

2019 Direct Support Professional Compensation Study

A Collaborative Project of:

Moving Agencies toward Excellence (MAX)

Pennsylvania Advocacy and Resources for Autism and Intellectual Disability (PAR)

Rehabilitation and Community Providers Association (RCPA)

The Alliance of Community Service Providers (The Alliance CSP)

The Arc of Pennsylvania (The Arc of PA)

The Provider Alliance (TPA)

United Cerebral Palsy of Pennsylvania (UCP of PA)

2019 DSP and Frontline Supervisor Compensation Study Executive Summary

- 170 agencies employing 36,081 Direct Support Professionals participated in this survey
- \$12.16 per hour: Mean starting wage for Direct Support Professionals
- \$35,772: Mean starting wage for Front Line Supervisors
- \$13.20: Mean hourly wage for all Direct Support Professionals
 - \$13.27 per hour: Mean hourly wage for Full Time Direct Support Professionals
 - \$13.04 per hour: Mean hourly wage for Part Time Direct Support Professionals
- \$37,033: Mean annual salary for Front Line Supervisors
- 31.6% Annual Turnover Rate for Direct Support Professionals
 - 27.7% Annual Turnover for Full Time Direct Support Professionals
 - 43.2% Annual Turnover for Part Time Direct Support Professionals
- 18.0% Annual Turnover Rate for Front Line Supervisors
- 19.4% Percentage of open (vacant) positions
 - 17.0% Open Position Rate for Full Time Direct Support Professionals
 - 26.8% Open Position Rate for Part Time Direct Support Professionals
- 8.9% Percentage of open Front Line Supervisor positions
- 85.8% Percentage of Direct Support Professionals who received a raise within Fiscal Year 2018-2019
- With an average hourly wage of \$13.20, it will cost \$19.80 with time and a half pay for each overtime hour required in response to Turnover and Open positions.



This is the fourth Direct Support Professional compensation survey conducted in Pennsylvania by this seven association collaboration. The primary purpose of the survey is to generate information that could be used to further educate legislators about the challenges that providers face in trying to hire Direct Support Professionals. It offers a secondary benefit to colleagues in the Human Resources area by providing comparative data on wages, turnover, open positions, and benefits. As the fourth in a series of reports on Direct Support Professional compensation, the report offers an historical perspective and the opportunity to evaluate systematic efforts to increase wages for Direct Support Professionals. Please note that the results section begins on page 16.

=====

Direct Support Professionals are individuals who are employed to provide a wide range of supportive and instructional services to individuals with intellectual and developmental disabilities on a day to day basis. These services include teaching community and adult daily living skills, attending to health and emotional needs including administering medication and monitoring medical needs, assisting in personal care and hygiene, providing relationship, employment, transportation, recreation, and housekeeping support, and other home management related supports and services. These supports and services are provided so that people with disabilities can live and work successfully and inclusively in their communities, leading self-directed lives to the greatest extent possible. Similar position titles for Direct Support Professional workforce include Client Care Workers, Residential Counselors, Home Health Aides, Personal Care Aides, Community Integration Specialists, Employment Specialists, and Job Coaches. These employees are essential to supporting and providing service to individuals who have intellectual disability, autism, and other related diagnoses. The quality of Direct Support Professionals' work largely determines the quality of the lives of people who rely on them for support for their daily living. Services can be very intimate, from toileting and

bathing to behavioral support to helping them identify and achieve employment and social goals.

In 2016, The American Association on Intellectual and Developmental Disabilities (AAIDD, 2016) issued a position statement noting that the field is experiencing high Direct Support Professional turnover, while the demand for additional Direct Support Professionals is peaking. There are many reasons for this growing demand for Direct Support Professionals. People with disabilities are living longer. Baby Boomers are entering a life phase in which additional supports may be needed. The number of children diagnosed with intellectual disabilities and/or autism is increasing and the population continues to grow (Zablotsky et al., 2019): High school students in special education graduate and may need significant support from Direct Support Professionals as adults, people on the Waiver Waiting List are in immediate need of Direct Support Professional services, and a growing number of individuals are moving out of institutions into community services. As a result of this increasing demand, it appears that providers are unable to fill the many vacant Direct Support Professional positions with the current government-restrained wages or manage the continuing excessive turnover rate. Short of a significant change in the industry's compensation practices or service/support expectations, the candidate pool of qualified and willing workers is and will continue to fall far short of the demand for DSPs. Note that in the Pennsylvania home health care field, the inability to hire sufficient numbers of Direct Support Professionals has resulted in reduced availability of home health services. In Pennsylvania's Intellectual Disability/Autism field, this has resulted in decreased services, and decreased access to services as some service providers have stopped accepting referrals due to an inability to hire Direct Support Professionals, and

other providers are downsizing because of the inability to fill open Direct Support Professional positions.

The University of Minnesota Institute for Community Integration (2008) has established that low pay is a key determinant of the current recruitment and retention challenges faced by Intellectual Disability and Autism providers, families, and individuals themselves. An improving economy, low unemployment rates, and wage competition from companies like Amazon that provide a \$15/hour starting wage have the added effect of reducing the competitiveness of Direct Support Professional wages. In addition, various municipalities are imposing minimum wage expectations without making available the additional funding needed by Intellectual Disability/Autism service providers to meet these expectations. Note that Philadelphia recently passed a law requiring a \$15/hour minimum wage on city contracts beginning in 2021. The Philadelphia wage is currently at \$13.25, which is more than a dollar over the median starting wage for DSPs. Intellectual Disability/Autism service provider rates are set by the state and funded through a combination of state and federal funding, so providers do not have the ability to raise rates or prices in order to accommodate a higher wage as other private businesses do. Mandated wage increases largely serve to create alternative employment opportunities for individuals currently working as Direct Support Professionals, thereby increasing turnover and open position rates.

This Direct Support Professional workforce crisis has been worsening for years (Hewitt, 2013). The roots of the ongoing workforce challenges lie in the systematic underfunding of social services by the state (Oss, 2017; Spreat, 2017; Spreat, 2019). Highlighting the extent to which Direct Support Professional pay is too low, both ANCOR (2009) and Torres, Spreat, &

Clark (2017) have noted that many Direct Support Professionals qualify for significant forms of public assistance based on their low wages.

