



## SANYS Testimony

New York State Senate Standing Committee on Disability Public Hearing: To evaluate the current workforce challenges of the I/DD service delivery system

September 14, 2021

On behalf of our board of directors and self-advocates throughout NYS SANYS thanks the NYS Senate Standing Committee on Disability for the opportunity to share testimony on behalf of I/DD self-advocates.

As you know, the staffing crisis is only growing worse with each passing year. We know that this committee will have seen numbers which show extreme staffing shortages and staffing turnover and these numbers demand attention. However, this crisis is not just a matter of statistics but is impacting real people. It is diminishing the quality of life and overall well-being of New Yorkers with developmental and other disabilities all over this state and demands prompt solutions.

We are experiencing, delays in much needed supports and diminished community participation because of staffing shortages. We are seeing affronts to our sense of personal dignity and sense of safety as we see the staff who know us, and have partnered in our lives, leave this field of work. Often these experienced professionals, are replaced by a revolving door of virtual strangers who have little time to get to know us before they themselves leave or are shifted from program to program to cover staffing shortfalls which seem to be everywhere.

This problem is very real in all service options currently (OPWDD Certified services, OPWDD Self-Direction and DOH CDPAP).

People receiving OPWDD certified services find themselves with too few Direct Support Professional staff to adequately meet fundamental needs and to provide any meaningful choice or opportunity to exercise their basic right of self-determination. They often must rely on new staff who have no meaningful relationship with them to meet their needs, even their most intimate and private needs. This compromises personal dignity and poses real risks to health and

safety. This cannot be allowed to continue and on behalf of all experiencing such treatment we implore New York State to solve this crisis.

For people in self-direction there is a shortfall of both Community Habilitation Staff, within the OPWDD service system, and personal care assistants within CDPAP. As a result, people do not have staff available to meet often basic self-care needs. Many are frightened that they may be forced to abandon the lives and homes that they have worked so hard to build. Indeed, some are beginning hear from professionals that they may need to consider leaving their own apartments and homes and return to traditional services as adequate staff cannot be found. This is an appalling situation. Self-Direction is a service designed to ensure self-determination, control over one's own life and maximize a person's contribution to their community. The fact that support levels cannot be maintained is simply unacceptable. Furthermore, people who have been successful in self-direction have proven that traditional residential services are more restrictive than the types of supports which they need. To be clear The Olmstead Decision and the least restrictive settings rule would prohibit such a regression in supports and services. Driving people back into certified residential services due to a failure to solve this staffing crisis would be a huge backward step regarding the human right of people with I/DD to reside in the least restrictive setting possible. Furthermore, even if a person wished to return to certified services the current staffing shortage would not afford them the opportunity to do so. However, to be clear, we are aware of no one in Self-Direction interested in taking this backward step in their lives.

Sadly, while we are thankful for the supports and services that NYS offers, we must say that NYS is failing us. This crisis is one that was created over time through a lack of sufficient investment in the OPWDD service system. For many years the COLA which could have kept DSP wages competitive was not honored and we watched year by year our DSP's leave for better wages.

Furthermore, as we all live through this terrible pandemic, we must point out that our system went into this pandemic already hurt by the staffing crisis, and the deaths that have occurred amongst people with I/DD and staff have been terrifying. As Delta spreads, our system is at a worse point then before in terms of staffing, and we worry about approaching consequences in a system without adequate staff

The time to make meaningful investments and solve this problem is now. The time to look closely at the needs of New Yorkers with disabilities and invest accordingly is now. In fact, this is long overdue, we are suffering the consequences of this ongoing staffing crisis. We implore you to find immediate solutions to this problem which has become untenable for people with developmental and other disabilities who rely upon New York State to provide adequate supports and services which not only meet our needs but support self-determination and meaningful engagement as equal citizens within our communities here in New York State.

*The above statements represent views of the board of directors and members of the Self-Advocacy Association of NY State. For more information, or to schedule a meeting or visit, please contact: Arnold Ackerley, Administrative Director at [aackerley@sanys.org](mailto:aackerley@sanys.org) or Shameka Andrews at [sandrews@sanys.org](mailto:sandrews@sanys.org).*

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## **NYDA WORKFORCE CRISIS HEARING TESTIMONY**

DSPs are a vital part of New York's "care economy," and are the backbone of the system of supports and services for individuals with intellectual and developmental disabilities. DSPs are employed by the not-for-profit provider agencies and directly by individuals with disabilities to provide vital supports and services in group residential settings, independent apartments and homes, and in recreational and therapeutic day support settings. The role of a DSP is not an easy one, requiring a high degree of responsibility, skill and compassion. DSPs are essential to ensuring that individuals with intellectual and developmental disabilities (I/DD) are safe, lead fulfilling lives in their communities, and receive attention for complex medical and therapeutic needs.

NYDA recently conducted a statewide workforce survey to quantify the reports from provider agencies highlighting increasing and significant staff vacancies among their Direct Support Professionals (DSPs). Statewide, the average DSP vacancy is approximately 25%, which is a real dire picture for the I/DD service delivery system. A 25% vacancy is a 74.3% increase in the staff vacancy rate from pre-pandemic levels. To highlight the staff shortage - nearly 70% of agencies statewide reported supervisory staff needing to cover shifts just to maintain staffing levels.

The following recommendations have been identified as critical to addressing this workforce emergency.

### **ESTABLISHMENT OF A "LIVING WAGE"**

A number of factors have affected DSPs and the wages they receive. First, DSPs were left behind when minimum-wage was increased. The increase made work in industries such as fast food more lucrative than direct care. Historically, DSP wages were significantly higher than minimum wage, but due to years of lack of investment and cuts to the system, wages are now at minimum wage or just above in all regions across the state.

Through previous efforts, notably the bFair2DirectCare campaign, 2% increases for direct care staff were secured, however due to the budget neutrality factor that OPWDD applies to provider's rates, funding was meant to increase salaries was reduced in providers' rates.

Additionally, provider agencies had not received the statutory Cost-of-Living-Adjustment for nearly a decade until the Legislature fought to include the COLA in the SFY 2021-22 New York State Budget.

It is essential that meaningful steps are taken to establish, implement and fund a living wage for staff and adjust provider agencies' rates accordingly, and payments must not

be subject to a budget neutrality factor, which historically has taken funding away from provider agencies.

## **RECRUITMENT STRATEGIES**

Provider agencies have faced challenges in recruiting and retaining staff as a direct result of the statewide minimum wage increases, the lack of annual increases for more than a decade, combined with a state rate system that has resulted in certain providers being reimbursed at below their actual costs, and all providers not receiving sufficient trend factors or other increases to support basic cost of living increases. This issue has been compounded by the COVID-19 pandemic, which caused a significant decrease in the number of applicants for direct support positions in the I/DD service delivery system as well as early retirements and other exodus from positions in the field.

Through the first quarter of 2021, 93% of provider agencies reported a decrease in the number of applicants as compared to previous reporting periods.

To address the recruitment challenges that agencies are facing, the following proposals should be implemented.

- Standard Occupational Classification – DSPs need the U.S. Bureau of Labor Statistics to give them a discrete Standard Occupational Classification. This would yield the appropriate data to assist the State and federal agencies in better understanding this workforce in need.
- Expansion of BOCES High School Pipeline Program – A pilot program was created in the Capital Region to introduce the direct support profession to workforce candidates. The program provided work-based learning opportunities, job mentoring and curriculum-based training through the Capital Region BOCES. NYDA recommends the State replicate this program statewide by 2023.
- Expansion and Investment in the Summer Youth Employment Program – NYDA recommends expanding the Summer Youth Employment Program statewide. With the current program, Workforce Development Boards provide programs for low income or at-risk youth that include academic support, work experience and other extra-curricular services to promote high school graduation, post-secondary enrollment and entry into the I/DD workforce.
- Statewide Marketing Campaign – By partnering with the State of New York to develop and launch a statewide marketing campaign for careers as a direct support professional aimed at educating individuals on rewarding careers in the I/DD service delivery system, increased awareness will drive an increase in job applicants for direct support roles at provider agencies.

## **RETENTION STRATEGIES**

For years, the I/DD service delivery system dealt with high staff turnover in the DSP role. According to a 2017 American Network of Community Option and Resources (ANCOR) report on DSPs, the high turnover and recruitment difficulties in the I/DD field is damagingly disruptive to individuals with I/DD and constitutes a public health crisis.

The ANCOR report indicates low wages, lack of public awareness and lack of opportunities to advance their careers as just some of the reasons these dedicated workers leave their jobs. Therefore, it is vital for the State to aggressively develop and implement strategies that will significantly reduce turnover and provide pathways for individuals to stay in this field.

To address the systemic challenges that provider agencies have faced in retaining individuals in these vital direct support positions, the following strategies are recommended:

- Establish a DSP Credential Program - NYS must act immediately to implement a multi-tiered credential program for DSPs with a hybrid model of learning methods tied to increased pay for individuals

completing each tier of the credential. Credentialing and certification programs are strong solutions to consider in closing the wage gap that currently exists in New York's I/DD sector. Such programs provide targeted opportunities for people to master specialized content areas in professions that require targeted skills and practical responses.

A direct support professional credentialing program is a key tool to strengthen the workforce by providing knowledge and skills, recruit and retain qualified staff and create the bridge between skill building and increased wages. A clear rationale exists in New York for advancing a statewide, voluntary credentialing program for DSPs with evidence that a robust process will strengthen and increase the pipeline for DSPs, value-based wage enhancement and career growth and advancing the DSP skill and knowledge to reach accountable goals for better quality and affordable supports and services. By adopting a multi-tiered credential model, which combines on-line, classroom and work-based learning, including a number of successful and well-established credentialing programs, New York State will be able to increase DSP tenure, job satisfaction and provide a career path.

- Establish Career Ladder/Lattice for DSPs - New York State should implement a statewide Career Ladder Program for DSPs, which will provide a pathway to an associate's degree in the human services field for current DSPs who have participated in the credentialing program and offer it at no cost to the participants. The program should provide job-specific higher education and career development to frontline workers in health, education, and human service occupations. Some examples include a degree in:
  - Community Residence Management;
  - Developmental Disabilities;
  - Psychology;
  - Education;
  - Human Services/Social Work;
  - Nursing;
  - Physical Therapy Assistant; and
  - Occupational Therapy Assistant

Existing pilot and demonstration programs have been proven to increase the retention of direct care workers, improve their job performance and strengthen the quality of care received by people supported and their families. These existing programs can be used as the framework for a statewide career ladder program, which could also leverage the SUNY and CUNY for All program that was recently expanded to include OPWDD. For those with family and/or financial constraints, a one-year certificate program in community residence management or disability studies may also be offered.

- Create DSP Employment Tax Credit – NYDA recommends establishing a DSP credential as well as a career ladder program. Programs like these would increase DSP tenure job satisfaction and provide workers with a career path. NYDA also recommends establishing a personal income tax credit for DSPs of \$2,500, which is especially critical with the rising minimum wage.

## **FISCAL**

OPWDD is currently undertaking a rate setting methodology redesign that will be used as the basis of payment rates to provider agencies moving forward. As part of this process, it is essential that the rate methodology include provisions to ensure that the new rates are adequate to pay direct support staff a living wage. Without this specific consideration as part of the rate, the current issues facing the field will persist and amplify.

This workforce crisis is the result of repeated failings by government to protect some of New York's most vulnerable, and to adequately support those who care for them. Effectively addressing the crisis will require

service providers, the State of New York and all stakeholders to come together and meet these challenges with bold solutions. We look forward to working collaboratively to accomplish this crucial task.









# **THE NEW YORK STATE PUBLIC EMPLOYEES FEDERATION TESTIMONY**

Senate Standing Committee On Disabilities Public Hearing:

Impact of the Workforce Crisis on Individuals with  
Developmental Disabilities

September 13, 2021

Randi DiAntonio, Vice President

Good afternoon Chairperson Mannion, members of the committee and distinguished guests. My name is Randi DiAntonio and I am the Vice President of the Public Employees Federation (PEF). Thank you for the opportunity to speak on behalf of our 50,000 members about the impact of the staffing crisis on individuals with developmental disabilities. Our union is made up of professional, scientific and technical experts who provide critical services to the residents and taxpayers of New York State. Serving as the state's frontline essential workers during the COVID-19 pandemic, our members have risked their lives and those of their families to maintain the continuity and quality of services to New York's most vulnerable citizens, most especially those with developmental disabilities.

**I. STAFFING CRISIS AND THE PROVISION OF QUALITY CARE**

**A. Inadequate Staffing Hurts the Quality of Care**

The state of New York has embarked on a long-term effort to reduce funding and staffing at all of its agencies. OPWDD has seen some of the most dramatic reductions in staffing over time. This has negatively impacted the availability and continuity of services for New Yorkers with intellectual and developmental disabilities.

**TABLE 1<sup>1</sup>  
NYS State Human Resource Allocation for New Yorkers  
with Intellectual and Developmental Disabilities**

	<b>Staffing 2011</b>	<b>Staffing 2020</b>	<b>Difference</b>	<b>Percent Decrease</b>
<b>OPWDD</b>	23,348	19,595	-3,753	-16%

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<sup>1</sup> "New York State Agency Use of Overtime," <https://www.osc.state.ny.us/files/reports/special-topics/2021/pdf/overtime-2021.pdf>

This reduction in staff is directly attributable to the imposition of “bare bones” budgeting at all of the state agencies that has been in place for years so the state can remain under the arbitrary 2% annual state spending cap. This budgeting approach left the state ill-prepared to address the pandemic and has hampered the ability of the state to meet its ethical obligations to maintain the continuity of quality and accessible services for many at-risk New Yorkers, including individuals with developmental disabilities. During this crisis, the systemic understaffing at OPWDD, combined with staff quarantines and infections, has left the state ill-prepared to address its serious staffing needs. The 2021-2022 OPWDD budget projects the staffing level to be at 18,572 FTEs. This is 1,000 fewer staff at OPWDD compared to just last year.

The state has been operating with 5,000 fewer employees since the hiring freeze was effectuated in the Spring of 2020. Many of these positions provide direct patient care like nurses. The failure to backfill vacated positions has led to significantly increased clinical caseloads and coverage of larger geographic areas. This, in turn, ultimately negatively affects quality and access to care as the remaining staff are stretched thinner and thinner.

**B. Over-Reliance on Mandated Overtime Hurts the Quality of Care**

The lack of staff, combined with the state hiring freeze and other logistical challenges posed by the pandemic, helped drive the overall cost of overtime across all state agencies to \$850 million in 2020.

**TABLE 2<sup>2</sup>**

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<sup>2</sup> New York State Agency Use of Overtime,” <https://www.osc.state.ny.us/files/reports/special-topics/2021/pdf/overtime-2021.pdf>

**Growth of Overtime to Address Systemic Staffing Shortages at OPWDD**

	<b>2011</b>	<b>2020</b>	<b>Difference</b>	<b>Percentage</b>
Number of Staff	23,348	19,595	3,753	-16%
OT Costs	\$95.1 Million	\$156.7 Million	\$61.6 Million	+65%

OPWDD spent \$156.7 million in overtime costs, which made up 18.4% of the state’s total overtime expenses in 2020. OPWDD had the most overtime, with 4.7 million hours, accounting for nearly 25% of the 19.1 million overtime hours worked by state employees. On average, staff at OPWDD worked 235 hours of overtime in 2020.

**TABLE 3  
Impact of Overtime on OPWDD Staff During COVID-19**

<b>Total OT Pay</b>	<b>Pay % Change 2019-20</b>	<b>Total OT Hours Worked</b>	<b>Average OT Per Person Per Pay Period</b>
\$156.7 million	3.7%	4,685,852	19.0

It is also important to note that these costs do not include payments by agencies for “agency” or contract nurses. These individuals are hired on an individual basis and are not members of the bargaining unit. Our members report that these nurses are receiving higher pay, do not maintain regular caseloads and receive more favorable shifts than full-time staff.

**C. Short-Staffing Facilitated the Spread of COVID-19**

Obviously, nurses, habilitation service specialists and other direct care staff were more highly impacted by overtime and forced redeployments than other staff. Habilitation service specialists were often redeployed to homes to address coverage gaps caused by short staffing. The lack of management communication with front line staff, inadequate testing requirements and inconsistent contact tracing protocols caused the virus to spread through group homes as staff unknowingly brought the virus from home to home as they

were redeployed to cover shortages in their areas. This also likely contributed to community spread. This was a particularly big issue between November 2020 and April 2021. Staff who worked in group homes including direct care, habilitation specialists and nurses had an especially high rate of exposure and infection.

**TABLE 4<sup>3</sup>**  
**COVID-19 Infections of OPWDD Staff and Clients Nov. 2020-April 2021**

		<b>Staff</b>	<b>Clients</b>
<b>November 2020</b>	<b>Infections</b>	1,190	572
	<b>Deaths</b>	9	53
<b>April 2021</b>	<b>Infections</b>	3068	1711
	<b>Deaths</b>	9*	105

\*Most up-to-date information provided (December 2020)

**D. Short Staffing Reduces Program Availability at OPWDD**

Over time, the inability of OPWDD to attract and retain staff, especially nurses, has forced the “suspension of services” or closure of many homes and NYS Developmental Disability Service Offices (DDSO) across the state.<sup>4</sup> This dramatic reduction in capacity has, in turn, affected the availability of services to residents with intellectual or developmental disabilities.

**TABLE 5**  
**OPWDD Placement Availability**

<b>Year</b>	<b>Count of Total Programs</b>	<b>Total Capacity of All Programs</b>	<b>Total Census</b>
2012	2,107	12,002	10,498
2013	2,042	11,635	10,146
2014	1,947	10,979	9,641

<sup>3</sup> Correspondence from PEF to OPWDD  
<https://www.pef.org/wp-content/uploads/2020/03/PEF-to-OPWDD-Kastner-Revised-1-4-21.pdf>  
<https://www.pef.org/wp-content/uploads/2020/03/PEF-to-OPWDD-4-22-20.pdf>  
<https://www.pef.org/wp-content/uploads/2020/04/Letter-to-OPWDD-Commissioner-Kastner-4-8-20.pdf>  
<https://www.pef.org/media-center/covid-19/>

<sup>4</sup> FOIL Request: #19-0175 furnished by Lydia Brassard, Public Records Officer, 2/26/21

2015	1,838	10,347	9,069
2016	1,759	9,723	8,582
2017	1,687	9,345	8,145
2018	1,646	9,125	7,907
2019	1,593	8,863	7,663

Reviewing the program availability and comparing those program offerings with the total number of requests for placement shows the inadequacy of the current system in meeting the needs of intellectually or developmentally disabled New Yorkers.

However, this also points to the lack of general lack of planning by the state for its own staffing needs. OPWDD has told us they stopped keeping this data since 2019, but program suspensions/closures since then have continued to occur at an alarming rate.

**TABLE 6<sup>5</sup>**  
**Census of Residential Placement Requests at OPWDD**

<b>Year Reported to OPWDD</b>	<b>Total Requests for Placement</b>	<b>Needed ASAP</b>	<b>2 Years</b>	<b>3-5 Years</b>	<b>6 + Years</b>
2012	11,770	4,057	2,318	2,616	2,347
2013	11,966	4,207	2,786	2,660	2,395
2014	11,927	3,928	2,655	2,601	2,741
2015	11,547	3,712	2,579	2,518	2,738
2016	11,104	3,380	2,438	2,441	2,645
2017	11,014	3,768	2,361	2,377	2,559
2018	10,936	3,700	2,294	2,358	2,594

## II. CONCLUSION

As we have seen from the state's response to the COVID-19 pandemic, the public interest is best served by high-capacity state agencies that render needed services and which are staffed by talented, dedicated and professional public servants hired pursuant to the state's rigorous civil service system. PEF members possess specialized expertise from

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<sup>5</sup> FOIL Request: #20-02-013 furnished by Lydia Brassard, Public Records Officer, 2/26/21

formal educational requirements, credentialing and/or licensure requirements, required professional development courses and hands-on experience that doesn't really exist in the private sector due to a lack of investment and continued workforce churn. So, the continued staffing crisis at state institutions directly impacts families and I/DD New Yorkers as they are less likely to get the same quality of services from community agencies.

