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New Hampshire's Family Centered Early Supports & Services Workforce: Staff Vacancies

Key Findings

- Despite staffing challenges, almost half of Family Centered Early Supports and Services (FCESS) programs have vacancy rates of 10 percent or lower. However, concerns about vacancies vary between different regions of the state.
- Most types of vacant positions are anticipated to take a long time to fill (over six months), especially openings for speech-language therapists, physical therapists, and occupational therapists. Given potential for extended vacancies, robust retention strategies are particularly important.
- Low pay was by far the most identified factor contributing to staff turnover.

One of the most important child- and family-serving systems for ensuring a successful start is a robust early intervention system. New Hampshire's early intervention system—the Family Centered Early Supports and Services System (FCESS)—ensures that children with developmental delays can access critical interventions and services that set them up for long-term success. However, the field has faced challenges, including both the long-standing labor shortages of New Hampshire's broader healthcare workforce and the special strains of the COVID-19 pandemic. The following brief draws from the 2022 New Hampshire Preschool Development Grant's Family Centered Early Supports and Services Workforce Survey to examine staffing challenges in the state's FCESS, aiming to inform statewide workforce efforts across child- and family-serving systems.

Financial strains facing FCESS

In general, FCESS services are not always evenly and adequately reimbursed by insurance companies. For families with private insurance, reimbursement rates may be low and certain services—like education, special education, or mental health services—cannot be billed to insurance. Additionally, private insurance only reimburses services provided by certain types of licensed clinicians, such as occupational therapists, physical therapists, and speech-language therapists, and only if those clinicians are credentialed with that specific insurance. However, the FCESS workforce is made up of a broader range of professionals that also includes those without licenses or certifications. These staff members can provide evaluations and services but their work is not reimbursed by insurance at the same rates. Medicaid reimbursement levels are also relatively low and, moreover, FCESS is itself an entitlement program. This means that eligible children receive the FCESS services they need with no cost to the family, regardless of insurance status. Together, this can mean that available reimbursements do not adequately cover the cost of delivering these services.¹ Such factors deepen the considerable financial strain for the non-profit organizations that administer the program, requiring additional local fundraising to operate. Under this level of strain, wages for the FCESS workforce remain relatively low which, in turn, makes recruiting and retaining new workers more challenging.

Data were gathered from at least one director from each of the state’s FCESS programs

While the 2022 New Hampshire Preschool Development Grant’s Family Centered Early Supports and Services Workforce Survey included questions for both FCESS staff and directors, this brief focuses on the questions asked only of directors, who reported program-level experiences around staff vacancies and turnover. The state contracts with 10 area agencies to deliver FCESS, overseeing 15 local programsⁱⁱ across the 10 regions. This paper includes responses from 13 directorsⁱⁱⁱ across all 10 area agencies, meaning these results are reflective of programs across New Hampshire.

All FCESS programs utilize consultants to some extent

While the survey aimed to collect data from FCESS staff, many of these programs also use private consultants. Consultants can increase the availability of a particular service or expertise within a program and add flexibility to program staffing patterns. Directors were asked about the use of consultants in their FCESS program and their responses indicate substantial variation across programs. Five of the responding 13 directors said that under five percent of their program staff were consultants (Figure 1); one reported that more than half of their program’s staff were consultants.

