



Maryland Developmental Disabilities Council

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Direct Support Professional Workforce Shortage Think Tank

Recommendations to address workforce capacity issues in Maryland's developmental disabilities service system.

September 27, 2024



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Overview

The Maryland developmental disabilities service system relies on direct support professionals (DSPs) to support people in their homes and communities.

Over 18,000 Marylanders with developmental disabilities rely on direct support professionals to live and work in the community, whether through community providers or self-direction. DSPs are funded by the Developmental Disabilities Administration (DDA) and are available to people who get services from community service providers or people who self-direct their services. Service providers have high DSP vacancy rates, and people who self-direct their services also struggle to find and keep DSPs. This makes it challenging for them to meet the needs of people they support now and expand to serve more people eligible for services, including transitioning youth coming out of the school system, and adults coming off of the DDA Waiting List.

Low wages, lack of or limited benefits, limited opportunities for career growth, and other factors have resulted in a long-standing shortage of direct support professionals in the developmental disabilities community services system. Other service systems, like those that support the aging population, also face significant shortages and compete for limited workers.

The shortage worsened during the COVID pandemic and continues today, with many service providers unable to serve additional people in need of their support in the community. According to the DDA, Maryland has not rebounded from the effects of COVID as well as some other states.

All these factors have a negative impact on people currently receiving services and those waiting, including:

- The health, safety, and quality of life of people supported in the community are put at risk.
- People who can come off the DDA waiting list have an increasing difficult time finding providers who can provide the support they need.
- Families are providing more support than ever, which they should not have to.

Numerous stakeholders have undertaken efforts to understand and address workforce capacity issues across many service systems. However, the demand for home and community-based services grows while the problem continues to get worse.

Urgent action was needed, so during the summer of 2024, the Maryland Developmental Disabilities Council (MDDC) convened the Direct Support Professional (DSP) Workforce Shortage Think Tank (Think Tank). Working with a representative group of people with developmental disabilities, family members, community providers, advocates, and state agencies, the Think Tank met four times to develop recommendations for the Maryland Department of Health (MDH) to address workforce capacity issues in the Maryland developmental disabilities service system.

The Think Tank focused on recommendations that:

- 1) The Maryland Department of Health can implement in the near-term (6-12 months) and long-term (2-3 years), and
- 2) Other state agencies, local government, state and local organizations, providers, and others can implement independently or in collaboration with MDH.

The focus included recommendations to address the recruitment, retention, and professional development of high-quality direct support professionals. The goal is to make incremental progress toward increasing the number of DSPs who have the knowledge, skills, and ability to provide high-quality services and supports.

To match the urgency of the moment, the Think Tank developed 25 recommendations, including one overarching recommendation, to provide a comprehensive set of solutions that focus on (1) increasing the number of DSPs available; (2) increasing DSP competencies and supporting career development; (3) supporting DSPs and addressing work/life balance; and (4) improving the capabilities of DSP managers.

Recommendations

The Developmental Disabilities Administration (DDA), Maryland Association of Community Services (MACS), and the Maryland Developmental Disabilities Council (MDDC) should create a workgroup of key stakeholders and subject matter experts to oversee next steps and implementation of these recommendations.

Pipelines: Increasing the Pool of DSPs

Apprenticeships, shadowing, and other strategies provide high school and community college students hands-on opportunities to experience and understand the DD field and the DSP job. They have the potential to increase interest in working in the DD field.

Educating high school and community college students focused on as many different careers, not just human services, about all issues related to DD, like Human Resources (HR) professionals, increases disability awareness and inclusion.

1. MDH, in partnership with the Maryland State Department of Education (MSDE) and the Maryland Higher Education Commission (MHEC), should develop, expand, and financially support Career & Technical Education programs in Maryland that inform high school and community college students about the DD field and DSPs to heighten their interest in making this their career. This will require:

- a) Gaining more information and guidance from successful programs in Maryland and other states.

