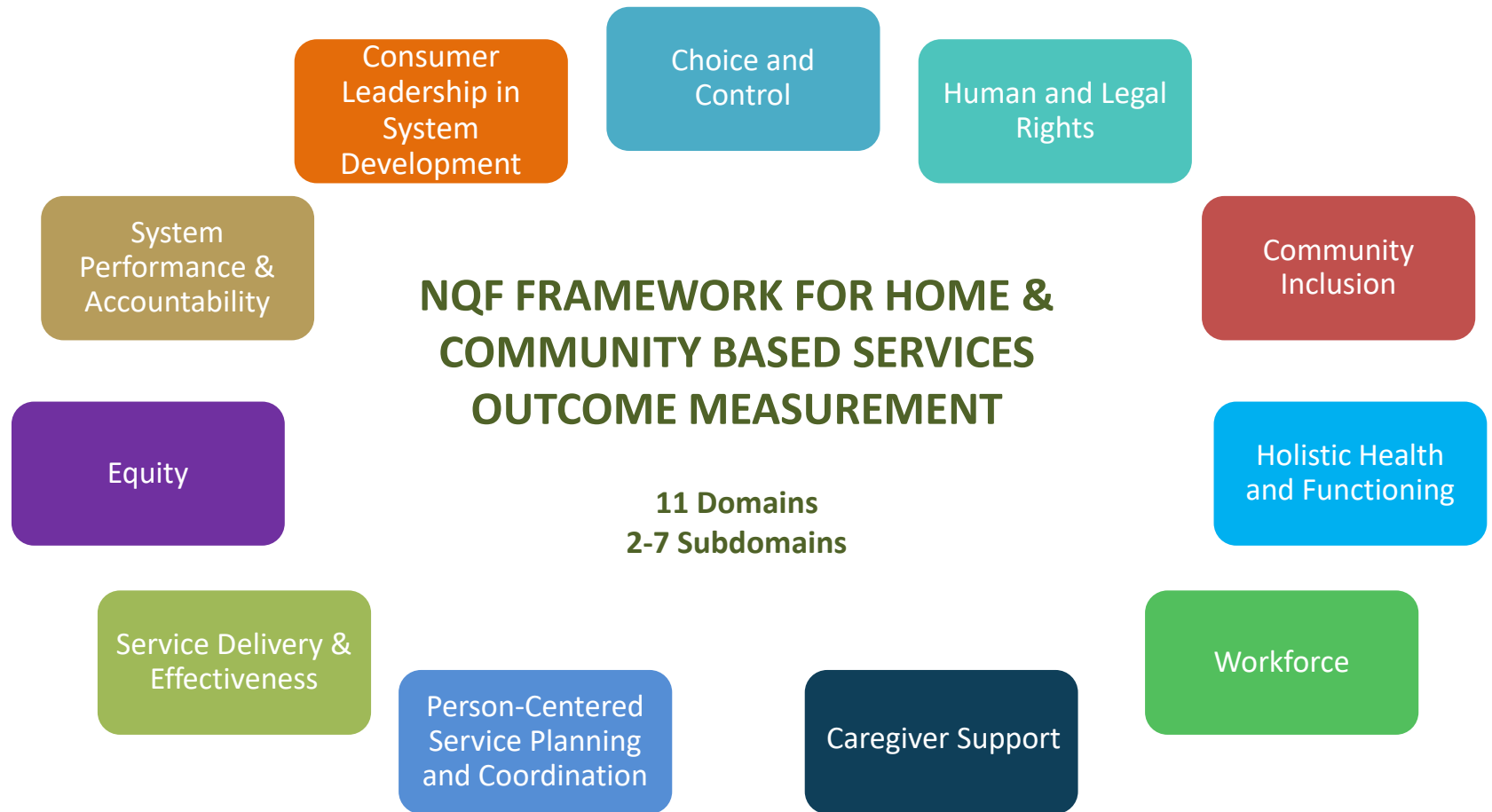


# Person centered: One person, one context, one life at a time





# National Quality Forum Framework





**Workforce  
Key to  
Quality  
AND  
Organizational  
Survival**  
*It's and organizations  
competitive edge*

# Workforce conditions that deter entry into the profession



Low wages

Meager benefits

Physically challenging work (high rate of injury)

High accountability for actions

Isolation from other workers and supervisors

Lack of a career ladder

Insufficient training and professional development



## Factors influencing crisis

- Growth # of People with ID/DD Receive Services
  - 390% increase in last 2 decades
- Major shifts in service system
- Changing expectations toward person centered
- People with IDD live longer (age 66)
- Changing demographics
  - Aging of Americans
  - Fewer younger Americans
- Growing diversity
- Economic stability and growth

# The National Core Indicators Staff Stability Survey



**NATIONAL CORE  
INDICATORS**™  
NASDDDS & HSRI

**Dorothy Hiersteiner**  
**Project Coordinator**  
**National Core Indicators**



Human Services  
Research Institute

**NASDDDS**

National Association of State Directors of Developmental Disabilities Services

# Agenda



- DSP workforce
- Why collect data? How are data being used?
- What does the 2015 Staff Stability Survey Report tell us? (selected results)



# NCI Staff Stability Survey

- This is only the tip of the iceberg!
- NCI Staff Stability Survey can help states assess capacity
  - baseline and annual tracking of tenure,
  - turnover, and
  - wage/benefit packages.



