



2008 National Symposium on Strengthening the HCBS Direct Service Workforce Summary of Small Group Discussion Themes

The National Direct Service Workforce Resource Center, with the support of the Department of Health and Human Services and the Department of Labor, hosted the 2008 National Symposium on Strengthening the HCBS Direct Service Workforce on May 8-9, 2008, in Baltimore, Maryland. This groundbreaking event provided a forum to showcase best practices in home- and community-based direct service workforce development, highlight Federal and state workforce initiatives, and disseminate research findings. The Symposium was attended by over 300 stakeholders from across the country, representing a mix of direct service workers, consumers, Federal and state policymakers, provider agencies, researchers, and many others.

One major goal of the Symposium was to give participants the chance to make connections with each other across different types of agencies and organizations and to identify ways that agencies and organizations that represent different segments of the direct service workforce might collaborate on workforce initiatives. On the first day of the Symposium, participants gathered in small discussion groups to reflect on ideas for collaboration, share their own experiences with existing partnerships and collaborative efforts, discuss benefits and challenges of partnership, and identify future opportunities for collaboration. This report presents a compilation of the main themes that emerged from these small group discussions, summarized and organized by topic or level (e.g. provider, state, national) as appropriate. Internet links have been added where specific organizations or initiatives were discussed.

First, participants were asked to discuss workforce challenges they face or observe from their own perspectives. Second, the groups discussed efforts they have made to work with partners to address challenges. Next, participants identified strategies for future partnerships and workforce improvement that might be used. Finally, the small group discussions concluded with discussion of additional questions for future consideration.

The [National Direct Service Workforce Resource Center](#) will take these challenges and strategies into consideration when providing future technical assistance to state Medicaid agencies, researchers, policymakers, employers, consumers, direct service professionals, and other organizations.



I. Greatest Challenges

Summary Statement: Direct Service work is undervalued in general. Low levels of investment in the sector have led to lagging recruitment, insufficient training, and high turnover. Quality of supports and care provided to clients ultimately suffers as a result.

UNDERVALUED WORK

- Direct service work is not respected as a meaningful profession by the public in general. Workers are frustrated that the value of their profession is discounted as “unskilled” because no formal higher education is required.
- Direct Service Workers (DSWs/DSPs) are chronically underpaid, receiving earnings that are barely above the minimum wage in many cases.
- The number of hours that an individual DSW can work in a given week will fluctuate depending on the number and needs of clients in the area, and will rarely reach a full-time workload. This workload uncertainty compounds the problem of already low wages.
- DSWs often work two or three part-time jobs in order to have sufficient income, which can lead to scheduling conflicts, exhaustion, burnout, and other problems.
- Workers are very rarely compensated for travel to and from clients’ homes, both in terms of paid time and mileage reimbursement. These costs, especially in rural areas, can be significant.
- Workers are given few employment benefits, such as access to health insurance.
- The problem of low wages is rooted in the low rate of Medicare/Medicaid reimbursement for direct supports. Workers feel that States do not recognize the financial contribution of DSWs in enabling individuals to live independently in the community rather than in nursing facilities.
- It has been very difficult to attract legislative attention and remedy for these financial problems. Budgetary pressures on Medicaid continue to increase from many sectors.

TRAINING

- The realistic expectations of direct support work are often not fully communicated to new hires, leading to inappropriate recruitment and many workers who quit shortly after being hired and trained.
- DSWs in the field, especially those who are less experienced, often find that they are not provided with adequate training and frontline supervision to be comfortable in their roles with clients.
- People who use direct support services are also concerned about the lack of comprehensive training and supervision, as it directly impacts the quality of the services they receive.
- Minimum training requirements exist in many states and individual agencies, however the requirements are highly inconsistent across settings in the absence of national guidance.
- Some agencies and workers resist training, viewing it as a regulatory requirement rather than an opportunity for further education.



- Other barriers to accessing training include workers' lack of time and disposable income to invest in education.
- Credentials and training requirements differ across service populations and in some ways, skills needed by DSWs who work with different populations differ. For example, DSWs who work primarily with aging consumers need special skills that are different from those needed by DSWs who work with persons with developmental disabilities.
- Career ladders, where they exist, benefit individual high-achieving workers, but can have the unfortunate side effect of leading people out of direct support and into nursing and other related professions.
- Supervisors of front-line DSW staff are often promoted to that role without the benefit of additional training in managerial skills, such as conflict resolution, which would equip them to be more effective supervisors.

COMPOSITION OF THE WORKFORCE

- Many new immigrants to the United States work as direct support providers. People who use supports and coworkers experience challenges related to language barriers and cultural differences.
- The direct service workforce is overwhelmingly female. There is a need for the recruitment of more men into the workforce, who might be interested but hesitant due to the gender imbalance.

SYSTEM INERTIA

- A significant challenge is the need for more collaboration across stakeholder groups, who do not always agree and are sometimes in competition with each other or pursuing their own agendas.
- "Siloed" programs and funding streams limit communication and collaboration.
- Individual provider agencies can be unwilling to invest in new workforce improvement initiatives unless clear cost savings can be demonstrated quickly.
- Communication about direct service workforce issues to media, legislators, and others has been limited and/or unsuccessful.

II. What have we done to address challenges?

Summary Statement: Research and local experiences show a number of effective strategies that can be brought to bear on the many different challenges presented previously.

NATIONAL LEVEL

- Rewarding Work program: the goal of Rewarding Work is to give people who need support with daily activities choice and control in finding personal assistants. This effort continues to expand, with each new participating state adding dimension to the program.
 - <http://www.rewardingwork.org>
- Members of the DSW Resource Center such as PHI have published new research.