- b) Identifying and learning from other fields that have had success with similar strategies. Examples are Certified Nursing Assistant, Emergency Medical Services, and other existing career pathway programs in Maryland's public schools and 2-year colleges.
 - c) Supporting Maryland providers that have experience with programs that work with high school or community college students to share best practices, successes and challenges, and identify next steps to involve more providers and more students.
 - d) Identifying and engaging additional partners, as needed, such as the Division of Rehabilitation Services (DORS), Maryland Department of Service and Civic Innovation, and Maryland Department of Disabilities (MDOD).
2. MDH, in partnership with MSDE and MHEC, should identify and implement strategies that educate high school and community college students about the developmental disabilities field, and its job and career opportunities. Increase awareness about the developmental disabilities profession and the opportunities it provides. One strategy already identified is to recognize and educate people working in certain other professions, like fast food and retail, about the different opportunities being a DSP provides. (e.g. full-time work, not seasonal, growth opportunities).
- a) Add disability history and awareness and inclusion to as many classes/courses/specialties as possible.
 - b) Make sure being a DSP is promoted as a career itself, not just a step to management and away from direct support.
3. The Maryland Department of Labor, in partnership with the Maryland Department of Health, Maryland Association of Community Services (MACS), The Arc Maryland, Maryland Developmental Disabilities Council (MDDC), Maryland Department of Disabilities, and Division of Rehabilitation Services (DORS) should form a workgroup to explore strategies that maximize opportunities for people with disabilities to become DSPs, including how career exploration can lead to this, the training and certification needs, and how informed choice plays a role. Other potential partners, like Project Search, should be considered. The workgroup should learn more about activities in Maryland and other states, including best practices, barriers, lessons learned, and outcomes. Base next steps on an analysis of this information. One example is [RCM of Washington's DSP Academy](#).

4. Explore whether Best Buddies could be a partner in the work noted in recommendations 1-3
5. DDA should establish a partnership with the Maryland Department of Veterans and Military Families (DVMF) so DVMF can support, promote, and implement more activities that help providers and people who self-direct recruit military spouses and veterans as DSPs.
6. The Maryland Developmental Disabilities Council should inform the [Maryland Council on Innovation and Impact](#) about the DSP shortage and the Think Tank's recommendations to gain its support and leverage its partnerships between the state and social sector. The Maryland Council on Innovation and Impact works to ensure that the expertise and resources of innovative social sector organizations are leveraged, deployed, and aligned with the efforts of the State to meet common challenges. This work should include addressing the DSP workforce shortage.
7. The Maryland Dept. of Service and Civic Innovation, in collaboration with MACS, providers, and the DD Council should eliminate barriers that make it difficult for developmental disability service providers to participate as host sites for the [Maryland Corps/Service Year Option](#). Change policies and practices that are barriers. This program, administered by the Maryland Dept. of Service and Civic Innovation, places people over 18 years old in positions with service organizations where they receive job training, mentoring, and resources to be successful. The program and the employer share the cost.
8. The Governor's Office for Children should ensure that community providers are aware of the [Governor's Office of Children ENOUGH Grants](#) as a potential resource to address the needs of eligible DSPs. The ENOUGH Program is an investment strategy to create poverty fighting opportunities in certain communities. Providers in those communities can be a partner and help develop and implement a plan to fight poverty and engage with partners to increase the workforce.

Increase DSP Competencies & Support Career Development

Competencies

9. DDA should ensure that training requirements set by DDA include the use of the core competencies established by the Center for Medicaid and Medicare Services (CMS) to train and credential DSPs. This includes DSPs working for providers, those working for people who self-direct their services, and vendors. Any requirements should allow flexibility in the way DSPs learn and demonstrate knowledge of core competencies. DDA should ensure the required core competencies are consistent with DORS' required competencies. Training opportunities must always be readily available and accessible throughout the state to all DSPs, including DSPs working for people who self-direct. In collaboration with people who self-direct, providers, and advocates, DDA must ensure such a system is in place before requiring this in the self-direction system.

