The Direct Support Workforce: A Key to Community Living and Participation

> Provider Alliance Breakfast 10.21.16 Amy Hewitt

rtcon community living

INSTITUTE on COMMUNITY INTEGRATION



Person. Family. Community. County. State. Region. CONTEXT IS EVERYTHING





Changing LTSS landscape





- HCBS Settings Rule
- DOJ litigation and settlement agreements
- Managed care transitions
- Budget implications
- Growth in demand and shrinking wage earners
- Individualized supports
- Focus on recovery and community inclusion
- Supported decision making



Harborview Ctr. (Valdez) Glen Ireland II Ctr. (Tarrant City) Lurleen B. Wallace Dev. Ctr. (Decatur) Albert P. Brewer Dev. Ctr. (Daphne) J.S. Tarwater Dev. Ctr. (Wetumpka) Wm. D. Partlow Dev. Ctr. (Tuscaloosa) Alexander Human Dev. Ctr. (Alexander) ora Tan. Irterario ora State Hospit Arizona Trng. Program (Tucson) Modesto State Hospital (Modesto) DeWitt State Hospital (Auburn) Patton State Hospital (Patton) Stockton Ctr. (Stockton) Camarillo Ctr. (Camarillo) Napa State Hospital Forensic Unit (Napa) Agnews Dev. Ctr. (San Jose) Sierra Vista (YubACity Pueblo State Regnal dtr (Peb) ONA Bridgeport Ctr. (Bridgeport) Waterbury Ctr. (Cheshire) Mansfield Trng. School (Mansfield) New Haven Ctr. (New Haven) Clifford Street Group Home (Hartford) Seaside Ctr. (Waterford) John Dempsey Ctr. (Putnam) Martin House Group Home (Norwalk) Mystic Ctr. (Groton) Bureau of Forest Haven (Laurel, MD) D.C. Village (Washington, DC) St. Peter Regional Treatment Ctr. (St. Peter) Willmar Regional Treatment Ctr. (Willmar) Faribault Regional Ctr. (Faribault) Breiner Betrand Human Services Ctr. (Brainerd) (am proge Regional Human Services Center (Cambridge) Fergus Falls Regional Treatment Ctr. (Fergus Falls) MN Ext. Treatment Options Program (Cambridge) Marshall Regional Ctr. (Marshall) Rolla Regional Ctr. (Rolla) Kirksville Regional Ctr. (Kirksville) Sierra Regional Ctr. (Sparks) Sampson State School (Willard) Valatie (Valatie) Gouverneur (New York) Craig DDSO (Sonyea) Staten Inter DDAO(Staten Ishn Westcresst, NODDSO Tarvio Willowbrook State School (Staten Island) Rome Ctr. (Rome) Newark Ctr. (Newark) Columbia Park Hospital & Trng. Ctr. (The Dalles) Fairview Trng. Ctr. (Salem) Eastern Oregon Trng. Ctr. (Pendleton) Hollidaysburg Mental Retardation Ctr. (Hollidaysburg) Warren Mental Retardation Unit (Warren Cresson Ctr. (Cresson) Harrisburg Mental Retardation Unit (Harrisburg) Marcy Ctr. (Pittsburgh) Wernersville Mental Retardation Unit (Wernersville) Penghuras Cr. (Penghuras) Penghuras Cr. (Penghu