It is clear that the State of New York needs to learn several lessons from this experience. The state can no longer continue to dedicate state and federal resources solely to maintain the operations of the private provider agencies. As we have seen from the pandemic, this strategy has been unsuccessful. New York needs to develop greater capacity to deliver needed public services and to address potential disasters and emergencies in a timely, effective, efficient, and cost-effective manner.

**A. Leveraging State and Federal Resources to “Build Back Better”:**

New York State received significant dedicated and other resources in connection with the COVID-19 pandemic, including the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Consolidated Appropriations Act of 2021 (CAA), and the American Rescue Plan Act of 2021 (ARP). For example, the ARP delivered more than \$13 billion in unfettered operating aid and additional monies for more specific purposes attached to the CARES Act.

In addition to these federal monies, New York enacted various proposals to increase state revenue. It is estimated that the various components of the revenue package passed in the 2021 Legislative Session could generate revenues exceeding \$5 billion over 2020-2021.

Unfortunately, the state has yet to develop a plan to attract and retain staff and to expand residential opportunities at state-operated facilities for those with I/DD.

Most recently, the NYS Department of Health advance a more than \$1 billion grant proposal to enhance the services, programs and staffing for the private provider community operating under the auspices of OMH, OPWDD, OASAS and Aging.

While we believe in a strong private sector safety net, this proposal raises a host of concerns for us as advocates for the New Yorkers we serve.

(1) **Hazard Pay**: This year's enacted state budget provides more than \$46 million for a cost-of-living increase for private sector employees who contract to provide services for OPWDD and other agencies. The draft plan submitted by the state for ARA monies includes a proposal to provide hazard pay for private sector employees. Many private employers and other state and local governments have already provided this important benefit to their frontline heroes. However, there continues to be no supplemental or hazard pay for the state's essential employees who were REQUIRED to render services throughout the pandemic, putting their lives and those of their families at risk; and

(2) **Attracting, Retaining and Rewarding Staff**: Even after the enactment of a state budget which increased state spending by more than \$8 billion year-over-year, the state is still operating with 5,000 fewer full-time employees than at the start of this crisis, including many critical care positions – i.e. nurses, psychologists, etc. This is not acceptable.

Unlike the draft plan submitted by the state on behalf of private sector providers to attract, retain and reward private sector workers, the state has yet to develop a plan



to begin attracting and retaining the direct care and other staff needed to deliver quality services. For example, at OPWDD, facilities continue to be shuttered (aka “suspension of services”) because the state is unwilling to meet increased market demands for nurses and direct care staff and now OMH – the agency charged with managing mental illness among other things -- is attempting to shift its children’s psychiatric unit at Hutchings to SUNY Upstate after having lobbied successfully to cut more than 200 publicly-operated inpatient psychiatric beds across the state.

The pandemic has demonstrated that the state is simply not a competitive employer for professionals like nurses. The state continues to be a revolving door for these professionals, who are in high demand and maintain high professional mobility. The state needs to do more to attract and retain these critical staff. While we are thankful for the geographic pay increase that was effectuated administratively for many of the state agencies, we implore the state Civil Service Department and the Division of the Budget to approve a salary grade increase for Nurse 1 from grade 14 to grade 18 and for Nurse 2 from grade 16 to grade 20, so that OPWDD and other state agencies can compete in hiring and retaining the nurses needed to render care and reduce the need for mandatory overtime and forced redeployments in our facilities. There has not been an increase in the starting grade for nursing titles in 30 years, since August 1981.

**(3) Obligation to Provide Services Regardless of Circumstances:** We are thankful that the state is making application for federal monies to help our colleagues in the private sector. Our members’ frustration comes from the fact that these private providers have no duty or obligation to provide services to anyone and we know that

some private sector providers do not provide services to New Yorkers who are indigent, uninsured, underinsured, undocumented or just plain difficult because it is not operationally viable or desirable.

While we recognize the important role these providers play, the state needs to advance a more comprehensive plan to address this critical service industry both for the private provider community and to shore-up the services that the state renders through its agencies. In our opinion, the pandemic has made clear that the private provider community is not capable of successfully supplanting the need for quality and accessible state services for these vulnerable populations. We are counting on our elected officials to address these concerns fairly so that all New Yorkers can access needed services regardless of their status.

I appreciate your time and the opportunity to address you today. Thank you.



Making a world of difference  
in people's lives

**Public Testimony: New York State Senate Standing Committee on Disabilities**  
**Joseph M. Macbeth, President and Chief Executive Officer**  
**Albany, NY**  
**September 14, 2021**

Senator Mannion and members of the Standing Committee on Disabilities, thank you for the invitation to speak with you today. My name is Joe Macbeth and I am the founding President and Chief Executive Officer for the National Alliance for Direct Support Professionals (NADSP). For nearly forty years, I have either provided direct support, studied & researched the direct support workforce or advocated on their behalf. I am passionate and have dedicated my career to this work.

Prior to the pandemic, I spent more than a decade traveling across North America engaging with tens of thousands of direct support professionals each year, promising to make sure their voices are heard by decision makers like you. I take this opportunity to speak with you today very seriously.

The NADSP was founded in 1996 by the late John F. Kennedy Jr. and is the only national organization whose sole purpose is to elevate the status of direct support professionals by improving practice standards, promoting system reform, and advancing their knowledge, skills and values.

As you'll hear today by nearly every speaker, the state of the direct support workforce has reached a critical tipping point. As our founder wrote twenty-five years ago, "*Quality is defined at the point of interaction between the staff member and a person with a disability*". The skills required to do this job well are complex and the accountability is high when mistakes are made, yet their wages remain disproportionately low.

Direct support is physically and emotionally demanding work. I can tell you that no one is prepared to do this job on day one – it requires robust and dynamic competency-based training, months of on-the-job practice, an ability to build trusting & professional relationships and a high degree of professional ethics. Yet for decades, this service system has relied on a revolving door of unprepared strangers to support people with highly complex needs in their most intimate of personal, medical, and emotional supports.

Today, with discussions at the highest levels of government and, potentially a once in a generation investment into the "caregiving economy", we have before us a unique opportunity to make some corrections. Please do not squander this opportunity. Understand that there is no magic wand that can be waved to make these issues disappear. Money alone will not fix this decades-long systemic failure. It will require a myriad of strategies that begin with a living wage for all workers and career ladder opportunities so those who commit to this as a long-term career can earn even higher wages as they objectively demonstrate advanced skills and ethics.

But it's not just about direct support professionals. We must also invest in the hard-working frontline supervisor and improve their skills. We must provide technical assistance to provider

organizations to promote a healthy workplace culture to retain our dedicated direct support professionals, and we must improve provider business acumen to assure person-centered services are delivered and expect a high degree of professionalism across all levels of an organization.

Despite federal law and court decisions over the past 30 years, the ongoing battle fought by people with disabilities seeking to fulfill their human and civil rights has only been illuminated during this wretched pandemic. The lack of dignity, respect and justice further illustrate the continuing need to advance this movement toward social equality. Once again the direct support workforce has stood side-by-side with those they support to establish new daily routines, teach social distancing practices and comforting those unable to visit their family and friends.

According to a recent study on COVID-19 and the Direct Support Workforce by NADSP and the Institute on Community Integration at the University of Minnesota, nearly 74% of direct support professional respondents indicated they were the primary wage earners in their household. The survey also showed respondents earning an average of \$13.63 per hour with only 24% of respondents indicated they were paid higher wages during the pandemic. Even before the pandemic, additional resources were desperately needed to attract competent, qualified staff to fill vacancies and retain veteran staff, but 26% of respondents indicated they were now even more short-staffed due to COVID-19 and many employees were working a high number of overtime hours. Yet, we rely on direct support professionals as our “heroes”, the “backbone” of this service system, the “essential workers” on whose shoulders we stand during pandemics and natural disasters, who often put their own health and the health of their families at great risk.

The 1.4 million direct support professionals who provide direct support to people with intellectual and other developmental disabilities have bravely reported to work throughout this pandemic, yet if you try to lookup their standardized occupational classification (SOC) with the Bureau of Labor Statistics (BLS) you will not find one. The SOC is designed to reflect the current occupational composition in the U.S. and to catalog all occupations in which work is performed for pay or profit. Information about occupations, such as employment levels and projections, pay and benefits, skills required, and demographic characteristics of job holders is widely used by individuals, businesses, researchers, educators, and public policymakers. Sadly, we have no way to collect accurate data on this workforce and they largely remain anonymous, which early in the pandemic led to great confusion on whether they were deemed essential.

This workforce crisis has plagued the disability service system for far too long and it will take all of us, together, to create a new reality for our direct support professionals and the people they support. I ask that you make a commitment to invest in better training, professional development, career ladder opportunities and credentialing.

I have attached to this testimony a report that NADSP submitted to the federal Administration on Community Living (ACL) about our innovative career-ladder program, the “E-Badge Academy: Integrating Direct Support Professional Knowledge, Skills & Values into a National Career Ladder Program” I would welcome an opportunity to discuss it with you further because our data proves that career ladders improve employee retention, lead to valued outcomes for people with disabilities and can potentially provide a significant return on investment for the provider

community who will hire with confidence when a standardized and portable certification becomes commonplace.

In closing, COVID-19 has merely lifted the veil on a decades long systemic failure to support the most important resource in the disability services sector – the direct support workforce – which has been neglected for far too long. People with disabilities and their families expect nothing less than a competent, highly skilled, ethical professional to support them with their physical and emotional needs.

Once again, New York has a unique opportunity to lead the nation. If there is a long-term silver lining in this pandemic, it may be that our direct support workforce will finally be given the credit and opportunity that is long overdue. I'm afraid that failure to make substantive change would be further exploiting this essential workforce.



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## Making a world of difference in people's lives

### The NADSP E-Badge Academy: Integrating Direct Support Professional Knowledge, Skills & Values into a National Career Ladder Program Final Implementation Plan June 30, 2021

#### **Introduction**

Today, there is a growing body of research demonstrating the impact of industry shifts away from higher education degrees towards skill – specific credentialing as a means to ensure a competent workforce. According to the Harvard Business Review “education is a misleading to-malignant proxy for economic productivity or performance. Knowledge may be power, but ‘knowledge from college’ is neither predictor nor guarantor of success<sup>1</sup>.” Because higher education degrees do not reliably predict skills and competency, many industries are seeking platforms and opportunities for employees to demonstrate standardized skills necessary to their role, such as credentials<sup>2</sup>. Several industries have adopted standardized credentials, including electricians, brick masons, carpenters, and information technology professionals. These careers have been professionalized across society due to the complex nature of the work and the expectation of quality. While credentialing is not the only reason for this professionalism, the credential, across industries, gives credence to the capabilities of these professionals.

While credentialing has many different meanings across industries, developing a national credentialing standard for the direct support workforce is one of the many solutions that are desperately needed to fulfill the promises made by landmark decisions and legislation like the Olmstead Decision and the Americans with Disabilities Act. It is perceived that a standardized credentialing structure, such as the National Alliance for Direct Support Professionals (NADSP) E-Badge Academy, would accomplish three key milestones to workforce stabilization:

- (1) ensure that DSPs receive, understand and implement an enhanced & robust training curriculum that is accredited by a national authority that exceeds minimal state requirements and leads to meaningful outcomes for people with disabilities.
- (2) coordinating competency-based credentialing within state reimbursement rate structures for incentive payments based on credentialing to raise DSP wages and linked to skill enhancement to attract qualified workers; and
- (3) introducing a career pathway that is universally accepted, portable and promotes employee tenure by keeping high performing DSPs in their jobs and compensating them with commensurate wages and recognition.

In a report to the President in 1996, John F. Kennedy Jr., the founder of the NADSP, wrote of Quality in the intellectual and disabilities service system as being “defined at the point

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<sup>1</sup> Higher Education is Overrated; Skills Aren't. Harvard Business Review. <https://hbr.org/2010/07/higher-education-is-highly-ove>;

<sup>2</sup> Your Credentials are Holding you Back. Harvard Business Review. <https://hbr.org/2013/02/your-credentials-are-holding-y>

of interaction between the staff member and the individual with a developmental disability<sup>3</sup>". This simple, yet somewhat profound statement has made a deep impact on the vision, mission and guiding principles of the NADSP. We've spent the better part of twenty-five years interpreting it, sharing it and incorporating its message into our organization's culture. We believe that what John Kennedy Jr. and his colleagues likely meant was; quality doesn't happen by accident, it requires rigor, intention and reflection. Quality happens through the integration of a DSP's knowledge, skills and values and when a DSP intentionally infuses these foundational aspects into their work, it can lead to meaningful outcomes, full inclusion, and rich, fulfilling lives for people with disabilities in their chosen communities. As we will demonstrate in this implementation plan, the E-Badge Academy brings this definition of quality to life.

Therefore, quality is the hallmark of the NADSP's E-Badge Academy. Through a deliberative process that took several years of research and included input from DSPs, people with disabilities, family members, researchers and the provider community, the E-Badge Academy has become NADSP's most compelling contribution to address a decades-long systemic-failure.

### **Designing and Launching The E-Badge Academy**

In 2007, the NADSP launched a portfolio-based credentialing program that used the Community Support Skill Standards<sup>4</sup> (CSSS) as the basis for skill demonstration and required the DSP to produce eight comprehensive "work samples" from the twelve CSSS competency areas that often took more than a year to complete. DSPs were required to do this outside of their work schedules and did not receive any feedback on their work until the portfolio was submitted for review to the NADSP. After a decade of trying to make this credentialing program more accessible and intuitive for DSPs, the feedback from them was overwhelming; it required far too much time to fit in their busy schedules, it was too academic and it intimidated DSPs who were uncomfortable with the amount of time and the amount of writing that was required. Furthermore, the feedback we received from their employers was that this model was too cumbersome and could never be brought to national scale. It needed to be re-built from the ground up.



In 2017, after a two-day summit that included NADSP staff & board members, people with disabilities, family members, agency trainers and service providers our Education, Training and Workforce Development (ETWD) Committee was tasked to break down the eight "work samples" from the CSSS and create dozens of electronic badges using the new Centers for Medicare and Medicaid Services (CMS) Core Competency Areas,<sup>5</sup> which are validated by

<sup>3</sup> Opportunities for Excellence: Supporting the Frontline Workforce. U.S Department of Health and Human Services Administration for Children and Families. President's Committee on Mental Retardation, Washington, DC 1996

<sup>4</sup> Community Support Skills Standards. Bradley, V. and Taylor, M. Human Services Research Institute (HSRI), Boston, MA (1996)

<sup>5</sup> The DSW Core Competency Project. Centers for Medicare and Medicaid Services.  
<https://www.medicare.gov/medicaid/long-term-services-supports/workforce-initiative/index.html>



research design and written for DSPs who work across service sectors, as the framework for a new credentialing model.

While we were building this new paradigm that introduced the CMS Core Competency Areas, other aspects of the portfolio-based credentialing program were also carefully reviewed. The training requirements (knowledge) and the Code of Ethics (values) as used in the portfolio model were given careful consideration during the process because they were either impractical or not reflective of the hallmarks of quality. The training requirements in the first credentialing iteration were stacked with 100 and 200 hours of competency-based training from a NADSP accredited curriculum, which was often challenging for an employer to provide and for the DSP to verify. Meanwhile, the only integration of the Code of Ethics<sup>6</sup> into the original program was a “read and sign” form of the Code of Ethics to be submitted as part of the portfolio packet. Realizing that ethical practice comprises 1/3 of the quality triad, it must have a much larger role in the new digital badge program that we were building.

During this time, we also began to build our E-Badge reviewer cohort, an ever-expanding community of workforce experts, trainers, executives, family members, or people who have expertise in a specific competency area. E-Badge reviewers demonstrate their reliability in passing an annual inter-rater reliability test showing at least 85% consistency in the scoring of sample E-Badge submissions. Reviewers have available NADSP staff support when encountering particularly difficult reviews or when a submission raises concerns of unethical behavior.

After the review of several vendors (and one false start), we selected a company named Web Courseworks in early 2018 to begin building a learning management system (LMS) that has the load capacity to handle millions of potential users at any given time. After writing the E-Badge language using the CMS competency areas, deciding how to stack the badges into three levels of certifications, settling on the visual design of the actual badges and developing a marketing plan, we were finally ready to pilot the initial version of the E-Badge Academy. Building strong, trusting partnerships with the provider community has always been important to NADSP – it’s the best way that we’ve been able to reach DSPs. After much consideration, we selected DSPs who worked in agencies from Maryland, South Dakota, Vermont, and Virginia to test our new credentialing program. During this six-month pilot, we sought regular feedback from our front-end users, participating provider agency local administrators and badge reviewers. After making the necessary modifications, on January 9, 2019, we ready to launch to a national audience.

### **Results by the Numbers – Accredited Education E-Badges**

In order to be well informed of best practices, the DSP seeking certification must have a certain number of hours of nationally accredited, competency-based education. This type of education is far more robust than the basic training that is presently required by any



<sup>6</sup> National Alliance for Direct Support Professionals Code of Ethics (2016): <https://nadsp.org/resources/the-nadsp-code-of-ethics/>

state. Because we believe that training standards, across the board, should be elevated and recognized, DSPs in the E-Badge Academy can earn Accredited Education E-Badges by uploading training transcripts and certificates from approved training programs. To earn any of the three levels of certification via the E-Badge Academy, a DSP must have demonstrated their knowledge through Accredited Education E-Badges.

