The Efficacy of Employer Resource Networks in the Recruitment and Retention of Direct Support Professionals



Ohio Developmental Disabilities Council

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Capital Success, LLC

High Bridge Consulting



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HIGH BRIDGE
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Employer Resource Networks® (ERNs) are employer directed, community-based, often regional, membership organizations of small to medium sized businesses, including nonprofits, established to share the costs of providing support services to employees.[1]

Comparable to *individual* employer assistance programs (EAPs) that offer various work/life balance benefits to staff, the ERN model by contrast involves *groups* of employers partnering to create similar assistance programs to help workers address personal and career challenges.

The objective of the support offered through an ERN is to improve job retention through employee support and training primarily among entry-level and low wage workers, especially those who may also receive public assistance, although all employees are eligible.[2]

Staff recruitment is *not* a function of ERNs.

ERN USA further describes the ERN function as one that addresses issues specific to low wage workers that create stress and reduce productivity:

"When entry-level wages are insufficient or there are barriers to consistent and successful job performance, employees get help accessing public benefits, ongoing skills training and counseling to overcome challenges to a successful and productive life."[3]

Employer Resource Network History

The ERN model evolved in response to business staffing needs identified by business leaders and was initiated from the human resource management arena rather than workforce development or social services.[4]

The first ERN, organized in Michigan in 2007, was founded under the leadership of James Vander Hulst. The ERN model is the outgrowth of a late 1990s collaboration between a large manufacturing company, Cascade Engineering in Grand Rapids, MI, and a Michigan state social service agency to assist the company in recruiting people

[1] ERN USA, https://www.ern-usa.com/

[2] Mitchell, Gene. "Employer Resource Networks Offer Valuable Help to Workers," *Leading Age Magazine*. James Vander Hulst interview, September 17, 2019. https://www.leadingage.org/magazine/september-october-2019/Employer-Resource-Networks-Offer-Valuable-Help-to-Workers-V9N5.

[3] ERN USA.

[4] Shaefer, H. Luke and Joshua Rivera, "Employer Resource Networks: A review." *American Enterprise Institute*, August 20, 2020.

on public assistance and homeless people for available jobs. It also provided a case manager for the company to support the recruits and all entry-level employees in navigating challenges both at work and at home.[5]

An earlier effort by the company without the public partnership had failed to significantly retain workers and was attributed to their inability to address the breadth of needs of homeless and other low-income people they recruited and employed.[6]

The success of the Cascade Engineering project inspired other businesses to adopt similar ventures. Chief among them was SOURCE, a group of employers led by Cascade that worked to enhance outcomes for entry-level workers, especially from vulnerable populations.[7]

However, smaller companies lacked sufficient resources to replicate the model. Their solution was to join collectively as an ERN to pool existing resources to provide job retention services, access to additional supports, and job advancement opportunities to both new and existing workers. The first of these was West Michigan Tri-Sector Employment and Advancement Model, or TEAM, organized by Vander Hulst.[8]

Following numerous inquiries about the ERN model, Vander Hulst established ERN USA as a proprietary venture in 2012 and is its "Chief Disruptive Officer".[9]

ERN USA is a national network of ERNs, established as an umbrella organization.[10] It assists communities in developing local ERNs, provides them with services such as hosting meetings to share best practices, and provides technical support to identify and track outcome metrics. Specifically, with respect to outcomes metrics it provides a customized content management platform that provides case management, program metrics, and reporting capabilities.[11]

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[5] *Leading Age Magazine*, "Employer Resource Networks, Uniting Businesses and Public Partners to Improve Job Retention and Advancement for Low-Wage Workers", Issue Brief, June 2010.
[6] VanHulle, Lindsay, "Grand Rapids company helped create employer resource network," *Crain's Business*, *Detroit*, December 13, 2015. https://www.crainsdetroit.com/article/20151213/NEWS/312139984/grand-rapids-company-helped-create-employer-resource-network
[7] *Ibid.*
[8] Sherwood, Dee Ann and James Vander Hulst, "Tri-Sector Collaboration as Social Innovation in Workforce Development in the USA: Developing Employer Resource Networks," 2016. https://www.ern-usa.com/blob/site-files.ashx?ID=7.
[9] Mitchell. Gene.
[10] ERN USA.
[11] *Ibid.*

As of June 2020, ERN USA has 28 ERNs with 17 lead organizations in 9 states, and 38 success coaches, with its longest-established networks operating in Michigan, New York, Wisconsin, Ohio, and Indiana.[12]

In Ohio, the first operational ERN, Earned Success, was established with support from the Ohio Department of Job and Family Services to the Lucas County Healthier Buckeye Council Impact Coalition in response to workforce shortages and staff turnover among intellectual and developmental disabilities (IDD) provider agencies in northwest Ohio. Currently, the ERN is funded by the Lucas County Board of Developmental Disabilities. It commenced operating in 2017.[13] By 2019 two additional ERNs with IDD provider membership were operating--Soaring to Success and Shared Success.

The ERN Model

All ERNs under the ERN USA registered trademark are licensed with ERN USA and operate under the same employer-driven model.[14]

In addition to membership in ERN USA, ERNs are also members of a state network in the state in which they operate, such as ERN Ohio, that assign one or more network coordinators. ERN Ohio leadership and coordination is shared by Stephen MacDonald, Impact Coalition Manager, Lucas County Family and Children First Council and Heidi Jones, Executive Director, Marion Matters ERN.[15]

While all ERNs share a set of characteristics and the same model, each ERN tailors its approach to its member employers and community.

Established by groups of typically six to eight businesses employing around 50–250 workers, ERNs join together to take advantage of economies of scale to provide resources they could not afford on their own.[16] As part of the establishment process,

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[12] *Ibid.*

[13] MacDonald, Stephen. Impact Coalition Manager, Lucas County Family and Children First Council, Interview, March 24, 2020; Shaefer and Rivera, p. 8.

[14] ERN USA.

[15] ERN Ohio, 2021.

[16] Derr, Michelle and Pamela Holcomb, "Employer Resource Networks: Uniting Businesses and Public Partners to Improve Job Retention and Advancement for Low-Wage Workers," Mathematica Policy Research, 2010. https://www.mathematica.org/our-publications-and findings/publications/employer-resource-networks-uniting-businesses-and-public-partners-to-improve-job-retention-and-advancement-for-lowwage-workers.

instead of creating a new 501(c)(3) nonprofit entity, ERNs identify and select a "lead organization" to partner with as their fiscal agent.[17]

Once organized, each member in an ERN plays several roles. First, they pay a membership fee scaled to the size of the employer and usage of services. Fees range from $3,000 to $41,000 per year. Membership fees ensure a tangible stake in an ERN's success and motivate participation in the ERN[18], however some ERN memberships are subsidized by public funds, grants, and donations.[19] For example, as previously stated, Ohio ERN Earned Success is funded by the Lucas County Board of Developmental Disabilities.

Second, members are representatives on their ERN governing board. Each board decides whether to contract out the ERN's administrative functions or hire internal staff to perform those functions, decides types of services to be offered, and contracts for all direct services. A major benefit of participation in the governing board is ensuring that services provided are responsive to the needs of each member and its employees.[20]

Along with the lead organization, and the employers who are voting members of the board, there are strategic partners, which are the nonprofits developing services.[21] ERNs develop relationships with nonprofits, public agencies, and training providers to leverage additional resources and financial support.

Once an ERN is established, it engages in three main activities to achieve its goals: It provides case management through "success coaches" to address job retention issues, funds or procures education and skills training to facilitate staff career development and coordinates supportive services.[22]

Integral to ERNs is hiring "success coaches", who are shared among members and embedded in the ERN members' human resources process.

Success coaches are effectively case managers who help staff with a variety of personal issues. They complement an agency's human resource department by bringing expertise in addressing barriers to employee retention that typically reside outside the workplace such as public benefits, housing, substance abuse, childcare,

[17] Mitchell.
[18] *Ibid*.
[19] Shaefer and Rivera.
[20] *Ibid.*
[21] Mitchell.
[22] Derr and Holcomb.

transportation, financial problems, and personal family issues that can interfere with their work.[23]

They offer confidential intensive case management on a voluntary basis to all employees, but as previously stated have a primary goal of serving low-income workers and those receiving public benefits. Workers with performance issues can also be referred to them.

One innovation of the ERN model is that success coaches are located on-site at the workplace or at a convenient, accessible location with schedules accommodating the work schedules of those they assist. They can have various professional credentials. According to Vander Hulst a success coach should ideally have a bachelor's in social work; "But we give a lot of credibility to life experience as well. Some of our best success coaches have been former [HR personnel]. They can learn the case management aspects on the job. And if you have someone with 15 years of case management experience in the community, and they only have an associate degree, but have the personality to develop relationships with employees, we wouldn't discount them either."[24]

Access to education, skills training, and supportive services are also provided to interested employees. By leveraging economies of scale available to the network, they may receive discounts on educational services such as soft skills and industry training. In addition to training, ERNs can provide direct supportive services. In some cases, ERN members offer employee assistance programs (EAPs) to connect staff with support such as counseling for mental health issues.[25]

Through trainings employees can learn skills that boost their productivity and potentially increase their qualifications for higher paid positions which could decrease reliance on public assistance.

Outcomes Metrics: Key Performance Indicators of ERNs

As previously stated, for purposes of outcomes metrics ERN USA provides ERNs a customized content management platform that provides case management, program metrics called "key performance indicators", and reporting capabilities to all member ERNs.

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[23] Mitchell; ERN USA.

[24] *Ibid*.

[25] Mandsager, Nathan and John Saccocio, "Employer Resource Networks," Policy & Practice, no. 6 (2016): 8–10, 28–29. https://www.ern-usa.com/blob/site-files.ashx?ID=10.

The Key Performance Indicators, according to the ERN Ohio Annual Report[26] are:

- Return on Investment (ROI)
- Distinct Employees Served
- Total Employee Requests (Includes return users; multiple interactions) on a service in the same month excluded
- Employee Utilization
- Total Services
- Top Ten Service Needs
- Emergency Loans

The ERN success coaches track, collect, and report data for each ERN they serve, and the data are then aggregated into an annual state network report, and then shared with ERN USA.[27]

Noteworthy is the ROI metric. ERN USA reports that, "ERN member businesses average a 500% return on their investment following the initial startup period."[28]

Turnover costs are defined by ERNs as "$4,129 per employee," based on findings in the 2016 Society for Human Resource Management Survey, and the ROI is "based on retention," multiplied by the per employee turnover cost.[29]

In its 2019 Annual Report, ERN Ohio reported a 554% return on investment.

Notable Similarities: ERN vs. EAP:

While ERN services are targeted especially to entry level and low wage workers, the similarities between an ERN and EAP are still noteworthy. The Society for Human Resource Management (SHRM) describes an EAP as:

"An employer-sponsored employee assistance plan (EAP) is a work-based intervention program designed to identify and assist employees in resolving personal problems that may be adversely affecting their performance at work, such as marital, financial or emotional problems; family issues; or substance or alcohol abuse..."

[26] ERN Ohio, 2021.
[27] MacDonald, Stephen.
[28] ERN USA.
[29] *Ibid.*

EAPs can help employers reduce absenteeism, workers' compensation claims, health care costs, accidents and grievances.... [and] can address safety and security issues, improve employee productivity and engagement, and reduce costs related to employee turnover."[30]

In a 2019 interview with *Leading Age Magazine* about ERNs, ERN USA Chief Vander Hulst discussed his history in their evolution, noting his human resources employment background and the extent to which EAPs were being utilized during his experience:

"In 2000, I worked in HR for a manufacturing company when the labor market was tight. We were struggling with turnover and retention because the unemployment rate was so low. We analyzed employee benefits, and found that when we polled the entry-level workforce, everyone had health insurance, but we needed to do more education about the value of primary care providers, or preventive care. Very few were doing anything with their 401(k), or [seeking] tuition reimbursement, and they didn't trust the employee assistance program [EAP]. We had less than 1% use of the EAP."[31]

Why Employers & DSPs May Want ERN Services to Facilitate Employment Retention

The most severe and persistent workforce problem confronted by ERN IDD employer agencies in Ohio and nationally is the retention of Direct Support Professionals (DSPs).