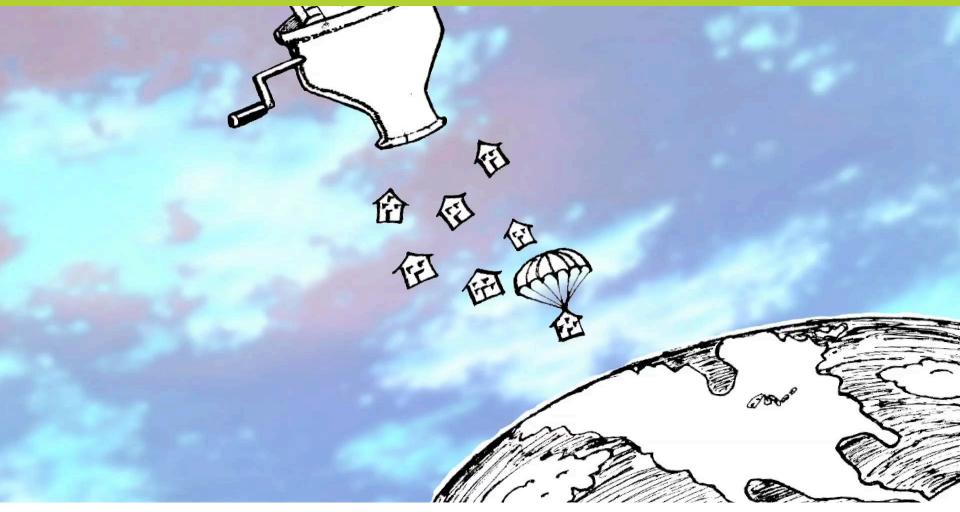
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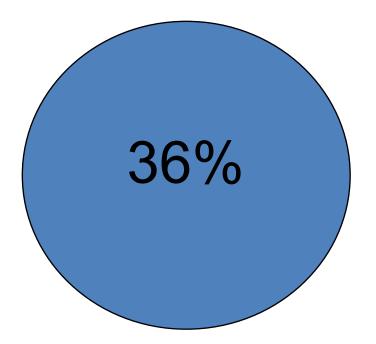
"Celebrating" deinstitutionalization



Source: John O'Brien, date unknown



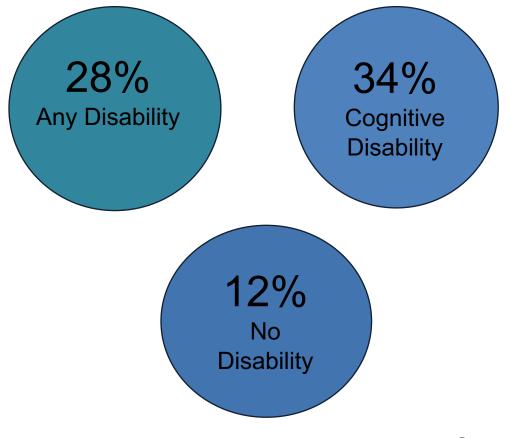
Percentage of people with disabilities employed in 2013



Source: ACS, 2013



Poverty and disability



Source: ACS, 2014



The Atlantic

SUBSCRIBE SEARCH MENU

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Link to article:

Who Decides Where Autistic Adults Live?

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For many intellectually and developmentally disabled people, large campuses or farmsteads may be better options than small group homes. But new state laws could make it hard for big facilities to survive.

http://www.theatlantic.com/health/archive/2015/05/who-decides-where-autistic-adults-live/39345

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HEALTH

A matter of dignity

★StarTribune



FAILING THE DISABLED

How Minnesota isolates and marginalizes thousands of adults with disabilities

- Dead end jobs, low pay
- Alone and at risk
- Families wait years
- Inclusion pays off
- Intimacy denied