Credentialing

DSP credentialing should be optional, not mandatory. Data shows a significantly higher retention rate for DSPs who have been credentialed compared to those who have not. For example, the MDDSP consortium data show a 90% retention rate for DSPs who complete the DSP-II credential.

Providers should be able to use whatever methods they find effective to credential their DSPs. But all credentialing curricula/programs must ensure DSPs can meet the DDA competencies. In other words, standards should be set by DDA, but methods for reaching them should not be limited. This would help retain DSPs within the DD field while lessening the training burden and cost to providers.

Provider rates should be sufficient to provide DSP salary increases when they earn credentials. A specific wage or salary increase related to each credential should not be mandated across Maryland because there are variances between counties.

10. All parties involved in credentialing DSPs in Maryland should use consistent terminology to describe DSP credentials. Everyone should know what each level of training means so the

terminology should be agreed upon and universal across the state. For example: Maryland DSP (meets all DDA training requirements and CMS core competencies; basic requirement of all DSPs); followed by optional tiers of DSP I (additional competencies that align with Maryland's required training and includes hands-on learning experiences) and DSP II and III (each incorporating additional levels of knowledge, skills, and competencies). The workgroup established to oversee implementation of the recommendations should identify how to ensure this occurs.

11. DDA, in partnership with stakeholders, should select an organization to review and approve all credentialing programs used in Maryland to ensure they meet agreed upon standards. The organization must have demonstrated knowledge of and experience with research-based best practices and have no conflicts of interest to serve in this role. It must use fair and unbiased assessment practices to determine which credentialing programs meet agreed upon standards. The Developmental Disabilities Administration should financially support these activities. New, dedicated funding should be added to DDA's budget for this purpose.

12. The MDH and DDA should support credentialing of DSPs by financially investing in credentialing activities and ensuring the rate system makes it possible for providers to link salary increases to credentials gained. This should entail:
 - a) Considering giving providers with seed money to pilot the use of credentialing for start-up costs that are included in provider rates.
 - b) Determine the level of funding needed to enable providers and people who self-direct to pay higher wages to DSPs that complete credentialing. This analysis should then be shared with the DDA Rate Review Advisory Group for consideration as part of the rate-setting process.
 - c) Working with the Governor, state legislature, and stakeholders to establish a dedicated income source in state budget that is annualized.
 - d) Working with pertinent partners within and outside of State government to pursue grant opportunities to build a Maryland specific credentialing program. This could include federal grants or private organization funding.

- e) Finalizing formal partnership with the University of Minnesota and University of Maryland – Eastern Shore to create Maryland specific trainings using the College of Direct Support modules.
- f) Ensuring equity across the state and across providers. Participation and success should not be dependent upon providers raising their own funds alone for this purpose.
- g) Figuring out how to build in money for DSPs who work for people who self-direct to go through credentialing.

Other career growth opportunities

13. The Maryland Department of Labor, Division of Workforce Development and Adult Learning (MDOL) should support providers to identify, share, and expand career pathways (that include related salary increases) for DSPs who do not want to, or should not, become supervisors/managers. This could include certifications or credentials that demonstrate knowledge and capabilities needed to provide specialized direct support. Examples include, but are not limited to, helping DSPs gain subject matter expertise and credentials like ACRE employment specialist, behavioral management technician, and others offered by outside entities. MDOL should consider establishing and supporting a community of practice.

Related Issues

14. DDA should contract with a subject matter expert and partner with providers to study the benefits and consequences of lowering the amount of supervision required for DSPs once they have earned higher level credentials. If it is determined that higher credentialed DSPs generally need less supervision, identify regulatory, statutory, and policy changes needed and enact change. The analysis should examine whether such change would support DSP retention and lower costs, while ensuring that DSPs are adequately supervised.