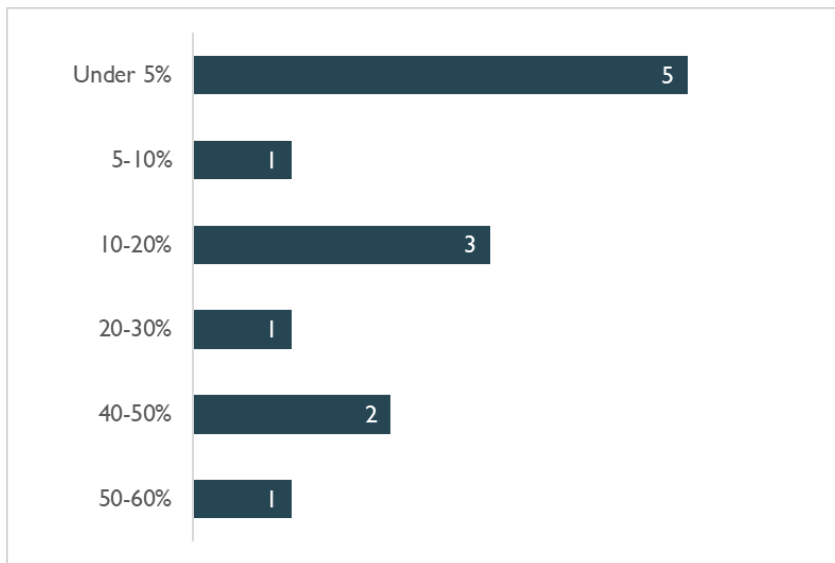


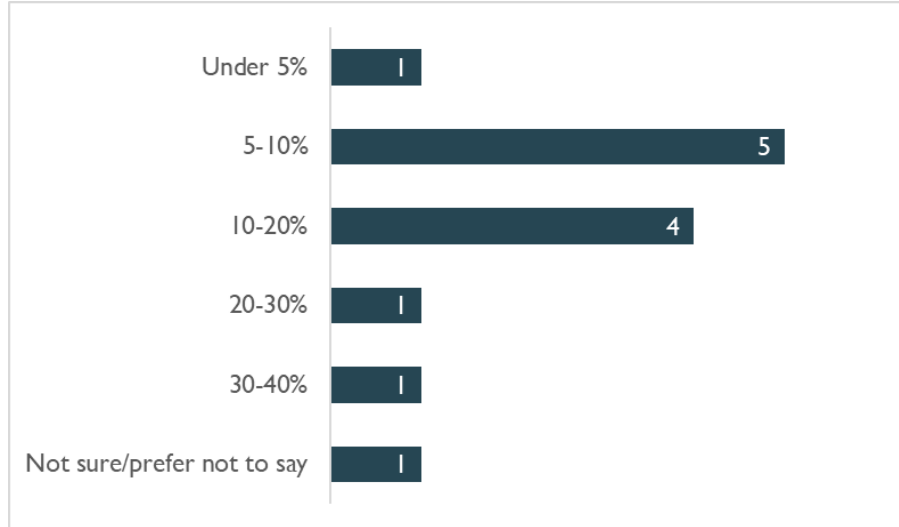
Figure 1. FCESS Program Directors’ Reports of the Percent of Their Program Staff Who Are Consultants

Note: Includes responses from 13 directors.
Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

Mixed levels of staff vacancies mean directors help fill gaps

Responding program directors were asked to report what share of staff positions were vacant in their program. Most identified at least some staff vacancies, with six of the 13 estimating that fewer than one in ten positions were vacant (Figure 2). Four more directors reported vacancies between 10 and 20 percent, while one estimated as many as 30 to 40 percent of positions were unfilled. To mitigate some of these vacancies, directors reported helping fill gaps themselves, with 10 of the 13 responding directors reporting that they have taken on evaluation or direct service responsibilities themselves because of program vacancies.

Figure 2. FCESS Program Directors' Reports of the Percent of Their Program Staff Positions that Are Vacant



Note: Includes responses from 13 directors.
 Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

Directors were asked to identify the kinds of staff positions that were most often vacant and were not limited in the number of answers they could choose. The most frequently selected option was speech-language therapist (eight of 13 directors) followed by early childhood educator (six of 13, see Figure 3).

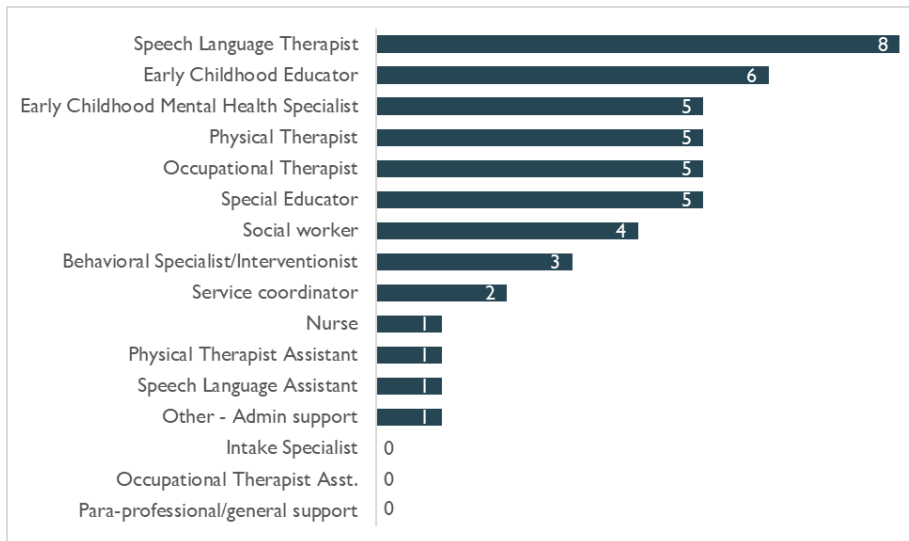


Figure 3. FCESS Directors' Reports of Most Frequently Vacant Staff Positions

Note: Includes responses from 13 directors. Respondents could select multiple positions (all that apply).
 Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

