

Addressing the autism service provider shortage in Minnesota

Most states are experiencing autism service provider¹ shortages. Families with children who are on the autism spectrum are often placed on long waiting lists to get services or treatment, must drive long distances to see providers or experience delays or gaps in access to treatment, therapies and services.

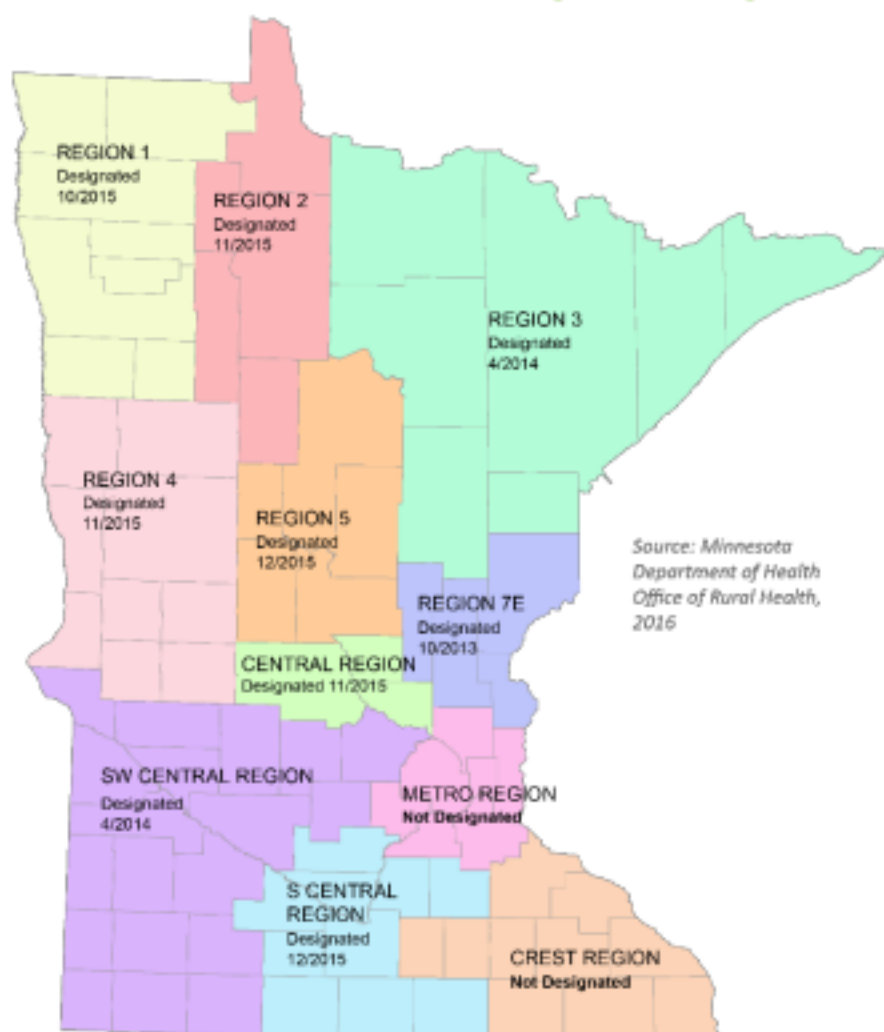
Minnesota is no exception: The state is experiencing a shortage of mental health service providers (including autism treatment providers) in all regions, with the exception of the seven-county metro area and southeastern Minnesota (Figure 1).²

Staff shortages may be because of challenges in recruiting people into the fields of mental health services and other direct services, and are also compounded by high turnover in the field.

High turnover of mental health workers has negative outcomes for therapy providers, staff, service recipients and their families. The cost of hiring and training new staff as well as lost productivity places a financial burden on service providers — these jobs require extensive training, time commitment, and resources by both employees and employers. Turnover also affects other employees' workload and morale.

Provider shortages and turnover ultimately disrupt access to and continuity of care and services for children with autism (and others who need services), which can have negative impacts on consumer progress and outcomes.

Figure 1. Minnesota mental health shortage areas designations



Job burnout fuels provider turnover

Job burnout—defined by the World Health organization as a “syndrome resulting from chronic workplace stress that has not been successfully managed” (World Health Organization, 2019) – is a driving factor in turnover of direct support workers. The emotionally, and sometimes physically, demanding requirements of direct support work increases the likelihood of burnout, reduced employee satisfaction and leads to high turnover rates (Burrows, 2010).