While the NADSP does offer training curricula in a variety of specialty areas, it's important to note that the E-Badge Academy is *NOT* a training program. We are committed to forging partnerships with training organizations to review and accredit their product. This certification program offers DSPs and their employers' access to a wide range of products to choose one that fits their specific needs. Currently, the following training curricula have been approved to meet our standards for certification:

### **Direct Support Professional Accredited Training Curricula**

- *The College of Direct Support* is a multimedia, interactive, web-based curriculum. CDS offers training in content areas that have been identified as critical to successfully supporting people with disabilities to live self-directed lives in the community. For more information go to [www.directcourseonline.com/direct-support/](http://www.directcourseonline.com/direct-support/)
- *The U.S. Department of Labor (DOL)* now has a certified apprenticeship program for the occupational title of direct support specialist. Certified apprenticeship programs must meet the federal guidelines and be reviewed and approved by the NADSP. For more information, go to [www.dol.gov/newsroom/releases/cta/eta20101026](http://www.dol.gov/newsroom/releases/cta/eta20101026)
- *Relias* offers online learning, staff compliance training and continuing education for organizations that serve people with developmental disabilities, as well as behavioral health, mental health, addiction treatment, community health, community action and child welfare. For more information go to [www.relias.com](http://www.relias.com).
- *PATHS* is the credentialing program of the Ohio Alliance of Direct Support Professionals (OADSP). It provides a rigorous training and education program based on the principles of self-determination and ethical practice. For more information go to [www.ohiopath.org](http://www.ohiopath.org)
- *North Dakota Community Staff Training Program* has provided staff training through a cooperative effort of the North Dakota Department of Human Services, the North Dakota Center for Persons with Disabilities at Minot State University, and community agencies serving persons with developmental disabilities. <https://www.ndcpd.org/projects/cstp/>
- *ARC Broward PATHS Certificate Program* is designed to create a competency based and credentialed career path for Direct Support Professionals. Coupled with mentorship, experiential learning opportunities and placement resources, PATHS will support students to find a career in this high demand field. <http://www.arcbrowardlearning.com/DSPATHS>

- *The Academy for Direct Support Professionals - The Center for Disability and Development at Texas A&M University*. Candidates pursuing entry level recognition as a DSP are required by The Academy to take an introductory course in Person Centered Practices along with other requirements. [www.nadsp-academy-overview.pdf](http://www.nadsp-academy-overview.pdf)
- *Star Services* provides engaging online and live curriculum for social service professionals, including photos, video, audio and story-based learning that requires the learner to interact with the content. STAR uses expert experience and examples from the field, person-centered philosophy and evidence-based content in areas of compliance, regulations, continuing education and skills development. [www.starsvcs.com](http://www.starsvcs.com).
- *Open Future Learning* is changing the way Direct Support Staff learn. Leading organizations use their resources because they inspire and engage their staff. Direct Support Staff deserve specialized and dedicated training. Open Future Learning is 100% dedicated to the field of developmental disabilities. For more information and to access a free trial visit: [www.openfuturelearning.org](http://www.openfuturelearning.org)
- *Human Services Credentialing Program – Providers’ Council (Massachusetts)* is a statewide association of health and human service agencies. The Providers’ Council’s Human Services Credentialing Program is a set of curricula designed to develop and implement standards and competencies for Direct Support and Direct Service Professionals within the field of human services. <http://providers.org/pages/human-services-credentialing-program>

### **Frontline Supervisor (FLS) Accredited Training Curricula**

- *The Training Collaborative for Innovative Leadership* is a shared venture developed by and for community-based organizations. The programs are designed to promote quality excellence by focusing on strategies that enhance personal outcomes for individuals with disabilities. [www.facebook.com/thetrainingcollaborative/](http://www.facebook.com/thetrainingcollaborative/)
- *Relias Learning*. In addition to their [training for direct support professionals](#), Relias also has a series of courses that is fully accredited for frontline supervisors by the National Alliance for Direct Support Professionals. For more information go to [www.relias.com/](http://www.relias.com/).
- *The College of Frontline Supervision and Management (CFSM)* is a multimedia, interactive, web-based curriculum. CFSM offers training in content areas that have been identified as critical to successfully supporting people with disabilities to live self-directed lives in the community. For more information go to [directcourseonline.com/frontline-supervision-management/](http://directcourseonline.com/frontline-supervision-management/)

For the first time at a national level, the E-Badge Academy is raising the standards for DSP training. We are now able to review DSP’s records of accredited training content, quantify the amount of accredited training that was received and recognize & reward them by offering E-Badges for their professional education that also leads to certification. See the results below:

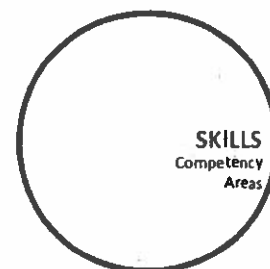
Accredited Education Hours	Accredited Education E-Badges Awarded
DSP Accredited Education (10 hours)	571
DSP Accredited Education (25 hours)	492
DSP Accredited Education (50 hours)	516
DSP Accredited Education (75 hours)	237
DSP Accredited Education (100 hours)	217
<b>Total Number of Accredited Education E-Badges Awarded as of June 1, 2021</b>	<b>2033</b>

E-Badge Academy users apply for Accredited Education badges by uploading training records from NADSP-Accredited training programs. Badges are awarded when the documentation shows enough hours to meet or exceed the requirements for the badge. The 50- and 100- hour badges are key because they are required for the first and second level of DSP certification, and sometimes DSPs will focus on meeting those certification requirements without applying for the badges representing fewer hours.

While it is difficult to determine exactly how many accredited training hours have been completed in the E-Badge Academy, a conservative estimate would be that at least 36,650 hours of competency-based training have been submitted and approved as of June 1, 2021.

**Results by the Numbers – Core Competency E-Badges**

After receiving a deeper knowledge base from the accredited training program, the competent DSP will intentionally apply what they learned in their work with people with disabilities. These skills, which are observable and measurable, are directly aligned with the nationally validated CMS Core Competency Areas.



In order to receive Core Competency E-Badges, the DSP provides two-part testimonials that describe an interaction with a person supported in which the skill statement associated with that E-Badge was used to achieve a personal outcome. These testimonials can be uploaded by the DSP into the E-Badge Academy’s LMS as a Word document, PDF, or audio file. It’s important to note that testimonials are not theoretical. They must be a real interaction that is directly related to the CMS skill standard to which the E-badge is aligned. Furthermore, uploading E-Badge testimonials does not require time away from providing direct support. Our E-Badge Academy users tell us they often complete the testimonials at the end of their shifts while completing other

documentation. While a testimonial might represent many weeks of direct support work, the process of writing and uploading the testimonial should only take about 15 minutes. Local Administrators at each participating provider organization assist the DSPs to understand the E-Badge Academy, are able to review their testimonials, and play a major role in supporting their DSP's success throughout the process by identifying potential E-Badges.

### **The Anatomy of a Core Competency E-Badge**

As previously mentioned, each Core Competency E-Badge is associated with one skill statement from the CMS Core Competencies. This skill statement is the starting point from which NADSP generates the prompts for each badge.

Each Core Competency badge has two prompts that the user must address in a testimonial.

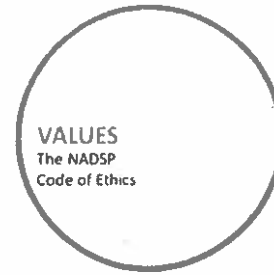
- The first prompt asks for an example in which the applicant has used their **skills** in this area to provide quality support that led to a positive outcome.
- The second prompt, which is quite often more challenging for the DSP, asks the DSP to explain how the **values** (Code of Ethics) of the profession are illustrated in their example. This prompt requires the DSP to be reflective about their work and identify how ethical principles may have guided them in their practice, overcome potential barriers for the person with a disability and prepare them with tools for future.

For the first time at a national level, the E-Badge Academy is providing a structure that is collecting tens of thousands of testimonials from DSPs that unequivocally demonstrate that quality is, indeed, being achieved at the point of interaction. All testimonials are reviewed by an objective third party reviewer that has the professional authority to award or deny recognition. This qualitative data is housed in a national database that is maintained by the NADSP. The below chart shows the number of E-Badges for each CMS Core Competency Area that has been awarded to participating DSPs as of June 1, 2021

<b>CMS Core Competency Area</b>	<b>Total E-Badges</b>
Communication	707
Person-Centered Practices	1605
Evaluation and Observation	633
Crisis Prevention and Intervention	1091
Safety	1363
Professionalism and Ethics	787
Empowerment and Advocacy	769
Health and Wellness	1364
Community Living Skills and Supports	791
Community Inclusion and Networking	714
Cultural Competency	476
Education, Training and Self-Development	700
<b>Total CMS Competency Badges</b>	<b>11000</b>

**Results by the Numbers – Values E-Badges**

An ethical DSP must continually examine their own values and beliefs while honoring those of the people they support. In order to maintain the promise of partnership and respect that must exist in a supportive relationship, a strong ethical foundation is critical to help DSPs navigate through the maze of influences that bombard them.



As previously mentioned, the DSP testimonials submitted for Core Competency E-Badges must also include a reflective statement on how the values of the profession were illustrated in the example of their work that is being showcased in the testimonial. However, in order to begin earning any E-Badges, the DSP must first make a commitment to provide services which are in line with the NADSP Code of Ethics.

In addition to the required ethics commitment E-Badge and the reflective testimonials required for most Core Competency E-Badges, the CMS Core Competency Areas also includes an area called “Professionalism & Ethics” within which a DSP can pursue the “Ethics Roadmap”, “Respecting Confidentiality” and “Self-Care” E-Badges. As of June 1, 2021, the E-Badges awarded which are directly specific to ethics are:

Competency Area	E-Badge Name	Number of E-Badges Earned
Professionalism and Ethics	Ethics Roadmap	164
Professionalism and Ethics	Respecting Confidentiality	243
Professionalism and Ethics	Self-Care	380
n/a	NADSP Code of Ethics Commitment	1448

**Results by the Numbers – NADSP Certifications**

The E-Badge Academy provides opportunity for DSPs to demonstrate that they have an up-to-date and relevant skill set, highlight their professional achievements, and document the value that they bring to a partnership with the people they support. E-Badges are stacked together to achieve NADSP’s DSP-I, DSP-II and DSP-III level certifications.

*To earn the DSP-I Certification, a DSP must meet the following criteria:*

- 15 total E-Badges which must include:
  - The Code of Ethics Commitment badge
  - The 50 hours of Accredited Education badge
  - At least one Core Competency badge from the following Core Competency Areas:
    - Crisis Prevention and Intervention
    - Safety
    - Person-Centered Practices
    - Health and Wellness



To earn the DSP-II badge, you must meet the following criteria:

- 30 total E-Badges which must include:
  - The DSP-I badge
  - The 100 hours of Accredited Education badge
  - At least one Core Competency badge from:
    - Evaluation and Observation
    - Communication
    - Professionalism and Ethics
    - Community Inclusion and Networking



To earn the DSP-III badge, you must meet the following criteria:

- 50 total badges which must include:
  - The DSP-II badge
  - At least one Core Competency badge from:
    - Empowerment and Advocacy
    - Community Living Skills and Supports
    - Education, Training and Self-Development
    - Cultural Competence



For the first time at a national level, the E-Badge Academy is providing a structure that is **flexible** and works with all NADSP accredited training programs. DSPs have the freedom to select which E-Badges they will seek and can explain how their individual work met the standards set forth in the wide variety of skill statements.

The E-Badge Academy is also **practical** where DSPs are asked to apply their learning on the job and provides an extra incentive to take a best-practices approach to their work. Unlike our portfolio-based credentialing program, the E-Badge Academy is highly **informative** and provides prompt and clear feedback to the DSP within three business days of submitting a testimonial. Lastly, each DSP's badge collection provides a visual representation of their skill set that is portable and can be easily shared with prospective employers, who in turn can hire with confidence that the DSP has demonstrated the highest level of direct support practice.

The below chart shows the number of national certifications that have been awarded to participating DSPs and Front-Line Supervisors as of June 1, 2021:

NADSP Certifications	Currently at Level	Have Reached Level
DSP-I	207	383
DSP-II	66	176
DSP-III	110	110
Front Line Supervisor	40	40
<b>Total NADSP Certificates</b>		<b>709</b>

*\*The E-Badge Academy also includes a badge and certification program for Front-Line Supervisors based on the UMN FLS Competency set. For purposes of the ACL Award Challenge, we determined to solely focus on the DSP program and not complicate matters for the judges.*

## **Applying the E-Badge Academy in Provider Organizations**

When an organization contacts us about the E-Badge Academy, we provide detailed information about implementation strategies that work. We learned from our 2018 pilot program that support from executive leadership and buy-in at all levels is important. Time is a valuable commodity in DSP work, and to be successful, a DSP needs to be given the time to attend advanced training and practice being more intentional on the job.



Organizations must also develop an in-house workforce champion (local administrator) to provide on-going user support, provide financial incentives and other recognition to make this work. When organizations merely purchase seats in the E-Badge Academy without a structure that supports the DSPs throughout the process, they are left to fend for themselves. Highly motivated, high achieving DSPs can be successful with little support, but it will not have a broader impact without organizational support.

Therefore, it is critically important that a career ladder program using this model be incorporated into the culture of an organization that values and promotes professional development. These best practices are like oxygen to a career ladder initiative, it will not survive without them.

For the purposes of this final implementation plan, we've asked three "early adopter" provider organizations that have developed best practices in implementing and sustaining the E-Badge Academy into customized career ladder programs to provide detailed information about their organization, the incentives they provide DSPs to pursue certification and the impact the E-Badge Academy has had on DSP turnover and quality of services.

*Black Hills Works*, for more than 60 years, has provided homes, employment, recreation, and social outlets for adults with disabilities. Today, they support almost 600 people with a wide array of disabilities, creating a community where everyone participates to achieve a life of full potential. Above all, Black Hills Works is a person-centered agency. They put the people they support at the center of their agency and the decisions and planning that impact their lives. To help people self-direct their lives, they provide education, exposure, and experiences so that they can determine their own goals, and provide the supports they need to achieve their dreams.

*Penn-Mar Human Services* for nearly 40 years, Penn-Mar has been providing high caliber services to adults with intellectual and developmental disabilities (I/DD). With a mission to transform life into living for adults with disabilities, they offer a range of services that reflect the needs of the women and men they support who are seeking to fulfill their potential for a better life. Penn-Mar supports people in living their best lives, whether that is securing a job, learning to grocery shop or getting married. Their services include Community Living Options, In-Home Supports, Transportation Services, Case Management, and Meaningful Day Services including Employment Services, Center-Based Supports, Virtual Supports, and Employment Services. All services follow a person-centered model, empowering individuals to take the lead in their personal growth.



*The Arc Mid-Hudson* is a not-for-profit, voluntary organization that supports people with intellectual and other disabilities in Ulster, Greene, Putnam and Columbia Counties in NYS. Their supports include residential, day habilitation, community habilitation, waiver respite services, vocational and school-to-work programs, clinical services, and two schools. They serve over 1400 individuals and employ about 1600 employees, about 900 of whom are DSPs. They are accredited by the Council on Quality and Leadership (CQL).

The following chart provides how each organization customized their career ladder program, using existing budget funds to incentivize DSPs to pursue certification using the E-Badge Academy.

Black Hills Works	Penn-Mar Human Services	Arc Mid-Hudson
<p><b>How it works:</b></p> <p>E-badge at Black Hills Works is paid for by the agency and the time they are working on it is considered paid work hours. Enrollment is open to any DSP or Frontline leader who has completed their orientation requirements, is in good standing with the agency, and has maintained ongoing training requirements. They have a one-page application that interested staff complete and it is signed by their leadership. They offer a variety of training tools to help them through the process, including flow charts, short videos, and handouts for getting started on the process. They have also developed a training spreadsheet to assist staff with tracking and submitting their Open Future Learning hours.</p>	<p><b>How it works:</b></p> <p>Penn-Mar uses an annual open enrollment period with an application process. To apply, each applicant must have worked at Penn-Mar for a minimum of 6 months in at least a Part Time or Full-Time position. Direct support work must be a main function of their position and they must be in good standing with Penn-Mar with a previous evaluation of at least "fully competent". The application also requests they provide at least one letter/video of support from someone they support, family member, or someone in their support network. Each applicant must watch the NADSP E-Badge Academy webinar and answer questions regarding their dedication to the direct support field, their strengths as DSPs, and prospects for the future.</p>	<p><b>How it works:</b></p> <p>EBA users are selected through a simple application process; the requirements are that they are in current good standing without significant disciplinary actions in their recent file, and we require a recommendation from their supervisor. There is no seniority requirement. They have 2-3 cohorts each year with an "open enrollment" period of about a month for each cohort; they encourage DSPs to complete the program within a year. They offer an initial orientation session to teach them how to navigate the system, brainstorm badge ideas, and show them a badge sample. In addition to this, they offer a monthly virtual "workshop" and 1:1 counseling session as requested. Prior to issuing their bonus, they conduct a final 1:1 meeting with each DSP to give them an opportunity to talk about their badge work.</p>

<b>Black Hills Works</b>	<b>Penn-Mar Human Services</b>	<b>Arc Mid-Hudson</b>
<p><b>Financial Incentives:</b></p> <p>Upon completion, DSPs receive one-time bonuses:</p> <p>DSP-I is \$100            DSP-II is \$200            DSP-III is \$300</p> <p>Certification is also the first required step in getting credentialed at Black Hills Works. Once credentialing is complete, staff are eligible for raises, increasing their earning capacity over \$10,000 per year.</p>	<p><b>Financial Incentives:</b></p> <p>Upon completion, DSPs receive one-time bonuses:</p> <p>DSP 1: .50 premium wage, \$1,500 certification bonus and \$500 annual retention bonus</p> <p>DSP 2: \$2,000 certification bonus, \$750 annual retention bonus.</p> <p>DSP 3: \$3,000 certification bonus, \$1,000 annual retention</p>	<p><b>Financial Incentives:</b></p> <p>Upon completion, DSPs receive one-time bonuses:</p> <p>A \$500 bonus is provided at the time a DSP receives the credential and then annually for as long as they retain their credentialed status. They receive \$800 annual bonus if they get DSP and FLS certifications. This is tracked using their LMS to ensure DSPs keep up on their re-certifications and receive their bonuses on time.</p>
<p><b>Other Forms of Recognition:</b></p> <p>DSPs are recognized through signage, agency emails, social media, and the agency newsletter. They also are encouraged to use their credentials in their email signature block.</p>	<p><b>Other Forms of Recognition:</b></p> <p>An all-staff email is sent across the organization to recognize each level of certification achieved by the DSPs. This email has a picture of each DSP holding their certificate and typically includes a quote from them about their experience in EBA. This shows insight into the program and allows members of leadership and their peers to reach out to congratulate them. They also post these milestones on social media for further recognition by the community.</p>	<p><b>Other Forms of Recognition:</b></p> <p>Upon receiving their credential, they celebrate publicly with a surprise visit from their credentialing “champions” with balloons and big whiteboard check for the amount of their bonus. They share their pictures on internal and external social media sites. They enjoy agency perks throughout the year, such as being considered to be VIPs at the agency employee recognition dinner. Pre-COVID, they held bi-annual, in-person orientation/graduation celebrations where old cohorts came together with the executive team to share their badge work and mentor the next cohort.</p>



Black Hills Works	Penn-Mar Human Services	Arc Mid-Hudson
<p><b>What impact did the E-Badge Academy have on your DSPs?</b></p> <p>The biggest impact we have seen is in the confidence of our DSPs. They see their work differently, recognizing their own value. They begin to see their role and are more engaged in the organization, more willing to share ideas and opinions and help create positive change. For the agency as a whole, it has added a level of opportunity and accountability. The career ladders that include the NADSP e-badge certification, coupled with internal credentialing classes, provide a way for staff to build their skills, knowledge and wages. It is a tangible demonstration of our commitment to ongoing learning and a growth-mindset, which are key to professionalizing the DSP position.</p>	<p><b>What impact did the E-Badge Academy have on your DSPs?</b></p> <p>This program has influenced their workforce through a change in perspective and understanding of what it means to be person-centered and how to implement it through their role, approach, and behavior as DSPs. As participants go through this program, they are shifting how they see their work and why they do what they do. With this type of self-awareness, you start to see DSPs change how they support people. By implementing what they have learned, we increase the quality of support across the organization as they offer informed choice, listen better, and promote independence. The DSP is also encouraged and motivated to do the work as they feel valued by both the people they work with and work for.</p>	<p><b>What impact did the E-Badge Academy have on your DSPs?</b></p> <p>Supervisors report that DSPs who are credentialled show increased confidence and empowerment, which improves both their performance as DSPs and contributes significantly to the overall quality of their program. Certified DSPs indicate that they feel more empowered and competent in their jobs and they are more likely to apply for (and get) promotions, volunteer to sit on committees, request additional training, attend conferences, and become natural mentors for new hires and co-workers in their programs. All certified DSPs mentor new hires OTJ for up to 6 weeks and they have a positive impact on the retention of new hires, as well as the overall workplace culture of the programs in which they train.</p>

### **The E-Badge Academy and its Impact on DSP Turnover**

Finding creative ways to keep high-performing DSPs in their jobs has plagued this system for decades. The costs of replacing a DSP in I/DD services have been reported to be between \$2,413 and \$5,200<sup>7</sup>. With nearly a 50% turnover rate nationally, these costs are estimated at

<sup>7</sup> Hewitt, A., & Larson, S. (2007). The direct support workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices. *Developmental Disabilities Research Reviews*, 13, 178- 187. doi:10.1002/mrdd.20151

\$2,338,716,600<sup>8</sup>. So, it's not surprising that the most frequent question potential E-Badge Academy customers ask is, "how will it reduce my DSP turnover"? As our three organizations clearly demonstrate in the following chart, certified DSPs through the E-Badge Academy remain in their jobs at a significantly higher rate than their non-certified colleagues, providing a significant return on an organization's investment and saving scarce financial resources.

