

*It's Basic. Quality Staff  
Lead To Quality Lives  
- One Person's Journey  
To A Good Life*



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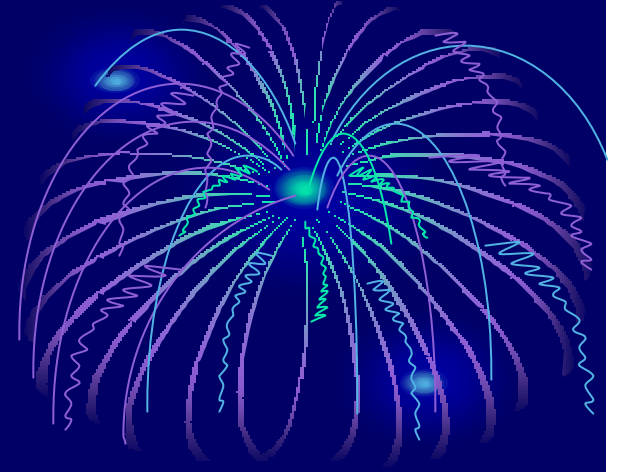
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# Session Overview



- Share one person's story about how when staff are good life is good
- Present RTC/CL research findings from studies regarding staff outcomes (e.g. turnover, wage, vacancy) and individual outcomes (e.g. integration, happiness, choice, self-determination, health)

# My Life Story



# Brief history of supports



- IN – at home with no service until age 18
- IN (1993) – state hospital
- MN (1994) – respite with brother until services in place at home
- IN (1995-1997) – HCBS Waiver service in supported living with roommate
- MN (1997-2001) – at home with limited vocational support – given sheltered workshop option but wanted real job – finally got a real job
- MN (2001 – present) – Consumer Directed Community Support option under HCBS waiver

# MN Consumer Directed Community Supports



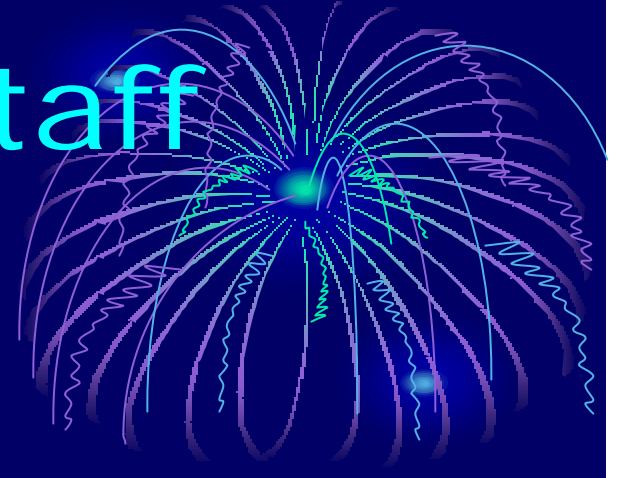
- I direct supports with my family
- CIP is a provider that is our fiscal intermediary and employer of record
- Case manager with county

# How I found My Staff (Marketing/Recruitment)



- People we knew
- All had previous experience in DD field
  - Tami 13+ (previous co-worker of Brad)
  - Ken 13+ (our only turnover in 2+ years)
  - David 6+ (maintained from CIP)
  - John 30+ (Co-worker of Amy)
  - Chet 20+ (friend of family)
  - Brad 20+ (brother)
  - Amy 20+ (sister-in-law)
- Almost all currently work FT elsewhere
- Other important team members
  - Bob J – psychologist
  - Sue B – case manager
  - CIP CDCS coordinator and payroll staff

# How I Picked My Staff (Selection)



- I interviewed
  - Asked about interests
  - Asked about experience (e.g. autism, anxiety)
  - Asked if they'd help with my specific issues
  - Shared about myself
- Amy had conversation about expectations, shared info about family and Nathan
- Shared policies/procedures/expectations ahead of time

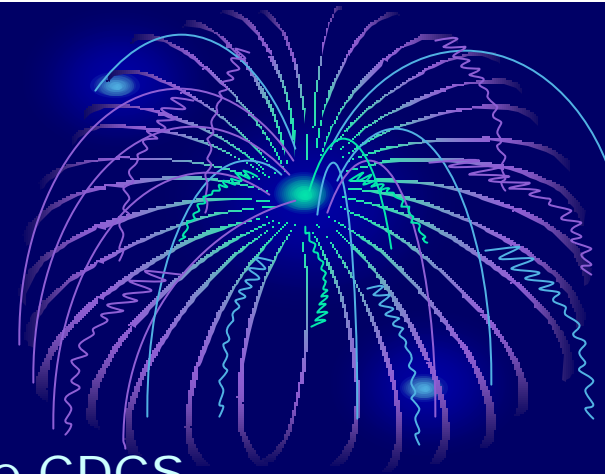
# Current Things I Want in My Life (outcomes)