# 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





# Using the Data

- Reports to legislatures in several states
- Track the impact of wage or benefit changes
- Comparison data between service sectors (Home Health, Behavioral Health, Aging)
- Analysis of factors impacting turnover-setting size, agency size, wage/benefit package, geographic location
- Comparison to state medians



# Ohio

- Ohio plans to use NCI Staff Stability Survey data to track workforce data pre- and post- a wage increase for HCBS providers.
- 6% rate increase
- Additional Ohio specific questions (bonus, OT, narrative)
- Look at 2015 data compared to 2016 data



# Oregon

- A change to ORS 430.216 now requires DHS to provide a report to the Oregon Legislature biennially, summarizing:
  - The average turnover of direct care workers in service settings; and
  - A summary of the average wages of direct care workers by the setting in which they work



# Oregon

- Information gained will increase Oregon's ability to:
  - Track the impact of the 4% rate increase that went into effect 1/1/2016 for 24 hour residential providers
  - Evaluate Oregon's workforce status and trends compared to other states to provide context for workforce improvement strategies; and
  - Assess the impacts of federal and state policy changes, including implementation of the Department of Labor Administrative Rule.



# Minnesota

- Providers will be seeking a rate increase this legislative session.
- Our goal is to provide information for state legislators and provider organizations on the overall picture of DSPs in Minnesota.





# 2015

## 17 States

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

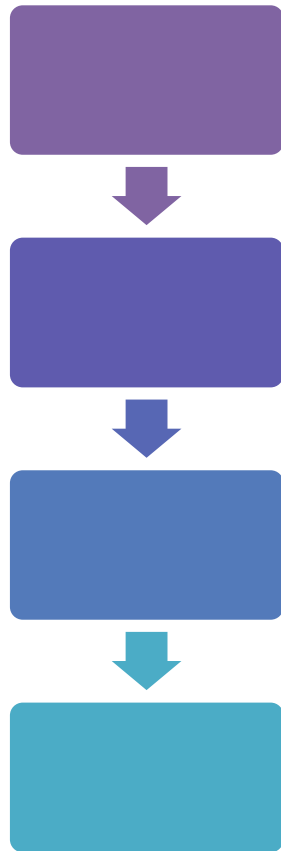
For this data cycle, we worked with OH to set up system to separately examine DSPs within HCBS Waiver Supports and those from ICF/IID supports.

2016:

- CT
- HI
- IL
- MD
- NE
- NY
  
- 21 total



# Process



- State sends HSRI a list of providers in state providing supports to adults with IDD
- HSRI uploads list into ODESA State Portal
- When state is ready, press “send”
- Email goes to providers with unique link to survey tool online
  - Can be re-sent, edited, etc.
- State is in charge of provider engagement





# 2015

## 17 States

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

For this data cycle, **we worked with OH to set up system to separately examine DSPs within HCBS Waiver Supports and those from ICF/IID supports.**

Therefore, throughout this report, the two groups are treated as separate entities (OH\_ICF and OH\_HCBS)



# Response rates

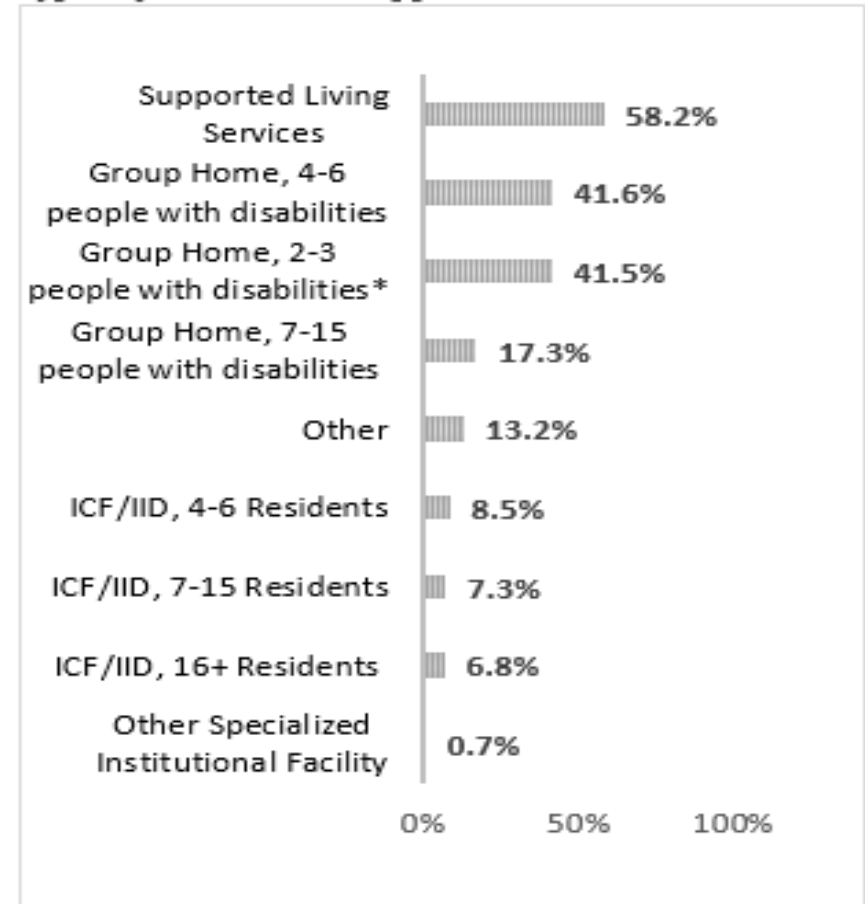
- Response rates varied
  - Some states did not include ALL providers in the list they sent—margin of error was not calculated
  - Some states had more robust follow-up protocols to encourage participation
    - Examples
  - Some states made mandatory
- Email survey: may not be random
  - Difference in the population who chose to participate and those who didn't—we don't know.
- Important to keep in mind when looking at results
  - **Comparing with other states**
  - **Assessing your state's DSP workforce**