E-Badge Academy Organization	Location	Average Annual Turnover All DSPs (2019-2020)	Average Annual Turnover Certified DSPs (2019-2020)
Black Hills Works	Rapid City, South Dakota	47.15%	10.45%
Penn-Mar Human Services	Glen Rock, Pennsylvania	36.55%	7.50%
Arc Mid-Hudson	Kingston, New York	45.95%	4.41%

### **What Our E-Badge Academy Earners of the Month Are Telling Us?**

Based on recommendations from the E-Badge Reviewer Community, each month the NADSP selects one DSP as its "Earner of the Month" for submitting one, or more, exemplary testimonials that demonstrate high performance, effort, and exceptional outcomes. As part of this recognition program, we interview the awardee and share a description of their work and interview responses across our network and on social media. Here's what they're telling us:

"The E-Badge Academy allows me to reflect on my work and examine what I learned. It lets me share this experience and show my competencies. I can grow professionally this way and feel more confident about the work I am doing." *Giselda Bracco, Families First Vermont, Brattleboro, VT*

"Wow, the whole process is really deep. The NADSP E-Badge Academy reviewers read every competency with a critical focus. They make corrections where work does not align with the NADSP Code of Ethics and ask me to review and resubmit. So, to earn this competency was not a one goal thing. The process was really helpful for me." *Alaba Owolabi, Penn-Mar Human Services, Freeland, MD*

"E-Badge Academy has benefited our agency by helping to create a workforce that thinks critically about their jobs: the ethics, the practices, the foundational elements of what it means to be a DSP. It has required our team to reflect, grow, and learn and has been invaluable in their ongoing development." *Nick Filarelli, Core Services of Northeast Tennessee, Johnson City, TN*

"NADSP E-Badge Academy benefits my agency by providing all employees with a great foundation with the Code of Ethics and then provides them with the opportunity to demonstrate how they have applied what they have learned with the competencies." *Brookley Garman, Black Hills Works, Rapid City, SD*

<sup>8</sup> Report to the President, 2017. America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy, President's Committee for People with Intellectual Disabilities. [https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report\\_0.PDF](https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF)

## Conclusion

Since its launch in January 2019, the E-Badge Academy has improved DSP practice standards and provided much needed recognition for the complexity of direct support services. It has significantly reduced turnover for DSPs who achieve certification in agencies that built career ladder programs. Most importantly, it has led to meaningful and improved outcomes for people with intellectual and developmental disabilities across the United States.

Based on sound research, stakeholder collaboration and state of the art technology, the E-Badge Academy is built for growth. By using the Centers for Medicare and Medicaid Services Core Competency set, the E-Badge Academy can be used by the direct service workforce across service sectors to include mental health, substance use disorders, developmental and physical disabilities, and the aging population that requires long-term services and supports in the home and community.

Using other specialty-area competency sets that currently exist, our vision is to expand and create a true on-line academy where the fastest growing occupation in the country - the caregiving workforce - can learn, practice and be recognized for their complex and demanding jobs.

By creating more specialized E-badges and certifications to include dementia support, dual diagnosis support, employment supports, and autism spectrum supports, we will continue to provide much needed avenues to professional development and raise standards for those who seek expertise in specialty areas. Of course, this will require strong collaboration with industry experts, the self-advocacy community, family advocates and provider networks to create a cross-sector, digital learning, and certification community.

Lastly, it will also require government support and political will to boldly address this decades-long systemic failure in developing our caregiving workforce in the 21<sup>st</sup> century by incorporating funding strategies to incentivize career ladder programs that lead to wage enhancements. If the COVID-19 pandemic has taught us anything, it should be that these workers have always been “essential”, and they deserve much more than praise during a time of crisis. They deserve a pathway to a career with professional credentials, professional-level wages and professional recognition.

Afterall, quality is defined at the point of interaction and the E-badge Academy has shown that quality can be enhanced through the application of a DSP’s knowledge, skills, and values.





**Senator John Mannion**

**Chair Senate Standing Committee on Disabilities**

**Senate Hearing Testimony**

**Impact of Workforce Crisis on I/DD New Yorkers**

Good morning Sen. Mannion, NYS Legislators, Direct Support Professionals, Self-Advocates, families and other advocates of the IDD community.

On behalf of my NYC FAIR colleagues, thank you for including us as a part of this hearing on the urgent need to fix the inadequate and inequitable wages paid to the essential workforce for people with IDD, Direct Support Professionals or DSPs.

Randy, my wife, and I have a unique perspective on this crisis, we were both DSPs back in the day. We know exactly what the job and responsibilities of a DSP are. I started as one in 1978, and Randy did in 1973. We met in 1980 on the grounds of the Willowbrook State School.

We were both students pursuing Masters Degrees in the field of Developmental Disabilities and Therapeutic Recreation. It was **well before** we got married and ironically we are now the parents of Justin who has multiple disabilities, and is himself dependent on the care and expertise of DSPs.

We know being a DSP entails everything from taking people to doctors, medication administration, personal care, sometimes g-tube feeding, as well as making sure individuals' lives include personal choice and social experiences. DSPs are the ones who are there to assist the more independent, or do much more for others less capable. Unfortunately their compensation does not come close to reflecting the level of responsibility and accountability they are saddled with, including the specter of an unwarranted Justice Center investigation, and unlike when I was a DSP and earned **almost double** minimum wage, they are asked to do it **FOR** minimum wage.

When I started in 1978, the NYS and Federal minimum wage was \$2.65 an hour, yet with only a Bachelor's Degree and **zero** experience, United Cerebral Palsy Assoc. hired me to be a DSP at \$5.00 an hour - close to **DOUBLE** the minimum wage. Clearly it was a different moment in time. Society valued helping people, and supported the workforce that did this work – dealing directly with, and fulfilling the needs of Individuals with developmental disabilities. What happened during the past 40+ years? Now society and government no longer value this critical job or they'd pay them accordingly. Why have these caring employees become minimum wage workers when in actuality they have people's lives in their hands? Why are people who stock shelves or flip hamburgers making more money? By no means am I demeaning these jobs but so much less is asked of them. Additionally, these companies can raise their prices to cover the rise in the minimum wage. IDD providers are dependent on government funding and have no other means to pay more and then meet the increased costs.

When the people who are tasked with taking care of the needs and lives of individuals with IDD, a job with many more responsibilities but are getting paid so poorly, that shows there is something clearly wrong with the moral compass of our society, and is an indictment of those in government whose sworn oath and obligation it is to protect their most vulnerable citizens.

When government sees the need to raise the minimum wage for industries like fast food workers and those stocking shelves, they need to understand that one unintended consequence is that it devalues DSP's work when **their** wages are not raised to be well **above** minimum wage given what is asked of them. It is simply unconscionable to not adequately compensate employees whose very core responsibilities **are people's lives.**

It is now incumbent on legislators like you, and government as a whole, to seize the moment and realize your responsibility to correct the inequity in DSP compensation and pay them properly for **ALL** they do.





Local 1000 AFSCME, AFL - CIO  
cseany.org

**Testimony on the Current Workforce Challenges of  
the I/DD Service Delivery System**

**Presented Before:**

**New York State Senate Committee on Disabilities  
Chair, Senator John Mannion**

**September 14, 2021  
Albany, NY**

**Testimony Presented by:**

**Fran Turner, Director  
Legislative & Political Action**

Thank you for allowing us to testify at today's hearing.

The Civil Service Employees Association (CSEA) represents thousands of direct care workers who provide care for those with developmental disabilities in state run facilities and not-for-profit agencies.

For years CSEA has lobbied the legislature for more help in this industry. Budgets have been cut to the bone, which has resulted in fewer workers, more mandatory overtime and no work-life / home-life balance for our members. Needed services are lagging and now New York is at a real crisis point. It's not just a crisis in the developmentally disabled community, but for any area that uses direct care workers, including home care, nursing homes, and care for the mentally-ill. There are too few employees willing to enter these fields while the number of people in need of services continues to grow.

OPWDD currently provides 35,000 certified residential opportunities to New Yorkers, a decrease of 3,000 beds from 2016.<sup>1</sup> Thousands of New Yorkers are waiting for community-based and residential services but are unable to access them due to staffing shortages and lack of options. We need new investments to meet the needs of the developmentally disabled population. But let's be clear: to offer new services, and continue to offer what is currently available, we must ensure that we have proper staffing levels. Quite frankly, the state does not have the capacity it needs to care for this population.

Since 2010, full-time equivalent employees in OPWDD have decreased by 15%.<sup>2</sup> At this time, over 1,000 direct care positions remain unfilled within the agency. This is causing severe staffing shortages which continues to result in massive levels of overtime and the inability of the state to offer proper levels of programs and care to clients. According to the New York State Comptroller's "*New York State Agency Use of Overtime – 2020*" report, the average OPWDD employee worked six full weeks of overtime in 2020, on top of their normal hours. OPWDD accounted for 18% of all overtime payments made by the state, despite having only 8% of all state employees. In 2016, CSEA negotiated double-time for our members who are mandated to work over 16 hours in one day. This should have been a wakeup call to the state, yet, once again, in spite of our pleas to the Governor and the Legislature, nothing was done to provide the resources to alleviate the problem.

This massive level of overtime leads to burn-out for employees which inevitably results in them quitting. Due to the inability of OPWDD to recruit and retain new employees, a vicious cycle ensues which requires more overtime for employees, which results in additional employees resigning, and even more overtime for remaining workers. Employees are unable to take

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<sup>1</sup> <https://www.nysenate.gov/legislation/bills/2021/S6305>

<sup>2</sup> New York State Workforce Management Report, 2020

vacations, have days off, or get out of work at scheduled times. This is no way to manage a workforce over the long term.

Recruiting individuals to work in direct care has been and continues to be difficult. The ongoing COVID pandemic made this staffing crisis worse. These jobs are undervalued, underpaid, physically and mentally draining, and unpredictable in their hours and schedule due to understaffing. For the past several years CSEA has worked together with OPWDD to recruit workers. But the fact remains that even despite these efforts we are failing to increase this workforce. Even when we are successful in recruiting an individual, a large number of them leave their job during their first 24 months. There are several causes, but the most spoken about reason is mandated overtime, which leaves workers with little time to spend with their families. In addition, mandated overtime presents significant child care issues that are not compatible with their unpredictable schedules. No one should have to go to work and not know if they can pick up their children from school or attend a school or family function because their hours and work schedule is so unknown.

The staffing deficit we are currently facing not only affects workers, but clients as well. For the past several years, OPWDD has operated community-based programs that offer respite and job training programs to clients. However, due to staffing shortages, these programs have never reopened since they were closed in March 2020 due to the COVID-19 pandemic. The inability for OPWDD to operate these programs due to this structural staffing deficit is directly harming clients and families who need these services. In addition, we know that thousands of New Yorkers are waiting for residential service opportunities. This includes individuals who currently live at home but have aging parents who are finding it more difficult to care for their child. However, the state is in no position to expand opportunities if they do not have sufficient staff to care for the existing clients.

The time is now for OPWDD to address the critical staffing issues that it is facing in both the State-operated and voluntary space. There are many factors at play that inhibit recruitment and retention of these direct care workers that need your immediate attention. The current compensation and benefits scale reflects the under valuing of these jobs. Pay scales cannot even compete with current minimum wage rates throughout the state. It is more likely that people will seek a job where work hours are definitive, pay is higher and the job itself is less strenuous. In addition, there is no career ladder in place for direct care workers making it hard to envision someone dedicating their working lives to this.

CSEA offers the following recommendations to make these jobs more competitive for workers to develop a staffing model that is sustainable over the long term.

### *Increase Worker Pay*

Nothing drives recruitment and retention more than increasing an employees' salary. Direct care jobs pay at or near minimum wage and are extremely hard to survive on in most locations, let

alone areas of our state with very high costs of living. The salaries are not competitive enough to recruit new employees or retain existing ones, especially when workers can work in the fast-food industry for a higher wage with less stress.

To find new applicants for these jobs, the state must not only match the salaries of private sector employers but must significantly go beyond what they are paying. Direct care providers must find a way to create a workplace that stresses the value of the service they are providing while also paying an enticing wage for workers.

### *Pension Reforms*

In the past, the guarantee of a defined benefit pension was a leading reason for people to work for OPWDD. However, over the years, with the addition of several new pension tiers, the value of a pension has been eroded and no longer serves as the recruitment tool that it once was. Under Tier 6, employees must work longer than employees in other pension tiers and, at the end of their career, they will receive a smaller pension. In addition, many are required to contribute a greater share of their pay to fund it.

The pension system should be reformed so that it once again serves as a recruitment and retention tool for individuals to enter state service. Possible ideas include creating a financial incentive for workers to stay with OPWDD longer, similar to other pension tiers, and lowering employee pension contributions in order to make the pension more appealing to new and long-term workers.

Making these changes would go a long way in creating a more appealing compensation package for OPWDD employees and would help to retain existing workers for a longer period of their working years.

### *Career Ladders*

The direct care field generally fails to offer a career ladder for employees. Advancing in these positions is difficult. Generally, a person begins work as a direct support professional and can stay in the same job and title for their entire career, despite developing a valuable skill set. OPWDD and voluntary providers must develop a better-defined career ladder for direct care workers to appeal to individuals who view the field as too limiting.

Such a career ladder would allow someone to visualize their life in five or 10 years working in direct care, rather than just seeing the job as a temporary stop. A career path could serve as a gateway for direct care workers to achieve their long-term goals. As we visualize this, the state and voluntary providers could encourage and subsidize the cost for a direct care worker to gain additional training, or go to school to become a CNA, LPN, or even RN. In addition, experienced workers could be trained to be mentors to younger staff and help them learn while on the job and solve problems before they lead to a person leaving the field. Offering programs like this will

encourage individuals to continue working in the field while also giving them more training and responsibility.

It is past time that we ask: what and who are our priorities in this state? We have residents who need residential services but are told that they must wait. We have workers who want to dedicate their lives to those with a developmental disability but cannot survive with the wages that are being paid and must find work in a different field. We have direct care workers working 24 hours in a row because they have no staff to relieve them. We need to realign our priorities. Next year, you can seize this opportunity to make the needed investments in the direct care workforce. These investments will pay dividends. We will see better continuity of care, less burnout of staff, and the ability for staff to form long-lasting relationships with their clients.

Now is the time to make these investments. Both the state and voluntary providers are losing existing employees and potential future employees are being turned off from the industry by the low pay, lack of benefits, and lack of a work-life balance. Your failure to immediately begin transforming this industry with increased pay, benefits, and career ladder will create a generational gap that we may not be able to recover from. Those who will be harmed most are not those working in the industry, but those who require its services and are unable to advocate for themselves.

Thank you for allowing us to testify at today's hearing and we look forward to working with all of you on this issue over the coming months.





**Testimony for the Public Hearing to Evaluate the  
Current Workforce Challenges of the I/DD Service Delivery System  
New York State Senate Standing Committee on Disabilities**

**September 14, 2021**

Thank you for holding this hearing, and for your advocacy for people with intellectual and developmental disabilities.

The Developmental Disabilities Alliance of Western New York represents 40 not-for-profit providers from Buffalo down to the Southern Tier, and over to the Finger Lakes. Within our region, vacant direct support positions have increased 34.5% over last year, and 51.2% over 2019. Our member agencies have 3,000 staff positions that cannot be filled. That represents more than four million hours of authorized services and supports annually that cannot be provided.

The pandemic has made our workforce crisis dramatically worse – but the crisis began long before COVID, and it will not be miraculously resolved when the pandemic finally ends.

This crisis was caused primarily by New York State's failure to invest in our workforce. Artificially low wages for DSPs, who are primarily women and disproportionately women of color, are a matter of economic justice. Over a decade, our system endured \$2.6 billion in cuts and no COLAs. The Legislature made good-faith efforts to address the problem through a series of BFair2DirectCare investments – but due to budget neutrality, there was no net increase in funding. And OPWDD is now aggressively pushing yet another residential cut, causing providers to reserve funds that could otherwise be used to support the workforce.

Meanwhile, the rising minimum wage neutralized most of the impact of BFair2Direct Care. In 2005, the average wage for Direct Support Professionals was 33% above minimum wage. Today, the average DSP wage is less than 2% above minimum wage.

Thanks to President Biden's American Rescue Plan, New York State has more than \$500 million to address the immediate problem. The American Rescue Plan was signed into law on March 11, and the revenues were included in the state budget adopted on April 7, but as we sit here on September 14, providers still do not know how much we will receive, or how we can spend it.

Many of our agencies have gone into our own thin cash reserves to fund emergency bonuses and raises to avoid the total collapse of our system, with no support from the state. We understand that the state is waiting for federal approval of its FMAP spending plan. We need those dollars to flow, now.

And New York State must begin planning now for what happens once the federal funds are gone. We cannot give DSPs a temporary bump in pay, then shove them off a fiscal cliff in a year or two. Think back to the creation of the Care Coordination Organizations. State officials always knew that enhanced FMAP funds to fund Care Coordination would run out after eight quarters. But they didn't plan for the transition, and at the end of the two-year period, there was a scramble that almost led to catastrophic cuts. We cannot allow that to happen with DSP wages.

This crisis was also caused by overzealous oversight that has led to the criminalization of error. The Justice Center is a massive deterrent to retention of workers in our field, and OPWDD's Division of Quality Improvement has shown little sensitivity to the workforce shortage. Some surveyors are so intimidating that direct support staff feel threatened in their presence – even when the surveys are positive ones without major deficiencies. The adversarial approach of oversight agencies points to the fact that New York State has no tools to uplift the workforce – only punitive processes that discourage people from working in the field.

We need a top-to-bottom review of regulatory enforcement, and DQI surveyors must be held to a higher standard of effective communication and cultural competence.

Finally, this crisis speaks to the state's failure to recognize direct support positions as a viable career path. It's time to establish DSP as a respected, portable credential with a standardized body of knowledge – like PCAs, HHAs, CNAs and LPNs. And as wages rise, New York State cannot continue to ignore compression. If we fail to address compression, we effectively collapse the career ladder.

Because of our commitment to the people we support, we providers have made the best of a bad situation for more than a decade. There is a limit to our resilience. We have no more rabbits, and no more hats to pull them out of. We need help, our staff needs help, the people we support need help, and so do their families.



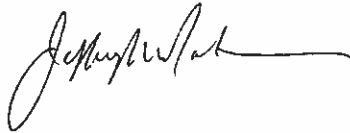
No New Yorker with a disability should have to plan what hours he will use the bathroom because there isn't enough staff to help him.

No New Yorker should lose sleep wondering if her child is safe in a group home because of 40% staff turnover.

No New Yorker doing incredibly demanding work for 40-plus hours a week should then have to work a second or third job to make ends meet.

Thank you again for shining a light on these critical issues.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Jeffrey M. Paterson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jeffrey M. Paterson  
Government Affairs Committee Chairperson  
Developmental Disabilities Alliance of Western New York  
(716) 297-0798, ext. 126  
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Good MORNING Senator Mannion and members of the Committee. We are all grateful for your support and shining a light on the workforce crisis that could mean the collapse of the entire OPWDD system as we know it. We all need the system to work, regardless of whether supports are provider-led or self-directed!

I present this testimony on behalf of Supporting Our Youth & Adult Network. SOYAN is a network of family members and self-advocates focused on supporting the journey of Self-Direction.

Direct Support Professionals, or as we in the self-direction community simply say, Staff, create the bridge to the greater world for people with I/DD. For Self-Direction participants, Staff are the lifeline for an individual's ability to connect with their communities, remain safe in their homes and the community, and to have independence and exercise freedom of choice. Staff support the individual with activities of daily living that are invisible to the general public. Some supports are very personal and some are very instructional. COVID added an element to providing safety and health supports necessary to ensure the Self-Direction participant remains cognizant of their impact on others and to learn the effective ways for reducing the spread of this virus and other pathogens.

As noted on OPWDD's website, Community Habilitation supports are delivered by Staff one-to-one, in either the home or community and can include:

- adaptive skill development
- community inclusion and relationship building
- travel training
- money management
- appropriate behavior development to help the individual access their community.

