

The Impact of the Workforce Crisis on People with Developmental Disabilities in Ohio

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## **ABSTRACT**

People with intellectual and developmental disabilities (IDD) rely on direct support professionals (DSPs) to live safe, healthy, and fulfilling lives. Provider agencies that provide services for people with IDD cannot meet the demand due to the DSP workforce crisis. The DSP workforce crisis poses a significant impact on people with IDD. Research was completed regarding the significance of the DSP workforce crisis in Ohio based on the experiences of some of the Ohio County Boards of Developmental Disabilities, which provide case management services for people with IDD. This quantitative study aimed to determine the impact of the lack of service availability or discharges precisely due to an insufficient number of DSPs. Additional data collected determined if there were any DSP capacity differences based on the size of the counties, as well as the impact the workforce crisis has on specific home and community-based services. The findings of this study found that the DSP shortages did create difficulties for people with IDD to access and maintain services. The study further found that the DSP workforce crisis worsened after March 2020 compared to what case managers experienced before March 2020. Additional data revealed that the size of the county did not have a significant effect, as all counties were experiencing the same issues related to the workforce crisis. The data also showed that services requiring around-the-clock care were more challenging to maintain adequate DSPs versus intermittent services. The research demonstrates the need for further studies to analyze the issues and develop solutions to help with the DSP workforce crisis. The data collected in these studies could benefit policymakers, IDD providers, and case managers.

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# CHAPTER I

## INTRODUCTION

Direct support professionals (DSPs) provide the frontline care and support that people with intellectual and developmental disabilities (IDD) depend on to live a safe and healthy life. Over the past two decades, DSP workforce issues have been a challenge, but only now have provider agencies been unable to continue to meet the demands of the growing need for services (Lulinski et al., 2018). During COVID and post-COVID, provider agencies, as well as other businesses, have experienced a more significant turnover of employees than ever before and a lack of incoming applicants to fill vacant positions (Bogenschutz et al., 2014; Bridgeman et al., 2018; Cope, 2022; Goldberg, 2022; Johnson et al., 2021; Pollack, n.d.). This crisis has forced agencies to discharge people from services and limits the ability to serve any new people (ANCOR, 2021). Furthermore, this crisis leaves people with IDD without the needed care to survive and live a happy, fulfilling life with access to the community (Hewitt & Larson, 2007).

As new people are diagnosed with IDD causing the demand for services to grow, while at the same time, people currently receiving services are increasingly being discharged due to provider agencies not having enough staff, the seriousness of the workforce crisis is harming people with IDD (ANCOR, 2021; Lulinski et al., 2018). An overall system reform and higher reimbursement rates are needed for the IDD system to keep up with the demand. It cannot be expected that new applicants will want to enter the IDD field if they cannot earn a livable wage (Pettingell et al., 2022). Additionally, with system redesign, agency providers will be able to continue to serve people in ways that are expected today. The current system is not sustainable to meet the demands needed that adequately and appropriately support people with IDD healthily and safely.

Current research has shown that provider agencies consistently experience vast turnover and are unsuccessful in recruiting new employees due to factors outside their control. Rates for reimbursement are set by the state and federal governments (Spreat, 2021b). These rates cannot be altered; therefore, if reimbursement rates do not adjust with inflation and other cost-of-living factors, the rates paid to providers are insufficient to offer competitive wages to DSPs. Provider agencies that bill Medicaid for the services their agency provides to people with IDD are not permitted to raise their fees for their services (Friedman, 2019; Spreat, 2021a). If agency providers wish to do this work, they must accept the fixed rates Medicaid sets (Spreat, 2022a).

The current state of turnover among DSPs has climbed to nearly 50% nationally, requiring provider agencies to replace half of their staff every year (Goldberg, 2022). The constant turnover in the workforce can impact people with IDD in various ways. The workforce crisis raises significant concerns regarding the health and safety of people with IDD (Friedman, 2022). DSPs have reported that they do not wish to remain on the job because of the lack of training, which can be exacerbated due to understaffing, which can be linked to increased abuse and neglect allegations (Bogenschutz et al., 2015; Houseworth et al., 2020). People with IDD are underserved due to the lack of DSP, including youth (Rosencrans et al., 2021). The dependency that people with IDD have on DSPs must be considered by lawmakers, as this crisis will continue to put people at risk.

### **Statement of the Problem**

Several factors predicate the challenges in the IDD system, but the DSP workforce crisis poses the most significant impact on people with IDD. This crisis is causing agency providers who hire DSPs to provide the vital support and services that people with IDD rely on to discharge current people they serve or turn away new people who need services (ANCOR,

2021). These shortages prompt providers to make decisions impacting ongoing services and require system reform.

Although the IDD field experienced turnover before COVID-19, the pandemic created more pressure on providers from vaccine mandates and additional support needs for people with IDD (Cope, 2022). Wages continue to go up in non-IDD-related industries (restaurant, factory, and warehouse workers), requiring IDD agencies to compete against employers who can increase their product prices. This unfair advantage makes it difficult for IDD providers to recruit DSPs because they need the authority to increase their service fees due to fixed government reimbursement rates (Spreat, 2021a). The continuation of an IDD support system will depend on system reform to address specific issues that make it challenging for providers to offer quality, consistent, and appropriate services to people with IDD. When people with IDD cannot find adequate services, they are left without the support they need.

People with IDD cannot be without someone to provide the care they need. Nationally, it is estimated that just over 450,000 people with IDD are on waiting lists, and the growth in DSP turnover will cause the number of people with IDD needing services to grow (Kaiser Family Foundation, 2022). When providers cannot maintain the required number of DSPs, the required staff-to-client ratio falls below what is adequate to ensure health and safety (Willner et al., 2020). Providers who cannot maintain the number of DSPs needed to serve their current clients may be forced to issue discharge notices. When this happens, it also means that providers are forced to not accept any new referrals simply because they cannot find DSPs to serve more people with IDD, leaving them without the support they need (ANCOR, 2021). The IDD workforce crisis significantly limits providers' ability to ensure health and safety and serve more people who need services.

## **Purpose Statement**

This quantitative study aimed to expose the significance of how the workforce crisis has negatively impacted people with IDD. A survey was sent to all 88 county boards of developmental disabilities in Ohio requesting information about the number of people who are waiting for services due to either being discharged from their current provider or are new referrals who have not been able to find providers. The data was explicitly focused on the reason(s) for the lack of service availability or discharges specifically related to agencies not having enough DSPs. The study was designed to analyze the correlation between the workforce crisis and how it impacts people with IDD gaining access to the needed services, which included having a DSP available to assist them with their daily living needs, assisting with access to their community, and providing for their health and safety.

The data also sought to determine if the workforce crisis and access to services differ in large, medium, and small counties based on the number of people receiving home and community-based waiver services. New strategies are needed to address the lack of available DSPs and the growing demand of more people needing individualized services.

## **Research Questions**

This study addressed the DSP workforce crisis and how it has impacted people with IDD who rely on IDD services and supports. The following research questions were designed to determine the delay or lack of available services related to the lack of DSP availability. The quantitative research questions were sent to all 88 county boards of developmental disabilities in Ohio. This study tested the following hypotheses:

**Hypothesis 1:** The workforce crisis has impacted the ability of people with IDD to access or retain the services and supports they need to live.

**Hypothesis 2:** The workforce crisis has significantly worsened since March 2020, which has caused more significant delays in obtaining needed IDD services and supports.

**Hypothesis 3:** There is a difference between small, medium, and large county boards and accessing available IDD services.

**Hypothesis 4:** Due to the workforce crisis, some home and community-based services are more difficult than other services for finding a provider.

The research questions (RQ) are as follows:

**RQ1:** Since March 2020, has the DSP workforce crisis gotten worse than before March 2020?

**RQ2:** Since March 2020, are more people with IDD waiting longer for the services and supports they need?

**RQ3:** Is there any difference in accessing services for people with IDD between small, medium, or large county boards of DD?

**RQ4:** Can the DSP workforce crisis be linked to an increase in discharges and longer waiting times for services?

**RQ5:** Are there specific home and community-based services (HCBS) that are more impacted than others because of the DSP workforce crisis?

**RQ6:** What would be considered as a “significant” DSP shortage?

### **Research Methodology**

A quantitative approach was implemented for this study to provide data demonstrating that the DSP workforce crisis has impacted the availability of services that people with IDD need. The research questions were emailed to the administrator at each of the 88 county boards of developmental disabilities in Ohio. Administrators were alerted before the study, of its

purpose, and the requested information. No confidential health information was requested as part of the research. Administrators provided their answers to the research questions via an online resource. The information from the questionnaire was analyzed, and the data from each question was presented in a scatter graph. County boards were identified by their size (small, medium, or large), which was determined by the number of people with IDD they support. This method was used to better understand the problem by obtaining objective data.

### **Significance of Study**

For the past two decades, agencies that provide our vulnerable IDD population with DSPs to support them have struggled to keep up with the demand. The need for more DSPs continues to grow, and it is expected to take another 900,000 people to fill vacant positions each year (Bureau of Labor Statistics [BLS], 2015; Hewitt, 2013). High turnover rates lead to additional costs in recruiting, overtime, and burnout of existing staff, which negatively impact those who rely on the care DSPs provide for them every day (Houseworth et al., 2020).

It is essential to understand why a DSP leaves the IDD system and why people do not apply for jobs in the first place. A significant step in creating valuable progress to address the workforce issues to see longevity and retention begins with analyzing each agency's work culture (Keesler & Troxel, 2020). Without addressing the constant turnover and the lack of available workers, people with IDD will go without the needed care they depend on to survive (Filbin, 2021; Firmin et al., 2013).

The IDD workforce crisis is a product of various factors, such as low wages, lack of benefits, low reimbursement rates, DSP self-care, being overworked, and workplace culture (Houseworth et al., 2020; Johnson et al., 2021; Keesler & Troxel, 2020; Pettingell et al., 2022; Ryan et al., 2021). The workforce issues directly impact the health and safety of people with



IDD (Friedman, 2020). Research continues to confirm that low wages are the main issue related to the lack of available DSPs. Since IDD services are funded through the Medicaid program, changes to reimbursement rates that will provide enough funds for agencies to offer DSPs better wages must start with legislature (Spreat, 2022b).

Besides the facts and previous research that has been explicitly completed on the DSP workforce, this study provided an in-depth review of the impact the lack of DSPs has on people with IDD. Additional research indicated that the DSP workforce is one of the fastest-growing jobs in demand and that the number of people needing services continues to grow (Bureau of Labor Statistics [BLS], 2015; Spreat, 2022a).

This study further demonstrated the need to sustainably stabilize the current IDD support system, which may be through system reform/redesign, better wages and benefits for DSP, alternative worker pools, increasing utilization of technology for supports, and improvements in workplace culture. The information obtained from this study can complement existing research and aid in efforts to educate the legislature about higher reimbursement rates and prompt IDD stakeholders to continue working together to strengthen their unified mission to support people with IDD.

### **Role of the Researcher**

I reviewed and followed all guidelines and requirements set forth by the Youngstown State University Institutional Review Board (IRB). No living human subjects were used in this study. The research focused on the impact of people receiving services; however, none of the research questions provided any identifiable information specific to anyone. I sent surveys to all 88 county boards of developmental disabilities in Ohio that contained the same questions.

While the survey did not request the names of the counties that answered, it did ask whether they were a small, medium, or large county board. The size was based on a range regarding the number of people they support annually. Answering the survey questions was done voluntarily. Data obtained was analyzed by me and then calculated together to determine the outcome of each response.

People with IDD and those who support them create opportunities that promote a person-centered level of independence. Considering the struggles that provider agencies have been experiencing to fill shifts with people to support and provide the services needed for people with IDD, this study was needed to analyze the issue. Hopefully, this research and additional research can provide adequate solutions to stabilize the workforce and give people with IDD greater assurance that their needs will be met. The challenges with the workforce crisis can only be realized by specific research that relates to the factors impacting this issue.

The responses provided by the county boards of DD who participated in the survey were analyzed without any biases related to the IDD field and the issue. Creditability was maintained, as well as that of the study, so that the findings can be used to determine areas of needed improvement.

### **Researcher Assumptions**

I was compelled to assume that the participating county boards shared their concerns regarding the impact of the workforce crisis in the IDD system because they had been experiencing it in their county. The questions were answered honestly based on data that each county board had that was specific to their own interactions with provider agencies in their county. This study did not use national or statewide data, as the responses were specific to Ohio DD services. Specific directions indicated that the responses should only be based on the actual

data from the county responding. In light of the difficulties the workforce crisis has had on the IDD field, it is assumed that the participants provided credible responses according to their experiences.

### **Definitions of Terms**

***Agency Providers*** - are state-certified private agencies that employ direct support professionals (DSPs) who provide the care and support that a person with (IDD) needs. Agency providers can be for-profit or not-for-profit. They can be small or large and operate in one county, multiple counties, and even nationally (Ohio Association of County Boards of DD, n.d.).

***County Boards of Developmental Disabilities*** - are a part of the county government and are found in all 88 Ohio counties. County boards of developmental disabilities are the Medicaid administrative agent for the county. They are responsible for authorizing funding for the services people with intellectual or developmental disabilities need (Ohio Department of Developmental Disabilities, n.d.d). The primary roles of county boards of developmental disabilities include providing case management and early intervention, and in some counties, they operate a school. The executive officer of a county board is referred to as a superintendent and is governed by a board of seven members appointed by the county commissioners and the county probate judge (Ohio Association of County Boards of DD, n.d.).

***Developmental Disabilities*** - refers to an eligible diagnosis that manifests before age 22. People with developmental disabilities typically have physical, learning, or behavioral impairments (U.S. Department of Health and Human Services, n.d.).

***Direct Support Professionals*** - are staff employed either by an agency provider or individually certified as Independent Providers. They provide the services and supports that a

person with IDD may need. These services may include providing total care to simply checking in on someone (Ohio Alliance for Direct Support Professionals, n.d.).

***Independent Provider*** - is a person who is individually certified by the State of Ohio Department of Developmental Disabilities to provide services and supports for people with IDD. Independent providers do the same work as DSPs but are considered independent contractors instead of employees like DSPs who work for agency providers (Ohio Department of Developmental Disabilities, n.d.f).

***Intellectual Disabilities*** - is a qualifying diagnosis that occurs before the age of 18. The person has challenges with intellectual functioning, specifically with learning, problem-solving, and adaptive skills (U.S. Department of Health and Human Services, n.d.).

***Provider capacity*** - refers to the maximum number of people a provider can support to comply with the staff-to-individual ratios found in each person's Individual Service Plan (ISP) (Ohio Department of Developmental Disabilities, n.d.f).

***Reimbursement rates*** - are the rates that providers are paid for the services and supports they deliver to people with IDD. These rates are set by the state and the Centers for Medicare and Medicaid Services (CMS) (Spreat, 2020). The reimbursement is paid through the Ohio Department of Medicaid (Ohio Department of Developmental Disabilities, n.d.e).

***Services and Supports*** - refers to the care DSPs provide to people with IDD. The level of care varies from person to person. Some examples may include hygiene, meal preparation, transportation, medication administration, career coaching, and supervision. These services are always specific to each person's needs (Ohio Department of Developmental Disabilities, n.d.b).

## **Organization of the Dissertation**

Chapter I introduces the study, the problem, the purpose of the research, the method by which the data was obtained, the significance and contribution of the research, key assumptions, and terms related to the study. Chapter II is the literature review. In this chapter, relevant research was explored that was specific to the study. It was the basis of the dissertation, which demonstrated the need for further research on the topic of the study. Chapter III identifies the research questions and the method for which the research was conducted. This section also clarifies the role of the researcher, the sample of participants, and how the data was collected and analyzed. The validity and reliability are examined, and the study's limitations are discussed. Chapter IV reveals the findings of the research. The results are shared in this chapter. Chapter V summarizes the research and the findings. This chapter includes the implications, future research, and the conclusion.

## CHAPTER II

### REVIEW OF LITERATURE

The direct support workforce is the most critical component of the developmental disability system. Often referred to as DSPs, they are the providers who support people with IDD to maintain a quality of life (Friedman, 2020, 2022; Laws & Hewitt, 2020; Luckasson et al., 2022; Spreat, 2022b). The IDD system needs to hire more DSPs to meet the demand because more people with IDD need care than there are available applicants for agencies to hire (Spreat, 2021a). Although the IDD system has a long history of having staffing problems, agencies that hire DSPs are officially at their breaking point (Hewitt, 2013; Spreat, 2021a). The IDD workforce crisis significantly impacts the IDD system and the people that depend on the services and supports DSPs provide to live.

The Americans with Disabilities Act (ADA), which was an act by Congress that occurred in 1990, requires the "elimination of discrimination against individuals with disabilities" (Americans with Disabilities Act, 1990). In 1999, the Supreme Court went further in ruling in the case of *Olmstead v. LC*, which indicated that people with disabilities have a right to live in homes in the communities of their choice, requiring states to provide the services that are needed to support this right (*Olmstead v. LC*, 1999). These two landmark decisions have driven the support levels expected today as protection and service for people with IDD. The current issues related to these two cases pose a challenge where provider agencies need help finding enough DSPs to do the work to meet these legally backed obligations (Scales, 2020). There is a significant correlation between DSP workforce turnover and its impact on limiting community involvement, health, and well-being of people with IDD (Friedman, 2018, 2021; ANCOR, 2021). With increased demands and a decrease in the availability of DSPs, people with IDD are

struggling to receive the supports they need to live, work, and be one within the communities in which they choose to reside (Laws & Hewitt, 2020; Spreat, 2020, 2022a, 2022b).

## **Theoretical Framework**

### **Job Demands-Resources Model of Burnout**

Theorists indicate that burnout is intrinsic when working with people and is often prevalent in human service-related fields. Research has shown that 25% to 43% of DSPs report distress in their job (Chung & Harding, 2009; Leane, 2019). This work-related distress can threaten quality services due to DSP turnover and cause continuous recruitment for DSPs by agencies (Kozak et al., 2013). Job burnout occurs from emotional exhaustion at work and the lack of feeling a personal accomplishment at work (Maslach et al., 2001). The job demands-resource (JD-R) model indicates that the evidence from burnout leads to stressors found in human services (e.g., work settings) and not specifically the people receiving services as some theories recommend. Furthermore, the JD-R model indicates a correlation between burnout related to high job demands and limited job resources, which affect one's mental health, such as hostile work environments that can lead to a lack of employee motivation (Bakker et al., 2003). Vassos et al. (2019) found relevant implications regarding managing DSP workload, greater DSP control over their responsibilities, and peer support when working, which validly explains poor work outcomes.

### **Expectancy Theory**

The expectancy theory of motivation by Victor Vroom (1964) refers to a process where individuals are motivated to perform if they know they will be rewarded (Rowley & Harry, 2016). Pettingell et al. (2022) found in their research that while provider agencies offered a variety of incentives such as bonuses, health insurance, and paid time off, these efforts did not

impact turnover; instead, wages made the most significant impact. These results contradicted research conducted by Wieck et al. (2009), which found that incentives positively impacted retention, but this only worked if the incentive was preferred by staff. Expectancy theory was only achieved when the outcome was what a person expected (Moniz, 2010). Research completed by Houseworth et al. (2020) found that DSP wages and benefits were both critical factors in retaining DSPs. Expectancy theory assumed that a person's effort would lead to the desired outcome and satisfaction (Wright, 2015). The research indicated that it was essential for agencies to determine the desired outcome from their DSPs to ensure that the steps they took to retain staff would make a positive impact.

### **Unfolding Theory of Turnover**

Created by Lee and Mitchell (1994), the unfolding theory of turnover assumes that employees follow cognitive pathways when they quit a job. Provider agencies need to understand why and how DSPs leave their organization. The unfolding theory of turnover consists of five cognitive pathways, and an employee will follow at least one of them when resigning (Lee & Mitchell, 1994).

The five pathways refer to how an employee interprets the work environment, including how they identify options and respond. Understanding the predictors associated with voluntary separation starts by understanding available data from sources, such as the National Core Indicators Staff Stability study (Houseworth et al., 2020). A start for agencies should begin by obtaining DSPs' perspectives about their personal support needs so that employers can initiate ways to help DSPs thrive in their roles (Johnson et al., 2021). Additionally, knowing what DSPs need to succeed helps identify strategies to help retain DSPs (Johnson et al., 2021). Agencies must promote DSPs' quality of life and develop a culture so DSPs can engage in self-care, if they



wish to improve worker turnover (Keesler & Troxel, 2020). The consequences of turnover include a financial cost associated with replacing the employee which can be 1.5 to 2.5 times the employee's annual salary (Cascio, 2006). When an employee leaves, a situation is created that requires current employees to fill in to cover, which can create burnout before a replacement is hired. In order to address the workforce crisis, employers need to focus not only on turnover but also on retention, even though the two require different tactics (Mittal et al., 2009).

