

# NTI: DD Workforce Capacity

Developmental Disabilities Program (DDP)

January 11, 2024



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

# DD Workforce Capacity | Problem Statement

- Individuals with intellectual and developmental disabilities (I/DD) often need **life-long supports and services** to ensure health and safety while also **promoting access to and participation in their local communities**.
- These supports and services are provided on a day-to-day basis by Direct Support Professionals (DSPs) and secondarily through the **broader healthcare system** – particularly in times of **acute or behavioral health crisis**.

## DSP Workforce Stabilization

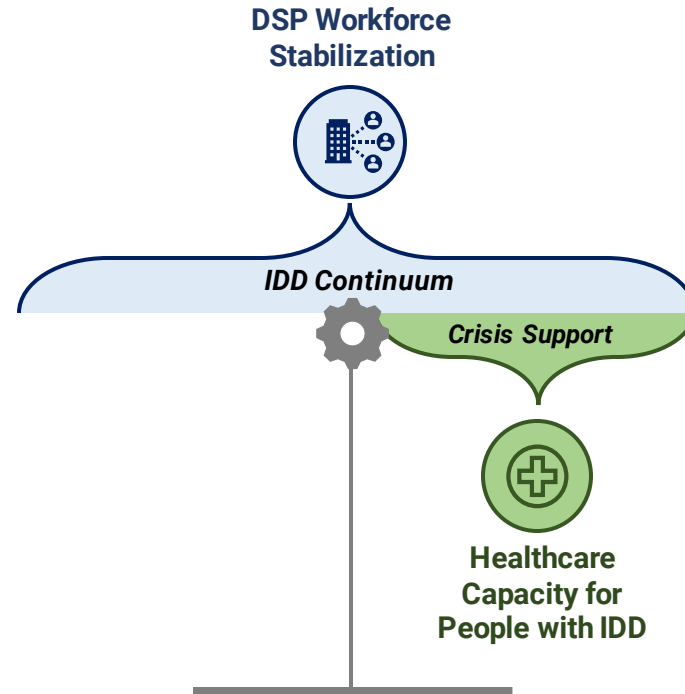
Montana average DSP wage:  
\$14.80

Estimated turnover cost to replace DSP:  
\$2,700 - \$5,200 per exit

**Continuity of care and services** is critical in supporting individuals with I/DD to achieve quality of life outcomes. In fact,

*“continuity and security not only significantly increased overall quality of life, it also positively impacted two-thirds of the different outcomes, ranging from health to relationships to rights.”*

By the Council on Quality and Leadership (CQL)



## Healthcare Capacity for people with IDD

Montana needs a **robust support system of healthcare professionals** who have the **training and tools** needed to support the needs of people with I/DD appropriately and effectively in times of crisis.

DDP conducted a small pilot of the Curriculum in **IDD Healthcare eLearn in 2023 reaching 15 healthcare professionals**.

Significant **barriers** to healthcare **access** for individuals with I/DD is caused by **negative healthcare experiences** often attributed to providers who do **not understand** the **unique needs** of people with IDD.



# December Commission Meeting Recap | Key Stakeholder Information

| December Commission Meeting Themes   | Already Planned Action by DPHHS  |
|--|--|
| <ul style="list-style-type: none"> <li>• Need for expanded early screening and evaluation services</li> </ul>  | <ul style="list-style-type: none"> <li>• Reviewing options for funding requests under HB2 to reopen E&amp;D Clinics</li> </ul>                           |
| <ul style="list-style-type: none"> <li>• Need increased access to acute care physicians who can provide medical supports and/or behavioral health services to avoid ER visits</li> </ul> | <ul style="list-style-type: none"> <li>• Using ARPA funds to pilot telehealth services for virtual healthcare specific to the I/DD population</li> </ul> |
| <ul style="list-style-type: none"> <li>• Need for enhanced HCBS services to improve supports for people with complex needs</li> </ul>  | <ul style="list-style-type: none"> <li>• Reviewing IDD Alt Settings recommendations to support capacity development</li> </ul>                           |
| <ul style="list-style-type: none"> <li>• <b>Need for workforce stabilization to enhance service access</b></li> </ul>  | <p>_____</p>   |
| <ul style="list-style-type: none"> <li>• <b>Need to increase broader access to healthcare professionals who are trained to work with individuals with I/DD</b></li> </ul>                | <p>_____</p>   |