Recent research (Spreat, 2019) confirms that there is a significant shortage of individuals who are willing to work as Direct Support Professionals. In a 2018 statewide survey regarding Direct Support Professionals in Pennsylvania, it was determined that there was an annual turnover over rate in excess of 38% and open position rate of about 20%. The impact of these figures, combined with other routine employee absences, creates a situation that for any given shift, one out of three employees may be missing. Because every Direct Support Professional position is essential to the health and welfare of the people they support, the absent Direct Support Professional must be replaced via expensive overtime staff or, even more expensive, agency staffing. Not only is this approach costly, it compromises the very integrity of the supports offered to Pennsylvanians who have Intellectual Disability/Autism. Services and supports are built on relationships, and if turnover disrupts the formation and maintenance of these relationships, services and supports also suffer.

Numerous Direct Support Professional salary surveys having been conducted over the previous 40 years. Some studies focused on the distinction between private community and public congregate care settings, while others made no distinctions. The primary collectors of these data have been researchers associated with the University of Minnesota. All data points on the graph below were collected by staff from the University of Minnesota, with the exception of the 2009 data points, which were contributed by an ANCOR survey (2009). A summary of the wage data is presented in the figure 1 below.

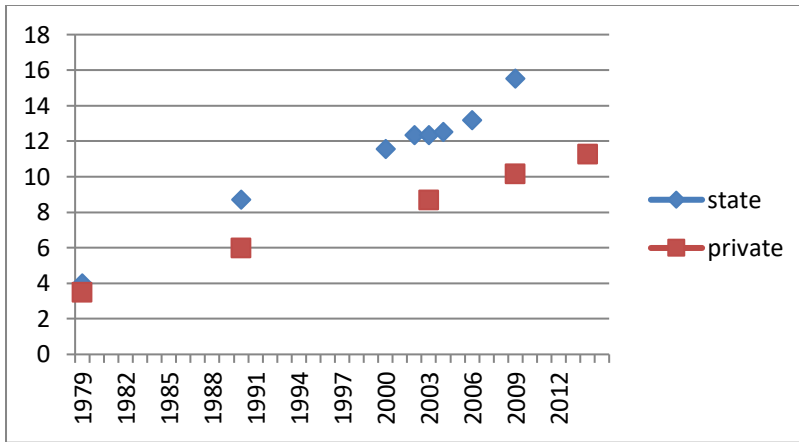


Figure 1. Hourly wage for Direct Support Professionals (in dollars)

Several factors stand out from this graph. First, no one in this workforce, state employed or privately employed, has made a particularly strong income. Even in the relatively recent 2009 ANCOR data collection, Direct Support Professionals employed by state governments made less than \$16 per hour. This highlights a broader problem - Direct Support Professional work is not well appreciated from a financial perspective. As the data shows, Direct Support Professionals who work for private organizations in the community tend to make roughly two-thirds to three-fourths the wages of similarly employed individuals who work for state run institutions.

Because supports and services are now predominantly offered by private providers in the community (Braddock, Hemp, Rizzolo, Haffer, Tanis, & Wu, 2011), this review will focus on wages paid in such settings. Early community-based research (Braddock & Mitchell, 1992) reported a mean hourly wage of \$5.97 for what are now called Direct Support Professionals. In July 1992, the mean national hourly wage was \$10.79 (Data 360), suggesting that Direct Support Professionals in 1992 made about 55% of the national wage average. Available literature suggests that Direct Support Professional salaries have increased over the ensuing 24 years, but that Direct Support Professionals are still not paid a livable wage. Durgin (1999)

reported a mean Pennsylvania Direct Support Professional salary of \$8.13 in 1999. Hewitt, Larson, & Lakin (2000) reported a mean salary of \$8.81, a figure that was generally supported by Polister, Lakin, & Prouty (2003) review study that reported a mean salary of \$8.68. The 2009 ANCOR study (ANCOR, 2009) reported a mean Direct Support Professional salary of \$10.14 per hour. Wages have increased over time, and to the extent that one can compare across time and studies, it appears that wages have increased at a rate modestly greater than inflation (Bureau of Labor Statistics, 2013). It is clear that efforts have been made to ensure wage growth for Direct Support Professionals, but wages remain at an unacceptably low level. The effect has been to keep DSP wages at or near poverty: in other words, treading water at a level below a living wage.

It should be noted that that all of the above referenced studies reflected economic conditions prior to the impact of the 2008 recession. Bogenschutz, Hewitt, Nord, & Hepperlen (2014) reported the results of a Minnesota survey of Direct Support Professional wages. The mean hourly rate for Direct Support Professionals was calculated to \$11.26. Limiting the analysis to residential services (as opposed to the better compensated day program services), the calculated mean hourly rate was \$11.06. This \$11.06 figure is approximately 185% higher than Braddock and Marshall's (1992) mean wage of \$5.97. Over that same 1992 to 2014 time period, the dollar inflated by roughly 169 percent, meaning that an equivalent 2014 value of \$5.97 would be \$10.07. Again, there is evidence that Direct Support Professional salaries have increased over time at a rate that marginally exceeds inflation. However, it is important to note that despite the modest increases, the wage is still only 41% of a living wage, as discussed further below.

The Minnesota study (Bogenschutz, Hewitt, Nord, & Hepperlen, 2014) is the latest in the series of studies from researchers at the Center for Integration at the University of Minnesota. It is a good study that is limited by its sample restriction to programs operating in Minnesota. Systematic replication (Sidman, 1960) is a reasonable next step in the scientific process, and this need to extend our knowledge through replications served as rationale for conducting such a study within the private Pennsylvania Intellectual Disability/Autism system. Spreat, McHale-Brown, & Walker (2017) conducted such a systematic replication in Pennsylvania, where they recorded a median hourly wage of \$11.26 and turnover/open position rates of 25% and 11% respectively. The findings of the Spreat, McHale-Brown, & Walker study (2017) are markedly consistent with those of the 2014 Minnesota study (Bogenschutz, Hewitt, Nord, & Hepperlen, 2014), lending credibility to each of the studies. Direct Support Professionals, at the time of the studies, made a little over \$11 per hour.

The potential utility of these compensation and stability data warranted establishing a means with which to collect such information on a regular basis. The sponsor of the Spreat, Brown-McHale, & Walker (2017) study which gathered 2015 data, a Pennsylvania provider association called Pennsylvania Advocacy and Resources for Autism and Intellectual Disability (PAR), was joined in this effort by six other Pennsylvania associations – Moving Agencies Towards Excellence (MAX) Association, Rehabilitation and Community Providers Association (RCPA), The Alliance of Community Service Providers (CSP), The Arc of Pennsylvania, The Provider Alliance (TPA), and United Cerebral Palsy PA (UCP) to support a second statewide survey which gathered 2016 data and was published 2017. The inclusion of the six associations broadened the utility of the findings by significantly increasing the size of the study population.