¹ In this brief, we use several terms such as “mental health workers,” “direct support workers” and the general term “providers” to describe people whose job it is to provide treatment and other types of support services to children with autism and co-occurring conditions.

² Health professional shortage areas (HPSAs) are geographic regions, populations, and facilities with too few mental health providers and services as identified by the Minnesota Department of Health. MDH has identified several counties in Minnesota as HPSAs.

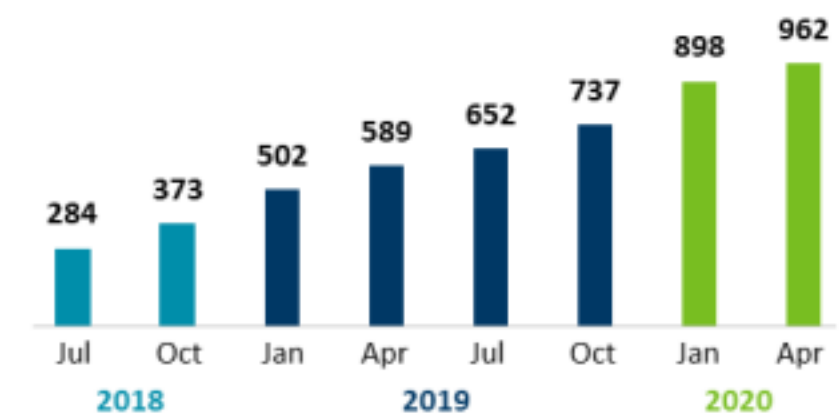
Perceived inability to help consumers is also associated with feelings of burnout. A study conducted in Australia showed that among mental health workers, the perception that consumers are not improving was associated with burnout, which in turn is related to lower job satisfaction, decreased job engagement, poorer workplace well-being and increased turnover intentions (von Hippel et al., 2019).

The growing numbers of families accessing the EIDBI benefit and EIDBI providers

The Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit is a Minnesota Health Care Program that provides medically necessary intensive intervention for people with autism spectrum disorders and related conditions. Additionally, families who receive the EIDBI benefit can access education, training and support for parents and caregivers, promote independence and participation in family, school, and community life, and improve long-term outcomes and the quality of life for people and their families (Minnesota Department of Human Services, 2020). The number of families who access the EIDBI benefit has tripled since July 2018 (Figure 2).

Therefore, the need to retain EIDBI providers and increase the number of new providers is critical to the progress of children with autism.

