

2022 Virtual TA Institute

Breakout Room Notes

Session Number: 2

Breakout Room Title: Addressing the Impact on the DSP and Public Health Workforce

Facilitator: Amy Hewitt

Attendees: George Gotto, Tawara Goode, Matt Wappett, Alexis Deavenport-Saman, Derrick Willis, Eric Moody, Chris Knowles, Angela Martin, Sandy Magana, Chris Murray, Deborah Spitalnik, Kiriko Takahashi, Jack Brandt, Cindy Thomas, Emily Lauer

Notetaker: Dawn Rudolph

Notes:

What are you doing in your state?

- UT: State reached out to UCEDD to gather data, used data to help legislate increased appropriations resulting in higher wages to \$16/hour for DSPs, backfired in that UCEDD would help provide monitoring but now cut out of loop. Did wage analysis to see if it was really wages driving people out of workforce – provider says was wages, DSPs said it was more than that, will be using public health workforce funding to survey DSPs on real factors driving workforce crisis (lack of training, support, flexibility)
- WY: community conversations via zoom, 200 people per meeting, learned crisis was caused by more than just wages – paperwork policies vs. electronic document keeping, for example, there are some simple things to help ease but certainly more important things. DD Network, provider organization, and health department commit to continue to meet to address this. Soon after, Medicaid office and DSPs came together to ask for training for case managers to increase professionalizing of direct support workforce. Will help, but will not solve the problem.
- IA: in conversation with association of community providers and the Iowa Medicaid Enterprise requesting learning management system more specific to providers needs, developed collaboratively with providers. Used to use College of Direct Support in hands of managed care organizations now. As of 4 pm Friday, received message from Medicaid enterprise ending the program and would cease payment as of end of day. No time to close out program. Learned wanted to invest American Rescue Act funding to be more comprehensive, learned the LMS was a sole source agreement, so need to put out to bid. Have developed structure, systems to help understand training and capacity needs of DSPs across the state, based on surveys – not always related to pay, more related to environments they work in and being ill-prepared to serve people. Staying tuned for public bid.
- MO: governor increased funding to dept of disabilities and dept of mental health, using funds to raise wages to \$15.50/hour as starting wage. County Board meeting discussions indicated issues are also experienced in transportation, community health workers, services impacted across the

board. Baffled and feeling



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helpless. State built webpage providing additional support for immigrants and refugees to find work as DSPs. Does this contribute to exploitation?

- TX: public health – hiring public health worker at bachelors level with PH or SW degree, with goal to get out to underserved areas where Center is not currently serving, connecting with community organizations to build relationships in those communities and educate each other, connect with PH departments as well. Partnering with AT program at UCEDD also. Training self-advocates as public health workers
- NJ: hiring doctoral student in public health and an undergraduate, address lack of training on disability in PH training, and understand more about what disability system needs to learn about PH. Interesting article by Don Lollar about lack of disability training in public health schools, served as jumping off point. Public Health and Disability: Emerging Opportunities
Donald J. Lollar, EdDFirst Published March 1, 2002 Research Article Find in PubMed
<https://doi.org/10.1093/phr/117.2.131> This seems to inform more sustainable approach. Boggs Center has long history of working on DSP issues. Got MFP funds from aging & disability – will develop competencies in direct support – there are some wonderful national competencies out there thanks to Amy Hewitt but state wants its own. Also working with community colleges to provide DSP training for incumbent workers and also attracting folks from one-stop career centers, high school students. Also have Office of New Americans, looking at influx of refugees and immigrants, and what would make it easier for them to work in DSP
- DC: will use PH funds to hire PH and Nursing discipline staff to help craft PH messages for PWD, provide training to public health workforce to get disability on radar screen. Will provide individual consultation on specific policies and practices. Re: DSPs – gathered data on impact of pandemic on DSP workforce as no one was looking at that – who was quitting, who was working in multiple group homes – did this in collaboration with community provider association. Data provided to DC Council. Testified before DC Council on impact of pandemic on PWDD and DSPs in the city and push them to report that publicly re: rates of disease and mortality. Push for increased wages was enacted. Support parents with ID, home visiting program supported through dept of public health – gather data, support those parents through pandemic, many of whom did not have access to technologies to get what was needed for health and education. Work with provider association to address racial, ethnic, cultural issues as majority of people receiving services are African American, though workforce largely African and Caribbean, caused some conflict. Helped get issues out on the table.
- MI: PH workforce funds used along with dept of health – helping do training of delivery of health services, putting community health workers in mobile units. Interesting to learn about community health worker – sort of like DSPs in that everyone does something different. Paths are parallel – roles are important, share issues regarding low pay – would be interested in figuring out how to support both pathways/roles together. DSP – have been part of direct wage coalition, has brought together lots of people who don't always agree but is much agreement on this – trying to increase wages to \$18/hour, trying to figure out how to build in COLA for sustained higher wages. State has agreed to use ARPA funds to create training package for much larger investment in disability, aging, mental health, substance abuse. Some legislators saying that they are not involved in setting wages – but they are, as they set budgets by what they authorize. Full time legislators but with strict term limits so lots of turnover and teaching. There are not DSPs to be had. Wages



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are being raised but it's not solving the crisis. Workforce development topic tends to gain some traction with legislation.

- CA/USC: pre-service training – infusing lots of content in PH services, have 5 PH interns, trying to recruit into workforce, hired MPH to help recruit. Working with lots of community based organizations and other universities to work with other populations, working with faith based communities, street medicine, mobile units. Working at local level with PH dept and at state level with Dept of PH. Trying to fund grant with local health department to increase # child health development to increase screening and access to early intervention in areas of need and Medicaid populations and in areas experiencing environmental impacts.
- MN: solidified external consulting group working at organizational level to help orgs understand complexity of workforce challenges, after internal discovery process, have interventions that match discovery. Working with about 20 different provider orgs at any given time. Throughout pandemic, did 3 waves of DSP surveys to ID how worklife life has been impacted by pandemic, about to launch 4th. About 10,000 DSPs responded; different people each time, but about 30% respond to each survey. Very interesting results on realities that DSPs find themselves working in. Looking at NCI staff stability data and outcome data – published series of public policy research briefs, held forums for each brief. While there are lots of reasons DSPs turnover, over time wages and benefits always land in top 3 reasons. Wages always at the top – at organizational and system level – re: investment in system. This is hardest for us to change. This is why consulting model helps organizations fix what they can. Have templates for just about everything – reach out to Amy to access.