Understanding how an employee perceives the agency should positively impact worker turnover and improve the workplace culture.

### **Overview and History of Ohio's Developmental Disability System**

Ohio's developmental disability system has a rich history of change that has always been driven by advocacy for equality and inclusion. In 1960, the *Horn Report* recommended creating a county system to support people with intellectual and developmental disabilities. The report was the foundation for creating the County Board of Developmental Disabilities (DD) system. In 1963, President John F. Kennedy signed the Community Mental Health Act, which provided federal funds for developing comprehensive community mental health centers. This legislation provided the first opportunity for people with IDD to move into communities and out of institutions. Then in 1967, Ohio Senate Bill 169 was signed into law creating 88 county boards, which was called mental retardation, but today has been changed to county boards of developmental disabilities (Creation of County Boards of Mental Retardation, 1969). Legislation enacted by Amended Substitute House Bill 455 in 1976 brought forth the "Education for All Handicapped Children Act" (Education for All Handicapped Children Act, 1976) Most of the groundwork for the foundation of the IDD system occurred in the 1960s and 70s.

In the 1980s, the IDD system started to experience the refinement of services more specific to meeting a person's needs, as well as advocacy efforts started to take place. Early intervention came in the year 1986, which provided grant funding for children services for ages birth to three years old. In 1987, National Developmental Disabilities Awareness month was designated by President Ronald Regan. President Regan asked Americans to provide "encouragement and opportunities" to citizens with developmental disabilities. Landmark legislation was signed in 1990 by President George H. W. Bush called the Americans with Disabilities Act (ADA). This act protected civil rights and prohibited discrimination against people with disabilities. In 1999, the United States Supreme Court reviewed the *Olmstead v. LC* case, which held that under the ADA, unjustifiably segregating people with disabilities is discrimination. President Bush announced the New Freedom Initiative in 2001, which was a program created to ensure that people with disabilities could participate fully in society. Additionally, access to assistive technology, adding more educational opportunities, and ensuring workforce integration for people with disabilities who want to become employed were significant parts of this initiative.

Legislation has moved the IDD system forward by promoting and creating opportunities for people with IDD that previously did not exist. In 2007, the Ohio General Assembly eliminated harmful words once used to describe people with developmental disabilities. In Ohio Senate Bill 79, county boards became known as the county boards of developmental disabilities, dropping "mental retardation" from their name, which removed a term regarded as being negative. With an increased push in awareness that people with IDD wanted to obtain employment, in 2012, Governor John Kasich named Ohio an Employment First state.

This Executive Order led to the start of the Employment First Task Force, which was charged with increasing employment opportunities for people with IDD. With the advancement of technology, in 2018, Governor Kasich, through an Executive Order, named Ohio a Technology First state, expanding access to Ohioans with developmental disabilities to technology that can help them become more independent with less reliance on a staff person if one was not always needed. (Ohio Association of County Boards of DD, n.d.).

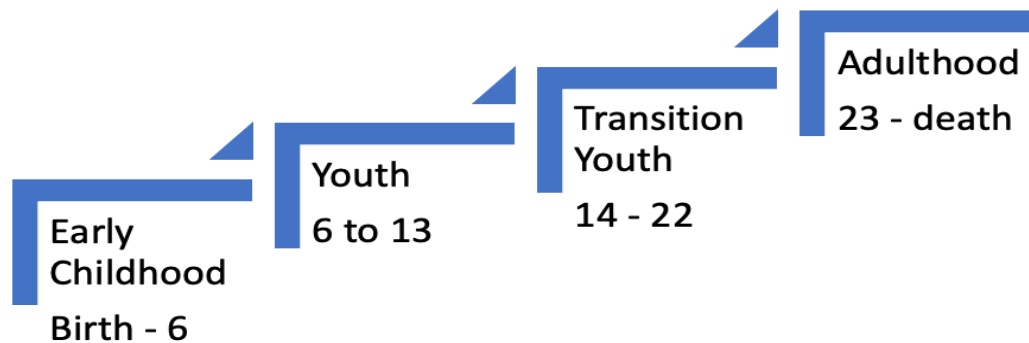
Over the past 50 years, services for people with developmental disabilities have changed how care and support are offered. In the beginning, Ohio's state Developmental Centers, which initially consisted of 12 locations across that state, peaked in population in 1965 with just over 10,000 residents (Ohio Legislative Service Commission, 2015). At that time, developmental centers were the only source of support available outside the family home. Toward the end of the 1960s and through the 1970s, Intermediate Care Facilities (ICF) were group homes found throughout communities to serve as another residential option. These homes offered services and supports in a setting where a small number of people could live. These homes vastly differ from a developmental center that housed thousands of people at once. In the 1990s, Ohio began offering less intrusive and community-based services, waiving specific Medicaid requirements. Hence, these home and community-based services (HCBS) go by the name "waivers" (Hickman, n.d.). Waiver-funded residential settings limit the number of people living together to four. Today, waiver services are the most utilized services in Ohio, with thousands of people with developmental disabilities approved for this level of care (Ohio Department of Developmental Disabilities, n.d.f). Over the decades, there has been a focus on establishing services integrated into community settings in the least-intrusive environment, which is most likely why HCBS services are more highly utilized over any other levels of care for the IDD population.

The Ohio Department of Developmental Disabilities (DODD) oversees Ohio's IDD system. This state agency is led by a State Director appointed by the Governor and is part of the Governor's executive cabinet. The state continues to operate its development centers, which primarily serve new admissions on a short-term basis until they can find a suitable provider to meet their needs. DODD focuses on health and safety, community access, and employment opportunities. DODD provides the administration of the Medicaid programs to the county boards throughout the state that supports access to services for people with IDD to live and work in their communities (Ohio Department of Developmental Disabilities, n.d.d).

Ohio's 88 counties each have a county board of developmental disabilities which acts as the case management agency and funder for services that people with IDD need to live (Ohio Department of Developmental Disabilities, n.d.). County boards of DD are local government agencies coordinating services based on what each person with IDD may need (e.g., residential supports, transportation, adult day supports, nursing) (Ohio Association of County Boards of DD, 2017). Eligible people with IDD may receive services throughout their entire life; therefore, once services are authorized, county boards must prepare for a lifetime of support that may be needed. Services are separated by age and stage of a person's life (See Figure 1).

**Figure 1**

*Ages and Stages for Services*



*Note.* Services provided and authorized by county boards of DD in Ohio support people throughout their life. Most county boards provide different services through the ages and stages of a person's life to ensure age-appropriate support and an array of needed services based on the specific time in a person's life. Source: "*Life Map: Follow the Journey of People Served by County Boards of DD*" by Ohio Association of County Boards, n.d., 4th ed.

Specific services include a variety of special support that are typically needed at each stage in one's life.

- Birth to age 6: includes services such as early intervention, preschool (where applicable), occupational, speech, and physical therapies, and developmental specialists who will assist families with age-appropriate supports to enhance their child's development.
- Youth: is offered by some county boards that operate schools. These services are specialized to meet the student's developmental and learning abilities. Public and private school options are available in all counties.
- Transition services: starts typically at age 14. County board transition specialists work with children with IDD to help them plan for life after high school.

- Adult supports: ensures that services are in place to provide the level of care needed so that a person with IDD can live as independently as possible.
- Retirement services: assists people with IDD of retirement age using age-appropriate supports, which may be community-based, and any health care that the person may routinely need. (Ohio Association of County Boards, n.d.).

Unlike other states, county boards of DD also operate as the funder for waiver services. Ohio's IDD system funding is much different than in other states. Ohio Revised Code § 5705.19(L) authorizes county boards of developmental disabilities to obtain local dollars through a property tax levy if approved by voters (Faber, 2018). The Ohio IDD system relies heavily on the county boards being able to obtain local levy dollars. Most of the levy dollars are used to draw down matching funds from the Federal Government to pay for services that people with IDD need (Faber, 2018). Almost half of the county boards in Ohio operate centered-based preschools and school-age specialty schools for students with IDD. However, many other counties have worked with local school districts to integrate students into public schools in their home districts (Frech et al., 2015). While each county board of IDD in Ohio shares the same responsibilities, the specific ways they do business may vary, depending on the available supports for people with IDD in each county.

Ohio has many agencies and independent providers throughout the state. All providers are certified by the Ohio Department of Developmental Disabilities. Agency providers can be for-profit and non-profit, which may provide services in one or multiple counties. Independent providers are considered contractors and typically only serve a couple of people since the contractor also provides services (Ohio Department of Developmental Disabilities, n.d.b).

Providers play an integral part in the life of a person with IDD because they provide the direct frontline work that a person needs to meet their personal goals.

For individuals receiving waiver services, providers agree to an Individual Service Plan (ISP) drafted by the county board where the person resides and outlines the responsibilities and services the provider will perform for the person with IDD (Ohio Department of Developmental Disabilities, n.d.c). The ISP covers one year and monitors the outcomes of goals for the person with IDD. After this time, the plan is reviewed by the team, which includes a services and support administrator (SSA) from the county board, the person receiving services, along with their guardian (if applicable), provider representative(s), and other people who are a part of the individual's team. Together, this group ensures that a person receives the support needed to meet their individual needs and can help in areas where they may need additional support. Whether a person has a goal to get a job or the goal is to participate in the community, an ISP is used as a tool to determine the supports needed to achieve the goals and meet the desired outcomes (Nord et al., 2018). An ISP is a legal document outlined in Ohio Revised Code § 5126.41 (Ohio.gov., 2011).

DSP is the title that typically is given to employees of provider agencies or independent providers who deliver the services and support outlined in a person's ISP. DSPs are extremely important to the IDD system as they are the professionals who directly work with people with IDD. Without DSPs, people with IDD would not be able to receive the care they need to live as independently as possible (Swogger, 2020). DSPs genuinely are the heart of the IDD system as they provide the frontline work that people with IDD depend on daily.

Ohio's IDD system is a complex structure derived from many years of advocacy focused on ensuring choices, fair and equal treatment, opportunities, and inclusion for people with IDD.

As new services and settings evolved over the past decades, the need for state developmental centers decreased because new options were created; therefore, expanding options such as intermediate care facilities, and later, home and community-based services have brought the system where it is today. Now only eight centers remain in operation, where about 650 people with severe disabilities continue to reside (Moon, 2019).

Services and supports have evolved significantly over the past five decades, especially in a movement away from institutional care and an increase in community-based models.

Workforce challenges such as high turnover or lack of available DSPs have impacted the developmental disabilities system's ability to grow and offer new services. A 2021 survey by the American Network of Community Options and Resources (ANCOR, 2021) found that "77% of providers are turning away new referrals" and "58% of providers are discontinuing programs and services" (p. 2). While it is hard to discover how the workforce crisis has impacted access to services and supports, it is estimated that approximately 15% of people may no longer receive services (Rosencrans et al., 2021). Is the IDD system at a point where existing services are no longer sustainable because there are not enough workers to provide the services, and the reimbursement rates need to be higher to financially afford the costs associated with doing business?

### **Intellectual and Developmental Disabilities**

Intellectual disabilities (ID) and developmental disabilities (DD) are often used together. These two diagnoses have similarities in the services and supports needed by people with either ID or DD. It is essential to understand the differences in the definition of ID and DD because both terms are used synonymously, depending on the source. ID and DD services vary but are



typically the same. It is important to note these differences because people with ID and DD may need the same level of care (Figure 2).

## Figure 2

### *Criteria for a Development Disability and Intellectual Disability Diagnosis*

#### Developmental Disability

- Person has conditions that cause impairment of physical, learning, language, or behavior
- Occurs before age 22
- Examples: Cerebral Palsy, Traumatic Brain Injury, Autism Spectrum Disorder, and Intellectual Disability

#### Intellectual Disability

- Person has significant limitations in both intellectual functioning and in adaptive behavior, which impacts many social and practical skills
- Occurs before the age of 18
- Person has an IQ of 70 or lower
- Often is considered one or more developmental disabilities

*Note.* While DD and ID services can overlap, the qualifications for diagnosis can be different for both (e.g., before the age of 18 or 22; limitations of intellectual functioning or physical impairment). Source: The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) pp. 1683-84.

The differences between the two definitions of ID or DD primarily have to do with the conditions and limitations of the person. Intellectual disabilities can occur at any time from birth until the age of 18. A person with ID will have intellectual functioning challenges with learning, problem-solving, and adaptive skills (U.S. Department of Health and Human Services, n.d.). A person with DD manifests before the age of 22. Typically, a person with ID and DD will need lifelong supports, specifically with mental and physical impairment or a combination of both (U.S. Department of Health and Human Services, n.d.).

## **Service Types (Residential, Adult Day Support, Prevocational/Employment)**

People with developmental disabilities rely on various DSP support and services to live healthy and safe lives (Friedman, 2020). Home and community-based (HCBS) waiver services include adult day support, assistive technology, homemaker personal care, respite, employment support, medication administration, transportation, shared living, vocational habilitation, and more (Ohio Department of Developmental Disabilities, n.d.e). An alternative setting besides what HCBS waiver services can provide is by living in an Intermediate Care Facility for Individuals with Intellectual Disabilities, also known as an ICF or ICF-IID. An ICF is not a waiver service but is a residential option that provides an adequate staff level on a 24-hour basis and is responsible for all services that a person may need (Licking County Board of Developmental Disabilities, n.d.b). Adult day and vocational services provide community-based options offered in various settings outside of the home. *Respite* is a service available for families who need a break in providing care for a temporary amount of time. All services are person-centered and focus on the individual's goals and the level of care the person receiving the supports needs.

Providing supports based on a person's specific needs can produce more effective services, which positively impacts outcomes for inclusion and self-determination. (Shipton & Lashewicz, 2017). Residential service options are available to people with IDD. While there is no specific age when a person with IDD may need to utilize residential options, people with IDD and their families or guardians need to know how to access these supports, how they work, and are funded.

The supports that a person needs are a consideration when contemplating residential services because the level of supports varies from person to person to ensure transitions are

successful (Jacobs et al., 2018). A person's cognitive and physical ability often determine what a person with IDD may need regarding services and supports (Jacobs et al., 2018; Leane, 2019). The types of services range from total care to intermittent services, but the focus is always on ensuring a quality of life for each person receiving services (Santiago Perez & Crowe, 2021). Some people with IDD may wish to integrate technology to meet all or some of the supports they may need (Tassé et al., 2020). As the research has shown, the services depend on what a person needs to live a fulfilling life in a healthy and safe environment.

Residential options are offered in two different ways, which include an intermediate care facility for individuals with intellectual disabilities (ICF-IID) or residential waiver settings funded through a HCBS waiver. For those wishing to live with a family, shared living (SL) is an option that can also be funded through an HCBS waiver. When a person is exploring residential options, it is essential for their team to explore all options to find the best fit to meet the person's needs and wishes. In Ohio, the county board of developmental disabilities can assist people when looking into residential service options.

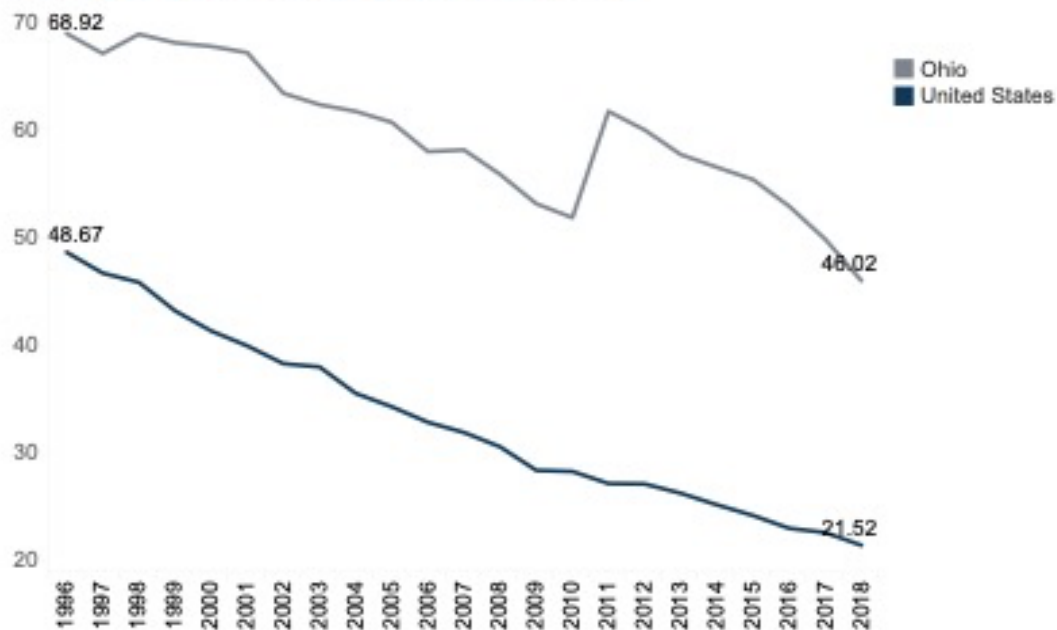
### **Intermediate Care Facilities**

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) are homes located in typical community neighborhoods. These homes, often referred to as group homes, can have as few as four people living in each house. Licensed by the Ohio Department of Health, ICF providers are responsible for all services a person may need and rely on well-trained DSPs, which include transportation and health care. Funding for the services is offered through an optional Medicaid benefit (Centers for Medicare & Medicaid Services, n.d.). ICFs have been subject to system reform over the years to get more people receiving community-based instead of institutional services. Since 1988, the focus has been on people living in their own homes and

participating in their community (Centers for Medicare & Medicaid Services, n.d.). Figure 3 below indicates how there has been a reduction in people with IDD who reside in ICFs. For those with more intensive medical needs, ICFs still offer a vital service option for people with IDD.

**Figure 3**

*Medicaid ICF/IID Residents per 100,000 of the Population*



*Note.* The graph shows the reduction in utilization of ICFs for people with IDD. From: Residential Information Systems Project. (2021). Compare States ICF/IID Residents. University of Minnesota.

### **Home and Community-Based Services (HCBS) Waiver Options**

Waivers were established to provide people with community-based IDD options, allowing for more individual choices. In the 1990s, states were charged with designing programs in which people could receive the supports they needed without requiring them to live in an institution, such as an ICF (Hickman, n.d.). If a person with IDD is approved for a waiver, they

may be able to use it to secure funding for a provider of services from homemaker/personal care, transportation, respite, adaptive equipment, home modifications, and other forms of supportive services (Ohio Waiver and Medicaid Information, n.d.). In Ohio, the IDD population has different HCBS waivers (i.e., Level 1, Individual Options (IO), and SELF). The county boards of DD can assist in finding the proper waiver for someone who is eligible. Figure 4 indicates the types of services one can receive with a specific type of waiver. Every person who receives an HCBS waiver is assessed to determine which level of waiver can meet the person's support needs. These services, which are vital to the person with IDD, are all delivered by a DSP.

**Figure 4**

*Types of Services for Different Waivers*

Type of service	Pays for needed services like	Level 1	IO	SELF
Personal Care	Someone to come and help you with things like getting dressed, keeping clean, making food	✓	✓	✓
Adult Day Support	Learning new things and going out with other people during the day	✓	✓	✓
Home Modifications	Someone to add ramps and railings to your home so you can get around better	✓	✓	✗
Respite	A break for people who help care for you that do not get paid to care for you	✓	✓	✓
Community Transition	Supports people as they transition from living in a facility to living in a house or an apartment, with others or on their own	✗	✓	✗
Career Planning (Includes Benefits Education and Analysis)	Helps people find jobs in the community, and includes services to help a person	✓	✓	✓
Assistive Technology	Provides technology that can support health and safety, and a person's desire for more independence	✓	✓	✓
Medical Supplies	Tools that help you keep you healthy, that help you get around or help you talk with people	✓	✓	✓
Employment	Help to get or keep a job	✓	✓	✓
Transportation	Help getting places	✓	✓	✓
Vocational	Provides learning and work experiences that help to develop skills that lead to integrated community employment	✓	✓	✓
Home Delivered Meals	Meals brought to your place that are ready to eat	✓	✓	✗
Remote Support	Tools that help the people who care for you make sure you are safe even when they are not with you	✓	✓	✓
Shared Living	Sharing a home with someone who is paid to help you	✗	✓	✗
Nursing	Hands-on care by a nurse for health-related services that can only be performed by a nurse	Through Ohio Medicaid State Plan	✓	Through Ohio Medicaid State Plan
Therapies	Physical therapy; occupational therapy, also called OT; or mental health services and counseling	Through Ohio Medicaid State Plan	Through Ohio Medicaid State Plan	Through Ohio Medicaid State Plan

*Note.* Indicates the different services available from the different types of IDD waivers. From:

Waivers and Services. n.d. *Ohio Department of Developmental Disabilities*

<https://dodd.ohio.gov/waivers-and-services/waivers/waiver-comparison>

## **Adult Day Supports**

Adult day supports (ADS) is a community-based service provided during the day and is non-residential. The services and supports provided by ADS programs offer a variety of community-based activities, including opportunities to socialize with others and personal care, if needed, all of which are performed by DSPs (Ohio Department of Developmental Disabilities, n.d.). Many ADS locations offer specific services based on a demographic need, such as aging clients or younger people who may wish to do some job exploration (Hartle & Jensen, n.d.). These programs have changed a lot in the past decade from the traditional "day program" that people went to daily throughout the week to learn simple life skills to focus on finding a job in the community. Ohio is an Employment First state, meaning employment should be the first consideration for everyone with IDD before an ADS program. Today, ADS programs offer a variety of community-based services that are more integrated than the previous workshop or day program setting that was segregated, which is due to the services and resources.

