

**Implementing Direct Support Professional Credentialing in New York
Final Technical Report**

Submitted to

The New York State Office for People with Developmental Disabilities



Table of Contents

Executive Summary	4
Potential for Credentialing to Improve Quality Outcomes, Affordability of LTSS and Quality Support	6
Focus Group Summary - Views of Direct Support Professionals, Front Line Supervisors, Individuals with Intellectual and Developmental Disabilities, Families and Employers	7
Community Private Sector Provider Survey Outcome Summary	8
Overall Description of the Providers in the Sample.....	8
Introduction and Background to the Credentialing Project	16
The Environmental Scan and Literature Review	16
Scope and Methods of the Literature Review/Environmental Scan	16
Demographic, Social and Service Related Factors Affecting the Direct Support Professional Workforce.....	17
Credentialing: Potential Contributions to a Stronger Direct Support Workforce	24
Potential for Credentialing to Improve Quality Outcomes and Affordability of LTSS	28
Advancing Quality Support.....	28
Status of DSW Certification and Credentialing in the Intellectual and Developmental Disability sector of Long Term Supports and Services.....	31
National Programs.....	38
State and Regional Credential Programs.....	39
What Can We Learn from Other Credentialing and Educational Programs to Create a Solid Program for Direct Support Professionals New York?.....	44
Features of High Quality Credential Programs	44
Environmental Scan and Literature Review Conclusions and Next Steps	47
Focus Group Analysis.....	48
Overview of the Focus Group Activity	48
Procedure.....	49
Focus Group Results	50
Impact on DSPs Employed/Directed by the Service Recipient	53
Focus Group Findings Summary	55
Direct Support Workforce New York Provider Survey.....	56
Background and Introduction.....	56
Instrumentation.....	56
Obtaining a Sample	56
Overall Description of the Providers in the Sample.....	57
Comprehensive Multivariate Analysis	60

Service Setting Type	66
Paid Sick Leave.....	69
Education Level.....	72
Sources of DSP New Hires	73
Sources of FLS New Hires.....	73
Interventions for Improving Recruitment	74
Frontline Supervisor Influence on Direct Support Workforce Outcomes.....	75
Proposed Direct Support Professional Credential Model Overview: Career GEAR Up.....	77
Proposed Direct Support Professional Credential Model	77
The Cost of Credentialing: A Proposed Model Overview	83
Recommendations to the Legislature and OPWDD:	86
NY DSP Credentialing Program.....	86
APPENDIX A: REFERENCES.....	87
APPENDIX B: LIST OF HUMAN SERVICE RELATED DEGREE AND CERTIFICATE PROGRAMS IN NEW YORK COMMUNITY COLLEGES	89
APPENDIX C: DESIGN DECISION POINTS.....	91
APPENDIX D: FOCUS GROUP PROTOCOL	92
New York Direct Support Credentialing Project Focus Group Project Team Protocol.....	92
Group and Meeting Rooms Set-Up.....	92
Welcome and introduction process	93
APPENDIX E: FOCUS GROUP MEETING GUIDELINES	98
APPENDIX F: SUMMARY OF SIGNIFICANT RESULTS FOR THE 2015 NEW YORK SERVICE PROVIDER SURVEY	100
APPENDIX G: ADVISORY GROUP.....	102
APPENDIX H: FINANCIAL MODEL	103
APPENDIX I: ROI CALCULATOR.....	104
APPENDIX J: SAMPLE CREDENTIAL PROGRAM CURRICULUM CROSSWALKS	105
APPENDIX K: QUESTION AND ANSWER DOCUMENT.....	155
APPENDIX L: NEW YORK DSP CORE COMPETENCIES.....	156
APPENDIX M: NATIONAL FRONTLINE SUPERVISOR CORE COMPETENCIES	170
APPENDIX N: CREDENTIALING MODEL	193
APPENDIX O: PROVIDER SURVEY	195

Executive Summary

Introduction and Background

Governor Andrew M. Cuomo and the New York Legislature have charged the New York Office for People with Developmental Disabilities (OPWDD) to provide recommendations for the design and implementation of a Direct Support Professional (DSP) credential pilot program. To fulfill this charge, the OPWDD funded and engaged in a comprehensive project that included four main components: 1) An environmental scan and literature review, 2) A statewide series of structured focus groups to gather input about the development, utility, design and implementation of a credentialing program for DSPs from multiple stakeholder groups, 3) A comprehensive statewide survey of New York licensed organizations that provide community services to people with intellectual and developmental disabilities (I/DD) and employ DSPs and Frontline Supervisors (FLS), and 4) Recommendations for NYS DSP credentialing design based on 1-3.