What is needed?

- Training on misinformation and disinformation to help build public trust
- Address trauma and burnout
- Providing information that people can trust
- Talk about systemic exploitation – huge systemic structural issues and barriers that are exploitive. We would implode if people weren't working 30-50 hours of overtime a week. System is significantly taking advantage of women and people of color. We can make collective impact to get this message out. Exploitation based on economic status, race, gender. May look different in different states across the country, but the amount of work that is required and the level of responsibility for someone's life.
 - Some CEOs brag that some of their DSPs make 6 figures/year in pandemic – but how much work does that require at these wages? Would be unacceptable in any other industry.
- Address the way DSPs are treated by family members, aligns with what we're seeing in community/country in general, especially in self-directed services. Discrimination, bias, for example who can work with their family members
- Worker co-ops have been around for a while in other fields, MN is starting one in Dept of Human Services, across sectors. Workers make more money and stay longer. 25 years ago was identified as an intervention to use. State falls short of investing what is needed for DSPs to start their own company in meaningful way.
- Segment of parent community very concerned about abuse. Bill pending in state legislature to put cameras in group homes



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to monitor DSPs. Appalling. Lack of understanding of relationship and role of DSP, and lack of attending to what is needed to help DSPs get living wage.

- Services coordinators, case managers, teachers are also leaving profession. Trying to bring these folks into direct support roles as they care about people. Helping professions that people with disabilities rely on are devastated. Was there before the pandemic, which exacerbated it.
- Organizing. ADAPT of TX has started new coalition to advocate for better wages <http://adaptotexas.org/pacts-texas-attendant-project-tap/> - support and be allies to DSPs to organize
- NADSP had policy summit teaching them how to tell their stories, then next day went to their legislators (much like Disability Policy Seminar)
- Share reports across network to help advocacy across states

What grant opportunities have been successful in your states?

- MO – most funding coming from contracts directly with state depts – dept of MH, dept of health and senior services. Contracts to do secondary data analysis, statewide needs assessment.
- Using public health \$ to hire MPH experienced in working with refugee and immigrant populations – will begin doing COVID education in these communities to reach kids with IDD in these communities. Considering also helping adults in these communities to find jobs as DSPs.

Future TA Needs: Share resources from Amy Hewitt:

Policy Research Briefs - <https://ici.umn.edu/series/10>

- Summaries of research with policy recommendations; most of the more recent are on the direct support workforce.

Public Policy Forums - https://ici.umn.edu/series/hEb_HnE1SHejUMbWp9nerA

- Recordings of forum on the topics related to the policy research briefs.

DSP experiences during COVID19 - <https://ici.umn.edu/covid19-survey>

- Reports for all three waves (includes some state level reports and national reports)

Wage and turnover – see below



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Citation	Objective/Aim	Sample	Results
<p>Houseworth, J, Pettingell SL, Kramme JED, Ticha R, & Hewitt AS. (2020). Predictors of annual and early turnover among direct support professionals: National Indicators Staff Stability Survey. <i>Intellectual and Developmental Disabilities, 58(3)</i>, 192-207. doi: 10.1352/1934-9556-58.3.192</p>	<p>Examine organizational and state level factors related to DSP turnover (annual/early)</p>	<p>NCI Staff Stability 2016 Survey; 20 states and DC; 3,222 provider agencies</p>	<p><u>Org level:</u> higher annual TO related to lower DSP wages <u>State level:</u> higher annual TO related to lower Medicaid spending</p> <p>-- \$1 increase in wage = 1.10% decrease in TO -- Wages for workforce should be increased to levels commensurate with their skill levels and livable wages in their communities. Building in annual cost of living increases into rate structure at the state level is critical to keep wages aligned with costs of inflation. -- Increasing wages communicates to DSPs they are valued and essential members of the organization and will decrease TO. -- \$100 increase in per capita Medicaid spending = 2% decrease in TO -- States should continue to invest in Medicaid and HCBS as this increases sustainability and decreases TO as more per capita investments lead to lower TO.</p>
<p>Pettingell SL, Houseworth J, Ticha R, Kramme JED & Hewitt AS. (2022). Incentives, wages, and retention among direct support professionals: National Indicators Staff Stability Survey. <i>Intellectual and Development Disabilities, 60(2)</i>, 113-127.</p>	<p>Examine impact of DSP incentives in annual DSP turnover</p>	<p>NCI Staff Stability 2018 Survey; 26 states and DC; 4,400 provider agencies</p>	<p>-- Average DSP hourly wages \$12.22; average annual TO 46%. -- Incentives not positively associated with annual TO; wages associated with DSP TO -- Higher DSP wages were significantly related to lower TO; As wages increase, TO decreases.</p>