## **Benefits of Services**

The IDD services generate tangible and intangible benefits for the people receiving support, their families, and their friends. When a family member is trying to figure out the long-term supports their loved one will need, it is essential to determine where and what services will be needed from those closest to the person with IDD (Leane, 2019). People with developmental disabilities often rely on services from birth to death, with the frequency and intensity varying depending on each person's needs (Barth et al., 2020). All services are based on a person's needs and opportunities that align with a plan on how a person may achieve their expected outcomes. The dependency on DSPs to provide the level of support and care varies from person to person. The support a person with IDD may need cannot be defined purely by their diagnosis simply

because every person is different. It is very common for a person with a specific IDD diagnosis to have different needs and levels of support than someone with the same diagnosis and the autonomy of each person (Petner-Arrey & Copeland, 2014).

Everyone's needs differ, so services must be based on the person, not the diagnosis. However, people with IDD and their families often struggle with finding specific supports that meet their individual needs (Brown et al., 2018). Ensuring that appropriate support addresses a person with IDD's relevant needs will significantly impact the quality of life of the person receiving services (Arias et al., 2020). Successful outcomes are highly dependent on each person's needs being assessed on an individual, case-by-case basis. There is no such thing as a one-size fits all model in the IDD field. A person meeting their expected outcomes would be demonstrated in the collected data showing they are becoming less dependent, if possible, for ongoing services, and they demonstrate a quality of life by achieving their own personal goals.

Services and supports are assessed by county boards of developmental disabilities in Ohio on an annual basis to determine if specific programs are successful and have generated the expected outcomes for the individual with IDD (Barth et al., 2020). A review of the program typically occurs in an Individual Service Plan meeting which includes all individuals responsible for the person's supports, such as provider, case manager, guardian, and teacher. Individuals receiving services with more complex needs may require additional oversight and an increase in care through continuous assessment to identify the level of care that can meet the person's needs more effectively. Understanding the personal outcomes of people with IDD related to the services they are receiving is vital so the system can be assessed and improved as needed (Dinora et al., 2020). This routine assessment is also beneficial because their service needs will change over time as a person ages.

## **Challenges to the IDD System**

The challenges in the IDD system are predicated by several factors, especially the DSP workforce crisis, reimbursement, and provider capacity. These challenges are not a new problem. However, during and post-COVID pandemic, this problem appears to be getting worse than ever before since workforce shortages have impacted all businesses, including the healthcare systems (Bogenschutz et al., 2015; Bridgeman et al., 2018; Cope, 2022; Goldberg, 2022; Johnson et al., 2021; Pollack, n.d.). These shortages prompt providers to make decisions impacting ongoing services and may require system reform.

Although the IDD field had experienced turnover and burnout before COVID-19, the pandemic created more pressure on providers from vaccine mandates and additional support needs for people with IDD (Cope, 2022). The most significant number of resignations are from people who are working in lower-paying jobs, and DSPs fall under this category (Leonhardt, 2021). Wages continue to go up in non-IDD-related industries (restaurant, factory, and warehouse workers). However, there are still many job market vacancies, so all industries, including IDD, need help recruiting to fill open positions (Beilfuss, 2021). Having to compete against employers who can increase the prices for their products makes it difficult for IDD providers to recruit DSPs because they cannot increase their fees for services due to fixed government reimbursement rates. Spreat (2020) noted that "If we paid Direct Support Professionals the right wage, the supply and demand for Direct Support Professionals would establish equilibrium and satisfactory quality would be achieved" (para. 16). The continuation of an IDD support system will be dependent on system reform that addresses specific issues that make it challenging for providers to offer quality, consistent, and appropriate services and supports to people with IDD.



## **Workforce Crisis**

The DSP workforce crisis has been an issue for many years. To understand the crisis dynamics, it is essential to know who employs DSPs. In Ohio, a DSP can either work for an agency (not-for-profit or for-profit) or be an independent provider. The Ohio Department of Developmental Disabilities licenses agencies and independent providers. The differences are that an agency is a business for which the DSP becomes an employee; however, an independent provider is a person who goes through the certification process and contracts to perform the services needed for a person or a couple of people. In a recent study, The Ohio State University Nisonger Center found that most DSPs work for agency providers. However, a significant number of independent providers are working in the state, as well (The Ohio State University, 2023). This workforce crisis has gone on for some time. In 2007, a journal article shared that the capacity to ensure people with IDD access to their community has increasingly become difficult due to a lack of DSPs interested in working in the IDD field (Hewitt & Larson, 2007). Today, the message regarding the workforce is similar. The number of people with IDD in residential settings has increased to over 162% from 1980 to 2015 (Lulinski et al., 2018). The current state of turnover among DSPs has climbed to nearly 50% nationally, which will require provider agencies to replace half of their staff every year (Goldberg, 2022). If states do not reimburse at a rate that will enable providers to pay DSPs a competitive wage with other industries, then the needed services that people with IDD rely on to live will not be available.

Various factors are related to what is causing the workforce crisis and the lack of access to services in the IDD system. This is a national issue, not just a problem in Ohio. With just over 450,000 people with intellectual or developmental disabilities on waiting lists for services nationally, growth in DSP turnover will cause the number of people needing services to grow

(Kaiser Family Foundation, 2022). Contributing factors include low reimbursement rates, low pay, recruitment and retention, and an increased IDD population needing support. The supply of DSPs is less than the number of people seeking services, which is supply and demand economics (Spreat, 2021).

The American Network of Community Options and Resources (ANCOR, 2021) recently published their 2021 *State of America's Direct Support Workforce Crisis* survey that found:

- 77% of providers are turning away new referrals, a 16.7% increase since the beginning of the pandemic
- 58% of providers are discontinuing programs and services, a 70.6% increase since the beginning of the pandemic
- 81% of providers are struggling to achieve quality standards, a 17.4% increase since the beginning of the pandemic
- Nearly 3 in 10 providers report spending at least \$500,000 annually on costs associated with high turnover and vacancy rates
- 92% of providers report that the COVID-19 pandemic continues to complicate their ability to recruit and retain qualified direct support professionals.

An updated report for 2022 was published by ANCOR (2022) that shows in comparison to their 2021 findings the workforce crisis continues to get worse. *The State of America's Direct Support Workforce Crisis 2022* results indicate that the workforce crisis impacts people with IDD.

- 83% of providers are turning away new referrals, a 25.8% increase since the beginning of the pandemic
- 55% of providers are discontinuing programs and services

- 92% of providers are struggling to achieve quality standards, a 33.3% increase since the beginning of the pandemic
- 71% of case managers cannot find services that people need due to the lack of available providers (ANCOR, 2022)

Addressing the workforce challenges requires a comprehensive look at what implications could contribute to the issues. The research historically shows high turnover rates, struggles with recruiting new DSPs, and more people who require IDD services. It is not difficult to realize just how bad the DSP crisis has become over the years and the impact that it has on people with IDD (Bogenschutz et al., 2014; Filbin, 2021; Firmin et al., 2013; Hewitt & Larson, 2007; Hewitt et al., 2008; Ligas Consent Decree Monitor, 2016; Wolf-Branigin et al., 2007). There are typical components that one might expect would add to the problem.

### **Low Reimbursement Rates**

IDD providers get paid for their services through reimbursement from Medicaid. The reimbursement rates vary from state to state, but the final decision comes from the Centers for Medicare and Medicaid Services (CMS), a federal agency. Medicaid reimbursement is a significant factor regarding the issue of DSP retention (Friedman, 2019). Considering that the federal government sets reimbursement rates, providers have minimal ways of increasing DSPs' income from their services. The rates lead to inadequate wages with the starting wage for DSPs close to the poverty line, depending on family size (Friedman, 2019; Spreat, 2021a). Most IDD providers spend around 75% of their annual budget on staffing and operate at less than a 1.5% margin. A provider needs more ability to pay higher wages (Spreat, 2020b; Spreat, 2021b).

The ability to be competitive in the job market through wages creates a barrier that providers must navigate if they wish to remain in business. Many similar providers are

experiencing the same challenges (see Table 1). Unfortunately, the impact of not having a stable workforce puts people with developmental disabilities in hurtful and unsafe situations due to having no one to deliver the supports needed to survive.

**Table 1**

*Comparison of Direct Care Workers*

Occupation	Typical Setting	Summary of Duties	Median Wage	Full-Time/Part-Time*
Home Care Worker (Can be a DSP working with people with Intellectual or Developmental Disabilities)	In-home or community	Habilitation services, employment support, dressing, bathing, and eating. DSPs may be required to administer medications.	\$12.98 per hour in 2020	61% Full-Time 39% Part-Time
Residential Care Aide (Can be a DSP working with people with Intellectual or Developmental Disabilities)	Community-based residential settings	Assists people with daily tasks and activities. DSPs may be required to administer medications.	\$13.45 per hour in 2020	77% Full-Time 23% Part-Time
Nursing Assistant	Nursing facilities	Support residents with dressing, bathing, eating, and ambulation or with the use of a wheelchair. Nursing assistants do not administer medication.	\$14.48 per hour in 2020	77% Full-Time* 24% Part-Time*

*Note.* Although all job occupations are essential, home care workers and residential care aides may be required to administer medications as part of their job responsibilities, adding additional training to do their jobs. The data shows these two occupations' median wage is more than \$1.00 per hour less than nursing assistants who do not administer medications. Source: Ruggles, S., Flood, S., Goeken, R., Schouweiler, M., and Sobek, M. 2022. IPUMS USA: Version 12.0. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

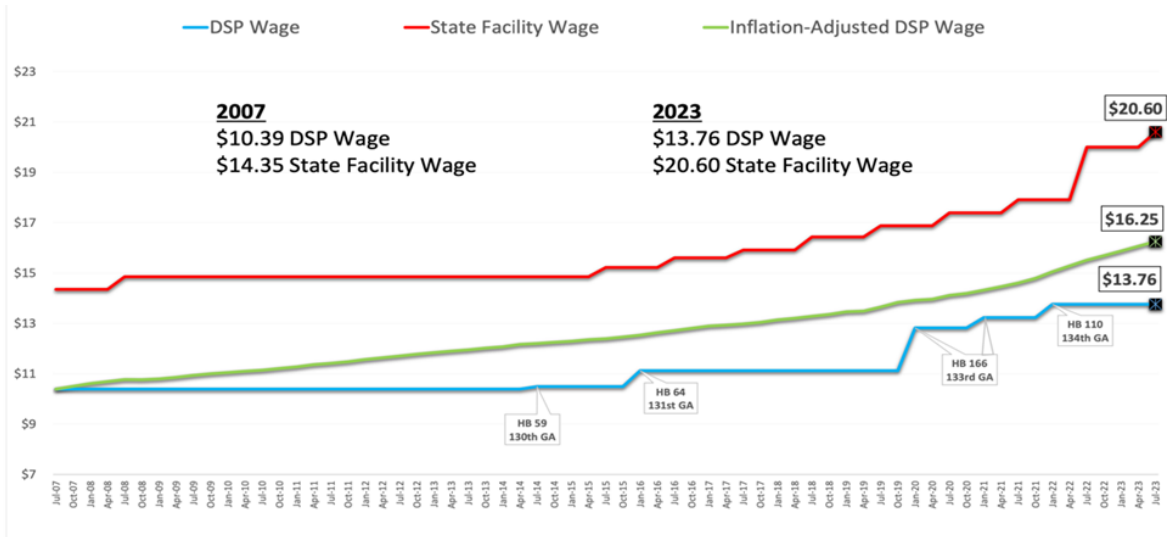
\*Rounded to the nearest whole percentage.

For over 15 years, the reimbursement rates have remained relatively stagnant, with the exception of some small incremental increases in the state's budgets. These increases have shown legislative support for Ohio's IDD system. Still, these increases have never aligned with inflationary factors and show a wage disparity between private agency rates and what state developmental centers can pay their direct care staff (see Table 1). Over time, providers have attempted to bring the rates up to a sufficient level to ensure a livable wage for DSPs who are performing the services. Ohio's 2021-22 budget provided an \$83 million increase initially and \$54 million every year following (Hiner, 2019). In January 2023, Governor DeWine introduced his budget to the General Assembly. A historical investment into the Ohio IDD system constituted a 16.5% increase for homemaker personal care services, as well as specific behavioral, medical, complex care, and competency-based add-on rates. In addition, a 10% increase was added to all other waiver services, which include adult day support and transportation. Intermediate care facilities will have a 6.5% increase yearly in the biennium budget (Ohio Association of County Boards of DD, 2023). The unforeseen circumstances related to the rising costs of goods and fuel following the pandemic is requiring more financial support than ever before. The proposed increase in the "as introduced" version of the 2024-25 state

budget from Governor DeWine will enable providers to provide wages to direct care staff at \$16.00 per hour (Figure 5 and Figure 6). As provider and county board associations work collaboratively to request additional funds and garner legislative support that would provide the opportunity to offer wages up to \$20.00 more per hour, more work will need to be done before the budget is approved. The request will be the most extensive campaign in history to get reimbursement rates to the level that will give providers the best chance of being competitive in the job market with other employers in and outside healthcare. Sprent (2021a) noted that "the systematic underfunding of intellectual disability services creates a situation in which the poorest paid employees in the system are essentially subsidizing the operations of the program" (p. 7). Analysis of the reasons for DSP turnover includes that wages closely impact retention, job performance, and expected outcomes for DSPs (Houseworth et al., 2020; Pettingell et al., 2022).

**Figure 5**

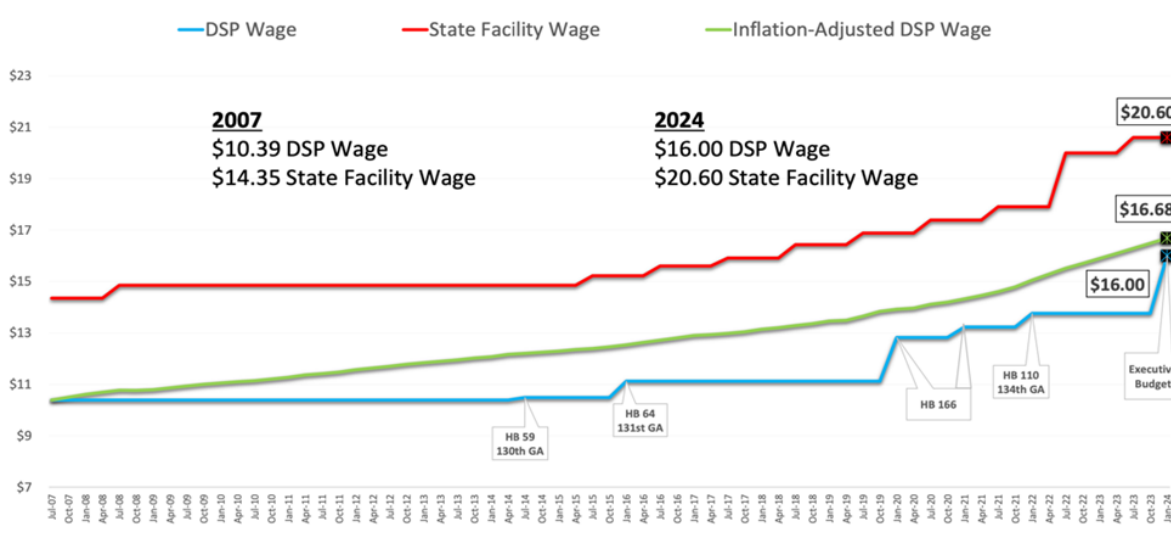
*Direct Support Professional Wages have not Kept Pace with Inflation*



*Note.* Indicates the differences in agency DSP wages to state facility direct care wages to the adjusted DSP wages considering inflations from July 2017 to (est.) July 2023. The five incremental increases to the rate (HB 59/130th General Assembly; HB64/131st General Assembly; HB 166/133rd General Assembly (2); HB 110/134th General Assembly). Source: DODD rate information. (2023). *Ohio Department of Developmental Disabilities.*

**Figure 6**

*Executive Budget: Direct Support Professional (DSP) Wage Assumptions*



*Note.* Adjusted DSP wage increase from the proposed executive budget. From: DODD rate information. (2023). *Ohio Department of Developmental Disabilities.*

Inadequate reimbursement rates put providers in a challenging position. Sometimes, providers spend more money on staffing than the rates cover (Spreat, 2022a). Doing so puts providers in a position to use reserve funds to offset their losses with the hope that the state will soon increase reimbursement rates. Another way providers stay in business is by using rates from other services that reimburse higher or have fewer costs associated with performing that work to compensate for losses from services where the rates are insufficient. Managing in this way is a challenge, especially when the needs of people may change, which requires a different staff-to-consumer ratio. When people's needs change, this often drives the need for more staff than an agency can provide. When combining the low rates with the cost of turnover (overtime, onboarding, advertising), this problem becomes a severe sustainability issue for the agency. Recently, more providers have been forced to give discharge notices or not take any new



admissions (ANCOR, 2021). It is only possible to maintain supportive relationships when program stability is threatened and the quality of care is put at risk, when there is enough staff (Spreat, 2021b). People with IDD who receive the services need to be sure from day to day who is coming to their home to care for them. Turnover creates a challenge because there needs to be sufficient time to ensure that staff has the training, skills, and knowledge to support the person they are entrusted with each day, if the assignment changes.

### **Recruitment and Retention**

Agencies that support people with IDD continue to need help with recruiting new DSPs and retaining DSPs. Addressing turnover among DSPs is very important for the stability of services to people with IDD and is critical to their need to have access to the community and overall integration to interact with people without disabilities (Friedman, 2018; Venema et al., 2015). Some factors that impact turnover include satisfaction with the job, lack of supervisor support, setting issues, heavy workload requirements, and complex care (Bogenschutz, 2018; Johnson et al., 2021). Like other human service professionals, DSPs often refer to a lack of support, leading to dissatisfaction in their careers (Kang et al., 2015). Considering community-based residential supports, it is challenging for agencies to demonstrate support when DSPs work in small settings in various locations, typically not in one central location. Agencies that practice effective strategies in supporting the DSP experience through better training, ongoing support, and a positive culture show better results related to retention (Ryan et al., 2021).

IDD providers have tried new ways to retain staff and recruit new DSPs. Hiring and retention bonuses are appreciated by staff but rarely shown to have any impact (Cope, 2022). The State of Ohio Department of Developmental Disabilities has committed money to help DSP recruitment and retention through their *Vision for DSP* grant opportunities introduced in May

2022, which will help fund innovative ways to help with the workforce crisis. Other states like Iowa have initiated their *Close the Gap* campaign, designed to encourage support for better wages for DSPs. The Council of Quality and Leadership has established a list of programs shared by IDD providers that have helped with DSP recruitment and retention. These ideas include employee recognition, internship programs, training programs, boosting morale among DSPs, and connecting DSPs through mandatory workshops (Rizzolo, 2022). These subtle yet effective ways help decrease turnover but must address the ongoing issue regarding fair wages.

It is imperative that DSPs receive adequate specialized training to do valuable work in providing services and supports to people with IDD. It should be noted that IDD providers do train their staff. However, due to the workforce crisis, there needs to be more time to provide additional opportunities to refine DSP skills specific to the people they are supporting, which benefits the DSP and the person receiving services. Training and career development are important to DSP job satisfaction (Pettingell et al., 2022). In recent research conducted by The Ohio State University Nisonger Center, one of the top five essential factors to DSPs is "ongoing training and professional development" as well as incentives that include "tuition reimbursement, certified training" (The Ohio State University, 2023, Direct Support ppt). The lack of adequate training and ongoing support contributes to DSP turnover and health and safety concerns for people with IDD because DSPs do not know how to effectively provide the support they are hired for if they are not appropriately trained (Friedman, 2020). It is also important to mention that not only do DSPs need training on how to care for the people they support, but research has also found that providing training for DSPs on how to care for themselves can help with coping skills and positively benefit the workplace experience (Nevill & Havercamp, 2019). Agencies

with robust training programs offering person-specific insight and tools to provide the services may have a better chance of retaining DSPs.