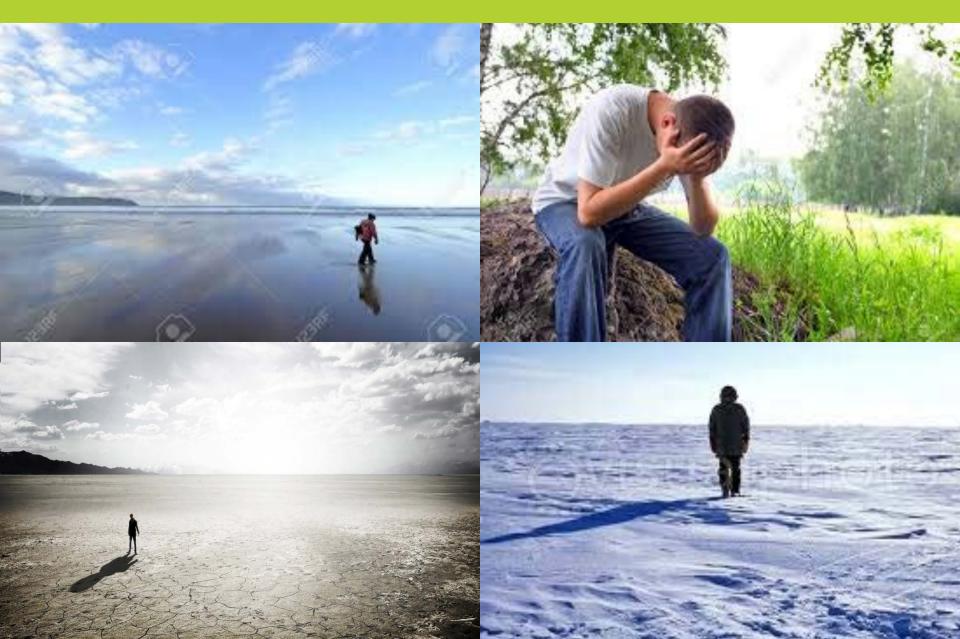
http://www.startribune.com/a-matter-of-dignity-a-five-day-special-report/339820912/