The Direct Support Workforce

Direct Support Professionals (DSPs) are one segment of a vast national cadre of Direct Support Workers (DSWs) who provide daily assistance to fragile elders, people with physical, intellectual, developmental or behavioral disabilities, and those with other chronic conditions affecting their ability to live independently in the community. This workforce is rapidly expanding in all four major sectors of the long term service and support systems (LTSS) in the United States including: a) Intellectual/ Developmental Disabilities Services; b) Elder Services; c) Behavioral Health Services; and, d) Physical Disabilities Services. Several factors, particularly the aging of the American population, are creating a significant demand for expansion of this workforce. Currently, an estimated 364,400 New Yorkers are employed in direct service roles providing regular assistance to fragile elders, people with disabilities (physical, behavioral, intellectual and developmental) and others who need long term support.

The estimated number of DSPs funded by OPWDD to support people with I/DD is 97,382 in the private sector, and 13,024 public employees – about 30% of the direct service workforce in the state (New York State Office for People with Developmental Disabilities, 2015). In New York, demand for Personal Care Assistants (PCA) and Home Health Aides is estimated to grow by 50.6% from 2008 to 2018. This is higher than the national average, and these classifications rank second and fifth respectively among New York's fastest growing occupations from 2008 to 2018.

Training Direct Support Professional

Training DSPs is most often left to the employer's discretion and in the case of Personal Care Assistant (PCA) training, the content, like nurse assistant training content, focuses primarily on body care with scant attention to other important skills that support self-determination, choice, person-centered support and teamwork. In NY, OPWDD requires 100 hours training covering a range of topics. Some areas of required training occur during pre-service and the rest must be completed during the employment probationary period. Health and safety topics, such as medication administration, CPR, physical intervention protocols, first aid, infection control, choking, fire prevention/response and vehicle safety compose almost 80% of the mandated

training. Some of these also require annual re-certifications. Service recipient rights and potential violations of those rights—abuse, neglect, reporting procedures—are required in the early weeks of employment and are repeated on an as-needed bases. Finally, there are areas of training that are usually covered only once; for example, the introduction to developmental disabilities, ethics, human growth and development, organizational personnel policies and corporate compliance.

In New York and across the country, the system of responsibility for training along to DSP employers is not working well. Due to the extensive decentralization of service locations, many employers are unable to pay DSPs for travelling to a central location for training, also chronic job vacancies make it difficult to find coverage for DSPs released during work hours to attend educational programs. Without national or state guidance on effective practices and knowledge that DSPs must bring to the job, employers train in silos and often lack the resources and information to provide updated or advanced content (Hewitt, Larson, Edelstein, Seavey, Hoge & Morris, 2008). Few employers provide professional development programs that reach beyond state minimums, or are organized into a series of award levels linked to a career path or wage advancement within the organization.

The Effects of Low Wages and Turnover

Among New York’s private providers in the DD sector of LTSS, the average adjusted DSP wage of \$13.25 is significantly less than workers providing direct support in other human service sectors in New York. For example nurse assistants that typically work in the elder service sector of LTSS have an average wage of \$15.87 per hour while entry-level aides and technicians in the behavioral health sector make on average \$15.36 (PHI, 2013). Without adjusting rates to support comprehensive preparation beyond minimum requirements and family sustaining wages accorded to others in direct support roles in New York such as nurse assistants, many DSPs will remain the working poor with income so low that half qualify for means-tested benefits such as food stamps. This leaves tenured DSPs with few incentives or opportunities to advance their knowledge and skill and to remain in the field leading to continued insufficiency and instability of this crucial workforce.

