

# Supporting People Through the Workforce Crisis

A Triage Approach

Last Updated: August 2, 2021



## Introduction

Due to workforce shortages that have reached unprecedented levels, individuals with developmental disabilities and their teams have been challenged to make adjustments to the routines, services, and supports that help individuals live and thrive in their homes and communities. In recent months, those discussions have become more complex as teams face situations where there are insufficient staff to meet every individual's needs. As stakeholders in Ohio's developmental disabilities system, our organizations have compiled the following recommendations. Our recommendations are intended both for advanced planning by county boards, providers, and individuals with their families and guardians, and for individual teams that are engaging in these discussions about services for individuals with developmental disabilities.



## General Principles

We recognize that no guidelines or recommendations can be expected to provide an answer for every situation or circumstance. This document is intended to help identify issues to consider when making decisions, rather than determine the path forward.

To the greatest extent possible, services should be provided in accordance with the individual service plan and should maximize an individual's health and safety, as well as engagement in preferred activities. Decisions to adjust services should be made based on the specific circumstances facing the individual or provider, not across-the-board or implemented in advance of an identified need. When it is necessary to make substantial changes (such as a move), teams should frequently reassess whether the staffing situation has improved enough to support the person returning to their prior home or services. Teams must also carefully consider and justify any decision that reduces an individual's services. Due process procedures must be followed if there is a decision made to withhold, suspend, or reduce services.

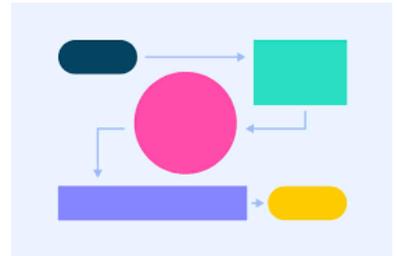
Additionally, as providers and counties plan to address urgent situations, all team members impacted by the situation should be included in the discussion. Individuals (and their guardians, if applicable) should be informed of the circumstances and the options under consideration, even if those options are limited. It is understood that all members of the team may not agree with every decision. In the event of significant disagreements, an individual may decide to seek a different provider, or a provider may decide to give notice that it will no longer be able to provide services to the individual. These decisions should not be made lightly or to gain leverage, however members of the team should consider these and other potential outcomes.



We believe that advanced assessment and planning can help everyone be better prepared for staffing shortages before those situations become a crisis for individuals receiving services. These plans can also ensure that the most critical needs are met in the event of a crisis, in order to prevent a major threat to an individual's health or safety.

# Planning Strategically to Avoid a Crisis

County boards, providers, and individuals and their families and guardians all play a role as we work together to avoid a crisis that prevents individuals from receiving the services they need. By planning ahead and assessing short-term or immediate needs, we can prevent some problems from occurring and identify solutions that can be put in place at the appropriate time. The following recommendations are “best practices” to be considered.



## County Boards

- Designate a county board staff member to be the primary contact for providers (including ICFs) experiencing or projecting a staffing crisis.
- Develop and maintain a listing of any providers who have excess capacity and are able to assist in the case of an emergency. This may include day service providers who are willing to provide services outside of their normal operating hours (nights/weekends).
- Create a crisis response plan for actions the county board will take in scenarios involving provider closure, unstaffed homes, or other respite needs.
- Proactively review individual service plans to ascertain which individuals’ service needs are the highest priority for crisis response. (See Team Considerations for guidance.)
- Maintain regular communication with providers to identify early warning signs of potential problems. Honest and open communication is critical.
- Conduct check-ins with individuals, families, and guardians to monitor services and high-priority individual needs.
- Communicate with individuals, families, and guardians about the staffing crisis and real provider capacity. Educate them on the potential for service disruptions, as well as the county’s crisis response plan and who they should contact in the event of an urgent unmet need.

## Providers

- Each provider should assess their capacity to continue serving current people and/or ability to serve any new people and share with the county board.
- Create an internal crisis response plan for actions the provider will take if one home or setting is unable to meet minimum staffing levels.
- Communicate with the county board early on if a staffing crisis is projected to begin immediate collaboration to create and implement a plan.
- Communicate with the county board if you have excess capacity and are willing to assist if an emergency arises with another provider in the county.

## Individuals, Families, and Guardians

Work with your team to:

- Review your services and individual circumstances to identify highest-priority needs that must be met to ensure your basic health and safety.
- Identify how you should report and receive assistance with unmet service needs when staff are not available.
- Create an emergency backup plan in the event that staff are not available.
- Consider available options if your provider is not able to continue providing services to you including sharing services with others on a short-term basis or the use of technology to meet your needs.

## Team Considerations

There are many factors that play into each decision facing an individual and their team. We recommend that teams prioritize services that are necessary to support basic health and safety when there are insufficient staff to meet all identified needs.

We understand that it is difficult to consider reducing services, even when there is no alternative. As these difficult decisions are made, we acknowledge that some individual needs must be prioritized over other services and supports that are important to individuals and their families.

Highest Priority Service Needs	Individual Vulnerabilities
Hands-on assistance with eating	Choking risks/aspiration pneumonia Constipation
Hands-on assistance with toileting	Skin breakdown Constipation
Hands-on assistance with bathing or showering	Skin breakdown Falls Drowning risk
Hands-on assistance with mobility or transfer	Falls Skin breakdown
Hands-on assistance with medical care	Recent discharge from hospital or nursing facility Wound care
Medication administration	Prescribed daily medication for health condition (diabetes, heart, blood pressure, seizures, mental health, etc.)
Eyes-on supervision	Self-harm Wandering/elopement Unstable mental health condition

For other service needs, teams should continue to identify available staffing as well as alternative ways to provide the appropriate services and supports. The following alternatives may be feasible depending on the individual circumstances.

### *Technology*

Remote support may meet an individual's needs for periodic supervision or check-ins when constant eyes-on supervision or frequent hands-on assistance is not necessary. It is imperative that all forms of technology are considered to reduce or replace staff during this crisis.

### *Natural Supports*

Drop-in support may be available from a family member, friend, neighbor, or county board staff to monitor needs, increase community engagement, and prevent isolation. Communication is essential at this time.

### *Adjusted Supervision Levels*

Supervision levels and timing should be based on an individual's current identified needs. Requirements for 1:1 or more intensive supervision should be based on a clear risk of harm to the individual or others that is immediate and ongoing. The option for a person to live alone with 24/7 staff is extremely challenging at this time and may need to be reevaluated.

## Resources

Our organizations offer to provide technical assistance to assist counties, providers, and teams that are facing challenging decisions that cannot be resolved at a local level. Additional available resources include:

- DODD's Residential Crisis Support Teams: county contacts can be found at: [https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/residential\\_crisis\\_support\\_map](https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/residential_crisis_support_map)
- OACBDD's DSP Staffing Crisis Summary, which identifies ways that county boards can support providers experiencing a crisis.
- Reference list from Dr. Susan Abend regarding high-priority medications for on-time administration.

## Conclusion

There are no easy answers to the current workforce shortage. Our organizations are working together to identify solutions that will move us through this crisis. As we address the situations that continue to arise, we believe that the recommendations provided here will help us to collectively meet the highest-priority health and safety needs while also preventing circumstances from becoming emergencies.