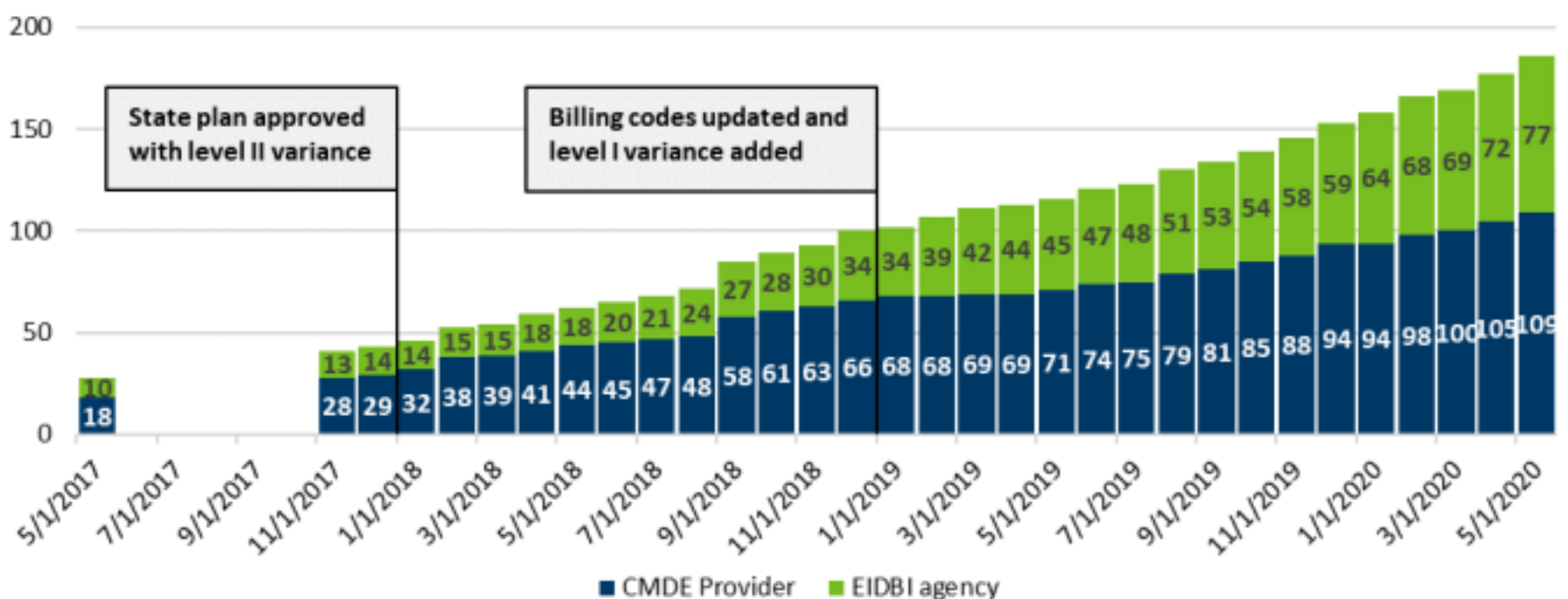
Figure 2. Recipients of EIDBI Services in Minnesota (N)



Source: Minnesota Department of Human Services, 2020

The number of EIDBI providers in Minnesota has also increased over the past few years (Figure 3). These organizations are qualified to complete either the comprehensive multi-disciplinary (CMDE) and/or individual treatment plans (ITP) and to provide early intensive treatment of autism and related conditions under one of the approved treatment modalities. This is largely due to adjusting qualifications of EIDBI providers as required by law; however, added outreach efforts and education by the Minnesota Department of Human Services around the EIDBI benefit and similar programs and services might also have contributed to the increase in providers.

Figure 3. EIDBI service providers and agencies in Minnesota (N)



Source: Minnesota Department of Human Services, 2020

Because of the increasing number of children with autism in Minnesota, as well as the increasing numbers of children and families who have enrolled in the EIDBI benefit, it is important to continue to recruit new direct support workers and retain existing staff, as well as to recruit more service provider organizations to become eligible to participate in the EIDBI benefit program, in order to fulfill the needs of families with children who have autism. The sections below outline strategies that provider organizations can use to retain direct support workers by creating a positive work place environment and alleviating burnout. This report also includes information about strategies that DHS is currently using to recruit new providers to the field as well as to help retain existing direct support providers in Minnesota.

Strategies to improve workplace environment to retain providers

Improving the workplace environment could help to retain direct support workers in addition to attracting new people to join the field. The strategies below outline specific ways that organizations promote a positive workplace environment.