## **Turnover**

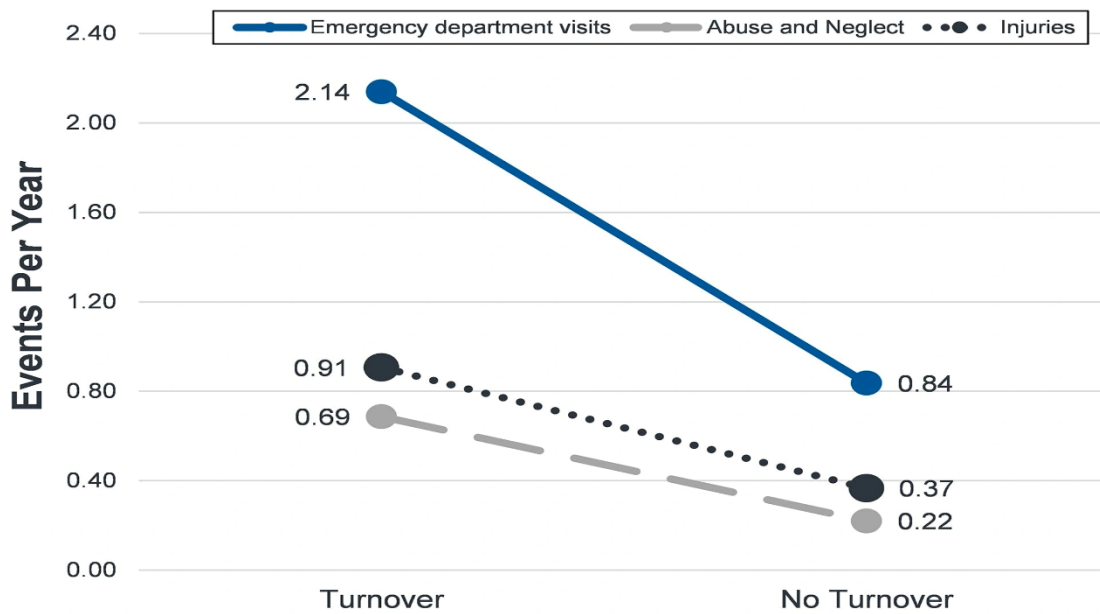
DSP turnover has been extremely high, and providers need help recruiting enough DSPs to perform their duties. A 2021 DSP turnover report indicated that the national average is 43%, which aligns with Ohio's average of 42% (Baker, 2021). Turnover has become a constant issue with providers. Turnover impacts other DSPs and negatively impacts people with IDD who rely on services, especially their quality of life and routine (Friedman, 2021; Pettingell et al., 2022). Considering that people with IDD depend on DSPs to help them with their daily living needs, medical needs, transportation, and more, turnover does not create the opportunity for continuity of care. People with IDD may have a new DSP each day due to providers quickly having to fill open positions due to the DSPs who have left.

Provider agencies are, on average, experiencing over a 40% turnover rate; the research shows that recruiting and retaining DSPs is the greatest challenge they have to deal with operationally (Baker, 2021; Bogenschutz et al., 2015; Bogenschutz et al., 2019; Houseworth et al., 2020; Keesler, 2019; Nevill & Havercamp, 2019; Pettingell et al., 2022). When providers cannot maintain a required number of DSPs, the required staff to client ratio falls below what is required to provide the appropriate oversight to ensure health and safety, causing DSPs to work long shifts and suffer from excessive stress (Willner et al., 2020). Not having enough DSPs creates a health and safety risk for the people receiving services, and it also limits what a person with IDD can do outside of the home, which reduces options and can create other socially isolating conditions.

The burnout rate associated with workplace demand, challenging behavior, and emotional exhaustion has led to turnover in DSPs working in the IDD system (Ryan et al., 2019). Research from The Council on Quality and Leadership noted in 2021 a direct link between turnover and emergency room visits, abuse and neglect, and injuries (Figure 7).

**Figure 7**

*Link Between Turnover and Emergency Room Visits, Abuse and Neglect, and Injuries*



*Note.* Figure 7 shows data indicating that emergency department visits, abuse and neglect, and injuries have all increased as the DSP turnover rate increases. Source: The Council on Quality and Leadership, 2021, Friedman, C.

During COVID-19, many individuals with IDD had to receive care from family members through remote support because providers did not have enough DSPs (Wos et al., 2021). Remote supports utilize technology using online platforms and videos so people with IDD can stay connected with their friends and family, including telehealth services (Jercich, 2021). While this method helps keep people connected, it only matches what real face-to-face opportunities outside

the home can provide mentally and physically (Rosencrans et al., 2021). Without an adequate DSP workforce, people with developmental disabilities may have challenges living the life they wish to have, especially if they have complex needs (Dew et al., 2018).

### **Provider Capacity**

Provider capacity has been challenging due to the lack of available DSPs, especially since the COVID-19 pandemic (Rosencrans et al., 2021). When providers do not have the capacity to serve more people, agencies or independent providers no longer accept new admissions forcing family members to provide the care (Goldberg, 2022). Research has shown that the national average for turnover is 43%, which indicates the inability of providers to expand and serve more people (Baker, 2021; Bogenschutz et al., 2015; Bogenschutz et al., 2019; Houseworth et al., 2020; Keesler, 2020; Nevill & Haverkamp, 2019; Pettingell et al., 2022). Providers are struggling with the capacity to serve new people with IDD and have resorted to turning away new referrals (ANCOR, 2021). As indicated in Figure 5, the average private provider wage supported by current Medicaid reimbursement is \$13.76 per hour; however, when inflation is considered, the wage should be at or around \$16.25 per hour (Ohio Department of Developmental Disabilities, 2023a). With low reimbursement rates, rising inflation, and a supply/demand shortage of DSPs, providers will be forced to close homes and turn people away (Goldberg, 2022; Spreat, 2022a).

System reform is needed to sustain the IDD system now and in the future. There is a need to look at setting size limitations that may impact the quality of care a person receives because more people may be receiving services in one place with a lower number of DSPs; however, if providers could maintain consistency in staffing by reducing turnover, this may be a better option than what is currently available (Goldberg, 2022). Another alternative is for people, when appropriate, to use technology as a method of care and support, which is one tool that can be

evaluated since remote supports was used more during COVID-19 (Wos et al., 2021; Zaagsma et al., 2020). As the need for services continues to grow and the DSP vacancy rate continues to increase, more providers will be forced to make difficult decisions around the sustainability of their programs. The future of the IDD system is dependent on necessary changes that will help address the shortage of DSPs to ensure the future of programs that people need to receive quality care (Goldberg, 2022; Spreat, 2022b)

### **Summary**

The IDD system has struggled for many years to find an adequate workforce. However, with the increase in demand and the lack of supply of available DSPs, it may be at its breaking point (Spreat, 2022a). In Ohio, IDD providers, county boards, and the State Department of Developmental Disabilities must address the shortfalls to ensure adequate services for people with IDD. In order to get DSP wages to a level that is competitive with other employers, the IDD system will need to rely heavily on the Governor and state legislature for financial support. DSPs have always struggled with not being paid a livable wage, and for the first time, providers need to turn people with IDD who need services away (Filbin, 2021).

The most difficult times may be soon for the IDD system if there are no new ways to attract DSPs to the open positions that providers are experiencing with the evolving support needs (Barth et al., 2020). State leaders must recognize the adverse outcomes that may occur if people with IDD go without the needed services that they depend on to survive (Dinora et al., 2020; Friedman, 2020; Friedman, 2021; Goldberg, 2020). The IDD system needs an overhaul, emphasizing the available DSP workforce due to low reimbursement rates and the supply and demand of available DSPs (Spreat, 2020a; Spreat, 2021a; Spreat, 2022a). Major system reform

will be needed along with increases for adequate wages to address the significant issues leading to the workforce crisis impacting people with IDD.

## **CHAPTER III**

### **METHODS**

A quantitative approach was implemented for this study to provide data demonstrating that the DSP workforce crisis has impacted the availability of services that people with IDD need in Ohio. The research questions were sent via Survey Monkey to the superintendent at all 88 county boards of developmental disabilities in Ohio. Superintendents were alerted before the study was emailed on its purpose and the requested information in a meeting where they may have been present. If they were not present at the meeting when this study was discussed, the purpose statement describing the purpose of the study was found at the introduction of the survey. Additionally, a description of the study and the upcoming request for completion was sent out via email by the Ohio Association of County Boards of Developmental Disabilities (OACB). No confidential health information was requested as part of the research. Administrators provided their answers to the research questions via the online resource Survey Monkey.

The information from the questionnaire was analyzed, and the data from each question was presented in a scatter graph. County boards were identified only by their size (small, medium, or large), which was determined by the number of people with IDD they support using a close method used by OACB. This method was used to better understand the problem by obtaining objective data.

#### **Research Questions**

The following research questions were designed to determine the delay or lack of available services related to the lack of DSP availability. The quantitative research questions were sent to all 88 county boards of developmental disabilities in Ohio who collectively support



around 100,000 people. The research questions (RQ) of this study determined the statistical significances of the four hypotheses in this study.

**RQ1:** Since March 2020, has the DSP workforce crisis gotten worse than before March 2020?

**RQ2:** Since March 2020, are more people with IDD waiting longer for the services and supports they need?

**RQ3:** Is there any difference in accessing services for people with IDD between small, medium, or large county boards of DD?

**RQ4:** Can the DSP workforce crisis be linked to an increase in discharges and longer waiting times for services?

**RQ5:** Are there specific home and community-based services (HCBS) that are more impacted than others because of the DSP workforce crisis?

**RQ6:** What would be considered as a “significant” DSP shortage?

The specific questions that were used in the survey were created to determine the impact the DSP workforce crisis is having on people with IDD by way of accessing needed services and supports. The questions were arranged to determine 1) if the workforce crisis had gotten worse since March 2020, 2) if there was a difference between county board sizes (number of people served) and accessing services, and 3) if certain services were more affected than other services.

For decades, recruiting and retaining DSPs has been a challenge for providers, mainly due to inadequate reimbursement rates (Lulinski et al., 2018; Spreat, 2021a). Although the crisis has been an issue for many years, during COVID and post-COVID, providers have experienced a historic increase in turnover making it harder to fill vacant positions (Bogenschutz et al., 2014; Bridgeman et al., 2018; Cope, 2022; Goldberg, 2022; Johnson et al., 2021; Pollack, n.d.).

Determining if the crisis has impacted people with IDD from accessing needed services was an important aspect of this research; therefore, specific survey questions assessed the impact before and after March 2020.

County boards of developmental disabilities (DD) are located in all 88 counties in Ohio and serve nearly 100,000 people (Ohio Department of Developmental Disabilities, n.d.d). County boards of DD that are in urban counties support more people than the rural, smaller counties. This study examined the differences in accessing services in counties that are larger and have more providers compared to medium and smaller counties with less options for people with IDD to receive services.

County boards of DD offer a variety of services through the home and community-based waiver program. In order to determine the impact of the workforce crisis, this study also examined if particular services were more challenging to find providers than other services that were available to people with IDD.

The survey questions were collaboratively linked which provided me the ability to analyze the data and determine the challenges associated with accessing services and supports. Appendix A shows how the research and survey questions were linked to the four hypotheses in this study.

### **Role of the Researcher**

I reviewed and followed all guidelines and requirements set forth by the Youngstown State University Institutional Review Board (IRB). No living human subjects were used in this study. The research focused on the impact of people receiving services; however, none of the research questions provided any identifiable information specific to anyone. I sent surveys to all 88 county boards of developmental disabilities in Ohio that contained the same questions.

While the survey did not request the names of the counties that answered, it did ask whether they were a small, medium, or large county board. The size was based on a range regarding the number of people they support annually. The method to determine the category size was closely related to how OACB determines this number annually. Answering the survey questions was voluntarily completed. Data obtained was analyzed by me and then calculated together to determine the outcome of each response.

People with IDD and those who support them create opportunities that promote a person-centered level of independence. Considering the struggles that provider agencies are experiencing to fill shifts with DSPs to support and provide the services needed for people with IDD, this study was needed to analyze the issue. Hopefully, this research and additional research can provide adequate solutions to stabilize the workforce and give people with IDD greater assurance that their needs will be met. The challenges with the workforce crisis can only be realized by specific research that relates to the factors impacting this issue.

The responses provided by the county boards of DD who participated in the survey were analyzed without any biases related to the IDD field and the issue. Creditability was maintained, as well as that of the study, so that the findings may be used to determine areas of needed improvement.

### **Participants**

This study utilized the experiences from county boards of developmental disabilities related to the function of case management and the impact the workforce crisis has on accessing and maintaining services and supports for people with IDD. The participants for this research were the superintendents or their designee from the county boards of developmental disabilities in Ohio. Every county in Ohio has a county board of developmental disabilities; however, some

superintendents share this responsibility with multiple counties. Considering shared counties, 77 superintendents or their designee could respond to the survey for this research. The survey was sent directly to the superintendents; however, since other job positions within a county board of developmental disabilities may be better suited to complete the survey based on their specific day-to-day responsibilities, superintendents may have chosen to designate a different person to complete the survey (e.g., Director of Services and Supports Administrator). Survey Monkey provided the option for the superintendent to assign a designee.

### **Instrumentation**

The survey was developed to compare service coordination before 2020 (2017-2020) and after 2020 through 2023 of the time it took for people with intellectual and developmental disabilities (IDD) to receive needed services and supports. The survey includes a time range scale for participants to choose from and a specific time for case managers to locate a willing provider agency or independent provider to serve the individual with IDD. Additional questions that were answered with "yes/no" responses were included in determining the impact of the workforce crisis on people with IDD and their ability to access permanent or temporary services. The survey included interval scale questions (e.g., 0-30 days, 31-60 days, 61-90 days, or 91 days or >), as well as a dichotomous scale for the "yes/no" questions. The survey consisted of a total of nine questions. The survey refrained from open-ended questions in this research so that the responses remained quantitative. Since I created the survey, no permissions were needed to use the instrument.

The survey instrument aligned with the problem statement being researched. The data gathered determined the workforce crisis's impact on people with IDD to access and retain staff to provide the services and support needed to live. In doing so, the survey instrument's data

focused on the delay in access and identified non-traditional methods people resorted to meet their needs.

I reviewed and followed all guidelines and requirements the Youngstown State University Institutional Review Board (IRB) set forth. No living human subjects were used in this study. The research focused on the impact of people receiving services; however, none of the research questions provided any identifiable information specific to anyone.

### **Data Collection**

The survey was sent to superintendents of county boards of developmental disabilities in Ohio through Survey Monkey. I used Survey Monkey to compile the data and import it directly into the International Business Machines (IBM) Statistical Package for Social Sciences (SPSS). The most current version of SPSS was used for analysis. Research questions were examined using statistical analysis methods of Analysis of Variance (ANOVA), independent t-tests, and chi-square analysis. Relationships within the data were explored with regression analysis.

### **Data Analysis**

Research participants for this study were asked to complete a survey comprising a list of pertinent questions related to the topic. The respondent could be the superintendent or their designee who also had in-depth knowledge about the workforce crisis and how it impacts the ability of people with IDD to access needed care and support. A total of nine questions were contained in the survey. A portion of the questions requested respondents to rate the delay people with IDD were experiencing with accessing services, such as (1) 0-30 days, (2) 31-60 days, (3) 61-90 days, (4) 91-120 days, (5) 121 or >). Additional questions requested respondents to precisely provide a dichotomous response of a yes or no to determine a correlation between

variables regarding the issue. I compared differences within the data to ascertain the significance of accessing services between large, medium, or small county boards.

The data was collected using Survey Monkey. Using SPSS, the data was imported directly from Survey Monkey to analyze. Using a direct collection to analyzing method, prevented the chance of data corruption or errors. Descriptive statistics were used in this research to determine the range of the impact and the most common amount of time it took for people with IDD to access services. Inferential statistics were used to determine if there were any comparisons related to the size of the county to the length of time to secure services (e.g., do large urban counties have more providers, so it does not take as long to find a willing provider as it does in small, rural counties?). T-tests, simple correlation, regression analysis, and a two-way analysis of variance (ANOVA) tested the hypothesis and calculated the differences between before and after March 2020, and size of the county boards to the overall impact of the DSP workforce crisis. An analysis was performed to determine the statistical significance between the variables.

### **Delimitations, Limitations, and Assumptions**

The delimitations of this research could be compromised due to the maximum number of respondents since there are only 88 county boards of developmental disabilities in Ohio. In addition, since the survey analyzed delays in access to services and supports, research could be performed to gather another view of the workforce crisis with providers of these services. Additional insight may be available as to the impact on access, and also if the workforce crisis affected the care of a person receiving services. Research could determine if there has been an increase in reportable major unusual incidents (MUI) or unusual incidents (UI) that is directly related to the DSP workforce crisis. The data collected was quantitative. A qualitative or mixed-

method approach may have provided a more in-depth analysis of data that could be collected from individuals with IDD who are receiving or have received services and are impacted by the workforce crisis. This data may be limited due to focusing only on data provided by the county boards of developmental disabilities.

Limitations of this research may include specific conditions and influences that the participants may not realize. One example of this has to do with the reactionary response to situations that are deemed an immediate crisis. Superintendents and other staff such as Service and Support Administrators (SSAs) may frequently find themselves spending days, weeks, or months trying to find services for a person who desperately needs them without any success of finding a provider. These situations often become very stressful and complicated. Responses could be inflated based upon just one or two bad experiences. Another limitation may occur from county boards of DD who do not specifically track data regarding delays in service. Therefore, the participants may have responded based upon a guess, rather than actual data. Still, most likely the county boards of DD do keep a record of these gaps in services or can research before responding.

### **Research Ethics**

I maintained ethical standards in this study. Before the survey was sent to the participants, I explained the nature and purpose of the study to ensure that there was an understanding of the purpose and how the data would be used. Since no identifying information was requested, there were no known risks to human subjects. All participants were required to adhere to strict confidentiality as required in the Health Insurance Portability and Accountability Act. The study was approved by the Youngtown State University Institutional Review Board before research commenced.

## **Summary**

The research aimed to determine if the current DSP workforce crisis has negatively impacted the ability for people with IDD to access and maintain the services and supports that they need. The analysis of the data examined if there was a greater impact to people with IDD accessing services and supports specifically due to the DSP workforce crisis. All participants who contributed to this research by answering the survey provided information about their county's ability to link people with IDD to the services that they need. Understanding the impact may provide further support needed to advocate for better reimbursement rates, improved work culture, better training, and quality care. As county boards and provider associations work together to raise awareness among state elected officials, they will rely on ongoing research supporting their claims and request funding assistance. In order to garner the support needed to increase funding to a competitive and deserving level, both provider agencies and county boards will rely on a thorough analysis of the issue and its impact.



## CHAPTER IV

### RESULTS

This quantitative, non-experimental survey study aimed to determine the impact of the workforce crisis on people with intellectual and developmental disabilities (IDD) in Ohio. Specifically, this study focused on the experiences of county boards of developmental disabilities in Ohio. These boards provide case management services related to linking and locating available provider agencies that can provide the services and supports people with IDD need to live in the community of their choice. The following research questions were the focus of this study:

1. Has the DSP workforce crisis in Ohio impacted people with IDD and their ability to obtain the services and support they need to live?
2. Has there been an increase in the delay of services since March 2020?
3. Has there been an increase in discharges due to providers' inability to recruit and retain direct support professionals?
4. Is there a difference between workforce issues and accessing services between small, medium, and large size counties?
5. Are there specific services that are more affected by the workforce crisis than others?
6. Have more family members or legal guardians had to become providers so their loved ones can get the services they need since they cannot find an agency or independent provider?

The data collected shows what case managers have been experiencing in Ohio related to providing needed services to people with IDD. The study examined the relationship of how this work was done before March 2020 to after March 2020 to determine if this change got worse

during and after the pandemic. Additionally, this research compared home and community-based services (HCBS) to determine if specific services had been impacted the most. The survey was titled: *Determining the Impact of the Direct Support Workforce Crisis on People with IDD in Ohio*. Specific questions in the survey were used to determine if family members had to become the provider of their loved ones because no other provider could be located. Another question looked at the percentage of providers within the county who shared that they could not accept any new referrals due to the workforce crisis or have needed to discharge some people they already serve. The final question explicitly asked the size of the county board based on the number of people they serve (small, medium, or large). These ranges were from the Ohio Association of County Boards and then rounded up. This question analyzed if there were any differences between county board size and the ability to secure providers who can find direct support professionals to provide the services needed.

Responses and summaries of the findings based on the nine research questions from the survey are provided in the following sections. Additionally, the data has been used to test four hypotheses which were linked to research and survey questions.