# Types of supports: 1) Residential

- Living accommodations, services, and supports provided to a person outside of the family home
- Residential supports: 75% of responding agencies

*Types of Residential Supports Provided*

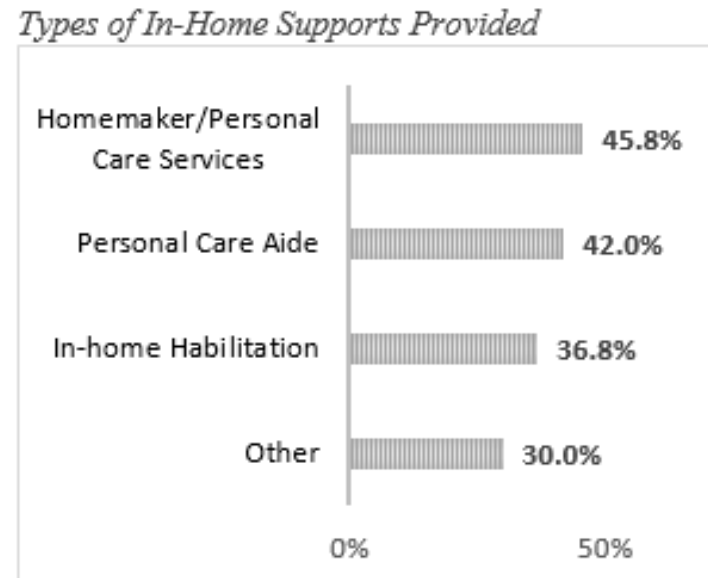


\*Or agency-operated apartment



# Types of supports: 2) In-home

- Supports provided to a person in the family home
- In-home supports: 50% of responding agencies



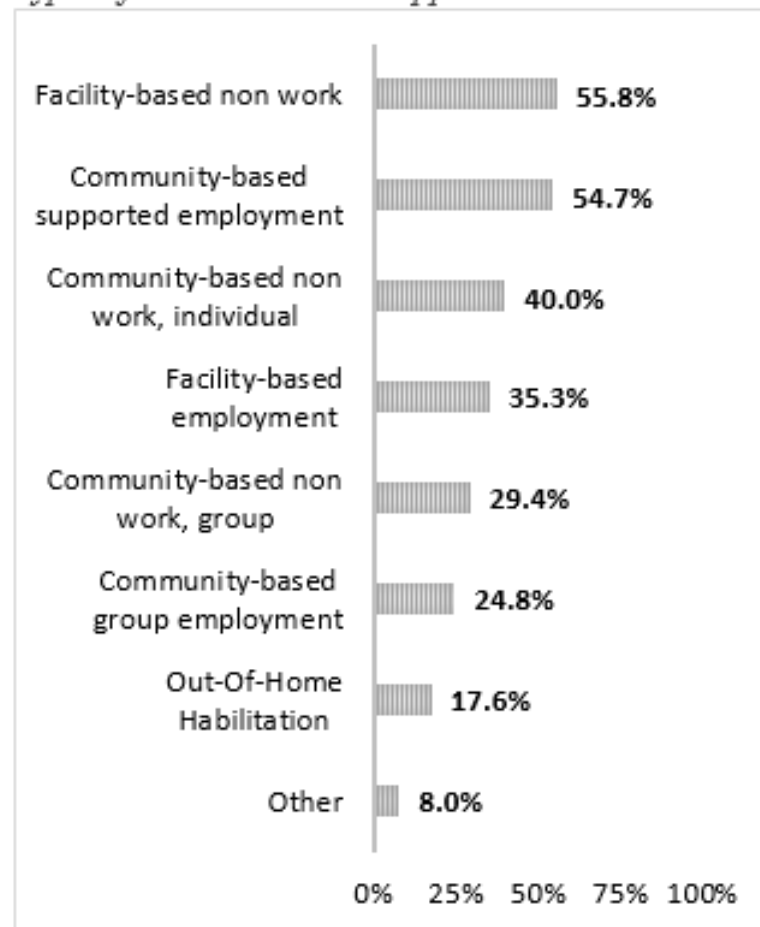
\*We have refined the definition of each in-home support for the 2016 survey.



# Types of supports: 3) Non-residential

- Supports provided outside an individual's home such as:
  - adult day program services and community supports
  - supports to help people while at a paid job, or people seeking a job (e.g., work-related support)
- Non-residential supports: 71% of responding agencies

*Types of Non-Residential Supports Provided*



# Numbers of Adults with IDD Served: Residential Supports

Total number served by  
responding providers  
per state

	1-10 Adults	11-20 Adults	21-50 Adults	51-99 Adults	100+ Adults	Total Adults Served	N
State A	24.1%	17.0%	37.5%	16.1%	5.4%	4,004	112
NCI Average	28.1% (0.0-53.0%)	12.0% (0.0-20.2%)	25.5% (11.9-42.6%)	16.1% (4.3-26.7%)	18.2% (4.2-33.3%)	73,415	1,521