Direct Support Professionals are essential workers, and integral to the daily operations of their employers and those they serve. They perform complex, often stressful work, yet are low paid, due to employer funding constraints, and many may meet the definition of ALICE®, "Asset Limited, Income Constrained, Employed." Their short supply in the workforce and constant turnover in the workplace has reached crisis proportions.

Essential Workers

The value of DSP employment was recognized by Congress in its Direct Professional Recognition Resolution of 2003. It defined DSPs as individuals, "employed to provide a wide range of supportive services to individuals with IDD on a day-to-day basis, including habilitation, health needs, personal care and hygiene, employment, transportation, recreation, housekeeping and other home management-related

[30] Society for Human Resource Management. Toolkits. "Managing Employee Assistance Programs," 2021) https://www.shrm.org/resourcesandtools/toolsandsamples/toolkits/pages/managingemployeeassistanceprograms.aspx

[31] Mitchell.

supports, so they can live and work in their communities and lead self-directed, community and social lives."[32]

Interdisciplinary functions are also among DSPs' duties. "They develop and implement strategies to teach people new skills; dispense medications, administer treatments, document care and communicate with medical professionals; assess needs, implement treatment plans and document progress; connect people to community resources and benefits; and listen, reflect and offer suggestions."[33]

The job responsibilities of DSPs and the vital role they play was affirmed by the US Department of Health and Human Services when it recognized DSPs as, "essential to the quality of life, health and safety of Americans with ID/DD who are in need of long-term services and supports,"[34] and in 2020 following a pandemic related advisory to states from the US Department of Homeland Security[35], the Ohio Department of Health and Ohio Department of Developmental Disabilities designated DSPs as "essential workers" for purposes of the COVID-19 pandemic response.

High Demand

The current high and growing demand for direct care workers is outpacing the supply of available workers now and into the foreseeable future.

According to the Bureau of Labor Statistics, by 2024 there will be a 26% increase in need for personal care aides and a 38% increase in need for home care aides with a 48% increase in total demand (which includes DSPs as well as direct care workers who support the elderly and people with disabilities) because of population growth, increased life expectancy among people with disabilities, aging of family caregivers, and the mandated movement from institutional to community-based services, making direct care workers among the fastest growing occupations in the United States.[36]

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[32] The Congressional Direct Support Professional Recognition Resolution of 2003, S. Con. Res. 21/H. Con. Res. 94, Congressional Record, November 4, 2003.

[33] President's Committee for People with Intellectual Disabilities, "America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy," 2018, pp 8, 12, 20; https://acl.gov/news-and-events/announcements/pcpid-releases-report-direct-support-workforce

[34] "The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress," Dept. of HHS, 2006.

[35] United States Department of Homeland Security, Cybersecurity & Infrastructure Security Agency, Memorandum on Identification of Essential Critical Workers During COVID-19 Response, March 19, 2020.

[36] Bureau of Labor Statistics, Occupational Employment Projections to 2024) https://www.bls.gov/opub/mlr/2015/article/occupational-employment-projections-to-2024.htm

The direct care workforce will need to fill 6.9 million additional job openings over the next decade as existing workers leave the field or exit the labor force altogether[37], and an even higher number is projected after considering growing demand. "When combined with growth, this means that nearly 8.2 million total direct care job openings are anticipated from 2018 to 2028."[38]

Turnover & Vacancy Rates-- A DSP Crisis

While high rates of annual turnover among DSPs have been documented for over thirty years, in the same year IDD providers were operationalizing Earned Success ERN to help address the problem, the President's Committee for People with Intellectual Disabilities (PCPID) described the direct support workforce shortage as a "crisis," noting average annual DSP turnover rates of 45 percent (range 18–76 percent), and average vacancy rates of more than nine percent across the United States.[39]

Ohio echoes the concern, "Our field is facing a workforce crisis like we have never seen before," said Pete Moore, president of the Ohio Provider Resource Association, which represents organizations that provide developmental disability services.[40]

The percentage of direct support workers leaving the field is alarming, especially in view of increasing demand. The 2016 National Core Indicators Staff Stability Survey revealed the national average for DSPs leaving the field was 45.5 percent; 56 percent leave employment within a year, and approximately 35 percent do so within six months.[41]

In Ohio, the average turnover rate of DSPs in 2017 stood at 39 percent, and the median turnover rate was 25.6 percent, while the DSP vacancy rate was measured at 9.2 percent for part-time positions, and 6.6 percent for full-time.[42]

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[37] Bureau of Labor Statistics, Employment Projections Program. 2019a. National Employment Projections - Occupation. https://www.bls.gov/emp/; analysis by PHI, September 17, 2019.

[38] Scales, Kezia, Paraprofessional Healthcare Institute (PHI). "It's Time to Care, A Detailed Profile of America's Direct Care Workforce," p. 17, January 21, 2020.

[39] PCPID.

[40] Balmert, Jessie, *Cincinnati Enquirer*, "Ohio approves raise for those who work with people with developmental disabilities," August 20, 2019. https://www.cincinnati.com/story/news/politics/2019/08/20/ohio-approves-raise-for-direct-support-professionals-who-work-people-developmental-disabilities/2061578001/

[41] National Core Indicators 2016 Staff Stability Survey Report, 2018. https://www.nationalcoreindicators.org/upload/coreindicators/2016_Staff_Stability_Survey_Report_Final.pdf.

[42] 2017 Staff Stability in the DSP Workforce in Ohio, National Core Indicators" (2019). National Core Indicators 2017 Staff Stability Survey Reports. https://www.nationalcoreindicators.org/resources/staff-stability-survey/.

2017 Staff Stability in the Direct Support Professional Workforce in Ohio[43*]

Average Turnover Rate for DSPs** ● 39% state average turnover rate Of those DSPs who left positions in calendar year 2017: ● 46% left in fewer than 6 months ● 21% left between 6 and 12 months ● 33% left after 12 months or more
Average Tenure of DSPs Of DSPs employed within reporting organizations**, as of December 31, 2017 ● 20% have been there fewer than 6 months ● 19% have been there 6-12 months ● 61% have been there 12 months or more
DSP Vacancy Rates (of responding providers): ● 9.2% part-time positions were vacant ● 6.6% full-time positions were vacant

**1211 Reporting organizations*
***Turnover equals the total separated DSPs in past year divided by the total direct support staff as of December 31, 2017. Values are weighted averages, except for DSPs who left positions. Proportions may not add up to 100% due to rounding.*

According to PCPID, the results of the DSP workforce crisis have, "substantial negative and lasting effects that diminish quality of service, reduce progress toward individual goals and harm individuals,"[44] providing significant impetus for IDD provider agencies to organize ERNs.

https://www.nationalcoreindicators.org/upload/core-indicators/2017_NCI_StaffStabilitySurvey_Report.pdf.
[43] *Ibid.*
[44] PCPID, p. 20.

A quality of life study conducted by the Council on Quality and Leadership concluded that, “DSP continuity is central to quality of life of people, including human security, community, relationships, choice, and goals,” after analyzing over 1,300 Personal Outcome Measures® interviews with people with IDD. It revealed that people with disabilities were significantly less likely to have nearly every quality of life indicator -- being safe, having the best health, exercising rights, being treated fairly, being respected, experiencing continuity and security-- when they experienced DSP turnover, compared to people with IDD who did not experience change.[45]

Continuity of DSPs in the workplace is also central to employers. Provider agencies need stability to plan for the future, and to provide the standard of care and services required.

Shortages, retention problems and associated recruitment challenges of DSPs have negative impacts on IDD provider organizations, often resulting in increased overtime of existing staff, costly recruitment advertising expenses, and higher training costs as a result of the ongoing influx of new workers.[46]

Each vacancy costs provider agencies between $2,400 and $5,200 in direct costs (e.g., separation, training a new employee, etc.) and indirect costs (e.g., lost productivity and client revenue).[47] Nationally, these costs are estimated at $2,338,716,600.[48]

Low Wages & ALICE®

Despite their essential function, complex duties and high demand, DSPs receive low pay and benefits.

In the first study using NCI Staff Stability Survey data for analysis across multiple states, including Ohio, results indicate that both wages and benefits (paid time off and health

[45] Friedman, Carli, "Direct support professionals and quality of life of people with intellectual and developmental disabilities." Intellectual and Developmental Disabilities," 2018 Aug; 56(4), 234-250.
[46] U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy, "The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and other Developmental Disabilities: Report to Congress," January 2006.
[47] Medisked Survey Results on DSP Reasons for Leaving Employment, Medisked Connect, "The Staffing Struggle Is Real: New Statistics on I/DD Agencies’ Most Common Staffing Problems +5 Tips for Reducing Employee Turnover," 2016. http://mykapp.org/wp-content/uploads/2016/10/Medisked-Staffing-Survey.pdf.
[48] PCPID, 2017.

insurance) are likely critical factors to retaining DSPs in their positions[49], and low wages are the primary reason providers reported DSPs leaving.[50]

In addition to low wages and limited benefits, additional factors of minimal training, increasingly complex work and few opportunities for career growth have been cited as barriers to DSP retention, diminishing the ability of employers to maintain a stable workforce.[51]

Similar barriers to retention were also reported by a national survey of DSPs seeking reasons why they leave their positions, with inadequate pay and benefits ranking the highest.[52]

- Inadequate pay and benefits (88.54%)
- Stress of the work (66.88%)
- Lack of advancement opportunities (49.68%)
- Lack of supervisory support (42.04%)
- Insufficient training (28.66%)

The average DSP wage in privately operated IDD facilities in 2017 was $12.52/hour (among 19 states surveyed, including Ohio), and in Ohio was $11.29/hour.[53]

By comparison, Ohio's minimum wage in 2017 was $8.30 per hour for non-tipped workers.[54] For 2021 it was $8.80 per hour for non-tipped workers, 10 cents more than in 2020.[55]

Unfortunately, economic pressures that would normally drive supply and increase wages in response to increased worker demand do not readily apply to DSPs, primarily

[49] Houseworth, James, et.al., "Predictors of Annual and Early Turnover Among Direct Support Professionals: National Core Indicators Staff Stability Survey", 2019, https://www.aaidd.org/docs/default-source/default-document-library/houseworth.pdf?sfvrftsn=d3e43621_0
[50] Medisked.
[51] Larson, S.A. & A.S. Hewitt, 2012, "Staff Recruitment, Retention, and Training Strategies For Community Human Services Organizations," Minneapolis, Minnesota: University of Minnesota Research and Training Institute on Community Living). https://ici.umn.edu/products/docs/Staff_Recruitment_book/Staff_Recruitment_book.pdf.
[52] Medisked.
[53] NCI Staff Stability Survey Report, January 2019, NASDDDS and Human Service Research Institute, p. 27.
[54] 2017 Minimum Wage, Ohio Dept. of Commerce. https://com.ohio.gov/documents/dico_2017MinimumWageposter.pdf.
[55] 2021 Minimum Wage, Ohio Dept. of Commerce https://www.com.ohio.gov/documents/dico_2021MinimumWageposter.pdf.

because of the primary role of Medicaid in funding IDD provider organizations, and the imperative by state governments to control Medicaid spending. The state sets the rates.