Most types of vacant positions take a long time to fill

There was substantial variation in the length of time directors anticipated to fill each position, although the most common estimation was over six months (see Table 1). Directors uniformly agreed that a physical therapist (all 12 directors who answered this question) or speech-language therapist position (all 13 responding) would take more than six months to fill. This is notable because these positions are some of the most commonly vacant (see Figure 3, above). The second-most commonly vacant position, early childhood educator, was estimated to take between three to six months to fill by five of 12 respondents and more than six months to fill by the other seven respondents. The only positions responding directors said could be filled in

under three months were service coordinator, intake specialist, para-professional/general support position, and behavioral specialist/interventionist.

Table 1. FCESS Directors' Reports of Estimated Time to Fill Vacant Staff Positions, by Type

Position	Estimated Time to Fill					
	< 3 months	3-6 months	> 6 months	N/A*	Don't know	Missing
Speech Language Therapist	0	0	13	0	0	0
Physical Therapist	0	0	12	0	0	1
Occupational Therapist	0	4	8	0	0	1
Early Childhood Educator	0	5	7	0	0	1
Special Educator	0	4	7	1	0	1
Social worker	0	1	7	4	0	1
Early Childhood Mental Health Specialist	0	1	4	8	0	0
Behavioral Specialist/Interventionist	1	0	4	6	1	1
Occupational Therapist Assistant	0	1	3	7	0	2
Physical Therapist Assistant	0	0	3	9	0	1
Speech Language Assistant	0	2	2	8	0	1
Nurse	0	0	1	11	0	1
Para-professional/general support	2	2	1	7	0	1
Service coordinator	3	4	1	2	2	1
Intake Specialist	2	5	0	4	1	1

*N/A = Respondents selected "This is not a position on our team."

Note: Those "missing" did not respond. Thirteen directors gave a response for the positions of speech-language therapist and early childhood mental health specialist; only 11 directors gave a response for occupational therapist assistant; for the rest of the positions, a total of 12 directors responded.

Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

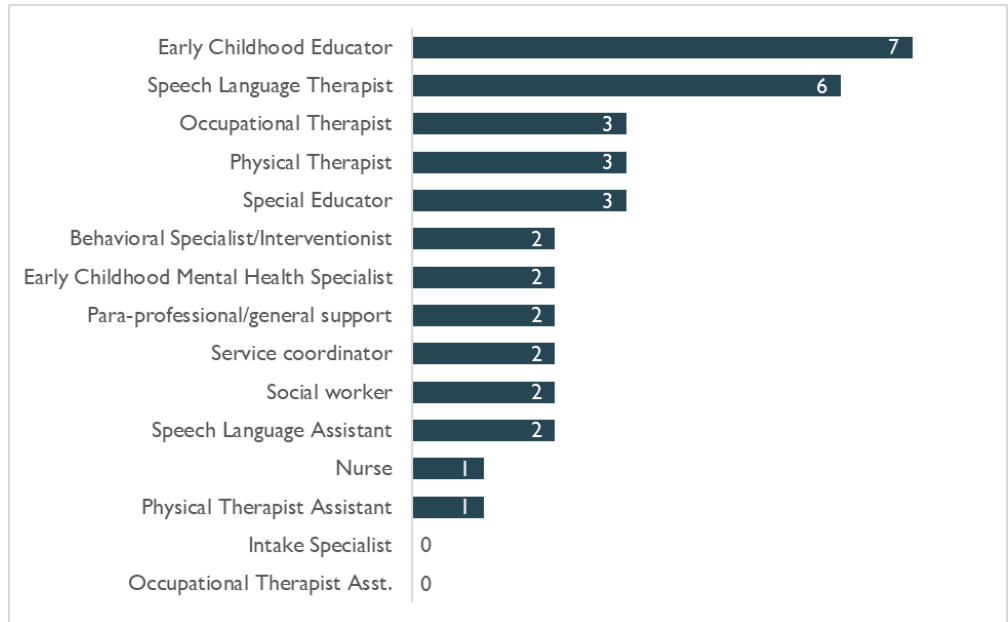
As reported in the "New Hampshire's Family Centered Early Supports & Services Workforce: Overview" brief, nearly one-in-three responding staff had been in the field for 10+ years. It is possible that along with directors taking on a more direct service workload, having a core group of experienced providers helps programs manage vacancy rates in an environment where open positions are challenging to fill.