Supporting DSPs and Addressing Work/Life Balance

Mentoring & Shadowing for DSPs

Mentoring, shadowing, and related activities enhance DSP skills and improve retention. People with intellectual and developmental disabilities (IDD) should play meaningful roles in DSP training, including mentoring training. They should be paid for this role.

15. The Developmental Disabilities Administration (DDA) should increase access to mentoring training opportunities by listing trainings offered by different providers and other entities on its website and in its monthly newsletters. This applies to providers and people who self-direct. Make sure the information and resources are easy to access for everyone. DDA should work with the Maryland Association of Community Services (MACS) to establish a simple process to ensure the information is comprehensive and current.
16. DDA should organize and coordinate mentoring training opportunities several times per year, with a focus on DSPs who cannot access it directly from the provider they work for and DSPs who work for people who self-direct.
17. DDA, in partnership with stakeholders, should identify and implement changes needed to formalize and expand mentoring and shadowing. For example, this may require changes to regulation or statute to allow providers and people who self-direct to receive Medicaid payments for two DSPs at the same time. It might also require DDA to apply to the Centers for Medicaid & Medicare Services (CMS) to add mentoring/shadowing as a waiver service.
18. The Maryland Department of Disabilities should identify and share information about existing tuition-assistance programs with all providers. These programs might help providers increase recruitment and retention.
19. MDH, in collaboration with stakeholders should analyze the benefits, feasibility, and potential impact of a student loan redemption program for DSPs serving people with disabilities, behavioral and/or mental health conditions, and other groups. If determined likely to have a significant impact

on DSP recruitment and retention, MDH should identify a funding source, pilot a program, and document outcomes.¹

Creative/Flexible Scheduling

20. The Maryland Association of Community Services should facilitate a discussion among providers to share their creative/flexible scheduling strategies with each other and work together to identify and refine new strategies. This should include providers that are not MACS members.

21. The Maryland Developmental Disabilities Coalition, in collaboration with DDA, should research promising and best practices in other states focused on creative/flexible scheduling that have demonstrated positive outcomes relative to recruitment and retention. This information should be shared with providers and people who self-direct. Working with stakeholders, they should identify what is needed to replicate successful strategies in Maryland and implement needed changes.

22. Based on what is learned through recommendations 20 and 21, the Maryland Department of Labor, in collaboration with MDH, should review Maryland labor policy, regulations, and law to identify barriers to creative, flexible scheduling. Identify the changes that would have to be adopted to help improve recruitment and retention of DSPs. Conduct an analysis of the benefits, unintended consequences, and other factors and act based on those findings.

¹ An example is a New Jersey program. The Department of Human Services, Department of Children and Families, and the Higher Education Student Assistance Authority established a new student loan redemption program in 2024. It is intended to benefit health care, behavioral health, and social services professionals serving people with medical needs, behavioral and/or mental health conditions, and disabilities. Eligible workers can receive loan relief.

Related Issues

23. DDA should:

- a) Identify a pool of funds to pay for expert technical assistance and support for providers who want help addressing challenges related to recruitment, retention, business practices, and training; and
- b) Reinstate fiscal counseling as a Fiscal Management Agency service available to people who self-direct.

Improve the Capabilities of DSP Managers

Mentoring & Shadowing for Frontline Managers

Well trained, effective, and engaged frontline managers play an important role in retention of the DSPs they supervise. A focus on mentoring and training is needed to make sure this happens. While support brokers and fiscal management service agencies can play a role for people who self-direct, more needs to be done to explore available trainings and increase opportunities for frontline managers.

24. To increase equitable access for all providers, MDH should fund leadership and skill building programs and activities that have demonstrated positive outcomes.² They should be free or low cost for participants.

² Coach Approach and programs that collaborate with the Center for Leadership and Innovation at UMBC are examples.