In New York’s private sector of providers in the I/DD field, the DSP turnover rate averaged 28.8%. This means that in a calendar year 28,046 of the estimated number of the known 97,382 DSPs employed by private providers in NY will leave their positions within the first year. Annual turnover costs in the I/DD sector alone are conservatively estimated at \$79,804,549. Reducing turnover by 10% would save the system \$7,980,618 each year.

In this project, we heard hundreds of inspiring stories about the many important ways that DSPs support people with I/DD, and we heard the pride and meaning that DSPs find in their work. We also heard their discouragement with those co-workers who are not sufficiently skilled or suited for the job coupled with a strong desire for robust professional development programs that would improve the skills and weed out poor performers. DSPs are a precious commodity growing in demand and essential to an aging nation. They are the working poor (making less than many other DSWs in New York). Despite this, they informed us in Focus Groups that they are anxious to learn, grow and continue to serve in the field, but have insufficient education and credentialing opportunities. While people with I/DD know who they are, the public does not – there are few commonly recognized certificates for this work in our high schools and colleges leaving them without professional recognition.

Educational and Workforce Policy Rationale for Credentialing

Credentialing and certification programs have expanded significantly and rapidly in the United States for several decades because technology and research advancement have accelerated the creation of knowledge, and the pace at which workers must adapt to changes at work (Knapp & Knapp, 2002). Well-designed credentialing programs provide targeted educational opportunities that help people master increasingly specialized or rapidly changing content areas in professions without necessarily investing in a longer-term degree program. The number of certificates awarded in the United States is estimated to have jumped from 300,000 in 1994 to 1,000,000 in 2010, and that year-long certificate programs provide a wage premium to completers that matches the premium attached to an Associate's Degree (Carnevale, Rose & Hanson, 2012). Targeted skill certificate programs are an essential and practical response to the nation's increasing demand to prepare workers for the "knowledge intensive" jobs of the 21st century (Davenport, 2013; Kalleberg, 2011). As the fastest growing sector of low wage jobs in the country, by 2022 LTSS DSPs will surpass the food service labor sector to attain the unwanted distinction of the largest sector of low-wage workers. The high prevalence of women in these jobs makes this both a women's issue and an economic challenge. A growing body of evidence indicates that certificate programs will be one powerful solution to consider in closing the wage gap. Carnevale et al. (2012) identifies that certificate holders on average earn 20% more than high school graduates— about \$240,000 over a high school diploma in lifetime earnings.

Potential for Credentialing to Improve Quality Outcomes, Affordability of LTSS and Quality Support

Credentialing is an important tool to strengthen the LTSS workforce by providing a strategy to: (a) update knowledge and skills needed to achieve quality, affordable support; (b) attract applicants by increasing society's awareness of direct support as an entry to human services work, and services; and (c) create a bridge to higher education and wages for the low wage LTSS workforce.

Well-designed studies of the relationship between DSP education and the quality of support that DSPs provide are few in number, but several investigations that meet rigorous research criteria demonstrate that comprehensive training/educations programs that one would need to master the requirements of a robust credential program do make a difference. In a recent randomized controlled study, Hewitt, Nord & Bogenschutz (in press) found that when DSPs were supported by organizations to complete a comprehensive training program that included on-line training, in person group discussion and mentoring by supervisors or lead workers the workers gained knowledge and skill and felt more valued by their supervisors. This study also found that the sites within the organizations that participated in the intervention had a 16% decrease in turnover rates. More importantly, the individuals who received services from trained DSPs experienced more improvement in outcomes such as employment, social relationships, inclusion and health and safety than their peers supported by DSPs who did not receive the comprehensive training. In a report to Congress in 2006 (US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 2006), LTSS workforce challenges were discussed in depth and identified five studies that demonstrated that what LTSS professionals know and do on the job has a direct effect on outcomes in the areas of challenging behavior, communication, treatment success and the success of moves to community living arrangements.