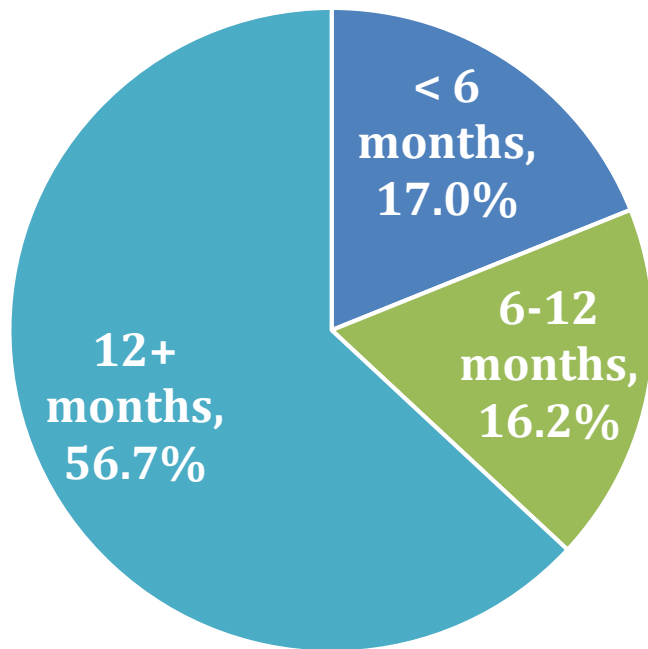
Number of providers  
who responded to this  
question