<p>Bershadsky J. (March 2022). How much do direct support professionals make? Putting wages in context. <i>Policy Research Brief, 29(1)</i>, University of Minnesota: Institute on Community Integration</p>	<p>Put average DSP wages collected by NCI Staff Stability Survey in context of BLS data on comparable professions and MITs living wage data.</p>	<p>NCI Staff Stability 2016-2020</p>	<ul style="list-style-type: none"> -- Compared to similar professions with similar responsibilities outside of IDD field, DSP hourly wages are consistently lower. -- The gap between living wages and DSP wages has not decreased in recent years; it increased with the onset of the pandemic. -- Ensure greater emphasis by CMS on the need for states to set adequate rates that are high enough to recruit new entrants to the field and retain existing staff. -- Ensure increases in minimum wages at local, state, and federal levels; accompanied by pay adjustments to other positions and levels of experience. -- Ensure wages increases not limited to hiring bonuses.
<p>Bershadsky J. (December 2021). Wage compression among direct support professionals <i>Policy Research Brief, 28(5)</i>, University of Minnesota: Institute on Community Integration.</p>	<p>Examine 3 waves of DSP wages and tenure along with what would be expected if wages kept a 4% annual increase like other industries.</p>	<p>Direct Support Workforce Covid-19 Survey (April 2020, Nov 2020, June/July 2021); more than 18,000 unique respondents</p>	<ul style="list-style-type: none"> -- Wage compression is where there is little difference in pay between new and more experienced staff. This is a major problem which results in higher turnover among DSPs and FLSs. -- Current average hourly raise per year among all hourly workers in US is between 3-5%. It is lower than that for the DSW. -- At every length of tenure (0-6m, 1-2yrs, 2-3yrs) there is a gap between what would be expected if DSPs and FLSs saw a 4% annual increase in wages and what their wages actually are. DSP and FLS wages are consistently below.

			<p>-- Ensure greater emphasis by CMS on the need for states to set adequate rates that are high enough to recruit new entrants to the field and retain existing staff.</p> <p>-- Ensure increases in minimum wages at local, state, and federal levels; accompanied by pay adjustments to other positions and levels of experience.</p> <p>-- Ensure wages increases not limited to hiring bonuses. This contributes to existing wage compression.</p>
<p>Oteman, Q. (September 2021). Predictors of annual turnover among direct support professionals. <i>Policy Research Brief, 28(3)</i>, University of Minnesota: Institute on Community Integration</p>	<p>Examine organizational and state level factors related to DSP turnover (annual/early)</p>	<p>NCI Staff Stability 2016 Survey; 20 states and DC; 3,222 provider agencies</p>	<p><u>Org level:</u> higher annual TO related to lower DSP wages</p> <p><u>State level:</u> higher annual TO related to lower Medicaid spending</p> <p>-- \$1 increase in wage = 1.10% decrease in TO</p> <p>-- Wages for workforce should be increased to levels commensurate with their skill levels and livable wages in their communities. Building in annual cost of living increases into rate structure at the state level is critical to keep wages aligned with costs of inflation.</p> <p>-- Increasing wages communicates to DSPs they are valued and essential members of the organization and will decrease TO.</p> <p>-- \$100 increase in per capita Medicaid spending = 2% decrease in TO</p>

			<p>-- States should continue to invest in Medicaid and HCBS as this increases sustainability and decreases TO as more per capita investments lead to lower TO.</p>
<p>ANCOR. (2021). <i>The State of America's Direct Support Workforce 2021</i>. https://www.ancor.org/sites/default/files/the_state_of_americas_direct_support_workforce_crisis_2021.pdf</p>	<p>Assess the need for provider support to engage HCBS dollars and improve working conditions through recruitment, retention, and turnover reduction.</p>	<p>ANCOR The State of Americas Direct Support Workforce 2021. 449 respondents</p>	<p>-- 77% of providers are turning away new referrals. -- 58% of providers are discontinuing programs and services. -- 84% are delaying new programs. -- 81% are struggling to maintain quality standards. -- 40% are seeing higher incident rates. -- 92.5% of agencies are paying more than what the organization can afford. -- 86.2% indicated that they are being paid a lower wage than what a DSP can make on unemployment or other state/federal unemployment benefits.</p>
<p>PCPID. (2017). <i>Report to the President 2017, America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy</i>. US Department of Health and Human Resources. https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF</p>	<p>Examines the DSW Crisis as well as the impact on those they support.</p>		<p>-- Over past 30 years low wages, lack of benefits, limited training and career advancement opportunities led to these national results:</p> <ul style="list-style-type: none"> • average DSP wages of \$10.72 per hr • average DSP wages below federal poverty level for a family of 4 • half of DSPs rely on government-funded and means-tested benefits • most DSPs working 2 or 3 jobs • annual D% (range 18–76%) • average vacancy rates of 9+% <p>-- DSP crisis impacts individuals and families and is extremely costly to the human services system and the overall U.S. economy.</p>

<p>Powers, E.T. & Powers, N.J. (2010). Causes of caregiver turnover and the potential effectiveness of wage subsidies for solving the long-term care workforce 'crisis', <i>The B.E. Journal of Economic Analysis & Policy</i>, 10(1), 1-28.</p>	<p>Examine determinants of DSP turnover in LTSS industry in group homes for people with IDD</p>	<p>61 agencies and 200 community integrated living sites in IL</p>	<p>-- DV = annual turnover by agency (not necessarily just DSPs; defined as share of agency's employees hired) = 26.7% -- Higher total compensation reduces turnover. -- 10% increase in total compensation (\$1.11 increase at mean) reduces TO from 3.02 to 3.91 percentage points -- 10 percentage point increase in unemployment rate reduces turnover by 1.73-1.96 percentage points.</p>
<p>Larson SA, Hewitt AS, Lakin CK (2004). Multiperspective analysis of workforce challenges and their effects on consumer and family quality of life," <i>American Journal on Mental Retardation</i>, 109(6, November), 481-500.</p>	<p>Examine turnover, vacancy, wages related to service quality of MN HCSB Waiver program</p>	<p>500 HCBS service recipients from 24 MN counties; 372 consumers, 468 service coordinators, 365 families</p>	<p>-- TO for DSP in residential settings 44%, 33% for vocational settings. -- Average wages for DSPs in residential settings \$8.81, \$9.80 vocational settings. -- Higher turnover was associated with lower wages.</p>
<p>Bogenshutz, M., Nord, D., & Hewitt, A. (2015). Competency-based training and worker turnover in community supports for people with IDD: Results from a group randomized controlled study. <i>Intellectual and Developmental Disabilities</i>, 53(3), 182-195. doi: 10.1352/1934-9556-53.3.182</p>	<p>Relationship between DSP participation in competency based training intervention on turnover rates in MN</p>	<p>52 sites delivering HCBS services for IDD (42 residential, 10 day training/habilitati on); 502 DSPs</p>	<p>DV = annual site turnover Covariates: avg DSP tenure at site, avg wage at site, avg education level at site, proportion of DSPs access health benefits and higher education, residential vs. day treat; rural vs. nonrural Desc: across sites 44.1 mos tenure at current site; \$11.06 per hour; 13.3 yrs. Education; 65.6% received health insurance from employer; 17.9% enrolled in higher education Site characteristics (avg DSP tenure at site, avg wage at site, avg education level at site, proportion of DSP access to health benefits, proportion in higher education) explained 9% of variance in</p>