### **Sampling and Data Collection**

I reviewed and followed all guidelines and requirements set forth by the Youngstown State University Institutional Review Board (IRB). Informed consent was obtained by the IRB through their online process by submitting all required documentation for the committee to review. Survey Monkey collected the survey responses directly from the respondents.

The day the survey opened was ideal since the week before, most superintendents met for an executive council meeting before their association's spring conference opened. I was given five minutes at the start of the meeting to explain the research's purpose and advise the

superintendents that the survey would be coming via Survey Monkey. No further communication from me was conducted outside this meeting or during the response collection.

The research focused on the impact of people receiving services; however, none of the research questions provided any identifiable information specific to anyone. The email address as to where the response to the survey came from could be accessed through a different page in Survey Monkey. I sent surveys to all 88 county boards of developmental disabilities in Ohio using email addresses that were provided by the Ohio Association of County Boards. In total, the 88 county boards of DD serve approximately 100,000 people with IDD in Ohio every day. Answering the survey questions was voluntarily completed.

The voluntary survey was sent out via email through Survey Monkey. The link provided took the participants to each survey question one at a time. The first question was simply the informed consent which was not used for the data; therefore, survey questions two through ten were analyzed. The survey was sent on Monday, May 15, 2023, at 10 a.m. and remained open for seven days, closing on May 22, 2023, at 10 a.m. The survey collected 49 completed responses, or 56% of the possible responses, from the 88 county board superintendents. Survey Monkey tracked the responses and the completed surveys using the email address of each superintendent. Survey Monkey settings prohibited the same superintendent from providing more than one submission. Only superintendents who represented more than one county could respond more than once, and only for each specific county they represented. Of the 77 possible respondents, four emails bounced back and were not received according to Survey Monkey. I confirmed that the emails used were keyed in correctly. Therefore, I assumed that the county board's spam filter must have prohibited the email. Four respondents partially finished the survey. Upon further analysis, it was found that these four only completed the informed consent

question, so their surveys were not counted since they did not provide any data-related responses. It could be assumed that the participants who did not complete the survey refused, were not interested in the topic, or forgot to complete it.

### **Demographic Data**

In the survey, each county board was asked if they were considered a large, medium, or small county board. This was determined by the number of people they supported. Table 2 shows the demographic breakdown of the survey participants reflecting the size of their county board.

**Table 2**

*Categorical Size of County Boards by Number of People Served*

Number of People Served	n	%
Small (< 400)	24	48.98
Medium (401 – 800)	14	28.57
Large (> 801)	11	22.45
Total	49	100

Of the 49 completed responses, 48.98% were from small, 28.57% were from medium, and 22.45% were from large county boards. Considering that 11 of the respondents were from large county boards that serve over 800 individuals with IDD and on the other end, 24 respondents indicated that they were small county boards serving 400 or fewer people with IDD, the surveys were well represented in numbers based on the total number of respondents.

### **Data Analysis**

This study examined four different hypotheses that are connected to the workforce crisis and the impact it had on people with IDD. The sample included 49 county boards of developmental disabilities (DD) in Ohio. The survey contained one categorical question

regarding the number of people the county board served based on their size. The question did not request the specific number of people; therefore, I could only estimate the approximate number of people served that is represented in this research. Based on the completed surveys, I estimated that a maximum of 20,800 people with IDD were represented by the small and medium size county boards. At a minimum, the large county board respondents would have served at least 8,811 people with IDD. Given these numbers, approximately 29,611 individuals with IDD were represented as being served by the 49 respondents.

The four hypotheses were strategically linked to each research question and then to the specific survey question. The results relative to each research question and corresponding hypothesis are indicated below.

**Research Questions: Has the DSP workforce crisis in Ohio impacted people with IDD and their ability to obtain the services and support they need to live? Has there been an increase in discharges due to providers' inability to recruit and retain direct support professionals? Have more family members or legal guardians had to become providers so their loved ones can get the services they need since they cannot find an agency or independent provider?**

**Hypothesis 1: The workforce crisis has impacted the ability for people with IDD to access or retain the services and supports they need to live.**

This study utilized survey questions that sought to identify if the workforce crisis affected the ability for county board case managers to link people with IDD to needed services. DSPs are needed to provide the services. Without DSPs, provider agencies cannot accept any new admissions, or it may be necessary for them to discharge a person. The data collected that was related to the percentage of providers who have reported a DSP shortage was used to determine

if there was a shortage, which will make it difficult for case managers to link individuals with IDD to the needed services. The responses from research question number six that aimed to show if there was a significant DSP shortage are provided in Table 3. As seen in Table 3, the result of the survey showed that 61.2% of the respondents indicated that 41% or more of the providers in their county had reported a DSP shortage compared to the remaining 38.8% who reported 40% or less of the providers in their county reporting a DSP shortage. Only three respondents out of 49 indicated that 10% or less of the providers in their county have reported a DSP shortage. An ANOVA analysis revealed that reports of a DSP shortage before March 2020 did not indicate that the respondents were created equal  $F(4,48) = .818, p = 0.52$ ; however, after March 2020 revealed that there was not a significant difference between the county boards  $F(4,48) = 2.58, p = 0.050$ . The results determined that the DSP shortage impacted all counties similarly after March 2020.

**Table 3**

*Agency Providers Reporting a Significant DSP Shortage*

Range	n	Percent	Cumulative Percent
10% or less	3	6.1%	6.1%
11% to 20%	5	10.2%	16.3%
21% to 30%	2	4.1%	20.4%
31% to 40%	9	18.4%	38.8%
41% or greater	30	61.2%	100.0%
Total	49	100%	

**Research Question: Has there been an increase in the delay of services since March 2020?**

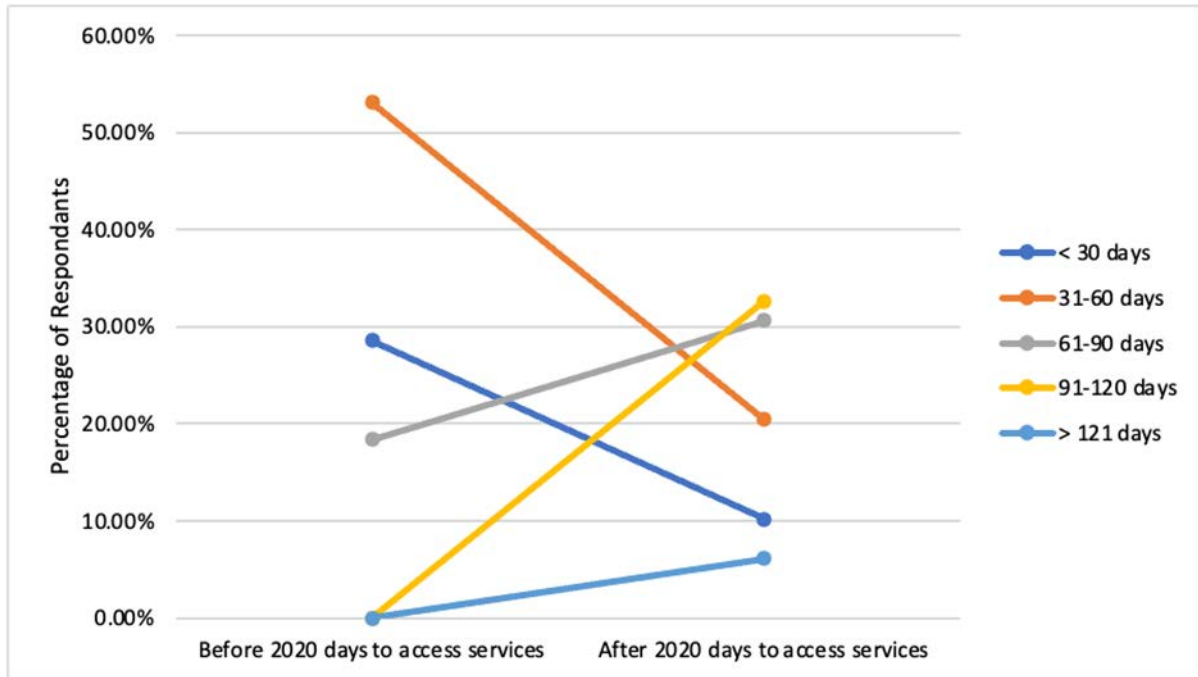
**Hypothesis 2: The workforce crisis has significantly worsened since March 2020 which has caused greater delays in obtaining needed IDD services and supports.**

Four survey questions were used to specifically analyze the impact of the workforce crisis related to accessing and maintaining needed services for people with IDD. These questions were aimed at answering two research questions. One research question sought to find out if the DSP workforce crisis had gotten worse since March 2020 and the second question focused on determining if people were waiting longer for services since March 2020.

The results of the study specific to accessing services before and after March 2020 indicated that it took more time to find an available provider than it did prior to March 2020. The data collected indicated that before March 2020, 28.57% of the respondents reported that it only took 30 days or less to access services; however, after March 2020, it was reported that 32.65%, which was the highest reported response, indicated that it now took 91-120 days to access services. Figure 8 shows that ranges 61-90, 91-120, and >121 days all increased after March 2020. Decreases were only found in ranges < 30 and 31-60 days after March 2020. The results indicated that it has been more difficult to find the services needed after March 2020.

**Figure 8**

*Comparison between Accessing Services Before and After March 2020*



*Note.* The time it takes to access services is longer after March 2020 than before March 2020.

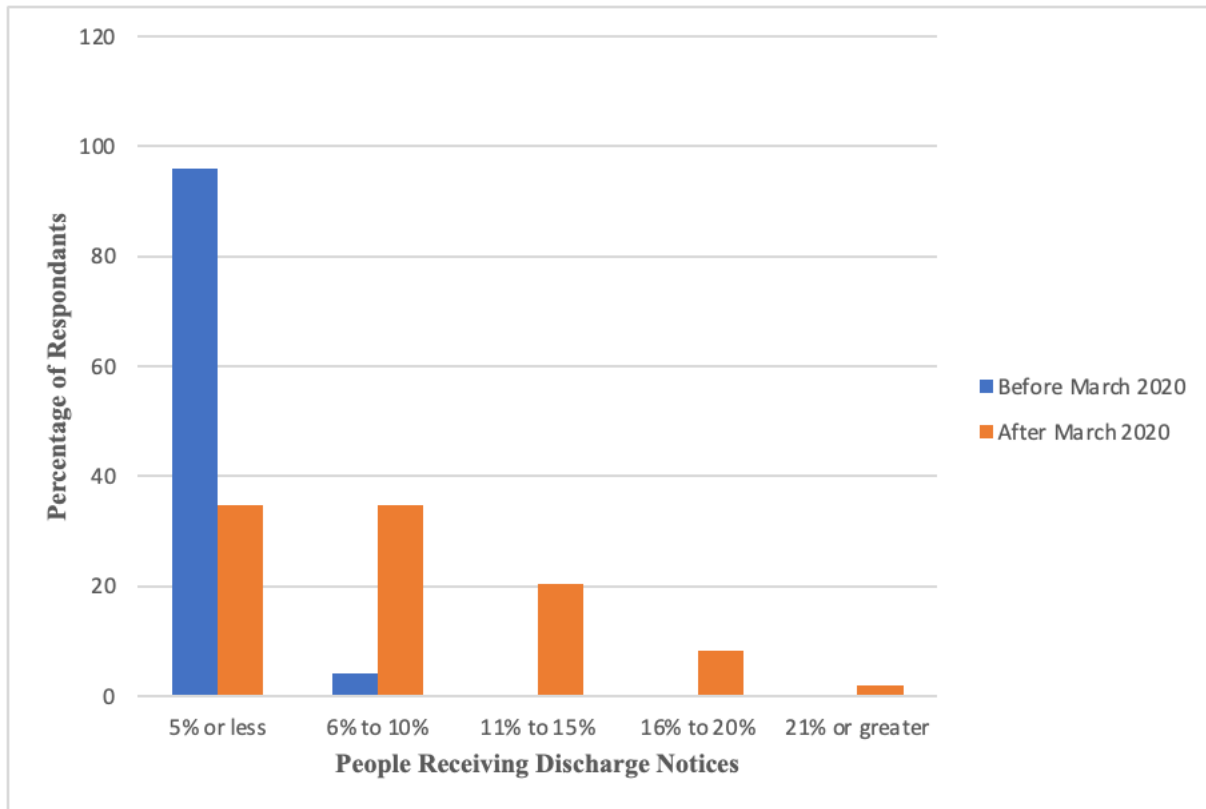
When comparing both the data collected regarding provider agencies reporting a significant DSP workforce crisis to the before and after results related to accessing services, the association between the two sets of data (before and after) was found to have a stronger association after March 2020 than before March 2020; however, results from both demonstrate a correlation between the two variables and the DSP crisis with a total combined  $X^2 (2, N = 49) = .512, p < .001$ , which suggests a substantive relationship between the two variables. An ANOVA effect size was calculated which revealed that BEFORE March 2020 the  $\eta^2 (1, N = 49) = .069$  or a medium effect and AFTER March 2020 the effect size was  $\eta^2 (1, N = 49) = .190$  indicating a large effect between the two variables.



Maintaining services, specifically the number of people that receive discharge notice related to the workforce crisis, was another area that was researched. The survey responses did show an increase in the number of people receiving notices. Prior to March 2020, overwhelmingly 95.92% of the respondents indicated that 5% or less people with IDD received discharge notices. In comparison, after March 2020, 34.69% indicated that 5% or less people received notices and the number stayed the same (34.69%) for 6% to 10%. Unlike the responses specific to before March 2020, the county boards reported that the number of people receiving notices increased to 20.41% for 11% to 15%; 8.16% for 16% to 20%; and 2.04% for 21% or more. Figure 9 demonstrates the collective results from these two survey question results.

**Figure 9**

*Comparison between Maintaining Services Before and After March 2020*



*Note.* Increase after March 2020 compared to before March 2020 of people receiving discharge notices due to DSP workforce crisis.

**Research Question: Is there a difference between workforce issues and accessing services between small, medium, and large size counties?**

**Hypothesis 3: There is a difference between small, medium, and large county boards and accessing available IDD services.**

The assumption that a county size may indicate a difference in response to accessing needed services was tested. An assumption could be made that larger counties have greater access to link people to a provider who had the ability to serve them based on an adequate workforce because of the higher populations and resources available to larger counties. On the

other hand, one could argue that small counties may have had less jobs available, therefore there were more workers that could become DSPs so the capacity per population would provide an easier connection to needed services and less chance of a person with IDD from being discharged due to lack of workers.

From the survey, one specific question requested the size of the county based on the number of people they serve that receive home and community based (HCBS) services. Another comparable question requested information related to provider agencies reporting a significant DSP shortage. Both questions complimented the other by answering the following research question: *Is there a difference in accessing services for people with IDD between small, medium, or large county boards of DD?*

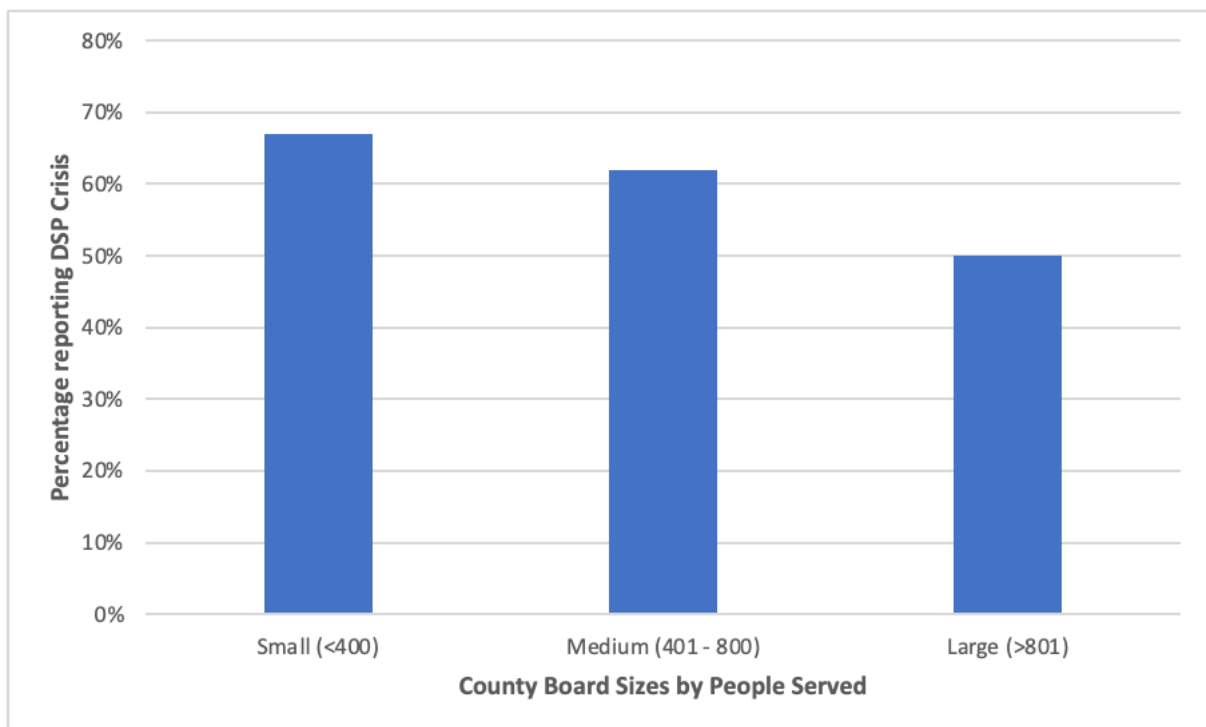
Upon analysis, as shown in Table 2 above, of the 49 completed responses, 48.98% were from small, 28.57% were from medium, and 22.45% were from large county boards. Of those reporting significant DSP shortages in their county, 61.2% indicated that 40% or more of their providers are experiencing a significant workforce crisis and second to this response, 18.4% indicated that 31% - 40% of providers in their county reported DSP shortages. Using the top two responses, a combined total of 79.6% responses were collected for the two highest ranges. This data supported the notion that while there may be outlier counties who were not experiencing as significant of a workforce crisis than others, it did not appear that size is a factor regarding the DSP workforce crisis.

The research revealed that there is an extraordinarily slight difference regarding the size of a county board and the lack of available services. Figure 10 below indicates that smaller counties (24) responded to the survey and of them, 67% indicated that providers in their county reported a DSP workforce crisis. Comparably, the medium size county boards (13) reported 62%

of the providers in their county reported that they were in a DSP workforce crisis. The large county boards that responded (11) reported that 50% of their providers were in a workforce crisis. While the data presented does show that the larger counties experience less than a workforce crisis from the smaller counties, there is a significant difference of the county size since larger counties serve more than 801 people with IDD each versus the smaller counties serving less than 400 each which may indicate that the larger counties have more people that are impacted than the smaller counties collectively.

**Figure 10**

*County by Size Reporting Greater than 40% of Providers that were in a DSP Workforce Crisis*



*Note.* All respondents reported that over 50% of the provider agencies in their county were experiencing a significant DSP workforce crisis.

Upon further analysis, a one-way ANOVA was performed to determine if the effect size of accessing services due to the workforce crisis was greater or smaller based on the size of the

board. The results revealed that BEFORE March 2020 the  $\eta^2 (1, N = 49) = .046$  or a small effect and AFTER March 2020 the effect size was  $\eta^2 (1, N = 49) = .038$ , which indicated a small effect between the two variables; therefore, the results determined that for the time before March 2020 and after March 2020, there was no significance difference between the size (number of people served) by the county board.

**Research Question: Are there specific services that are more affected by the workforce crisis than others?**

**Hypothesis 4: Some home and community-based services are more difficult than other services to find a provider due to the DSP workforce crisis.**

This study utilized two survey questions to determine if some home and community-based services were more difficult than others to find a provider specifically due to the workforce crisis. This was done by asking about discharge from certain services and by ranking the services that were the most difficult in locating a provider. Both questions aimed at answering the research question: Which HCBS services were more impacted than others because of the DSP workforce crisis?