Because delivery of services and supports to people with IDD is dependent upon and constrained by funding appropriated by state legislatures, provider agencies employing DSPs, unfortunately, cannot simply increase their fees to raise DSP wages and benefits to facilitate their ability to recruit and retain them.

In its 2017 report, "Addressing the Disability Services Workforce Crisis," the American Network of Community Options and Resources (ANCOR) describes IDD providers as, "price-takers and not price-setters," observing that, "Providers cannot negotiate these rates, and most state funding does not consider wage rates in competing occupations, administrative costs, the need for competitive benefits and other such factors."[56]

The ANCOR report also noted that current Medicaid provider rates perpetuate poverty level wages.[57]

The difficulty in recruiting and retaining workers by provider agencies came under consideration by the Finance Committee, Subcommittee on Health and Human Services of the Ohio House of Representatives in its deliberations on Ohio's Fiscal Years 2022-2023 state biennial operating budget (134th General Assembly).

Subcommittee Chairman Rep. Bill Roemer (R-Richfield), in an interview, raised the question of how provider agencies serving those with developmental disabilities, older Ohioans, and providing childcare can compete for workers when similar or better wages can be found in retail or other jobs, noting that, "[Wages] are a big piece of the puzzle," in building a workforce for these roles. "We have to look at the pay and job standards for these workers," he said.[58]

Rep. Thomas West (D-Canton), the ranking Democrat on the subcommittee, said in an interview on the same subject, "People aren't staying for lack of resources, so we need to increase the wages of a lot of the frontline workers in nursing homes and homemaker/personal care workers."[59]

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[56] American Network of Community Options and Resources (ANCOR). "Addressing the Disability Services Workforce Crisis," 2017, p.vi.
[57] *Ibid.*
[58] Gongwer, Ohio Report, "Lawmakers Eye Help For Human Services Workforce," March 8, 2021.
[59] *Ibid.*

Ohio legislators raised reimbursement rates for DSPs serving Ohioans with developmental disabilities in the last biennial budget, (HB166, 133rd General Assembly), but it applied only to homemaker personal care services in residential settings and was phased in over the biennium.[60]

Low wages are also associated with high levels of poverty and near-poverty levels within the DSP workforce, making them prime candidates for ERN support services.

As noted by ERN USA's James Vander Hulst, lower wage staff can experience pressures of living paycheck to paycheck, work schedules prohibiting public assistance agency appointment time, transportation issues, and low to nonexistent emergency funds that create stress and reduce the productivity of the worker which can also affect their health-- "At worst, these issues, sometimes basic needs, can cause absenteeism and loss of their job. With the cost of turnover and low availability of workers, Employer Resource Networks can help improve employees lives and increase retention."

PHI's 2020 profile of the direct care workforce summarized their precarious economic situation:

"Altogether, 15 percent of direct care workers live in poverty, defined as living below 100 percent of the federal poverty level, while 44 percent live in low-income households, or below 200 percent of the poverty line. Among all direct care workers, home care workers are most likely to live in poverty (18 percent), and close to half (48 percent) of both home care workers and residential care aides are low-income." [61] In 2017, the year from which these data derive, the federal poverty level was set at $12,060 for an individual and $24,600 for a family of four.

In its 2018 report PCPID noted that roughly half of all working DSPs rely on government-funded and means-tested benefits, due to low wages and benefits.[62]

Ohio's DSP demographics on income and economic status are consistent with national statistics[63]:

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[60] Ohio Association of County Boards DD, "First Stage of DSP Wage Increase Goes Into Effect January 1," December 31, 2019) http://www.oacbdd.org/news/2019/12/31/releases/first-stage-of-dsp-wage-increase-goes-into-effect-january-1-2020.

[61] PHI, Workforce Data Center, It's Time to Care: A Detailed Profile of America's Direct Care Workforce, January 21, 2020, p.14) https://phinational.org/resource/its-time-to-care-a-detailed-profile-of-americas-direct-care-workforce/.

[62] PCPID, pp. 8, 12, 20.

[63] PHI, Workforce Data Center, November 2017. https://phinational.org/policy-research/workforce-data-center.

- 90% are women
- 40% rely on public assistance
    - 29% on food and nutrition
    - 23% on Medicaid

- Poverty Rates
    - 85% live <400% federal poverty level
    - 72% live <300%
    - 51% live <200%
    - 21% live <100%

According to ERN USA's Vander Hulst, coming out the recession ERN USA saw that about 50% of employees using ERN support services were receiving some form of public benefits, and approximately 35% were those that had gone over the “benefits cliff,” but still struggling.[64]

The "benefits cliff" refers to a decrease in public benefits occurring when a small increase in earnings causes the loss of some or all government economic supports. "When lost benefits outpace a wage increase, many families ’park’ or fall off the cliff’s edge, stalling progression in their jobs and careers.[65]"

These are the ALICE® population, an acronym for “Asset Limited, Income Constrained, Employed.” The United Way's ALICE initiative is a new way of defining, measuring, and understanding the struggles of people earning above the Federal Poverty Level in contrast to traditional measures of poverty that, "do not capture the magnitude of people who are struggling financially."[66]

The Center for Community Solutions found that workers across eight states their research examined, including Ohio, faced at least one benefit cliff as they moved from minimum wage to economic independence.[67]

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[64] Mitchell, Gene.
[65] National Conference of State Legislatures, Addressing Benefits Cliffs, August 20, 2019 https://www.ncsl.org/research/human-services/addressing-benefits-cliffs.aspx.
[66] United Way of Ohio, Meet ALICE. https://www.unitedforalice.org/ohio
[67] Campbell, Emily. The Center for Community Solutions, "Ohio working families face benefit cliffs and plateaus,” October 26, 2020. https://www.communitysolutions.com/ohio-working-families-face-benefit-cliffs-plateaus/.

It is not until a parent is earning nearly $27 per hour in full-time work that an Ohio family of three (1 adult, 2 children) is better off financially than it was before hitting these cliffs at $21 per hour. After this point, the family is no longer receiving any public benefits, so it does not encounter any more cliffs.[68]

Programs offered by ERNs to assist low-wage employees dovetail with the United Way's ALICE, whose research identifies barriers the working poor face in meeting basic needs.

ALICE research quantifies the cost of a basic household budget in each county in each participating state to show how many households are struggling to afford it using a standardized set of measurements.[69]

ERN Efficacy in Retention of DSPs – Conclusions

Wages and Benefits

According to researchers, stakeholders--providers and DSPs among them-- agree the primary reason for high DSP turnover is due to low wages and lack of benefits.[70]

This report documented, and it is common knowledge among stakeholders, that funding for DSP wages and benefits (reimbursement fees) is controlled by Medicaid via appropriations by state legislators making IDD provider agencies and others employing DSPs "fee takers, not fee setters," and that such fees result in low DSP wages and benefits.[71]

We found that the ERN model provides no mechanism to effect changes to the Medicaid fee structure, thus wages and benefits, nor was it designed for that purpose, based on literature and pertinent information we reviewed about its history, objectives, operations, and performance outcomes. No amount of DSP “success coaching” and job training and education will change Medicaid provider reimbursement rates.

And until Medicaid rates of pay become more competitive, perhaps at or above the wage necessary to overcome the benefits cliff for IDD DSPs (and other publicly funded

[68] *Ibid.*
[69] United Way of Ohio.
[70] Medisked Survey Results on DSP Reasons for Leaving Employment Medisked Connect, "The Staffing Struggle Is Real," 2016; ANCOR, 2017; NCI Staff Stability Study.
[71] ANCOR.

DSP positions), it is reasonable to conclude the ability to attract and retain DSPs will continue to be impaired, particularly in view of current low wages and benefits.

As previously stated, research by Ohio's Center for Community Solutions found that it is not until a parent is earning nearly $27 per hour in full-time work that an Ohio family of three (1 adult, 2 children) is better off financially than it was before hitting a benefits cliff at $21 per hour. It is after this point that the family is no longer receiving any public benefits, and it does not encounter any more benefit cliffs.[72]

With average DSP wages of $12.52/hour in privately operated IDD facilities, and in Ohio $11.29/hour[73], the $27 per hour wage identified by the Center for Community Solutions does not appear feasible in the near term.

Recent Medicaid increases to Ohio IDD providers may make some DSP wages and benefits more competitive facilitating better recruitment and retention, but outcomes on how providers used their flexibility to apply the increases, (wages, benefits, bonuses, and overtime) and its impact on the providers and DSP staff, will not be known until after the Ohio Department of Developmental Disabilities compiles and analyzes associated required provider reporting data following the end of State Fiscal Year 2021. Additionally, the fee increase is limited to Homemaker Personal Care Services in residential settings only.[74]

While our literature review on ERNs found helpful information about its origins, evolution, structure, leadership, operations, case studies, and anecdotal evidence, and our review of ERN-produced information and performance metrics showed promising results, we found no controlled research studies evaluating the causal relationship between ERN services provided and retention of DSPs.

Whether ERN services actually result in employee retention generally or DSP staff specifically, has not been rigorously evaluated or determined. In the American Enterprise Institute's recent comprehensive review of ERNs, authors Schaefer and Rivera noted:
"While an innovative model, no rigorous evaluation of the causal impact of ERNs on employee retention and productivity has been conducted to date."[75]

[72] Campbell, Emily.
[73] NCI Staff Stability Survey Report, January 2019.
[74] DODD interview, May 4, 2020.
[75] Shaefer and Rivera, pp. 10 and 15.

Evaluating ERN Performance Outcomes, Impact on DSP Retention

Ability to Measure DSP Retention. Although ERNs use standardized program performance metrics ("key performance indicators") and reporting capabilities supplied by ERN USA, the data collected does not identify which employees use their services or their wages.

Because all employees are eligible for their services and services are provided confidentially, ERNs collect performance metrics on all employees using services. They do not parse out DSP participation. Additionally, ERNs do not collect and report annual income or hourly wages of those utilizing services. Thus, an evaluation of employee retention by type, such as DSP, or even low wage cannot be performed using ERN metrics, making ERN data limited to a generalized view of performance effectiveness.

However, it should be recalled that the objective of the support offered by ERNs is to improve job retention through employee support and training primarily among entry-level and low wage workers, especially those who may also receive public assistance. This report has documented that DSPs are low wage workers, with many among the ALICE population, and that employers experience high DSP turnover resulting in regular new employee, entry level, DSPs.

Thus, while there is no definitive ERN data collected and reported about DSPs or wages that can be correlated to retention, their performance metrics information is still instructive in that data collected could and likely does include DSP utilization of services and could be reflected generally in ERN employee retention data, referred to as return on investment.

We reviewed the most recent annual reports of performance metrics from ERN USA and ERN Ohio, as presented below:

2019 ERN Reported Outcomes

The ERN USA website states an, "average 500% return on their investment," (ROI) can be expected following an ERNs initial startup. This is supported by its 2019 Employer Resource Network® Annual Report which reports member companies employing an ERN success coach in the workplace experience an average of 510% return on investment.

As previously cited, ERNs define turnover costs as $4,129 per employee, based on findings in the 2016 Society for Human Resource Management Survey, and the ROI is quantified based on retention multiplied by the per employee turnover cost.

The 2019 ERN USA annual report includes program data from a sample of 20 of 28 ERNs that included Indiana, Michigan, New York, Ohio, Tennessee, and Texas. It found:

- An average workforce utilization rate for ERN services of 16%.
- 510% ROI (calculated according to company investment and retention).
- 15,573 service needs addressed through 10,222 employee requests.
- Top 10 service categories requested were coaching, financial literacy, housing, other, financial, government agency navigation, health/medical, utilities, auto repair, and counseling/referral.[76]

In 2019 there were a total of 17 ERN employer members in ERN Ohio from Earned Success, Soaring to Success and Shared Success.

