



## **Impact of COVID-19 Pandemic on Service Provision and Staffing**

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The COVID-19 pandemic has created a tumultuous period for many social service agencies. The period has been characterized by staffing shortages, implementation of social distancing practices, and, reduced levels of support and service. In an effort to quantify the impact of the pandemic on Pennsylvania social service agencies, the RCPA provider association undertook a survey of social service providers in September 2021. This survey addressed the number of consumers served in 2019 and 2021, staffing challenges, and operational impacts across four major service areas. These four areas were: intellectual disability/autism, mental health, drug & alcohol, and brain injury.

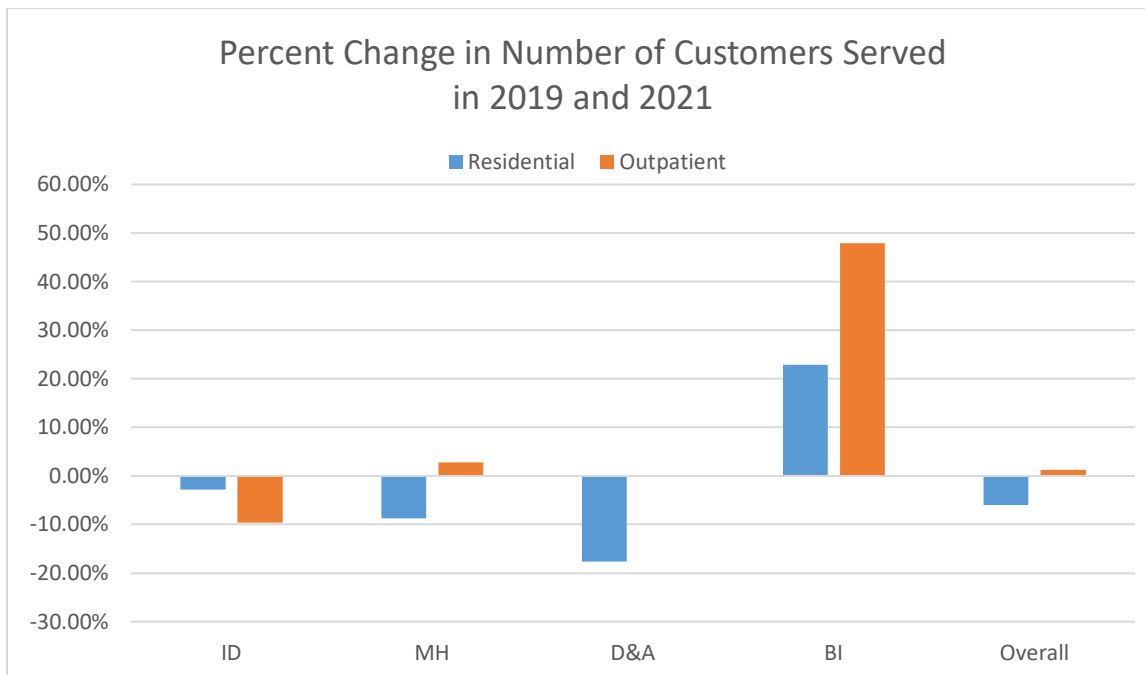
Pennsylvania Human Services providers as well as members of the RCPA provider association were invited to participate in this survey via an email request from the association President/CEO and from a general invitation at the RCPA Annual Conference. Included in the invitation was a link to a SurveyMonkey survey, through which all data were collected, and then analyzed by the Research Institute at Woods Services.

The invitation drew responses from 109 provider agencies across the four service areas referenced above. Collectively, these agencies provided supports and services to approximately 100,000 individuals and employed nearly 20,000 professional staff and 12,523 direct support professionals or mental health aides. Of the responding agencies, 74 provided supports/services to people with intellectual disabilities, 74 provided supports/services to people with mental health challenges, 10 offered drug & alcohol supports, and 10 provided brain injury supports. Respondents provided data only for those supports and services they provide.

### **Provision of Supports and Services**

Respondents were asked to indicate the number of individuals who were receiving supports and services as of June 2021 and the number who had been receiving supports and services as of June 2019, thus affording a comparison of service population over time. The 109 responding agencies reported that they had been providing supports and services to 95,868 individuals in June 2019. This figure increased slightly (less than 0.2%) to 96,021 in June 2021. While the number of individuals served/supported was largely unchanged, the pattern of service delivery did change. Outpatient and community-based services increased 1.2%, while residential services declined 6.0%. The findings suggest a significant change in the pattern of services contiguous with the onset of the COVID-19 pandemic.

