



## **Work Force Crisis Creates Critical Gap in Services**

### **Background**

Throughout the 1102 Task Force meetings and process there has been a dominant theme that the Task Force needs to address the work force crisis related to Direct Support Professionals (DSPs). Many individuals, family members, providers and DSPs have offered verbal and written public comment regarding the importance of DSPs in supporting individuals with intellectual and developmental disabilities (IDD) as they live, work and engage with their local communities.

Without question, there is a shortage of DSP workers which results in individuals and families not receiving all of the services they need to live the best life possible. Several factors are known to contribute to the shortage of workers. At the top of that list are the wages paid to DSP workers and insufficient benefits. Compensation also impacts retention of DSP workers, which results in individuals with IDD experiencing regular and rapid turnover and change in the DSP staff that provides daily support and personal care to each of them. This situation results in individuals with IDD feeling especially vulnerable and their families lacking confidence in the IDD system of community support and care. With DSP work force challenges existing for over 30 years, these challenges are more than a crisis – they are a systemic failure resulting from a misalignment of expectations for increased service delivery without sufficient funding increases.

Another recurring theme the 1102 Task Force has heard regarding the DSP work force is the need for more training, especially in the areas of medical needs and behavior supports. Individuals, families, and providers have commented that additional training for DSPs would help improve the quality of service delivery. Additional training also offers DSPs the opportunity to develop and enhance specialized skills, which could lead to opportunities for leadership and further advancement and the perception of the occupation as a long-term career path.

Direct Support Professionals who work with individuals with IDD often act as the glue that helps hold a family or a small group of adults together. It's past time to strengthen that bond in Indiana. By raising compensation and developing a more diverse and well trained work force on a professional career path, we can better serve the needs of Hoosiers with IDD.

### **The Current DSP Work Force**

So who are DSPs and what work duties do they perform? From medication administration to personal hygiene assistance to help with personal finances, to social, vocational, and recreational support, DSPs are deeply involved in all life activities of people with IDD. A significant majority work in residential settings, providing support for individuals with IDD in their home. In addition to staffing residential sites, DSPs are also providing respite for caregivers, support in the community, facility-based educational programs, and support for individuals in the workplace. The importance of highly-trained professional support staff is magnified in these settings due to the fact that they are de-centralized (away from supervisory and support staff) and are often times required to make important decisions without the benefit of leadership.

Approximately 18,000 full- and part-time DSPs work for Indiana agencies to assist more than 40,000 Hoosiers with disabilities to live meaningful lives and become more independent

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citizens. Although there is a wide range of diversity in the DSP work force, a survey in 2016 completed by INARF showed that the typical DSP is a 38 year old single woman with children. She has been employed in the field approximately three years.

### **Current Turnover Rate of DSP Work force**

As noted in the prior section, the typical DSP has only three years' experience in the IDD field as a DSP, which highlights retention as one of the most challenging issues facing the DSP work force. Currently, DSP employers are experiencing 35 to 45 percent annual DSP turnover. Based on exit interviews for staff who were leaving the field, many DSPs say they want to stay in the field but would need to earn more money to do so. Consumers, families and providers all agree that when more than one third of the DSP work force is leaving their job each year, it results in inconsistent support and diminished quality and continuity of care to individuals with IDD. No one is satisfied with the current situation of multiple and frequent changing caregivers and the compromised quality of care resulting from the inconsistency of the current DSP work force.

### **Unserviced and Underserved Individuals Due To DSP Worker Shortage**

On average, IDD providers currently report that they have 15% of their DSP positions vacant. This suggests that providers need approximately 3,000 additional DSP workers to meet the current level of service supports. Many dedicated DSPs work a significant amount of overtime due to this high vacancy rate among the work force. Unfortunately, working large numbers of overtime hours undoubtedly creates additional work-related stress which is a factor contributing to the high turnover rate in the DSP work force.

Each month the Division of Disability and Rehabilitative Services targets 300 individuals to begin Medicaid IDD waiver services through the Family Supports Waiver. It is projected that the addition of each new person who comes on the waiver generates an estimated 85 additional full-time employees (FTEs) per month for a total of more than 1,020 additional FTEs needed each year. A significant number of individuals on the Family Supports Waiver currently only receive case management services and do not receive the services authorized to be provided by DSP workers due to worker shortages. Many families report that the services they need most are Respite and Participant Assistance and Care, but they cannot find providers who are able to recruit staff to deliver these intermittent services.

### **DSP Wages**

During the 2017 legislative session, INARF and The Arc of Indiana commissioned an economic impact study by the Public Policy Institute at Indiana University. As part of the study the average wage for DSPs was compared to other service sector wage employees in Indiana. DSP wages trailed the average wage by more than \$6,000.

The study demonstrated that a 10 million dollar a year investment of state dollars would draw in 20 million dollars a year from the federal government through the Medicaid program. In total the economic impact from the 30 million dollars would result in a program targeted to raise the average DSP compensation from an average of \$10 per hour to an average of \$11 per hour. The study also concluded that the 10 million investment of state dollars would have a 34.9 million dollar positive economic impact to the Indiana economy.<sup>1</sup>

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<sup>1</sup> Refer to Appendix A - Indiana University Economic Impact Study for additional information.