The 2019 Ohio ERN Annual Report reported:

- An average workforce utilization rate for ERN services of 17% (using success coaches)
- An average ROI of 554%
- 2,072 service needs addressed through 795 employee requests
- Top 10 service categories requested were financial, housing, government agency navigation, utilities, health insurance, and transportation, legal services, securing personalized resources for needs that can directly jeopardize job retention, and coaching and counseling referrals.[77]

Based on certain categories of services requested within the “top 10 service categories requested,” as reported by both ERN USA and ERN Ohio, it can be inferred that low wage, low-income workers, the ALICE population, are making some portion of the requests, and at least some number of them are DSPs. Categories such as utilities, housing, health/medical care, and government agency navigation reported by ERN USA and Ohio ERA are consistent with United Way's ALICE Report on the affordability of basic needs by Asset Limited, Income Constrained, Employed people.

[76] ERN USA.
[77] ERN Ohio.

The Ohio United Way ALICE Report reveals: 40% of Ohio households cannot afford the basics of housing, food, healthcare, childcare, and transportation, despite working.[78]

Surveying Ohio's ERNs and Impacts During COVID-19

In the summer of 2020, the COVID-19 global pandemic was in full-swing; the state, nation, and world were reeling from an economic shutdown not seen in a generation. In March of 2020, Ohio Governor Mike DeWine's administration, through executive action by Ohio Department of Health Director Amy Acton, ordered Ohioans to stay in their homes to slow the spread of COVID-19.

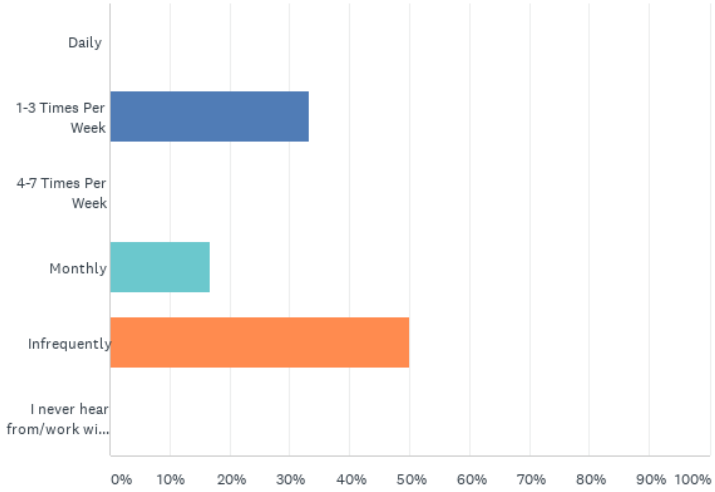
As we examined data on ERNs to determine the efficacy during this worldwide crisis, we separately recognized that the pandemic could have a chilling effect on DSPs and their retention. To test our hypothesis, we created our own 25-question broad survey to assess Ohio facilities' experiences with DSPs and ERNs during the coronavirus pandemic and Ohio Stay at Home order. Each facility has an average of 62 DSPs employed within their facility. We invited all Ohio facilities who are known to utilize the ERN model to participate and allowed four weeks for a response. Approximately 41% of those invited to take the survey responded to the questionnaire in full.

Key Findings

- *The majority of the respondents (50%) said they "infrequently" communicated with the ERN Success Coach or professional to assist their employees, particularly Direct Support Professionals (DSPs):*

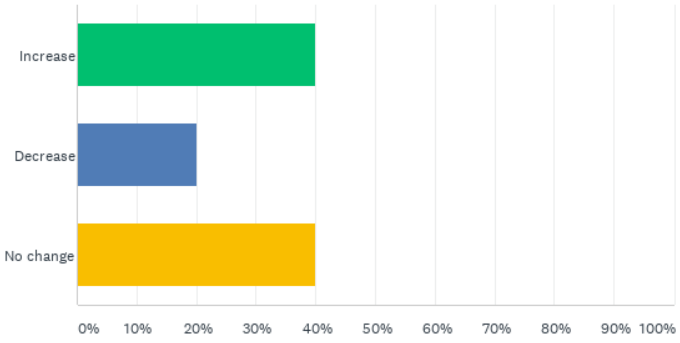
[78] https://www.unitedforalice.org/all-reports

Q3 How regularly do you communicate with the ERN Success Coach or professional to assist your employees, particularly your Direct Support Professionals (DSPs)?



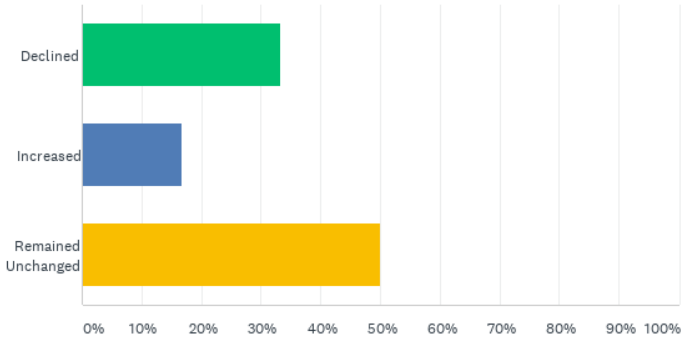
- *40% of facility respondents said there was an increase in the number of requests by DSPs for ERN Success Coach services during the state's health emergency; the same percentage said there was no increase or decrease:*

Q13 Please indicate whether your facility experienced an increase, decrease, or no change in the number of requests by DSPs for ERN Success Coach services during the coronavirus health emergency.



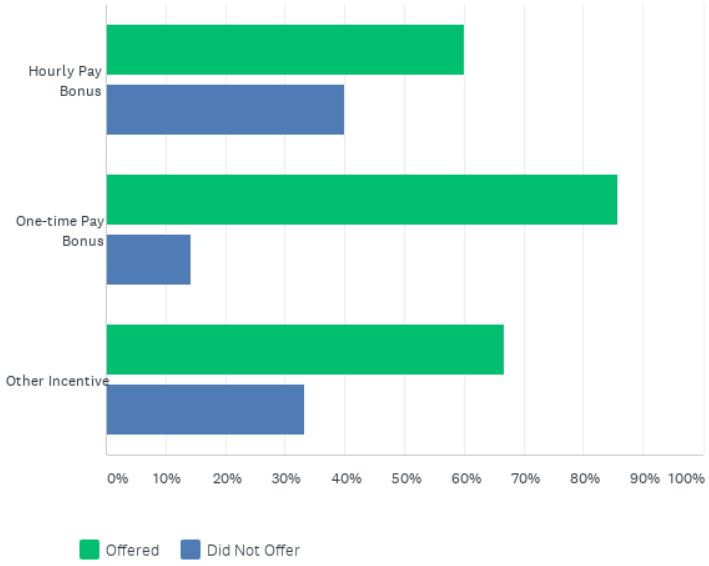
- *While most facilities (50%) saw no change in the retention of DSPs during the COVID-19 emergency, 33% saw a decline in the retention of DSPs. Of those, 70% voluntarily quit:*

Q16 Did your facility's retention of DSPs during the coronavirus health emergency decline, increase, or remain unchanged?



- *Nearly all facilities offered some type of bonus to their DSPs as an incentive to retain their employment with the facility:*

Q20 What bonuses or incentives did you offer to your DSPs during the coronavirus health emergency? (Note: Do not include increases due to DoDD fee schedule changes.)



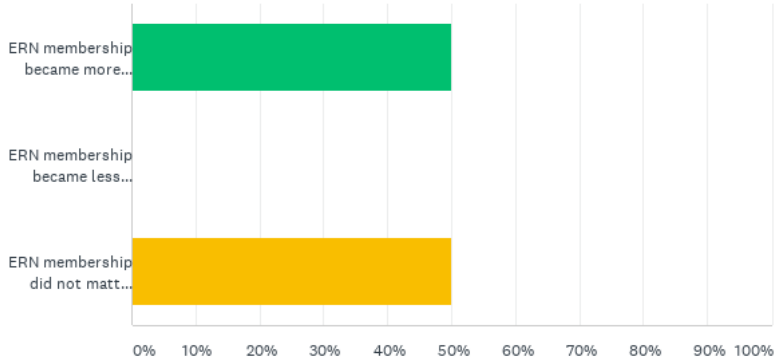
Additionally, the data showed that the success coaches were utilized throughout the start of the state's health emergency. The top four service requests by DSPs during the health emergency were assistance with

- financial assistance/literacy
- auto repair
- childcare, and

- counseling or assistance with anxiety.

Despite a clear utilization of the services provided to them, only half of the facilities that responded indicated that the ERN membership became “more important” during the health emergency. The remaining said this membership did not matter during the COVID-19 health emergency, but later responses showed that the membership itself did matter to them generally (not just during the pandemic). No facility (0%) said that the ERN became less important throughout the COVID-19 crisis:

Q23 Did membership in the ERN become more important, less important, or remained the same during the coronavirus health emergency?



Impact of COVID-19 on Retention and Why ERN’s Were Necessary

Part of our research aimed to obtain real-world answers from the facility members as to how the state’s health emergency impacted their DSPs. Sample responses included:

- *“Constantly working to keep the clients, staff, and facilities safe”*
- *(DSP) “Employee morale”*
- *“Staff who[m] were off due to being around a covid positive person, staff being asked to work in full PPE's with COVID positive residents when they had a fear of contracting it as well.”*
- *“Showed us how amazing our staff are. We thought they were great, but the[y] stepped up in a hard time.”*
- *“Loss of revenue due to the decrease in numbers at day centers.”*
- *“[W]hen employees started receiving unemployment benefits and refused to come to work.”*

When asked *why* the facility utilizes the ERN, many of them identified ERNs as a way to improve retention. Sample responses included:

- *"We find it important to understand and assist our valued employees in times of trouble and the ERN offers that and so much more."*
- *"Our goal for having a Success Coach through the ERN was to aid in retention of our current staff, helping them with daily life issues that HR or their Manager is unequipped to assist."*
- *"Having a third party for staff to reach out to when they need help is important. Not everyone feels comfortable talking to co-workers, supervisors about personal issues."*
- *"To see if there are better ways to hire and retain employees."*
- *"Benefit for our employees to help them out during a crisis, gives them resources for help."*

The responses from the facility managers demonstrated that they are indeed utilizing the ERN service as a way to retain their employees and provide them a service (success coach) to help them in ways the facility itself cannot. However, not all Ohio providers who responded are completely sold on the model, but clearly many believe it is helpful.

Comparison of Turnover in ERN Member Facilities and Non-ERN Member Facilities

In an effort to determine the efficacy of ERNs in the retention of DSPs in Ohio, we analyzed data that compared ERN member provider agencies to non-ERN members using existing databases from the Ohio Provider Resource Association (OPRA) membership surveys which included questions about DSP turnover.

Unfortunately, due to the small sample size of respondents reporting membership in ERNs, the results are not statistically valid or reliable, and should not be used to measure the efficacy of ERNs in retaining DSPs.

It should be noted that in 2019 there were only a total of 17 ERN employer members in Earned Success, Soaring to Success and Shared Success, and that sample size is small for purposes of statistical analyses. In 2017 only one ERN was operational, Earned Success.

At the outset of the research, we had hoped that all ERN members were also OPRA members which would have increased our sample size.

While our comparison of turnover rates in ERN member facilities and non-ERN member facilities did not produce reliable results, we include it to demonstrate the difficulties in trying to evaluate the efficacy of ERNs in the retention of DSPs.