# Tenure (as of Dec. 31, 2015) Employed DSPs

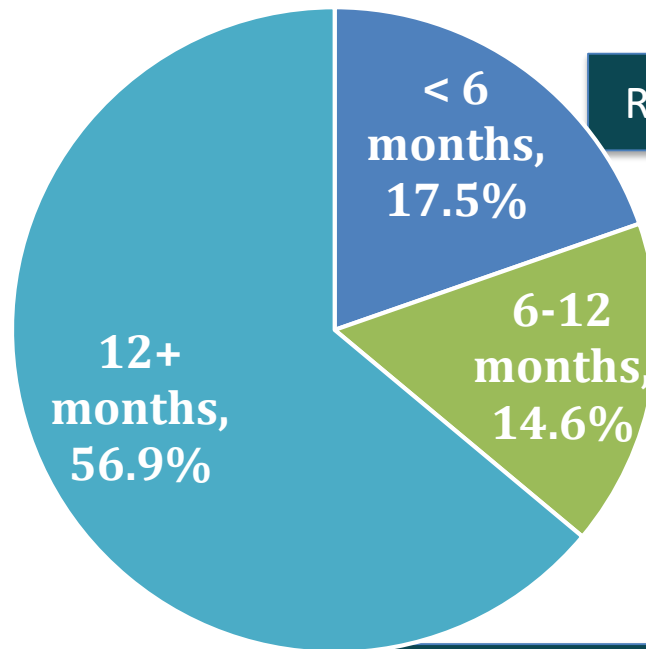
STATE A: Total DSPs  
employed

**7,754**



NCI AVERAGE: Total DSPs  
employed

**187,635**



Range 11.3% - 33.2%

Range 9.2% - 19.2%

Range 43.4% - 69.7%



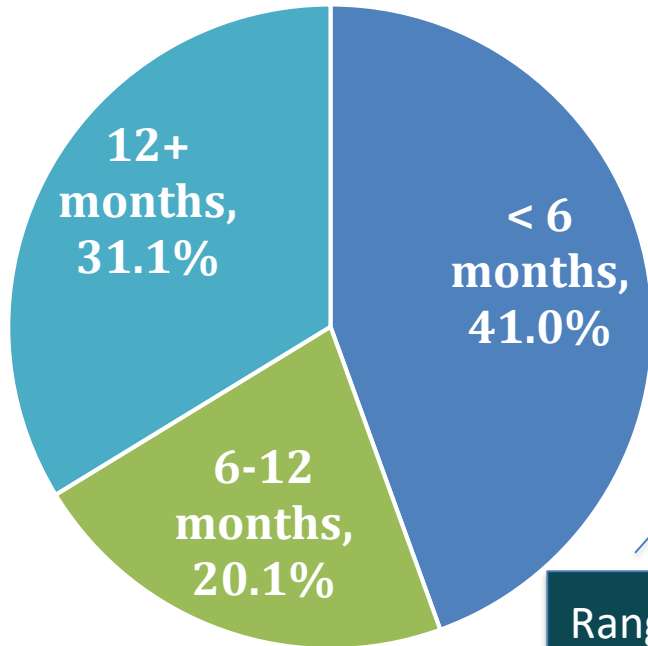
# Tenure Separated DSPs

STATE A: Total DSPs separated between 1/1/15 and 12/31/15

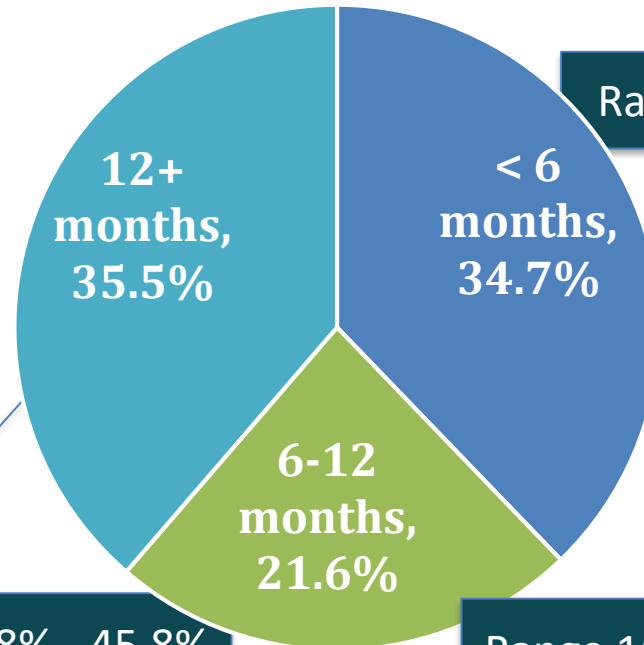
**3,496**

NCI AVERAGE: Total DSPs separated between 1/1/15 and 12/31/15

**85,004**



Range 23.8% - 45.8%



Range 23.5% - 55.7%

Range 16.0% - 51.8%





# Turnover Rate

Number of DSPs separated  
in last 12 months

÷

Number of DSPs on payroll  
as of December 31, 2015.

STATE A	NCI Average
45.1% (N=172)	44.8% (N=2425)

Range:  
17.7-75.6%



# Vacancy Rates

Full-time vacancy rate =

Full-time vacant positions

÷

Total number of full-time direct support positions  
(which is FT employees + FT position vacancies)

Full Time Vacancy Rate	STATE A	NCI Average	Range: 5.9-26.6%
	7.8% (N=144)	9.4% (N=2027)	
Part Time Vacancy Rate	STATE A	NCI Average	Range: 6.0-14.6%
	13.2% (N=144)	14.6% (N=2027)	



# State Minimum Wages and Cost of Living

- We took into account state minimum wage and presented a state minimum wage comparison
  - Range from \$7.25/hour – \$10.50/hour
- Take into consideration the cost of living in your state
  - For example, in places such as San Francisco and Seattle, cost of living has a large impact
- ANCOR report talks about this further



# Wages Across Settings

	<u>Avg. Starting Hourly Wage</u>	<u>Std. Dev.</u>	<u>Median Starting Hourly Wage</u>	<u>N</u>
State A	\$9.81	2.587	\$9.00	80
NCI Average	\$10.23 (range: \$8.57-\$13.67)		\$9.96 (range: \$8.50-\$13.80)	1100

	<u>Avg. Hourly Wage</u>	<u>Std. Dev.</u>	<u>Median Hourly Wage</u>	<u>N</u>
State A	\$10.67	3.103	\$10.00	93
NCI Average	\$11.11 (range \$9.10-\$13.08)		\$10.72 (range \$9.06-\$13.82)	1262

2015 Minimum Hourly Wage
State A: \$7.25
Federal: \$7.25



# Benefits



- Paid time off:
- Paid sick, vacation and personal time
- Health insurance
  - Covers family members/dependents?
- Dental/vision
- Other benefits:
  - Post-secondary education support
  - Unpaid time off
  - Employer paid job-related training
  - Employer sponsored retirement plan
  - Employer-sponsored disability insurance
  - Flexible spending accounts
  - Health incentive programs
  - Life insurance



# Participation

My state didn't participate!

- States that are members of NCI can opt into participation in the Staff Stability Survey
  - There is no additional cost to states
    - Email Dorothy at [dhiersteiner@hsri.org](mailto:dhiersteiner@hsri.org)
- 
- **REPORT:** [www.nationalcoreindicators.org](http://www.nationalcoreindicators.org)
    - Resources>Staff Stability Survey





# **Direct Support Workforce: Stability Strategies and Outcomes**

Ann M. Hardiman, Executive Director, NYSACRA  
HCBS Conference, Baltimore, Maryland

August 30, 2017

## Current Environment in IDD Field in NYS

- ▶ Tremendous change – fiscal, programmatic, regulatory & public policy, shifts that impact the system and the way provider agencies do their job
- ▶ Many changes on the state level that are incredibly swift:
  - ▶ rate rationalization,
  - ▶ implementation of the new HCBS waiver community rule,
  - ▶ closure of Developmental Centers and people into community-based settings, people to self direction, employment
  - ▶ closure of sheltered workshops
  - ▶ Care Coordination/Health Home transition and Managed Care.
- ▶ Federal Medicaid Policy Changes – Medicaid Block grants, Per capita caps, Cuts, other...
- ▶ A WORKFORCE CRISIS LIKE WE HAVE NEVER SEEN





# NY Priorities following a Abuse Media Crisis

- Adoption of the NADSP Code of Ethics
- Development of a set of Core Competencies for DSPs based on best thinking, research and practice
- Develop evaluation tools for use by supervisors and others
- Develop a regional approach for workforce development –Regional Centers



# NYSACRA and NY Activities

1. NADSP Code of Ethics and DSP Core Competencies
2. Regional Centers for Workforce Transformation
3. Credentialing
4. Minimum Wage Increase
5. BFair2DirectCare Campaign for a Living Wage

## NYSACRA New York Regional Centers for Workforce Transformation –RCWT

- ▶ Regional collaborations to develop capacity of DSP workforce in NYS
- ▶ Shape system-wide cultural thinking
- ▶ Share leading practice, trainings, etc.
- ▶ Build learning around the Code of Ethics & Core Competencies and combine with CQL POMs & HCBS Rule & Person Centered Thinking
- ▶ Check out:  
**[www.workforcetransformation.org](http://www.workforcetransformation.org)**