This second compensation study was based on data reported by 121 Pennsylvania providers. These 121 providers employed just over 34,000 Direct Support Professionals. This second study (Torres, Spreat, & Clark, 2017) reported a modest increase in hourly wage to \$11.89 per hour (an extreme score from one agency makes the median value of \$11.50 more credible than the mean (average) figure). Turnover was maintained at 26.0%, while the percent of open positions was reported to be 11.9%. Part Time open positions (16.0%) were greater than Full Time open positions (10.2%). It should be noted that in both surveys, public comments were made that the reported turnover rates seemed low.

Temporally congruent with the Seven Association study, the National Core Indicator project released its findings of a 20-state survey of Direct Support Professional compensation practices (NCI, 2018). Pennsylvania was one of the participant states, with 115 Pennsylvania providers providing data regarding the employment of their 15,261 Direct Support Professional employees. This smaller National Core Indicator survey reported a mean residential Direct Support Professional hourly pay rate of \$11.86. While the open position rate was markedly similar to the Seven Association study at 11.2% for Full Time Direct Support Professionals and 15.9% for Part Time Direct Support Professionals, the National Core Indicator group reported an appreciably higher turnover rate of 38.3% as opposed to the 26% turnover rate reported in the Seven-association Pennsylvania study.

The findings from this Seven Association survey (Torres, Spreat, & Clark, 2017) were reported in legislative testimony to the Pennsylvania House Human Services Committee (Spreat & Torres, 2017), with the argument being put forth that an increase in base Direct Support

Professional pay could actually save the Commonwealth money by reducing overtime costs, reducing recruitment costs, and reducing reliance of Direct Support Professionals on public assistance. The findings of the study were coordinated into a concerted effort to help persuade legislators and executive staff of the need to take steps that would increase wages for Direct Support Professionals.

Spreat (2019) completed a third statewide survey of Direct Support Professional compensation, benefits, turnover, and open positions in Pennsylvania programs with Fiscal year 2017-2018 data. While the mean hourly wage increased to \$12.83 per hour subsequent to lobbying and legislative efforts to increase Direct Support Professional wages, Spreat noted that turnover had increased to almost 40% per year, and that the percentage of open positions (vacant) approached 20%. In spite of the pay rate increase, it would appear that increasingly available alternative employment opportunities invited Direct Support Professionals to seek other employment.

The findings of these post-recession studies must be interpreted to reflect a Direct Support Professional systemic workforce crisis. Employers are unable to fill open positions with qualified staff. The resultant excessive reliance on overtime further increases the challenges of the Direct Support Professional job and the challenges faced by individuals and their families who need stability to help ensure health and safety which only comes with experience and adequate training.

It is tempting to allow subjective impressions to shape one's impression of this dollar figure, but it is perhaps more reasonable to substitute some more objective frame of reference.

At the time of the second Pennsylvania survey, the Massachusetts Institute of Technology Living Wage Calculator (MIT, 2016) suggested that the then mean Pennsylvania wage of \$11.26 per hour was a living wage for a single Pennsylvanian. When a child or a spouse or partner entered the picture, the mean wage of \$11.26 fell to a level far below the living wage. Note also that a salary of \$11.26 would have qualified many workers for other forms of government support (insurance for children, day care subsidies, etc.). According to MIT and other sources, for the Pennsylvania average household of one adult and one child in 2018, the living wage is \$31.66, meaning that the average Direct Support Professional wage of \$12.83 was 41% of the living wage.

An alternative frame of reference derives from longitudinal analysis of the consumer price index. Our earliest reported study (Braddock & Mitchell, 1992) reported a mean hourly salary of \$5.97. Corrected for the 70.2% of inflation since 1992 (Bureau of Labor Statistics, 2013), this would suggest an equivalent 2016 salary of approximately \$10.09. From this perspective, it would appear that Direct Support Professionals are marginally beating inflation. Clearly efforts have been made to increase Direct Support Professional salaries, but the resultant wages remain low as evidenced by high turnover and open position rates. The data suggest maintenance rather than growth. An economist might argue that a pay rate is unacceptably low when employers face high turnover and are unable to fill all vacant positions. This is precisely the issue faced by employers in the Intellectual Disability field at this time.

The bulk of research regarding the intellectual disability workforce crisis has largely focused on the Direct Support Professional position. In recent years, it has become apparent that it is critical to measure the related crisis of Front Line Supervisors. It must be recognized

that the Direct Support Professional position is linked to the Front Line Supervisor position. First, Direct Support Professional retention is linked to the quality of supervision they receive (Taylor, Larson, Hewitt, McCulloh, & Sauer, 2007). Second, the Front Line Supervisor position is typically the next step on the Direct Support Professional career ladder. Any opening in a Front Line Supervisor position will typically create an opening in a Direct Support Professional position, as the Front Line Supervisor position is filled with a Direct Support Professional. Third, any increase in compensation for Direct Support Professionals creates significant wage compression for Front Line Supervisors, unless Front Line Supervisors are given a similar increase as well. In this report, we will treat the Intellectual Disability/Autism workforce crisis in terms of both the Direct Support Professional and Front Line Supervisor positions.

Given the continuation of the Direct Support Professional and Frontline Supervisor workforce crisis, it is essential to continue to objectively monitor the magnitude of the crisis. To that end, the seven association collaborative authorized a fourth survey of the compensation of Pennsylvania Direct Support Professionals. This study was essentially a replication with refreshed data of earlier studies. As noted in the preface, the primary purpose of this study was to provide information that could support influence and education efforts.

Methods

Sample

The sample consisted of 170 volunteer respondents to email requests from one or more of the seven associations. Each respondent was a member of at least one of these associations,

but no respondent contributed more than one set of data. All data were collected in 2019.

These 170 respondents each provided supports and services to individuals who have intellectual disability or autism, with most respondents being engaged in multiple businesses within this general industry. Most of the respondents identified their primary business as the provision of residential services (66.1%) but noted participation in other endeavors as well.

Respondents reported the following services:

- 121 (71%) – offered residential services
- 110 (65%) - offered day programming services
- 95 (56%) – offered in-home supports
- 66 (39%) – offered other supports/services (often school)

Respondent size, inferred from the number of Full Time Direct Support Professionals, varied widely, with one agency employing only 2 Full Time Direct Support Professionals and another employing 4000 Full Time Direct Support Professionals. Because of a single very large provider, the mean is a distorted measure of central tendency. The median number of 96 Direct Support Professionals per agency is the preferred index of central tendency. Twenty-two (22) or 13.5% of the respondents reported that their Direct Support Professional staff were represented by unions.