Additionally, following our data analysis, we were pleased to learn from the August 2020 publication, “Employer Resource Networks: A Review" by the American Enterprise Institute that authors Schaefer and Rivera recommended a methodology similar to our own:

*"Despite promising data from ERN employer sites, there has been no rigorous evaluation that isolates the **causal impact*** of ERNs on workers’ employment outcomes. A randomized controlled trial could be conceivably designed to randomly assign interested businesses with access to the ERN and compare firm-level outcomes to those on a waiting list [who are not ERN members]. For ERNs with large workforces, it may even be possible to conduct random assignment at the individual level. Regardless of approach, a randomized control trial of ERNs would significantly contribute to the debate on how to best improve employment retention, especially for low-income, entry-level workers."*
*Bolding added for emphasis.

Methodology

OPRA employee turnover surveys reports for the years 2018 and 2020 were reviewed and pertinent information retrieved concerning DSP turnover.

OPRA survey respondents had been asked to report data regarding DSP employee turnover stating the average number of employees during the year and the corresponding number of separations. Employee turnover was calculated by dividing the number of separations by the average number of employees.

Our research examined OPRA survey data obtained in 2017 and 2019.

We also used 2017 and 2019 ERN membership lists to crossmatch those that were also OPRA members.

Findings

<u>CY 2019</u>

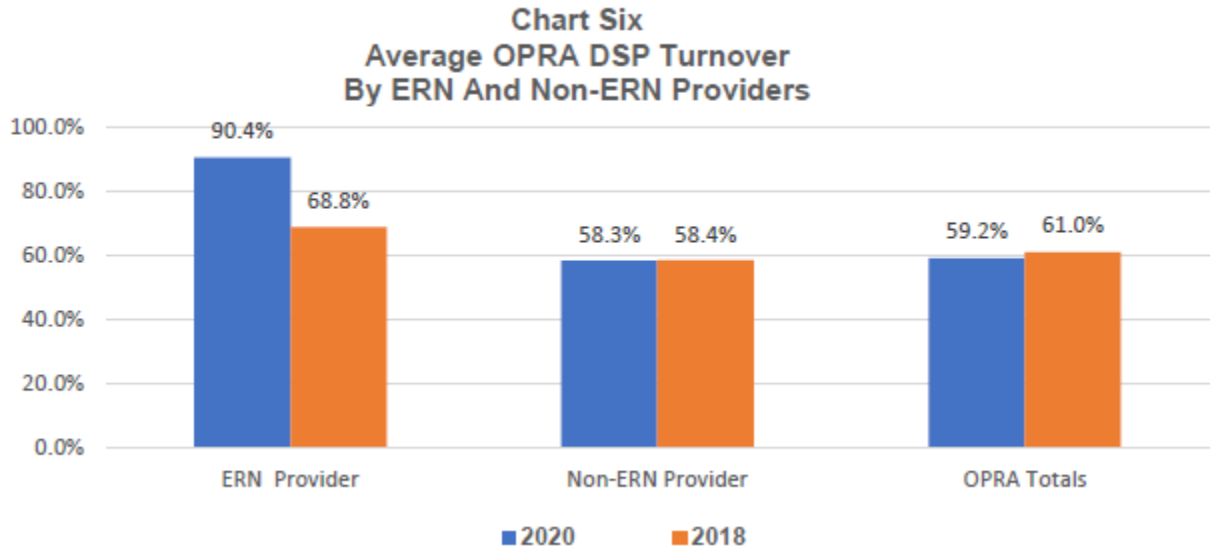
- Of 58 reporting OPRA members, 4 were identified as also having ERN membership, and 54 did not.
- Those with ERN membership had 548 employees, while the 54 that did not have 6,885 employees.
- The employee turnover rate for ERN members was 68%, and for non-members was 58.4%.
- The aggregated turnover rate was 59.2%.

CY 2017

- Of 56 reporting OPRA members, 3 were identified as also having ERN membership, and 53 did not.
- Those with ERN membership had 888 employees, while the 53 that did not had 9,674 employees.
- The DSP employee turnover rate for ERN members was 90.4%, and for non-members was 58.3%
- The aggregated turnover rate was 61.0%

2020 & 2018 Employee Turnover by Type of Organization (ERN Member v. Non-ERN Member) **by OPRA Survey Period**

		EMPLOYEE TURNOVER			
		Employer Resource Network (ERN) Member	Non-Employer Resource Network (ERN) Member	OPRA Totals	ERN vs. Non-ERN Difference
# Providers	**CY 2019**	4	54	58	-50
# Employees		548	6,885	7,433	(6,337)
Average Rate		68.8%	58.4%	59.2%	**10.4%**
# Providers	**CY 2017**	3	53	56	-50
# Employees		888	9,674	10,562	(8,786)
Average Rate		90.4%	58.3%	61.0%	**32.1%**



Source: Compensation and Benefits Survey Reports, Ohio Provider Resource Association, John Barry Associates.

ERN Recruitment

Based on the ERN definition of purpose, operating model and key reporting indicators of services provided, we learned and documented that they do not perform recruitment activities. Thus, the efficacy of ERNs in the recruitment of DSPs was not examined.

Recommendation

Without the benefit of competitive wages and benefits to reduce DSP turnover, and regardless of the absence of rigorous evaluations of the causal relationship between ERN services and employee retention, employers and DSPs may find that ERNs can play a role in addressing problems that may contribute to DSP turnover that are outside the traditional human resources departments' expertise. Personal issues being addressed by ERN success coaches, such as accessing public benefits, housing, utilities, transportation, financial problems, and personal family issues that can interfere with work of low wage, low-income employees, which can include DSPs, may help both workers and employers in achieving DSP staff stability.

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References

Administration for Community Living. "Report to the President: America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy," 2018, pp 8, 12, 20); https://acl.gov/news-and-events/announcements/pcpid-releases-report-direct-support-workforce

American Network of Community Options and Resources (ANCOR). "Addressing the Disability Services Workforce Crisis," 2017, p.vi.

Balmert, Jessie, *Cincinnati Enquirer*, "Ohio approves raise for those who work with people with developmental disabilities," August 20, 2019. https://www.cincinnati.com/story/news/politics/2019/08/20/ohio-approves-raise-for-direct-support-professionals-who-work-people-developmental-disabilities/2061578001/

Barry, John. Barry Associates, LLC: Technical Assistance for Behavioral Health Providers. 2020.

Bureau of Labor Statistics, Occupational Employment Projections to 2024) https://www.bls.gov/opub/mlr/2015/article/occupational-employment-projections-to-2024.htm

Bureau of Labor Statistics, Employment Projections Program. 2019a. National Employment Projections - Occupation. https://www.bls.gov/emp/; analysis by PHI, September 17, 2019.

The Center for Community Solutions, "Ohio working families face benefit cliffs and plateaus," Emily Campbell, October 26, 2020) https://www.communitysolutions.com/ohio-working-families-face-benefit-cliffs-plateaus/.

Congressional Direct Support Professional Recognition Resolution of 2003, S. Con. Res. 21/H. Con. Res. 94, Congressional Record, November 4, 2003.

Derr, Michelle and Pamela Holcomb, "Employer Resource Networks: Uniting Businesses and Public Partners to Improve Job Retention and Advancement for Low-Wage Workers," Mathematica Policy Research, 2010. https://www.mathematica.org/our-publications-and findings/publications/employer-resource-networks-uniting-businesses-and-public-partners-to-improve-job-retention-and-advancement-for-lowwage-workers/

Disability Rights Ohio, "The Developmental Disabilities System and COVID-19: Frequently Asked Questions," https://www.disabilityrightsohio.org/dd-covid.

Department of Developmental Disabilities (DODD) Guidance, What Ohio's Stay-at-Home Order Means for Ohio's Developmental Disabilities System, March 23, 2020. https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/communication/news/guidance-covid-19-stay-at-home-order.

Friedman, Carli, "Direct support professionals and quality of life of people with intellectual and developmental disabilities." August 2018; 56(4), 234-250.

ERN Ohio, 2021, https://www.ern-oh.com/Default.aspx

ERN USA, https://www.ern-usa.com/

Gongwer News Service, Ohio Report, "Lawmakers Eye Help For Human Services Workforce," March 8, 2021.

Houseworth, James, et.al., "Predictors of Annual and Early Turnover Among Direct Support Professionals: National Core Indicators Staff Stability Survey", 2019, https://www.aaidd.org/docs/default-source/default-document-library/houseworth.pdf?sfvrftsn=d3e43621_0

Larson, S.A. & A.S. Hewitt, 2012, "Staff Recruitment, Retention, and Training Strategies For Community Human Services Organizations," Minneapolis, Minnesota: University of Minnesota Research and Training Institute on Community Living). https://ici.umn.edu/products/docs/Staff_Recruitment_book/Staff_Recruitment_book.pdf.

Leading Age Magazine, "Employer Resource Networks, Uniting Businesses and Public Partners to Improve Job Retention and Advancement for Low-Wage Workers", Issue Brief, June 2010.

MacDonald, Stephen. Impact Coalition Manager, Lucas County Family and Children First Council, Interview, March 24, 2020.

Mandsager, Nathan and John Saccocio, “Employer Resource Networks,” Policy & Practice, no. 6 (2016): 8–10, 28–29. https://www.ern-usa.com/blob/site-files.ashx?ID=10.

Mitchell, Gene. "Employer Resource Networks Offer Valuable Help to Workers," *Leading Age Magazine*. James Vander Hulst interview, September 17, 2019.

https://www.leadingage.org/magazine/september-october-2019/Employer-Resource-Networks-Offer-Valuable-Help-to-Workers-V9N5.

Oklahoma Developmental Disabilities Service Division, 2000

Managing Employee Assistance Programs, The Society for Human Resource Management," 2021. https://www.shrm.org/resourcesandtools/toolsandsamples/toolkits/pages/managingemployeeassistanceprograms.aspx

Medisked Survey Results on DSP Reasons for Leaving Employment, Medisked Connect, "The Staffing Struggle Is Real: New Statistics on I/DD Agencies' Most Common Staffing Problems +5 Tips for Reducing Employee Turnover," 2016. http://mykapp.org/wp-content/uploads/2016/10/Medisked-Staffing-Survey.pdf.

National Conference of State Legislatures, Addressing Benefits Cliffs, August 20, 2019 https://www.ncsl.org/research/human-services/addressing-benefits-cliffs.aspx.

National Core Indicators 2016, 2017, and 2018 Staff Stability Survey Reports. https://www.nationalcoreindicators.org/upload/coreindicators/2016_Staff_Stability_Survey_Report_Final.pdf. https://www.nationalcoreindicators.org/resources/staff-stability-survey/. https://www.nationalcoreindicators.org/upload/core-indicators/2017_NCI_StaffStabilitySurvey_Report.pdf. https://www.nationalcoreindicators.org/resources/staff

National Core Indicators Staff Stability Survey Report, January 2019, NASDDDS and Human Service Research Institute, p. 27.

Ohio Association of County Boards DD, "First Stage of DSP Wage Increase Goes Into Effect January 1," December 31, 2019. http://www.oacbdd.org/news/2019/12/31/releases/first-stage-of-dsp-wage-increase-goes-into-effect-january-1-2020.

Ohio Department of Health. Director's Stay at Home Order, March 22, 2020. https://coronavirus.ohio.gov/static/publicorders/DirectorsOrderStayAtHome.pdf/

Ohio Department of Commerce. 2017 and 2021 Minimum Wage information. https://com.ohio.gov/documents/dico_2017MinimumWageposter.pdf. https://www.com.ohio.gov/documents/dico_2021MinimumWageposter.pdf

PHI Workforce Data Center. *It's Time to Care: A Detailed Profile of America's Direct Care Workforce*, January 21, 2020, p.14. https://phinational.org/resource/its-time-to-care-a-detailed-profile-of-americas-direct-care-workforce/

Report to the President 2017, " America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy", 2018, pp 8, 12, 20) https://acl.gov/news-and-events/announcements/pcpid-releases-report-direct-support-workforce.