			<p>DSP turnover; residential settings sig greater reductions in turnover Intervention was a sig predictor in separation rates – 38% of all explained variance attributable to intervention Control group – 10.3% avg increase in turnover; intervention group 6% avg reduction. Difference of 16.4% in turnover. Training alone (in absence of financial incentives for DSPs) may influence turnover</p>
<p>Bogenshutz, M.D., Hewitt, A., Nord, D., Hepperlen, R. (2014). Direct support workforce supporting individuals with IDD: Current wages, benefits, and stability. <i>Intellectual and Developmental Disabilities</i>, 52(5), 317-29. DOI: 10.1352/1934-9556-52.5.317</p>	<p>Systematic summary of wages, fringe benefits, stability of DSP and FLS workforces in MN</p>	<p>16 multisite organizations 147 sites (122 residential supports; 25 day training/habilitation)</p>	<p><u>DSP WAGES</u> -- Overall average hourly wage \$11.26 (\$9.16-18.00) -- Day training/habilitation \$12.50; residential sites \$11.06 -- Wages appear higher due to DSPs in vocational settings which consistently have higher wages -- Based on 40-hr per week work schedule, this wage equates to \$23,400 annually. This is below the 2014 federal poverty guideline of \$23, 850. <u>DSP TURNOVER</u> -- Average annual turnover across sites 26% (range 0-100%); Residential 25%, Day training/habilitation 27% -- Early turnover (0-6m) 7% overall; residential 7%, day training/habilitation 8% -- Turnover was much lower than expected. May be the higher wage rates reported in the overall contributed to organizations' ability to retain DSPs, who wanted to remain in their position</p>

			<p>rather than leave for jobs in other sectors (such as retail) that typically offer wages lower than \$11.26 per hour.</p> <p>THIS IS NOT TRUE in 2021 ... LOTS OF PLACES PAY MORE THAN AVE DSP WAGE.</p>
<p>Hewitt A & Larson S. (2007). The direct support workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices. <i>Mental Retardation and Developmental Disabilities Research Reviews</i>, 13, 178-187.</p>	<p>Examining historical context of DSP definition, workforce challenges (recruitment, turnover/retention, wages/benefits, training, burnout)</p>	<p>N/A</p>	<ul style="list-style-type: none"> -- Field is increasingly made up of workers from varied racial and ethnic backgrounds including new immigrants. -- Lack of ease in finding replacement workers as boomer generation retires. -- With service utilization patterns, demographic trends, and DSP turnover rates (currently 52%), an additional 900,000 full-time equivalent DSPs will be needed annually by 2020 to support persons with IDD. -- Low unemployment and stable economy make finding and keeping new workers hard. -- Inability of human service employers to keep pace with prevailing wages because they rely on government reimbursement rates makes these challenges more difficult.
<p>Hewitt AS, Pettingell SL, Bershinsky J, Smith J, Kleist B, Sanders M, & Kramme J. (2021). <i>Direct support workforce and COVID-19 national report: Twelve-month follow up.</i> https://publications.ici.umn.edu/community-living/covid19-survey-12-month-followup/main</p>	<p>Describe experiences of DSPs/FLSs during COVID-19 pandemic (12 months in)</p>	<p>5,356 DPSs/FLSs in all but 3 US states, DC, & territories</p>	<ul style="list-style-type: none"> -- 97% identify as essential workers even though no official classification title -- 71% identify as primary wage earner -- DSP pre-pandemic wage \$14.18 (range \$6.78 - \$40.00) -- DSP current wage \$14.60 (range \$625 - \$40.00)

			<ul style="list-style-type: none"> -- 26% worked 1-15 additional hrs per week due to covid, 12% 16-30 hrs, and 24% 31+ hrs -- 6% say work life much better, 19% better, 40% the same, 26% worse, and 9% much worse.
<p>Hewitt AS, Pettingell S, Kramme JED, Smith J, Dean K, Kleist B, Sanders M, & Bershadsky J. (2021). <i>Direct support workforce and COVID-19 national report: Six-month follow-up</i>. University of Minnesota, Research and Training Center on Community Living. https://publications.ici.umn.edu/community-living/covid19-survey-6-month-followup/main</p>	Describe experiences of DSPs/FLSs during COVID-19 pandemic (6 months in)	8,846 DSPs/FLSs in all US states & DC	<ul style="list-style-type: none"> -- 97% identify as essential workers even though no official classification title -- 70% identify as primary wage earner -- DSP pre-pandemic wage \$13.92 (range \$6.25 - \$40.00) -- 50% say organization more short-staffed than before pandemic -- 33% worked 1-15 additional hrs per week due to covid, 14% 16-30 hrs, and 17% 31+ hrs -- 2% say work life much better, 6% better, 38% the same, 40% worse, and 14% much worse.
<p>Hewitt A, Pettingell S, Kramme J, Smith J, & Kleist B. (2020). <i>Results of the Direct Support Workforce COVID-19 National Survey 2020</i>. Research and Training Center on Community Living, University of Minnesota. https://ici.umn.edu/covid19-survey</p>	Describe experiences of DSPs/FLSs during COVID-19 pandemic	8,914 DSPs/FLSs in all US states & DC	<ul style="list-style-type: none"> -- 97% identify as essential workers even though no official classification title -- 74% identify as primary wage earner -- DSP pre-pandemic wage \$13.63 (range \$7.25 - \$30.00) -- Direct support workers have always provided critical, essential supports. The average wage of \$13.63 per hour prior to the pandemic is not reflective of the skilled nature of the work. -- 26% say organization more short-staffed than before pandemic -- 29% worked 1-15 additional hrs per week due to covid, 10% 16-30 hrs, and 15% 31+ hrs