Early childhood educator and speech-language therapist positions are particularly at risk for turnover

Directors were also asked to select all positions that tend to experience staff turnover in their program. More than half of directors indicated that early childhood educator positions were most at risk (seven of 13 responding; see Figure 4), while speech-language therapists were the second most common response (six of 13). Interestingly, no responding directors reported

turnover in intake specialist or occupational therapist assistant (OTA) positions. This may be an artifact of very few, if any, programs with OTAs or dedicated full-time intake specialists on their team.

Figure 4. FCESS Directors' Reports of Staff Positions Prone to Turnover



Note: Respondents could select multiple positions. Includes responses from 13 directors. Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

Low pay is the top reason viewed as responsible for staff turnover

Next, FCESS program directors were asked to identify the factors they thought contributed to staff turnover. Low pay was by far the most cited factor (11 of 12 responding), followed by the desire to seek an alternative work setting (four of 12; see Figure 5). Only one director considered licensing or credentialing requirements to be a factor in staff turnover.

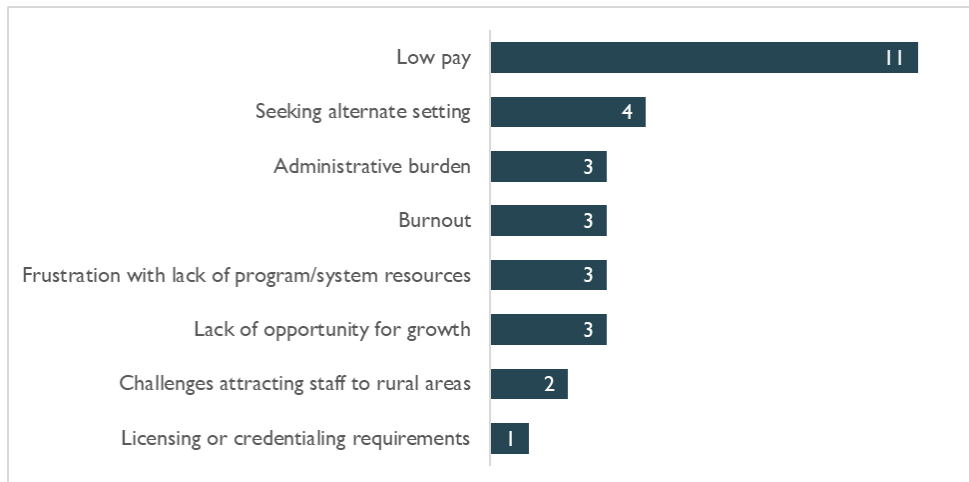


Figure 5. FCESS Directors' Reports of Factors Contributing to Staff Turnover

Note: Respondents could choose multiple factors. Includes responses from 12 directors. Source: UNH Carsey School analysis of 2022 PDG FCESS Workforce Survey

In other human service and health-related fields, administrative burden, low pay, and burnout are often cited as contributing to staff turnover.^{iv} Among the FCESS directors here, the perceived contribution of low pay far exceeds that of administrative burden or burnout. This

suggests that administrative burden and burnout are less of an issue for this workforce or at least less of an issue compared to compensation concerns.

Given the importance of compensation for retention, it is important to note that at least some effort has already gone toward addressing this issue within this workforce. Over the years, Medicaid has increased reimbursement rates, dedicating more revenue for programs. In 2017, Family Centered Early Supports and Services programs received an increase of \$2.2 million in total funds for each year of the state fiscal year 2018-2019 biennium.^v A portion of this increase appropriated by the NH Legislature was for the purpose of wage increases to direct service providers of ESS services. Other legislation, such as HB 1162, has also sought to ease access for families. The law, which passed in 2020, expanded insurance coverage for FCESS programming and extended eligibility for services to children under age three who are born substance exposed.^{vi} The state also continues its broader work to strengthen and streamline access for families and individuals interacting with the Bureau of Developmental Services, including changes to reimbursement rates that will specifically attempt to support the direct service workforce.^{vii} These multipronged strategies will remain essential to ensure a stable workforce and accessible services over time.

