A Sustainable and Supported Workforce: The Key to Quality Community Life

October 17, 2014
The Hotel Woodbridge at Metropark, Iselin

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A Sustainable and Supported Workforce: The Key to Quality Community Life

The Boggs Center on Developmental Disabilities,
Rutgers University
Developmental Disabilities Lecture Series
10.17.14

Context and Background

The state in which people with IDD live is the biggest predictor of outcome.

Goal/Objectives

- Understand effective strategies for developing knowledge, skills and ethical decision-making in direct support professionals and their supervisors
  - Identify evidence-based outcomes effected by DSPs
  - Describe at least three evidence-based interventions designed to reduce DSP turnover
  - Know where and how to access tools and resources

Agenda/Organization

- NJ and US Context
- DSP Workforce Challenges and Solutions
- Important Role of FLS
- DSP & FLS Interventions

Residence Size and Type on June 30, 2012

New Jersey
- Family 56,524
- Group Home 13,264
- Psychiatric Facility 4,807
- Community Room 6,012

United States
- Family 285,936
- Group Home 173,257
- Psychiatric Facility 40,788
- Community Room 12,752
- Other 4,973

- Non-Family 21,254
Changes in the Number of People with IDD Living in Individualized Settings 2000 to 2012 (Estimated Totals)

New Jersey United States

Annual Medicaid Expenditures Per Person

New Jersey United States

Estimated Number of Medicaid LTSS Recipients with IDD by Funding Authority 2006-2012

New Jersey United States

QUALITY

Measured in many ways.....

National Core Indicators

- HSRI and NASDDS
- http://www.nationalcoreindicators.org/

Quality

- NCI
- CQL
- Other State Indicators
  - Comparison with other states
  - State regulations
  - Organizational QA/QI Programs
NCI State Participation 2013-14

40 states, the District of Columbia and 22 sub-state regions

State contract awarded in 2013-14 through AIDD funding
CA*- Includes 21 Regional Centers
OH*- Also includes the Mid-East Ohio Regional Council

National Core Indicators (NCI)

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

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

Health, Welfare, System
- Health and Welfare
- Respect for Rights
- Safety
- Service Coordinatio
- Staff Stability

NCI System Performance Measures

NCI vs. MN Olmstead Plan

<table>
<thead>
<tr>
<th>MN Olmstead topic area</th>
<th>Selected NCI Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Chose home, roommates, home staff</td>
</tr>
<tr>
<td>Jobs</td>
<td>Has community job, receives benefits</td>
</tr>
<tr>
<td>School and lifelong learning</td>
<td>Add questions</td>
</tr>
<tr>
<td>Transportation</td>
<td>Can always get places, mode of transportation</td>
</tr>
<tr>
<td>Healthy living</td>
<td>Received preventive health care services and exams, tobacco use, BMI, exercise</td>
</tr>
<tr>
<td>Community life</td>
<td>Participated in community-based activities, frequency</td>
</tr>
<tr>
<td>Support services</td>
<td>Receives needed services, participated in service plan</td>
</tr>
</tbody>
</table>

Council on Quality and Leadership (CQL)

- Personal Outcome Measures (POM)
  - My Self
  - My World
  - My Dreams

My Self
- Connected to natural supports
- Have intimate relationships
- Are safe
- Have best possible health
- Exercise rights
- Are treated fairly
- Are free from abuse and neglect
- Experience continuity and security
- Decide where to share personal information

My World
- Choose where and with whom they live
- Choose where they work
- Use their environments
- Live in integrated environments
- Interact with members of the community
- Perform different social roles
- Choose services
My Dreams

- Choose personal goals
- Realize personal goals
- Participate in life of the community
- Have friends
- Are respected

Quality IS about and IS achieved through competent and reliable DSPs

COMPETENT DIRECT SUPPORT WORKFORCE

Five Million Direct-Care Workers Needed by 2020

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<tr>
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</thead>
<tbody>
<tr>
<td>3.4 m</td>
<td>Registered Nurses</td>
<td>5.0 m</td>
<td>Direct-Care Workers</td>
<td>3.6 m</td>
<td>Fast Food Counter Workers</td>
</tr>
<tr>
<td>3.7 m</td>
<td>Law Enforcement/ Public Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.9 m</td>
<td>Teachers from K–12</td>
<td>4.0 m</td>
<td>Home Health aides</td>
<td>5.0 m</td>
<td>Personal Care aides</td>
</tr>
<tr>
<td>5.0 m</td>
<td>Nursing assistants</td>
<td></td>
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</table>

