Provider workforce challenges to serving individuals with intellectual and developmental disabilities

Calls to action

In order for individuals with intellectual and developmental disabilities (I/DD) to have a full life in the community, a trained workforce needs to be available to provide essential support services.

- We encourage support for the Workforce Innovation and Opportunity Act.
- We encourage that training through the National Health Service Corp include at least 1,000 positions for persons who will become providers serving those with I/DD.
- We recommend ensuring that Medicaid provides opportunities for the EMPOWER Care Act S2227, which reauthorizes Money Follows the Person (MFP), a Medicaid program providing funding to move individuals out of institutions and into the community.

The provider industry for home- and community-based services has been alerting policymakers about the growing crisis in the pool of workers for individuals with intellectual and developmental disabilities for a number of years. The national attention to workforce shortages, as well as the realization of the impact of the aging of the baby boom generation, has helped bring this growing crisis to the forefront in many states. Among the challenges are:

The workforce is shrinking. This is because of shifting demographics, lack of workers due to low unemployment rates and a mismatch between the skills of workers and job requirements.

Lack of workers. Slower growth in the number of new workers entering the labor force and greater competition for those workers are two factors negatively affecting the supply of workers.

Inability to find people who have “work-readiness” skills. Employers hiring for entry-level positions are increasingly unable to find workers with soft skills, or work-readiness skills, such as understanding the importance of reliability, self-direction, promptness, proper attire, workplace etiquette and appropriate language. Furthermore, because many workers no longer have direct supervision by professionals, it is more difficult to develop these soft skills. Increasingly, they work with minimal supervision and peer supports, and need greater technical and problem-solving skills and initiative.

Anecdotes that illustrate the challenges of this workforce shortage include:

Due to recent staff shortages, a mother of a consumer had to leave her job. The family is experiencing financial difficulties, and the mother does not have any other people to help provide support.

A home care agency reported having to make difficult decisions when faced with limited staff. The agency is being forced to provide services to older adults who live alone instead of children who have family support in the home.

If current trends persist, individuals will live alone and will have fewer children available to provide care. As these caregivers age beyond their caregiving capacities, formal living arrangements must be established to support their relatives with disabilities. The aging of our society, the increasing longevity of individuals with I/DD and growing waiting lists are stretching state service delivery systems well beyond their capacity to meet current and projected demands for residential, vocational and family support services for individuals with I/DD.
What are the most common jobs in the industry?

The most common jobs in the industry are direct support professionals (DSPs), personal support workers and job coaches. These professionals are the backbone of the field. They represent the core and vast majority of the workforce. They may work in a person’s home, in day programs, schools or elsewhere in the community. DSPs and professional support workers aim to help individuals integrate into their communities and advocate for their needs and goals. The responsibilities are substantial, and the job is increasingly complex, requiring good communication and social skills. Typically, these jobs require a high school diploma or equivalent. In residential settings, with the need for 24-hour coverage, DSPs work a variety of shifts. In either community residences or day programs, they assist individuals with day-to-day tasks. They may prepare and provide meals. They may teach hygiene or academic skills. They may accompany individuals to the doctor, to the bank, or on leisure or recreation activities. They may guide activities in a day program. They are teachers and companions.

Job coaches, sometimes called employment specialists, provide employment supports or build “natural supports” in the workplace. Often, job coaches or employment specialists have responsibility for reaching out to employers to develop jobs. Job coaches may help individuals find employment, prepare for their jobs or offer on-site support to help individuals adjust to the routine of getting to and from work. Once the person becomes acclimated to his or her job and environment, job coaches spend less time on site but continue to evaluate, monitor and offer support when needed. A job coach may be a “circuit rider” and have responsibility for a number of people at different job sites. Sometimes job coaches work for the employers as their on-site agents. Job coaches earn more than DSPs and usually have a bachelor’s or associate’s degree. As the emphasis on employment for individuals with I/DD increases, the demand for job coaches is expected to grow.

Current workforce issues

The transformation of the field has brought with it the need to transform the workforce. The major workforce issues are discussed below.

Low pay rates in the face of increasingly complex responsibilities. Many DSPs work multiple jobs or extra shifts to earn extra income. One employer noted: “The DSPs who stay love what they do but can’t live on the salary.” Although pay has increased slightly in the past few years (2%), it is not likely to change very much in the next few years. In general, nonprofit organizations can only afford to pay DSPs more if they have endowments or if they raise dedicated funds from private sources. While reducing administrative costs is another option, this is not realistic for most agencies. In many states, DSP wages have stagnated over the last decade due to tighter Medicaid budgets and caps on rates.

High rates of staff turnover (or retention challenges). The DSP turnover rate can be as high as 50–70% within the first 12 to 18 months. Turnover is disruptive to agency operations and to relationships with the individuals with I/DD. It is also expensive, as agencies are constantly in recruitment, screening and training mode.

Need to expand labor pool. Many organizations struggle to find enough suitable candidates, and some are in constant recruitment mode. Non-profit organizations recruit through their websites, go to job fairs, have relationships with colleges, rely on word-of-mouth and sometimes give bonuses to existing staff for referrals. Some have internship arrangements with local colleges. The competition for labor will get even stiffer as the field competes for talent with elder care, home healthcare, and other healthcare and social service fields.

Lengthy hiring process. The screening and background checks required by states are time-consuming, often delaying the hiring process by four to eight weeks.