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Data collected from 40 INARF member organizations indicates that the 2017 DSP wage increase initiative funded in House Enrolled Act 1001 increased the statewide average wage for DSPs to \$11 per hour, or an annual salary of \$22, 880 per year. By comparison, the federal poverty level for a family of three is \$20,780 per year. The amount of compensation that agencies can offer is directly related to the level that the state pays providers in Medicaid Waiver rates. It is widely believed that we will not reach a stable work force until DSPs make at least \$15 hourly, which would allow them to develop their jobs into a long-term career. While the 2017 legislation did achieve the goal of increasing DSP wages, additional action is needed to fully address the DSP work force shortage and recruitment and retention challenges and stabilize the IDD service delivery system to ensure consistent quality care for Hoosiers with IDD.

By comparison, Ohio officials recently announced a three-year plan to modernize services, move residents from institutional settings, implement a shared living plan and raise the average DSP wage to \$19 an hour. It should be noted that this plan is proceeding in a state led by a fiscally conservative governor. Indiana needs better compensated DSPs, but this should only be the start of the improvements to our support network.

### **Develop Comprehensive Training for DSP Position**

The professionalization of the DSP position is contingent on effective and comprehensive training. The state has supported a DSP training curriculum in the past, and we believe that it is critical to do so again. In the last 20 years, there have been two state supported attempts at creating a formal and comprehensive training program for the DSP position. Neither remain functional, but both provide solid data and information that can be used to create a program that is both viable and sustainable. Anecdotal evidence suggests that families are becoming increasingly frustrated with and concerned by a rotation of staff that are often times new, inexperienced, and only moderately trained on their child's specific disability, behaviors, and the DD support system. This results in a situation in which trust is compromised and satisfaction with the services provided is low. A training program that teaches the history of the DD field, an introduction to various developmental disabilities, trends in the industry, effective communication, effective reporting and documentation, behavior supports, and other core competencies would add skills and value to a position that is too often devoid of both.

We recommend that the state access and review the IN-Train curriculum that was developed with input from provider agencies, Ivy Tech Community College, and the Indiana Institute on Disability and Community. That curriculum was structured well and contained many modules that would be beneficial today. Providers report that many of their best DSPs are individuals who previously completed the IN-Train program and benefited from the focus on quality supports and professionalization of the position. We also recommend that the State develop a central repository to track DSP training records and years of experience as a DSP.

In addition to a DSP training program, it is recommended that the state consider career and technical training for high school students. Curricula in Indiana high schools currently include career options for students interested in becoming a barber, a cook, a mechanic, and a medical assistant. Introducing our young adults to a career in the IDD field could have a significant impact on our current work force crisis.

### **Action Needed**

To change the current dynamic The Arc of Indiana and INARF are proposing the following 1102 goals related to the DSP work force shortage crisis:

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### **Increase Wages and Tie Wages to Skill Enhancement**

Raise the average wage from \$11 to \$15 per hour by June 30, 2019. This could be accomplished through funding an increase in base compensation similar to 2017 legislation and an add-on Waiver rate when a DSP completes a state authorized training program that significantly enhances the DSP's skills. This 1102 DSP wage initiative would couple together increasing base compensation and skills and rewarding DSP workers financially for taking the responsibility to improve and enhance their skills.

### **Expand the DSP Work Force to Include Peer Specialists with IDD**

Include as Medicaid Waiver services peer specialists enabling experienced, trained people with IDD to support their fellow Hoosiers with disabilities. For example, who better to train a person to ride public transportation than someone who rides it every day? Who can be a better job coach in navigating challenging social settings than someone who has done that successfully? The service and support system should look to people with IDD to fill a number of existing and new roles. Peer specialists would also provide a bridge to self-advocacy groups and other natural supports in the community. The Arc of Indiana and INARF believe this is a great path forward for people with IDD who want to build a career in serving others.

### **Implement Self-Directed Care in HCBS Waivers Administered by DDRS**

Implement a self-directed care model in HCBS Waivers administered by DDRS for individuals to convert their shift model to a version that allows them to hire people they choose via a fiscal intermediary.

### **Expand Family Member Service Delivery**

Another option that appears to be growing in popularity nationally is increased utilization of family members as paid support staff. Some estimates indicate that as many as 15 to 20 percent of the staff supporting people on waivers may be parents. These numbers indicate that many providers are employing this strategy to their benefit, which in turn benefits individuals being served.

In Indiana, family members are currently capped at providing no more than a combined 40 hours per week of DSP support to their adult family member. Given the DSP work force shortage, it is recommended that Indiana review its current waiver allowed activities relative to family caregivers.

### **Additional Protection for Individuals with IDD from Abuse, Neglect, and Exploitation**

In response to public comments regarding the need to increase protections for individuals with IDD from abuse, neglect, and exploitation by direct care workers, implement a registry listing direct care staff who the Division has determined have committed certain offenses that bar them from employment as a Developmental Disabilities employee in the state of Indiana. Individuals listed on the registry would be barred from employment as a direct care staff in the state of Indiana.

### **Incentivize Implementation of Emerging Technology in Service Delivery**

Congruent with the Technology First recommendation adopted by the Task Force on July 18, maximize incorporation of technology in the delivery of services to people with disabilities to increase individuals' access to services and assist in addressing the DSP work force shortage.<sup>2</sup>

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<sup>2</sup> Refer to [ANCOR Bringing Long-Term Supports & Services into the 21st Century Position Paper](#) for additional information regarding use of technology in HCBS.