As of 6/30/19, these 170 providers reported that they employed 26,231 Full time Direct Support Professionals and 9,850 Part Time Direct Support Professionals. A **total of 36,081 Direct Support Professionals** were represented. In the previous survey, 32,369 Direct Support Professionals were represented. It should be noted that 48 of the respondents initially surveyed

either declined to report the number of Direct Support Professionals in their employ or simply did not employ Direct Support Professionals. Follow-up calls to the organizations reduced the number of non-responders to 35. This value was an increase over prior years, but the representation of over 36,000 Direct Support Professionals should diminish concern over these non-responses.

Instrument - The survey instrument was developed in consultation with representatives from the seven sponsoring associations including Human Resources professionals. It is largely the same instrument that was used in the immediately prior survey so that comparative analyses might be completed. Key questions included compensation, turnover, open positions, and benefit packages. A copy of the questionnaire may be obtained from PAR (par@par.net).

Data Collection – Invitations to participate in the survey were sent from each association to its membership. The invitation included a link to Survey Monkey, where the respondent could directly complete the survey. The invitations strongly suggested that the survey be completed by the head of Human Resources, with help as needed for specific questions. Invitations were distributed, and respondents were asked to complete the survey by 9/24/19. A grace period was extended until close of business on 10/4/19.

Missing Data – It is noted that some providers did not fully complete the survey. The problems caused by missing data were magnified in each instance when a new variable was created by multiplying two variables. An example of this involved weighting the reported mean Direct Support Professional hourly wage by the number of Direct Support Professionals employed. A missing value on either variable prevented the creation of the calculated variable. In all presentations of data in this report, we sought to maximize the number of respondents.

The presence of missing values will cause the number of respondents to vary throughout the study.

Data Analysis – Data analysis largely focused on the identification of population parameters on the key dimensions of hourly wage, turnover, open positions, and benefit packages. Separate analyses were run for the entire sample and for just those providers that identified their primary business as being residential. In addition, a longitudinal analysis was conducted.

Results

Hourly Wage for Newly Hired Direct Support Professionals & Front Line Supervisors

Respondents were given a brief description of an applicant for a Direct Support Professional position and asked what the offered hourly wage would be for that individual. Across the 149 responding providers, a mean hourly starting wage of \$12.16 was determined to be in effect as of 6/30/19. The median value was \$12.00 per hour. Starting hourly wage ranged from \$8.35 per hour to \$16.00 per hour, with a standard deviation of \$1.40. Note that starting wage was not weighted by the size of the provider. Slightly over half (53.9%) of the respondents indicated that starting salary was adjusted by education or experience.

A similar question was posed regarding the hiring of a Front Line Supervisor who had a college degree and four years of experience in the Intellectual Disability/Autism field. The study revealed that this applicant for a supervisory position would typically be offered an annual

salary of \$35,772. For comparison purposes, this annual salary equates roughly to an hourly rate of \$17.20.

Typical Hourly Wage for Direct Support Professionals & Front Line Supervisors

Some published literature has suggested that Full Time and Part Time Direct Support Professionals are paid slightly different hourly wages. For that reason, we elected to calculate the typical hourly wage for Full Time Direct Support Professionals, Part Time Direct Support Professionals, and the combined group of all Direct Support Professionals. Overall typical hourly wage was derived from the hourly rates for Full Time and Part Time staff.

Respondents were asked to report the mean hourly wage for Direct Support Professionals working within their organization. Because these providers varied widely with regard to the number of Direct Support Professional employees, it was necessary to weight each reported mean hourly wage by the number of employees from whom that mean value was derived. These weighted values were summed and then divided by the total number of Direct Support Professional employees.

The mean hourly wage for the 25,757 Full Time Direct Support Professionals included in this analysis was determined to be **\$13.27** per hour. The mean hourly wage for the 8,663 Part Time Direct Support Professionals included in this analysis was determined to be **\$13.04**. Overall, the mean hourly wage was determined to be **\$13.20** per hour across the Commonwealth. The lowest mean hourly wage was reported to be **\$8.50** per hour, and the highest mean hourly wage was reported to be **\$20.01**. Note that these values (\$8.50 and

\$20.01) are mean values, and it is highly likely that some individuals made less than \$8.50 or more than \$20.01.

In addition to simple hourly wages, 85.8% of respondents (n=158) indicated that Direct Support Professionals had received a raise in 2019, and 53.9% of the respondents reported that Direct Support Professionals had received some sort of bonus.

About 1/3 of 150 responding providers (31.3%) reported that they pay a shift differential for working less favored shifts. For those providers that reported a shift differential, the mean dollar amount of the shift differential was **\$0.83 per hour**. Median was \$0.75 per hour, with a range from \$0.15 to \$2 per hour.

The average annual salary for Front Line Supervisors, weighted by the size of their employer, was \$37,033. It should be noted that many Front Line Supervisors simultaneously provide supports and services typically assigned to Direct Support Professionals. The typical Front Line Supervisor work week is 41.8 hours, of which approximately 15.0 hours are spent working as a Direct Support Professional. Thus, approximately 36% of Front Line Supervisor time (any compensation) are devoted to direct support activities. It should be noted that the tendency to use Front Line Supervisors in a direct support role appeared to vary widely across providers within the Commonwealth

Turnover of Direct Support Professionals & Front Line Supervisors

For purposes of this study, turnover was calculated by dividing the number of Direct Support Professionals who separated from their job in fiscal year 2018/2019 by the number of

Direct Support Professionals who were working for the agency at the end of that fiscal year (6/30/19). While there are several formulae for calculating turnover, this formula is consistent with the one used by the Pennsylvania Office of Developmental Programs and with previous surveys conducted by the seven association collaborative. Applying this formula, it was determined that the turnover rate for Full Time Direct Support Professionals was 27.7%, and the turnover rate for Part Time Direct Support Professionals was 43.2%. The overall turnover rate in this large Pennsylvania sample was determined to be **31.6%**.

A slightly more positive outcome presents for Front Line Supervisors. Turnover of Front Line Supervisors was determined to be 18.0%. This is still a disturbing figure, but certainly less distressing than the comparable figures for Direct Support Professionals. Of course, it should be recognized that turnover in a Front Line Supervisor position often results in a promotion for a Direct Support Professional, with the impact of the turnover being more strongly felt in the Direct Support Professional positions. Ultimately, turnover in the two positions is linked.

