

2024 IDD Group Home Provider Report:

Direct Support Workforce Crisis

Across the state, over 15,000 individuals with intellectual and developmental disabilities (IDD) rely on small, residential settings (HCS and ICF group homes) where their daily needs for assistance with meals, transportation, and maintenance of health and safety are met by paid staff.¹

Although the IDD service system has long struggled to retain an adequate workforce of direct care staff, the shortage reached crisis proportions during the COVID-19 pandemic and continues to mount, jeopardizing the entire continuum of care and the lives of individuals with IDD.

Data collected by three statewide provider associations: the Texas Council of Community Centers (Texas Council), the Private Providers Association of Texas (PPAT), and Providers Alliance for Community Centers of Texas (PACSTX) demonstrates an urgent need for state action to subvert a public health crisis.² With significant numbers of group home providers permanently closing homes or unable to accept new clients due to the workforce crisis, Texas is on the brink of a deluge of displaced, vulnerable individuals without a safety net to catch them.

Table 1: Impact on Access to Care

	HCS ³ Respondents	ICF ⁴ Respondents
Permanently Closed Group Homes	43%	14%
Unable to Accept Referrals	47%	20%
Closing for Shifts	29%	20%
Planning to Close Group Homes in 2024	24%	18%
Capped Contracts	19%	N/A

The IDD System Depends on Direct Support Professionals

Direct support professionals (DSPs), sometimes referred to as direct care workers, play a pivotal role in supporting individuals with IDD. DSPs exercise judgment that affects the health, safety, and well-being of three to six high-needs individuals at a time, for a wage that, even with a recent Legislatively-directed increase, comes to just \$10.60 an hour, less than the starting wage at a fast-food restaurant.

Imagine visiting your loved one in the group home where she has lived for years. When you arrive, there is only one staff person present, an administrator who does not usually work direct care. Her shift will end soon, but she is not confident the staff person meant to relieve her will show up. She seems distracted and tired as she texts her own family, letting them know she may not be home tonight.

To your alarm, your loved one mentions people she does not know are staying in her home. Gradually, you piece together that when other group homes do not have overnight staff, individuals spend the night at your loved one's home – or the other way around. Sadly, your loved one mentions she has not gone on any community outings recently. You ask if at least she is taking her medications and going to her doctors' appointments. She is not sure.

¹ 4,566 individuals were supported in community-based ICF/IID in FY23. 10,114 individuals were enrolled in the Residential Support Services/Supervised Living (i.e. group home) model of HCS services, out of a total 29,819, as of February 2024.

² The Private Providers Association of Texas, Providers Alliance for Community Services of Texas, and the Texas Council of Community Centers conducted concurrent member surveys beginning September 2021; the most recent covers data from September 1, 2023 through February 2024. The responding providers represent over half of all people in IDD residential services in Texas. Survey results available upon request.

³ Home and Community-based Services Waiver (HCS) is a Medicaid waiver program that supplies services and supports to Texans with an intellectual disability or a related condition so that they can live in the community. See Texas Health and Human Services. *What is HCS?* Available at: www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/hcs/what-is-hcs.pdf

⁴ Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions provide residential and habilitation services to people with intellectual disabilities or a related condition. Texas Health and Human Services Commission. Intermediate Care Facilities (ICF/IID). Available at: <https://www.hhs.texas.gov/providers/long-term-care-providers/intermediate-care-facilities-icfiid>.

Throughout the course of each workday, DSPs not only provide basic care, manage medications, and intervene as needed when someone is experiencing behavioral challenges, but they promote social inclusion and foster independence by teaching the day-to-day life skills that empower individuals with IDD to lead meaningful lives. See the Appendix for a summary of DSP responsibilities.

The Workforce Crisis is Already Affecting Access to Care

Beginning in 2021, the vacancy rate for DSPs in group homes reached 30%, then climbed to 33-34% in 2024. Even after a September 1, 2023 rate increase to support \$10.60/hour, nearly a third of positions remain vacant. Provider agencies have no choice but to fill shifts with administrative staff minimally trained in direct care and with exhausted DSPs working double and triple shifts.

Today, DSPs work an average of 60 hours per week, with some working 100 hours per week or more. Inexperienced, overtired staff are much more likely to make mistakes, fail to provide services according to plans of care, and have lower tolerance for stressful situations. Unable to guarantee the health and safety of individuals under these conditions, many IDD providers are terminating their contracts with the state.

Total closures:

January 2023 -February 2024

- 179 HCS homes
- 50 ICF facilities

Anticipated closures:

March 2024 and beyond

- 92 HCS homes at risk of closure
- 34 ICF facilities at risk of closure

An exodus of providers from the system has already resulted in loss of access to care and increased utilization of high-cost institutional settings, including state psychiatric hospitals and State Supported Living Centers.

For example, HHSC reports: “[s]ix months into FYTD 2024, [State Supported Living Center] admission inquiries have doubled from those reported in FY 2023.”⁵

Of concern, many of these SSLC admissions represent circumstances in which a person

was not successfully supported in their chosen community setting: of the 133 FY2023 admissions, 56 people, or 42%, were enrolled in HCS prior to admission.⁶ HHSC identified the difficulty community-based providers face in supporting people with high medical, mental health, or behavioral needs as the driving factor in another concerning trend: not only have SSLC admissions outpaced community transitions for the last eight years, but FYTD 2024 data shows admissions outpacing transitions by a factor of four.⁷

The impact of contract terminations and group home closures on the individuals in services cannot be overstated. Provider staff often become family, meaning loss of a residential placement is often a loss of home and family at once. With upheaval in their lives, sometimes for reasons they cannot understand, individuals with IDD are at increased risk of medical and behavioral crises.