Considering individual service areas, it should be noted that approximately 68% of the individuals who received services were receiving outpatient mental health services. While the pattern of modest growth was evident across the four service areas, it is clear that outpatient mental health was the primary driver of change. The figure below depicts the percentage of change over two years in each of the service areas.



It is strongly suggested that the large change evident in the brain injury service area be discounted because of the small sample size.

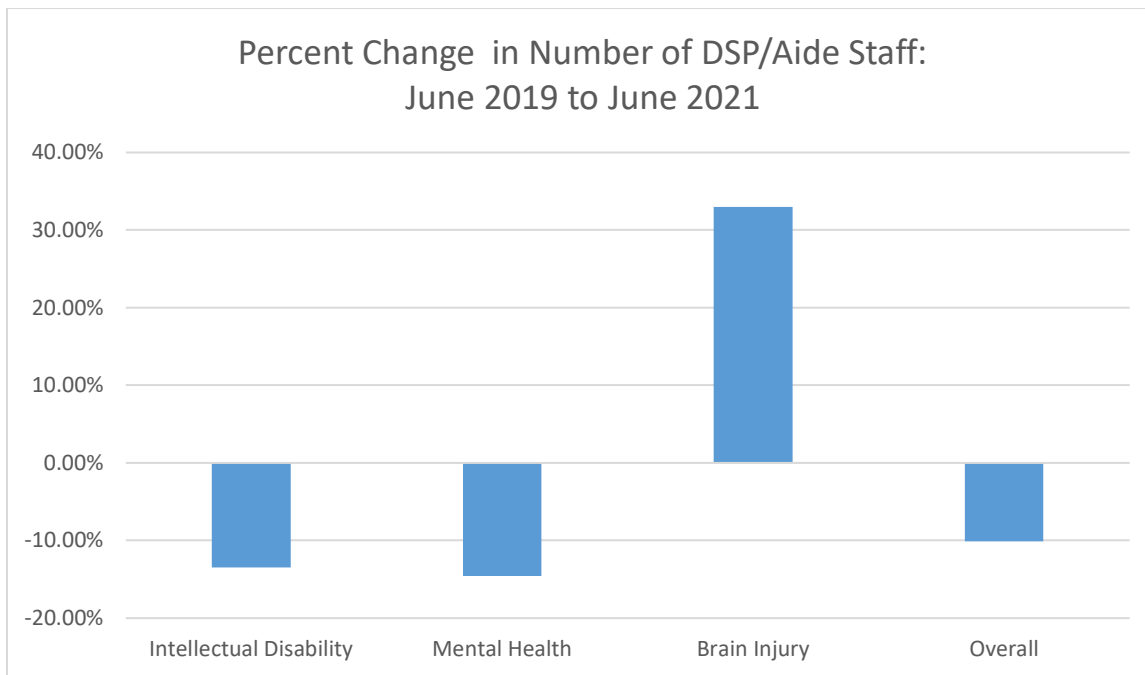
### Professional Staffing

Respondents from mental health, drug & alcohol, and brain injury were asked to identify the number of professional staff working in June 2019 and June 2021. Professional staff were meant to include therapists, nurses, caseworkers, physicians, etc. Respondents reported that 5,861 professional staff were employed by their agencies in 2019. This figure decreased 8.3% to 5,376 in 2021. The decline was almost entirely a product of staffing changes in the mental health service area.

