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THE DIRECT SUPPORT PROFESSIONAL CRISIS IN KANSAS

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EXECUTIVE SUMMARY

Around 40 years ago there was a major shift in the way in which people with disabilities and the elderly were treated and viewed by the public; instead of tucking them away in institutions, this program encouraged home and community based care, especially emphasizing integration. This shift in service delivery meant a reliance on Direct Support Professionals (DSPs) to keep individuals safe, healthy, and happy. DSPs do a variety of complex tasks for their clients which range from personal care to client empowerment and advocacy to crisis intervention. For their hard work, DSPs are compensated little more than minimum wage, have limited access to benefits, and receive little to no recognition, appreciation, or job mobility assistance. Along with the longer lifespans of people with disabilities, the massive population segment that is becoming elderly, and the current DSP workforce shrinking as the workers reach retirement, there will be a massive DSP shortage unless dramatic steps are taken.

After reviewing successful programs that were implemented in other states, a coalition of stakeholders has proposed an expanded DSP Pathways program. This program would not only set up a career pathway for high school students, it would also leverage community partnerships to give students college credit and hands-on experience. The program would also be made available to current college students as a way to get applied learning experience. DSP Pathways program would benefit current professionals as well by allowing them to expand their skillset within their role and support growth in other roles within the same field. Implementing a DSP Pathway program in Kansas would address the significant barriers to recruiting and retaining DSPs while also setting the next generation up for successful, meaningful careers.

BACKGROUND

Home and Community Based Services Waiver Program Overview

In 1981 President Ronald Reagan signed into law the Home and Community Based Services Waiver program, which was part 1915(c) of the Social Securities Act. This law signaled a major shift in the way in which individuals with disabilities were viewed and treated by the public. Whereas in the past individuals with disabilities (especially intellectual/developmental disabilities) were hidden away in institutions, this new law allowed for individuals with disabilities to be integrated into their communities. With this attitudinal shift came a new focus on person-centered supports and client self-determination which completely upended the expectations around the way that services were delivered. As states across the United States adopted and implemented the Home and Community Based Services waivers, the need for Direct Support Professionals to provide individualized care dramatically increased the number of job openings for this type of care. The shift away from institutionalization meant a new reliance on Direct Support Professionals to ensure that elderly people and people with disabilities are properly cared for.

Direct Support Professionals Overview

Direct Support Professionals (DSPs) play an integral role in the health, safety, and quality of life of those in the community who are unable to care for themselves. Direct Support Professionals (also known as personal care aides, activities of daily living specialist, or hundreds of other titles) provide assistance with activities of daily living and instrumental activities of daily living. This means that DSPs provide a wide array of complex services including: personal care, household tasks, health and safety, transportation, advocacy, crisis prevention, facilitating delivery of physical and behavioral health services in regular circumstances and crises, financial management, and skill development education. The variance and complexity of these tasks require a DSP with a variety of skills and competencies.

The Centers for Medicaid and Medicare Services (CMS) outline the core competencies of a DSP as: communication, person-centered practices, evaluation and observation, crisis prevention and intervention, professionalism and ethics, health and wellness, community living skills and supports, cultural competency, and education, training, and self-development. While these core competencies indicate a need for DSPs to possess a variety of skills and knowledge, there is not currently any formal accreditation nor any standardized requirements beyond possessing a high school diploma.



As a result of the lack of formal accreditation for individual DSPs there is no consistent way to track data on DSPs which means that data must be cobbled together from data on frequently utilized alternative job titles for DSPs. Based on the Sedgwick County Developmental Disabilities Organization's 2016 Capacity Assessment there were around 939 DSPs employed in Sedgwick County. According to the PHI Workforce Data Center (2018) there are an estimated 30,000 DSPs employed in Kansas. Nationally, there are an estimated 4,581,420 DSPs (PHI Workforce Data Center 2019). Despite making up a significant portion of the workforce, there is still a large shortfall in the number of DSPs which has major repercussions for the health, safety, and well-being of our most vulnerable populations.