Source: National Organization
Growing Demand for Direct-Care Workers in the US, 2010-2020

- Personal Care Aides: 71%
- Home Health Aides: 69%
- Nursing Aides: 20%
- All Direct-Care Workers: 48%
- All Occupations: 14%

New Jersey: Occupational Growth Projections, 2010-2020

- Personal care aides: 26%
- Home health aides: 4.3%
- Nursing aides, orderlies, attendants: 15%
- All Direct-care workers: 25%
- All occupations: 8%

Median Hourly Wages for Direct-Care Workers, adjusted for inflation (2011 dollars)

- Personal Care Aides: $10.22
- Home Health Aides: $11.14
- Nursing Aides, Orderlies & Attendants: $11.63

Correlation of Entry Wage to Turnover

New Jersey: Median Hourly Wages for Direct-Care Workers, 2013

- Personal care aides: $11.31
- Home health aides: $10.70
- Nursing assistants: $13.18
- All occupations: $19.35

New Jersey: Direct-Care Worker Households Relying on Means-Tested Public Assistance, 2010-2012

- Any Public Assistance: 48%
- Medicaid: 38%
- Food and Nutrition: 29%

Source: PHInational.org
Note: 23% are foreign born

Sustained DSP Workforce Challenges (30 years)

- High Turnover / Low wages
- Poor access to and utilization of benefits
- Limited access to training and education
- Increasingly absent or ineffective supervision
- Status and Image

Direct Support Workforce in IDD: What do we know?

- Wages, turnover, benefits in many states
- Factors that influence turnover
- Supervisors are important
- Wages are higher, benefits are better in more congregate care; wages are better but benefits are worse in self-directed models
- Training interventions seem to work
- Core competencies for DSPs and FLS
- Low investment in training across states
- DSPs have little voice
- We can reduce turnover; we have the tools and knowledge

Direct Support Workforce in IDD: What don’t we know?

- Nothing nationally outside of public residential facilities since Braddock study
- Numbers (how many are there?)
- Staff to person served ratios
- Average wage, turnover
- No longitudinal trends
- Descriptive data on workforce
- Outcomes of any interventions
- Differences across service type based on size/type
- Differences across states
- Policy influences that matter
- Quantified differences between LTC sectors

What Do You Know……

- Current demographics of your DSP and FLSs
- Overall
- Stayers/leavers
- DSP and FLS annual crude separation (turnover)
  - By site
  - By program type
  - By supervisor
- DSP and FLS Current vacancy rate
  - By site
  - By program type
  - By supervisor
- DSP and FLS Benefit utilization
  - By benefit type
  - By program type
Wages Aren’t the Only Thing

- DSP Turnover – 40 to 50% annually
- Of all staff who leave:
  - 45% leave in first 6 months
  - 23% leave between 6-12 months
  - 15% of new hires fired in the first year
- Reasons for leaving:
  - Co-workers
  - Pay or benefits
  - Supervisors

Frontline Supervisors & DSP Turnover

- DSP turnover is lower when:
  - DSPs feel valued
  - DSPs feel they are treated fairly
- Reasons DSPs leave:
  - Issues with co-workers
  - Issues with supervisors

Sustaining “As Is” Is Costly

- “Decreasing turnover is about sustaining quality”
- Cost per hire:
  - LSS 2005 $3,278
  - LSS 2011 $6,000
  - Mosaic $3,059 (range $826 to $10,700)
- Supervisors spend 18% of their time with new or exiting employees when turnover is 50%
- Increases stress on workforce
- Quality of supports

DSP Expectations

- Specialized knowledge
- Culturally competent
- Teach
- Comply with rules and reg.
- Support Choice
- Maintain health & safety
- Document
- End shift neat & tidy
- Work well with others
- Person-centered
- Medical Support
- Respect rights
- Problem-solve