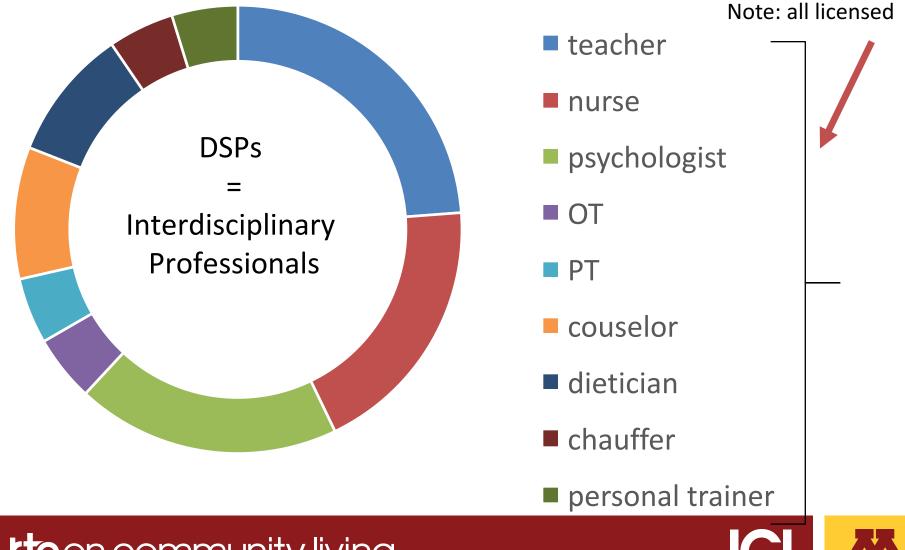




Isolated and alone



Scope of Practice



We are not even close to training/competence balance



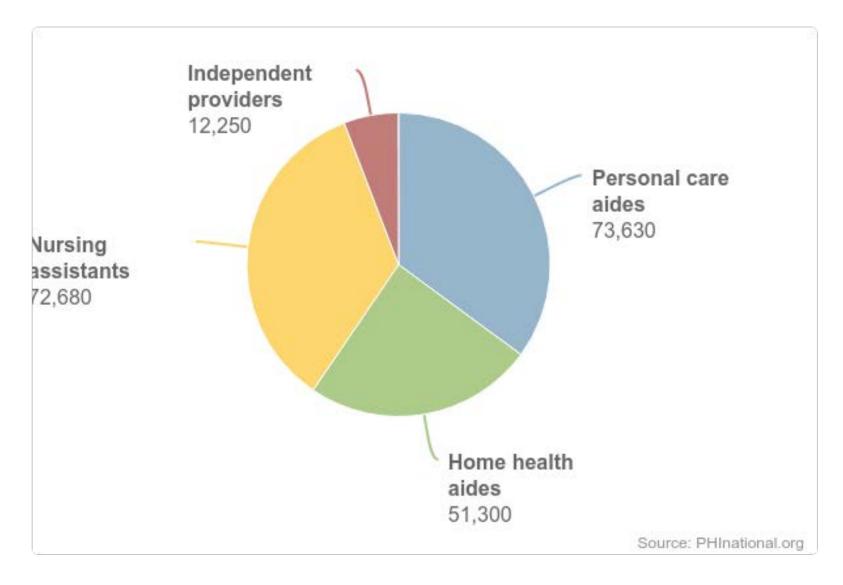


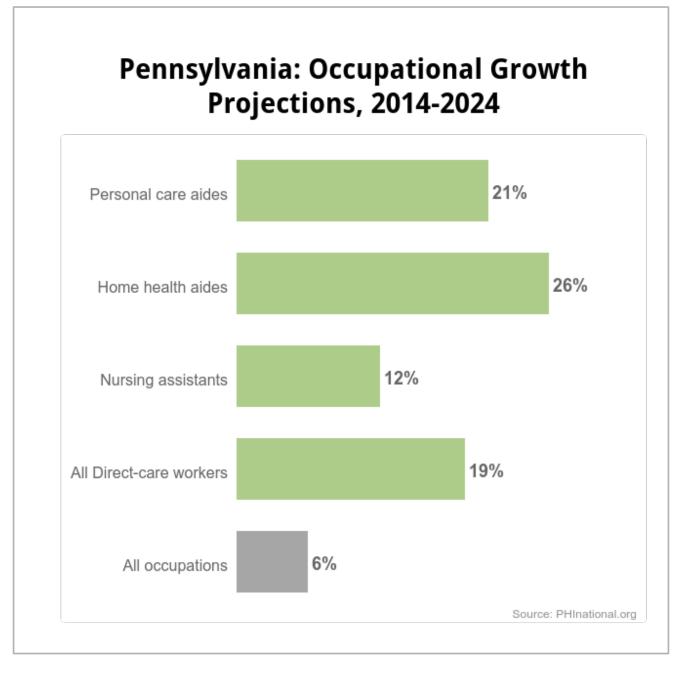
Five Million Direct-Care Workers Needed by 2020 5.0 m



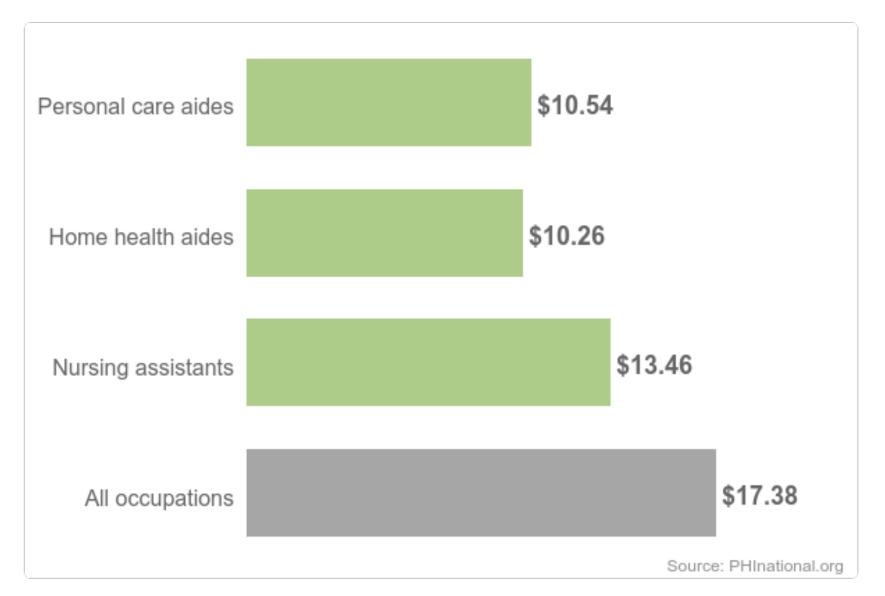
Pennsylvania: Size of Direct-Care Workforce, 2015