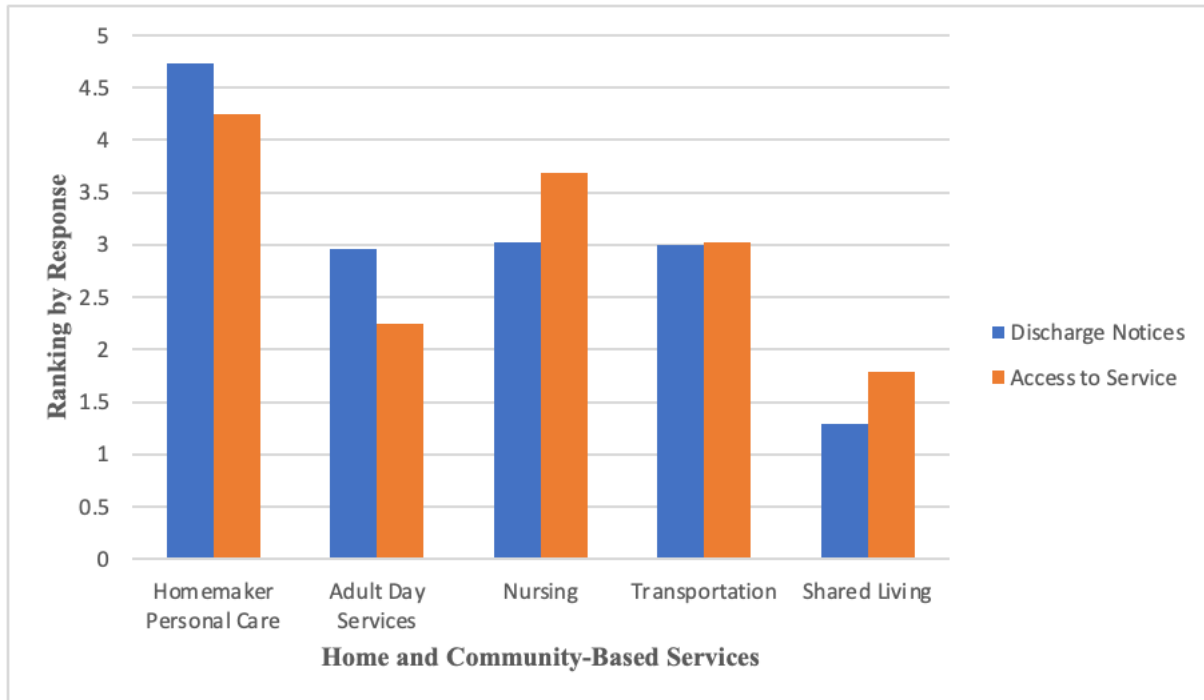
The services identified in the survey questions were all home and community-based services under the Medicaid IDD Waiver Program. The services included: homemaker personal care, which primarily is residential care. Adult Day Services are often called a day program where people can participate both outside in the community and inside a building. Nursing services are authorized for people who have a medical diagnosis that requires regular care. Transportation services are for people with IDD to get back and forth to their desired destinations. The final service is shared living which is when a person lives and receives services

from someone who hosts in their home for a person with IDD to live. All five services are highly utilized out of the other home and community-based services.

The data revealed a considerable number of respondents indicated that homemaker personal care was the service with greater prevalence when it comes to discharges and difficulty with accessing the service. For those receiving discharge notices, 75.51% of the respondents listed homemaker personal care as the most frequent service where people with IDD obtain discharge notices. In comparison to the service that people wait the longest to receive, homemaker personal care had the highest ranking of 41.67% followed closely by nursing at 37.50%. The service that was ranked the lowest by 81.63% respondents was shared living. Comparing the same with accessing services, the research revealed that shared living is also ranked the lowest with 56.25% of respondents indicating that it is the least difficult to access for people with IDD. Figure 11 below is a breakdown by ranking of each service and the challenges association with linking to the service or prevalence of people receiving discharge notices.

**Figure 11**

*Impact of DSP Workforce Crisis by Service Category*



An ANOVA analysis was performed which revealed an effect size  $\eta^2(1, N = 49) = .114$  or a small effect for nursing due to the DSP workforce crisis. It is important to note that typically nurses (licensed practical nurses or registered nurses) perform these duties and are not DSPs; however, nurses are still required to provide vital care for people with IDD, when needed. For homemaker personal care, the effect size was  $\eta^2(1, N = 49) = .129$ , which indicated a large effect. Shared living, which was shown to be the most stable service, also revealed an increase in access and an effect size of  $\eta^2(1, N = 49) = .085$  indicating a large effect from the DSP shortage. Of the three services above, both homemaker personal care and shared living typically are around the clock services meaning that it takes more DSPs to perform the services needed. Compared to adult day services and transportation, which are time limited, it could be determined that these services need less DSPs to perform the overall care and influenced the

results of the data. Although nursing is an important service, for this study, it should be excluded because nurses are used in many other settings other than for IDD services.

### **Summary**

This chapter analyzed and presented the results from this descriptive research study. The survey instrument was used to determine if the workforce crisis had impacted a person with IDD's ability to obtain and maintain needed services and supports. Of the possible 88 responses from 77 county board superintendents, 49 completed surveys were returned.

The first, second, and fourth research questions sought to determine if the workforce crisis had impacted people from accessing needed services, as well as if there had been any increase in people with IDD receiving discharge notices from their current provider due to not having enough DSPs. These questions aimed to find out if access and discharges had gotten worse since March 2020. The results demonstrated that before March 2020, it took less time to access services than it did after March 2020. Although the data showed it took more time to access services after March 2020, the number of people receiving discharge notices remained steady before and after March 2020. Research question number three determined if available services were different based on the size of the county board and was compared to the responses from the research question that determined if providers in the county had reported a significant DSP workforce crisis. The data did not show a significant difference between small (67%), medium (62%), and large counties (50%). This data may still suggest a varying level of impact based on size. This conclusion may be challenged as the large counties serve significantly more people than the smaller counties, and therefore there may be a bigger impact in the larger counties. More research should be done to determine if these findings supported the hypothesis.



Research question number five sought to determine if a specific service was more challenging to find a provider for people with IDD who were on home and community-based waivers before and after March 2020. The data revealed that homemaker personal care was the most frequent service for which people with IDD obtained discharge notices. The service that people with IDD waited the longest to receive was also homemaker personal care. Nursing services were also revealed as a service that was difficult to obtain. Shared living was ranked the easiest and most secure services for both before and after March 2020.

## **CHAPTER V**

### **DISCUSSION, CONCLUSIONS, AND SUGGESTIONS FOR FUTURE RESEARCH**

#### **Introduction**

Being a case manager for an Ohio County Board of Developmental Disabilities comes with many challenges. The direct care workforce crisis has created complex challenges for case managers, called services and support administrators (SSA). These challenges deal with being unable to link someone with intellectual and developmental disabilities (IDD) with the services they need to live a happy, healthy, and productive life. This chapter includes a summary of the findings from the research specific to the impact the workforce crisis has had on people with IDD in Ohio. This baseline study exclusively looks at the impact of the experiences that county boards of developmental disabilities in Ohio have observed, comparing the crisis before and after March 2020. Additionally, the research examined if the problem was more significant in large, medium, or small counties (determined by the number of people with IDD they provide services to) and which home and community-based services had been impacted the most to the least. The importance of performing this research has helped to determine that there has been an issue and how the workforce crisis limits people with IDD from receiving the services they need. The data could be used to help educate elected officials who approve adequate funding and change specific requirements that may create obstacles or unnecessary administrative burdens on provider agencies.

#### **Discussion**

In order to determine the impact of the direct care workforce crisis on people with IDD, this quantitative research study was designed to determine the effect from a case management perspective in Ohio. Due to the lack of available direct support professionals (DSPs), provider

agencies have not been able to meet the demands, especially with the growing need for IDD services (Lulinski et al., 2018). For this reason, this study focused on three years (2018, 2019, and 2020) pre-COVID and the years post-COVID (2020, 2021, and 2022). People with IDD depend on DSPs to provide the care they need to survive and live a happy, fulfilling life with access to the community (Hewitt & Larson, 2007).

Over the past two decades, the DSP workforce crisis has gotten worse (Goldberg, 2022). Previous research had reported that the turnover rate for DSPs was nearly 50% nationally, requiring provider agencies who employ DSPs to replace half of their staff yearly (Goldberg, 2022). The reasons for the shortage have been linked to low wages due to fixed reimbursement rates that are set by state and federal governments, as well as a lack of DSP job satisfaction due to being overworked, and a lack of training due to understaffing (Bogenschultz et al., 2015; Houseworth et al., 2020; Spreat, 2021). The unfortunate results of the crisis are that agency providers who hire DSPs to provide the support that people with IDD need to live are forced to discharge the people they support and turn new referrals away (ANCOR, 2021). When case managers need help finding people with IDD the services and supports, they are left without the needed services due to a lack of available DSPs (ANCOR, 2021). The workforce crisis significantly limits what provider agencies can do to ensure the health and safety of people with IDD.

Upon review of the literature, specific research had yet to be completed on the impact of the workforce crisis in Ohio from a case management perspective. This study was completed by sending a survey to all 88 county boards of developmental disabilities in Ohio that aimed at obtaining baseline data regarding the number of people with IDD waiting for services due to being discharged by a provider or those who are newly needing services and had not been able to

find a provider. The research objectives were designed to determine if case managers were experiencing more difficult situations to access and maintain available services, specifically related to the workforce crisis. The survey questions focused on the delay in accessing services due to the lack of available DSPs. The study was created to show the correlation between the workforce crisis and how it impacted people with IDD gaining access to the needed services.

In order to determine if the workforce crisis and access to services were different in urban or rural areas, the study requested demographic data, which was determined based on the number of people with IDD served in each responding county board. Additionally, the study also focused on specific services that may have a more significant impact on access than other services related to the level of care that the service required compared to the supports that do not need as many DSPs. Overall, the workforce crisis raised serious concerns regarding the health and safety of people with IDD (Friedman, 2022). The following section will present the results and findings of the research that was conducted related to the impact of the workforce crisis in the IDD field from a case management perspective, which is based on the research questions for this study.

### **Summary of Findings**

The research primarily focused on the experiences of the case managers (also known as Services and Supports Administrators) from the 88 county boards of developmental disabilities in Ohio. The study examined the workforce crisis relationship before and after the coronavirus (COVID-19) pandemic to determine if the problem had gotten worse. The research also compared some of the most popular home and community-based services (HCBS) to determine what specific services were impacted the most from the workforce crisis. Additionally, the study examined if the workforce crisis impact is different in large, medium, and small counties.

Of the survey responses, 49 were found to be valid and able to be analyzed for this study, which resulted in a 56% response rate. The responses indicated that 48.98% of the responses were from small, 28.57% were from medium, and 22.45% were from large county boards. From the data, it was determined that the response rate covered an estimated 29,611 people with IDD being served by the 49 county boards of developmental disabilities.

### **Impact on access to services**

**Research Questions: Has the DSP workforce crisis in Ohio impacted people with IDD and their ability to obtain the services and support they need to live? Has there been an increase in discharges due to providers' inability to recruit and retain direct support professionals? Have more family members or legal guardians had to become providers so their loved ones can get the services they need since they cannot find an agency or independent provider?**

These three research questions were combined since the survey and findings are similar. These survey questions identified if the workforce crisis made it difficult for county board case managers to find services for people with IDD. The results found that 61.2% of the respondents indicated that 41% or more of the providers in their county reported a DSP shortage, compared to 38.8% who reported that 40% or fewer providers reported a DSP shortage. An ANOVA analysis revealed that reports of a DSP shortage before March 2020 did not indicate that the respondents were created equal; however, after March 2020 revealed that the county boards that responded to the survey were similar. The results determined that the DSP shortage impacted all counties similarly after March 2020.

### **Delay of services**

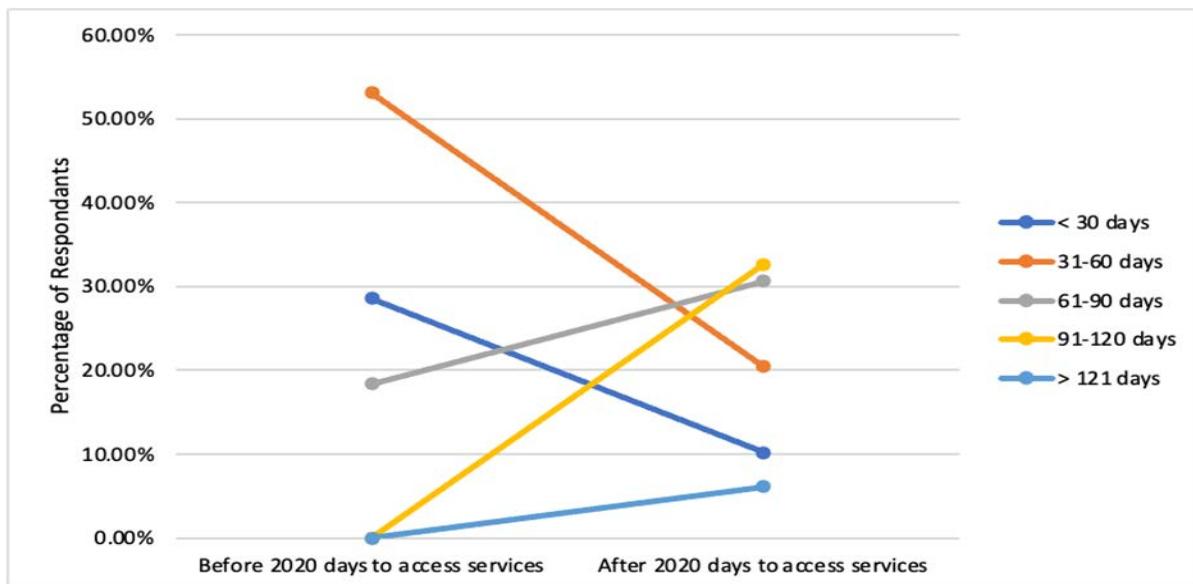
**Research Question: Has there been an increase in the delay of services since March 2020?**

Of the nine survey questions that were used to analyze data for this research, four questions were utilized to determine the impact of the workforce crisis. These questions specifically focused on accessing and maintaining services specific to two research questions where the difference between the two was before March 2020 and after March 2020.

The results indicated that it took longer to access services after March 2020 than before March 2020. The data collected indicated that before March 2020, 28.57% of the respondents reported that it only took 30 days or less to access services; however, after March 2020, it was reported that 32.65%, which was the highest reported response, indicated that it now took 91-120 days to access services. The results indicated that finding services after March 2020 was more challenging due to the workforce crisis and that the delay in accessing services was impacted significantly more after March 2020 than what it was before March 2020. It should be noted that that before March 2020 it took case managers less than 30 days to link people with IDD to services; however, after March 2020, slightly more of the respondents indicated that it now took more than 91 days to find services as shown in Figure 8.

**Figure 12**

*Comparison between Accessing Services Before and After March 2020*



The data related to the information collected on provider agencies reporting a significant DSP workforce crisis before and after March 2020 were compared. It was found that there was a stronger association after March 2020 than before March 2020, but they both indicated a correlation between the two variables related to the delay of accessing services. This information suggested that there was a substantive relationship between the two variables.

As for people with IDD who are receiving services, this study analyzed if there was a higher number of people receiving discharge notices from providers due to the workforce crisis prior to March 2020 and after March 2020. Before March 2020, 95.92% of the survey responses indicated that 5% or fewer people with IDD received discharge notices. In comparison, after March 2020, 34.69% indicated that 5% or fewer people with IDD received discharge notices. This data showed that people with IDD receiving discharge notices after March 2020 compared to before March 2020 increased to 20.41% for 11% to 15%, 8.16% for 16% to 20%, and 2.04% for 21% or more who received discharge notices. The results indicated that the growing workforce crisis has increased the number of people with IDD receiving discharge notices from their providers.

### **County size comparison**

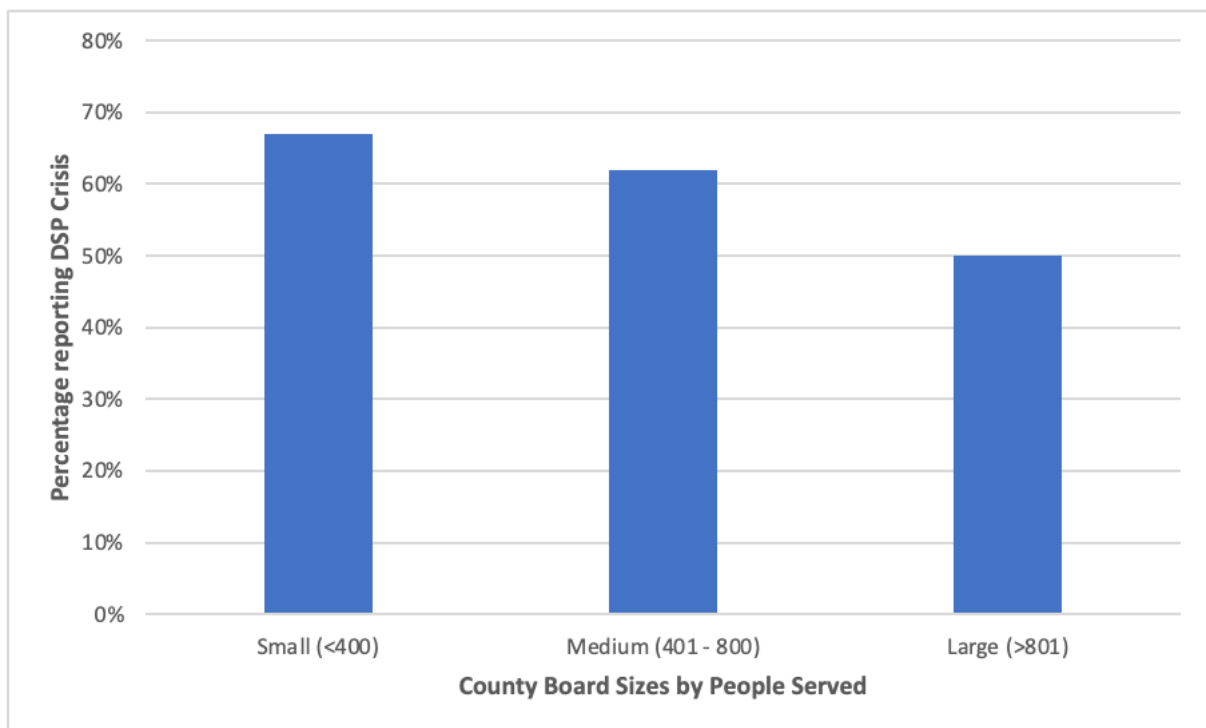
**Research Question: Is there a difference between workforce issues and accessing services between small, medium, and large counties?**

One specific survey question requested the size of the county board based on the number of people with IDD they serve who specifically receive home and community-based services. An additional question was used in conjunction with requested data related to the number of providers who have reported a DSP shortage. These two questions were used to determine if there was a difference in the county board's size related to the DSP workforce crisis.

The analysis found that the demographics among the 49 respondents revealed that 48.98% were from small, 28.57% were from medium, and 22.45% were from large county boards. The respondents reported that 61.2% indicated that 40% or more of their providers were experiencing a significant workforce crisis and second to this response, 18.4% indicated that 31% - 40% of providers in their county reported DSP shortages which showed that a combined total of 79.6% responses were collected for the two highest ranges. This data supported that while there may be outlier counties that were not experiencing as significant of a workforce crisis as others, it did not appear that size was a factor regarding the DSP workforce crisis as shown in Figure 10.

**Figure 13**

*County by Size Reporting Greater than 40% of Providers that were in a DSP Workforce Crisis*



The research revealed a slight difference regarding the size of a county board and the need for more available services. A total of 67% indicated that providers in their county reported



a DSP workforce crisis. Comparably, of small county boards (24), 67% reported a significant DSP shortage. The medium-sized county boards (13) reported that 62% reported that they were experiencing a serious DSP workforce crisis. The large county boards that responded (11) reported that 50% of their providers were also having a notable workforce issue. While the data presented did show that the larger counties experienced less of a workforce crisis than the smaller counties, there was a significant difference between the county sizes. It should be considered that larger counties served more people with IDD than smaller counties, which may have indicated that larger counties collectively have more people who are impacted than smaller counties. Further analysis revealed that BEFORE March 2020 and after March 2020, the county board's size (number of people served) was the same.

### **Service-related impacts**

**Research Question: Are there specific services that are more affected by the workforce crisis than others?**

The services identified in this question were those that were highly utilized. This research question aimed to determine that some home and community-based services were more difficult than others to find a provider due to the workforce shortage. The specific questions looked at discharge from certain services and ranked the services that were most difficult to find a provider to perform the services.