Greater Expectation for Outcomes

- Great Recession Recovery
  - revenues in a majority of states remain at or below 2008 levels
  - 42 states closed 103 billion deficit through cuts
- OMB Memo 2012
  - “Where evidence is strong we should act on it. Where evidence is suggestive, we should consider it. Where evidence is weak, we should build the knowledge to support better decision in the future”
Simultaneous Interventions
- Organization
- FLS
- DSP

Organizational Context

<table>
<thead>
<tr>
<th>Factor</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational readiness</td>
<td>Ready, Remediate or Reject</td>
</tr>
<tr>
<td>Organizational champion</td>
<td>Intervention start, Intervention sustained</td>
</tr>
<tr>
<td>Supervisor stability</td>
<td>Intervention start, Intervention sustained</td>
</tr>
<tr>
<td>Direct support staff turnover</td>
<td>Intervention dose, Proportion of staff trained, Training elements completed by each person (12 hours class, 1 on 1 on site mentoring, 6 month follow up), Retention of trained staff, Training/retraining for new staff</td>
</tr>
</tbody>
</table>

Building & Strengthening the DSP Workforce

- Recruitment & Selection
  - Targeted Marketing
  - Realistic Job Previews
  - Structured Interviewing
  - Status and Awareness (PSAs)

- Retention
  - Credentialing and Career Paths
  - Recognition
  - Membership and Networking
  - DSP and FLS Competencies
  - Education and Training

Have We Created a “Hotel” Model?
- People are disengaged.
- Staff do for or to the person rather than supporting person to do.
- People with the most needs get the least support to be engaged.
- Individuals with disabilities are spectators in their own lives.
- Staff can be considered glorified domestic servants.

Engagement: Active Support
- Social Activities 12%
  - Using recognizable speech, word approximation signs or gestures to gain or retain attention of another person.
- Non social 35%
  - Active participation in domestic tasks, recreational and educational activities.

Opportunities for engagement, active engagement in home

ACTIVE SUPPORT
No prerequisites, it's up to you to train and develop

**DSP COMPETENCIES**

- Community Support Skill Standards
- NADSP Competencies
- DOL LTSS Core Competencies
- CMS Core Competencies

**NADSP Competencies**
- Participant Empowerment
- Communication
- Assessment
- Community and Service Networking
- Facilitation of Services
- Community Living Skills and Supports
- Education, Training and Self-Development
- Advocacy
- Vocational, Education and Career Support
- Crisis Prevention and Intervention
- Organizational Participation
- Documentation
- Building and Maintaining Friendships and Relationships
- Providing Person Centered Supports
- Supporting Health and Wellness

**The NADSP Code of Ethics**
- Developed by NADSP in 2001

**Highly Qualified Support Exists at the Intersection of**
- Knowledge
- Values
- Skills
- Ineffective practice
- Unethical practice
- Uninformed of best practice

**FLS COMPETENCIES**

Supervisors are key
Frontline Supervisor (FLS)

Supervise and oversee the direct services provided to people with IDD.

- Hire, Train and Supervise DSPs
- Documentation, Scheduling, Budgeting
- Direct Support

National Frontline Supervisor Competency Set

11 Competency Areas

1. Direct Support
2. Health, Wellness, & Safety
3. Individual Support Plan Development, Monitoring, and Assessment
4. Facilitating Community Inclusion Across the Lifespan
5. Promoting Professional Relations and Teamwork
6. Staff Recruitment, Selection, and Hiring
7. Staff Supervision, Training and Development
8. Quality Assurance
9. Advocacy & Public Relations
10. Leadership, Professionalism, & Self-Development
11. Cultural Responsiveness & Awareness

Supporting Frontline Supervisors

- Create an evidence-based Frontline Supervisor Competency Set that reflects best practice in current service system.
- Develop online workforce development tools utilizing these competencies, including:
  - Candidate assessment tool
  - Peer assessment
  - Selection tool
  - Training and development tool
  - Performance evaluation

The Effects of a Competency Based Training Intervention for Direct Support Professionals on Site Level Organizational Outcomes, Learner Outcomes and Service Recipient Outcomes

“Comprehensive DSP Training Study”

Study Overview

- Five year NIDRR funded
- Looking at the effects of a site-level intervention
  - One year training intervention – focused on community living and participation outcomes
  - Technical assistance to organizations
- Longitudinal outcomes
  - Sites
  - DSPs
  - Individual with disabilities
- Group randomized control study
  - ½ intervention, ½ control
Methods: Study process