A Day in the Life of a DSP

"I have been a DSP for almost 14 years. This is a day in my life as a Direct Support Professional. I start my day at 7 a.m. The person I support is incontinent and I assist him to clean his bedding and start his laundry. Then I have to process his food because he can't eat solid food. When eating, he has to be watched at all times so he won't choke on his food and aspirate. If staff are not trained on how to support him, he could aspirate and get pneumonia and die. After he eats, I prompt him to brush his teeth. I administer his medications. Afterwards, he cleans the bathroom. Then I transport him to his daily activities in the community. He goes to the gym for a one-hour workout. Then I take him for lunch and coffee. At the restaurant, I have to process his food and thicken his drink to honey consistency so he won't aspirate and choke. I guide him through stores; he is also blind. I have supported him for almost 14 years to adapt to his environment and to be as independent as possible. We head home and make dinner and again process food and thicken his drinks. I watch him eat so he won't choke or aspirate. After, I assist him with completing breathing exercises to help prevent aspiration pneumonia I prompt him to brush his teeth and get ready for bed. I administer his medications. When he goes to bed at 8 p.m., his day is done but mine is not. I still have to document what I have done to support him throughout the day. I have to coordinate with doctors and make sure all his consents are up-to-date and that his record is complete so that we comply with all licensing standards.

- Randall Howard, DSP" (PCPID, p. 15, 2017)

PROBLEM STATEMENT

Current Shortage

Within the intellectually/developmentally disabled (I/DD) community there is a major shortage of DSPs. The national turnover rate for DSPs is estimated to be about 46%, with nearly 40% leaving within the first six months (Hiersteiner 2016). In 2016, nearly a third of Sedgwick County providers had a turnover rate of 50% or higher (SCDDO 2016). The turnover rate is detrimental to both clients and their families as well as employers. Clients rely on routines for their emotional well-being and a constant parade of new staff can be extremely disruptive. Constant staff turnover can also lead to health and safety issues.

DSP Highlight

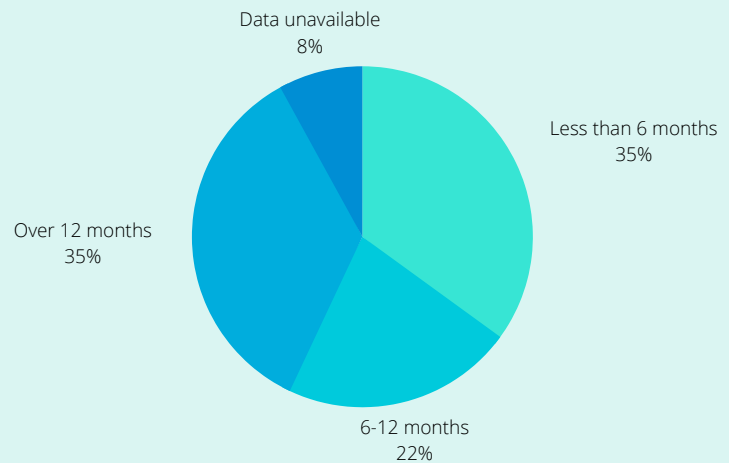
“Nikeeta is a DSP who has worked for four years in a group home that supports people with disabilities. She supports LaToya, a woman with intellectual disability and limited verbal communication skills. LaToya often uses physical aggression (e.g. hitting, head butting, kicking) to communicate her feelings. This can be a difficult way to get one’s message across, and Nikeeta assessed the need for LaToya to learn more appropriate methods. To help LaToya with this, Nikeeta spent many hours assembling communication books and visual aids, learned sign language and even used an electronic tablet in order to devise ways in which she and others could best communicate with LaToya. Over the course of approximately a year, LaToya’s challenging behavior diminished and she was more comfortably able to shop, dine out, and live with her roommates. Nikeeta Smith DSP” (PCPID, p. 17, 2017)



One Sedgwick County provider explained how the shortage of DSPs is impacting their program and population: “staff turnover has always been a major concern. Building relationships is vital for those we serve and with constant change it makes it difficult to do that. It also means that new staff have to be trained constantly in the specific needs of the individuals. Not knowing those we serve well can cause mistakes to be made and accidents to happen” (SCDDO 2019). Turnover is also costly to businesses when costs like lost productivity and client revenue are taken into consideration along with the cost to recruit, orient, and train new staff. The estimated average cost of turnover per DSP is \$4,200 to \$5,200 (Medisked 2016). DSP turnover is a huge issue both for clients and their families and businesses which is a direct result of the poor wages, benefits, and work supports.