The above list is BY NO MEANS exhaustive. The current 1915c Waiver (CMS approval 7/1/21) explains that the focus of Com Hab is to facilitate and promote independence and community integration and to broaden the individual's life experiences. Given the dramatic differences among participants and the varying demands in their individual community, Staff are required to be savvy in learning strategies and community-based supports that are specific and well-matched to the individual's capabilities and communication style. **Staff are the conduit for Self-Direction participants' full access to the community and to participate and give-back to the community as CITIZENS: social, civic, safety and community engagement.** The essence of the role that Staff fulfill for Self-Direction participants reflects OPWDD's commitment to the Olmstead Decision and full community integration and participation.

### **How does the lack of Staff affect people using Self-Direction?**

As a community and individually, Self-Direction participants have been experiencing an increased sense of anxiety, isolation, and emotional dysregulation with changed

routines, lack of access to community opportunities, and the loss of trusted Staff. The loss of Staff for the Self-Direction participant affects the individual and his/her family unit. There is just so much we as primary caregivers can do as we juggle the constant health threat, maintain a home life for all family members, the stress from holding jobs (if we are lucky enough to have one) and the overall increased emotional upheaval of living through a pandemic. Consider these stories from the community and the snowball effect the loss of Staff has on Self-Direction participants:

- **Due to the early spread of COVID throughout the OPWDD community, a Self-Direction participant suffers the loss of not one but 2 good friends made at a day program years ago. The fear of COVID is spreading and the only thing the primary caregiver can do is to insist Staff stop coming to the home. Now the Self-Direction participant experiences the loss of all long time and trusted Staff members for camaraderie, community outings and emotional support. Summer comes and the therapist goes on vacation. What happens next involves trips to the emergency room, medication changes, increased vigilance by family members due to suicide ideation. *This is how a lack of Staff affects a Self-Direction participant.***
- **Another participant is enjoying the new-found Virtual life filled with classes that interest him and opportunities to access the internet now without trusted support because he lives in his own apartment in the community. He doesn't always completely understand scam artists and their evil intent. What happens next? Without community and communication support to navigate this onslaught of phone and email scams the Self-Direction participant makes bad decisions and his bank account is compromised. *This is how a lack of Staff affects a Self-Direction participant.***

**The pandemic has created so many unexpected events that unsettle routine and the predictable schedules that provide comfort and motivation for people with I/DD. Self-Direction participants say that they have no escape valve for their fear and anxiety because all positive outlets have dried up because they do not have Staff to help them access the community, including making healthy food choices and exercise routines. Family life is suffering because caregivers cannot adequately meet the 24/7 health, social and emotional needs of their Self-Direction participant.**

Many psychologists have documented how the lack of socialization leads to increased depression. One caregiver I speak with often is fraught over his son's suicide ideation. Therapists and Psychiatrists working with this vulnerable population are booked solid. Caregiver self-care is hard to juggle. SOYAN provides monthly support to our members. We are all doing the best we can with the limited resources we now have.

### **What are the causes for this workforce crisis?**

**It's nothing new...although the pandemic highlighted the devaluation of the Support Staff workforce.**

On the one hand Staff were deemed 'essential' and on the other hand their pay structure remains flat.

There's a perception that this job is simple. But it's not. Self-Direction Staff are required to do so much. Self-Direction Staff provide one-to-one support that requires them to be intuitive and reflective, self-starters, executive function coaches, calm in the face of unexpected changes to routines and most importantly dedicated supporters for the individuals who hire them. Relationships between Staff and Participant are the most important piece of Self-Direction. But the OPWDD system has not yet created a process to reward loyalty or employment longevity.

The retainer payment initiative offered early in the pandemic allowed employers to continue paying employees due to the closure of programs. Although when announced, this initiative was to include Self-Direction, as the retainer program was based upon an ambiguous definition of 'being directly affected by COVID'. Therefore, Self-direction Participants lost the ability to retain paying staff while it was unsafe for face-to-face connections. Some participants were able to benefit from virtual service delivery, and thus provide some billable hours for Staff, but most often not enough to match their salary needs. Staff left to collect unemployment.

How disastrous would it have been if Self-Direction participants and their families were not prudent about isolation, hygiene, wearing masks and socially distancing and caregivers and our loved ones contracted COVID? And how would the OPWDD system address emergency health issues of the primary caregiver? Or worse, the death of primary caregivers?

Considering all that Support Staff do, it is time to put our money where our mouths are.

We suggest a good use of expected Enhanced FMAP funds would be to validate the important role of Staff by:

- Creating a pathway for increasing the OPWDD billable rate to a living wage for all
- Validating the essential status of all DSPs and their loyalty with rewards or bonuses for doing an essential job during a pandemic and showing up to work.
- Increasing public awareness of the rewarding job opportunities of DSPs with easy access to information, qualifications, training and hiring opportunities that are mindful of the different service delivery models, including Self-Direction's full authority over recruiting, dismissing, training and discretion to set hourly wages based upon the individual budget.

SOYAN offers suggestions for ongoing retention of Staff:

- Establishing industry standards for Self-Direction's Fiscal Intermediaries, as the employer of record, regarding competitive and standard employee benefits.
- Increasing collaboration among FI, Support Broker, Individuals and their Circles of Support and the Support Staff with activities related to training and management. Circles of Support must BE RETAINED as the directors of choice

and that neither the FI nor another OPWDD appointed entity are to take over the training and management responsibilities.

- Removing onboarding barriers to allow Staff to be easily employed by more than one employer

**SOYAN appreciates the support of the Senate's Committee on Developmental Disabilities. The time is ripe for validating the critical work of our essential workers. Our DSPs are essential for Self-Direction participants for their continued health and wellness, to maintain or achieve independence and for successful community integration.**

IT IS ESSENTIAL THAT OPWDD'S HOURLY RATE FOR DSPs MUST BE INCREASED, AND STATE FUNDING IN THE NEXT BUDGET CYCLE MUST SUPPORT THE RATE INCREASE SO THAT ANY GAINS IN SALARIES OR INCENTIVES MADE WITH FMAP FUNDS ARE NOT LOST OR HAVE TO MAINTAINED AT THE EXPENSE OF OTHER CRITICAL SERVICES FOR PEOPLE WITH I/DD.

**SOYAN requests dialogue among Family Advocates and Self-Advocates with OPWDD leadership and policy makers prior to the advent of policy that would address workforce issues within the service delivery model of Self-Direction with Full budget authority.**



NEW YORK  
**ALLIANCE FOR  
INCLUSION & INNOVATION**

**New York State Senate Disabilities Committee**

**Public Hearing to Evaluate Workforce Challenges in  
New York's Intellectual and Developmental Disabilities  
Service Delivery System**

Tuesday, September 14, 2021

Van Buren Hearing Room A  
Legislative Office Building  
Albany, NY

Testimony Presented by:

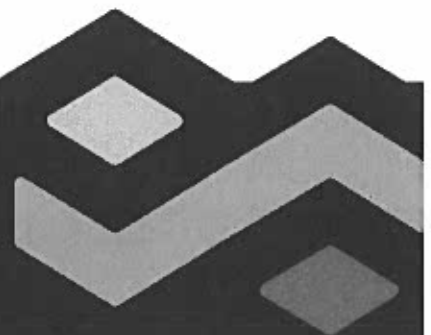
Michael Seereiter

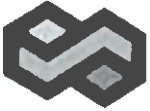
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## **OPENING**

On behalf of the New York Alliance for Inclusion & Innovation (NY Alliance), I wish to thank you, Senator Mannion, for hosting today's hearing. We are grateful for your leadership in the State Senate and for the ongoing support and commitment of the Disabilities Committee and its members.

My name is Michael Seereiter and I am the President & Chief Executive Officer of the NY Alliance.

## **WHO IS THE NEW YORK ALLIANCE FOR INCLUSION & INNOVATION**

The NY Alliance is a statewide association representing nearly 150 not-for-profit providers of services to people with disabilities. Our mission is to serve as a catalyst for positive change and leading resource for people with disabilities, their families and the organizations supporting them. We do this through advocacy, education and training, technical assistance, practice improvement and advancing sound public policies.

Our members are in many of New York's communities and oftentimes serve as the largest employer and economic drivers in their localities.

The purpose of today's hearing is to evaluate the current workforce challenges in New York's system of supports and services to people with intellectual and developmental disabilities. We are pleased to have this opportunity to deliver testimony on the subject.

## **NY ALLIANCE GENERAL REMARKS**

It's important for me to underscore that an emergency exists. What once was a workforce crisis is now a systemic failure, 30 years in the making. This failure is manifested in both a lack of holistic recognition for the work being performed and the systemic racism and institutional bias within our society that has also infected governmental spending priorities. After all, the majority of direct support professionals who support people with I/DD, are individuals who are Black and Brown, and 75% are women.







To remedy the systemic failures and right the system, we must invest in long-term commitments to the workforce that are multifaceted. There is no alternative – without returning to the inhumane institutional warehousing of people with disabilities that we long ago abolished from New York State.

### **THE WORKFORCE: DIRECT SUPPORT PROFESSIONALS AND FRONTLINE SUPERVISORS**

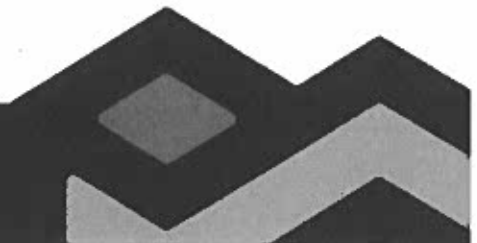
First and foremost, the State of New York and its stakeholders must immediately reverse the erosion of wages caused by the lack of investment in supports for people with disabilities. All discussions must focus on how to build and maintain a properly compensated, well-trained, and well rested workforce.

When we speak about the workforce, we have typically focused on direct support professionals (DSPs). DSPs provide direct hands-on care and support, twenty-four hours a day/seven days a week to people with I/DD. They are heavily relied upon by the people they support and by provider agencies, parents and family members. The support they provide is critical to assist individuals to become active, equal, and full participants in their communities. However, sufficient staff must first be available to achieve this goal.

Too often in this discussion, the integral role of the frontline supervisor is forgotten. They are the filter of organizational administration, as well as the filter of performance of DSPs. Frontline Supervisors provide much needed support to DSPs and they therefore impact the quality of work and retention of DSPs. They also provide solid leadership and coaching.

### **ADDRESSING WORKFORCE CHALLENGES: STRATEGIES & RECOMMENDATIONS**

A successful strategy for addressing the issues of workforce shortages will include a robust dialogue around the recruitment and retention of DSPs and advancement of frontline supervisors. Such strategy and strong recommendations include the need for enhanced training to build a high level of requisite skills and a living wage commensurate with the level of responsibility placed on these vital support staff.





Correcting the workforce shortage and making immediate sweeping change is necessary to avoid potential catastrophe. This issue requires a multifaceted approach to ensure long-lasting sustainability of the service system, including further review of:

- the demographics,
- wages and any increases,
- recognition as an industry and as a job title by the U.S. Department of Labor,
- credentialing and
- achievable career paths and a qualified, well trained, and available supervisor staff.

To do this, the NY Alliance strongly recommends:

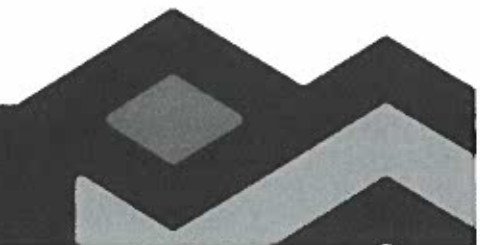
- the implementation of a living wage for DSPs,
- advancing meaningful training and career development opportunities, including a Direct Support Professional Credential, and,
- advocacy from New York State for the U.S. Department of Labor to adopt a Standard Occupational Classification for the 100,000+ DSPs in NYS (funding for this is not required).

New York State anticipates the receipt of American Rescue Plan Act (ARPA) funding to further government's commitment to people being served through Home and Community-Based Services waivers. We could not be happier that a significant investment of funds will be used to support and strengthen the workforce.

The influx of funds is a starting point for real, true systems change. The path New York State has set forth to spend the ARPA funds is appropriate from our point of view.

It is important for me to state, though, that the ARPA funds are not THE solution to solve the emergency situation that we're in the midst of. The funding will begin to address the problem in the short-term. What's desperately needed is a long-term solution that's goal oriented and absolutely achievable. Such long-term solution should begin with the formulation of a multi-faceted plan developed by all stakeholders including State Legislators, that's reviewed regularly, tested for efficacy and ensures quality.

The NY Alliance recommends the creation of a Blue-Ribbon Commission on the Future of the I/DD System of Supports and Services to achieve success.





## **LONG OVERDUE: IMPLEMENTATION OF A LIVING WAGE**

The human services sector in New York State has watched for years as government funding failed to keep pace with other sectors and parts of the economy. Then, we watched over the past decade as that outpacing accelerated as New York's statutorily mandated cost of living adjustments for the human services sector in the budget was not funded by the Executive, year after year.

Then, our disadvantage really became protracted, as the minimum wage was increased to \$12.50 and \$15.00 over the past several years, yet the State failed to recognize the tremendous, negative impact it would have on the human services sector. You see, unlike other sectors that have different levers to pull at various times, including the ability to increase the price for their goods/services, government is the only payer of services for people with I/DD – and has not adjusted. As a result, it's left the system behind in terms of wages and the DSP and frontline supervisor positions became minimum wage jobs.

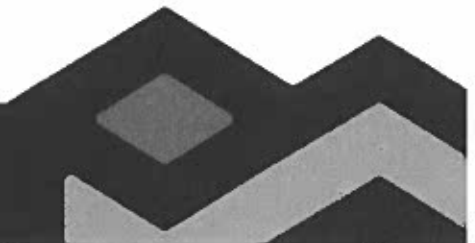
It is therefore critical and necessary to reverse the unintended consequence and immediately begin to appropriate the funds to support a living wage.

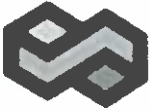
## **A SYSTEMIC SOLUTION: THE DIRECT SUPPORT PROFESSIONAL CREDENTIAL**

The NY Alliance has long supported a Direct Support Professional credentialing program; a valuable and necessary educational and competency-based learning experience that can be offered to DSPs throughout New York.

Coupled with the NYS Office for People With Developmental Disabilities' (OPWDD) core competencies and other skills building opportunities offered by not-for-profit agencies, a direct support professional credential would:

- further professionalize the field,
- advance higher standards in the system, and
- provide opportunities to attain a recognized level of expertise and training that is important to anyone with specific skills and mastery in the respective field.





Specifically, the adoption of a standardized credential for DSPs would accomplish three key milestones to stabilization:

1. Implementation of competency-based credentialing to ensure that DSPs understand and are implementing competency-based training to enhance the quality of support,
2. Coordination of competency-based credentialing within state reimbursement rate structures for incentive payments based on credentialing to raise DSP wages and linked to skill enhancement and testing, and
3. Introduction of a true career ladder to the workforce, promoting employee tenure.

According to the National Alliance of Direct Support Professionals (NADSP) and the University of Minnesota (UMN), the definition of a DSP Credential identifies a common standard by which integration of key concepts, terms, and practices will be measured to deem the level of skill as defined by credential standards.

NADSP and UMN further found that developing a credentialing structure has true potential for systemic impact. Specifically, a credential may benefit the field in the following ways:

**DSP wage stabilization:** a standard DSP credential could be integrated into a state's reimbursement rate schedule to "pay for performance" and agencies supporting credentialing could receive enhanced payments that tie demonstrated skill sets earned through their credential to increased remuneration. This would ensure a standardized mechanism to more fairly compensate DSPs and mitigate issues related to one-time salary increases that do not promote stabilized rates for DSPs in the long-term.

**Increased DSP tenure/Reduce Turnover:** credentialing provides a natural solution to promote an increase in DSP tenure, and therefore reduce turnover by offering a meaningful structure to provide a mechanism for DSPs to demonstrate their accomplishments and to use those accomplishments to advance their careers. Credentialing offers a sustainable basis for career ladder development, to support DSPs to remain in their position while receiving enhanced compensation for demonstration of competency.





**Quality of support:** while revising workforce pay and tenure are directly related to the needs of DSPs, both aspects are important to a larger, and more critical purpose – supporting quality of life outcomes for people receiving supports. Credentialing provides DSPs with the opportunity to identify and appropriately apply theoretical concepts, to show they understand how to provide quality-based supports in an array of scenarios. Further, credentialing can offer valuable and concrete feedback for DSPs when they do not demonstrate competency needed to earn a credential, providing them with specific information about areas of education, training and growth that are needed.

### **WE NEED STRONG WAGE DATA: DSP STANDARD OCCUPATION CLASSIFICATION**

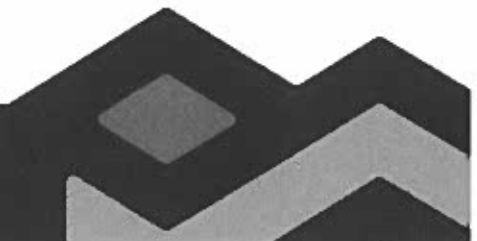
The United States Department of Labor’s Bureau of Labor Statistics (BLS) classifies workers into occupational categories called the Standard Occupational Classification (SOC). The purpose of the SOC is to collect, calculate, or disseminate valuable wage and occupation data. All workers are classified into one of 867 detailed occupations according to their occupational definition.

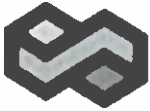
A discrete SOC does not exist for DSPs and therefore strong wage and occupation data for the direct support profession is unavailable. Such data is not accurately captured.

Another problem is that BLS combines DSP data with that of Personal Care Assistants (PCAs) and Home Health Aides (HHAs). PCA and HHA positions do not have the same level of responsibility as DSPs, and these occupations have different funding streams. Therefore, inaccurate employment costs in the IDD sector are reflected.

Stronger federal data on DSPs will help address workforce shortages by assisting policymakers to make a more compelling case for higher wages for DSPs during rate negotiations and demonstrating to states and the federal government that they should be involved in long-term recruitment strategies.

We therefore call upon state legislators and policymakers to advocate heavily with lawmakers in Washington, D.C. and the Biden Administration to call upon the federal Bureau of Labor Statistics to authorize a discrete Standard Occupation Classification for direct support professionals.





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It will afford states and federal agencies a stronger understanding of the duties of position, working conditions, and labor costs that will lead to decisions increasing employment nationwide and throughout New York State in a sector vital to the health and survival of people with intellectual and developmental disabilities.

### **CLOSING**

On behalf of the NY Alliance, we once again thank the State Senate Disabilities Committee for hosting this public hearing. We very much appreciate the opportunity to provide the State Senate with our recommendations to address the workforce challenges of New York's I/DD sector including its not-for-profit providers.



Hello everyone I am Matthew Graham and I am a self advocate. I have been disabled my whole life and I am very close to my birth mom Leslie Spence and bonus mom Shirly Spence. I feel like we have always been close we have been through a lot together but I feel closer to them now ever since we are not living under the same roof and I can come and go as we please. I believe that is the case because they don't have to worry about me anymore thanks to my staff and I cherish the employees that work at the Center For Disability Services residential program that I live in. That being said I am very observant and also care about my staff's well being. I have noticed that they are over worked due to the under staffing. Throughout the whole pandemic my staff worked tirelessly to keep me hopeful and safe. They are proof that there are good people in the world that is willing to help someone like me cope with everything that is going on. We need more people like them or at least willing to learn from them and come to apply for jobs like my home. When my staff needs a vacation it sends me through a panic I ask questions like "who is going to take me to my Special Olympics practices or any other outings I may have planned for that week they need me time?" They always tend to make it so I can do those things and I applaud them for that. My birth mom works in the same field that I live in and it is very hard to get a visit out of her because of under staffing. I also work at St. Margaret's center a branch of CFDS and I have to work more hours than I would like because of the under staffing. I may not be a big fan of change but we need more staff and staff that will relieve the tension I sometimes feel in the house. So if you can help in any way to get more staff to help people like me that is change will support.