Focus Group Summary - Views of Direct Support Professionals, Front Line Supervisors, Individuals with Intellectual and Developmental Disabilities, Families and Employers

New Yorkers with varied stakeholder lenses volunteered to participate in the project Focus Group activities ($n=141$). On average, participants were stakeholders with substantial levels of experience with DSP work. Most focus group participants supported the development of a credential program stating their views that such a program would be likely to improve support quality and give service recipients and families a greater level of confidence in the integrity, ethics and skills of DSPs. Only two people did not support a credential and several others were undecided reporting that they would need more information to support or oppose the program. Participants often mentioned that a credential program would provide a higher and consistent standard for DSP work performance across the state, improve the skills of DSPs, and help all stakeholders gain a better understanding of what DSPs should know and do.

The Focus Group participants were united in their views that the most important work skills to address in a credentialing program are “putting people first” and “building and maintaining positive relationships.” “Putting people first” covers a range of skills focused on learning each person’s strengths, gifts and preferences and helping service recipients achieve goals they have defined for themselves, and live lives where their preferences are solicited and respected. The skill of “building and maintaining positive relationships” was the other competency area that all groups agree must be a through-line of the content of any credentialing program. This covers the ability to help people connect with others and live a full life enriched by relationship with friends, family and life partners; relationships are particularly important to people with disabilities who are at risk for isolation and loneliness.

DSPs were united in their view that a credentialing program would improve the skills of co-workers and would likely eliminate those workers who were not knowledgeable or committed to the profession. The DSP participants were also hopeful that a credential program would result in higher wages and greater respect for their role.

Concerns that were frequently articulated by multiple stakeholders were the fear that a credentialing program would limit the pool of people eligible to work as DSPs, and that it could potentially restrict the ability of families and service recipients to employ the people they wanted as DSPs noting that a “credential” does not always translate to good work. Another major concern was the worry that limited public resources would rob funds from important services to pay for the credentialing program, and increase training and salary costs.

Many participants emphasized the need to assure funding for the program and for tuition (as applicable), that the program is designed to be accessible both physically and academically, designed to provide the support that busy working professionals need to be successful and supports learners from disadvantaged educational backgrounds. Participants reported a clear preference expressed for what is described as a “hybrid” instructional model that provides learning content both onsite and online. There was also strong support for providing wage and promotion incentives for credential completers and to allow for the use of work-based learning approaches such as internships, mentoring, and other methods of learning in the actual work place.

Community Private Sector Provider Survey Outcome Summary

The project advisory group developed the survey based on previous survey instruments used at the University of Minnesota. It was administered using a University of Minnesota on-line survey product called Qualtrics. In order for providers to complete the survey, individual links to the online survey were sent to each organization. A final sample of 206 providers completed the online survey. It is important to note that completing this survey took a lot of time for the providers to complete and often required three or more professionals within the organizations (e.g. accountant, human resources, trainer, executive director) to work together to ensure completion of all of the items. Data were submitted by the provider via the survey on-line and downloaded into SPSS, Version 21, which was used for all analyses. All data were encrypted and maintained on secure servers at the University of Minnesota.

Overall Description of the Providers in the Sample

Size and Scope of Services. Of the 206 organizations that participated, 50 (24.3%) were located in Region 1, 33 (16.0%) were in Region 2, 59 (28.6%) were in Region 3, 45 (21.8%) were in Region 4, and 19 (9.2%) were in Region 5. The sample was representative of the provider population by region. Organizations served individuals with I/DD in multiple setting types (e.g. in-home, group home, congregate, sheltered work). On average 42.32% of an organization's programs and services were delivered in agencies or facilities, 36.15% were delivered in family or individual homes, 14.81% were delivered at community job sites, and 3.25% was in other site types. The average number of services provided was 4.22 out of eight possible services, defined as: (1) 24 hour residential supports and services in a nursing home, ICF, state operated community program or institution, large private institution, ICRMR with 16 or more people, (2) Community – based 24 hour residential supports and services (e.g., group home, supported living arrangement, supervised living facility) with 15 or fewer people, (3) Agency Sponsored Family Care, (4) Less than 24 hour residential supports and services (e.g., semi-independent living services, supported living), (5) In-home supports and services (family support, home health care services, personal care services), (6) Nonresidential community supports (adult day services, rehabilitative services, and medical supports), (7) Job, or vocational, services (e.g., supported employment, work crews, sheltered workshops, job training) and (8) Other.