# DSP Workforce Capacity | Data

Montana participated in the CY2021 NCI staff stability survey and the data was collected through a sample of providers (n=15) in the State. The following was documented in comparison to the NCI state average.



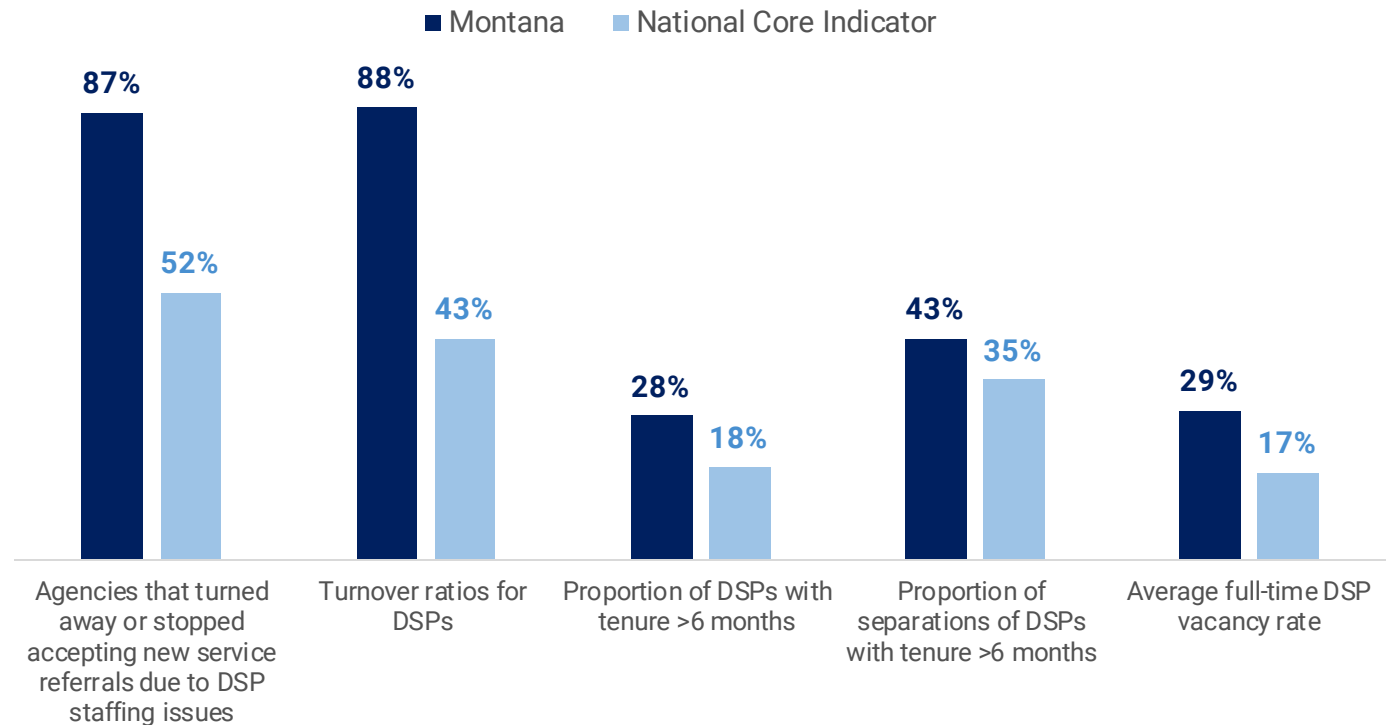
Supporting the NCI data, in separate data collected by the Montana Association of Community Disability Services (MACDS), in FY2023 its members<sup>2</sup> noted:

- average DSP turnover rate: 42%
- highest agency rate: 75%
- lowest agency rate: 24%



While supporting workforce wage growth is important, a survey conducted by Medisked<sup>3</sup> found that nearly **50% of DSP separations** were due to a **lack of advancement opportunities** within the field.