**Testimony of James Moran, CEO of Care Design NY**  
Senate Standing Committee on Disabilities  
Hearing on the Current Workforce Challenges of the Intellectual and/or  
Developmental Disabilities Service Delivery System  
September 14, 2021

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I'd like to thank Senator John Mannion and the entire Senate Standing Committee on Disabilities for holding this very important hearing on the current workforce challenges of the intellectual and/or developmental disabilities (I/DD) service delivery system.

Senators, I am here today representing the seven specialized care coordination organizations (CCOs) who provide care management services to approximately 110,000 New Yorkers with I/DD and their families. One of our primary jobs is to ensure that individuals with I/DD get and maintain access to supports and services that will help them live a quality life. In doing so, we engage and collaborate with service providers across multiple service sectors including, but not limited to, I/DD, medical, dental, and behavioral health.

The current direct support professional (DSP) workforce challenge has by no means been a surprise. It did not just creep up on us! It has been with us for several years and has only gotten worse because of the pandemic. It was only five years ago that a major push with State government was made by service providers, individuals with I/DD, families, and advocates to deal with this workforce challenge, which at the time was considered a crisis with a 9.3% DSP vacancy rate. We fell well short at that time, and since, as to what was, and is, still needed to solve this is major issue. The DSP vacancy rate has now ballooned to 25%, or nearly three times higher in just 5 years.

**The impact of the DSP workforce challenge**

Both turnover and staff vacancies affect the quality of care by disrupting social support networks, jeopardizing program continuity, and ultimately, increasing the costs of providing services. The ongoing systemic and pervasive failures in the I/DD service system have created heavy consequences for DSPs, individuals with I/DD, families, and service providers, including the following:

- **Direct Support Professionals**

DSPs work with the most vulnerable New Yorkers. It is a workforce that is predominantly comprised of women and a majority of whom are minorities. High turnover and vacancy rates result in many DSPs being overworked, tired, and more prone to making mistakes. That coupled with the economic stresses of their employment can undermine the willingness of DSPs to remain in their jobs. Many DSPs can stay in the direct support workforce because they are willing to work two or three jobs and 80 hours a week to have enough income to support their families while others, because of their low wages, are receiving government subsidies such as SNAP benefits. Low wages often correlate with low value, respect, and status. DSP wages are so low, and their accountability so high, that far too often good people leave a highly skilled profession they love.

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- **Individuals with I/DD**

*Those currently supported:*

The health, safety, and well-being of individuals with I/DD is at risk daily because of the workforce problems. A revolving door of strangers coming in and out of a person's life, often required to support in the most intimate personal care routines, means that far too often they may not trust or develop a meaningful professional relationship with the DSP. Signs and symptoms of illness are missed, opportunities for community participation are lost, and individuals with I/DD have few choices because staffing is so unstable. Additionally, service providers have been forced to make the unfathomable decision to close or consolidate group homes and day service programs forcing many individuals to relocate from their homes and day services, often leaving behind friends and familiar staff who they may have known for years. Some group home relocations have resulted in individuals moving to other counties or further away from access to their family members.

More specifically, using data from Care Design NY, who represents approximately 25% of the entire population, more than 90% of our care managers have reported that several members they support have been negatively impacted by the current staffing shortage. The greatest impacts to members have been in community service access (primarily community and day habilitation services) and overall quality of services.

Also, within the CDNY geographical footprint (30 counties) alone, 75 providers have reported a need to do one or more of the following: consolidate/downsize, close, offer limited days/hours of service and/or not re-opening residential and day habilitation services.

*Those in need of supports (now and in the future):*

The current DSP workforce challenge has made it very difficult for individuals who are new to the system and those currently supported and in need of other or additional services to gain access to those services. To put this in perspective, minimally, there are approximately 2,500-3,000 new eligible individuals in need of I/DD services every year, many of whom are struggling to gain access to services that they have been approved to receive through OPWDD. To illustrate the severity of the issue, since January 2021, Care Design NY has had 550 individuals approved to receive community-based services through OPWDD, yet, for more than 50% of them, no service provider has agreed to support them due to a lack of DSPs.

This has all taken a toll on the individuals with I/DD that we support. Our care managers' report that many members have begun to experience or have increased behavioral challenges. Additionally, several members have experienced a loss of their safety net/safeguards causing the immediate need of an out of home residential opportunity.

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- **Families (Caregivers)**

Having skilled, committed, and known DSPs is critical for family members to maintain employment and engage in their own community life. As evidenced by this workforce shortage, and exacerbated by the pandemic, caregivers have had to make major career concessions (e.g., not taking a job, working fewer hours, dropping out of the workforce, turning down a promotion) related to having a child with I/DD (Anderson, Larson, Lakin, & Kwak, 2002). This results in caregivers being challenged to get any respite, which causes stress, health issues, burnout and, ultimately, added societal costs.

- **Service Providers**

The costs and wasted resources associated with high DSP turnover over decades has resulted in serious consequences for providers. This sustained turnover rate alone is debilitating and organizations simply cannot find enough qualified individuals to fill positions. The limited candidate pool, and greater competition from other businesses and industries that pay better wages, have resulted in organizations being forced to consider applicants they would not have previously been hired. This "lowering of the bar" results in less dependability among DSPs, and an increase in unacceptable workplace behavior among some employees.

I want to share several of many, very recent real-life examples of how the current I/DD service system is failing individuals with I/DD due to the DSP workforce challenge.

- We have a young member who was accepted into residential school services. As you may know, residential schools only accept the most challenging students, as the home district must pay for the child's services. The school has had to delay their opening due to staffing issues. The family is beside themselves - as they don't know how they are going to manage.
- We have a married couple who have significant physical challenges and have been proud to retain their independence living and working in the community, who now are facing a possible residential placement - as they cannot get the needed supports, they have relied upon in the community for many years because providers do not have the needed staffing supports available.
- We have a community member whom we support who is consistently going to the hospital in mental health crisis. The member has a self-direction plan - but has been unable to get the needed staffing supports to keep the member stable. The hospital took out a stay away/no-trespassing order for anytime she is not being actively treated.

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- We have a person who inappropriately remains in a psychiatric hospital who needs a residential opportunity within OPWDD and even though the person is currently stable, despite our advocacy and OPWDD support, we have not been able to find a residential provider willing to support this person.
- We support a person with challenging behaviors who lives at home in need of a without walls day program. Despite the availability of enhanced funding from OPWDD and significant outreach, no service provider has been willing to support this individual because of the staffing challenges they are already facing with the people they currently support.

**The Solution**

Compensation and benefit increases are the first and most effective way to attract workers to these jobs with the goal to get to a living wage.

What is a living wage? First, a living wage is not the minimum wage. According to the Massachusetts Institute of Technology, a living wage is the minimum income standard that, if met, draws a very fine line between the financial independence of the working poor and the need to seek out public assistance or suffer consistent and severe housing and food insecurity. Considering this fact, the living wage is perhaps better defined as a minimum subsistence wage for persons living in the United States. It includes a family's likely minimum food, childcare, health insurance, housing, transportation, and other necessities (e.g.: clothing, personal care items, etc.) costs. The living wage draws on these cost elements and the rough effects of income and payroll taxes to determine the minimum employment earnings necessary to meet a family's basic needs while also maintaining self-sufficiency.

We need to finish what was started by the legislature and the Executive back in the 2017/18 State budget as part of the bFair2DirectCare campaign launched by advocates. To accomplish this, and because of the cost, a multi-year financial strategy for a sustainable solution to the DSP workforce shortage needs to be implemented. In addition, other changes like credentialing, career ladders, paid career development, strong mentoring and employee recognition are needed to build and retain a more qualified, competent, and stable workforce.

In building toward the multi-year financial strategy, we should start with what is available to NYS right now through the enhanced home and community-based services FMAP funds made available through the federal American Rescue Act. To address I/DD workforce shortages and high turnover, the State is proposing to use a portion of these enhanced FMAP funds to finance four one-time initiatives totaling \$554 million:

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1. COVID-19 Workforce Performance Incentives (\$68M in State Funds Equivalent)
2. I/DD Workforce Longevity and Retention Bonus (\$446M in State Funds Equivalent)
3. DSP Workforce Development Grants (\$20M in State Funds Equivalent)
4. Workforce Recruitment Initiative (\$20M in State Funds Equivalent)

*This plan is short-sighted. It would be a huge mistake if this plan moves forward because it will spend \$554 million and do virtually nothing to impact the 25% DSP vacancy rate that already exists other than to possibly keep it from growing in the short-term. The fundamental problem is that this is being looked at by the State as a one-time investment with no long-term benefit to the service system and to the DSP workforce.*

**A far more strategic and effective approach would be for the State to take the time over the next several weeks to work with the advocates to develop a multi-year financial plan, that utilizes the enhanced FMAP funds as a down payment, to bring current DSP average wages up to living wages and provides for future cost of living increases.**

**In addition, it is critical that, unlike the previous wage increases given, all new wage increases not be funded by either cutting I/DD service provider rates or by reducing services to individuals with I/DD.**

In closing, on behalf of the seven care coordination organizations and the 110,000 individuals with I/DD that we support, we'd like to extend our appreciation for this Senate committee holding this hearing but ask that the State legislature follow this up with action in working with both the Executive and the advocates to save our failing I/DD service system. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'James Moran'.

James Moran  
CEO

[jmoran@caredesignny.org](mailto:jmoran@caredesignny.org)





Cerebral Palsy Associations  
of New York State

*Real people. Realizing potential.*

**Chairman**

Stephen C. Lipinski

**President & CEO**

Susan Constantino

**Executive Director**

Michael Alvaro

**TESTIMONY**

**on**

**Affiliates**

**The Impact of Workforce Crisis on I/DD New Yorkers**

**WESTERN REGION**

- Able2
- Aspire of WNY
- CP of Rochester
- E. John Gavras Center
- Empower
- HCA of Southern NY
- Happiness House
- Racker

**A Public Hearing to evaluate the current workforce  
challenges of the I/DD service delivery system**

**CENTRAL REGION**

- AccessCNY
- Center for Disability Services
  - Prospect Center
- CP of the North Country
- Upstate Cerebral Palsy

**before the**

**Senate Standing Committee on Disabilities**

**HUDSON VALLEY REGION**

- CP of Westchester
- Hudson Valley CP Association
- Inspire of Orange County
- Jawonio Inc
- The Center For Discovery
- Wraparound Services of  
the Hudson Valley

**Presented by**

**DOWNSTATE REGION**

- ADAPT Community Network
- Cerebral Palsy of Long Island
- Constructive Partnerships Unlimited
- Queens Centers for Progress
- UCP of Long Island

**Susan Constantino  
President & CEO**

**September 14, 2021**

Thank you for the opportunity to comment on an issue we have been using the term "workforce crisis" to describe, but in fact it has been a growing gap in support for critical supports and services for people with intellectual and developmental disabilities (I/DD) across New York State. After years of New York's failure to recognize the needs of our sector -- largely made up of personnel expenses at almost 75% of our total operations -- we find ourselves described as being part of a workforce crisis. I'm here today to provide some insights to how the chronic under-funding of the system has impacted our workforce and, in turn, the very people we are there to support.

I am Susan Constantino, President and CEO of CP of NYS, a statewide advocacy organization representing family-founded agencies with over 19,000 staff members and supporting almost 100,000 people with disabilities and their families through a broad array of programs with our Affiliates' total operations over \$1 billion. I also am CEO of Constructive Partnerships Unlimited (CP Unlimited), a direct service provider offering residential, day, clinic, and other programs predominantly in NYC but with services in the Hudson Valley, Rockland, and Long Island -- CP Unlimited employs almost 2,500 people. My perspective is that of both a provider but also from our Affiliates' collective experience in different locations across the State during the ever-increasing workforce crisis.

Let me begin with a little context and background that bears significantly on our current situation. The voluntary provider sector in New York began what later was recognized as the disability movement more than 70 years ago when families were unable to obtain services for their children and family members. As the network of providers offering these specialized supports and services grew into more formal organizations, the State chose to further enhance that network of voluntary agencies rather than completely fulfill its constitutional obligation through state operated facilities and programs. That partnership grew and evolved significantly after Willowbrook when the State turned to the voluntary sector more than in the past for support and development of residential opportunities. The voluntary sector has since that time traditionally provided almost 90% of New York State's disability services at a cost to the State much lower than it has been able to provide the same services. For the past eleven years, New York State has made only one adjustment in the reimbursement to disability providers for regular costs of doing business, which was this past year's 1% COLA -- a statutory requirement that had been not implemented in previous years. The field did receive funding for our staff after our BFair campaign, but those funds went directly to staff and were not additional dollars to the OPWDD system. The funding was taken away from other parts of the OPWDD budget as cuts in other programs -- no new money was added to the sector further jeopardizing the stability of the provider network in NYS. The key takeaways are: NYS has a constitutional obligation to provide supports and services for people with I/DD; the voluntary sector has efficiently played a critical role in the State's fulfilling that obligation; the voluntary sector has been propped up over the past year with



federal programs such as PPP, but the ongoing deterioration and lack of investment in the sector puts people all across the State in jeopardy of losing needed services.

At the same time, and not mutually exclusive from the failure to provide funding, the disability services sector has seen our barely manageable 15% staff vacancy rates escalate all across the State with some providers trying to maintain services with over 40% staff vacancies. Where we once were a field that paid considerably more than minimum wage, we are now a field where that separation above minimum wage is no longer there. We compete with retail, food service and other employment sectors financially while demanding multiple skill sets and placing workers in a highly regulated environment in which the threat of criminal prosecution weighs heavy on them for mistakes they might make. It's an awful lot to ask, particularly when we know that many of our staff are maintaining two and three jobs to support their families – and overtime is needed to ensure they'll have enough money to pay their bills. The chronic system under-funding has relegated our workers and our field to a place where the salary does not reach a living wage and the demands of the job far exceed the financial rewards providers are able to pay – remember, most providers' operations are 70-80% personnel expense and almost 100% of operating revenue is derived from public funding, predominantly Medicaid.

With that as background, it's important to recognize that without a workforce the supports and services critical to people with I/DD don't happen. People are not able to get up in the morning, bathe, eat meals, make doctor appointments, go to work – all the activities of daily living they might need assistance with don't happen. Families that were able to go to work because the supports were there, are unable to go to work when those staff don't show or aren't there. And we as a society lose out, because we've failed to ensure that the quality of life of those in need has been maintained – in fact, without a workforce and investment in workforce, we're making a decision to discount the needs of people with I/DD across the State. And we can't let that happen.

Right now, programs across the State have not opened due to staffing shortages – these include new homes approved by OPWDD. Further, day programs and other services are not operating at full capacity, partially due to COVID, but also because staff are not available to open the programs completely. When that happens, people stay home – whether it's their community residence or a private residence, they're home. At the same time, the system lacks the supports to ensure people with higher needs – people who might have complex health or behavioral needs – can be supported adequately. This reality comes home when someone goes into crisis and already stretched or non-existent staff are asked to extend their hours and support the person through the episode until they are stabilized. We have staff who have been burned out by the higher demands of short-staffing – and that becomes a downward spiral with more and more looking to leave our agencies at a time when we most need them.

And why do staff leave? In the exit interviews in our agencies, we find it's a combination of salary not meeting their basic needs, our having to mandate they stay for another shift when no one is available to relieve them, and the general overburdening of regulations and Justice Center threat that keeps them from continuing in the job. We used to know that people who stayed with us more than two or three years, would stay for a longer term – the rewards of working with people with I/DD, the benefits, and other factors used to combine to be enough. That is no longer the case. Our retention rate has decreased, and turnover remains typically 25-35% for many agencies – adding a huge expense to employers (approximately \$6,000 per new staff member), but also detracting from the quality of life of those people they support, get to know and befriend. In interviews they tell us they spend too much time with paperwork, inconsiderate co-workers, but most importantly being mandated to stay when other staff don't show and wages. Change in staff members has a profound impact on our residents, especially when the staff have learned to communicate well with them or have learned signs of distress and behaviors that indicate an issue with those who have limited or no ability to communicate.

On top of the fiscal issues, COVID has had an impact – many staff members across the state passed away due to COVID. Those staff members and our residents were left out of the initial planning and thinking about COVID's impact, with our providers left to fend for ourselves to obtain PPE, have hospitals understand why discharging people with COVID to our homes was not good health policy, and finally to have our workers classified as essential workers. Not only do we provide a home and supports for people to have a good life, be safe, and have options in their lives, but our workforce is part of a system that fully integrates with the larger health care system. Our focus on the social determinants of health – housing, access to food, work, etc. – has saved the system significant funds over the years and we've not gotten the credit we deserve for that role. Rather, state budgeting often siloes expenses and does not capture the decrease in ER visits, hospital stays, specialty care, etc., that are created through the provision of our system's services. COVID has had one silver lining for us – the critical role our services play in the larger health system has been brought to light for some key policy makers.

And that brings us back to the issue at hand – what has the impact of our workforce crisis been on the people we support? Less staff who know and can provide the highest quality care/support to meet people's unique needs. Higher turnover, causing lack of continuity in care and supports, thereby potentially decreasing the quality of care we offer. Fewer homes and programs available to support growing numbers of people and their families in need.

With all this turmoil and growing call for support for our voluntary workforce, we are faced with the State moving forward with their plans to implement a cut of \$238 million from providers for vacancy factor calculations. This is absolutely unconscionable and unnecessary. Our providers must maintain operations of their homes even when the residents are home

for visits with family, on vacation, or in the hospital or other health care facility. Suggesting that there's something wrong with essentially keeping the lights on at the person's home while they're away demonstrates either a complete lack of understanding of the operations of these homes or perhaps something more punitive in motivation – either way, these cuts make no sense. Moreover, the State currently is experiencing for day program alone, an approximate 30-40% decrease in billing for day services below what was funded in the budget – those dollars easily would make up for any budget "savings necessitated" by the proposed vacancy cut. For my agency, this cut will impact us by close to \$6million, money we could spend on staff salaries but rather we must now take our reserves for payment to OPWDD at a later date.

CP Unlimited, like providers across the state, have come up with incredibly creative and varied options for recognizing and rewarding staff financially for their activities during COVID. This "combat pay" has been in the form of bonuses, hourly stipends, and other ways to incentivize workers for their efforts and to keep them on staff. These actions were taken in part with the understanding that federal dollars were available under federal loan programs and in hopes that the State might ultimately pass on some of the funding the sector generated for these purposes on to providers – to date, the State has done nothing to support and reimburse providers for the additional pay, PPE and other expenses for staff. Rather, they have implemented a reporting system to ensure not one dime extra is paid to providers for any of their efforts to maintain staff or reward them for their efforts under COVID. The tone and tenor of such actions has further frayed any suggestion of support from the State for the provider community in recognition of its efforts to partner with the State in fulfilling its constitutional obligation to the I/DD community.

We are looking for help in righting the ship – reestablishing the connection with the State to ensure our workforce's efforts are prioritized and recognized. We need a living wage – which for me means enough money from working one job with regular hours to support the housing, food, transportation and other fundamental needs of our workforce. Any shortfall in that goal will not work.

CP of NYS fully supports the specific recommendations that were provided in the NYDA testimony, including tax credits, investment in our workforce to reach a living wage, among others. Equally important, we ask that this committee work with providers and the broader disability community to reactivate the partnership of old and return us to a collaborative time where the administration partners with us to ensure our workforce is valued and recognized for the critical role they play in so many people's lives across New York State.

Thank you.



# ARISE



September 10, 2021

Senator John Mannion, Chair of Senate Standing Committee on Disabilities

Re: Public Hearing to evaluate the current workforce challenges of the I/DD service delivery system

Thank you for conducting this critical hearing. Thank you for considering my testimony.

I am Tania Anderson, Chief Executive Officer of ARISE Child and Family Service, Inc. ARISE is the Independent Living Center for the Central New York counties of Onondaga, Oswego, Madison, Cayuga and Seneca. Since 1979, we have served people of any age with any disability, connecting with more than 7,000 people annually. ARISE provides specific community-based programs for people with intellectual and developmental disabilities. We currently serve about 500 people in our Community Habilitation, Respite and Employment programs.