Scales, Kezia, Paraprofessional Healthcare Institute (PHI). "It's Time to Care, A Detailed Profile of America's Direct Care Workforce," p. 17, January 21, 2020.

Shaefer, H. Luke and Joshua Rivera, "Employer Resource Networks: A review." *American Enterprise Institute*, August 20, 2020.

Sherwood, Dee Ann and James Vander Hulst, "Tri-Sector Collaboration as Social Innovation in Workforce Development in the USA: Developing Employer Resource Networks," 2016. https://www.ern-usa.com/blob/site-files.ashx?ID=7/

United States Department of Health and Human Services Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy *The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress*. 2006.

United States Department of Homeland Security, Cybersecurity & Infrastructure Security Agency, Memorandum on Identification of Essential Critical Workers During COVID-19 Response, March 19, 2020.

United Way of Ohio, Meet ALICE. https://www.unitedforalice.org/ohio.

VanHulle, Lindsay, "Grand Rapids company helped create employer resource network", *Crain's Business*, *Detroit*, December 13, 2015) https://www.crainsdetroit.com/article/20151213/NEWS/312139984/grand-rapids-company-helped-create-employer-resource-network

Brief Survey on Employer Resource Networks (ERN)

A project funded by the Ohio Developmental Disabilities Council Grant #18PP05SC20

DEADLINE EXTENDED UNTIL AUGUST 15, 2020

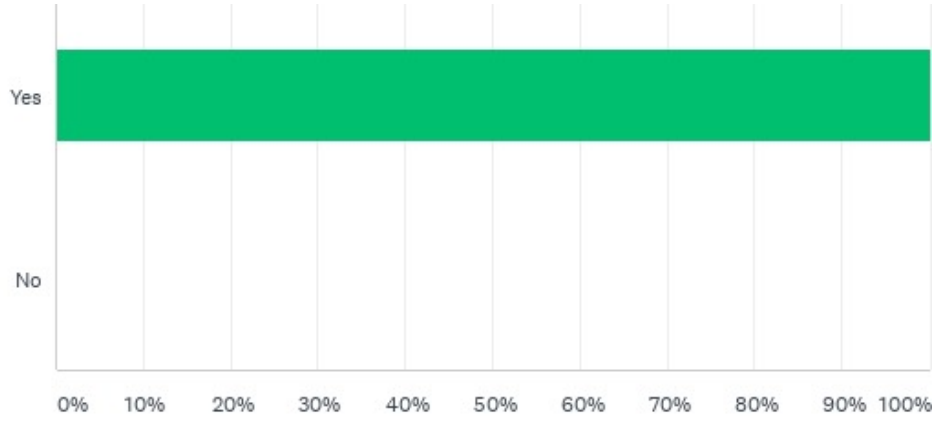
Monday, May 24, 2021

Powered by SurveyMonkey

1

Q1: Does your facility participate in the Employment Resource Network (ERN)?

Answered: 7 Skipped: 0



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2

Q1: Does your facility participate in the Employment Resource Network (ERN)?

Answered: 7 Skipped: 0

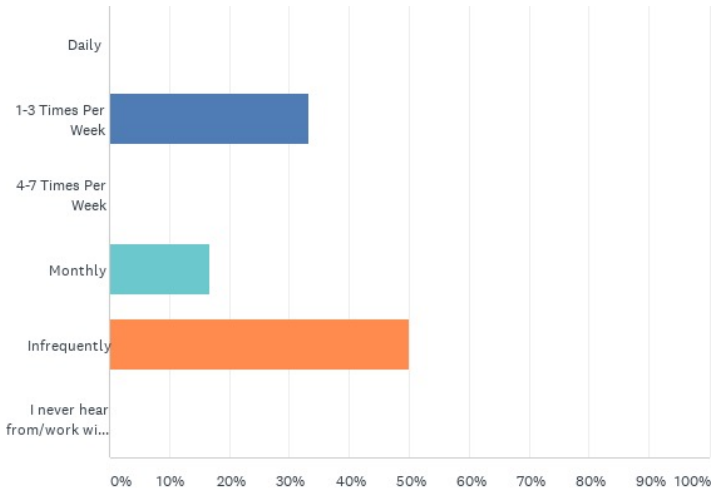
ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
TOTAL		7

Powered by SurveyMonkey

3

Q3: How regularly do you communicate with the ERN Success Coach or professional to assist your employees, particularly your Direct Support Professionals (DSPs)?

Answered: 6 Skipped: 1



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4

Q3: How regularly do you communicate with the ERN Success Coach or professional to assist your employees, particularly your Direct Support Professionals (DSPs)?

Answered: 6 Skipped: 1

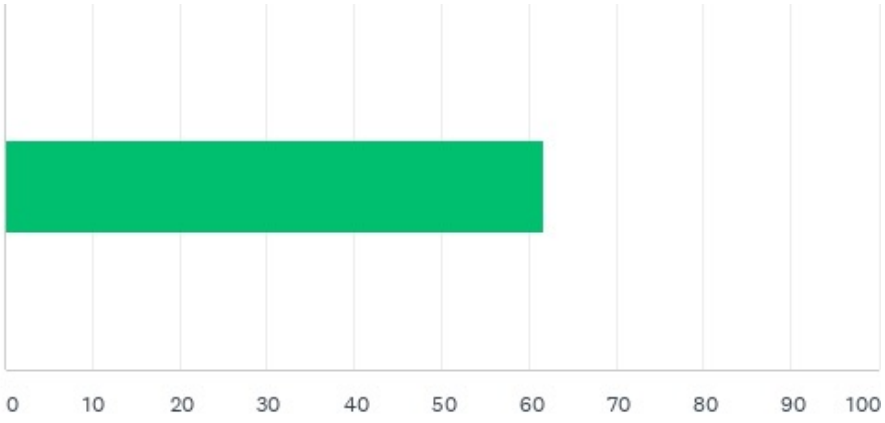
ANSWER CHOICES	RESPONSES	
Daily	0.00%	0
1-3 Times Per Week	33.33%	2
4-7 Times Per Week	0.00%	0
Monthly	16.67%	1
Infrequently	50.00%	3
I never hear from/work with our ERN	0.00%	0
TOTAL		6

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5

Q4: How many total DSPs are in your employ?

Answered: 5 Skipped: 2



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6

Q4: How many total DSPs are in your employ?

Answered: 5 Skipped: 2

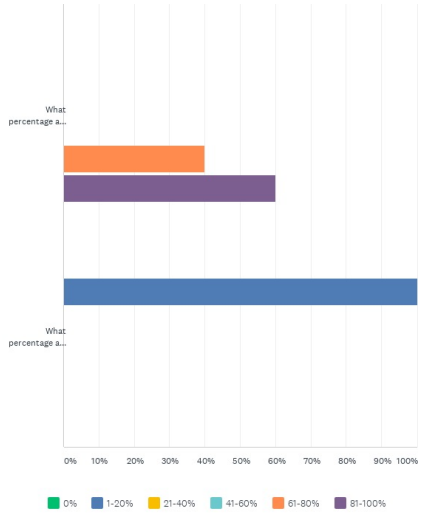
ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	62	309	5
Total Respondents: 5			

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7

Q5: Please tell us about the gender of your DSPs.

Answered: 5 Skipped: 2



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8

Q5: Please tell us about the gender of your DSPs.

Answered: 5 Skipped: 2

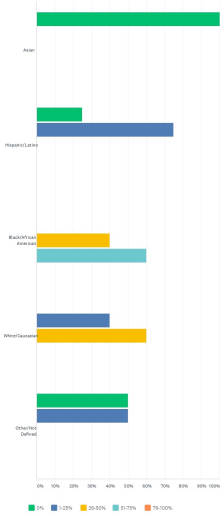
	0%	1-20%	21-40%	41-60%	61-80%	81-100%	TOTAL	WEIGHTED AVERAGE
What percentage are female?	0.00% 0	0.00% 0	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	5.00
What percentage are male?	0.00% 0	100.00% 5	0.00% 0	0.00% 0	0.00% 0	0.00% 0	5	2.00

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9

Q7: Please tell us the ethnicity of your DSPs.

Answered: 5 Skipped: 2



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10

Q7: Please tell us the ethnicity of your DSPs.

Answered: 5 Skipped: 2

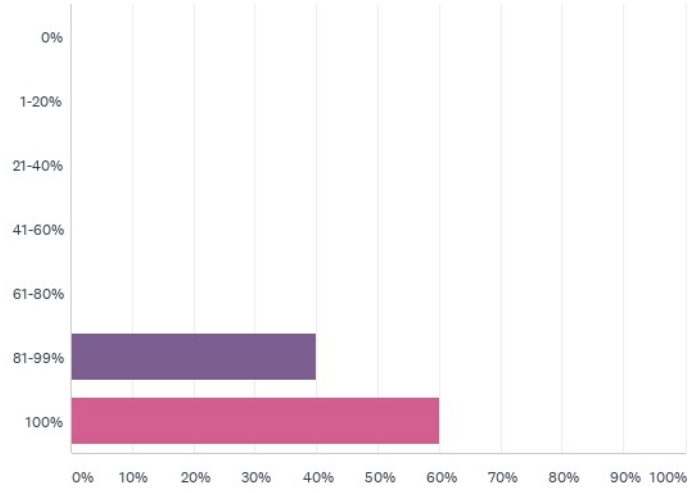
	0%	1-25%	26-50%	51-75%	76-100%	TOTAL	WEIGHTED AVERAGE
Asian	100.00% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	3	1.00
Hispanic/Latino	25.00% 1	75.00% 3	0.00% 0	0.00% 0	0.00% 0	4	1.75
Black/African American	0.00% 0	0.00% 0	40.00% 2	60.00% 3	0.00% 0	5	3.60
White/Caucasian	0.00% 0	40.00% 2	60.00% 3	0.00% 0	0.00% 0	5	2.60
Other/Not Defined	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2	1.50

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11

Q8: What percentage of DSPs in your employ speak English as their first language?

Answered: 5 Skipped: 2



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12

Q8: What percentage of DSPs in your employ speak English as their first language?

Answered: 5 Skipped: 2

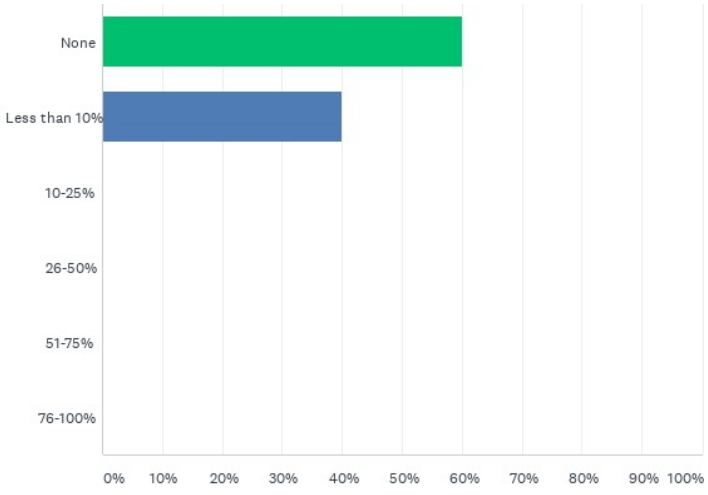
ANSWER CHOICES	RESPONSES	
0%	0.00%	0
1-20%	0.00%	0
21-40%	0.00%	0
41-60%	0.00%	0
61-80%	0.00%	0
81-99%	40.00%	2
100%	60.00%	3
TOTAL		5

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13

Q9: What percentage of DSPs in your employ hold any voluntary certificates via the Direct Support Professional Association?