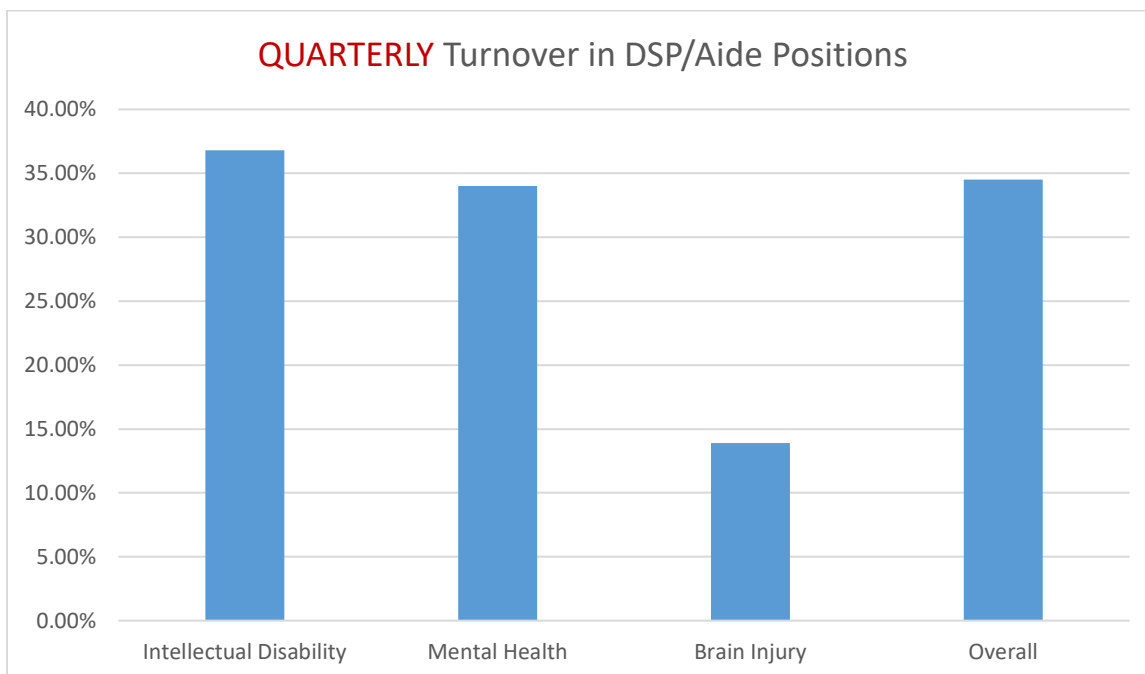
Professional vacancies, or empty positions, were reported to be 14.1% of all such positions in June 2019. The number of reported vacancies was divided by the sum of the vacant and filled positions to create this index.

### Direct Support Professional / Mental Health Aide Staffing

The number of direct support professionals and/or mental health aides declined from 13,923 in June 2019 to 12,523 in June 2021 — a decrease of 10.1%. The staffing challenge is also reflected in the 24.0% vacancy rate reported in these positions. Change in DSP/aide staffing is presented in the figure below. Note that the brain injury data were obtained from a very small sample and should probably be discounted.



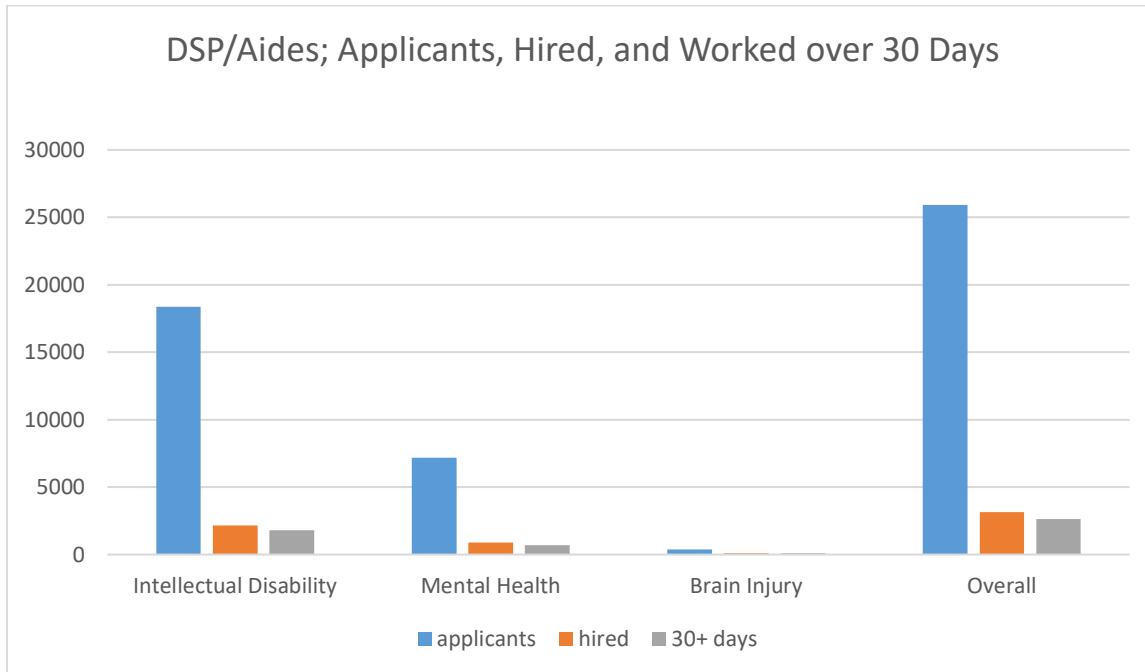
During the three-month period from April 2021 through June 2021, 4,326 direct support professionals/mental health aides left their employment. For that particular quarter of the year, these separations mean that 34.5% of the workforce left employment within that brief period of time. Turnover is typically reported as an annualized figure, and over the course of a full year, the 34.5% turnover rate would translate into a 138.0% annualized turnover rate. This latter figure may not be an accurate reflection of the problem because we currently lack empirical evidence suggesting that the trend is continuing. Despite this caution, it must be recognized that losing over 1/3 of the workforce over just three months is a matter of significant concern.