- Supervisors should actively strive to **promote staff enjoyment of their jobs, as this is a primary indicator of a highly motivated and quality workforce** (Reid et al., 2012). Lack of staff enjoyment can lead to reduced work effort, affect the quality of life of consumers served, and lead to increased absenteeism and turnover (Reid et al., 2012). Along the same lines, offering both tangible and intangible positive reinforcements can contribute to an employee's increased satisfaction. These types of reinforcers should align with the employee's wants, needs, desires and values (Aubrey & Bailey, 2014). Examples of tangible reinforcers or rewards include: staff events such as pizza parties, BBQs, free vending machines for a day, gift cards and offering to buy meals from food trucks (Aubrey & Bailey, 2014). Social and work-related reinforcers such as verbal praise and assignments to preferred job duties can also be used to promote staff enjoyment and reward them for their performance (Aubrey & Bailey, 2014).
- Organizations and supervisors should **acknowledge when good, high quality work tasks are performed by staff**. When the good work of staff is acknowledged by their supervisors, it helps staff feel positively about their work efforts (Reid et al., 2012). In turn, when staff feel good about their work efforts, they are more likely to enjoy their jobs and help to create a positive working environment. Furthermore, staff are much more likely to want to continue a job if they are actively supported in fulfilling their job duties and feel good about their work (Reid et al., 2012).
- **Organizations and supervisors should provide positive feedback to staff in some manner regarding their work proficiency** (Reid et al., 2012; Aubrey & Bailey, 2014). Positive feedback is the most readily available, effective means for a supervisor to support staff performance (Reid et al., 2012). Positive feedback should be provided in various ways: in-person and via written communication as well as in both public settings and privately during one-on-one meetings (depending on the employee comfort level).
- Feedback should also follow immediately after observing staff performance (Reid et al., 2012). When supervisors provide feedback, it should be specific and based on work performance a person can control (Aubrey & Bailey, 2014). Supervisors should provide positive feedback frequently and be specific and sincere (Aubrey & Bailey, 2014). Additionally, providers should create ways for teammates to reinforce each other's performance or for staff to be reinforced more often when a supervisor is not always present. Organizations could also have individual and team performance goals to help with co-reinforcement.
- Supervisors can also use staff recognition and positive reinforcement in conjunction with positive feedback. Recognition can be provided by both management and peers and can take place at staff appreciation events, special recognition meetings and by other means determined appropriate by the organization (Reid et al., 2012).
- **Provide clear definitions of expected consumer outcomes and how staff can help achieve them.**

According to Reid et al., (2012) service provider organizations should clearly specify consumer outcomes based on the results of agency supports and services they receive. Supervisors must clearly specify staff duties necessary to assist consumers as they work toward these desired outcomes. This will increase the likelihood that staff will implement the treatment or therapy effectively and supervisors will be able to monitor staff performance efficiently (Reid et al., 2012).

- **Supervisors should seek staff input on critical decisions and involve them in their own supervision.** Supervisors should ask staff about decisions that are important to them such as work schedule, teaching and behavior-support assignments, mandatory overtime and others (Reid et al., 2012). Although it is impossible to involve staff in all major decisions,

allowing for some staff input in decision-making helps to facilitate staff buy-in and contributes to a positive working environment (Reid et al., 2012).

- **Increasing the amount of program training and support provided to employees.** This could come in the form of workshops, individual and group therapy and support groups (James et al., 2016). Using evidence-based job training for staff including describing the skills staff will be trained in, providing staff with a written summary of the training, demonstrating the target skills for staff, helping staff practice performing the target skills and providing feedback, and then repeating steps as necessary can help to increase staff understanding of and ability to perform a new task (Reid et al., 2012). Employers should aim to support their staff by offering resources and information they need to continue to be successful in their careers.

Strategies to alleviate burnout among mental health providers

Addressing provider burnout has the potential to help decrease turnover and increase staff's feelings of satisfaction in the workplace and with their jobs. The strategies below pinpoint ways in which organizations and supervisors can address burnout among direct support workers.

- Offer support and trainings to help direct support workers to **recognize their own internal positive psychological resources** such as self-efficacy, optimism, hope and resilience as a way to cope (Sweetman & Luthans, 2010). Organizational support for individual staff members who are seeking to improve these internal resources is critical to helping them improve professional effectiveness and reducing emotional exhaustion (Lizano & Barak, 2015)
- Focusing office culture to **emphasize the importance of well-being**; work spaces should attempt to foster team building, communication and mutual support between co-workers and supervisors to help reduce stress and foster support.
- Implement **interventions that focus on understanding and alleviating burnout and feelings of inability to help consumers** might be especially useful. Organizations and supervisors should understand and recognize the negative impact on direct support workers of feeling unable to help

their consumers. Highlighting any positive changes among consumers during staff meetings or one-on-one check-ins could reinforce the valuable role of direct support workers in their own minds.

- **Recalibration of expectations and celebration of small improvements** may also reduce feelings of burnout. If direct support workers are attuned to those small improvements, they may also be better at helping consumers see positive changes, which in turn can promote further improvement.
- **Focus on hiring practices of identifying potential employees who are a good fit for the position.** Although education and experience are often given weight to position qualifications, these variables are not found to be significant with respect to burnout (Griffith et al., 2014). Measurement of character traits of prospective employees that are a "good fit" with the organization may be more informative when considering retention and burnout (Hurt et al., 2013).