Across the 206 organizations, a total of 269,253 individuals (across all disability types) were provided services and supports. When defining organization size by the number of people with disabilities that the organization served, 5.6% were small (less than 50 people served), 30.5% were medium (51-250 people served), and 64.0% were large in size (251 or more people served). For organization size based on annual revenue, 9.5% had annual revenue under \$1 million, 27.0% were between \$1 million to \$9,999,999 in annual revenue, 21.0% had \$10 million to \$19,999,999 for their annual revenue, 28.0% had annual revenue between \$20 million to \$49,999,999, 10.0% had \$50 million to \$99,999,999 in annual revenue, and 4.5% organizations had \$100 million or more in annual revenue.

Staffing. Across the 206 organizations, a total of 55,449 DSPs were employed (including both part time and full time). Of the total sample, the average percent of full-time DSP employees was 56.9%. The average percent of part-time employees was 29.7%. And, the average percent of on-call, temporary or relief employees was 18.1%.

Turnover and Vacancy. The average DSP turnover rate across all providers and regions was 28.8%, and it ranged from 0 to 123.1%. The average percent of DSP leavers within 6 months of tenure was 32.7% with a range of 0 to 100%. The average DSP vacancy rate for the entire sample was 9.6% with a range of 0 to 39.2%. The average FLS turnover rate was 13.0%, and it ranged from 0 to 50%. The average FLS vacancy rate for the entire sample was 5.3% with a range of 0 to 33.3%.

Wages. With respect to wages, the average starting hourly wage was \$10.84 with a range of \$4.08 to \$22.00. For average hourly wage, the mean was \$12.74 with a range of \$4.08 to \$30.00. And, the average highest hourly wage for the total sample was \$17.85 with a range of \$4.88 to \$43.27. FLS starting salary was \$33,598.67 with a range of \$8,000 to \$75,000. For average hourly salary, the mean was \$38,690.45 with a range of \$9,000 to \$80,000. And, the average highest FLS salary was \$50,156.79 with a range of \$9,600 to \$170,000.

In 2015, DSP and FLS wages were increased by 2% on two occasions: January 1, 2015 and April 1, 2015. With these two wage increases applied, the mean adjusted starting hourly DSP wage is \$11.28. The mean DSP average hourly wage is \$13.25, and the mean DSP average highest hourly wage is \$18.57. The FLS starting salary is \$34,956.06. The mean FLS average salary is \$40,253.54, and the mean FLS highest salary is \$52,183.12.

Benefits. Many benefits are offered to employees including paid sick leave, paid vacation time, and health insurance. With respect to offering paid sick leave, 91.8% did for their full-time DSPs, and 66.3% did for their part-time DSPs. For offering paid vacation, 83.0% did for their full-time DSPs and 60.5% did for their part-time DSPs. Of the organizations, 94.6% offered health insurance to their full-time DSPs and 43.1% offered it to their part-time DSPs. Overall, 41.9% of DSPs are enrolled in their organization's health plans.

The minimum number of hours a DSP had to work per week to be eligible for health insurance was 28.15 hours. For 29.3% of the organizations, the number of hours worked in a week to be eligible for health insurance had changed in the past two years. For 25 of these organizations, the number of hours worked per week in order to be eligible for health insurance decreased. However, for the other 31 organizations, the number of hours worked weekly to meet the eligibility requirement increased. Those organizations who indicated that there had been a change within the last two years in the number of hours a DSP had to work to be eligible for health insurance were also given the opportunity to explain why this change occurred. Three of the organizations indicated that saving money on insurance premiums, cost savings during OPWDD budget cuts, and union negotiations were the instigator of change. Another stated that agency funds prohibited the agency from paying health insurance benefits for part-time employees working less than 35 hours a week. One organization became an affiliate of a different organization and had to adapt to its policies. One organization cited very few staff hired at 20 hours a week with most at 16 hours or less or 30 hours or more a week. Another organization said they only had one individual who took the part-time benefit. However, the overwhelming reason given by 48 of the organizations for making a change in hours worked per week for DSPs to be eligible for health insurance was compliance with the Affordable Care Act, which defines full-time hours as 30 hours per week.