Baseline Survey  Sup. training  DSP Study training  Post Survey

Baseline Survey  Reg. training  Post Survey

ONE YEAR

Intervention: Training approach

• Online training: College of Direct Support
  – 35 lessons over 12 months
  – 6 modules address different topics
  – Pre/post-test measures
• Mentoring
  – Supervisor or advanced DSP
  – Mentoring on each module topic
• Group discussion
  – With peers and supervisors
  – Provided for each module

Aligning Training to Outcomes

Direct Support Professional: Content  Individual with Disability: Outcomes

Professionalism
Community Inclusion
Person Centered Planning
Individual Rights and Choice
Civil Rights and Advocacy
Safety at Home and in the Community
Supporting Healthy Lives
Personal Care
You’ve Got a Friend
Employment Supports
Home and Community Living
Personal Care

Data Collection/Instrumentation

• Five sources of primary data:
  – Site level survey:
    – Workforce outcomes, salary, incident reports
  – Supervisor assessment of DSP skills:
    – 6 skill scales focused on specific competency areas
    – DSPism, inclusion, rights/choice, home/work, safety/health, overall
  – DSP survey:
    – DSP perception of organization, plans for future work, intent to stay at org, demographics
  – DSP training data:
    – Information on training completion, time spent, test scores.
  – Individual with disability in person survey:
    – National Core Indicators – 140 indicators

Technical Assistance

• Organizational readiness – we know it is needed!
• Standardized process
  – 10 hour of face time with UMN
  – Over three days
• Presentation, discussion, and decision-making
• Module review and reconciliation with org. training
• Technology assessment and consult
• Implementation planning
• Organizational change
• Policy assessment
• Supervisor preparation via FLS training

Interviews and Focus Groups

• Two Methods:
  – Interview with agency administrators
  – DSP focus groups
• Gain understanding of:
  – Organizational and professional changes
  – Experiences with intervention
  – Strengths and weakness of intervention
Sample
- 112 sites
  - 11 organizations
- 824 DSPs
  - 53% Intervention group
  - 33% Twin Cities, 29% metro, 39% greater MN
  - 69% Residential, 31% DTH
  - 76% female, 23% male
  - 49 months average length of stay

Sample
- 333 People with IDD service recipients
  - 64% residential, 36% DTH
  - 50% female
  - 88% white
  - Level of ID
    - 38% mild
    - 23% moderate
    - 15% severe
    - 11% profound
    - 10% unknown/unspecified

Baseline Site Findings
- DTH sites have more DSPs, FLS, & Admin
- DTH sites more reliant on FT DSPs
- Residential sites more reliant on PT/OC
- DTH sites report higher
  - Mean DSP wages
  - Education requirements
- DTH sites report higher
  - Mean DSP wages
  - Education requirements

Annual Site Turnover: Unconditional
- Mean Change = 1.5%
- Baseline: 25.3%
- One year: 26.8%

Annual Site Turnover - Difference
- Overall: 1.5%
- Cost*: 10.3%
- Intervention*: <0.05
  - N = 52

Changes in Turnover – Who cares?
- We know turnover:
  - Costs more
  - Results in staffing challenges
  - Likely affects support outcomes
DSP Skills Over Time
- Does the intervention produce greater skills than the control group?
- Scales
  - Developed – linked to competencies
  - CI, RC, HW, SH, FF
  - Introductory to Advanced
  - Reliability
- Analysis approach

Supporting Rights and Choice
- Greater skills: interv & experience
- N = 648; p < .001 & p < .01

Supporting Health and Safety
- Greater skills: interv & experience
- N = 652; p < .05 & p < .001

Support at Home and Work
- Intervention = greater skills growth (p < .05)
- Effects are greater for newer DSPs (p < .05)

Community Inclusion
- No significant differences combined
- Residential yes

Satisfaction With Supervisor
- The intervention group expressed greater satisfaction regarding:
  - supervisor feedback
  - evaluation regarding performance
  - p < .05