## NY Direct Support Professional (DSP) Credentialing Study

- Authorized by the NYS Legislature in 2014
- Conducted by Research and Training Center on Community Living at UMN
- In partnership with provider associations NYSACRA and NYSRA
- Funded by NYS OPWDD



# Key Credentialing Study Activities

## Literature Review and Environmental Scan

- Contemporary human service credentialing and apprenticeship models

## Series of Statewide Focus Groups among Multiple Stakeholders:

- DSPs, FLSs, service recipients, family members, administrators

Statewide survey of organizations that provide community services to people with I/DD and employ DSPs and FLS

Financial model that builds training into Medicaid reimbursement

Communication Plan

Recommendations for Implementation of a DSP Credentialing Program



# Credentialing

Credentialing is an important tool to strengthen the LTSS workforce by providing a strategy to:

- (a) update knowledge and skills needed to achieve quality, affordable support
- (b) attract applicants by increasing society's awareness of direct support as an entry to human services work, and services
- (c) create a bridge to higher education and wages for the low wage LTSS workforce.



## This project provided:

- ▶ The potential for a robust certification process to **strengthen, stabilize and potentially increase the pipeline of DSPs and FLSs** in this high demand role
- ▶ The **unanimous support of diverse stakeholders** to implement a well designed certification framework to improve consistency, quality and role clarity across the state
- ▶ The potential for a multi-stage certification framework to provide a **rational approach to value-based wage advancement and career growth** for the subset of workers with the lowest wages of all long term service and support workers,
- ▶ The importance of advancing DSP skill and knowledge to **reach accountable care goals of better quality and affordability of support** coupled with the evidence that comprehensive training and certification improves work quality and service outcomes for people who receive services and supports.
- ▶ A model, Gear-up, to aim for.

# New York's Minimum Wage Journey to \$15

- NYC (large businesses – at least 11 employees):
  - increase to \$11.00 takes place at the end of 2016,
  - \$13.00 at the end of 2017
  - \$15.00 at the end of 2018 (December 31, 2018).
- NYC (small businesses – 10 employees or fewer):
  - increase \$10.50 takes place at the end of 2016
  - \$12.00 at the end of 2017, \$13.50 at the end of 2018
  - \$15.00 at the end of 2019 (December 31, 2019).
- Westchester/Long Island:
  - increase to \$10.00 takes place at the end of 2016,
  - \$11.00 at the end of 2017, \$12.00 at the end of 2018,
  - increase to \$13.00 at the end of 2019, \$14.00 at the end of 2020
  - \$15.00 at the end of 2021 (December 31, 2021).
- Upstate:
  - increase to \$9.70 takes place at the end of 2016,
  - \$10.40 at the end of 2017, \$11.10 at the end of 2018,
  - \$11.80 at the end of 2019, \$12.50 at the end of 2020 (December 31, 2020)
  - increase to \$12.50 on December 31, 2021.

For upstate, increases (to get to the \$15 an hour wage) beyond what has been statutorily agreed upon will be subject to an indexed schedule set by Division of Budget (DOB) with the Department of Labor.





## New York's Journey to \$15 First Phase of Advocacy Campaign

- ▶ Focus in 2015 and 2016 was on the proposed minimum wage increase, and the need to provide public funds to support the increase with funding
- ▶ NYSACRA, and 8 associations sponsored a statewide snapshot survey of IDD providers on vacancies, turnover, salaries, OT etc.
- ▶ From the survey, drafted a report "Supporting People with Developmental Disabilities: The Impact of Low Wages and the Minimum Wage Debate on the Direct Support Professional Workforce".
- ▶ NYSACRA and the other associations rallied
- ▶ The final State Budget approved by the State Legislature and signed by the Governor contained funds to support direct support salary costs and fringe benefits associated with the minimum wage increase.
- ▶ The funds to support the minimum wage increase are only be used to bring individuals up to the minimum wage; funds cannot be used for compression



## Phase 2 Advocacy

### ***bFair2DirectCare Campaign –A Living Wage***

- ▶ Nine DD associations joined forces
- ▶ Purpose: generate support from the State Legislature and Governor's Office to provide public funding for a living wage AND to raise public awareness on the minimum wage issue as well as IDD-specific issues
- ▶ Assistance from a professional public relations firm
- ▶ Letter writing, phone calls, press conferences, op eds, rallies, billboards, press, press, press
- ▶ Found Champions
- ▶ Had Data
- ▶ Told the Story of DSPs
- ▶ The bFair2DirectCare Campaign members generated a great deal of support from legislators, agencies, self-advocates, parents, family members

# bFair2DirectCare Campaign



**#bFair  
2DirectCare**



# JOURNEY TO A LIVING WAGE

## *bFair2DirectCare Campaign*

The campaign was based on:

- ▶ The living wage - a market based approach that draws upon geographically specific expenditure data related to a family's basic needs, such as food, child care, health insurance, housing, and transportation.

The model shows the minimum full time salary for meeting the basic necessities, without needing public assistance or suffering housing or food insecurity.