- “The Cost of Frontline Turnover in Long Term Care”
<http://www.betterjobsbettercare.org/content/docs/TOCostReport.pdf>
- “Invisible Care Gap: Caregivers Without Health Coverage”
<http://hchcw.org/archives/invisible-care-gap-caregivers-without-health-coverage>
- And others
- Collaboration with One-Stop Career Centers
 - <http://www.careeronestop.org/>
- The Department of Housing and Urban Development (HUD) has collaborated locally to promote work opportunities for low-income, publicly housed individuals to provide services in low-income housing such that the workers who are public housing tenants can work and not lose their housing benefits.

STATE LEVEL

- Ohio PATHS Credentialing Program: involved many stakeholders, produced a higher level of job satisfaction, and ultimately improved quality of care. This program highlights the need for other programs to develop systematic ways to track outcomes.
 - <http://ohiopath.org/>
- Texas DADS and DARS partnership: the Workforce Commissioner sent a directive to workforce boards informing them of state-level collaboration and used regional offices to build local partnerships and share resources.
 - <http://www.dads.state.tx.us/providers/communications/2008/letters/IL2008-26.pdf>
- In Tennessee, partnership has begun to take root around addressing child/youth needs for services.
- In Houston, the Care for Elders coalition is an umbrella organization of 80 member organizations. In the same area, there is also One Voice Houston, which involves human services organizations working together to fight funding cuts.
 - <http://www.careforelders.org/>
 - <http://www.onevoicehouston.org/>
- In Massachusetts, nursing homes and home care and human service agencies are partnering to provide training and career ladders, scholarships for CNAs, and salary supports have been included in the state budget.
- States operate workforce development coalitions and there are Workforce Investment Boards that can provide needed resources to agencies. One-Stop Career Centers can provide training, for example.
 - <http://www.careeronestop.org/>

PROVIDER LEVEL

- Providing realistic job previews to potential candidates and new hires can help to eliminate poorly suited individuals before the investment of training.
- Partnership with local colleges can be effective for designing and offering training programs for workers.



- Training interventions with supervisors can show immediate benefit in terms of job satisfaction and reduced turnover, so they are quickly cost-effective.
- Strategies to address transportation challenges include vehicle donation, gas vouchers, partnerships with taxi companies, and others.

OTHER SETTINGS

- Australia, New Zealand, and European countries have given tax breaks to DSWs, which has reduced turnover in those countries.
- World Class Ideas: this is an existing reward program for staff. DSWs can share ideas with a forum; a picture and story are posted on a website, leading to both individual recognition and dissemination of ideas

III. Suggestions

Summary Statement: Concrete ideas were offered for how to build upon the present landscape of challenges and successes. Some suggestions are applicable to national and state-level efforts, while others can be implemented locally.

NATIONAL AND STATE LEVELS

- Develop tuition assistance or debt forgiveness for advanced worker training.
- Evaluate how a wage increase or transportation reimbursement might reduce turnover and associated costs.
- Provide incentives to states and provider agencies to promote/reward retention.
- There is an identified need for national leadership to guide grassroots activity to address the challenges facing the direct service workforce.
- Support political/legislative initiatives that would increase rates of reimbursement for direct services and result in an increase in worker wages and benefits.
- Become more effective as a coalition of aging/DD/Mental Health/etc to make better use of collective resources.

PROVIDER LEVEL

- Supervisors might take a peer role doing more hands-on work to gain a better understanding of direct support.
- Establish or expand mentoring programs, matching new and old staff, while including opportunities for independent providers to participate.
- Offer more training to new workers before they begin working with consumers, so they know what to expect and do not quit out of frustration.
- Ongoing on-the-job training should complement classroom instruction.
- Agencies should explore “what’s in it” for their employees; ask them directly what their wants and needs are and work to address them.
- Avoid pitting agency employers of DSWs against consumers that employ DSWs directly.
- Worker wages might be based on employee retention or time served in agency to provide an incentive that may reduce turnover.



- Look to agencies and groups in your state that fight poverty for possible resources.

GENERAL SUGGESTIONS

- Marketing and branding the profession can increase status and awareness, and it may be easier to collaborate across stakeholder groups on marketing than on other efforts.
- More persons with disabilities should be involved in advisory groups.
- Use PHI statistics and other research evidence to encourage One-Stops and other potential partners to get involved in supporting the direct service workforce.
- Share successful strategies to make better use of promising practices and to prevent duplicative efforts.
- Set priorities for change – the challenges of the field are so large that they can't all be addressed at once.
- Empower workers to change self-pitying attitudes to those of personal responsibility and professional buy-in.

IV. Additional Questions and Suggestions for Future Consideration

- What is the effect of rapid DSW turnover on the people who are receiving supports?
- What are the fundamental differences between people who remain employed as direct service workers and those who leave the field quickly?
- How can we address the general disrespect that individuals and institutions have for direct support as a profession?
- Could a private foundation assist in a marketing effort to improve public opinion and aid in recruitment efforts, as has been done for nursing?
- How can we balance regulation and training/credentialing requirements of the traditional direct service workforce without putting undesirable constraints on self-directed programs?
- How might the profession and workers be better insulated from the fluctuations of the economy, such as rising gas prices?
- How can workers advocate for their rights, increased wages, and sufficient benefits without being perceived as unionizing and alienating businesses?
- Who can provide funding for any of these improvement efforts?
- Are researchers and policymakers in touch with the workers?
- Are DSWs empowered enough to advocate for what they need?
- What is the relationship of direct service workforce initiatives to the invisible workforce of family caregivers?