Turnover is not only disruptive to the provision of supports in an industry that is largely based on supportive relationships, it has a significant impact on the costs of providing supports and services. It has been reported the costs of recruiting, hiring, orienting a new Direct Support Professional can be as high as \$4,000 per employee. Applying this figure to the **10,040** individuals who separated from their employment as Pennsylvania Direct Support Professionals, one determines as estimated annual replacement cost of **about \$40,160,000**. Further, because open positions and absences are typically filled with an individual working overtime, overtime costs soar. Data from this study suggest that one overtime hour costs about

\$19.91 (mean hourly wage of \$13.27 * 1.5). In contrast, a non-overtime hour plus the reported 23.9% benefits will cost just **\$16.44**. Thus, an overtime hour costs about **\$3.47** more than a regular hour.

Additional perspective on turnover may be gained by examining those individuals who separated from employment within the past year. In this sample of Pennsylvania providers, **10,040** individuals separated from their employment as Direct Support Professionals. Almost half (46.9%) of these separating Direct Support Professionals had worked in their position for less than one year. This suggests that selectivity is being sacrificed to the need to fill open positions in order to provide needed supports and services. Larson, Lakin, & Hewitt (2002) raised concerns about hiring selectivity and its impact of provision of supports and services 17 years ago, and they appear to persist.

Retention is the other side of turnover. Providers reported that the average Direct Support Professional has been in their employment for **5.2** years. Note that this is an average of averages, and it will not identify those individuals with exceptionally long tenure in the Direct Support Professional position

Direct Support Professional & Front Line Supervisor Open Positions (Vacancies)

Most providers experience ongoing openings in Direct Support Professional and Front Line Supervisor positions. The rate of open position was calculated by dividing the number of open positions by the number of open positions plus the number of filled positions as of 6/30/19. The calculation was done separately for Full Time and Part Time Direct Support Professionals and Front Line Supervisors.

The open position rate for Full Time Direct Support Professional positions was determined to be **17.0%**, while the open position rate for Part Time positions was **26.8%**. Overall, it was determined that **19.4%** of Pennsylvania Direct Support Professional positions were open (vacant). These values suggest that roughly 10,301,200 Direct Support Professional hours must be filled by overtime or agency staffing each year (Full Time vacancies multiplied by 2080; Part Time vacancies multiplied by 1040). Just relying on the differential costs of overtime and regular time as reported above, this open position rate could cost the state as much as **\$35,745,164** per year. This figure is added to the replacement costs of over \$40 million that were referenced above. While the financial costs are great, the cost to Pennsylvanians with Intellectual Disability/Autism is far more significant. Individuals with Intellectual Disability/Autism depend on a workforce that is qualified, not overworked, and prepared to provide them with the high quality supports and services they need. They, along with the Direct Support Professionals who support them, are the ones experiencing the direct impact of the reliance upon overtime to staff shifts.

Front Line Supervisors, once again, have a lower rate of open positions. Respondents reported that 8.9% of Front Line Supervisor positions were open. It is likely that the career ladder in which a Direct Support Professional can be promoted to a Front Line Supervisor position is at least partially responsible to this lower rate. Open supervisory positions are often filled by persons who were working as Direct Support Professionals. It is reasonable to speculate that the lowering of the turnover and open position rates may be due to the investment made by the Commonwealth in 2017. These additional funds partially impacted wages in 2018 with the full impact being felt by 2019 and reflected in this study.

Employee Benefits

In addition to the above reported financial compensation, the study results suggest that employers also pay approximately 23.9% of the total hourly wages to provide various benefits for employees and their families. This figure pertains to both Direct Support Professionals and Front Line Supervisors (although calculated separately). The provision of these benefits must be considered from the multiple perspectives of 1) what is offered, 2) what is paid by the employer, and 3) what benefits are actually used by the employee. Please recognize that the survey requested greater detail for Direct Support Professional benefits than for Front Line Supervisor benefits, although it is reasonable to speculate that the benefit packages are at least similar.

Employee Health Plan – Almost all providers (**94.6%**) offer their Full Time Direct Support Professionals some sort of health insurance plan, with the providers paying an average of **81.5%** of the costs of these plans. Approximately 2/3 of Direct Support Professionals (**64.5%**) elect to participate in these employer sponsored health plans. A number of providers (**25.8%**) offer Direct Support Professionals a bonus to waive participation in the employee sponsored health plan. This can be a significant financial advantage to employees who might receive health coverage through another avenue (e.g., spousal plan, parent’s plan). The mean amount of the waiver bonus was **\$1,274** per year.

Retirement Plans – Most providers offer some sort of retirement plan, with most providers preferring to rely on the more predictable defined contribution plan (**85.2%**) than the traditional pension plan (**22%**). Participation in these defined contribution plans (i.e., 403B) is

not particularly strong among Direct Support Professionals, with only about **52.4%** of Full Time Direct Support Professionals electing to participate. The comparable figure for Part Time Direct Support Professionals is approximately **30%**. Most providers (81.5%) offer some sort of contribution or match for these direct contribution plans, with the average maximum agency contribution being about **4.4%** of an employee’s salary. Most require the employee to make some sort of minimal contribution to initiate the employer match. This figure tends to be between **1.0% and 1.6%**. The relatively low participation rates create a significant concern for when these employees reach retirement age.

Paid Time Off – Providers were asked to identify the total number of hours of Paid Time Off for Direct Support Professionals and for Front Line Supervisors. Paid Time Off was the sum of vacation, sick time, and holidays. When respondents to the survey reported Paid Time Off in terms of days, these values were converted to hours by multiplying by eight.

Paid Time Off seems to vary as a function of tenure in the position. The figure immediately below presents the median hours of Paid Time Off as a function of tenure.

	Direct Support Professional (n=111-117)	Front Line Supervisor (n=96-101)
1 year	156 hours	158 hours
3 years	180 hours	192 hours
5 years	208 hours	216 hours
10 years	240 hours	248 hours

Other Benefits – In addition to the benefits listed above, providers offer a number of other benefits to Direct Support Professionals. Listed below is the name of the benefit, the

number of providers reporting to offer that benefit, and the most commonly cited payer for that benefit. Payers could be the employer, the employee, or a combination of the two.

Benefit	Participation	Modal Payer
Family Health Plan	117 (69%)	Joint Employer/Employee
Employee Dental Plan	119 (70%)	Joint Employer/Employee
Family Dental Plan	114 (67%)	Joint Employer/Employee
Life Insurance	115 (68%)	Employer
Vision	116 (68%)	Employer
Long Term Disability	90 (53%)	Employer
Short Term Disability	101(59%)	Employer
Employee Assistance Plan	97 (57%)	Employer
Flexible Spending Account	49 (29%)	Employee
Health Reimbursement Account	27 (16%)	Employer
Health Savings Account	32 (19%)	Joint Employer/Employee
Tuition Reimbursement	47 (28%)	Employer

Some caution should be exercise regarding the above percentages. Respondents were asked whether they offered the listed benefit. It was not possible to discern whether the absence of a positive response meant that the respondent did not offer the benefit or whether the responder simply skipped the question. Thus, it is likely that while the counts are accurate, the percentages may be slight underestimates.