- ▶ We made some assumptions to develop a case.
- ▶ Based on MIT Living Wage calculation - find this information for county and state at <http://livingwage.mit.edu>
- ▶ The data we all gathered and making the case
- ▶ Getting Media attention that the Governor noticed

# Bfair2DirectCare proposal

- ▶ The Environment: A current 9.3% vacancy rate and 23.07% one-year turnover rate for professional direct care and other support staff, stabilization funding would transition these staff to an hourly living wage that exceeds the minimum wage over the next six years.
- ▶ When the stabilization funding is fully implemented, starting salaries will be \$17.72 in the NYC/ Long Island region and \$15.54 in other parts of NYS.
- ▶ An investment of \$45 million in additional state funding per year, reaching \$270 million in the sixth year, is needed to achieve a living wage. (Funds to be matched by an equal amount of federal Medicaid funds)
- ▶ The total investment to achieve the living wage will equate to a 2.3% annual increase each year for the next 6 years for NY OPWDD services provided by not-for-profit agencies.



## WE WON A MAJOR VICTORY!!!!

- ▶ At our last planned rally and press conference, Governor Cuomo came out and raised his right hand and said: “this hand will not sign a budget unless there is \$55 million in it for DSP wage increases!”

### NEXT STEPS:

- ▶ The BFair campaign is gearing up for the next budget year.



## For More Information



**#bFair**  
**2DirectCare**

Contact:

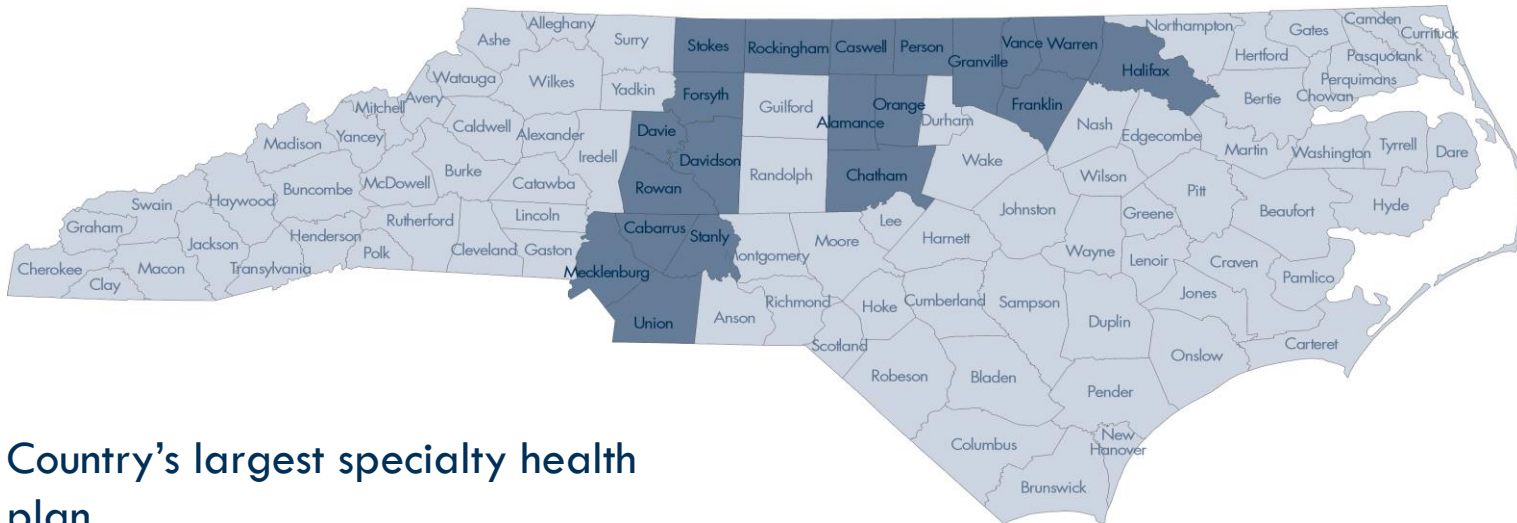
- ▶ Ann Hardiman – Executive Director,  
NYSACRA, 518-449-7551 or  
[annah@nysacra.org](mailto:annah@nysacra.org)

# Direct Support Workforce: Stability Strategies and Outcomes

August 30, 2017



# Who is Cardinal Innovations Healthcare?



- Country's largest specialty health plan
- Insures 850,000 members with complex needs
- Systems and Services focused on optimal member outcomes
- Emphasis on community-based services and supports

# IDD System Evolution at Cardinal Innovations

**Strategic identification and demonstration of best and promising practices in IDD to continually improve our system of care for members**



**Next Focus... How to assure that people receive high quality services and achieve meaningful outcomes.**

# Connection between Quality and Competent Direct Support Professionals

Growing body of research that supports that the caliber of the Direct Support workforce has a direct impact on the quality of services

And...

On **outcomes** for the people they support



We needed tools to support our providers to increase the competence of their staff and stabilize the workforce

# Managed Care Investment in Quality

## *DirectCourse* -College of Direct Support (CDS)

- Provided scholarships to Network providers and Individuals that self-direct their care to access the curriculum
- Evidenced-based curriculum developed for Direct Support Professionals and Supervisors by thought leaders in the field of IDD
- Supervisors use a strategic mentoring approach of supervision that had proven success

# Policy Drivers of Quality

- North Carolina adopts the CMS Core Competencies as a component of the provider qualifications in the NC Innovations waiver
- North Carolina Implementation of HCBS Final Rule

College of Direct Support (CDS) curriculum offers courses that crosswalk to both requirements

# MCO Workforce Initiative

- Cardinal Innovations was the original North Carolina MCO to adopt College of Direct Support(CDS)
- Partnered with two other NC MCOs to expand the availability to providers
- Goal was to increase the knowledge, skills and competence of the direct support workforce