The low wages and lack of benefits are two of the biggest reasons for the DSP shortage. In a national survey of DSPs, nearly 89% of respondents indicated that the inadequate pay and benefits was one of the reasons for their departure from the field (Medisked 2016). According to the 2019 SCDDO Capacity Assessment the average wage for an experienced DSP was \$10.15 per hour and for a DSP with no prior experience the average wage was \$9.90 per hour. Low wages are a direct result of the low Medicaid reimbursement rate for services. Unless Medicaid reimbursement rates are raised, employers’ hands are somewhat tied in regards to raising DSP wages.

DSP Turnover by Employment Length



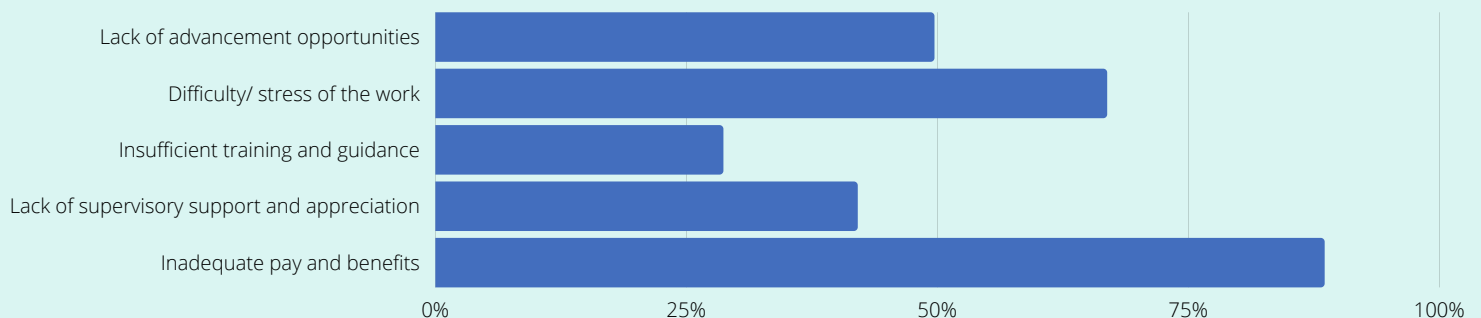
In addition to the comparatively low wages given for the high intensity/responsibility work that is being done, around 30% of the positions are classified as part time therefore they are ineligible for benefits (MediSked 2016). Even those who are full time cannot always afford to pay for the employer offered insurance due to their low hourly wages. As a result, DSPs either rely on family members (spouse or parents) for health insurance, purchase a plan through the Affordable Care Act, or remain uninsured. The inadequate pay and wages for DSPs are indicative of the larger issue, which is lack of appreciation and support.

Factors like lack of appreciation and limited workplace supports for this emotionally and physically grueling job also significantly contribute to the DSP retention issues. In a mixed methods study of DSPs in Sedgwick County, researchers found that half of the surveyed DSPs were experiencing burnout at a higher than average level (Freund and Brest 2019).

The lack of appreciation shown to some DSPs by both their clients and their employer for this work significantly impacts the level of satisfaction they have with their job. One DSP told researchers: “I feel like as a DSP we are very underappreciated, like people don't realize all of the work we do. [. . .] the appreciation doesn't really show for all that we do/endure both physically and mentally” (Freund and Brest 2019). Another DSP spoke to the lack of workplace supports for their work: “New ideas are not usually supported. [They] dismiss an idea or different approach” (Freund and Brest 2019). Workplaces that do not listen to the ideas of DSPs demonstrate through their actions that they do not value or support the work that DSPs are doing. This is reinforced by the nearly 25% of respondents who stated that their skills and experiences were not recognized and valued (Freund and Brest 2019). The lack of recognition, appreciation, and support coupled with the low pay and lack of benefits has contributed to the difficulty of hiring and retaining DSPs but, this is all further exacerbated by the complete lack of opportunity for career advancement.

Frequently, jobs that are low paying, lack benefits, and do not offer much in the way of appreciation or support are stepping stones on the way to other jobs. However, in the case of DSPs, there are no formalized pathways to career development and growth within their current role nor are there pathways to support growth into other roles within the field. While some employers offer training, the lack of accreditation for individual DSPs means that there are no formalized required curriculum or training regimen at the state or national level. The lack of standardization of training for DSPs means that training is frequently sporadic and inconsistent from one agency to the next. Because of this, there is no simple way for employers to determine if a DSP has the proper training for a better position within the same field. Nor is there a way to turn experience as a DSP into college credit as someone works to pursue a degree in a similar field. The lack of accreditation and formal recognition of the occupation serves to further deter people from pursuing this job and contributes to the massive turnover of people in this position.