In late July, I had the privilege of providing testimony to a Senate panel considering the crisis attendant to the shortage of home care workers, with a focus on staffing shortages in ARISE's nursing home transition and diversion programs and Consumer Directed Personal Assistant program. At that time, I also highlighted the shortage of direct support professionals working in programs funded by the Office for People with Developmental Disabilities (OPWDD). Thank you for shining a more focused spotlight on this critical workforce.

The work of ARISE depends on direct support professionals and direct care workers. In our Community Habilitation program providing one-on-one support to people with developmental disabilities, about 120 people are qualified for services but are not receiving help because ARISE cannot hire the staff. That's 42 percent of the people ARISE serves in that program. For the first time, ARISE started a waiting list for people approved by OPWDD for Community Habilitation services and referred to ARISE. These people already have waited months for necessary approvals and now must continue to wait because we cannot hire staff. In our Respite program, 13 percent of the people on our rosters are not receiving services because we lack staff. Another 40 people are on a waiting list, also because we lack staff. People living in rural counties such as Madison and Oswego are hit even harder by staffing shortages. ARISE had to stop providing Employment services in Madison County altogether because we could not hire job coaches.

<b>Main/Onondaga</b> 635 James Street Syracuse, NY 13203 Phone: (315) 472-3171 Fax: (315) 472-9252	<b>Madison County</b> <b>ARISE at the Farm</b> 1972 New Boston Road Chittenango, NY 13037 Phone: (315) 363-4672 Fax: (315) 363-4675 Farm: (315) 687-6727	<b>Oswego County</b> Creekside Plaza 293 State Rt. 104 Oswego, NY 13126 Phone: (315) 342-4088 Fax: (315) 342-4107	<b>Fulton Mental Health</b> 113 Schulyer Street Suite 2 Fulton, NY 13069 Phone: (315) 887-5156 Fax: (315) 887-5163	<b>Cayuga/Seneca County</b> 21 Lincoln Street Auburn, NY 13021 Phone: (315) 255-3447 Fax: (315) 255-0836
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As the mother of a child with a developmental disability, I can attest first-hand to the critical impact of direct care staff on my daughter's life. She would not be successful in school or the community without them. The relationships, nurturing and bonds between my daughter and the people who have supported her are real. When staff have had to leave to pursue other jobs that pay more, the loss is real.

Low pay is the overwhelming reason that providers like ARISE cannot hire and retain direct care staff. We only can offer a starting wage of \$13.44 per hour for this work. We have staff who have worked at ARISE as Direct Support Professionals for 10 to 15 years and still only earn \$15 per hour. ARISE cannot compete with fast food and retail employers. Providers like ARISE also cannot compete with individuals hiring staff through the Self-Direction program, where they can offer hourly wages of \$18 to \$20 per hour.

Direct care staff are working overtime or multiple jobs to try to make ends meet. They are self-sacrificing and work in this field because they care, they are connected to a person with a disability, and they believe deeply in the mission of agencies like ARISE. The work direct care staff perform requires skill, judgment, empathy and the highest ethical standards. The pay simply does not reflect the demands of the job.

Increased recruitment efforts – enhanced advertisements, community events, referral bonus programs, even signs on our ARISE buildings – have been unsuccessful. ARISE staff who collected unemployment insurance benefits at the start of the pandemic have been unwilling to return to work after community activities opened up because the wages we offered were less and these staff were not being asked to track their efforts to find work. Before the pandemic and today, job candidates commonly do not appear for scheduled interviews.

ARISE's turnover rate is 30 percent, up from about 25 percent pre-COVID. Increasingly, we are seeing staff turn over within the first two years of employment. Out of the 97 Direct Support Professionals that ARISE hired since March 2019, only 42 (43 percent) are still active today. Staff will move from agency to agency for a few cents pay increase, and providers are competing for this limited labor pool by offering bonuses they cannot afford in their rates. Aside from the huge disruptions this turnover creates in people's lives, it also carries a significant financial impact. It costs between \$4,000 and \$6,000 for an agency like ARISE to onboard a new direct care staff based on required administrative checks, training and orientations. The cost of this churn takes away from service to people in need.

Although COVID exacerbated the crisis in finding Direct Support Professionals and other direct care workers for people with developmental disabilities, the problem is longstanding. Solutions also must be long term. First and foremost, providers' reimbursement rates must increase to support higher wages and benefit plans. Increased mileage reimbursement, particularly in rural areas, will help. Efforts to build

direct service as a career path with training and quality standards also must be funded in providers' rates. Tuition reimbursement opportunities could afford staff an avenue to obtain more education, leading to career advancement options. The system should reward Direct Support Professionals who pursue professional development such as the currently voluntary National Alliance for Direct Support Professionals' three-level certification program. Related to that is the need to make training a billable service for all waiver services in addition to Supported Employment. At a minimum, ARISE's Direct Support Professionals undergo 10 hours of annual trainings. At onboarding, training consumes as many as 20 hours and includes the critical work of learning individuals' safeguards and job shadowing to ensure high quality services for a particularly vulnerable population.

In conclusion, I urge you to invest in the pay of direct care staff and invest in the programs that allow people with intellectual and developmental disabilities full access to their communities. New York can ensure that a career in direct care is respected and rewarded commensurate with its responsibility and impact. Thank you.

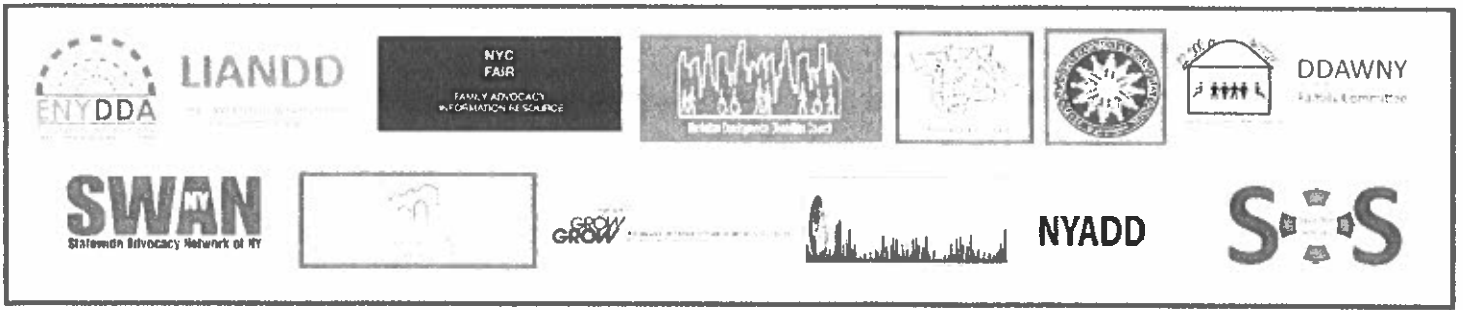
Sincerely,

A handwritten signature in black ink that reads "Tania S. Anderson". The signature is written in a cursive style with a long horizontal flourish at the end.

Tania S. Anderson  
Chief Executive Officer







Written Testimony: NYS Senate Workforce Hearing

September 14, 2021

## *STOP THE CUTS, RAISE THE WAGE, FUND THE FUTURE*

**People with Intellectual and Developmental Disabilities (IDD) and their families are experiencing a profound direct care workforce emergency** after years of chronic underfunding, budget cuts and resource diversion. New York State's system of IDD care is no longer on the verge of crisis – **ITS SYSTEMIC COLLAPSE IS HAPPENING NOW**. There are currently over 25,000 vacancies in NY's Direct Support Professional (DSP) workforce. DSPs are leaving the field in record numbers; services paused during COVID are not able to resume because of lack of staffing; community residences and day programs are closing; and many individuals and families are living in isolation without critically needed supports, while waitlists grow exponentially and new diagnoses occur every day.

**WE MUST ACT NOW** to address this dire emergency or else devastate the system of IDD supports and services that NYS government, families and community partners have worked so hard to build over the last 45 years. Without a vibrant DSP workforce, it is absolutely impossible for individuals and families to receive the assistance they need to lead active, productive and fulfilling lives in their communities. Even with person centered innovative programmatic offerings, the reality is that without the DSP workforce, those ideas are meaningless for this most vulnerable group of individuals and families. Every day, DSPs must interpret and respond to verbal and non-verbal communication, provide behavioral supports and interventions, meet medical needs, facilitate social interactions with community members and employers, teach functional life skills and offer mental health support. Those who have so far remained, are often working multiple jobs to survive, resulting in 60-80 hour grueling work weeks for minimal compensation with little hope for a better future. And yet, they are the backbone of our service system!

**WHAT IS NEEDED IMMEDIATELY** is a detailed, multi-year commitment from NYS to value the DSP profession and to guarantee them a fair, sustainable future. NY's DSPs must see a well-defined financial commitment to their wellbeing from state government if we are to rebuild this essential workforce. **This commitment MUST start with a multi-year investment in DSP salaries and benefits that is thoughtfully planned and funded, with details provided in writing, so that DSPs can see a viable and sustainable future for themselves in choosing to do this work.** This plan certainly should include an immediate influx of federal money to stop the current hemorrhaging of DSPs leaving the field, but "one shot band-aids" are no longer sufficient to address this problem. A long term financial commitment is essential. Only then can we begin to address more substantive issues like flexible service models, career paths and training.

**NYS policy makers MUST PRIORITIZE funding for our most vulnerable citizens and the workforce that supports them.** DSPs are engaged in an honorable, challenging and absolutely necessary profession that advances the health and wellbeing of hundreds of thousands of citizens and families in our state, as well as local communities and economies. Indeed, the IDD DSP workforce is an essential state-wide economic driver, the loss of which will seriously impair our state's economy and fiscal health.

At this unique moment in time, the opportunity exists to chart a new, positive course in supporting the NYS workforce caring for people with disabilities. IF New York accepts that challenge, it will once again be a leader in this field, setting an example for other states that also face this nation-wide workforce emergency. **PLEASE TAKE ACTION NOW.**

Respectfully submitted on behalf of Eastern New York Developmental Disabilities Advocates  
and family advocacy groups across New York State,

Mary Ann Allen  
Steering Committee



*The Eastern New York Developmental Disabilities Advocates (ENYDDA, or "any day") is an apolitical, independent, all-volunteer organization of parents, families and developmentally disabled individuals in the greater Capitol Region and eastern upstate New York. Our mission is to educate and inform policy makers, the media and the public on issues impacting our disabled children and loved ones. ENYDDA receives no government or service provider money; its activities are entirely self-supported.*



Monday, September 13<sup>th</sup> 2021

## Written Testimony Submission

### 9.14.2021 Public Hearing to evaluate the current workforce challenges of the I/DD service delivery system

I'm writing today on behalf of thousands of passionate, skilled, and committed direct care workers all across New York. I would like to start by saying that I know my members, serving at state funded direct care nonprofits in every corner of our state, are committed to the same goals we all share here today- making sure that ALL New Yorkers are living their best lives possible. They have proven this time and again over the past year and a half especially, putting themselves and their families on the frontline during an unprecedented global pandemic, to ensure that the individuals they care for had and continue to have all of their needs met. Despite chronic underfunding and industry-wide staffing issues that pre-date the current COVID-19 related staffing shortages, SEIU members have shown up day-in and day-out to keep our direct care facilities open and safe. They deserve our respect and appreciation, and they deserve real funding for living wages. I appreciate the opportunity to share their stories with you today.

I've had the privilege as President of SEIU Local 200United to meet, listen to, and work with direct care workers in a diverse array of programs and facilities under the "O" agencies across New York. We have members staffing facilities ranging from day-hab style programs, to apartment style living, to more hands-on assisted living. The individuals we serve range in the level of care and assistance that they need and in the nature of the challenges that they face, but across the board they are people just like you and me, who want to know and trust the workers they see everyday, and who want to live lives of dignity, meaning, and independence. In order to meet those goals direct care workers have consistently been putting their own families and health on the line, never more than over the past year and a half. Doing more with less while enduring almost annual COLA deferments - working longer hours with fewer resources as providers fail to attract fresh staff. Workers are leaving this industry faster and more frequently than ever before, and without a serious infusion of funding

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for wages and wage compression, this issue of retention is set to accelerate.

Already, the upstate minimum wage (at \$12.50/hour) falls far behind the upstate fast food minimum wage (at \$14.50/hour). The issue of uneven minimum wages is several years old, but New York state's unfulfilled promise and obligation to fund wages in direct care is much, much older. At the end of this year the fast food minimum wage upstate will reach \$15/hour, and at the time of my writing it is unclear when and how the state of New York will act to move the \$12.50 upstate minimum wage to match it. While it is certain that the minimum wage should, and must, reach \$15/hour, it is uncertain what plans have been made for funding wages for the already left-behind direct care workers, their families, and the individuals they serve. I've heard stories from many skilled direct care workers across the state about having to choose between groceries and gas, defaulting on student loans and mortgages, and barely being able to provide essentials for their children. As standards have suffered in this industry so has the quality of care available to some of our most vulnerable New Yorkers. This is a statewide embarrassment, and something we should all be deeply ashamed of.

According to a December 2020 report by the NYS Department of Budget, many non-fast food jobs in upstate NY close to minimum wage are already offering above \$12.50/hour to attempt to recruit and retain staff. While other employers are able to become more competitive with their wages and benefits to attract labor, state-funded non-profits do not have the resources to compete without a substantial increase to state funding. While we would like to believe that the days of Willow Brook and similar institutions are behind us, Direct Care workers across the state have been watching in horror as individuals go without the care they need, and are sometimes completely turned away from access to programs and services. I'm sure none of this is news to any of you, but consistently across NY we've seen vacancy and first year staff turnover rates climbing at an unsustainable pace. I want to say as definitively as possible that, in an industry that receives the overwhelming majority of its funding from the state, this is not a nonprofit or provider problem. This is a New York state problem, and one that we should all be seriously invested in solving.

When frequently mandated overtime, unpredictability of time off, low pay, and working to meet high emotional, physical, and psychological demands without adequate staff has become the norm, workers, families, and individuals receiving care all suffer. The direct and home care industry is slipping backwards, moving away from its intention of

quality, care, and independence. Statewide minimum wage increases, while raising the wage floor, will bring direct and homecare workers closer and closer to the bottom, making these jobs less viable and less attractive to the skilled workers we're already failing to recruit and retain. For years we have been saying that we have a staffing problem. The situation, post COVID-19, has devolved into a staffing crisis that needs immediate funding and attention.

When speaking with workers and providers across NY about problems attracting and retaining staff, everyone on the front lines of this fight is firmly on the same page: this industry does not pay enough to compete for the workers it desperately needs. Direct care is no longer competitive enough to lure new or long-term staff. This is an enormous problem. We're already at the breaking point of being able to provide the type meaningful, non-institutionalized care that individuals need and deserve. If the state does not re-commit itself to funding living wages in this industry then, as the minimum wage upstate moves up to \$15/hour, wage compression will weed out more and more of our home and direct care workers, leaving families and individuals behind even as demand for these services rises. I urge you to do what you can to infuse direct care with the funding it needs for competitive, living wages and quality care.

Sincerely,

A handwritten signature in cursive script that reads "Scott Phillipson".

Scott Phillipson  
President, SEIU Local 200United



# Shawn Fultz

## Notes and outline

1. Thank you for allowing me to speak.
2. The dsp crisis hits home to me every single day as I live with a disability that requires care from a direct support professionals every single day
3. They help me bathe, dress. Use the bathroom. The help of my dsp's help me maintain my job as a support broker for self direction. And they help me get to appointments like this one.
4. I have been through many different programs to provide for my care. Regardless of the program , without a strong dsp workforce the program will fail to meet the needs of the individuals it is tasked to serve.
5. Receiving services in my home and community through the HCBS waiver allows me to take part in my community. The care I require would be much more expensive in a nursing home. Under Self Direction, I have control of who comes into my home to assist me. I would not have that same freedom in a nursing home.
6. I know many dsp's and their issues always tend to revolve around low pay, no advancement opportunities, no incentives , lack of health benefits, and a lack of hours in some cases.
7. Since all I/DD programs are Medicaid funded, the only way to solve the dsp staffing crisis is increased federal and state funding over many years.







***The Arc***

*New York*

**Testimony Prepared for a Public Hearing by  
The NYS Senate Standing Committee on Disabilities  
to Evaluate the Current Workforce Challenges of the Intellectual  
and Developmental Disabilities Service Delivery System**

**SEPTEMBER 14, 2021**



**Testimony Prepared for a Public Hearing  
by The NYS Senate Standing Committee on Disabilities  
to Evaluate the Current Workforce Challenges of the Intellectual  
and Developmental Disabilities Service Delivery System**

**September 14, 2021**

**Introduction**

The Arc New York is the largest non-profit provider for individuals with intellectual and developmental disabilities (I/DD) in New York state. Our 37 local Chapters collectively support 60,000 people and employ more than 30,000 staff. The parents who created our organization were among the earliest advocates for quality services and opportunities for people with intellectual and developmental disabilities (I/DD). In the more than 70 years since our founding, New York has developed a robust system of exceptional, comprehensive individualized services and programs that aid independence, support families, and emphasize inclusion in communities.

Today, we face a rapidly escalating workforce crisis that has pushed that essential system to the brink of collapse.

For decades, New York state has not made adequate investments to sustain the programs and services its citizens with I/DD rely on. Our field has received virtually no cost-of-living adjustment (COLA) to keep up with inflation and rising costs in the last decade. To date, the field has received only a 0.02% COLA in more than 10 years. A 1% COLA was included in the approved state budget this year, but rates still have not been updated to reflect that modest increase.

The nonprofit agencies that support New Yorkers with I/DD are funded almost entirely by Medicaid, and more than 70 percent of their costs go directly to wages for staff who provide direct care.

Without adequate funding, I/DD providers cannot offer competitive wages to recruit and retain the skilled direct support staff that provide the foundation of care for more than 140,000 New Yorkers with I/DD. The existing workforce crisis escalated dramatically in the wake of the COVID-19 pandemic. Without immediate action, this emergency will continue to force service reductions, program closures, and loss of supports for people with I/DD throughout the state.

For years, you have heard us tell you the future of services and supports for New Yorkers is I/DD in jeopardy.

**We are no longer talking about the future.**

According to a recent New York Disability Advocates (NYDA) survey of non-profit I/DD providers, including all Chapters of the Arc New York, 48 percent of providers were forced to close or reduce programs due to lack of staff.

Nearly half of all providers shuttered essential programs for New Yorkers with I/DD because they have no staff to run them. We are literally closing doors on the very people for whom it is our mission to provide opportunity.

In addition to the systemic lack of investment by New York over the last decade, cuts have been exacted over that same period, including one scheduled to take effect retroactively to May 1, 2021 that will pull over \$230M out of our residential programs each year. During a period when the workforce crisis is at an all-time high, and the federal government is providing New York with an unprecedented amount of funding, implementing these cuts is not only unnecessary, it is negligent.

In addition to the program closures, the recent NYDA survey found that:

- 93% of providers saw a decrease in job applicants this year
- Statewide vacancy rates increased 75% since pre-pandemic levels

- 25% of all DSP positions are currently vacant statewide<sup>1</sup>
- 39% of providers did not reopen programs due to staff shortages
- 69% of providers pulled senior & administrative staff from leadership responsibilities to cover direct care shifts

DSPs are the backbone of services for New Yorkers with I/DD. Their 24-hour support includes:

- Supporting activities of daily living
- Administering medication
- Tube feeding, wound care, mobility support, and oxygen administration
- Delivering physical and behavioral health services
- Teaching money management
- Transporting to appointments and community activities

DSP staff shortages directly impact people with I/DD and put this vital system of supports in jeopardy. The situation is dire. Providers are preparing contingency coverage plans for staffing shortages, including considering makeshift beds in facilities typically used for day programming. Providers are resorting to other extreme measures such as closing programs, doubling up bedrooms, closing homes, and leaving homes vacant so individuals supported can be transferred to locations where proper staffing can be maintained. Senior and administrative staff are covering direct support shifts, and programs are running on razor-thin staffing levels.