Both organizations and employees made monthly contributions to health insurance premiums. This was done for individual, two person and family coverage. Organizations averaged \$560.02 for monthly premium payments for individual health insurance coverage, and payments ranged from \$0.00 to \$6,131.98. For 2-person coverage, the average monthly contribution for organizations was \$847.07 with a range from \$0.00 to \$8,198.22. Organization's average contribution, for family coverage was \$1,295.21 and had a range from \$0.00 to \$15,875.84. Employees averaged \$96.94 for monthly premium payments for individual health insurance coverage, and payments ranged from \$0.00 to \$562.00. For 2-person coverage, the average monthly contribution for employees was \$241.26 with a range from \$0.00 to \$1,060.23. And, for family coverage, the average monthly contribution for employees was \$385.24 and had a range from \$0.00 to \$1,568.00.

Benefits other than paid sick leave, paid vacation time, and health insurance were offered to DSP workers. Overall, the top three other benefits offered were Other (55.2%), Retirement Match (50.3%), and Tuition (48.6%). The top benefit for Regions 1 and 2 was Retirement Match (60.9% and 65.6%, respectively), Regions 3 and 5 was Tuition (58.8% and 68.8%, respectively), and Region 4 was Other (75.0%). Other responses included other types of insurance (e.g., Supplemental Insurance, Pet Insurance, Credit Union Membership, life insurance, vision and dental insurance) other types of leave (e.g., short-term and long-term disability, maternity and paternity leave, bereavement leave), other types of investments (e.g., 401k profit sharing), flex spending and health reimbursement accounts, floating holidays, preschool for children, cell phones, restaurant coupons, and more.

Recruitment. Organizations provided the percent of their DSP new hires that came from various sources. Of an organization's new DSP hires, on average, 17.0% of new DSP hires came from newspaper or circular ads, 26.5% were from referrals given by current employees, 31.4% came from websites such as Craig's List, 1.5% were from private employment or temporary staffing agencies, 2.9% came from school or training placement programs, 1.6% were from social media such as LinkedIn and Facebook, and 6.8% came from other sources. There were 12.8% of the organizations that did not track this information.

Organizations also provided the percent of their FLS new hires that came from various sources. On average, 8.9% of new FLS hires came from newspaper or circular ads, 41.6% were from promotion of existing employees, 9.7% were from referrals given by current employees, 17.1% came from websites such as Craig's List, 0.8% were from private employment or temporary staffing agencies, 0.3% came from school or training placement programs, 0.7% were from social media such as LinkedIn and Facebook, and 5.4% came from other sources. There were 13.9% of the organizations that did not track this information.

Workforce Stability Interventions Used. Organizations were asked which interventions they had used and found beneficial for improving their recruitment of DSPs. The top three included use of inside recruitment sources (75.1%) such as existing staff, board members, volunteers and families, using internet job postings such as LinkedIn and Craig's List (56.7%), and attending job fairs to exhibit their organization and seek new hires (55.2%). Other methods provided included social media, advertising in newspapers or circular advertisements, radio

advertisements, open houses, a sign in the front of the building, walk-in interviews, and email notifications sent to other agencies and to colleges.

Significant Differences By Region, Provider Size and Setting Type

A number of analyses were conducted to identify the relationships between certain variables (e.g. size of provider, status of the DSP worker, FLSs and setting type) and DSP workforce outcomes (e.g. wages, turnover, vacancy). These are summarized here and explain in detail in the full project technical report.

The region in which a DSP is employed makes a difference. There were significant differences in starting and average wages, offering part-time DSPs paid sick leave, and employee monthly health insurance contribution to 2-person coverage between the New York regions. There were significant differences in average percent of DSP leavers within 6 month tenure, highest DSP wages, offering paid sick leave to full-time employees, and pre-service training hours between the organization sizes when organization size was distinguished by the number of people served. When size of an organization was defined by annual revenue, there were also significant differences in the proportion of employees offered paid sick leave to full-time employees, in the proportion of employees offered paid vacation time to part-time employees, in employee monthly health insurance contribution to 2-person coverage and family coverage, and in the number of pre-service training hours.