Reasons for DSP Departure




Future Shortage

Direct Support Professionals (DSPs) are the fastest growing occupation in the United States but the demand is outpacing the supply. According to the Bureau of Labor Statistics, between 2014 and 2024 there will be a 48% increase in demand for DSPs. The dramatic rise in demand is primarily a result of Baby Boomers aging but the increased life expectancy of people with disabilities has also contributed to the demand. Between 2016 and 2060 the population of people over the age of 65 is expected to nearly double (49.2 million to 94.7 million) and the population of people over the age of 85 is expected to nearly triple (6.4 million to 19 million) (U.S. Census Bureau 2017). In comparison, the population of people age 18 to 64 is projected to remain relatively static (U.S. Census Bureau 2017). According to ANCOR (2017) women between the ages of 25 and 64 make up the majority of the DSP workforce. The average DSP age is 47 years old and just under a third of the DSP workforce is over the age of 55 years (PHI Workforce Data Center 2020). As the current workforce of DSPs hit retirement age, the United States will be left with a massive shortage unless a new demographic of DSPs emerges.

This is especially problematic as the I/DD system is required to and responsible for serving all who qualify for services, including those with a qualifying condition but less significant impairment or those under the age of five years old, which further increases the population in need of DSP services. When the system does not have the capacity to serve all who currently need services, families are forced to wait and find alternative ways to care for their loved one which, in many cases, will mean that a family member has to leave the workforce to stay at home and provide care. This would cause a significant disruption in the available workforce as the disabled and elderly population makes up a majority of the overall population (U.S. Census Bureau 2017). In addition to workforce disruptions, people who lack DSP training while trying to perform the role of DSP may cause harm to the person in need of care or be harmed themselves due to lack of knowledge and experience. As the population of people needing direct care services increases and the current pool of DSPs shrinks the United States is faced with a massive problem.

Summary of DSP Crisis



High Turnover of Direct Support Professionals

- Low wages
- Lack of benefits
- Under appreciated by their clients and community
- Poor workplace supports



Difficulty Recruiting Direct Support Professionals

- Unappealing job with uncompetitive wages and benefits
- Lack of opportunity for career advancement
- No official credential in Kansas
- No way to turn Direct Support Professional experience into college credit/applied learning



Shortage of Direct Support Professionals

- Intellectually/Developmental Disabled population living longer
- Percentage of elderly population tripling due to Baby Boomers
- Current core Direct Support Professional workforce nearing retirement age with not enough younger people entering into those positions
- Lack of Direct Support Professionals means families must exit workforce to provide care, which negatively impacts themselves and the person they are serving

RECOMMENDATIONS

Broad Efforts

To address the areas that deter people from becoming or remaining DSPs, decisive action must be taken. The lack of industry recognized credentialing process in Kansas has contributed to widely varying training standards for current DSPs as well as hindering public recognition and appreciation for the profession. States that have established an industry recognized credentialing process for DSPs have seen improvements in DSP recruitment efforts and retention. These outcomes were accomplished as a result of three components, (1) the credentialing tiers better equipped DSPs with the skills and knowledge they need to succeed, (2) having the credential and unified title within the state brought about public recognition and appreciation, and (3) employers offered pay increases for each credentialing tier employees completed. Based on previous data, the biggest deterrence from staying within the DSP profession is the low pay. The Kansas Department of Aging and Disability Strategic Plan states in section 6(b) that in order to improve the current workforce the goal is to “value direct care providers more highly”.



This directly ties into the credentialing and pay increases as those are two of the biggest ways to show DSPs their value within Kansas. The states that implemented the credentialing system modified their Medicaid reimbursement rates so as to allow for agencies to increase compensation for employees who completed each progressive credentialing tier. This system encouraged DSPs to seek out additional education to improve their job performance through the financial incentive. Establishing an industry recognized credentialing process in Kansas would be the first step towards successfully mitigating the DSP shortage. Advocating for pay increases for DSPs is the next crucial piece in retention efforts. While both of these pieces are crucial for retention, there must be a program in place for recruitment efforts.