<p>Pettingell S, Hewitt A, Kleist B, Hall S, Kramme J, Sanders M, Zhang A, & Hewitt A. (2021). <i>Employment and Community First CHOICES Workforce QuILTTS Initiative Survey 2020 Year Three Report</i>. Minneapolis: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living. https://publications.ici.umn.edu/tenncare/year-three-report/main?draft=463428ea-7516-436e-a641-87ef71c7fc83</p>	<p>Describe annual workforce issues in TN – year 3</p>	<p>63 organizations, 7,333 DSPs, 629 FLSs</p>	<p>-- DSP Ave starting wage \$10.36, FT \$10.46, PT \$10.27 -- DSP Ave hourly wage \$11.09, FT \$12.01, PT \$11.03 -- DSP Ave TO 63%, FT 53%, PT 87% -- DSP Early TO 47% FT 43%, PT 53% -- DSP Vacancy 19%, 21% FT, PT 36% -- DSP reasons for leaving: found another job at another company, no call/no show, pay too low/needed better pay</p>
<p>Pettingell S, Hall S, Kramme J, Kleist B, Eschenbacher HJ & Hewitt A. (2020). <i>Employment and Community First CHOICES Workforce QuILTTS Initiative Survey 2019 Year Two Report</i>. Minneapolis: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living. https://publications.ici.umn.edu/tenncare/year-two-report/cover</p>	<p>Describe annual workforce issues in TN – year 2</p>	<p>75 organizations, 12,975 DSPs, 1,182 FLSs</p>	<p>-- DSP Ave starting wage \$9.88, FT \$10.03, PT \$9.72 -- DSP Ave hourly wage \$10.56, FT \$10.66, PT \$10.23 -- DSP Ave TO 47%, FT 33%, PT 52% -- DSP Early TO 53% FT 47%, PT 57% -- DSP Vacancy 15%, 13% FT, PT 19% -- DSP reasons for leaving: found another job at another company, was terminated/fired, no call/no show</p>
<p>Kramme J, Pettingell S, Eschenbacher HJ & Hewitt A. (2019). <i>Employment and Community First CHOICES Workforce QuILTTS Initiative Survey 2018 Year One Report</i>. Minneapolis: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living.</p>	<p>Describe annual workforce issues in TN – year 1</p>	<p>47 organizations, 8,703 DSPs</p>	<p>-- DSP Ave starting wage \$8.92, FT \$9.37, PT \$8.87 -- DSP Ave hourly wage \$10.17, FT \$10.20, PT \$10.13 -- DSP Ave TO 46%, FT 47%, PT 50% -- DSP Vacancy 15%, 15% FT, PT 18% -- DSP reasons for leaving: found another job at another company, was terminated/fired, no call/no show</p>
<p>Hewitt A, Pettingell S, & Kramme J. (2019). <i>Minnesota direct support worker survey: Final report. Institute on Community Integration</i>. https://ici-s.umn.edu/files/97yqCJKfgd/direct-support-worker-survey_v5ar</p>	<p>Describe direct care workforce issues from DSW lens in 2018 in MN</p>	<p>267 DSWs from 444 organizations; random stratified representative</p>	<p>-- ave wages \$13.68 (\$10.00 - \$40.00) -- ave 35 hrs worked weekly -- ave 3 hrs OT weekly -- 67.5% want more hrs or would take full-time work, if available</p>

		sample by geographic region for MN	-- DSW reasons for leaving: found another job that pays more, found another job w better benefits, found another job better for their family
Pettingell S, Kramme J, & Hewitt A. (2019). <i>Minnesota direct support workforce: Compensation, Stability and demand 2018 final report</i> . Institute on Community Integration. https://ici-s.umn.edu/files/EJphXTtnET/minnesota-direct-support-workforce-2018-final-report	Describe direct care workforce issues in 2018 in MN	178 organizations; random stratified representative sample by geographic region for MN; 28,673 DSWs	-- starting awake wage \$11.88 (median) -- starting asleep wage \$10.00 (median) -- hourly awake wage \$12.04 (median) -- hourly asleep wage \$10.23 (median) -- 39% annual TO -- 15% vacancy
Kramme J & Hewitt A. (2019). <i>2018 New York State Workforce Credentialing Programs comparative analysis</i> . Institute on Community Integration. doi: 10.13140/RG.2.2.18814.84804	Describe and evaluate credentialing programs at a point in time by wages, turnover, tenure	5 HCBS provider organizations employing DSPs and FLSs in the state of NY	DSPs and FLSs could opt into voluntary credentialing programs. At some organizations there were multi-tiered credentials available. --Successful completion of the program(s) wage paired with a credential and wage increase. --Credentialed and non-credentialed staff were reported by count in organizations as well as number of staff who left and average tenure length ---across programs credentialed staff had higher wages, longer tenure, less % turnover compared to non-credentialed staff
Kramme, J. & Hewitt, A. (2021). <i>New York state direct support workforce credentialing programs comparative analysis: Final report</i> . University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. z.umn.edu/NYDSPCredential	Same as above (Kramme & Hewitt, 2019)	7 providers as above. Same original 5 with additional years of data reported plus two additional organizations that	Same as above. Inclusion also of organizations implementing the NADSP e-badge academy. --Due to programs' successes, the majority of programs were seeking additional means of providing training and wage increase opportunities to support staff to remain in their jobs