As would be expected, a lesser benefit is offered for Part Time Direct Support Professionals. The table below presents the percentage of providers that offer each listed benefit for Part Time Direct Support Professionals.

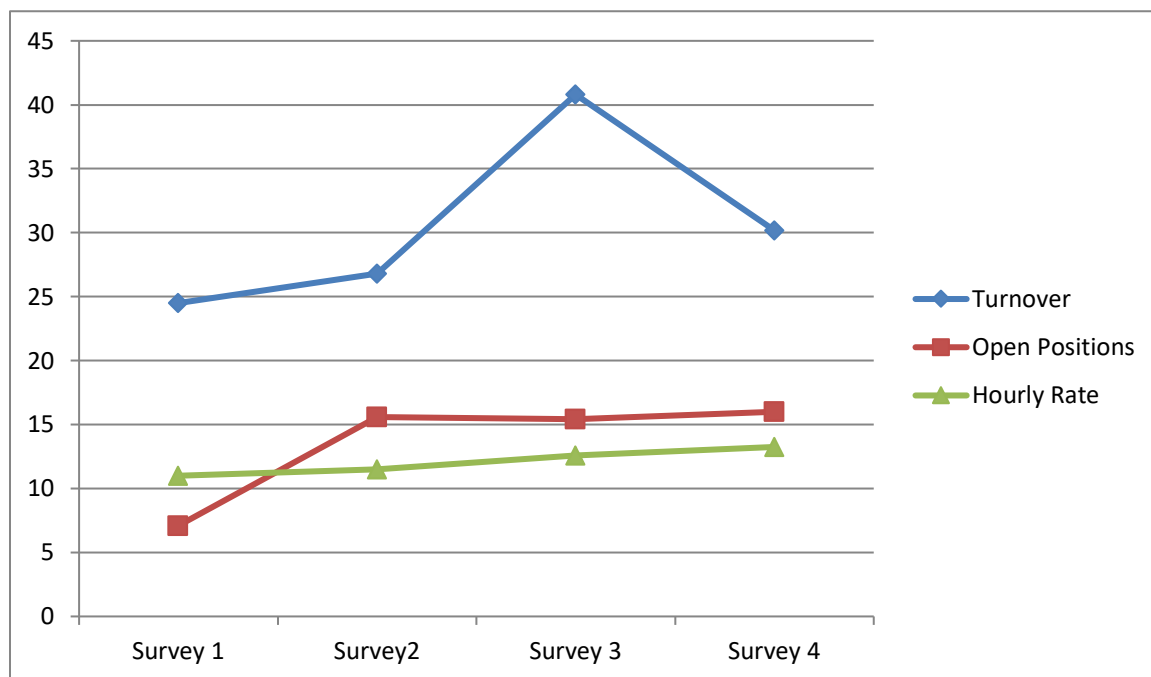
Part Time Benefit	Percentage
Employee Health Plan	19%
Paid Time Off	44%
Pension	12%
Defined Contribution Plan	38%
Employee Dental Plan	15%
Tuition Assistance	6%

Employee Vision	15%
Employee Assistance Program	33%
Flexible Spending Account	8%
Health Reimbursement	4%
Health Savings Account	6%

Longitudinal Analysis

The data collected in Pennsylvania over four different studies are cross sectional in nature. That is, they represent snapshots in time of four slightly different samples. Because of the large sample sizes (over 35,000 Direct Support Professionals represented), they are fair representations of the state of Direct Support Professional compensation in Pennsylvania. The strongest and most credible representation, however, comes from a study that relies on the same sample in every time frame. This is called a longitudinal analysis. It parallels Conroy and Bradley's (1985) model of repeatedly assessing the welfare of individuals who left Pennhurst Center for homes in the community for years after their transition to measure outcomes.

Reviewing all collected data, it was determined that 40 providers submitted data in each of the four surveys. Hourly pay rate, turnover rate, and open position rate were reviewed over the dimension of time in an effort to ascertain any trends. These values are presented in the figure below:



Open positions may have stabilized at a higher level, and continuing modest growth is noted in hourly wage. Turnover appears to continue to grow at a variable rate. There is no appreciable evidence of a lessening of the workforce crisis.

Discussion

While the data collected over the past four years suggest that lobbying and educational efforts have resulted in pay increases for Direct Support Professionals, these gains seem to have been offset by the positive health of the Pennsylvania economy. Wages went up, but turnover rate and the number of open positions have remained dangerously high. It is this sort of challenge that led to the selection of the illustration on the Executive Summary page of Sisyphus eternally pushing a boulder up a mountain. Despite the efforts of various stakeholders, and despite getting more money for Direct Support Professionals from the Commonwealth legislature, the overall condition of the industry has not appreciably improved. A workforce crisis still remains, and it affects both the Direct Support Professional position and the Front Line Supervisor position because these two positions are linked.

In a free market, a business that was unable to hire a sufficient number of employees would raise the pay rate for employees, hoping to achieve equilibrium between the supply of available employees and the demand for employees. The Intellectual Disability/Autism industry does not operate in a free market. Providers have little ability to increase Direct Support Professional wages because the providers have no control over the prices for the services and supports they provide. Prices for services are set by the purchaser – the government. Government price controls make it practically impossible to achieve equilibrium between the

supply of workers and the demand for workers. According to the Office of Developmental Programs (ODP), providers already spend between 70% and 80% of their budget on employee expenses, leaving little room to adjust wages. Employee shortages and a long term workforce crisis is the result.

The workforce crisis has impact across several areas. The inability to fill Direct Support Professional positions directly affects the quality of life for the persons supported by Direct Support Professionals. The constant turnover of staff results in a transitory quality in regards to the knowledge held about consumers, as well as consumers themselves losing contact with trusted and relied-upon staff. Both turnover and staff vacancies affect the quality of care by disrupting social support networks, jeopardizing program continuity, and ultimately, increasing the costs of providing services. High turnover negatively impacts the quality of service delivery. One provider shared that one individual had been bathed and/or toileted by 35 different workers within a one month period of time.