Model Program

The shortage of Direct Support Providers is an issue that affects vast swaths of the United States population. Many different strategies have been implemented across the country at the local, county, and state level. One program that has been particularly successful is the Community Career Connections Partnership- Ohio, also known as C3PO. This program partners high schools with community providers to form a training pipeline for the purpose of training high school juniors and senior to become DSPs. Students have sixty hours of classroom time each year in which they work towards earning industry recognized credentials for DSPs. During their junior year students earn the Certificate of Initial Proficiency and in their senior year they earn the Certificate of Advanced Proficiency.

During their time in the classroom they are taught and equipped with vital background knowledge on topics like health and safety techniques, ethics, communication, interventions, client empowerment, and advocacy. However, the bulk of the time is spent in the field working under the supervision of a DSP mentor. This field experience equips the student interns with hands-on learning in the real world while receiving the support of a mentor and their peers. By the time the students graduate from high school, they are a fully credentialed DSP and have two years of experience in the field. In the pilot site where this program was initially implemented, 30% of the students who graduated from the program are currently employed in the field (OPRA 2020). Of those employed in the field, there is currently a 100% retention rate (OPRA 2020). It should be noted that the statistics from the pilot program are from a small group of students. While these outcomes are an improvement to the status quo, there is still room for improvement via program modification.

Proposed Program

Each community has unique opportunities as a result of the resources available. Sedgwick County has the prospect of partnering with a multitude of schools, agencies, and a state university to implement a modified version of the C3PO program. Through various connections established over the past few years, an expanded version of the existing program has emerged which would leverage the current gaps that results in graduates not entering the field.

Sedgwick County students would have the opportunity to not only earn the credentials while gaining on-the-job experience but they would also have the opportunity to receive concurrent college credit either through an applied learning program within a specific major/concentration or through a badge program. Students who are interested in fields like education, social work, or health care would have the opportunity to earn dual credit that would count towards their major. This would not only encourage students to enter the field as a DSP while in high school, but also to remain working as a DSP through college. With the push in higher education towards applied learning experiences, the opportunity to serve as a DSP could function as both a source of income and applied learning hours. The goal would be for employers to recognize the credential and experience gained while the student was a DSP as invaluable to their own work. The badge program would be ideal for students uninterested in pursuing higher education and practicing professionals. Students uninterested in pursuing a college degree would be set up with a meaningful career, appropriate training, and experience via the badge program upon their high school graduation. Earned badges demonstrate to employers the skills and competencies relevant to job performance that the student learned in completing the badge course. Practicing professionals could utilize the badge program as an opportunity to expand their skillset while earning digital certificate and college credits.

This program addresses the DSP shortage primarily by broadening the pool of potential DSPs. By recruiting high school and college students, the average age of the DSP workforce will decrease. Younger DSPs will also be less diverted by the low wages and lack of benefits as they are still higher than that of the alternative jobs available which pay minimum wage. In addition, this pathway offers a mentor-mentee relationship which would give DSPs the workplace support they so badly need. The credentialing process also comes with the benefit of public recognition and appreciation (similar to that which CNAs receive). This opportunity to implement a DSP Pathway in Kansas would address the significant barriers to recruiting and retaining DSPs while also setting the next generation up for successful, meaningful careers.



CONCLUSION

As Kansas has shifted services for elderly and people with disabilities to be more integrated into the community, it has become clear that there is a shortage of DSPs which will become further exacerbated as the population continues to age and need more support. The shortfall of DSPs risk the health and safety of individuals with disabilities and the elderly population, as well as causing emotional and financial harm to their caregivers. It is imperative that the DSP shortage be addressed in a meaningful way.

The proposed DSP Pathway program would expand the appeal of becoming a DSP (and mitigate recruitment and retention issues) by offering college credit to young people in addition to hands-on workplace experience. This program would also offer badges to current professionals for the always needed contact hours. By offering meaningful career pathways to young people and existing professionals, there would be a surge of trained professionals entering the field. We believe that this program addresses the heart of the problem and, although this problem is evident throughout the United States, it must be addressed at the state and local level. Elderly people and people with disabilities deserve to be healthy, safe, and happy and we believe that this program is the first step into ensuring those outcomes.



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