OPRA November 2020

The 4 fronts of the workforce crisis: Focus Group feedback

Recruitment

***How do we attract quality employees?***

Primary Responsibility: Providers

Key Partners: County Boards, community partners (Chambers of Commerce, local schools, leadership programs, civic groups, volunteer organizations, etc.), DODD, , DSPs, job seekers, families, self-advocates OPRA

* Statewide awareness campaign that is implemented locally (development of materials that will distributed statewide). Develop a good recruitment video – not customized to particular agency or that providers can customize to their agency for recruitment
* Volunteer engagement that leads to workforce opportunities (specifically targeting high school students). *“I think sometimes people are afraid of the individuals we serve and saying/doing the wrong thing and if we can show them “the way” and decrease those anxieties we may find more staff – especially retirees who want to do something, would like a little change in their pockets and want to help others (have a purpose).”*
* We have to offer education, training, wages & benefits, career pathways and a culture that people want to be a part of and we are sorely lacking in many of these areas whether due to funding, lack of know how or resources to guide us
* Think about the big companies and how they operate, the funding it takes to be able to attract and retain talent – it takes cold hard cash and management that knows how to run an organization and serve their staff – we don’t receive funding for that
* Initial staff quality has changed over the years, many would suggest for the worse.  Is this just a function of "entry level" moving squarely into our model?
* How can we recruit for quality when we have more open positions than candidates?  Why weed anyone out?
* Create a certified DSP and have different levels of DSP (non-certified and certified).
* Are there partnerships with local JFS Ohio Means Jobs centers?
* What partnerships exist with the community/schools to introduce this population at the high school level (Workforce Development)?
* Assessment of local workforce challenges and competition
* Assess the current provider recruitment activities
* Assess the providers image in the community
* Help people understand the value in the “DD career”
* Identify the resources for potential employees (make a list of key partners and define their partnership and resources.
* Assess community outreach efforts (local DD awareness campaigns)
* Are there partnerships with schools, technical schools and colleges that can be pursued? Develop training programs in partnership with schools
* Positions need to be competitive with job market to attract staff.
* Develop training programs with Trade/vocational schools
* Are there partnerships with local JFS Ohio Means Jobs centers?

Retention/Culture

***Does your organization have a***

***strong emphasis on employee well-being and retention?***

**Primary Responsibility:** Providers

**Key Partners:** CB’s, DODD, and OPRA, Family, Self Advocates, DSPs & former DSPs

* According to the NCI, the 3 top issues that are most important to DSP's are the following:
	+ 1) DSP'S want to be involved with their company decisions.
	+ 2) DSP's want to have a say on direct care.
	+ 3) Compensation
		- With compensation being 3rd, leads me to believe we are not doing enough with #1 and #2 issues. Therefore, I would add as a bullet point to Culture/Retention;  Defining a infrastructure for DSP'S to have a voice on important issues.
* Tools and training also needs to include positions other than DSPs (we always seem to focus on DSPs b/c we are in a serious crisis for those positions) we need funding for training for supervisors and management on how to do that, tips & tricks, conflict resolution.  I sweet talked our employment attorney into doing 5 one hour sessions on statutes and regs – FMLA ADA diversity, DOL EEOC – you get the drift – I fed them, she talked to them – we are sorely lacking in this area and I know we cannot be the only ones. Not knowing these things gets you into trouble. This is just the tip of the iceberg for us. We have sent ppl to other offered trainings set up by OPRA, offered by Warrick – but while the DODD offers training (and I am air quoting that) for DSPs there is no offering of the stuff noted above that is required to keep our machines running without costing us additional expense when we screw things up.
* Fluidity– but we need to figure out how to be flexible and change on a dime (the pandemic has nudged a few to get better at this). We have to be responsive to the needs of the workforce. It has changed. We have not. There is a good training topic. Look at all the ppl out there with on demand jobs, sign up work today, get paid today, all electronically – now that would be a challenge for those of us that do 24/7 b/c we gotta know you are showing up, but I think we get so entrenched in the “shift” mentality it keeps us from utilizing some of the workforce that is out there.
* Most important thing I have to add in this section is focus groups of DSPs – we need to ask them – why did you come, why do you stay, why did you leave, why do you think about leaving. This is one of my goals – to speak directly with our boots on the ground and find out what makes them tick – am I advocating for the right things?
* When staff stay a year, we often have them for a while.  Getting them to that year is a tremendous challenge.  Do we know why?
* Does anyone know why some staff are so great and stick around many years?  Understanding that might help create a model to work toward.
* Overtime: some DSPs work a ton and earn considerable amounts of money.  Is that okay?  Work/Life balance and quality probably are compromised.
* Is this just part of our model?  If so, who are our competitors for those staff?
* Development of standard onboarding experience to include sensitivity, empathy, positive leadership and critical thinking training
* Development of a Practice Profile specific to DSP’s outlining the core elements a DSP should meet. Profile can outline Ideal, Developmental and Unacceptable practice with examples of that specific activity (similar to DR Practice Profiles in the JFS world).
* Study he first 30 days of a new employee’s experience
* Does the provider have a mentor policy or procedure?
* Understand why employees leave (from the perspective of the person that left and from the perspective of those left behind)
* Are there resources/tools/training available to assist providers?
* Study providers who have the best retention
* Do you have positive local relationships (CB’s) help in retention? CB’s. Chamber of Commerce, schools, etc.
* Define a quality DSP and how is that quality DSP developed
* Ensure rates provide for adequate supervision/supervisors and supporting infrastructure.
* Education on TIC culture (Sanctuary-type models)
* Find/share/develop good On-Job Training programs – OJT more important in developing staff than formal classroom training
* Develop DSP career ladder – with pay increases
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Compensation