Employees and their families are affected beyond the mere impact of low pay. The literature has documented that an individual who had to either work overtime or subsist on public benefits due to low wages experiences diminished health, increased obesity, and hypertension. This low-wage environment has a striking human cost. It minimizes the ability of parents to fully participate in their children's development, and children of low-wage parents are often forced into the labor market early. Children of low-wage parents are more likely to face educational difficulties. Finally, children of low-wage earning parents are more at risk for health problems and complications. In a sense, the roots of the workforce crisis functionally serve as social determinants of negative health and societal costs.

The workforce crisis continues despite legitimate efforts on the part of the Pennsylvania legislature to address the problem. A long-term strategy for a sustainable solution to the workforce crisis needs to be implemented soon. Such a strategy must address the gap between Direct Support Professional average wages and a living wage.

References

- American Association on Intellectual and Developmental Disabilities. (2016). Position statement on the Direct Support Professional workforce. Washington DC: American Association on Intellectual and Developmental Disabilities, 5/18/16.
- ANCOR. (2009). *Direct Support Professional Wage Study*. Alexandria, VA: ANCOR.
- Bogenschutz, M., 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.
- Braddock, D., Hemp, R., Rizzolo, M., Haffer, L, Tanis, E., & Wu, J. (2011). *The State of the States in Developmental Disabilities 2011*. Denver: University of Colorado Department of Psychiatry and Colman Institute for Cognitive Disabilities. Washington, D.C.: American Association on Intellectual and Developmental Disabilities.
- Braddock, D. & Mitchell, D. (1992). *Residential services and developmental disabilities in the United States: A national survey of staff compensation, turnover, and related services*. Washington, DC: AAMR.
- Bureau of Labor statistics. (2013). Retrieved 5/20/14 from http://www.bls.gov/oes/current/oes_nat.htm#31-0000.
- Conroy, J. & Bradley, V. (1985). *The Pennhurst Story*. Philadelphia: Temple University. Boston: Human Services Research Institute.
- Data 360. (undated). Retrieved 8/30/16 from http://www.data360.org/dsg.aspx?Data_Set_Group_Id=773&count=all,

- Durgin, P. (1999). *Salary levels and their impact of quality of care for client contact workers in community based MH/MR programs*. Harrisburg, PA: Legislative Budget and Finance Committee of the General Assembly.
- Hewitt, A. (2013). Raising Expectations: The Direct Support Professional workforce. Presentation to The Arc National Conference, Seattle, Washington, 8/4/13
- Hewitt, A., Larson, S., & Lakin, C. (2000). *An independent evaluation of the quality of services and system performance of Minnesota's Medicaid Home and Community Based Services for persons with mental retardation and related conditions*. Institute on Community Integration, Minneapolis: University of Minnesota.
- Larson, S., Lakin, C., Bruininks, R. (1998). *Staff recruitment and retention: Study results and intervention strategies*. Washington DC: AAMR
- Larson, S., Lakin, K., & Hewitt, A. (2002). Direct Support Professionals 1875-2000, *Embarking on a New Century*, 203-219,
- MIT (2015). Living Wage Calculator. <http://livingwage.mit.edu/states/42/location>. Accessed 6/25/15 and 2019.
- National Core Indicators. (2018). Snapshot of Direct Support Workforce Challenges in the United States. https://www.nationalcoreindicators.org/upload/core-indicators/1_DIRECT_SUPPORT_PROFESSIONAL_workforce_challenges_whole.pdf.
- Oss, M. (2015). Just Say No. *Open Minds*, 1/22/15. Albany: OPWDD.
- Polister, B., Lakin, K., & Prouty, R. (2003). *Wages of Direct Support Professionals service persons with intellectual and developmental disabilities: A survey of state agencies and private residential provider trade associations*. Published by Research and

Training Center of Community Living, Institute on Community Integration, College of Education and Human Development, University of Minnesota. Volume 14(2).

Sidman, M. (1960) *Tactics of Scientific Research*. New York City: Basic Books.

Spreat, S. (2019). *Pennsylvania Direct Support Professional Wage Study*. Langhorne, PA: Alliance of Community Service Providers (ACSP), Moving Agencies toward Excellence (MAX), Pennsylvania Advocacy and Resources for Autism and Intellectual Disability (PAR), Rehabilitation and Community Providers Association (RCPA), Arc of Pennsylvania (Arc/PA), The Provider Alliance (TPA), United Cerebral Palsy of Pennsylvania (UCPA)

Spreat, S. , Brown-McHale, K., & Walker, S. (2017). PAR 2015 Direct Support Professional Wage Study. *Journal of Public Health Policy and Planning*, 1(2), 50-55.

Spreat, S. and Torres, N. (December 2017). Testimony to Pennsylvania House Human Services Committee regarding wages and compensation for Direct Support Professionals.

Spreat, S., Conroy, J. & Fullerton, A . (2005). A cost-benefit analysis of community and institutional placements for persons with mental retardation in Oklahoma. *Research in Developmental Disabilities*, 26(1), 17-31.

Taylor, S. (2008). *The Direct Support workforce crisis: Can unions help resolve this?* Syracuse, NY: Syracuse University Center of Human Policy, Law, and Disability Studies.

Taylor, M., Larson, S., Hewitt, A., McCulloh, N., and Sauer, J. (2007). *National Training*

Institute for Frontline Supervisors (NTIFFS): Final Report. Minneapolis, MN: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

Torres, N. Spreat, S. & Clark, M. (2017). Direct Support Professional.

Compensation Practices: Implications on Service Quality; Tax Dollars; and Quality of Life. *Social Innovations*, 32, not paginated University of Minnesota Institute on Community Integration. (2008).

<https://ici.umn.edu/Services/D2D - Great-Direct Support Professionals-5-28-08.pdf>.

Accessed 11/05/18.

Zablotsky, B., Black, L.I., Maenner, M.J., Schieve, L.A., Danielson, M.L., Bitsko, R.H., Blumberg,

S.J., Kogan, M.D., & Boyle, C.A. (2019). Prevalence and Trends of Developmental

Disabilities among Children in the United States: 2009-2017. *Pediatrics*, DOI:

<https://doi.org/10.1542/peds.2019-0811>

Appendix

Detailed Summary of Collected Data

Length of Orientation (n=162)

Mean length	40.09 hours
Standard deviation	27.4
Median	40 hours
Range	4 to 126 hours

New DIRECT SUPPORT PROFESSIONAL Applicant – Starting Hourly Rate (n=104)

Mean rate	\$12.16
Standard deviation	1.40
Median	\$12.00
Range	\$8.35/hour to \$16/hour

New Front Line Supervisor Applicant – Starting Annual Salary (n=104)

Mean Salary	\$35,772
Standard Deviation	6,353.3
Median	\$35,000
Range	\$22,500 to \$56,000

Weighted Hourly Rate for Direct Support Professionals

	Full Time	Part Time
Mean	\$13.27	\$13.04

As a calculated variable, other parameters like standard deviation, median, and range were unavailable.