Total: 209,860





Pennsylvania: Median Hourly Wages for Direct-Care Workers, 2015

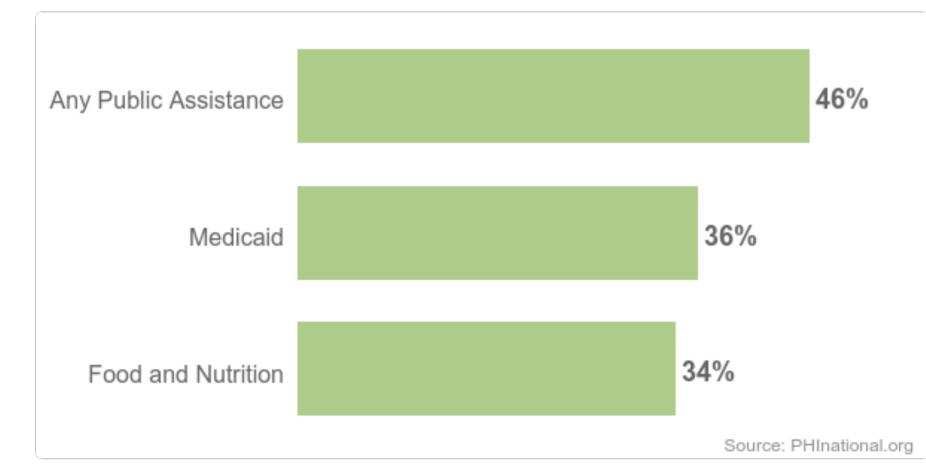


Other PA direct support occupations

Occupation	Hourly wage/annual salary	Total number	Projected growth by 2024
Mental Health Counselor	\$21.06 hour \$43,800 yr	11,800	16.7%
Rehabilitation Counselors	\$18.56 hour \$38,610 yr	7,240	12.3%
Social and Human Asst.	\$14.75 hourly 30,690 yr	20,160	13.6 %
Substance Abuse and Behavioral Disorders Counselors	\$20.54 hour \$42,720 yr	6,820	17.9%
Frontline supervisor			10.3%

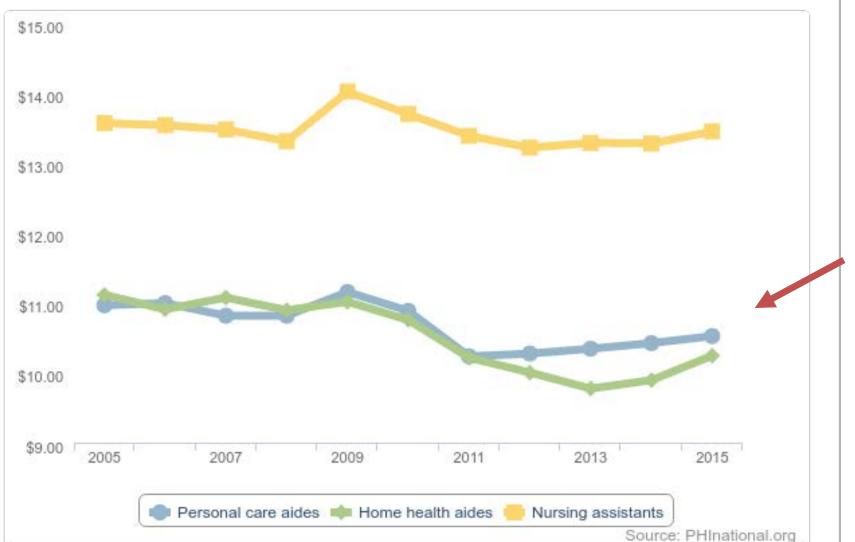


Pennsylvania: Direct-Care Worker Households Relying on Means-Tested Public Assistance, 2012-2014