Answered: 5 Skipped: 2



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14

Q9: What percentage of DSPs in your employ hold any voluntary certificates via the Direct Support Professional Association?

Answered: 5 Skipped: 2

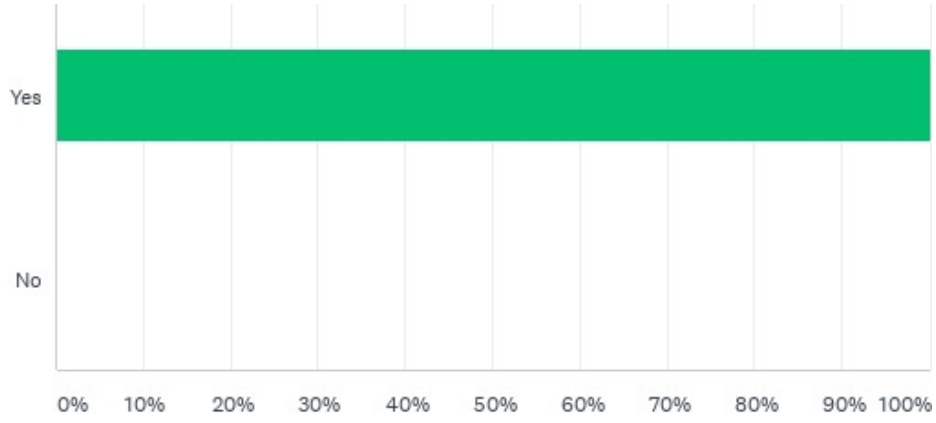
ANSWER CHOICES	RESPONSES	
None	60.00%	3
Less than 10%	40.00%	2
10-25%	0.00%	0
26-50%	0.00%	0
51-75%	0.00%	0
76-100%	0.00%	0
TOTAL		5

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15

Q10: Did your facility continue to participate in the Employment Resource Network during the coronavirus health emergency and stay-at-home order beginning March 22, 2020 declared by the Ohio Department of Health?

Answered: 6 Skipped: 1



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16

Q10: Did your facility continue to participate in the Employment Resource Network during the coronavirus health emergency and stay-at-home order beginning March 22, 2020 declared by the Ohio Department of Health?

Answered: 6 Skipped: 1

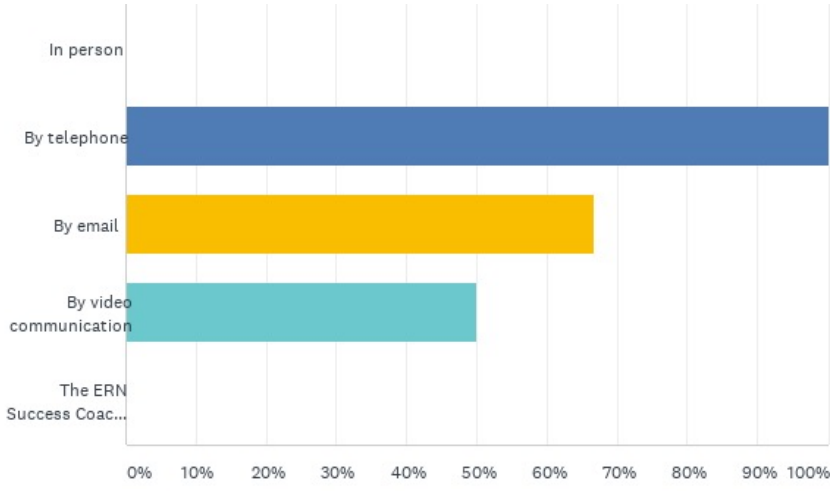
ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
TOTAL		6

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17

Q11: How did the ERN Success Coach continue to meet with DSPs and other staff during the coronavirus health emergency? (Please check all that apply)

Answered: 6 Skipped: 1



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18

Q11: How did the ERN Success Coach continue to meet with DSPs and other staff during the coronavirus health emergency? (Please check all that apply)

Answered: 6 Skipped: 1

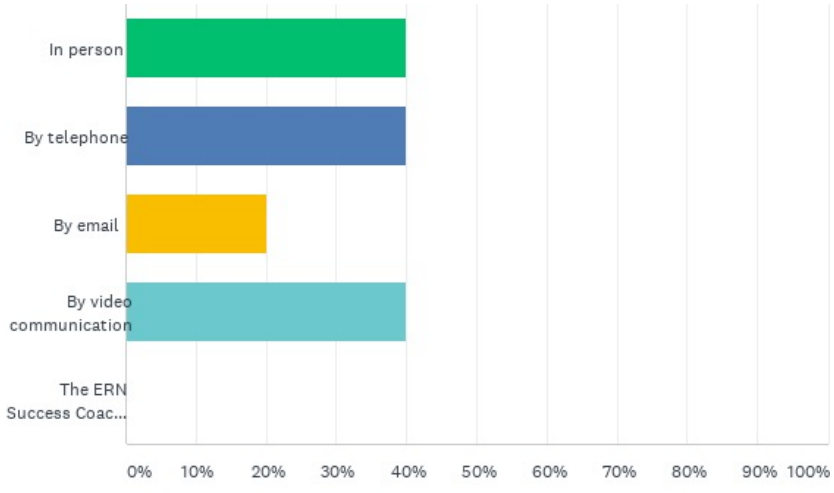
ANSWER CHOICES	RESPONSES	
In person	0.00%	0
By telephone	100.00%	6
By email	66.67%	4
By video communication	50.00%	3
The ERN Success Coach did not meet with staff during the COVID-19 health emergency	0.00%	0
Total Respondents: 6		

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19

Q12: Please indicate whether the following form of success coach - staff communication represented a change in practice due to the coronavirus health emergency:

Answered: 5 Skipped: 2



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20

Q12: Please indicate whether the following form of success coach - staff communication represented a change in practice due to the coronavirus health emergency:

Answered: 5 Skipped: 2

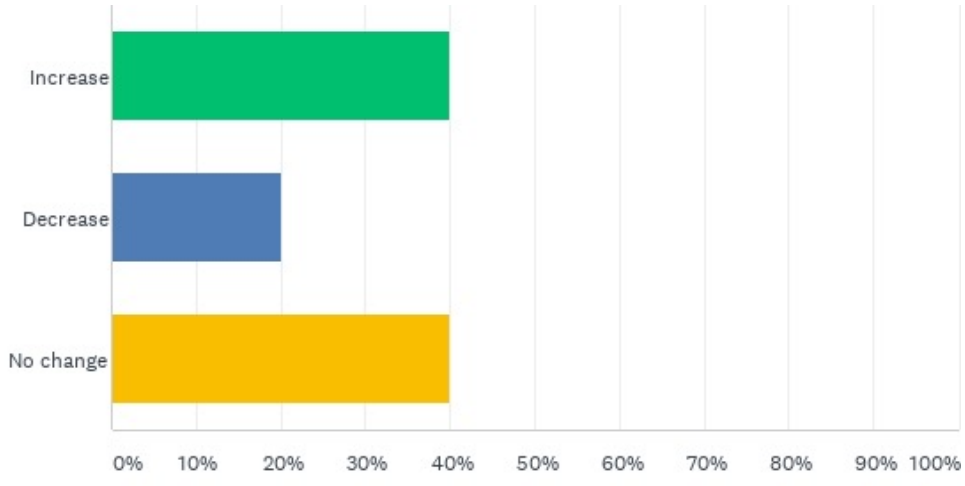
ANSWER CHOICES	RESPONSES	
In person	40.00%	2
By telephone	40.00%	2
By email	20.00%	1
By video communication	40.00%	2
The ERN Success Coach did not meet with staff during the COVID-19 health emergency	0.00%	0
Total Respondents: 5		

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21

Q13: Please indicate whether your facility experienced an increase, decrease, or no change in the number of requests by DSPs for ERN Success Coach services during the coronavirus health emergency.

Answered: 5 Skipped: 2



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22

Q13: Please indicate whether your facility experienced an increase, decrease, or no change in the number of requests by DSPs for ERN Success Coach services during the coronavirus health emergency.

Answered: 5 Skipped: 2

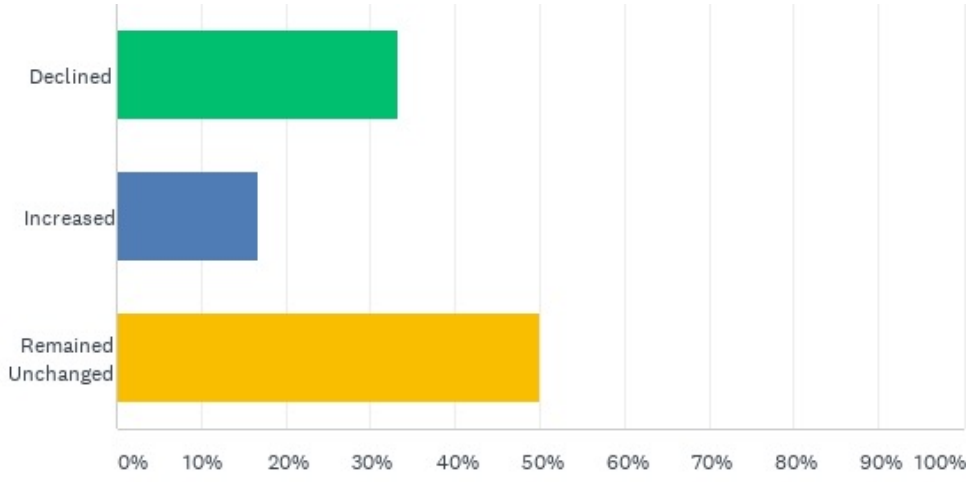
ANSWER CHOICES	RESPONSES	
Increase	40.00%	2
Decrease	20.00%	1
No change	40.00%	2
TOTAL		5

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23

Q16: Did your facility's retention of DSPs during the coronavirus health emergency decline, increase, or remain unchanged?

Answered: 6 Skipped: 1



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24

Q16: Did your facility's retention of DSPs during the coronavirus health emergency decline, increase, or remain unchanged?

Answered: 6 Skipped: 1

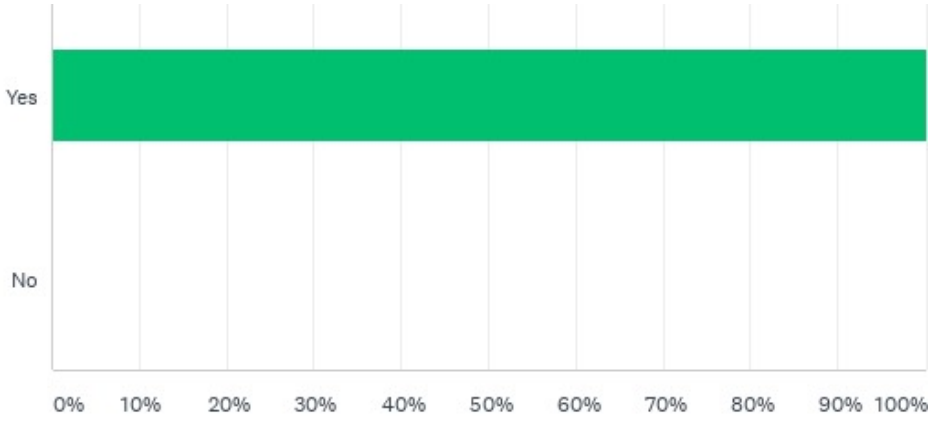
ANSWER CHOICES	RESPONSES	
Declined	33.33%	2
Increased	16.67%	1
Remained Unchanged	50.00%	3
TOTAL		6

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25

Q17: Did you continue to recruit DSPs during the coronavirus health emergency?