Shift Differential Offered (n=150)

Yes	47	31.3%
No	104	68.7%

Size of Shift Differential (for those who offer it – n=47)

Mean	\$0.83
Standard Deviation	0.4
Median	\$0.75
Range	\$0.15 to \$2.00

DIRECT SUPPORT PROFESSIONAL Raise Last Year? (n=158)

Yes	127	85.8%
No	31	14.2%

Bonus Last Year (n=152)

Yes	82	53.9%
No	70	46.1%

Staffing Agency Spending (n=38 – those who reported using staffing agencies)

Mean spending	\$987,352
Standard deviation	1,580,388
Median	237,611 (note difference from mean)
Range	\$1200 to \$6,000,000
Total	\$36,532,031 for 37 agencies

Hourly Rate Paid to Agencies for Staffing (n=37)

Mean	\$20.59
Standard Deviation	3.7
Median	\$20.02
Range	\$15.30 to \$31.25

Direct Support Professional Tenure

Mean	5.2 years
Standard deviation	3.3
Median	4.3
Range	0 to 20 years

NOTE: Summary of mean values – will not capture individuals with very long tenure

Total Benefit Costs

Direct Support Professional	23.9% of wages
Front Line Supervisor	23.9% of salary

DIRECT SUPPORT PROFESSIONAL Health Plan is offered (n=129)

Yes	122	94.6%
No	7	5.4%

What Percent of Direct Support Professionals Participate in Plan? (n=115)

Mean	64.5%
Standard Deviation	24.7
Median	68.0%
Range	0% to 100%

What Percent of Health Plan Costs are Paid by Agency? (n=114)

Mean	81.5%
Standard deviation	20.3
Median	85%
Range	0% to 100%

Is a Bonus Paid for Waiving the Health Plan? (n=128)

Yes	33	25.8%
No	95	74.2%

Size of Bonus to Waive Health Plan (n=33)

Mean	\$1,274/year
Standard deviation	992.2
Median	\$1176

Range \$50/year to \$4,200/year

Median Paid Time Off

	Direct Support Professional (n= 111-117)	Front Line Supervisor (n=98-101)
1 year	156 hours (n=117)	158 hours
3 years	180 hours (n=114)	192 hours
5 years	208 hours (n=113)	216 hours
10 years	240 hours (n=111)	248 hours

Traditional Pension Plan Offered (n=127)

Yes	28	22%
No	99	78%

Defined Contribution Plan Offered (n=128)

Yes	109	85.2%
No	19	14.8%

DIRECT SUPPORT PROFESSIONAL Participation in Defined Contribution Plan

	Full Time (n=101)	Part Time (n=90)
Mean	52.4%	30.0%
Standard deviation	33.0	35.22
Median	50.0%	12.5%
Range	0 to 100%	0 to 100%

Does Agency Contribute to the Defined Contribution Plan (n=124)

Yes	101	81.5%
No	23	18.5%

Maximum Size of Agency Contribution (n= 99)

Mean	4.6%
Standard deviation	4.41
Median	4.0
Range	0 to 40% (possible error on reported range)

Minimum Employee Contribution to earn Match (n=88)

Mean	1.6%
Standard deviation	1.6
Median	1.0
Range	0 to 7%

Note: in some cases, minimum was listed as \$1 – coded as .15

Benefits for Full Time Direct Support Professionals

Benefit	Number	Who Pays for the Benefit?		
		Employer	Joint	Employee
Family Health Plan	117	5.1%	69.2%	25.6%
Employee Dental	119	34.5%	38.7%	26.9%
Family Dental	114	12.3%	45.6%	42.2%
Life Insurance	115	85.2%	7.0%	7.8%
Vision	116	36.2%	32.8%	31.0%
Long Term Disability	90	67.8%	4.4%	27.8%
Short Term Disability	101	48.5%	5.8%	45.5%
Employee Assistance Program	93	94.8%	-----	5.2%
Flexible Spending Account	49	6.1%	2.0%	91.8%
Healthcare Reimbursement	27	48.1%	18.5%	33.3%
Health Savings Account	32	18.8%	43.8%	37.5%
Tuition Reimbursement	47	76.6%	17.0%	6.4%
College Loan Repayment	10	30.0%	20.0%	50.0%

Benefits for Part Time Direct Support Professionals

Medical Plan	33	19.4%
Paid Time Off	74	43.5%
Pension	20	11.8%
Defined Contribution Plan	64	37.6%
Employee Dental	25	14/7%
Tuition Assistance	10	5.9%
Vision	26	15.3%
Employee Assistance Plan	56	32.9%
Flex Spending Account	14	8.2%
Healthcare Reimbursement	7	4.1%
Healthcare Savings Account	10	5.9%

Number of Direct Support Professionals Per Provider

	Full Time (n=127)	Part Time (n=124)
Mean	206.5	79.4
Standard deviation	442.1	213.5
Median	96	25
Range	2 to 4,000	0 to 2,000 (both extremes checked)
Total	23,843	7,913
Grand Total		36081

Number of Front Line Supervisors Per Provider

Mean	27.1
Standard deviation	48.8
Median	12
Range	520
Grand Total	3,064

Turnover

	Full Time - 109	Part Time - 94	Total
Separations	6,591	3,376	9,967
Number of DSPs	23,770	7,813	31,583
Turnover Rate	27.7%	43.2%	31.6%

NOTE: Requirement to have no missing data on either variable reduced sample size. Overall, there were 10,040 separations in our sample, but in some cases, data were missing on total number of Direct Support Professionals.

Turnover Costs if Replacement Cost is \$4,000
 $10,040 * 4,000 = \$40,160,000$

Brief Tenure Turnover – ensuring data on both variable reduced sample size

	Full Time -108	Part Time-102	Total
Separations	6,663	3,377	10,040
Number less than 1 year	3,122	1,725	4,847
Percent Short Tenure	46.9%	51.1%	48.2%

Open Direct Support Professional Positions

	Full Time	Part Time	Total
Open Positions	3,958	1,970	5,928
Open Positions + Working	23,154	7,360	30,514
Percent Open Position	17.0%	26.8%	19.4%

Open Front Line Supervisor Positions

Open Positions	208
Open Positions + Working	2,350
Percent Open Positions	2,350

Workers Compensation Percentage (n=95)

1%	16	16.8%
2%	19	20.0%
3%	33	34.7%
4%	10	10.5%
5% or more	17	17.9%