- Herpetology club
- Dating
- Locating housing
- Spiritual growth
- Exercise/Healthy living
- Diving
- Budgeting
- Finding a Job
- Pursuing education/training options



Before CDCS



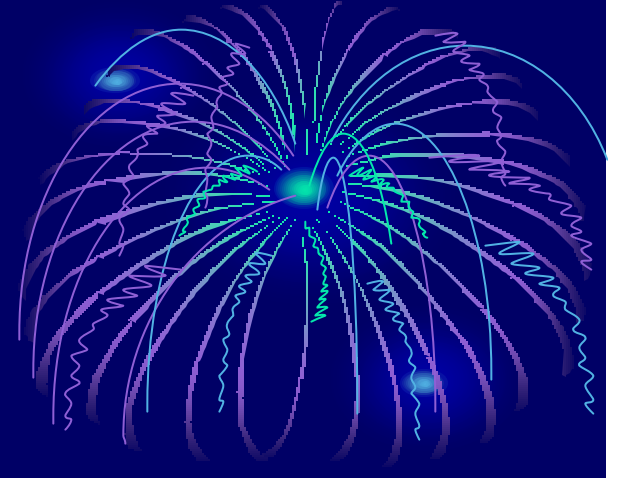
Since CDCS



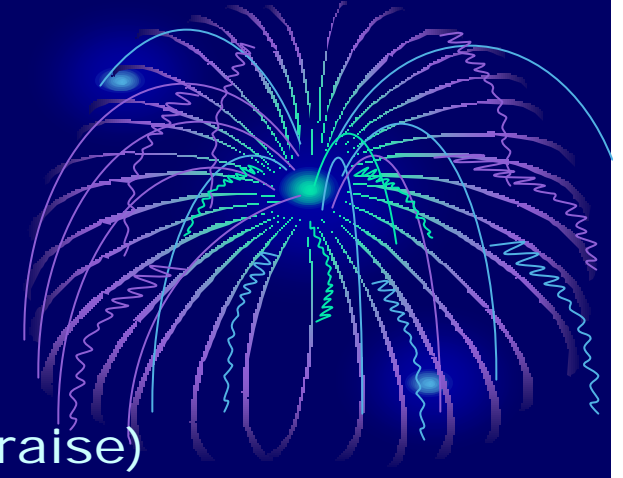


# My Policies & Procedures

- My expectations of my staff
  - No show, no call – you're fired
  - Attend staff meetings
  - Family support and approach
  - Expertise in autism
- Staff expectations of Nathan
  - Honesty
  - Follow through
- Clear identification of what I want and need to get somewhere in life - desired outcomes



# Wage & Benefits



- \$18.56 per hour (now 19.12 due to recent raise)
- PTO - vacation, sick & holiday (2 weeks of average hours worked)
- Travel/expense reimbursement
- No one opts for health insurance - though they could pay through fiscal intermediary
- 20% incentive bonus for achieving desired outcomes (of gross annual earnings – ranged from 4 – 20%)
- Staff development money (\$500 per year per staff)
- College of Direct Support access – 1 course per month + discussion
- Celebration event
- Flexibility with schedules
- Purposefully gave up QUANTITY for **QUALITY**


# Incentive bonus



- Pre-determined outcomes assigned to each staff person
- Set criteria - collaborative establishment
  - Attend all staff meetings - 1%
  - No "no show no calls" - 2%
  - Timely staff logs - 1%
  - Include Brad & Amy in support issues - 1%
  - Specific desired outcomes (e.g. attend herp club monthly and meet two people) - 15%
- Nathan/Amy/John evaluate and assign %'s
- Paid out once a year