Answered: 7 Skipped: 0



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26

Q17: Did you continue to recruit DSPs during the coronavirus health emergency?

Answered: 7 Skipped: 0

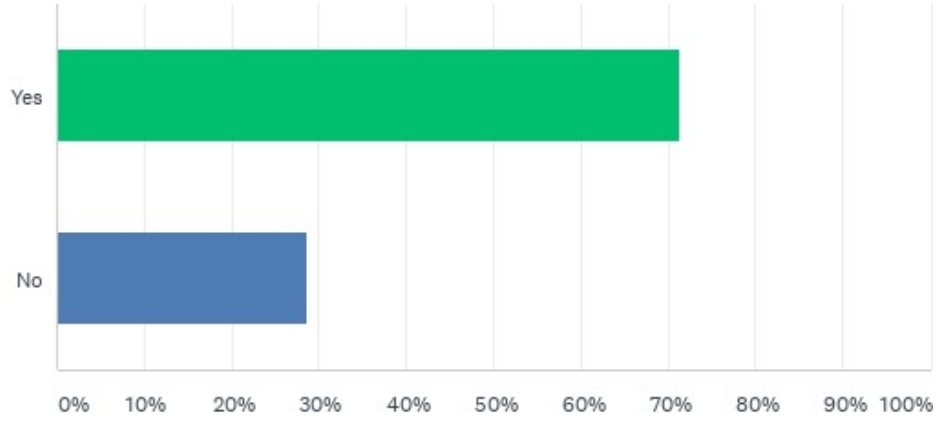
ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
TOTAL		7

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27

Q18: Did any DSPs quit during the Stay at Home order?

Answered: 7 Skipped: 0



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28

Q18: Did any DSPs quit during the Stay at Home order?

Answered: 7 Skipped: 0

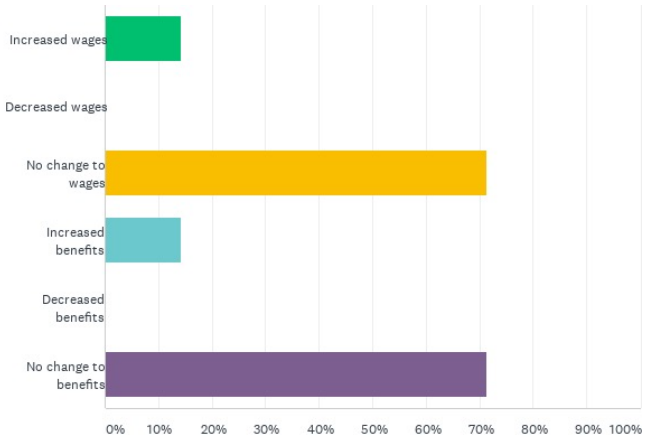
ANSWER CHOICES	RESPONSES	
Yes	71.43%	5
No	28.57%	2
TOTAL		7

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29

Q19: The Ohio Dept of Developmental Disabilities designated DSPs as "essential" personnel during the coronavirus health emergency. As a result, did your facility adjust the wages and/or benefits of DSPs as a result of this designation? Check all that apply. (Note: Please do not include pay increases as a result of new DoDD fee schedule).

Answered: 7 Skipped: 0



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30

Q19: The Ohio Dept of Developmental Disabilities designated DSPs as "essential" personnel during the coronavirus health emergency. As a result, did your facility adjust wages and/or benefits of DSPs as a result of this designation? Check all that apply. (Note: Please do not include pay increases as a result of new DoDD fee schedule).

Answered: 7 Skipped: 0

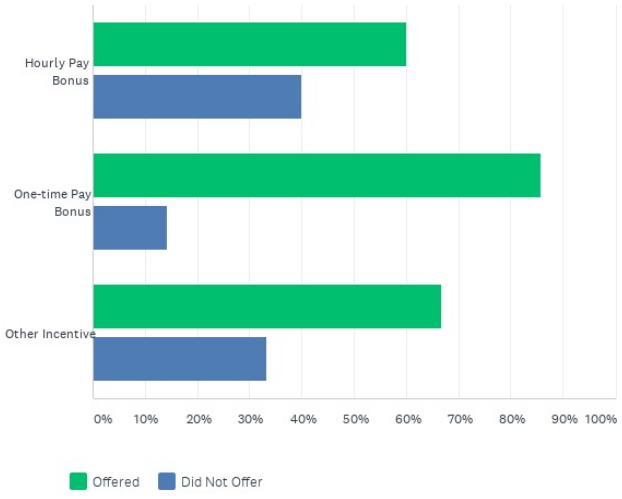
ANSWER CHOICES	RESPONSES	
Increased wages	14.29%	1
Decreased wages	0.00%	0
No change to wages	71.43%	5
Increased benefits	14.29%	1
Decreased benefits	0.00%	0
No change to benefits	71.43%	5
Total Respondents: 7		

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31

Q20: What bonuses or incentives did you offer to your DSPs during the coronavirus health emergency? (Note: Do not include increases due to DoDD fee schedule changes.)

Answered: 7 Skipped: 0



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32

Q20: What bonuses or incentives did you offer to your DSPs during the coronavirus health emergency? (Note: Do not include increases due to DoDD fee schedule changes.)

Answered: 7 Skipped: 0

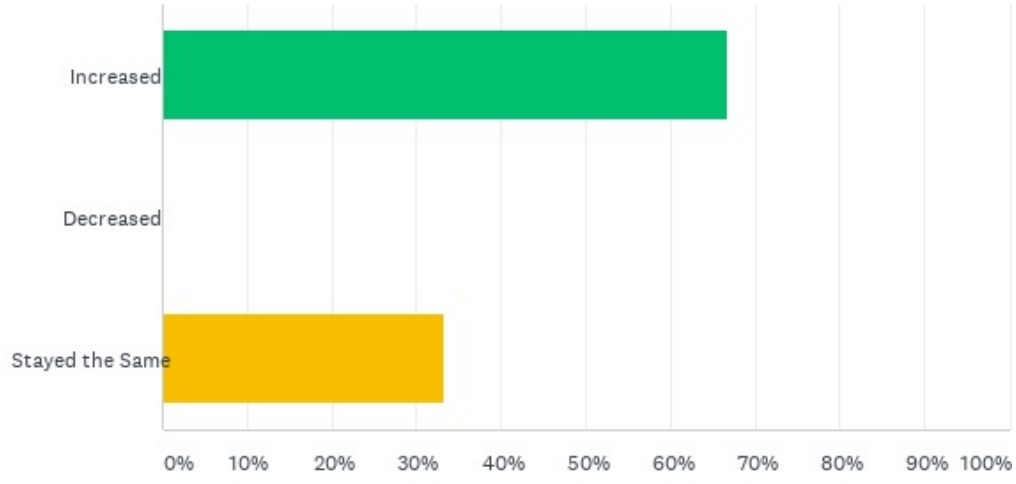
	OFFERED	DID NOT OFFER	TOTAL	WEIGHTED AVERAGE
Hourly Pay Bonus	60.00% 3	40.00% 2	5	1.40
One-time Pay Bonus	85.71% 6	14.29% 1	7	1.14
Other Incentive	66.67% 2	33.33% 1	3	1.33

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33

Q21: Did the number of hours in a shift DSPs worked during the coronavirus health emergency increase, decrease, or stay the same?

Answered: 6 Skipped: 1



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34

Q21: Did the number of hours in a shift DSPs worked during the coronavirus health emergency increase, decrease, or stay the same?

Answered: 6 Skipped: 1

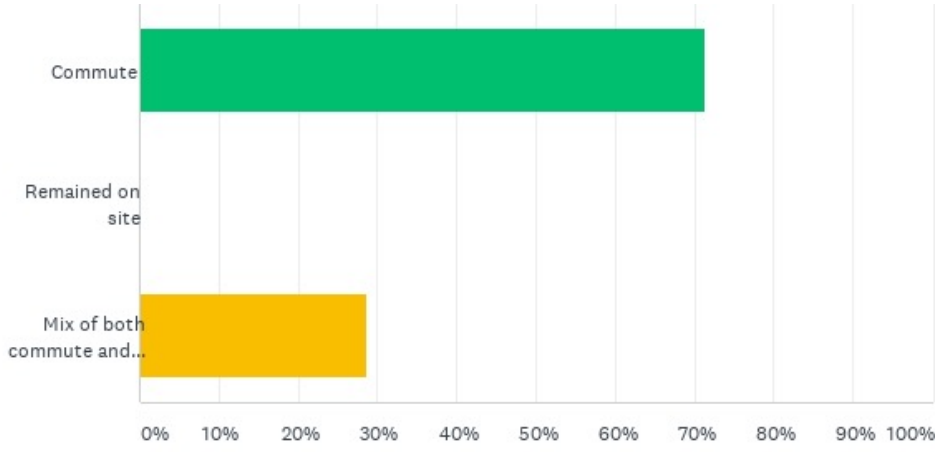
ANSWER CHOICES	RESPONSES	
Increased	66.67%	4
Decreased	0.00%	0
Stayed the Same	33.33%	2
TOTAL		6

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35

Q22: Generally speaking, did DSPs continue to commute to and from your facility to work, or did DSPs remain on site during the coronavirus health emergency?

Answered: 7 Skipped: 0



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36

Q22: Generally speaking, did DSPs continue to commute to and from your facility to work, or did DSPs remain on site during the coronavirus health emergency?

Answered: 7 Skipped: 0

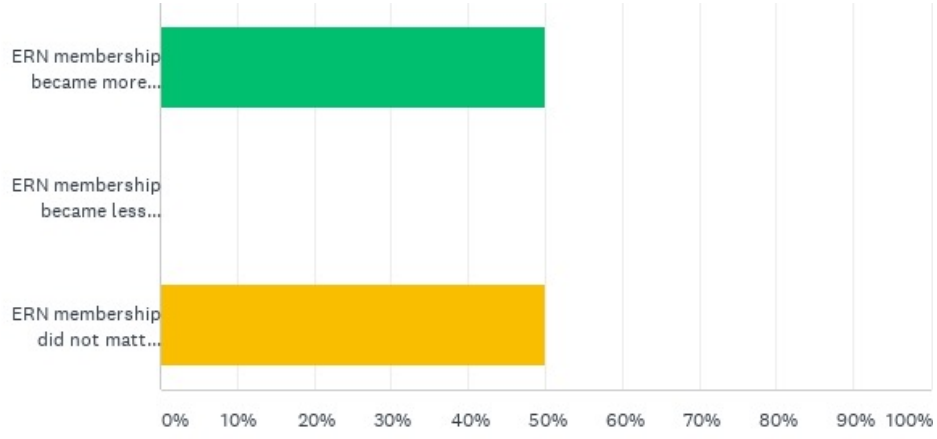
ANSWER CHOICES	RESPONSES	
Commute	71.43%	5
Remained on site	0.00%	0
Mix of both commute and remained on site	28.57%	2
TOTAL		7

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37

Q23: Did membership in the ERN become more important, less important, or remained the same during the coronavirus health emergency?

Answered: 6 Skipped: 1



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38

Q23: Did membership in the ERN become more important, less important, or remained the same during the coronavirus health emergency?

Answered: 6 Skipped: 1

ANSWER CHOICES	RESPONSES	
ERN membership became more important	50.00%	3
ERN membership became less important	0.00%	0
ERN membership did not matter during the health emergency	50.00%	3
TOTAL		6

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