



# State of the IDD Direct Care Workforce 2023 in Texas

## IDD Provider Survey Finds Direct Care Workforce Crisis Is Threatening Access to Community Disability Services

Texas Council of Community Centers (Texas Council), Private Providers Association of Texas (PPAT) and Providers Alliance for Community Services of Texas (PACSTX) conducted a survey of providers of community-based intellectual and developmental disability (IDD) services to ascertain the financial and practical implications of reported shortages of direct care workers. The survey was open for one month from December 20, 2022 – January 20, 2023, and 105 responses were received.

### Respondent Providers Support:

- 69% (3,845) of the individuals residing in community-based Intermediate Care Facilities (ICF),
- 53% (4,809) individuals living in Home and Community-based Services (HCS) group homes

This report highlights the survey findings and reveals the need for urgent state response. Without significant investment in the direct care workforce, people with IDD and their families will lose access to the resources necessary to remain at home and in the community.

## Finding #1: Providers report a group home staff vacancy rate of 31% in ICFs and 30% in HCS

Despite federal and state investment in one-time staffing bonuses, providers are struggling mightily with staff vacancies. At any given time, one out of three group homes do not have a regularly scheduled staff person. To ensure staff coverage, providers report:

- 61% use administrative staff
- 76% providers use overtime
  - o ICF providers report overtime has increased by an average of 48% over the last two years
  - o HCS providers report overtime has increased by an average of 46% over the last two years
- 31% consolidate homes at times when staffing requirements cannot be met

With a starting pay of \$8.11/hour, direct service workers are leaving for less-stressful jobs with double the hourly pay at retail stores, fast food restaurants, grocery stores, warehouse jobs, and convenience stores.

## Finding #2: Providers are closing group homes and canceling contracts

7 ICF providers and 27 HCS providers report permanent group home closures due to staffing difficulties. 6 providers report canceling entire contracts (HCS, TxHmL, DBMD) due to the inability to adequately provide staff for individuals enrolled in services. Additionally, 23% of ICF providers and 32% of HCS providers report they will close more group homes over the next 6 months and 10 providers report they will cancel contracts if they do not receive the funding necessary to recruit and retain staff.

**IMPACT:** With programs and services closing, the ability for the state to maintain an adequate network of community providers and meet federal access standards is in serious jeopardy. Reduced availability of services jeopardizes the safety and well-being of the people who rely on these services.

## Finding #3: 28% ICF Providers & 48% HCS Providers are Turning Away New Referrals

Despite Texas's policy of "zero reject," providers are forced for the first time to turn away new referrals due to insufficient staffing.

**IMPACT:** With the service infrastructure deteriorating due to staff shortages, more than 100,000 people are on the HCS/TxHmL interest lists. Without providers to deliver supports, individuals will remain unable to access services, even if their turn to come off the interest list is finally reached.

## Finding #4: 46% Providers are Struggling to Meet Quality Standards

Nearly half of respondents indicate they have experienced difficulties in achieving quality standards due to insufficient staffing. Providers are simultaneously facing an increase in critical incidents and regulatory action.

**IMPACT:** High turnover, disproportionate use of overtime and heavy reliance on administrative staff to fill shifts increases the risk of medication errors, critical incidents, and inadequate support from staff who are less familiar with protocols and individual client needs. COVID-19 emergency flexibilities have allowed providers to temporarily consolidate facilities and for staff to work up to 24 hours at a time. When emergency orders are lifted, providers will be left unable to comply with staffing requirements, in turn forcing additional closures and consolidations of group homes and further limiting the availability of services for people in their own home. This pressure is already causing permanent agency closures, and without alleviation more closures are expected.

Many respondents indicate the need to use administrative staff, managers, owners, and executives in this role for the first time in the history of their programs, contributing to organization-wide burnout, and costs to provider organizations that cannot be reflected in cost reports.

### **IDD Association Contact information:**

Sandy Batton, Providers Alliance for Community Services of Texas (PACSTX), [sandy@pacstx.org](mailto:sandy@pacstx.org)

Carole Smith, Private Providers Association of Texas (PPAT), [caroleppat@aol.com](mailto:caroleppat@aol.com)

Isabel Casas, Texas Council of Community Centers (Texas Council), [icasas@txcouncil.com](mailto:icasas@txcouncil.com)