**National Core Indicators (NCI): Staff Stability Survey<sup>1</sup>**  
December 31, 2021



Notes: <sup>1</sup>It should be noted that the State of Montana elected to exclude findings from the national NCI staff stability report for 2021 due to a high documented margin of error. The presented data should be used cautiously. <sup>2</sup>MACDS is not inclusive of all IDD service providers in the state. The presented data only accounts for respondent agencies that are members of the association. <sup>3</sup>Medisked. (2016). The Staffing Struggle In Real: New Statistics on IDD Agencies' Most Common Personnel Challenges.

# Healthcare Workforce Training | Data

Equipping our broader healthcare delivery system with the right tools and training needed to support people with I/DD will also help ensure the system comprehensively supports individuals.

| Question  | Response  |
|---|---|
| I would recommend this training program to others:  | 4.75 out of 5      |
| The presentation will improve my practice and patient care:   | 4.75 out of 5      |
| On a scale from 1-100, rate your ability to deliver effective medical care to people with I/DD <u>BEFORE</u> this training: | 48.75 out of 100   |
| On a scale from 1-100, rate your ability to deliver effective medical care to people with I/DD <u>AFTER</u> this training:  | 84.37 out of 100  |

# DD Workforce Capacity NTI | Recommendation

The funding will be used to pilot an innovative workforce initiative that improves workforce stabilization and enhances capacity development across Montana’s healthcare delivery system to better support people with IDD.

## Provide one-time grants to:

- Five (1 per DDP region) service providers for, on average, **25 DSPs to become credentialed**

- Sponsor **access to training for healthcare professionals** and/or behavioral health staff in working with people with I/DD

### DSP Credentialing and Bonuses

- **Funds will cover staff time** for DSPs participating in the credentialing program as well as “backfilled” staff to cover the shift time of staff enrolled in the credentialing program and other administrative costs for participating agencies
- **One-time incentive bonuses** to DSPs once they reach credentialing tiers, as modeled below:
  - Tier 1 – \$1,000
  - Tier 2 – \$1,500
  - Tier 3 – \$2,000

### Healthcare Workforce Training

- Purchase and make available **500 “seats” to the Curriculum in IDD Healthcare eLearn course** which was designed, created and delivered by a physician, for physicians and other clinicians
- Expanding access to this training would help **promote better healthcare outcomes, including acute care services for individuals with IDD**



# DD Workforce Capacity NTI | Impact

## Target Outputs & Outcomes

## Implementation Activities and Milestones

### DSP Workforce Capacity



**DSP turnover is reduced in credentialed DSPs** when compared to non-credentialed DSPs.



**DSP turnover is reduced by 10% or more** to consider statewide implementation.



**Improved quality of life** through continuity of care for people with I/DD.



**Reduced financial impact** of DSP turnover to improve systemic capacity.

1. Procurement of credentialing platform.
2. Pilot grants developed.
3. Pilot providers selected.
4. Grants issued.
5. Initial and recurring data collection from provider organizations to demonstrate service stability, turnover, capacity growth, utilization, and satisfaction.

### Healthcare Workforce Training



**Healthcare professionals** identify that their ability to deliver **effective medical care to people with IDD increases by 25%** after taking the I/DD in healthcare course.



**Improved access** to qualified healthcare professionals to support health and crisis response outcomes for people with I/DD.

1. Execute contract with I/DD in healthcare training vendor.
2. Release I/DD in healthcare training seats.
3. Data collection from participants to demonstrate impact and satisfaction with training.