		were not included in the 2019 report.	
<p>Hewitt, A., Taylor, M., Kramme, J.E.D, Pettingel, S. and Sedlezky, L. (2015). <i>Implementing Direct Support Professional Credentialing in New York: Technical Report</i>. Research and Training Center on Community Living, University of Minnesota. Retrieved from https://www.opwdd.ny.gov/opwdd_about/commissioners_page/DSP-CredentialingReport</p>	<p>Survey of NY licensed organizations providing community services to people with IDD</p>	<p>206 organizations; 55,449 DSPs</p>	<p>-- Ave DSP TO 29% (0% to 123%). -- In a calendar year 28,046 of the estimated number of the known 97,382 DSPs employed by private providers in NY will leave their positions within the first year. -- Annual TO costs in the I/DD sector alone are conservatively estimated at \$79,804,549. -- Reducing TO by 10% would save the system \$7,980,618 each year. -- Ave early TO 33% (0% to 100%) -- Ave DSP vacancy 10% (0% to 39%) -- Ave starting wage \$10.84 (\$4.08 to \$22.00) -- Ave hourly wage \$12.74 (\$4.08 to \$30.00) -- In 2015, DSP and FLS wages were increased by 2% on two occasions: January 1, 2015 and April 1, 2015. With these two wage increases applied, the mean adjusted starting hourly DSP wage is \$11.28. The mean DSP average hourly wage is \$13.25.</p>
<p>Larson SA & Hewitt AS. (2012). Staff recruitment, retention, & training strategies for community human services organizations. Research and Training Center on Community Living, University of Minnesota. https://ici.umn.edu/products/docs/Staff_Recruitment_book/Staff_Recruitment_book.pdf</p>	<p>Overview of recruitment, retention, training strategies</p>	<p>Book chapter</p>	<p>-- There are reasons to be concerned about low wages for community DSPs. In many cases, DSPs, especially part time, earn less than the poverty rate for a family of four. People who do not earn enough to support their families often work multiple jobs to make ends meet which increases the chances they will</p>

			<p>come to work tired or distracted by their other duties. The greatest risk of maltreatment comes from caregivers who are overly tired or stressed.</p> <ul style="list-style-type: none"> -- Lower wages associated with higher turnover rates. -- Staff turnover rates have consistently averaged between 45% and 70% since the mid-1970s in community residential settings for individuals with intellectual disabilities. -- Turnover is problematic as it reduces continuity in the lives of individuals supported and because of the high cost associated with replacing a leaving employee.
<p>Hewitt A, Larson S, Edelstein S, Seavey D, Hoge MA, & Morris J. (2008). A synthesis of direct service workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health. National Direct Service Workforce Resource Center.</p>	<p>Overview of direct service workforce challenges and practices across 4 IDD, aging, physical disabilities, behavioral health</p>	<p>Literature review</p>	<p>Mean wages reported across sectors using varied reporting data:</p> <ul style="list-style-type: none"> --Nurse aides (U.S. DOL, 2007) \$11.50 (8.10–15.52) --Home health aides (U.S. DOL, 2007) \$10.03 (7.41–13.47) --Personal and home care aides (U.S. DOL, 2007) \$9.11 (6.34–12.01) --Institutional (Polister et al, 2003; Larson et al, 2007) \$13.17 --Community residential and vocational (Polister et al, 2003) \$8.68 --Substance abuse counselors (not limited to, but inclusive of, DSWs; Kaplan, 2003 Johnson and Roman, 2002) \$13.71 16.41
<p>U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, & Office of Disability, Aging and Long-Term Care Policy. (2006). <i>The Supply of Direct</i></p>	<p>Causes associated w/ high vacancy</p>	<p>Summary of literature</p>	<ul style="list-style-type: none"> --Report to congress on the inadequate support of direct support professionals for HCBS settings.

<p><i>Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress.</i> https://aspe.hhs.gov/reports/supply-direct-support-professionals-serving-individuals-intellectual-disabilities-other-1</p>	<p>and turnover rates for DSPs supporting people w/ IDD</p>		<p>-- Factors related to turnover: lower wages, lack of benefits, severity of disability supporting, # DSPs in facility,</p> <p>-- High turnover has a negative impact on DSPs. If no replacement workers, remaining DSPs have increased workload. -- Chronic vacancy rates reported by many providers suggest DSPs are working under increased pressure most of the time which causes remaining DSPs to be frustrated and burnout creating more turnover.</p>
<p>Oteman, Q. (July 2021). The direct support workforce and covid-19: Work life and wage augmentation. <i>Policy Research Brief, 28(2)</i>, University of Minnesota: Institute on Community Integration.</p>	<p>Examine role of wage augmentation and work life status for DSPs during pandemic</p>	<p>Direct Support Workforce Covid-19 Survey (Nov 2020); 8,846 respondents</p>	<p>-- DSPs' work life quality has worsened since beginning of pandemic</p> <p>-- Providing a wage augmentation during this period improved self-reported quality of work life.</p> <p>-- 54% work life status worse or much worse; 38% the same, 8% better or much better</p> <p>-- 59% of those who did not get a wage increase said work life was worse or much worse; 50% of who got a wage increase said work life was worse or much worse</p> <p>-- most important thing employer did to support DSPs: 16% said increased pay.</p>
<p>Bershadsky J. (June 2021). The direct support workforce and covid-19: Low wages and racial disparities. <i>Policy Research Brief, 28(1)</i>, University of Minnesota: Institute on Community Integration</p>	<p>Examine wages and racial disparities for DSPs during pandemic</p>	<p>Direct Support Workforce Covid-19 Survey (Nov 2020); 8,946 respondents</p>	<p>-- National turnover rate for DSP workforce is 51% with vacancies at 15-20% depending on position (2019 NCI Staff Stability Report)</p> <p>-- Only 30% of DSPs received extra pay due to COVID-19</p>