Pennsylvania: Median Hourly Wages for Direct-Care Workers, 2005 - 2015

Adjusted for Inflation (2015 dollars)



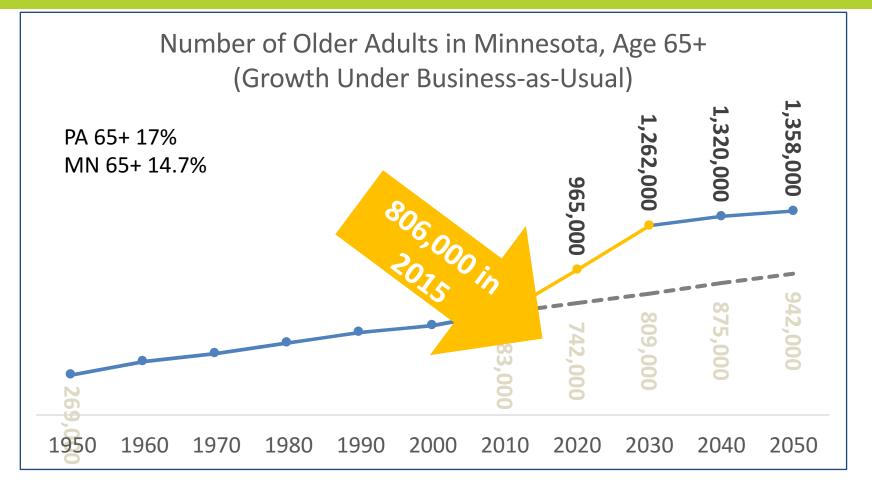
A supply and demand problem

- Increasing demand for long-term supports and services, especially in home and communitybased settings
- Supply of workers not growing fast enough to keep up with demand