⁵ Texas Health and Human Services Commission, State Supported Living Center Long-range Planning Report, April 2024, p. 18. Available online at: www.hhs.texas.gov/sites/default/files/documents/sslc-long-range-planning-report-april-2024.pdf

⁶ *Id.* at 7.

⁷ *Id.* at 19.

Table 2: Impact on Health and Safety		
	HCS Respondents	ICF Respondents
Struggle to Meet Standards	48%	57%
Increase in Medication Errors	20%	22%
Increase in Behavioral Issues	30%	43%
Increase in Hospitalizations	14%	14%

Strains of the Shortage are Felt Along the Continuum of Care

The workforce shortage in community creates strain along the full continuum of care.

In addition to the community-based services described in this brief, Texas funds thirteen State Supported Living Centers (SSLCs): campus-based settings where individuals with IDD receive residential services. Community-based services and SSLCs are designed to work together as a balanced and effective service delivery system that affords a full range of services and supports for individuals and their families, including individuals with severe or profound intellectual disabilities and individuals with intellectual disabilities who are medically fragile or have behavior needs.⁸

When SSLCs faced challenges recruiting and retaining qualified DSPs, the 88th Texas Legislature made an investment that increased base wages for SSLC direct support professionals to \$17.71/hour; subsequent increases for state workers, also included in the budget, will raise this amount to \$19.16/hour in FY25. SSLCs are already reporting significant positive impacts of recent wage increases on filling vacant positions, reducing turnover, and decreasing reliance on staff overtime.⁹

In contrast, the base wage for a direct service professional in a community-based setting received a minimal increase in the 88th Session from \$9.53 to \$10.60/hour. This disparity in starting pay for DSPs compounds the workforce crisis in community services. With greater workforce stability due to increased wages in SSLCs, it would be tempting to assume that any shocks felt in the community can be absorbed by the state-operated institutions.

In fact, the SSLC system faces its own distinct challenges with a burgeoning census, growing waiting lists, and lengthy wait times for admissions. HHSC reports actual enrollment has outpaced Legislative Budget Board (LBB) projections since FY 2022 and is anticipated to continue this trend. The average monthly enrollment in FY 2023 was 2,602, only 145 people shy of total capacity. Approximately 100 individuals were awaiting SSLC admissions in September 2023, with many admissions pending from jails, state psychiatric hospitals, and community group homes.¹⁰ On average, individuals wait four and a half months from the time a completed SSLC application is submitted to admission.

94% of HCS providers and 96% of ICF providers indicate the recent rate increase was not sufficient to address the workforce shortage.

⁸ 26 TAC §904.7(a)(1)-(2).

⁹ SSLC Long-range Planning Report 2024, *supra* note 5, at 7.

¹⁰ Data maintained by Texas Health and Human Services Commission, released to Texas Council of Community Centers through an Open Records Request, October 25, 2024. Available upon request.

Setting aside the cost differential, given the narrow margin between the SSLCs' current census and operating capacity, growing waiting lists, and lengthy wait times, the SSLC system is not a feasible option to absorb an influx of individuals unable to access care in the community because of the workforce shortage.

Table 3: Current Direct Care Workforce	HCS	ICF
Vacancy Rate	34%	33%
Direct Care Staff Average Hours on Duty per Week	62	56

Closing

Unless the Legislature acts, individuals with IDD will continue to rely on DSPs compensated at the rate of \$10.60 per hour, a rate that ninety-four percent of HCS providers and 96% of ICF providers indicate is not sufficient to prevent devastating consequences of the workforce shortage. Those consequences are already mounting, as evidenced by diminished quality of care, loss of access to services, and increased reliance on institutional settings. Without meaningful action the entire continuum of care and the lives of individuals with IDD remain at risk.

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Appendix: Direct Support Professional Responsibilities

One community IDD direct care worker in a group home supports 3 – 6 individuals at the same time	
Individualized Support	<ul style="list-style-type: none"> • Teaching and reinforcing daily living skills, such as how to cook safely and independently and how to clean and maintain personal hygiene • Developing social skills training (how to talk to other people, make and keep friends, respect the personal boundaries of others) • Teaching communication skills, mobility training • Intervening and managing behavioral issues (teaching alternative emotional responses to sensory overload or other triggers, minimize aggression when frustrated, verbalize feelings including pain, managing and diverting conflict among roommates within a group home) • Implementing multiple individualized plans of care, documenting progress and critical incidents • Exercising judgment in responding to and intervening in medical, behavioral, and other emergencies according to each person’s plan of care, state regulations and provider policy • Interacting with individuals who are not verbal • Supporting employment and recreational activities and goals including transporting to and from appointments, church, jobs, social activities, shopping, etc. • Exercising vigilance for medical vulnerabilities and behavior triggers, identifying changes in condition necessitating a change to plan of care
Medication Management	<ul style="list-style-type: none"> • Preparing, administering, and monitoring medications • Documenting and maintaining medication records
Health and Safety	<ul style="list-style-type: none"> • Cleaning, disinfecting common areas • Conducting fire drills during the day and night
Basic Needs	<p>For individuals with IDD who also have significant medical or physical disabilities:</p> <ul style="list-style-type: none"> • Preparing special diets, mealtime assistance • Showering/brushing teeth/dressing • Toileting/handwashing/changing diapers