			<p>-- DSP hourly wages before pandemic: \$13.57 Black/African American, \$13.98 White, \$14.19 Other</p> <p>-- DSP household income under \$40,000: 59% Black/African American, 51% White, 58% Other</p> <p>-- DSP worked 16+ additional hours weekly: 43% Black/African American, 26% White, 32% Other</p> <p>-- Professional recognition and wage equity for DSPs are needed. DSPs provide critical, essential supports for the millions of Americans with disabilities. The low average wage of DSPs is not reflective of the skilled nature and varied responsibilities of their work.</p> <p>-- Equity issues identified for Black/African American DSPs with regard to wages must be explored and resolved. The wage differences between Black/African American participants and white/other participants and the reality that they were also more likely to be the primary wage earner in their household and had lower household incomes likely contributes to their need to work more hours.</p>
Polister G, Lakin KC, & Prouty R. (2003). Wages of direct support professionals serving persons with intellectual and developmental disabilities: A survey of state agencies and private residential provider trade associations. <i>Policy Research Brief, 14(2)</i> , University of Minnesota: Institute on Community Integration.	2002 survey; state agencies and residential provider assoc. providing services for persons w/ IDD	49 state agencies; 25 residential service provider associations; 169 large state facilities	<p>--State operated services Avg DSP wage: \$11.67</p> <p>--Non-state residential services avg DSP wage: \$8.68</p> <p>--Both state and non-state DSPs fall far below state average hourly wage.</p>

<p>Anderson-Hoyt J, McGee-Trenhaile M, & Gortmaker V. (2010). <i>2009 Direct Support Professionals Wage Study</i>. ANCOR. https://www.paproviders.org/archives/Pages/MR_Archive/ANCOR_2009_Wage_Study.pdf</p>	<p>Examines low wages in terms of retention and turnover for agency reporting.</p>	<p>ANCOR Direct Support Professional Wage Study 2009. (Over 500 providers nationally)</p>	<p>-- The majority of occupations undergo some level of changes as a result of inflation, market values, recession, or otherwise, however entry level and average wage of DSPs is statically far lower than other occupations when comparing state operated (higher) and privately operated agencies (lower). -- Average entry level wages: Private (\$9.17 to \$10.50), State (\$10.33 to \$15.38).</p>
<p>McCall, S. (2018). U.S. Homecare Workers: Key Facts. PHI. https://phinational.org/resource/u-s-home-care-workers-key-facts-2018/</p>	<p>Describe US home care workers</p>	<p>US BLS May 2007 to May 2017 National Industry-Specific Occupational Employment and Wage Estimates.</p>	<p>-- When adjusted for inflation, wages paid to DSPs have not increased in over a decade. This makes it increasingly difficult for DSPs to keep up with living expenditures and employers can't compete with other fields offering better pay. -- More than 2.1 million home care workers in the US. -- Home care workforce more than doubled in past 10 years (840,000 in 2007; over 2 million in 2017) -- Home care workers' wages, on average, have been stagnant the last 10 years: inflation-adjusted median hourly wages \$10.66 in 2007 and \$11.03 in 2017.</p>
<p>Howes, C. (2005). Living wages and retention of homecare workers in San Francisco. <i>Industrial Relations</i>, 44(1), 139-163. https://doi.org/10.1111/j.0019-8676.2004.00376.x</p>	<p>Examine the impact of nearly doubling the wages and addition of healthcare benefits on the</p>	<p>18,000 homecare workers matched to 15,500 service recipients between Nov 1997 to Feb 2002</p>	<p>-- Annual retention rate of new providers rose from 39% to 74% after significant wage and benefit increase. -- After passage of Living Wage Ordinance -- \$1 increase in wage from \$8.00 per hour increased retention by 17%.</p>

	stability of the IHSS workforce in San Francisco.		-- Additional increase by adding health and dental insurance.
Lerman, R.I., Eyster, L. & Kuehn, D. (2014) Can We Upgrade Low-Skill, Low-Wage Occupations? The Case of Apprenticeships in the Long-Term Care Occupations, <i>Journal of Women, Politics & Policy</i> , 35, 110-132. doi: 10.1080/1554477X.2014.890835	Examining registered apprenticeship training for raising productivity and quality of care in LTC industry.	5 LTC registered apprenticeship programs	<p><u>Benefits:</u></p> <ul style="list-style-type: none"> -- Turnover probably reduced at all five sites - record keeping not standardized, so results uncertain -- Perception of increased work quality -- Completion led to sense of pride <p><u>Obstacles:</u></p> <ul style="list-style-type: none"> -- Sustainability -- Costs of wage increase -- Financial and time resources required to prepare & implement training -- Lack of qualified candidates -- Buy in from leadership -- Inability to achieve and document sufficient cost savings to offset low Medicare and Medicaid reimbursement rates
National Core Indicators. (2019). National Core Indicators 2018 Staff Stability Survey Report. National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. https://www.nationalcoreindicators.org/staff-stability-survey/	Description of DSP workforce – national & state	26 states & DC, 4,400 provider agencies	<ul style="list-style-type: none"> -- TO 51.3% (30.7% to 62.7%) -- Vacancy FT 11.9%, PT 18.1% -- Wages (median) \$12.00 all DSPs, \$12.57 residential supports, \$12.00 in-home supports, \$12.90 non-residential supports
National Core Indicators. (2020). National Core Indicators 2019 Staff Stability Survey Report. National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. https://www.nationalcoreindicators.org/staff-stability-survey/	Description of DSP workforce – national & state	26 states & DC, 3,604 provider agencies	<ul style="list-style-type: none"> -- TO 42.8% (23.8% to 64.8%) -- Vacancy FT 8.5%, PT 11.2% -- Wages (median) \$12.00 all DSPs, \$11.90 residential supports, \$11.50 in-home supports, \$12.50 non-residential supports