- Provider organizations should also **focus their recruiting efforts and hiring practices to promote a diverse workforce** in order to support families with providers who speak their language or have the same cultural background as they do. Efforts to recruit more racially and culturally diverse candidates would be helpful to meeting the needs of families of color, families who do not speak English as their first language, and immigrant and refugee families. Some strategies to increase workplace diversity include recruiting from schools that have a diverse student body and reaching out to culturally specific student organizations. Organizations should consider recruitment for providers at all levels of the organization for diversity across race, ethnicity, gender, age, location and abilities is important to achieving and promoting a diverse workforce. Organizations should also consider their practices for hiring and promoting a diverse work force. Some strategies include hosting a diverse hiring panel, creating employee resource groups and posting job ads at community events and celebrations.

Provider organizations could also develop policies and procedures that are committed to and value diversity.

- **Address insufficient resources, if possible.** If an organization does not have needed resources for employees to do their jobs, this is not an employee issue. According to Reid et al., (2012) it is up to the supervisors to recognize this and obtain resources on behalf of the employees. However, sometimes a lack of resources can be intangible, like a limited amount of staff time. Supervisors should therefore consider the time it takes staff to complete tasks and adjust scheduling and timing appropriately (Reid et al., 2012).
- **Attempt to make disliked tasks more enjoyable for staff.** Supervisors should meet with staff to define and discuss undesirable work tasks and get their ideas of how to change the task, if possible (Reid et al., 2012). Supervisors could also attempt to rotate assignments for completing these tasks across different staff or teams of staff to share the burden of completing such tasks (Reid et al., 2012)

Strategies to recruit and train new providers

Over the past few years, DHS has implemented several initiatives aimed at recruiting and training new service providers.

Recruiting new providers and educating the future workforce

DHS staff has been involved in several types of efforts to both recruit new providers into the field as well as to provide education to increase knowledge of direct support careers. These include:

- DHS has met with colleges, universities, and EIDBI providers across the state to discuss provider shortages and to help determine ways to address it.
- DHS staff have **attended in-person and virtual college meet-and-greets** to reach out to students who may be interested in careers as direct support workers.
- DHS staff have **conducted outreach and education** around the state regarding the need for more mental health providers and direct support workers.
- For more information about these events, please contact ASD.DHS@state.mn.us for more information.

Funding and grants to increase the number of mental health providers

DHS has also created funding and grant opportunities to increase the number of mental health providers in the field. These include:

- **Grants** to assist people from underserved cultural and minority communities in becoming licensed mental health professionals.
- **Systems of care grant** to train mental health professionals in evidence-based practices.
- **School-linked mental health grants** to expand access to mental health professionals and services in schools.
- For more information, visit the [grants and RFPs webpage](#).

Training to become an EIDBI provider

Training opportunities are available for providers who are interested in becoming eligible to serve consumers through the EIDBI program. Recently, DHS made an EIDBI 101 training available virtually to parents and providers to learn more about the EIDIB benefit.

More information about how to access these opportunities can be found on the [Building EIDBI provider capacity webpage](#).

Advisory Group/Learning Collaborative to continue learning about new strategies

In order to continue learning, DHS convenes an EIDBI Advisory Group made up of stakeholders and professionals. Together, this group provides feedback to DHS about the EIDBI benefit and potential legislation. Discussion topics have focused on legislation regarding alleviating provider shortages as well as provider recruitment strategies.

For more information about the EIDBI advisory group, visit [the EIDBI advisory group webpage](#).

DHS and Wilder Research also convened a learning collaborative consisting of a group of experts in the field (e.g., providers, professionals and policy experts) to focus on key issues, including provider retention strategies.

If you are interested in joining the learning collaborative, email ASD.DHS@state.mn.us for more information.

Conclusion

Recruiting and retaining direct support workers and other mental health providers by creating a positive work place and focusing on alleviating burnout is critical to addressing provider shortages. The more providers who stay in the field and are satisfied with their work, the higher the likelihood that the shortage will decrease and may lead to better outcomes for children on the autism spectrum and improve quality of life for their families. DHS and autism service provider organizations should consider implementing or strengthening the strategies described in this brief to retain direct support workers to provide needed autism-related services and other services to children and families in Minnesota.

Resources

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