About the Survey

What was the survey? The 2022 New Hampshire Preschool Development Grant (PDG) Family Centered Early Supports and Services Workforce Survey collected data about employees of the area agencies that deliver the state's early intervention system. This system, called Family Centered Early Supports and Services (FCESS), serves eligible children up to age three through a system of 10 regional Developmental Service Area Agencies with 15 local programs and their contracted providers. The goal of the survey was to better understand the capacity and needs of this workforce.

Who was invited? To be eligible to participate in this survey, respondents had to be either a director or staff at an FCESS program in New Hampshire. A member of the PDG and NH Department of Health and Human Services staff contacted FCESS program directors in each of the Developmental Service Area Agencies in New Hampshire by email, inviting them to participate in this survey and to disseminate the survey to their staff.

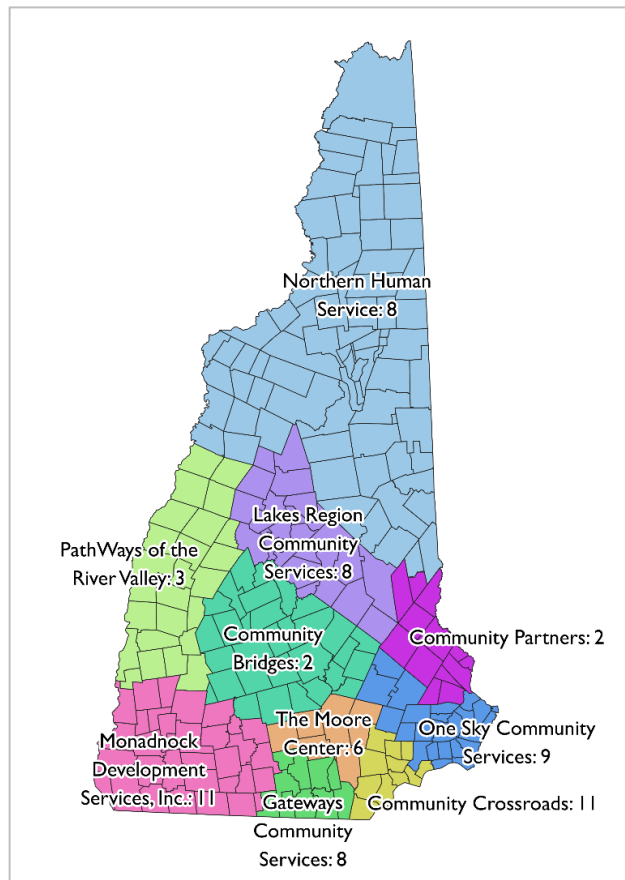
Who participated? Seventy-nine people began this survey; 12 dropped out after reading the consent form.^{viii} Thus, our sample includes data from 67 respondents—53 staff members and 14 directors—of FCESS programs. One additional respondent identified as a director of a program but did not answer any of the director-specific questions and is therefore not included here. This brief focuses on data from the 13 directors. Respondents from all of the state's 10 area agencies participated (see Figure 6).

What did participants do? Participants were asked to complete a one-time online survey about their role, expertise, education, and workforce challenges. To inform the early childhood systems work of the Preschool Development Grant, this survey was developed in partnership with the New Hampshire Department of Health and Human Services, the New Hampshire Department of Education, the Preschool Development Grant Leadership team, the UNH

Survey Center, and the UNH Carsey School of Public Policy. The survey took a median of 9 minutes to complete, and respondents were offered a \$20 Amazon gift card for their participation. Participants were surveyed between April 27 and June 2, 2022.

Are these data representative of this workforce? There is no definitive way to know. Because there is no directory of all FCESS employees, it was not possible to create a random sample of this population. Instead, we attempted a complete census—that is, to gather data from every person in this workforce—although not everyone participated, and those who did might differ from those who did not. Additionally, this survey was directed at program employees, although it is possible that consultants might have received the survey invitation and participated. According to the state, approximately 212 staff members were employed or contracted by FCESS programs in the state as of September 2021^{ix}; with 67 respondents here, we have captured around one-third of this estimated total. When comparing respondents here with a recent FCESS staff inventory (employees and consultants), we find that our sample includes generally representative proportions of educators and those in occupational therapy, but lower shares of those in speech language pathology and in physical therapy than the staff inventory. Therefore, this brief describes findings as among “respondents” rather than the whole workforce. However, results here can shed light on some of the skills, resources, and needs that are relevant to at least a portion of this workforce.