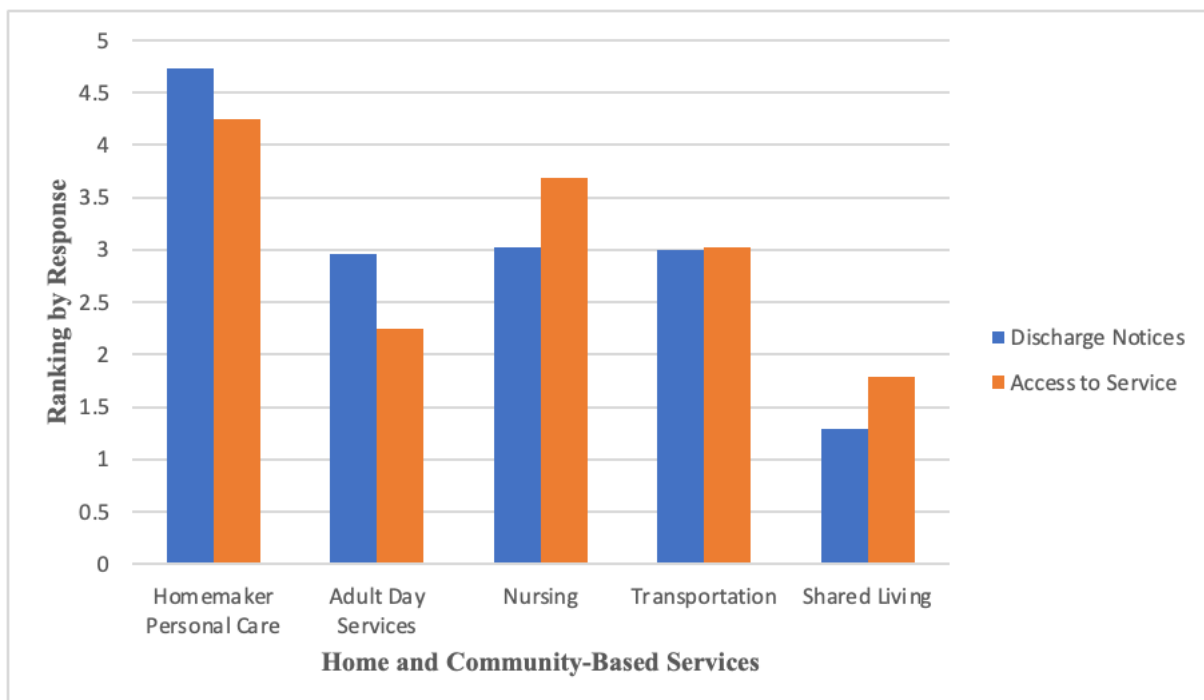
The data shown in Figure 11 revealed that homemaker personal care was the most challenging service for maintaining a provider and accessing the service. For those receiving discharge notices, 75.51% of the respondents listed homemaker personal care as the most frequent service where people with IDD obtained discharge notices. In comparison to the service that people wait the longest to receive, homemaker personal care came in with the highest

ranking of 41.67% followed closely by nursing at 37.50%. The service that was ranked the lowest by 81.63% of respondents was shared living. When comparing the same with accessing services, the research revealed that shared living was also ranked the lowest, with 56.25% of respondents indicating that it was the least difficult to access for people with IDD.

An ANOVA analysis was performed. Nursing had a large effect due to the DSP workforce crisis; however, nurses are not DSPs, but nursing is a home and community-based service that some people with IDD need. Additionally, for homemaker personal care, the effect size was also large. Shared living, which was shown to be the most stable service, also revealed an increase in access and a medium effect from the DSP shortage. Two additional services, adult day services and transportation, had little effect, which was most likely because these services were time-limited and needed fewer DSPs to perform the overall care, which influenced the results of the data.

**Figure 14**

*Impact of DSP Workforce Crisis by Service Category*



## **Conclusion**

The research collected determined the impact of the workforce crisis for people with IDD accessing services and maintaining existing services. The data collected from the 49 responses or 56% of all county boards revealed that the workforce crisis was not similarly experienced before March 2020; however, after March 2020, the experiences of county boards linking services had a similar impact due to the DSP shortage. Similar research analyzed people with IDD who already had services and were discharged from their provider due to insufficient staff. The results showed that it was rare for people with IDD to be discharged from services before March 2020 due to the workforce crisis, but there was a significant increase in people being discharged by their providers after March 2020.

Additional data collected for this research examined if there was a difference in the impact based on the size of the county, which revealed that the county size did not have a significant effect. Counties of all sizes were experiencing the same issues related to the workforce crisis. The data obtained showed that the service that required around-the-clock staff (homemaker personal care) was more difficult to maintain due to a lack of available DSPs compared to shared living, where a person with IDD lives with a family who provided the care.

The conclusion of this research revealed a more significant impact on accessing and maintaining services for people with IDD after March 2020. Comparing the size of all counties that responded, it was determined that counties of all three sizes reported a lack of DSPs, which impacted access and maintaining services. The research showed that the service that required the most staff (homemaker personal care) was the most difficult to find available support compared to shared living, which was less reliant on DSPs since a person with IDD lives family that

provided the care. If the IDD system of care and supports continues to struggle with a shortage of DSPs and the need for services continues to rise, people will go without the supports that they need to live. Further research should be performed to determine the root cause of the workforce crisis in order to obtain needed data that will aid in developing appropriate ways to fix this critical problem.

While this research collected data specific to Ohio, the DSP workforce crisis is a national issue. States should work together to determine strengths and weaknesses of every state's IDD system in order to make needed changes based on components that work and avoiding operational challenges that do not help the workforce issues. Ohio recently made a significant investment for the IDD workforce with allocated funds that had the specific purpose of raising wages for DSPs starting in 2024. Research data could help determine what policy changes are needed which will aid lawmakers to make the best legislative decisions what will benefit people with IDD.

### **Suggestions for Future Research**

This research was specific to Ohio. All states carry out case management services for people with IDD. Expanding this study to other states or on a national level would provide greater insight from various states regarding the impact of the workforce crisis. Adding other states may help identify states not experiencing a more significant impact and provide opportunities for states to learn from one another. By creating opportunities for more efficient operational processes, we may experience better outcomes for the IDD system which is why researching the issues related to the workforce crisis is important.

Mixed-method research comparing the provider and family experience would benefit this study, which only focused on the impact of the workforce crisis from the case management

perspective. Providers have detailed insight into hiring, training, and retaining practices that could provide further variables to consider. Families of people with IDD can share their qualitative experiences, which could provide researchers with another perspective compared with the county boards' data. A mixed-method approach would provide a well-rounded analysis of three critical components that the workforce crisis would impact all.

As in most research, sampling can be a concern. In this study, 77 superintendents representing all 88 county boards of developmental disabilities received the survey. Although 56% of the counties responded, this study would have benefited if more counties had participated. The survey was only open for seven days. If the survey had been open longer, more responses may have been submitted. An overview of the intent of the survey was presented prior to a superintendent meeting at the Ohio Association of County Boards 2023 Winter Convention. Not all superintendents were present at the meeting; therefore, they did not hear the information on the research. If more superintendents had been present then more surveys may have been completed.

The survey instrument used ranges in multiple responses. By doing this type of collection, the research only obtained a range and not actual numbers. Using ranges may have limited the number of responses. By obtaining the actual numerical value, instead of a range, it would have provided me with exact data, such as the number of people with IDD supported, instead of a range of people. This data only provided an estimate, not an exact number of people supported. In the future, this research would benefit from responses that provide actual numbers and not ranges, even though it will likely not change the outcome.

## Summary

As the population grows, so will the need for services and supports for people with intellectual and developmental disabilities (Lulinski et al., 2018). Without DSPs, people with IDD will go without the vital services they need to live. This study aimed to determine if the direct care workforce crisis impacted people with IDD to obtain and maintain services. People such as legislators and policymakers will only know about the impact by having quantitative data showing the actual effect of the workforce crisis. As the data revealed, 32.65% of the respondents reported that it took 91-120 days to access services after March 2020. This compared to 28.57%, who reported that it took less than 30 days before March 2020. Additionally, 95.92% of the respondents indicated that 10% or fewer people with IDD received discharge notices before March 2020, compared to 69.38% after March 2020. This data showed that discharge notices had mostly stayed the same, even though linking people to services had worsened after March 2020. Overall, the research showed that, most likely, people with IDD who already had established services and supports could continue receiving those services; however, accessing new services had more of an impact on people with IDD due to the workforce crisis.

Additional data was collected from the respondents to determine if the impact of the workforce crisis was different depending on the size of the county. The study also looked at the most impacted services. The data revealed that there was not any significant difference between the size of the county and the impact of the direct care workforce crisis, although one may think that larger counties may have more resources than smaller counties. Homemaker personal care, which included residential supports was found to be the most challenging service to maintain (75.51%) and access (41.67%) compared to four other types of services.

The IDD system of services must have a stable workforce. Finding enough workers also poses concerns, specifically around health and safety (Friedman, 2022; Willner et al., 2020). A combination of methods to attract people to become DSPs and for providers to retain them, along with better wages, may reduce the turnover rate and help sustain the workforce for the IDD system (Houseworth et al., 2020). Although this study focused on the impact of the workforce crisis in Ohio, this problem is being experienced throughout the country. Collaborative efforts in Ohio have demonstrated increased education regarding the issues and impact of the workforce crisis that encouraged legislators in to make a significant investment in the IDD system for the 2024-25 biennium budget (Ohio Department of Developmental Disabilities, 2023b). Work on this topic must be done on both state and federal levels. A national research project that can be consistently conducted to ensure continuity among states and allowing data collected to be in one database would be extremely beneficial. By completing a national study that focuses on DSP wages, training, turnover rates, and services, data would reveal strengths and weaknesses among states that can be further examined. The results could provide the foundation for IDD systemwide changes that will yield the best outcomes that would improve the workforce issues.

## REFERENCES

- Americans with Disabilities Act of 1990, 42 U.S.C. §12101 (1990). from <https://www.ada.gov/pubs/adastatute08.htm>
- ANCOR. (2021). *The State of America's direct support workforce 2021*. American Network of Community Options and Resources. [https://www.ancor.org/wp-content/uploads/2022/08/the\\_state\\_of\\_americas\\_direct\\_support\\_workforce\\_crisis\\_2021.pdf](https://www.ancor.org/wp-content/uploads/2022/08/the_state_of_americas_direct_support_workforce_crisis_2021.pdf)
- ANCOR. (2022). *The State of America's direct support workforce 2022*. American Network of Community Options and Resources. <https://www.ancor.org/wp-content/uploads/2022/10/The-State-of-Americas-Direct-Support-Workforce-Crisis-2022.pdf>
- Arias, V. B., Aguayo, V., Verdugo, M. A., & Amor, A. M. (2020). Differences in the support needs of children with developmental disabilities among groups of medical and behavioral needs. *Peer J*, 8, e9557. <https://doi.org/10.7717/peerj.9557>
- Baker, J. (2021, July 7). *The 2021 direct support professional (DSP) survey report*. Relias. Retrieved August 13, 2022, from <https://www.relias.com/blog/direct-support-professional-dsp-survey-report>
- Bakker, A. B., Demerouti, E., Taris, T. W., Schaufeli, W. B., & Schreurs, P. J. (2003). A multigroup analysis of the job demands-resources model in four home care organizations. *International Journal of Stress Management*, 10(1), 16–38. <https://doi.org/10.1037/1072-5245.10.1.16>
- Barth, S., Lewis, S., & Simmons, T. (2020). (rep.). *Medicaid Services for People with Intellectual or Developmental Disabilities - Evolution of Addressing Service Needs and*



- Preferences. Health Management Associates. Retrieved July 10, 2022, from <https://www.macpac.gov/wp-content/uploads/2021/01/Medicaid-Services-for-People-with-Intellectual-or-Developmental-Disabilities-%E2%80%93-Evolution-of-AIDDressing-Service-Needs-and-Preferences.pdf>
- Beilfuss, L. (2021, October 18). *The workers won't be coming back, Covid or not. Here are theories on where they went.* Where Are Workers Going? Theories on Why People Aren't Returning to Work. Barron's. Retrieved July 24, 2022, from <https://www.barrons.com/articles/the-workers-wont-be-coming-back-covid-or-not-here-are-theories-on-where-they-went-51634290204>
- Bogenschutz, M. D., Hewitt, A., Nord, D., & Hepperlen, R. (2014). Direct support workforce supporting individuals with IDD: Current wages, benefits, and stability. *Intellectual and Developmental Disabilities, 52*(5), 317–329. <https://doi.org/10.1352/1934-9556-52.5.317>
- Bogenschutz, M., Nord, D., & Hewitt, A. (2015). Competency-based training and worker turnover in community supports for people with IDD: Results from a group randomized controlled study. *Intellectual and Developmental Disabilities, 53*(3), 182–195. <https://doi.org/10.1352/1934-9556-53.3.182>
- Bridgeman, P. J., Bridgeman, M. B., & Barone, J. (2018). Burnout syndrome among healthcare professionals. *American Journal of Health-System Pharmacy, 75*(3), 147–152. <https://doi.org/10.2146/ajhp170460>
- Brown, M., Harry, M., & Mahoney, K. (2018). “It's like two roles we're playing”: Parent perspectives on navigating self-directed service programs with adult children with intellectual and/or developmental disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 15*(4), 350–358. <https://doi.org/10.1111/jppi.12270>

- Bureau of Labor Statistics. (2015). *Economics news release: Fastest growing occupations 2014-24*. <https://www.bls.gov/news.release/ecopro.t05.htm>
- Cascio, W. F. (2006). The economic impact of employee behaviors on organizational performance. *America at Work*, 241–256. [https://doi.org/10.1057/9781403983596\\_14](https://doi.org/10.1057/9781403983596_14)
- Centers for Medicare & Medicaid Services. (n.d.). *Intermediate care facilities for Individuals with Intellectual Disabilities (ICFs/IID)*. CMS.gov. Retrieved July 18, 2022, from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ICFIID>
- Chung, M. C., & Harding, C. (2009). Investigating burnout and psychological well-being of staff working with people with intellectual disabilities and challenging behaviour: The role of personality. *Journal of Applied Research in Intellectual Disabilities*, 22(6), 549–560. <https://doi.org/10.1111/j.1468-3148.2009.00507.x>
- Cope, D. (2022, March 11). *Labor shortages hit some companies harder than others*. SHRM. Retrieved July 24, 2022, from <https://www.shrm.org/hr-today/news/hr-magazine/spring2022/pages/coping-with-worker-shortages.aspx>
- Creation of county boards of mental retardation, S.B. 169, Ohio 107<sup>th</sup> General Assembly (1967).
- Demerouti, E., Nachreiner, F., Bakker, A. B., & Schaufeli, W. B. (2001). The job demands - resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
- Dew, A., Collings, S., Dillon Savage, I., Gentle, E., & Dowse, L. (2018). ‘Living the life, I want’’: A framework for planning engagement with people with intellectual disability and complex support needs. *Journal of Applied Research in Intellectual Disabilities*, 32(2), 401–412. <https://doi.org/10.1111/jar.12538>

- Dinora, P., Bogenschutz, M., & Broda, M. (2020). Identifying predictors for enhanced outcomes for people with intellectual and developmental disabilities. *Intellectual and Developmental Disabilities, 58*(2), 139–157. <https://doi.org/10.1352/1934-9556-58.2.139>
- Education for all children. Amend. Sub. H.B 455, Ohio 111th General Assembly (1976).
- Faber, K., Ohio County Boards of Developmental Disabilities: Handbook. 65–66 (2018). Ohio Auditor of State.
- Filbin, P. (2021, October 15). *Community-based I/IDD providers turning away new referrals and programs as staffing shortages rage*. Behavioral Health Business. Retrieved July 24, 2022, from <https://bhbusiness.com/2021/10/12/community-based-i-IDD-providers-turning-away-new-referrals-and-programs-as-staffing-shortages-rage/>
- Firmin, M. W., Orient, K. M., Steiner, H., & Firmin, R. L. (2013). Factors affect the employment longevity of staff working with clients possessing intellectual disabilities. *International Journal of Business Anthropology, 4*(2). <https://doi.org/10.33423/ijba.v4i2.1150>
- Frech, R., Honeck, J., & Warren, K. (2015). (rep.). *Ohio at a Crossroads: The Developmental Disabilities System* (pp. 13–14). The Cleveland Foundation.
- Friedman, C. (2018). Direct support professionals and quality of life of people with intellectual and developmental disabilities. *Intellectual and Developmental Disabilities, 56*(4), 234–250. <https://doi.org/10.1352/1934-9556-56.5.234>
- Friedman, C. (2019, February 27). *The DSP crisis: Reimbursement rates, retention, and research*. The Council on Quality and Leadership. Retrieved July 24, 2022, from <https://www.c-q-l.org/resources/articles/the-dsp-crisis-reimbursement-rates-retention-and-research/>

- Friedman, C. (2020). The impact of ongoing staff development on the health and safety of people with intellectual and developmental disabilities. *Journal of Developmental and Physical Disabilities, 33*(2), 181–196. <https://doi.org/10.1007/s10882-020-09743-z>
- Friedman, C. (2021, March 8). *DSP turnover negatively impacts the health and safety of people with IDD*. The Council on Quality and Leadership. Retrieved August 13, 2022, from <https://www.c-q-l.org/resources/articles/dsp-turnover-negatively-impacts-the-health-and-safety-of-people-with-IDD/>
- Friedman, C. (2022). The impact of continuity and security on quality of life. *Intellectual and Developmental Disabilities, 60*(2), 101–112. <https://doi.org/10.1352/1934-9556-60.2.101>
- Goldberg, D. (2022, August 10). 'People will die waiting': America's system for the disabled is nearing collapse. POLITICO. Retrieved August 11, 2022, from <https://www.politico.com/news/2022/08/10/americas-system-for-the-disabled-is-nearing-collapse-00050713>
- Hartle, M., & Jensen, L. D. (n.d.). *Planning and Creating Successful Adult Day Services and Other Home and Community-Based Services*. Retrieved July 19, 2022, from <https://nysadsa.memberclicks.net/resources>
- Hewitt, A. Raising Expectations: The Direct Support Professional Workforce. *The ARC National Conference*, Seattle, 4 August 2013.
- Hewitt, A., & Larson, S. (2007). The direct support workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices. *Mental Retardation and Developmental Disabilities Research Reviews, 13*(2), 178–187. <https://doi.org/10.1002/mrIDD.20151>

- Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M., & Morris, J. (2008). *A synthesis of direct support workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health*. Minneapolis, MN: University of Minnesota, Institute of Community Integration, Research and Training Center of Community Living.
- Hickman, F. J. (n.d.). *Waivers for developmental disabilities*. Milestones Autism Resources Cleveland, OH. Retrieved July 18, 2022, from <https://www.milestones.org/resources/tool-kits/legal-resources-tool-kit/waivers-for-developmental-disabilities>
- Hiner, E. (2019, August 22). *IDD System Leaders, legislators mark historic partnership to increase DSP wages*. Ohio Association of County Boards of DD - IDD system leaders, legislators mark historic partnership to increase DSP wages. Retrieved July 4, 2022, from <http://www.oacbidd.org/news/2019/08/22/releases/IDD-system-leaders-legislators-mark-historic-partnership-to-increase-dsp-wages/>
- Houseworth, J., Pettingell, S. L., Kramme, J. E., Tichá, R., & Hewitt, A. S. (2020). Predictors of annual and early separations among Direct Support Professionals: National core indicators staff stability survey. *Intellectual and Developmental Disabilities*, 58(3), 192–207. <https://doi.org/10.1352/1934-9556-58.3.192>
- Jacobs, P., MacMahon, K., & Quayle, E. (2018). Transition from school to adult services for young people with severe or profound intellectual disability: A systematic review utilizing framework synthesis. *Journal of Applied Research in Intellectual Disabilities*, 31(6), 962–982. <https://doi.org/10.1111/jar.12466>

- Jercich, K. (2021, March 2). *Expansion of remote tech can help safeguard care for people with disabilities*. Healthcare IT News. Retrieved August 13, 2022, from <https://www.healthcareitnews.com/news/expansion-remote-tech-can-help-safeguard-care-people-disabilities>
- Johnson, K. E., Bailey, C. E., Weiss, N. R., & Eidelman, S. M. (2021). Direct support professionals' perspectives on workplace support: Underappreciated, overworked, stressed out, and stretched thin. *Intellectual and Developmental Disabilities, 59*(3), 204–216. <https://doi.org/10.1352/1934-9556-59.3.204>
- Kaiser Family Foundation. (2022, August 8). *Medicaid HCBS waiver waiting list enrollment, by Target Population*. Retrieved August 11, 2022, from <https://www.kff.org/health-reform/state-indicator/waiting-lists-for-hcbs-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>
- Kang, H. J., Gatling, A., & Kim, J. (S. (2015). The impact of supervisory support on organizational commitment, career satisfaction, and turnover intention for hospitality frontline employees. *Journal of Human Resources in Hospitality & Tourism, 14*(1), 68–89. <https://doi.org/10.1080/15332845.2014.904176>
- Keesler, J. M., & Troxel, J. (2020). They care for others, but what about themselves? understanding self-care among DSPs' and its relationship to professional quality of life. *Intellectual and Developmental Disabilities, 58*(3), 221–240. <https://doi.org/10.1352/1934-9556-58.3.221>
- Kozak, A., Kersten, M., Schillmöller, Z., & Nienhaus, A. (2013). Psychosocial work-related predictors and consequences of personal burnout among staff working with people with

- intellectual disabilities. *Research in Developmental Disabilities*, 34(1), 102–115.  
<https://doi.org/10.1016/j.ridd.2012.07.021>
- Laws, C. B., & Hewitt, A. S. (2020). Introduction to the special issue: Understanding the direct support workforce in the United States. *Intellectual and Developmental Disabilities*, 58(3), 189–191. <https://doi.org/10.1352/1934-9556-58.3.189>
- Leane, M. (2019). “I don’t care anymore if she wants to cry through the whole conversation, because it needs to be addressed”: Adult siblings’ experiences of the dynamics of future care planning for brothers and sisters with a developmental disability. *Journal of Applied Research in Intellectual Disabilities*, 33(5), 950–961. <https://doi.org/10.1111/jar.12716>
- Lee, T. W., & Mitchell, T. R. (1994). An alternative approach: The unfolding model of voluntary employee turnover. *Academy of Management Review*, 19(1), 51–89.  
<https://doi.org/10.5465/amr.1994.9410122008>
- Leonhardt, M. (2021, November 16). *The great resignation is hitting these industries hardest*. Fortune. Retrieved July 24, 2022, from <https://fortune.com/2021/11/16/great-resignation-hitting-these-industries-hardest/>
- Licking County Board of Developmental Disabilities. (n.d.a). *Independent Providers*. Retrieved August 13, 2022, from <https://lcountyidd.org/independent-providers/>
- Licking County Board of Developmental Disabilities. (n.d.b). *Intermediate Care Facilities (ICFs)*. What is an ICF? Retrieved July 10, 2022, from <https://lcountyidd.org/intermediate-care-facilities/>
- Ligas Consent Decree Monitor. (2016). *Stanley Ligas, et al. v. Felicia Norwood, et al.: Fourth annual report of the Monitor*.