Individual Outcomes
- Intervention Effects
  - See family - More likely to "see family whenever they want" (p < .05).
  - Schedule choice – More likely to report “choice in deciding their own schedule” (p < .1).
  - Relationships – Higher scale scores, an average of .23 (p < .05).
- Future Direction
  - Setting specific analyses – to assess more indicators
Findings Are Consistent

<table>
<thead>
<tr>
<th>State of org</th>
<th>Approach to CDS</th>
<th>Learner outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NY</td>
<td>CDS + certification</td>
<td>Pre- &amp; Post-test: Average increase of 20%</td>
</tr>
<tr>
<td>NY</td>
<td>3 levels</td>
<td>Post-test: NY: 98% of DSPs were more satisfied with their job after CDS in their organization</td>
</tr>
<tr>
<td>NC</td>
<td>CDS, two levels of Certification &amp; Demonstration</td>
<td>Pre- &amp; Post-test: NC: Average increase 25%</td>
</tr>
<tr>
<td>TN</td>
<td>CDS + training</td>
<td>Pre- &amp; Post-test: Average increase of 20%</td>
</tr>
<tr>
<td>NY</td>
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<td>CDS + training</td>
<td>Pre- &amp; Post-test: NC: Average increase 25%</td>
</tr>
</tbody>
</table>

CDS Evidence Base: Cost Effectiveness

- Delivery is cost effective in NC
  - Costs $1.69 per hour of training
  - Less than $100 per learner
- Return on investment – one org in TN
  - Keeping the CDS approach versus going back to previous in-house, train-the-trainer approach
  - Experienced 234% return on their CDS investment.

CDS Evidence Base: Learner outcomes

- Knowledge: Pre- & Post-test
  - IL: Average increase of 20%
  - NC: Average increase 25%

- Satisfaction with Training and Job
  - NY: 98% of DSPs were more satisfied with their job after CDS in their organization
  - VA: 94% found CDS to be excellent and useful
  - NY: 85% would recommend the CDS

Implications

- First study to thread site, DSP and individuals
- Comprehensive training matters
- Investments in training are important
- Organizational cultures that embrace training and DSP support will likely have lower turnover
- Supervisors are critical to any training intervention
- Training should be targeted to and paired with outcomes desired by individual
- Trainer roles shift to mentoring, coaching anf facilitating
- Policy advocacy shift

DirectCourse Curricula

- College of Direct Support - University of MN, Research & Training Center on Community Living
- College of Employment Services - University of MA/Boston, Institute for Community Inclusion
- College of Personal Assistance & Caregiving - University of California San Francisco, Center Community Living Policy
- College of Recovery & Community Inclusion - Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities
The College of Direct Support

- Number of States: 34
- Number of Active Learners: 500,000+
- Completed Lessons (one hour): 6 million +

Workforce Web Sites

- DSW resource Center
  www.dswresourcecenter.org
- Research and Training Center on Community Living
  http://rtc.umn.edu
- Quality Mall (esp. Staffing Store)
  http://www.qualitymall.org
- College of Direct Support
  http://www.collegeofdirectsupport.com
- National Alliance on Direct Support Professionals
  http://www.nadsp.org

Take Away Message

- Changing times means changing roles
- If you struggle with workforce challenges you are not alone
- There are many research based interventions you can use to improve recruitment practices, reduce turnover, and improve staff performance

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Research and Training Center on Community Living
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Minneapolis, MN 55455
Direct Support and Frontline Supervisor Workforce
Reading List
Prepared by Amy Hewitt, PhD

Articles/book chapters


Websites

http://rtc.umn.edu/rtc/ - This is the website of the Research and Training Center on Community Living at the University of Minnesota. Within this website are numerous tools and resources regarding direct support worker and frontline supervisor workforce development tools.

http://rtc.umn.edu/docs/NationalFrontlineSupervisorComp.pdf - This is the direct link for the National Frontline Supervisor Competencies document.

http://phinational.org/ - This is the website of PHI which is an organization that works to improve the lives of people who need home or residential care – by improving the lives of the workers who provide that care. PHI monitors and reports U.S. Bureau of Labor Statistics about the workforce and state data reports are available on their website in the section called chart generator.

https://www.nadsp.org/ - This is the website for the National Alliance for Direct Support Professionals (NADSP). This is a national DSP professional organization.