Figure 6. Number of Respondents to the 2022 New Hampshire Preschool Development Grant Family Centered Early Supports and Services Workforce Survey, by Developmental Service Area Agency Region



Note: Number of respondents includes staff and directors from each region. Regions are defined by the State of New Hampshire Department of Health and Human Services.^x

About the Authors

Sarah Boege, MPP, is a senior policy analyst with the Center for Social Policy in Practice at the Carsey School of Public Policy. Sarah supports Carsey research through data collection and analysis, GIS mapping, and translating and disseminating research findings. At the core of their past and current work is the use of research to inform more equitable and accessible policy, practice, and decision-making.

Jess Carson, PhD, is the director of the Center for Social Policy in Practice and a research assistant professor at the University of New Hampshire's Carsey School of Public Policy. Jess studies how policy affects people, focusing on how legislative and administrative decisions shape access to resources available through work, the social safety net, and community settings.

Ellyn Schreiber, LCMHC, ecfmhc-A, is a licensed mental health clinician with more than 30 years of experience in NH's Early Supports and Services and Children's Mental Health fields. Ellyn serves as the New Hampshire Preschool Development Grant's Department of Health and Human Services Integration Coordinator.

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This brief is part of a series of work related to the New Hampshire Preschool Development Grant's 2022 Needs Assessment. Find related work at <https://carsey.unh.edu/center-for-social-policy-in-practice/new-hampshire-preschool-development-grant-project>. For more information on the NH PDG, see <https://chhs.unh.edu/early-childhood/preschool-development-grant>.

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ⁱ E.g., Nabozny, Pete. 2018. "Valuing Early Childhood Developmental Services: Reimbursement Challenges for Early Intervention and Preschool Special Education Services in Monroe County." Rochester, NY: The Children's Agenda. <https://thechildrensagenda.org/wp-content/uploads/2019/03/Valuing-Early-Childhood-Developmental-Services-040518-1.pdf>.

ⁱⁱ Five southern regions—Regions 5, 6, 7, 8, and 10—each have two programs. See State of New Hampshire, Department of Health and Human Services, "Public Reporting NH Part C FCESS & Local Programs Compliance Data 2021 – 2022" <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/fcessprocomp->

[ffy21.pdf](#). For a New Hampshire state map with Family Centered Early Supports and Services regions, see State of New Hampshire, Department of Health and Human Services, “FCESS Program Directory” <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/fcessdirectory.pdf>.

ⁱⁱⁱ “Technically, one additional respondent identified as a director of a program but did not answer any of the director-specific questions about staff vacancies and turnover used in this brief. As such, this respondent is not included.

^{iv} Wine, Byron, Matthew R. Osborne, and Eli T. Newcomb. 2020. “On Turnover in Human Services.” *Behavior Analysis in Practice* 13(2): 492-501. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7314883/>. Casey Family Programs. 2017. “How Does Turnover Affect Outcomes and What Can Be Done to Address Retention?” *Healthy Organizations Information Packet*. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

^v Nicole Bushaw, Part C Coordinator FCESS, email communication with authors, December 2, 2022.

^{vi} “Press Release.” 2020. Press Office of Governor Chris Sununu, July 20, 2020. <https://www.governor.nh.gov/news-and-media/governor-chris-sununu-signs-hb-1162-law>.

^{vii} See, for instance, State of New Hampshire Department of Health and Human Services. 2023. “BDS Systems Work.” <https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/bds-systems-work>.

^{viii} In survey research, a consent form provides potential participants with written information about the proposed research to inform their decision to participate in the research study based on what participation would entail, the goals of the study, and any risks or benefits they might expect.

^{ix} See U.S. Department of Education. 2022. “State Performance Plan / Annual Performance Report: Part C.” <https://sites.ed.gov/idea/files/NH-C-SPP-FFY20.docx>. Note that this estimate does include consultants but does not include specialists, such as vision, hearing, nutrition, and behaviorist specialists.

^x See State of New Hampshire, Department of Health and Human Services, “FCESS Program Directory” <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/fcessdirectory.pdf>.