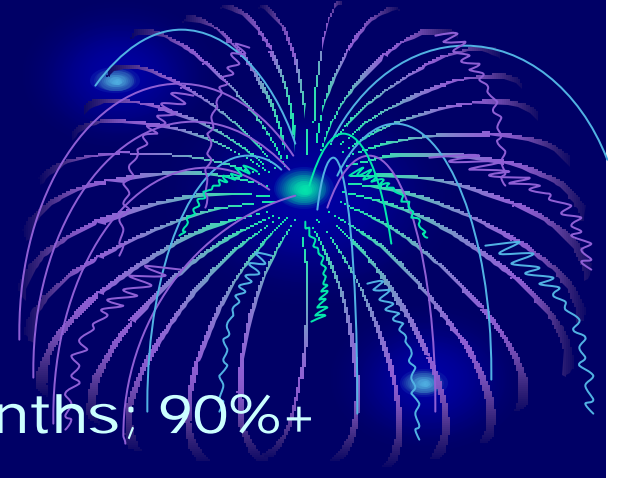
# Support Coordination



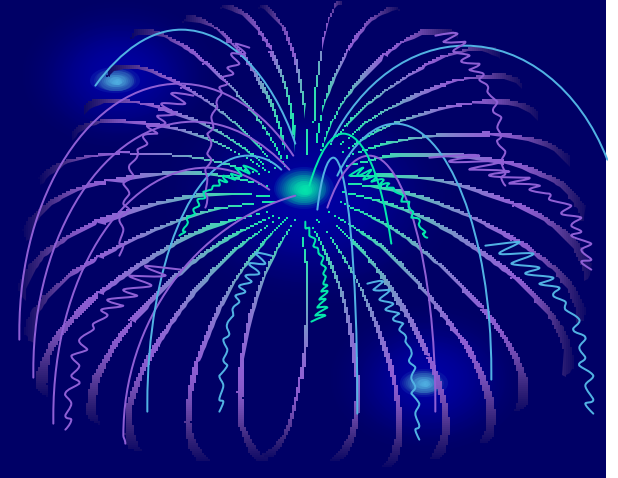
- Coordinating meetings – grounded in Nathan's vision and mission
- Focus on individual outcomes
- Share and comment on positives in our lives and relate to Nathan's life
- Focus everyone on community connections and getting relationships to evolve
- Fluid support plan & staff focus

# What's working

- Staff
  - 100% retention in first 20 months months; 90%+ since beginning (27 months)
  - Zero no shows/no calls
  - Less bureaucracy
  - Less paperwork
  - Staff seem positive and happy
  - People know me and my moods
  - People know what I want and help me get it
  - Staff are available and supportive during my crises
  - Focus on positive parts of me and my strengths



# What's working



- Nathan
  - Get done what I want, not what others think I should get done
  - Support system that works
  - Things get done easier
  - Connected to herpetology club, dive club, church
  - Exercising at least two times a week
  - Connected to church
  - Driver's License/car
  - Increased independence
  - Amos/family cabin



# Remaining Challenges



- Lost job and need new one
  - Lack focus on career
  - Need training
- Getting own apartment
  - High cost of housing
  - Doesn't work with room mate
  - Few section 8 vouchers
  - No pets
- Really still don't have peer friends
  - Staff struggle to help make social connections
  - Want intimate partner
- Healthy Living is HARD!
  - Exercise
  - Eating right
  - Parents
- Challenging behavior
- Eligibility issues
  - Paperwork and support plan – knowing what they need/when
  - Strength model limitation in documenting needs
  - Always a threat

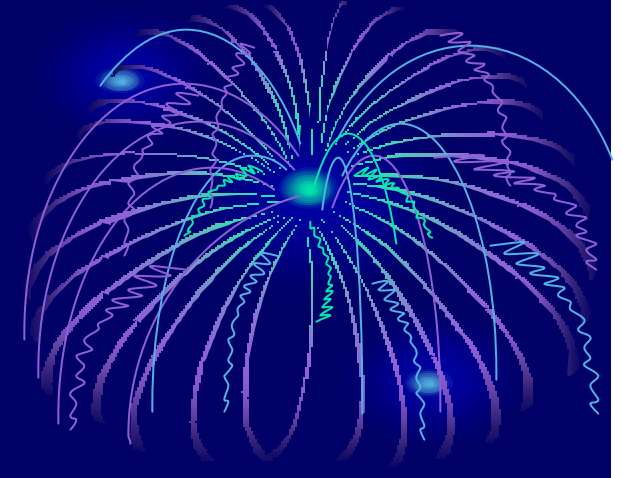
# Recent RTC/CL Research



- Pervasive lack of literature that connects staffing issues (vacancies, turnover, competence) to quality and outcomes in people's lives
- Two studies
  - Qualitative focus groups with stakeholders
  - Quantitative analysis of HCBS data connecting staffing data with individual outcomes from multiple perspectives (e.g. consumer/family, DSPs, case manager, county administrators)

Study #1

# Qualitative Study of Effects: Design



- Focus Groups (7)
  - Self-advocates (19)
    - Self-identified as self-advocates
    - Lived at home (1)
    - Adult Foster Home (1)
    - Own apartment (5)
    - Group with 6 or fewer people (12)
  - Family members (20)
    - Children (12)
    - Adult children (8)
    - In-home support (12)
    - Out-of-home support (8)

# Study Findings *(Positive Effects)*



- It's Wonderful"
  - Self-advocates learn a lot from staff (e.g. new signs, checkbook, ordering medication, cooking)
  - Help me mature
  - Taught me to like myself and stand up for my rights
  - Go the extra mile for me (e.g. Oak Ridge Boys, cat, Twins)
  - They care about us (as a family and as a person)

# Study Findings (*negative effects*)



- Self-advocates and family members shared similar experiences
- Self-advocates and family members shared both positive and negative outcomes related to staff
- "I'd Much Rather Work At McDonalds"
  - Parents identified wages as critical issue in finding staff
  - Difficulty of the work - scared off