"Care Gap" - Minnesota has already begun the transition to an older state

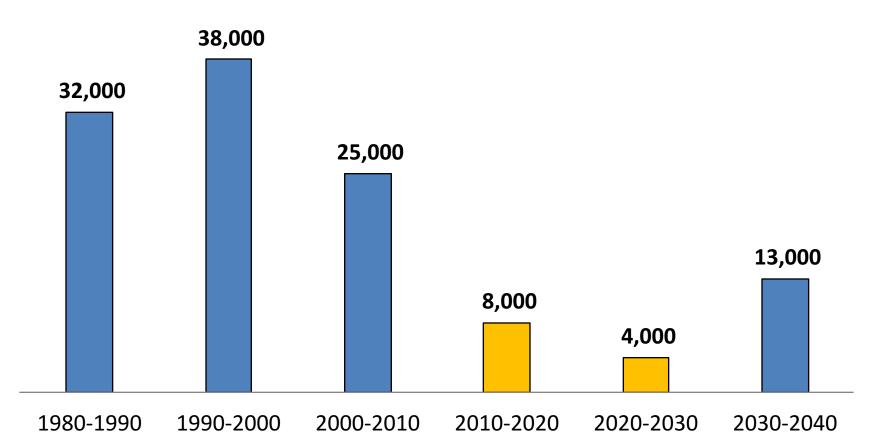


Source: U.S. Census Bureau

Source MN state demographer, 2016

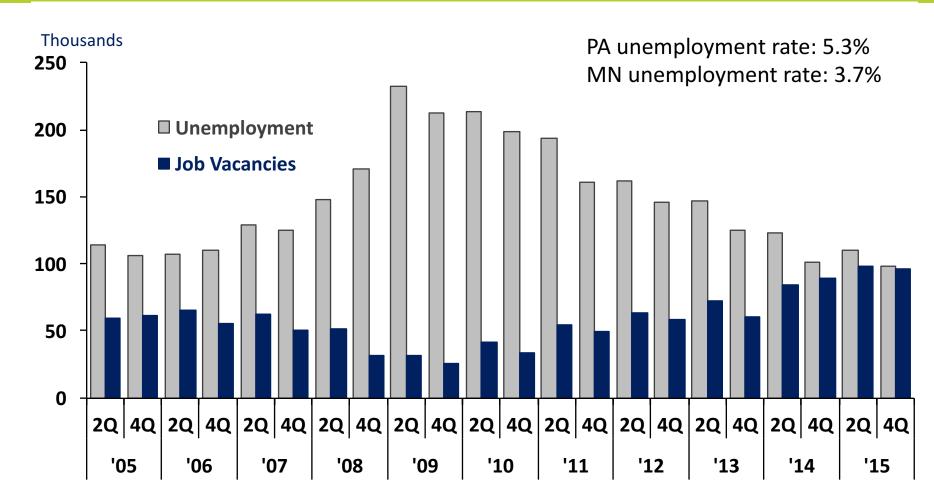


Projected Growth in Labor Force Annual Average, Ages 16+



Source: U.S. Census Bureau, Minnesota State Demographic Center Projections

Low unemployment, high demand for labor



Source: Minnesota Department of Employment and Economic Development (DEED)



Pervasive, costly and sustained U.S. DSP workforce challenges

- High Turnover (35-50%)
 - Many leave early within first 3-6 months
- Vacancy rates hover around 10-20% (or more
- Overtime costs are high
 - \$220,562,888
- Limited access to adequate training and education
- Increasingly absent or ineffective supervision
- Status and Image

DSP crisis is a public health crisis

- *Primary public health concern* due to:
 - size of the workforce and increases in demand to support need
 - support provided is essential to the health, safety and overall well-being of seniors, people with disabilities
 - substandard work conditions undermine the ability to recruit and retain DSWs threatening the future supply

(Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M. A., & Morris, J., 2008).



Workforce. Community Intervention. Policy Advocacy with new ideas and synergies.