<p>National Core Indicators. (2022). National Core Indicators Intellectual and Developmental Disabilities 2020 Staff Stability Survey Report. National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. https://www.nationalcoreindicators.org/staff-stability-survey/</p>	<p>Description of DSP workforce – national & state</p>	<p>26 states & DC, 2,987 provider agencies</p>	<p>-- TO 43.6% (26.7% to 79.5%) -- Vacancy FT 12.3%, PT 16.4% -- Wages (median) \$13.36 all DSPs</p>
<p>Wiener, J.M., Squillace, M.R., Anderson, W.L., Khatutski, G. (2009). Why do they stay? Job tenure among certified nursing assistants in nursing homes. <i>The Gerontologist</i>, 49. 198-201. doi: 10.1093/geront/gnp027</p>	<p>Assess factors related to job tenure of CNAs in nursing homes</p>	<p>2,221 CNAs</p>	<p>DV = length of time in job (# mos) Higher wages = longer tenure (\$1 increase = 2.1 added mos) PTO and pension = added 2 mos</p>
<p>Wyoming Developmental Disabilities. (2005). Direct Service Professionals Wages and Retention. https://phinational.org/wp-content/uploads/2017/07/wyoming-retention-2005.pdf</p>	<p>-- 1992 WY DSP wages 50th in nation -- WIND project appropriated 28% increase to improve staff reimbursement & retention</p>		<p>-- DD adult staff minimum beginning wages: 2001 \$5.15, 2002 \$7.50, 2003 \$7.50, 2004 \$7.50 -- DD adult staff average wage after 12m: 2001 \$7.38, 2002 \$8.21, 2003 \$10.32, 2004 \$10.74 -- DD adult staff turnover: 2001 (before funding) 52%, 2002 46%, 2003 35%, 2004 32%</p>
<p>PHI. (2003). State wage pass-through legislation: An analysis. <i>Workforce Strategies</i>, 1, 1-7. https://phinational.org/wp-content/uploads/legacy/clearinghouse/WorkforceStrategies1.pdf</p>	<p>Describe wage pass-through program; impact on recruitment & retention</p>	<p>Detail from MI, MA, KS</p>	<p>-- MI: in 13 yrs of providing annual wage pass-through funds, wages earned by CNAs increased by 61% while turnover decreased by 21%. -- MA: nursing homes - wage pass-through contributed to an overall 8.7% increase in wages for nursing assistants in the first year. In combination with a package of interventions, had improved stabilization in vacancy rates after several yrs of escalating vacancies. -- KS: one yr after a wage pass-through program TO for all positions eligible for wage pass-through funds decreased from 111% to 101%. The Kansas</p>

			<p>program funded less than half of the increase in wages the providers identified as needed.</p>
<p>Harris-Kojetin, L., Lipson, D., Fielding, J., Kiefer, K. & Stone, Rl. (2004). Recent findings on frontline long-term care workers: A research synthesis 1999-2003. https://aspe.hhs.gov/reports/recent-findings-frontline-long-term-care-workers-research-synthesis-1999-2003-0</p>	<p>Review what has been learned re: direct care workforce recruitment & retention from 1999 to 2003</p>		<p>-- direct care worker jobs continue to be characterized by low wages and limited benefits. -- median wages of home care aides increased slightly in the past 10 years (adjusted to 1998 dollars based on Consumer Price Index), from \$5.81 to \$6.00 hour. -- median wages of nursing home aides and hospital aides declined, from \$7.29 to \$7.00 and \$9.81 to \$7.99 -- BLS National Occupational Employment and Wage Estimates (2002), the median hourly wage for direct care workers ranged from \$7.81 to \$9.59 in 2002. This represents a median annual wage of \$16,250 to \$19,960, if the worker is employed full-time year-round.</p>
<p>Harmuth, S. & Dyson, S. (2005). <i>Results of the 2005 national survey of state initiatives on the long-term care direct-care workforce</i>. New York: National Clearinghouse on the Direct Care Workforce and the North Carolina Department of Health and Human Services, Office of Long-Term Care.</p>			<p>-- Wages and benefits intervention effective in reducing turnover and vacancy rates for DSPs. -- \$30 million wage campaign in WY successfully reduced turnover from 52% in 2002 to 32% in 2004.</p>
<p>C. B. Laws. (2019). <i>The Direct Support Professional Workforce Crisis: Challenges, State Approaches, and Opportunities for Georgia</i>:</p>	<p>Examines the relationship between low wages and the outpacing demand for DSPs.</p>	<p>State of GA: data from NCI, CMS, ANCOR, etc.</p>	<p>-- Wages for direct care workers have been stagnant or declining over the past 10-plus years. A wage that does not enable the worker to meet their basic needs is a barrier to recruiting more individuals into this workforce.</p>

			<ul style="list-style-type: none"> -- Competency based training programs to improve workforce retention and burnout. Specifically, credentialing programs. -- State examples used include Tennessee, Ohio, and New York.
<p>Spreat. S. (2021). Direct Support Professional Vacancies in the IDD Field: A Study Over Time. <i>International Journal of Economics, Business, and Management Research</i>. 5(5), 274-282.</p>	<p>Examines the situation in Pennsylvania on diminishing workforce, vacancy, hiring practices, and wages.</p>	<p>65 providers surveyed. 3 follow-up studies each with an average of 153 respondents.</p>	<ul style="list-style-type: none"> -- Fixed prices for supports cause providers to operate on low budgets resulting in an inability to hire. -- Livable wages are utilitarian, however there is a lack of supply and demand factors due to fixed prices which cause instability in the DSP market.