It must be recognized that the workforce crisis predated the pandemic. Many have suggested that the crisis is driven by the insufficient pay levels for DSPs and mental health aides. Employers cannot create an equilibrium between demand for aides and supply of aides because they lack sufficient funds to offer higher pay levels. Consistent with those earlier observations, our respondents reported that the mean hourly wage paid to direct support

professionals and mental health aides was \$14.98, a value that while competitive with Walmart, would fall below the “living wage” suggested by the MIT Living Wage Calculator.

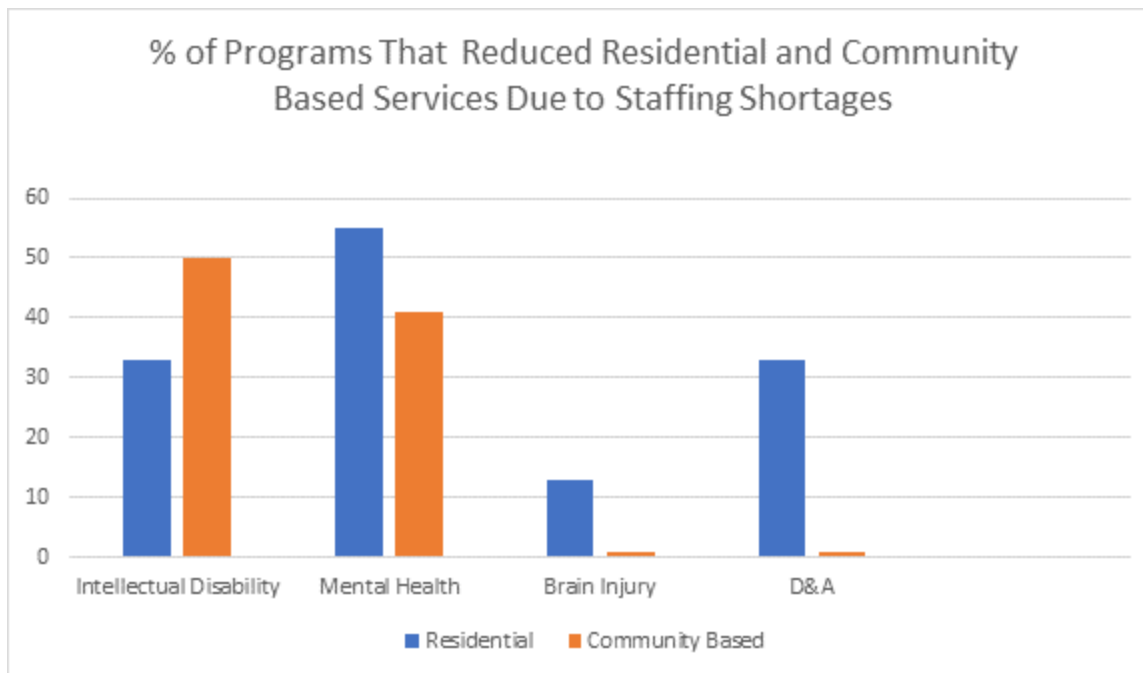
Hiring has not been able to keep up with the demand for DSPs and aides. During the April 2021 through June 2021 quarter, 25,933 individuals applied for employment as a DSP or aide with at least one of the respondents. 3,147 were hired, and of those hired, 2,630 worked for at least 30 days. This suggests an effective hiring rate of just 10.1% of applicants. Similar figures were obtained in a recent survey conducted by another Pennsylvania provider association. While the filing of multiple employment applications may be a contributory factor, it must be recognized that regulatory standards and drug screening requirements may disqualify some applicants from employment. It has been noted that a number of respondents have subjectively reported that they have eased their hiring standards in the midst of the pandemic. Hiring data are presented below.