- Luckasson, R., Schalock, R. L., Tassé, M. J., & Shogren, K. A. (2022). The intellectual and developmental disability shared citizenship paradigm: Its cross-cultural status, implementation and confirmation. *Journal of Intellectual Disability Research*, 67(1), 64–76. <https://doi.org/10.1111/jir.12992>
- Lulinski, A., Jorwic, N., Tanis, E., & Braddock, D. (2018). Rebalancing of Long-Term Supports and Services for Individuals with Intellectual and Developmental Disabilities in the United States. Date brief 18(2). Boulder, CO: Coleman Institute.
- Maslach, C., Schaufeli, W. B., Leiter, M. B. (2001). Job burnout. *Annu Rev Psychol.*, 52, 397-422. [doi: 10.1146/annurev.psych.52.1.397](https://doi.org/10.1146/annurev.psych.52.1.397). PMID: 11148311.
- Mittal, V., Rosen, J., & Leana, C. (2009). A dual-driver model of retention and turnover in the direct care workforce. *The Gerontologist*, 49(5), 623–634. <https://doi.org/10.1093/geront/gnp054>
- Moniz, R. (2010). *practical and effective management of libraries: Integrating case studies, general management theory and self-understanding*. Chandos Publ.
- Moon, A. B. (2019, March). *Redbook: LBO Analysis of Executive Budget Proposal*. Ohio Department of Developmental Disabilities. Retrieved July 3, 2022, from <https://www.lsc.ohio.gov/documents/budget/133/MainOperating/redbook/IDDD.PD>
- Nevill, R. E., & Havercamp, S. M. (2019). Effects of mindfulness, coping styles and resilience on job retention and burnout in caregivers supporting aggressive adults with developmental disabilities. *Journal of Intellectual Disability Research*, 63(5), 441–453. <https://doi.org/10.1111/jir.12594>



- Nord, D., Hamre, K., Pettingell, S., & Magiera, L. (2018). Employment goals and settings: Effects of individual and systemic factors. *Research and Practice for Persons with Severe Disabilities*, 43(3), 194–206. <https://doi.org/10.1177/1540796918785352>
- Ohio.gov. (2011, September 29). *Section 5126.41: Individual service plans*. Section 5126.41 - Ohio Revised Code | Ohio Laws. <https://codes.ohio.gov/ohio-revised-code/section-5126.41#:~:text=Section%205126.41%20%7C%20Individual%20service%20plans.&text=To%20arrange%20supported%20living%20for,developing%20an%20individual%20service%20plan>.
- Ohio.gov. (n.d.). *Ohio Department of Developmental Disabilities*. Retrieved July 3, 2022, from <https://ohio.gov/government/state-agencies/department-of-developmental-disabilities>
- Ohio Alliance for Direct Support Professionals. (n.d.). from [www.oadsp.org](http://www.oadsp.org).
- Ohio Association of County Boards of DD. (2017). *Always there history project: Ohio County Boards of Developmental Disabilities*. Always There for Ohio. Retrieved July 12, 2022, from <https://www.alwaysthereforohio.org/history/>
- Ohio Association of County Boards of DD. (2023). *OACB Policy Brief, Volume 12, Issue 3: February 1, 2023*. Retrieved March 3, 2023, from <https://myemail.constantcontact.com/OACB-PolicyBrief--Blue-Book-Released--DODD-Shares-Rate-Increases-and-Policy-Proposals.html?soid=1104773211702&aid=7njpdzMTho4>
- Ohio Association of County Boards of DD. (n.d.). *Life map: follow the journey of people served by county boards of DD*. 4<sup>th</sup> ed. Worthington, OH; OACB.
- Ohio Department of Developmental Disabilities. (2023a). DODD Rate Information. Created on February, 2, 2023.

Ohio Department of Developmental Disabilities. (2023b). *DSP and provider resources for historic rate increases*.

<https://dodd.ohio.gov/communication/news/dsp+and+provider+resources+for+historic+rate+increases>

Ohio Department of Developmental Disabilities. (n.d.a). *Adult Day Support*. Adult day support.

Retrieved July 19, 2022, from <https://doIDD.ohio.gov/waivers-and-services/services/adult-day-support>

Ohio Department of Developmental Disabilities. (n.d.b). *Developmental Disabilities Services Toolkit*. Retrieved July 10, 2022, from <https://dodd.ohio.gov/your-family/daily-life-employment/resource-dodd-toolkit-IDD-services-supports>

<https://dodd.ohio.gov/your-family/daily-life-employment/resource-dodd-toolkit-IDD-services-supports>

Ohio Department of Developmental Disabilities. (n.d.c). *OhioISP*. Retrieved September 5, 2022,

from <https://dodd.ohio.gov/compliance/oisp>

Ohio Department of Developmental Disabilities. (n.d.d). *Supporting County Boards*. Retrieved

July 3, 2022, from <https://dodd.ohio.gov/county-board>

Ohio Department of Developmental Disabilities. (n.d.e). *Waivers and Services*. Waivers and

services. Retrieved September 5, 2022, from <https://dodd.ohio.gov/waivers-and-services>

Ohio Department of Developmental Disabilities. (n.d.f). *Waiver Comparison*. Waiver

comparison. Retrieved July 18, 2022, from <https://dodd.ohio.gov/waivers-and-services/waivers/waiver-comparison>

Ohio Legislative Service Commission, Developmental Center Closure Study (2015). Retrieved

July 9, 2022, from <https://www.lsc.ohio.gov/documents/reference/current/IDDcc-report-2015.pdf>

- Ohio Waiver and Medicaid Information*. Autism Society of Ohio. (n.d.). Retrieved July 18, 2022, from <https://autismohio.org/advocacy/10-autism-insurance-coverage-in-ohio>
- Olmstead v. L.C., 527 U.S. 581; 119 S. Ct. 2176 (1999).
- Petner-Arrey, J., & Copeland, S. R. (2014). 'You have to care.' perceptions of promoting autonomy in support settings for adults with intellectual disability. *British Journal of Learning Disabilities*. <https://doi.org/10.1111/bld.12084>
- Pettingell, S. L., Houseworth, J., Tichá, R., Kramme, J. E., & Hewitt, A. S. (2022). Incentives, wages, and retention among direct support professionals: National core indicators staff stability survey. *Intellectual and Developmental Disabilities*, 60(2), 113–127. <https://doi.org/10.1352/1934-9556-60.2.113>
- Pollack, R. (n.d.). *Hospital workforce shortage crisis demands immediate action: AHA*. American Hospital Association. Retrieved July 23, 2022, from <https://www.aha.org/lettercomment/2022-01-27-hospital-workforce-shortage-crisis-demands-immediate-action>
- Residential Information Systems Project. (2021). *Compare States ICF/IID Residents*. University of Minnesota. <https://risp.umn.edu/viz/medicaid-icf-iid/compare-states-icf-iid-residents>
- Rizzolo, M. K. (2022, May 26). *Programs that directly address the DSP workforce crisis*. The Council on Quality and Leadership. Retrieved August 11, 2022, from <https://www.c-q-l.org/resources/newsletters/programs-that-directly-address-the-dsp-workforce-crisis/>
- Rosencrans, M., Arango, P., Sabat, C., Buck, A., Brown, C., Tenorio, M., & Witwer, A. (2021). The impact of the COVID-19 pandemic on the health, wellbeing, and access to services of people with intellectual and developmental disabilities. *Research in Developmental Disabilities*, 114(2021). <https://doi.org/10.1016/j.ridd.2021.103985>

- Rowley, C., & Harry, W. (2016). *Managing people globally: An Asian perspective*. Chandos Publishing.
- Ruggles, S., Flood, S., Goeken, R., Schouweiler, M., & Sobek, M. (2022). IPUMS USA: Version 12.0. [dataset]. <https://doi.org/10.18128/D010.V12.0>
- Ryan, C., Bergin, M., & Wells, J. S. G. (2021). Work-related stress and well-being of direct care workers in Intellectual Disability Services: A scoping review of the literature. *International Journal of Developmental Disabilities*, 67(1), 1–22. <https://doi.org/10.1080/20473869.2019.1582907>
- Santiago Perez, T., & Crowe, B. (2021). Community participation for transition- aged youth with intellectual and developmental disabilities: A systematic review. *Therapeutic Recreation Journal*, 55(1). <https://doi.org/10.18666/trj-2021-v55-i1-10296>
- Scales, K. (2020). Meeting the Integration Mandate: The implications of Olmstead for the home care workforce. *Georgetown Journal on Poverty Law and Policy*, 27(2). <https://www.law.georgetown.edu/poverty-journal/wp-content/uploads/sites/25/2020/06/05-Scales.pdf>
- Shipton, L., & Lashewicz, B. M. (2017). Quality Group Home Care for adults with developmental disabilities and/or mental health disorders: Yearning for understanding, security and freedom. *Journal of Applied Research in Intellectual Disabilities*, 30(5), 946–957. <https://doi.org/10.1111/jar.12289>
- Spreat, S. (2020a). *Crisis in Intellectual Disability*. London: Cambridge Scholars Publishing.
- Spreat, S. (2020b, October). *The workforce crisis in intellectual disability*. The workforce crisis in intellectual disability . Retrieved July 24, 2022, from <https://www.woods.org/wp-content/uploads/2020/11/The-Workforce-Crisis-in-Intellectual-Disability.pdf>

- Spreat, S. (2021a). Fixed prices and the direct support professional workforce crisis. *Open Journal of Social Sciences*, 09(01), 158–166. <https://doi.org/10.4236/jss.2021.91011>
- Spreat, S. (2021b). Government price controls maintain the intellectual disability workforce crisis. *International Journal of Economics, Business and Management Research*, 5(3), 389–393.  
[https://doi.org/https://ijebmr.com/uploads/pdf/archivepdf/2021/IJEBMR\\_715.pdf](https://doi.org/https://ijebmr.com/uploads/pdf/archivepdf/2021/IJEBMR_715.pdf)
- Spreat, S. (2022a). A supply and demand perspective on the workforce crisis in intellectual disability. *Social Innovations Journal*, 13(3). Retrieved from <https://socialinnovationsjournal.com/index.php/sij/article/view/2988>
- Spreat, S. (2022b). How would Henry Ford fix the workforce crisis in the intellectual disability field? *International Journal of Education and Social Science Research*, 05(03), 337–344.  
<https://doi.org/10.37500/ijessr.2022.5321>
- Swogger, A. (2020, September 17). *D.S.P. (an article written by the employees of ViaQuest)*. ViaQuest. Retrieved July 3, 2022, from <https://viaquestinc.com/d-s-p-article/>
- Tassé, M. J., Wagner, J. B., & Kim, M. (2020). Using technology and remote support services to promote independent living of adults with intellectual disability and related developmental disabilities. *Journal of Applied Research in Intellectual Disabilities*, 33(3), 640–647. <https://doi.org/10.1111/jar.12709>
- The Developmental Disabilities Assistance and Bill of Rights Act of 2000*. ACL Administration for Community Living. (2000). Retrieved July 17, 2022, from <https://acl.gov/about-acl/authorizing-statutes/developmental-disabilities-assistance-and-bill-rights-act-2000>

- The Ohio State University: Nisonger Center. (2023). *The Direct Support Professional Workforce: Empowering Ohio DSPs*. YouTube. Retrieved July 24, 2023, from <https://www.youtube.com/watch?v=fsLCavV8250>.
- U.S. Department of Health and Human Services. (n.d.). *About intellectual and developmental disabilities (IDDs)*. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Retrieved July 17, 2022, from <https://www.nichd.nih.gov/health/topics/IDDs/conditioninfo#:~:text=The%20term%20%22developmental%20disabilities%22%20is,intellectual%2C%20physical%2C%20or%20both.&text=%22IDD%22%20is%20the%20term%20often,and%20other%20disabilities%20are%20present>
- Vassos, M., Nankervis, K., Skerry, T., & Lante, K. (2019). Can the job demand-control-(support) model predict disability support worker burnout and work engagement? *Journal of Intellectual and Developmental Disability, 44*(2), 139–149. <https://doi.org/10.3109/13668250.2017.1310818>
- Venema, E., Otten, S., & Vlaskamp, C. (2015). The efforts of direct support professionals to facilitate inclusion: The role of psychological determinants and work setting. *Journal of Intellectual Disability Research, 59*(10), 970–979. <https://doi.org/10.1111/jir.12209>
- Vroom, V.H. (1964). *Work and motivation*. Wiley.
- Wieck, K. L., Dols, J., & Northam, S. (2009). What nurses want: The nurse incentives project. *Nursing Economics, 27*(3), 169-201. <https://doi.org/10.1097/00006199-197805000-00033>
- Willner, P., Rose, J., Stenfert Kroese, B., Murphy, G. H., Langdon, P. E., Clifford, C., Hutchings, H., Watkins, A., Hiles, S., & Cooper, V. (2020). Effect of the COVID-19 pandemic on the Mental Health of careers of people with intellectual disabilities. *Journal*

*of Applied Research in Intellectual Disabilities*, 33(6), 1523–1533.

<https://doi.org/10.1111/jar.12811>

Wolf-Branigin, M., Wolf-Branigin, K., & Israel, N. (2007). Complexities in attracting and retaining direct support professionals. *Journal of Social Work in Disability & Rehabilitation*, 6(4), 15–30. [https://doi.org/10.1300/j198v06n04\\_02](https://doi.org/10.1300/j198v06n04_02)

Wos, K., Kamecka-Antczak, C., & Szafranski, M. (2021). Remote support for adults with intellectual disability during COVID-19: From a caregiver's perspective. *Journal of Policy and Practice in Intellectual Disabilities*, 18(4), 279–285.

<https://doi.org/10.1111/jppi.12385>

Wright, J. D. (2015). *International Encyclopedia of the Social & Behavioral Sciences*. Elsevier.

Zaagsma, M., Volkers, K. M., Swart, E. A. K., Schippers, A. P., & Van Hove, G. (2020). The use of online support by people with intellectual disabilities living independently during Covid 19. *Journal of Intellectual Disability Research*. <https://doi.org/10.1111/jir.12770>

## **APPENDICES**



**APPENDIX A**

**IRB APPROVAL**



Apr 28, 2023 9:47:59 AM EDT

Jane Beese  
Teacher Ed and Leadership St

Re: Exempt - Initial - 2023-285 The Impact of the Workforce Crisis on People with Developmental Disabilities in Ohio

Dear Dr. Jane Beese:

Youngstown State University Human Subjects Review Board has rendered the decision below for The Impact of the Workforce Crisis on People with Developmental Disabilities in Ohio

Decision: Exempt

Selected Category: Category 3.(i)(A). Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection.

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,  
Youngstown State University Human Subjects Review Board

## APPENDIX B

### Research and Survey Questions

<p><b>RQ1:</b> Since March 2020, has the DSP workforce crisis gotten worse than before March 2020?</p> <p><b>RQ2:</b> Since March 2020, are more people with IDD waiting longer for services and supports that they need than before March 2020?</p> <p><b>Hypothesis 1:</b> The workforce crisis has impacted the ability for people with IDD to access or retain the services and supports they need to live.</p> <p><b>Hypothesis 2:</b> The workforce crisis has significantly worsened since March 2020 which has caused greater delays in obtaining needed IDD services and supports.</p>	<p>BEFORE March 2020 (3/2017- 3/2020), on average, how long did it take for a person with IDD to access needed services and supports (including enrolled and new people on waivers)?</p> <p>1 = 30 days or less  2 = 31 to 60 days  3 = 61 to 90 days  4 = 91 to 120 days  5 = 121 days or greater</p> <p>AFTER March 2020 to the current day, how long is it taking on average for a person with IDD to access needed services and supports (including enrolled and new people on waivers)?</p> <p>1 = 30 days or less  2 = 31 to 60 days  3 = 61 to 90 days  4 = 91 to 120 days  5 = 121 days or greater</p>
<p><b>RQ1:</b> Since March 2020, has the DSP workforce crisis gotten worse than before March 2020?</p> <p><b>RQ4:</b> Can the DSP workforce crisis be linked to an increase in discharges and longer waiting times for services?</p> <p><b>Hypothesis 1:</b> The workforce crisis has impacted the ability for people with IDD to access or retain the services and supports they need to live.</p> <p><b>Hypothesis 2:</b> The workforce crisis has significantly worsened since March 2020 which has caused greater delays in obtaining needed IDD services and supports.</p>	<p>PRIOR to March 2020 (3/2017- 3/2020), on average, what was the approximate percentage of people served on home and community-based waivers in your county that received 30-day discharge notices from providers in this county due to not having enough staff?</p> <p>1 = 5% or less  2 = 6% to 10%  3 = 11% to 15%  4 = 16% to 20%  5 = 21% or greater</p> <p>AFTER March 2020 to the current day, what are the approximate percentage of people served on home and community-based waivers in your county who received 30-day notices from providers in this county?</p> <p>1 = 5% or less  2 = 6% to 10%  3 = 11% to 15%  4 = 16% to 20%  5 = 21% or greater</p>

<p><b>RQ3:</b> Is there a difference in accessing services for people with IDD between small, medium, or large county boards of DD?</p> <p><b>Hypothesis 3:</b> There is a difference between small, medium, and large county boards and accessing available IDD services.</p>	<p>Based on the number of people this county supports that receive HCBS waiver services, what size category is this county?</p> <p>1= Small (&lt; 500)  2=Medium (501 – 2000)  3=Large (&gt; 2001)</p>
<p><b>RQ5:</b> Which HCBS services are more impacted than others because of the DSP workforce crisis?</p> <p><b>Hypothesis 4:</b> Some home and community-based services are more difficult than other services to find a provider due to the DSP workforce crisis.</p>	<p>Of those who received discharge notices, please rate the following HCBS waiver services from most to the least that has been impacted in your county. Which service is most prevalent?</p> <p>Range from 1-5. 1 is the most frequent service and 5 being the least service that has been impacted.</p> <ul style="list-style-type: none"> <li>-Homemaker/Personal Care</li> <li>-Adult Day Support</li> <li>-Shared Living</li> <li>-Transportation</li> <li>-Nursing</li> </ul> <p>Of those currently waiting for HCBS services, rank the HCBS services that are the most difficult to easiest to find a provider.</p> <p>Range from 1-5. 1 is the most frequent service and 5 being the least service that has been impacted.</p> <ul style="list-style-type: none"> <li>-Homemaker/Personal Care</li> <li>-Adult Day Support</li> <li>-Shared Living</li> <li>-Transportation</li> <li>-Nursing</li> </ul>
<p><b>RQ1:</b> Since March 2020, has the DSP workforce crisis gotten worse than before March 2020?</p> <p><b>Hypothesis 1:</b> The workforce crisis has impacted the ability for people with IDD to access or retain the services and supports they need to live.</p>	<p>Has this county experienced an increase in family members or guardians becoming paid providers since March 2020?</p> <p>Yes or No</p>
<p><b>RQ6:</b> What would be considered as a “significant” DSP shortage?</p> <p><b>Hypothesis 1:</b> The workforce crisis has impacted the ability for people with IDD to access or retain the services and supports they need to live.</p>	<p>How many agency providers in your county have reported a significant DSP shortage?</p> <p>1 = 10% or less  2 = 11% to 20%  3 = 21% to 30%  4 = 31% to 40%  5 = 40% or greater</p>