# Study Findings (*negative effects*) (cont.)



- "We Supposedly Get Respite"
  - People don't get service because of lack of staff
  - Parents told to find their own staff "dumping"
  - Tolerate unprofessional and undesirable behavior
- "Usually It Starts at the Interview"
  - No shows result in parents losing jobs
  - People left alone because staff no show
  - Parents don't know who is working
  - Parents asked to fill in at the group home

(Anderson & Hewitt, 2002)

# Study Findings (*negative effects*) (cont.)



- "I'm Anti-Pizza"
  - Staff lack basic skills such as cooking
  - Staff watch tv, talk on phone and don't meet needs
  - Communication difficulties - Non English speaking
  - Lack of respect - "like prison" or " I wasn't there"
  - Abuse and neglect
  - Afraid to complain - fear retaliation
- "They Can't Remember Their Names"
  - Emotional turmoil - confusion, lack of trust
  - "You didn't give me enough time"

# Study Findings (*negative effects*) (cont.)



- “Parents Do The Training”
  - Training is inadequate
  - Learn from other staff who have been there three weeks
  - Families - keep safe, develop meaningful relationship
  - Self-advocates - background, skills and abilities of people they support



Study #2

# Multi-perspective look at the Impact of Recruitment and Retention Challenges on Outcomes for Consumers and Families



- Stakeholder advisory group
- Service recipients
  - 372 interviews of adults
  - 183 families
- County perspectives
  - 468 individual case managers
  - 52 general case managers
  - 21 county DD waiver coordinator interviews
- Service providers
  - 184 residential providers
  - 82 vocational providers
  - 151 residential DSP
  - 74 vocational DSP
- Systemic information
  - System wide data about HCBS and ICF-MR participants
  - 6 stakeholder focus groups
  - Document review

(Larson, Hewitt & Lakin, 2003)

# Overall DSP Staffing Outcomes



- DSP turnover
  - 44% residential
  - 33% vocational
- FLS turnover
  - 28% residential
  - 16% vocational
- 8.2% vacancy rate in residential settings
- 4.5% of scheduled hours went unfilled (res.)

(Larson, Hewitt & Lakin, 2003)

# Workforce Challenges



- Administrators
  - 75% reported difficulty finding qualified applicants
  - 46% reported having problems with turnover
  - 28% reported having trouble training DSPs
- Case managers (4 = ES)
  - Number of DSP in lives of consumers (3.31)
  - Recruiting foster care providers (3.21)
  - Recruiting DSP (3.18)
- Families who said turnover is a problem
  - 50% supported living services
  - 48% in-home supports
  - 35% respite services
  - 29% vocational services
- DSPs reports (7 = SA)
  - 4.55 DSPs do not earn livable wages
  - 4.45 no rewards for exemplary staff
  - 4.29 not enough qualified new staff
  - 4.01 turnover is too high

(Larson, Hewitt & Lakin, 2003)

# Respondents and Independent variables



- Residential outcomes reported
  - Case managers
  - Family members
  - Consumers
- Vocational outcomes reported
  - Case managers
  - Family members
  - Consumers
- Covariates
  - Level of mental retardation
  - Medical status
- Independent variables
  - Number of vacant positions
  - Turnover
  - Average DSP wage
- Analysis used
  - Multivariate analysis of variance

(Larson, Hewitt & Lakin, 2003)

# Consumer outcomes



- Residential
  - CM (overall level of  $mr^*$  &  $wage^*$ )
    - Overall quality of life (*\*wage*)
    - CM QOL scale (*\*wage*)
    - Overall quality residential services (*\* level of  $mr$* )
  - Consumer (overall level of  $mr^*$ )
    - Respect and privacy (*\*level of  $mr$* )
    - Choices (*\*level of  $mr$* )
  - Family (none)

# Vocational Outcomes



- Employment
  - CM (Overall vacancies\*, wage\* & turnover\*)
    - # visits by case manager to site (*wage\**)
    - Quality of vocational service (*vacancy\* turnover\**)
  - Consumer (no overall test)
    - Satisfaction with vocational provider (*vacancies\**)
    - Choices (*level of mental retardation\**)
  - Family (*vacancies\**)
    - Satisfaction with Information and communication (*vacancies\*, wage\* & turnover\**)
    - Satisfaction with employment staff (*vacancies\**)

# Conclusions



- Wages and vacancy rates are linked to poor quality of life outcomes for people
- Problems are worse for in-home and respite supports (e.g. access, needs met)
- Difficult work done by competent DSPs was recognized and appreciated by both self-advocates and their family members.
- Well-trained and stable workforce has potential to change people's lives for the better
- Self-advocates and parents see possible solutions (e.g. pay, realistic job previews, improved training)
- Health and safety is at risk