### Operational Impacts

Census Reductions – Census reductions are perhaps less dramatic than program closures, but nevertheless illustrate the strains brought to the social service system by the pandemic.

Respondents were asked whether staffing shortages had led them to take steps to reduce their overall service census. Results varied by the type of service being offered, with greater reductions noted in intellectual disability and mental health type programs.



**Enhanced Pay** – The Commonwealth fixes payment rates using a relatively complex formula. Included in the formula is a projection regarding the number/percent of hours that are expected to be paid at an overtime or otherwise enhanced rate. Respondents were asked to consider the final pay period of June 2021 and to report the number of hours paid at the regular rate and the number of hours paid at an enhanced rate. These data suggest that respondents paid 28.9% of hours during this final pay period at an enhanced rate. Residential hours far exceeded other areas, and as a result, this value largely represents intellectual disability services. Commonwealth expectations vary across departments, but typically fall within the 15% to 20% range. It should also be noted that 77.9% of the respondents to this survey reported the use of bonuses or some form of premium pay during the pandemic, further increasing costs.

**Closures** – Respondents were asked to identify whether the pandemic had led them to close any programs. Approximately 23.3% of the respondents indicated that they had implemented at least partial program closures as a result of the pandemic. This impact seemed most pronounced in the intellectual disability community programs area. It is noted that many day program offerings were shuttered during earlier stages of the pandemic, and some have yet to reach a full return.

**Role of Management** – One factor that appears to have at least somewhat mitigated the magnitude of the current workforce crisis has been the changing role of management staff. During the pandemic, 76.6% of the respondents reported that management staff have assumed both direct care and clinical responsibilities typically performed by aides and professional staff. It is likely that this assumption of responsibilities has served to stave off a general reduction in service provision. Whether it can be sustained indefinitely is an empirical question.

**Vaccines** – Perhaps the most positive finding of this survey was the report that 72.3% of the staff employed by our responding agencies had received vaccination for COVID prior to the survey.

### Key Findings

- Nearly 50% of responding IDD providers reduced service capacity due to staffing shortages for residential and community-based programs, reducing access to critical services for vulnerable Pennsylvanians.
- Despite experiencing growth in outpatient service delivery, close to 50% of the responding mental health providers reduced their caseloads due to staffing shortages.

The need for mental health care is far exceeding providers' ability to staff these programs.

- The number of professional staff and direct support professionals employed within the industry declined by nearly 10%, with many leaving the field altogether due to burnout and unsatisfactory working conditions.
- Despite the overwhelming need for direct support professionals, these individuals separated from their positions within three months of hire, at an annualized turnover of more than 130%.
- While the mean hourly wage for direct support professionals was \$14.98, it was still well below starting wages for Sheetz, McDonald's, Amazon, and other entry-level jobs.
- Vacancy rate for direct support professional positions was 24.0%, resulting in the need to pay an enhanced (overtime) rate for a third of all work hours.
- Direct support professional staff shortages resulted in nearly 75% of responding agencies' management staff having to provide direct care services.
- In a three-month period, only 10% of the 26,000 applicants were hired. Many cited the low pay, difficult work, uncertain schedules, and a high no-show rate for job interviews.
- At the conclusion of the survey, respondents reported that 72.3% of their employees had been vaccinated against COVID-19.

### **Summary Recommendations**

Payers and government officials are also quick to say that "money does not solve everything." While perhaps true, it does solve some things. With federal funds available (e.g., increased FMAP, American Rescue Plan), there needs to be a heightened sense of urgency from legislators and the administration. If ever there was a time to get dollars out to providers to stabilize the system, it is now.

#### Short-Term Strategies:

- Offer retention bonuses;
- Potentially increase wages; and
- Have access to monies to stabilize program staffing and ensure consumers have access to care.

#### Long-Term Strategies:

- Revision of rate structures to account for workforce funding for hiring and retention;
- Review and revision of regulatory practices and policies regarding staffing, qualifications, and processes that create realistic operational footprints for service delivery; and
- A state-sponsored initiative for human services workforce development, recruitment, and training.

The time to act is now, and the funds need to quickly reach providers without directives, hurdles, and/or strings attached. In the short term, providing the funds with flexibility would allow organizations to target the money as best helps their situation, while longer-term strategies of revised rate development methodologies could aid in creating more sustainable service funding platforms in the future.