

DIRECT SUPPORT PROFESSIONAL ALLIANCE OF NEW YORK STATE

Promoting valued lives for the people we serve by advancing the profession of direct support.



**Testimony of Joseph M. Macbeth
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And
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Before The New York State Senate Finance and Assembly Ways and Means Committees
and Senate and Assembly Labor Committees
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Chairmen Kruger and Farrell, and members of the Senate Finance and Assembly Ways and Means Committees, and Chairman Onorato, Chairwoman John, and members of the Senate and Assembly Labor Committees, thank you for this opportunity to provide testimony on the proposed Executive Budget for New York State as it relates to workforce issues.

My name is Joseph Macbeth. I am the Assistant Executive Director of the New York State Association of Community and Residential Agencies (NYSACRA). NYSACRA is a membership organization consisting of approximately 200 nonprofit agencies that support individuals with developmental disabilities and employ 70,000 men and women, most of whom provide hands-on direct support of the individuals served. The mission of NYSACRA and its member agencies is to promote the full participation of persons with developmental disabilities in the communities of New York State.

I am also one of the co-founders of the Direct Support Professional Alliance of New York State, or DSPANYS as we call it. DSPANYS' mission is to promote valued lives for individuals with developmental and other disabilities by advancing the profession of direct support. It is on DSPANYS' behalf and its nearly 1,000 members that I am testifying.

Direct support professionals are known by many names: therapy aides, group home counselors, house parents, life skill instructors, habilitation counselors, job coaches, etc. They work in a variety of residential and day programs certified and/or funded by a number of State agencies: the Office of Mental Retardation and Developmental Disabilities, the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, and the Office of Children and Family Services, to name but a few. Regardless of their titles and

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funding sources, direct support professionals have one unifying mission: to protect, nurture, and support some of New York's most vulnerable citizens.

Direct support professionals have the primary responsibility for, and are the frontline of assuring, the health, welfare and safety of people with disabilities. Among other health related duties, they monitor or assist in the administration of medications, and serve as individuals' medical advocates. They assist the individuals they support in learning life skills so they can be all they can be, as good neighbors and contributing members of society; and also help individuals successfully navigate their communities and social services systems. They are relied upon by families as the staff who know their loved ones the best and who can support them in everyday ways the family can't. And for some individuals, they are the closest thing to a family the individual has. Direct support professionals play a critical and complex role in today's community-based human service system.

Direct support is a noble profession, but it is also personally challenging. Given their salaries and benefits, many direct support professionals have to work two jobs to make ends meet, or leave a job they love in exchange for financial security. This has an immediate impact on the people they support – who suffer as a result of staff turnover and high vacancy rates. It also foreshadows a larger looming crisis in human services: the inability to recruit and retain a quality and professional direct support workforce.

- In its January 2010 report on workforce issues¹, the National Council on Disability indicates that the current disability services infrastructure is already strained and will become even more so as baby boomers, who constitute a large part of the workforce, age and themselves require services. In the future, given lower birthrates, the burdens on the health care and social support systems will grow, while resources and labor supplies will be stretched ever more thinly.
- In the arena of developmental disability services, where a number of factors have converged to increase demand for services (e.g., medical advances leading to longevity, higher incidence rate of autism, etc.), the U.S. Department of Health and Human Services projects that between 2003 and 2020 the need for direct support

¹ Workforce Infrastructure in Support of People with Disabilities: Matching Human Resources to Service Needs. National Council on Disability. January 20, 2010.

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professionals will grow by 37%, but the supply of workers who have traditionally filled this role will increase by only 7.2%.²

- Yet even today, we have difficulty recruiting and retaining a direct support workforce. According to the National Direct Service Workforce Resource Center, nursing facilities experience a 71% turnover rate in direct support workers, home health care agencies experience a 40%-60% turnover rate, mental health and developmental disability residential programs have a 50% turnover rate, and the turnover rate for programs serving individuals with substance abuse disorders exceeds 50%.³

It is against that backdrop that DSPANYS urges your support of the proposed budget's provisions for a retroactive and prospective Medicaid trend factor, and an additional phase of OMRDD's Health Care Initiative. Such provisions will assist in recruiting and retaining direct support professionals, particularly if they are used, as Commissioner Ritter of the OMRDD urges, to enhance salaries and benefits of staff in nonprofit agencies.

Unfortunately, DSPANYS' colleagues working in non-Medicaid funded programs and in programs not under the umbrella of OMRDD's Health Care Initiative will not see the fruit of these proposals.

If we are to avert a crisis in the delivery of human services, there needs to be a comprehensive plan to address the direct support workforce needs across New York's human service agencies. Admittedly, this cannot be developed in the current budget cycle. However, DSPANYS urges you to look beyond the current proposed budget, to think outside the boxes and silos of individual agency proposals, and to set in motion a longer-term process which forthrightly plans for and addresses New York's direct support workforce needs. It should endeavor to answer the question: How do we grow a much needed, quality, professional workforce to address the direct support needs of New Yorkers next year, and the next year, and the years that follow?

Salary and benefit issues would be an important element of that plan. One cannot expect people to be drawn to a career of providing direct support services if doing so requires them to work two jobs to survive economically. But salary and benefit issues should not be the only element.

² The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress. U.S. Department of Health and Human Services. January 2006.

³ A synthesis of direct support workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health. National Direct Service Workforce Resource Center. November, 2008.

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To grow and nurture a quality, professional direct support workforce, there should be competency-based training and credentialing to which salaries and career ladders can be tied. Career ladders are important. Individuals doing great work should not have to leave the field of direct support in order to advance themselves. Credentialing would also ensure the portability of core skills as workforce members transition from one human service agency to another as changing service demands may necessitate in the future.

As with most professions, there should also be a Code of Ethics to guide the direct support workforce. Its members are often called upon to exercise independent judgment as they often work in a variety of settings without direct supervision. And there should also be mechanisms in place for the appropriate remediation of alleged misconduct or deviations from expected standards of care. Individuals requiring direct support should be assured that the individuals assisting them are competent and of sound character.

Finally, as pointed out by the National Council on Disabilities, not all occupations specific to disability services are tracked by the Bureau of Labor Statistics. This makes it difficult to plan for issues of supply and demand on a national level. The Council recommends more definitive coverage of these occupations in the BLS system. To aid in planning purposes, New York should ensure that the system it uses for classifying occupations truly captures the essence of direct support work and accurately counts members of that workforce.

In closing, I leave you with a point made by Dr. Frank Bowe, who was disabled, an advocate, and the founding director of the American Coalition of Citizens with Disabilities. And that point is: *Disability is our common destiny, if we live long enough. Usually, hearing begins to go first, then vision, and then mobility.*

By planning for a quality, professional direct support workforce of tomorrow, we are planning for a workforce on which we all may come to rely. DSPANYS is willing to help in this planning endeavor in whatever way we can. So please, don't hesitate to contact us. Information about DSPANYS, including our contact information, is appended to my written testimony, copies of which I've submitted.

Again, on behalf of DSPANYS, I thank you for this opportunity for input.