# Cardinal Innovations Workforce Initiative

- April 2016 launched to the Provider Network
- Focused provider engagement and training opportunities
- Live Demonstrations to providers and stakeholders
- Ongoing education to providers through Network staff regarding the availability of the curriculum



# Cardinal Innovations Workforce Initiative

## Quality Embedded in Service System

- Developed a service that requires use of CDS courses to train staff
- Recommended to providers by Cardinal clinical staff through technical assistance
- Available for internal staff education



# Measuring Success and Lessons Learned

- Study by the University of Minnesota Research and Training Center on Community Living
- The purpose of the study is to assess the effectiveness of *DirectCourse* as a training and DSP development tool
- Specific outcomes:
  - Number of providers, learners and modules completed
  - Workforce survey of wage and staff turnover
  - Specific skills learned by DSPs
  - Overall staff satisfaction
  - Member level outcomes aligned with curriculum
  - Member level satisfaction with services

# Next Steps

- Use the lessons learned from the Study to inform our strategy
- Continue to identify opportunities to enhance the quality and stability of the Direct Support Workforce



# Thank You

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For more information contact:

Andrea Misenheimer

Director of Regulatory Affairs

Cardinal Innovations Healthcare

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Watch for this.....



## Report to the President 2017

America's Direct Support Workforce Crisis:  
Effects on People with Intellectual Disabilities,  
Families, Communities and the U.S. Economy  
May xx, 2017



We must do something radically  
different

If we want change.....

# Policy advocacy like never before

POLICY  
(i.e. HCBS  
Settings rule)

LITIGATION  
(i.e. Olmstead)

NEW INITIATIVES  
(i.e. Panel, Task  
Force)

MONEY/BUDGETS  
(i.e. governor, legislature,  
local, organization)



**DATA...DATA...DATA**

**DATA...DATA...DATA**

# Other information

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University of Minnesota ICI

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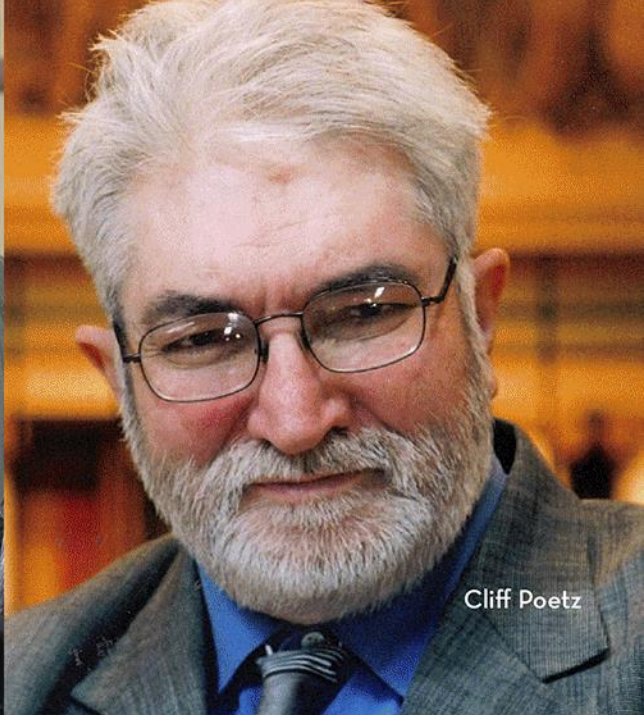
This research was supported by grant from the National Institute on Disabilities and Rehabilitation Research, U.S. Department of Education #H133G080029 and #H133B080005. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore necessarily represent official NIDRR policy.



Amy Hewitt



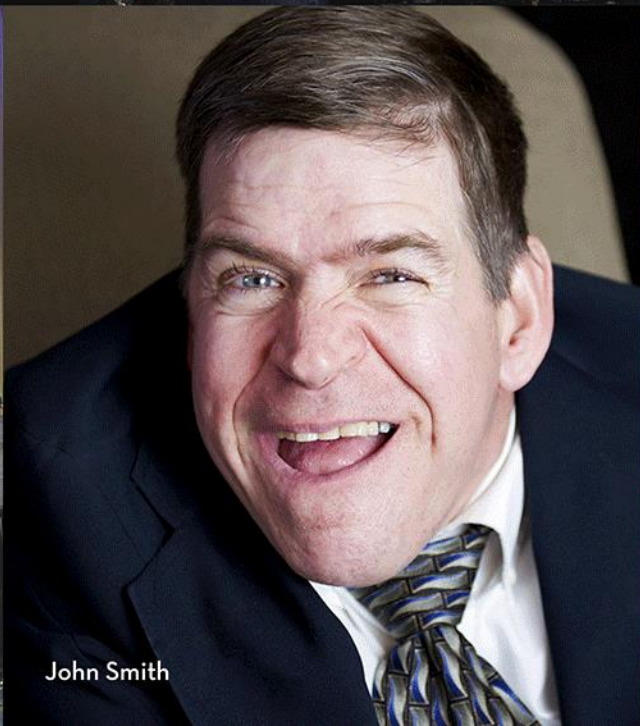
I AM DRIVEN TO RETHINK  
WHAT ACCESSIBILITY MEANS



Cliff Poetz



I AM DRIVEN TO  
PROFESSIONALIZE THE DIRECT  
SUPPORT WORKFORCE



John Smith



I AM DRIVEN TO  
MAKE HOME OWNERSHIP A  
REALITY FOR PEOPLE WITH  
DISABILITIES