### Recent Wage Data

To better understand and address the workforce crisis, we have begun to review the reported wages across The Arc New York Chapters, and are working with NYDA to analyze similar data fieldwide. Our initial review revealed some startling conclusions:<sup>2</sup>

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<sup>1</sup> For The Arc New York Chapters alone, as of the second quarter of 2021, our collective vacancy rate for DSPs was 21.1%.

<sup>2</sup> *The wage information referenced in this testimony is based upon a recent survey and data collection from all The Arc New York Chapters. The Chapters were divided into 10 regions that align with New York State's Economic Development regions. Wage data was collected for programs including community habilitation, day habilitation, prevocational, residential, and supported employment, and several others.*

- In **6 of 10 regions**, the median DSP wage is **less than** the \$15/hour minimum wage for a fast food worker in New York state.
- The median wage DSP across all Arc New York Chapters is only **\$15.31/hour**
- Field-wide, **the average wage for a DSP at 69% of providers is within one dollar of the fast food minimum wage** – including the wages of seasoned DSPs with years of experience.
- On Long Island, one provider’s starting wage for a group home employee is **52.8% lower** than the living wage for a single adult with no Children, based on MIT’s Living Wage Calculator.<sup>3</sup>
- In the Capital Region, the starting wage for a group home worker in one county is almost **20% lower** than the living wage.
- In Albany – the capital of the state-- the average starting wage for a DSP supporting people in our residential programs is almost **\$1.50 lower than the minimum wage at a fast-food restaurant**, where employees have less responsibility, less accountability, and fewer training requirements.<sup>4</sup>

These are not minimum wage jobs. Our direct care staff are highly skilled essential workers. They have been unsung heroes throughout the pandemic, unflinching in their commitment to supporting New York’s most vulnerable citizens. They deserve to be respected as the professionals they are – and they deserve a living wage.

## The Solutions

Immediate action is needed from the state to address the current crisis and implement long-term solutions for the I/DD sector’s workforce challenges. This will require a multi-pronged approach to elevate the DSP position and innovate within the field. In addition, New York needs to address the fact that other positions in the I/DD field are not competitive and suffer from wage compression. Retention of other skilled professionals, including clinicians,

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<sup>3</sup> See MIT Living Wage Calculator, New York State Counties, <https://livingwage.mit.edu/states/36/locations>.

<sup>4</sup> \$13.51/hour is the lowest aggregate starting wage in the residential program for our Capital Region Chapters.

administrators, and other employees is also a challenge due to a systemic lack of investment.

### **Establish a Living Wage**

Not-for-profit providers must be included in the statutory COLA, which has been notwithstanding for our field for more than a decade. Unlike for-profit entities that can raise prices, not-for-profit providers can only pay rates as afforded by the funding provided by OPWDD. The lack of rate increases has caused stagnation in our wages.

Voluntary non-profit organizations are in competition with New York state, which pays approximately 40% more for the same roles than voluntary entities can afford. This is not sustainable.

While the federal matching funds that are expected shortly from the American Rescue Plan are critically needed, a one-time influx of funds will not be the long-term solution to this problem. We need a sustainable and reliable ongoing commitment to secure and maintain a living wage for our DSPs and other staff.

### **Reform Regulations to Encourage Recruitment and Retention**

The Arc New York has a number of suggestions that we believe will result in eliminating or modifying outdated or unnecessary regulations that threaten the ability of organizations to recruit and retain staff. These suggestions can be found in the attached document, "The Arc New York Regulatory Reform Report," dated September 9, 2021. The report outlines a number of proposed opportunities for regulatory relief that would enhance efficiency without compromising safety or quality of care. They include regulatory modifications in the hiring, training and evaluation of staff, the operation of Supportive Apartments, and other areas. The recommendations also call for reform of the NYS Justice Center for the Protection of People With Special Needs, which unnecessarily treats errors and accidents by staff performing this challenging work as neglect or abuse.

### **Create a Standard Occupational Code**

DSP wage and occupation data is not accurately captured by the Bureau of Labor Statistics, leading to an understatement of the workforce crisis. A discrete standard occupational classification for DSPs will yield the appropriate data to assist states and federal agencies in better understanding the workforce and addressing challenges.

### **Expand the BOCES Program**

A successful pilot program with Capital Region BOCES teaches students the skills necessary for a long-term career supporting people with disabilities. The pilot project aligns state education standards with quality DSP training metrics and offers certification in six areas. We recommend that the state establish a plan to replicate this program statewide by 2023.

### **Professionalize the DSP Role**

Many direct care workers lack access to a career pathway or advanced training opportunities. This limits their ability to build competency and expertise in their field that, when gained, may lead to an increase in their earning capacity. By providing grant opportunities for the recruitment, retention, and advancement of direct care workers, we can enrich the DSP role, and provide opportunities for career growth.

We have partnered with New York state to build a robust system of essential supports and services, to realize social justice and ensure integration for all New Yorkers with I/DD. The services we deliver are a cornerstone of that commitment, and our workforce is its foundation. We will continue to collaborate with government to identify efficiencies, fight for equity for our workforce, and sustain quality care, integration, and opportunity for New Yorkers with I/DD. We ask for your partnership and commitment in achieving this goal.







***Senate Standing Committee on Disabilities  
Public Hearing***

***Evaluation of Current Workforce Challenges  
of the I/DD Service Delivery System***

***September 14, 2021  
10 am***

***Testimony Presented By:***

***Melissa Stickle, LCSW, CASAC  
Sullivan County Director of Community Services  
and  
Chair, Developmental Disabilities Committee  
NYS Conference of Local Mental Hygiene Directors***

Chairman Mannion and other distinguished members of the Senate Committee on Disabilities, thank you for this opportunity to testify before you regarding the evaluation of current workforce challenges of the Intellectual/Developmental Disabilities (I/DD) service delivery system of care.

My name is Melissa Stickle and I am the Director of Community Services (DCS) for Sullivan County and Chair of the Developmental Disabilities Committee for the New York State (NYS) Conference of Local Mental Hygiene Directors (the "Conference").

The Conference represents the Directors of Community Services (DCSs)/County Commissioners of Mental Health for each of the counties in the State, also referred to as the Local Governmental Unit (LGU). The DCSs are county officials and have specific responsibilities and authority under the Local Services provisions of Article 41 of the Mental Hygiene Law (MHL) for planning, development, implementation, and oversight of services to adults and children in their counties affected by mental illness, addiction, and intellectual/developmental disabilities.

The role of the LGU/DCS in the community is critical and unique. As government partners, the DCSs work collaboratively with State Agency (OMH, OASAS, OPWDD, OCFS, DOH, DSS) officials and all department levels within the county. This role provides the County Mental Health Commissioners with a drone's-eye view of the mental health, addiction and intellectual/developmental disabilities services systems, and linkages to all facets of the related services in the county. The people we serve never need just one service. Their needs are complex and extend beyond the scope of behavioral health care and into other distinct areas, such as housing, public benefits, the criminal justice system and the county jail.

My testimony outlines the Conference's expertise and recommendations on providing the best care for individuals being served through the OPWDD service system. We commend you and your colleagues for your continued attention to this critical population and we share the common goal of working together as government partners to find a collaborative approach to eliminate barriers when treating I/DD individuals.

Workforce continues to be a critical area requiring complete State investment. Direct service personnel (DSP) provide vital support throughout the field, yet this staff are paid low wages, not guaranteed medical coverage/benefits, and lack sufficient training opportunities. The chronic shortage and continuous, rapid turnover of DSPs points to a need for recruitment and retention strategies for these critical staff. Agencies report currently operating at approximately 25% staffing vacancy, with an approximate 30% turnover rate. I/DD service providers report an inability to compete with the "big box" stores and fast-food restaurants for reasonable wages and the demands of the position, i.e. the possibility of being physically injured on the job.

Staffing vacancies create unsafe conditions for the individuals being served and the staff. Providers have had to consolidate and close programs in order to have the proper staffing ratios to ensure safety. The staffing shortages have resulted in current staff taking on additional responsibilities, sometimes responsibilities that they are not certified to do, causing a great deal

of “burn out”. Staffing shortages also result in limitations in the provision of services and a decrease in available activities for persons with I/DD. In many situations this results in an increase of challenging behaviors requiring crisis services. Staffing shortages have led to increased hospitalizations with longer lengths of stay and an inability to meet an individual’s needs when returning to a residential location.

Increased compensation for additional qualified staffing is needed for Individualized Residential Alternatives (IRAs) serving individuals with high needs. Some residents of IRAs and Intermediate Care Facilities (ICFs) present with intensive behavioral and/or medical needs which are met by adding staff, however, agencies do not receive additional compensation for employing extra staff to support individuals in an effort to divert crises. Providers report it is essential to recruit reliable and experienced staff to ensure appropriate supports and services are provided in a suitable time frame. Parents/families report workforce shortages are resulting in limited outpatient services for their loved ones, causing an increase in challenging behaviors resulting in their loved ones being admitted into Comprehensive Psychiatric Emergency Programs (CPEPs) for extended periods of time. It is essential for OPWDD to build support in the 2022 budget to address the workforce challenges.

CLMHD offers the following proposals for your consideration:

Increase the minimum wage to \$15 p/hr. (increased wages will attract qualified staff)

- Create a path for career advancement which will help with recruitment and retention
- Utilize State and Federal resources to offer incentives to promote workforce recruitment and retention by:
  - Sign-on bonus, initial and a 6-month timeframe (i.e. successfully complete probation and staff receive a financial bonus);
  - Student loan forgiveness/reimbursement, paying a specific monetary amount after successful achievement of a defined time frame of employment;
  - Tuition reimbursement/scholarships for staff who are currently in school or want to advance to a higher-level degree;
  - Reimbursement for advanced certificate opportunities and payment of licensing fees and/or re-credentialing fees;
  - Funds to agencies to pay for training opportunities - or at least reimburse agencies for the salary and OT costs for training days held; and
  - Specialized Payments to provide hazard pay, overtime, and/or shift differential to the workforce who continue to deliver services and ensure safe delivery of services during the COVID-19 pandemic is strongly recommended by the counties.

When addressing Equity, Diversion and Inclusion, strive to increase promotional/leadership opportunities for minorities, as well as, those working in self-directed services and DSP, where wages are often higher.

Identifying effective treatment models for individuals with co-occurring disorders has also become a priority for The Conference. Attempting to provide needed care across a siloed system is not effective from a clinical perspective or sustainable from a financial perspective. Currently, state agencies have separate lanes of care, creating systems and service provisions which are fragmented. Often, this leaves a person with co-occurring needs having to choose between agency services (OMH/OPWDD/OASAS) when, in reality, services from all agencies are needed in order to achieve and maintain recovery/habilitation, as well as overall life success.

Effective interventions have resulted in decreases in serious medical conditions, criminal justice involvement, crisis and ER/ED visits and educational and employment difficulties, all of which drive down ever-increasing state and county costs. Together we need to promote an integrated philosophy across the continuum and life span that allows for persons to access services through any door, and have their needs met.

As we reimagine the system of care, initiatives and efforts should be shared, and collaboration should take place whenever possible. It is essential we consider any solutions with shared initiatives and create a "No Wrong Door" approach. A treatment model that crosses all agency lines, creatively leverages all resources, and learns from prior work is essential. To date, there are a limited number of organizations operating outside the current constraints that successfully deliver integrated care. It would be beneficial through interagency collaboration to identify these programs/processes/practice models that can serve as the framework to bring together the agencies at every level of implementation.

Below are several recommendations for your consideration that we, the DCSs will help to better serve individuals with co-occurring disorders:

- Create a formalized policy/process/guidance with OPWDD, OMH and OASAS regarding the treatment of persons with co-occurring disorders is critical for the successful treatment of this population. State agencies need to work together, communicate and collaborate, be flexible and share responsibility and resources to best serve these persons in need of complex care.
- OPWDD, OMH and OASAS should create a screening tool to appropriately assess an individual with co-occurring needs. This screening tool should assess acuity and levels of service provisions. Creating common language between the "O" agencies with this interagency screening tool.
- Create a specialized team of context experts to assist with consultation. The coordination, process, and treatment options for persons with co-occurring disorders should also be required. This team would be a resource for state and regional office staff and when such individuals present in an ER/ED setting. It is essential for this specialized team/context experts to have the authority to develop and implement a plan and be able to make system-level decisions. It would also be beneficial to have them regionally-based.

- Build capacity/expand Mental Health (Article 31), Chemical Dependency (Article 32), OPWDD (Article 16) and DOH (Article 28) clinics to offer services for assessment and treatment of individuals with co-occurring conditions. Create a special add-on rate modifier for treatment of an individual with co-occurring needs.
- Integration of crisis response, with the development of OPWDD/OMH/OASAS Mobile Crisis Services, should incorporate staff expertise into the teams to respond to persons with co-occurring disorders who are in crisis.
- OPWDD should expand day programming for individuals with medical and behavioral/mental health co-occurring needs. Day programs and housing options need to include options for higher-functioning individuals.
- Add a behavioral health/substance use liaison to the NYS Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD – formally NYSTART). The CSIDD team should assist with all crisis situations in any location where the crisis occurs, and not just for individuals that are enrolled/eligible and known to the CSIDD team.
- Create short-term crisis respite opportunities for individuals with co-occurring needs. Should look at the URM model that supports co-occurring individuals across the entire spectrum of care, including both medical and dental and in collaboration with a CBO, creating a full safety net, both in and out of respite settings.
- OPWDD should investigate a Health Home Plus model within the CCO system, to treat higher-need individuals, such as persons with co-occurring disorders.
- To achieve a full continuum of care that includes in-patient, short-term stabilization, and outpatient step down, programs like the Our Lady of Victory (children) and the Kings County (adult) models should be duplicated and enhanced in other parts of the state. There are two underutilized facilities - Sunmount and OMH St. Lawrence Psychiatric - which should be considered to house a program of this type. Also, braided/blended funding options should be utilized for this.
- Sunmount and Valley Ridge have campus programs where the forensic population is served, and have existing staff, psychiatrists, psychologists, clinical social workers, etc. Could look to pursue a pilot that utilizes physical space at each campus program and create a DD/BH crisis unit. This unit might not need to be staffed 24/7/365, but ready and available to serve an individual in crisis. This unit could include a joint evaluation conducted by the clinician in the ER/ED and by a clinician from the campus program. The CSIDD initiative could be expanded in Franklin and Chenango counties to provide support to the project.
- OPWDD could explore adjusting the eligibility determination process to include licensed professionals in the field to make eligibility determinations, as OMH and OASAS does. Review of the eligibility requirements, such as required documentation, to assess if the process could be made more efficient.
- Continued training for law enforcement and EMTs on best practices when encountering an individual with I/DD and/or MH/SUD. Learning about evidence-based behavioral and

mental health and SUD treatment options for those with co-occurring diagnoses is essential. This could be accomplished via CIT or EDPRT trainings, as relationships and collaboration with these departments is needed in order to assure appropriate interventions. Law enforcement and EMTs must have knowledge of processes to refer co-occurring individuals, non-siloed options.

Thank you again for the opportunity to present testimony on behalf of the Conference. I am happy to answer any questions at this time.

# NEJB UNITEHERE!

*The North East's Textile, Garment, Manufacturing, Laundry, Distribution,  
Human Services and Hospitality Workers Union.*

**Warren Pepicelli**  
Joint Board Manager  
International Executive V.P.

**Ethan Snow**  
Secretary-Treasurer

Dear Senate Standing Committee on Disabilities and Honorable Chair John Mannion,

My name is Ryan Price, I am a Business Agent for the New England Joint Board of UNITE HERE. The New England Joint Board represents about 10,000 workers in many different industries in seven states from New York to Maine.

In New York we solely represent Disability and Mental Health care workers who work for private agencies funded through Medicaid, primarily via the Office for People with Developmental Disabilities (OPWDD). For about 15 years we have represented approximately 2,000 primarily immigrant members in New York including Direct Support Professionals (DSPs), maintenance, house cleaning, and dietary workers, Licensed Professional Nurses (LPNs) who all work in care facilities, as well as in-home disability care workers, case managers and social workers. My job is solely to represent those workers.

It's my understanding that the primary topic of conversation at this hearing is to address the industry's chronic and acute short staffing. I think we've all heard the general consensus that the pay is too low at these agencies and the level of care needed for many of these individuals is intense. But what I think what this committee may not hear very often is the on the ground experience of the problem.

Here are some stories from the past year:

In the height of the pandemic, one of our members, Millie, works at a facility called Laurel Road. She works with an individual — a big guy — who throws himself out of his chair. After eating a lunch Millie made, he did just that.

Pre-pandemic that house always had three workers at all times, but the Company used the pandemic to reduce the ratio to two workers. The other staff member was in the bathroom showering his individual and couldn't hear Millie's calls for help lifting, so she tried to do it herself.

She's out on workers' comp leave now and will probably have back problems for the rest of her life.

Our member Lisa, who works at a large facility caring for medically fragile individuals, cares for L. If L doesn't get her hair done just right — in a way that only an African American mother would know how to — her hair and skin gets really flaky. L's mom used to come in every week before the pandemic to do her hair and care for her skin, but was locked out through much of last year.

So during the pandemic, with her own money, Lisa started buying skin products — the good stuff — and spending a little extra time making sure her baths were *just right* and her skin and hair were just like mom did it.

Lisa's facility is 50% staffed, and there are 200 recorded mandatory overtime shifts *per month* there, in response to the shortage, the Company of that facility is trying to move the care ratio from 4 to 1 to the maximum of 6 to 1. Lisa will have to bathe, feed, and go to the bathroom with 6 individuals instead of 4. I have one toddler I have to bathe, assist with the toilet, and feed and I can't imagine how it's possible to do this for six people in a 7.5 hour shift. We're going to do everything we can to ensure our members can do their jobs and care for these individuals in the way they would expect to be treated at home, but there's only so much we can do.

Our Local Union Secretary D'Asia works in a location called North Road, which is in the middle of a steep hill with no sidewalk and a long steep winding road on the other side. There are about six individuals at this house, and before the pandemic, there used to always be four workers in the house at all times, the company used the pandemic to reduce the staffing protocol to three. Some of the individuals are "two person transports" meaning if one of them has a doctor's appointment, management expects one worker to shower, change, and feed the remaining five individuals.

One day, one of the individuals had an appointment, and while on a mandated double shift D'Asia was left on her own to care for the house. One of the individuals had a bowel movement, so she changed him, and after throwing out her gloves, she does a head count and realizes one person is missing.

This individual, who is in the house because he had a traumatic brain injury from a car accident, can get out of the house on his own in his wheelchair, and he *really* moves. D'Asia looks out the window and sees him free as a bird going up the large hill the house is on as fast as he can heading for the steep winding road.

So the neighbors were laughing at her as she was sprinting after this guy scooting up the hill. She was terrified for her job, not just because he got out, but because she had to abandon the four other individuals in the house.



Workers leave the industry because the pay is low, the work is hard, dirty, and we're overworked and abused — but we stay because the folks we care for become our families. We spend our Christmases with them, we're the ones who are always there on their birthday, we know what the people we care for want and who they are best. Workers also feel the problems of this industry very directly, and have solutions to fix them. These stories are not unique. I encourage the Committee to seek them out, keep hearing their stories, and encourage them and their representatives to come to the table.

We would also encourage three key changes to improve staffing in this industry:

1. Mandate a prevailing wage rule in the industry to tie wages for private employers to State Employee's wages to create a fair wage floor while protecting public jobs.
2. Give workers some agency over changes in care ratios and/or implement safe staffing ratios similar to what is in the nursing home and hospital sectors.
3. Mandate safety training by neutral third parties for DSPs in residential care facilities.

Thank you for your time and listening to my testimony. I look forward to answering any questions you might have, and I'm available to work with you on any of our suggestions to improve this field.

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