***How do we achieve compensation for providers***

***that supports high quality services?***

**Primary Responsibility:** Providers and Funders (CB’s, DODD, ODM)

**Key Partners:** OPRA and Legislators

* The question – Do the rates paid to providers match the expectations for the service? Again, we know the answer – NO. Perhaps the activity should be outline the services provided and put a dollar figure up to each “service” – our figure – not the reimbursement rate and determine what the costs are, what we would spend money on if we had it (see above) and how that changes the reimbursement rates. Our health care costs continue to skyrocket, p&c insurance is going up (and it is gonna go higher with the pandemic litigation and storms), accountancy fees – esp with the additional funding and how to account for it, etc, nursing services if you offer when you don’t need to (like we do) b/c it is the right thing to do to ensure health and safety.
* We also need to take a hard look at what we believe are unnecessary expenses and figure out how to cut them. What do we do that we do not believe we need to do – ax it. Or at least recommend that we do so.
* Benefits, especially health insurance, including providing employees what it would cost to get health insurance through ACA.
* Retirement?  If it's ever considered a career path, there needs to be an end to employment at some time.
* Should the state care about benefits more?  This could keep Ohio residents off expensive Medicaid, food stamps, etc.
* How do you align increased rates for DSP’s in HCBS and ICF’s. (with an increase in reimbursement for HCBS, a provider can easily increase a DSP rate – more difficult in ICF)
* Need to align increase for overall provider system – an increase in DSP rate will mean an increase in their supervisor rate and that supervisor’s supervisors rate etc..
* Should there be a certification to be a DSP similar to an STNA?
* What is a competitive wage for DSP’s? How do we define long-term sustainability? (poverty rate, inflation, etc..)
* What infrastructure is needed to support a successful provider? Nursing, billing, supervision, transportation/accessible vans
* Do the rates paid to providers match the expectations for the service?
* How do we achieve what we need during a challenging budget season?
* Attractive benefits package – when I was in Illinois I was on similar committee – we tried to get DSPs at private providers eligible for state pension/insurance as they were pseudo-state employees – it didn’t happen but something like this could make a huge difference on retention

System Barriers

***What obstacles hinder attracting and***

 ***keeping quality employees?***

**Primary Responsibility:** DODD, ODM, ODH, CMS, CB’s, and Providers

**Key Partners:** OPRA

* Big thing I see here are the layers and layers and layers of alleged QA activities from DODD, ODH (feds for ICF), licensure, waiver compliance, QARN reviews, MUI departments at CBs and the UIR log reviews and now the CBs want to get in on the game too – FTLOG – and of course we review ourselves and have a program in place – we should all be perfect……we are not
* Other items to add to this list – the whole billing game; the multitude of systems – DODD, EVV, ODDP, OTS, LOC, EIDC (icf surveys), MAIS, ITS and soon the single ISP and those don’t begin to cover the stuff for OSHA, BWC, NCI core indicators, health insurance and 403b/401k systems
* Big thing that has always stuck out to me – the difference in treatment of independent providers v. agency providers and the difference in treatment of those served in waiver v ICF – from the state and the feds to the CB treatment of MUIs
* Is there any way to engage the Nisonger Center at Ohio State U.?  Many ways to do this, including funding a graduate student.
* I like the essential worker component - can we make that resonate past the pandemic?
* Career ladder may belong here - it's hard when your career is always available to entry level workers at nearly the same wage.  U. of Minn has cool stuff on this.
* On boarding- Training making it over a period of time that would allow EE to really understand the DSP role so when in their training sessions they would be able to understand the curriculum.
* APSI viewpoint and ICF - they would rather have their people go to nursing home vs an icf.
* Improve partnership with ODH Survey and build a technical assistance partnership instead of surprise caught you system.
* Identify the items that were relaxed during Covid-19 that should be considered permanent changes
* Address the “MUI culture”… Change MUI culture from punitive to Learn & Grow/process improvement
* Improve local relationships with the focus on partnership vs. compliance
* Identify what gets in the way of the relationship between the DSP and the person they support and how to address them
* Get the DSP position officially recognized as an essential position
* Address unfunded/underfunded requirement/mandates
* Address reimbursement rates/DSP pay & need for supervision in rates