5 PRIORITIES IN THE MIDST OF OUR CHANGING LANDSCAPE



#1 – ADDRESS WORKFORCE CRISIS

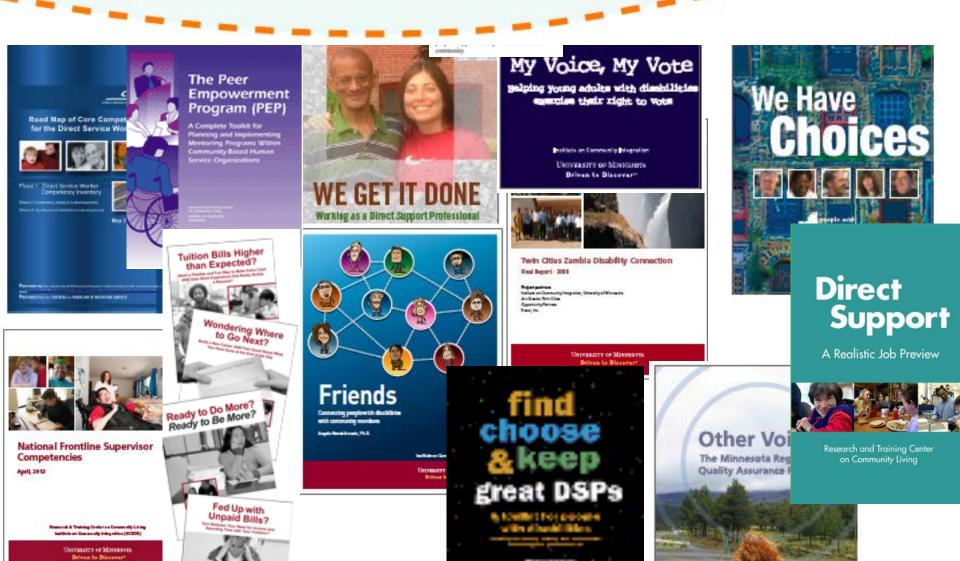


Organizational culture

- Intentional learning
- Leader who knows the direct line staff by name
 - Goes out of their way to engage
 - Periodically practices direct support
 - Celebrates DSPs
- Individual story-driven
- Data-driven
 - Makes data driven decisions regarding workforce
 - Monitoring is routine
- Engages DSWs at all levels







Focus on frontline supervisors

- DSP turnover is lower when
 - DSPs feel valued
 - DSPs feel they are treated fairly
- Reasons DSPs leave
 - issues with co-workers
 - issues with supervisors





Aligning training to outcomes

Direct Support Professional : MODULE	Individual with Disability: OUTCOME
Professionalism	Satisfaction with Staff
Community Inclusion Person Centered Planning	Community Inclusion
Individual Rights and Choice Civil Rights and Advocacy	Choices & Rights
Safety at Home and in the Community Supporting Healthy Lives Personal Care	Health & Safety
You've Got a Friend	Friends & Family
Employment Supports Home and Community Living Personal Care	Work, Day, and Home



ROI Calculator

CareerGEAR Growth, Education, Advancement, and Respect



Key Design Elements of the New York Direct Support Professional (DSP) Credentialing Model

- Multi-tiered credential with a hybrid model of learning methods. The Credentials must be achieved in sequence, beginning with DSP Credential I. Proposed training opportunities include on-line training, interactive classroom learning and work-based learning opportunities —
 - a. DSP Credential I includes 50 hours of training: 20 hours on-line, 10 hours classroom training, and 20 hours of work-based learning
 - DSP Credential II includes 100 hours of training: 40 hours on-line, 20 hours classroom training, and 40 hours of work-based learning
 - Includes a specialization emphasis in one

- Valid, recognized competency-based skills and knowledge requirements. These are the identified outcomes that will be assessed across the credential program. The competencies used as the basis of the credentialing program are
 - a. New York State DSP Core Competency Goals
 - Putting people first
 - Building & maintaining positive relationships

Financial model

- Demonstrating professionalism
- Supporting good health
- Supporting safety
- Having a home

Alternatives to direct support workers

- Technology support expectation, expansion and education
- Self-directed services
 - Expansion
 - New ways of thinking about and funding self-direction
- Paid family support
- Blended funding and staffing models between families and system
- Cooperative shared models with families and communities at the forefront
- Diversion incentives from "the system"

#2 FOCUS ON IMPROVING COMMUNITY









#3 FOCUS INTERVENTION ON COMMUNITY AND FAMILY



Community and family as focus of interventions and services

- Putting faith to work
- Social inclusion: A community intervention
- Retirement
- Targeted focused work with diverse communities
 - Community liaisons
- Direct support professionals providing direct intervention and support with communities (e.g. businesses, faith communities, recreational programs, adult education)





#4 SELF ADVOCACY AND PEER TO PEER SUPPORT



We need to be serious about funding

- Self advocacy leadership
- Peer to peer support Family to family support





#5 POLICY ADVOCACY



Policy advocacy like never before



Contact information

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This research was supported by grant from the National Institute on Disabilities and Rehabilitation Research, U.S. Department of Education #H133G080029 and #H133B080005. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore necessarily represent official NIDRR policy.



Amy Hewitt

I AM DRIVEN TO PROFESSIONALIZE THE DIRECT SUPPORT WORKFORCE EAM DRIVEN TO RETHINK WHAT ACCESSIBILITY MEANS

> I AM DRIVEN TO MAKE HOME OWNERSHIP A REALITY FOR PEOPLE WITH DISABILITIES

Cliff Poetz

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