The relationship between the total number of services provided and starting hourly wage was positive and statistically significant. There were two positive and significant relationships with DSP highest wage. There were two significant findings for percent of employee type and percent of setting type served. As the percent of full time employees increased, the percent of family or individual home service sites decreased and the percent of job service sites increased. As the number of part-time DSP employees increased the percent of family or individual home service sites increased while the percent of job service sites and total services provided decreased.

For full-time DSPs, there was a significant difference between those offered paid sick leave and those not with respect to the percentage of other setting types served and total number of services provided. There was a significant difference between those organizations that offered part-time DSPs paid sick leave and those who did not for total number of services provided. For part-time DSPs, there was a significant difference between those organizations who offered paid vacation time and those who did not with respect to the percentage of agency and family or individual homes setting sites served.

For relationships between the organization's monthly health insurance contribution and total services provided, there was one significant relationship. As the total number of services increased, the organization's contribution to the health plan family coverage increased. For the employee's monthly health insurance contributions, there was a positive and significant relationship with 2-person coverage meaning that as the percent of other settings served increased the employee's monthly contribution to the health plan 2-person coverage option increased.

When examining the relationships between DSP turnover and percent of degree type, there was only one significant relationship. The higher the percent of DSPs with bachelor’s degrees, the lower the DSP turnover rate. Additionally, there was one significant relationship for referrals from existing employees. As the percent of source from referrals from existing employees increases, the vacancy rate decreases. Lastly, for turnover, there was a significant difference between organizations who used and found internet job postings such as LinkedIn and Craig’s List helpful in improving DSP recruitment and those who did not use this source. For vacancy rate, there was a significant difference between organizations who used and found using inside recruitment helpful in improving DSP recruitment and those who did not use this source.



Key Design Elements of the New York Direct Support Professional (DSP) Credentialing Model

- 1. Multi-tiered credential with a hybrid model of learning methods.** The Credentials must be achieved in sequence, beginning with DSP Credential I. Proposed training opportunities include on-line training, interactive classroom learning and work-based learning opportunities —

 - a. **DSP Credential I includes 50 hours of training:** 20 hours on-line, 10 hours classroom training, and 20 hours of work-based learning
 - b. **DSP Credential II includes 100 hours of training:** 40 hours on-line, 20 hours classroom training, and 40 hours of work-based learning
 - Includes a specialization emphasis in one of four areas: Supporting Older Adults, Behavioral Support, Autism Spectrum Disorders, or Complex Medical Needs.
 - c. **DSP Credential III (Mentor) includes 40 hours of training:** 12 hours on-line, 8 hours classroom training, and 20 hours of work-based learning.
 - Includes an emphasis on person-centered planning, as well as preparing mentors to support other learners through credentialing.
 - d. **Frontline Supervision and Management Credential includes 40 hours of training:** 20 hours on-line, 5 hours classroom, and 15 hours work-based learning. It may be completed after achieving the DSP Credential III.
- 2. Valid, recognized competency-based skills and knowledge requirements.** These are the identified outcomes that will be assessed across the credentialing program. The competencies used as the basis of the credentialing program are —

 - a. New York State DSP Core Competency Goals
 - Putting people first
 - Building & maintaining positive relationships
 - Demonstrating professionalism
 - Supporting good health
 - Supporting safety
 - Having a home
 - Being active and productive in society
 - b. National Frontline Supervisor (FLSs) Competencies. These also used in NADSP’s Credentialing for Frontline Supervisors
 - Direct support
 - Health, wellness, and safety
 - Participant support plan development, monitoring, and assessment
 - Facilitating community inclusion across the lifespan
 - Promoting professional relations and teamwork
 - Staff recruitment, selection, and hiring
 - Staff supervision, training, and development
 - Service management and quality assurance



- Advocacy and public relations
 - Leadership, professionalism, and self-development
 - Cultural awareness and responsiveness
- 3. Voluntary enrollment at employers' discretion.** DSPs will not be mandated to complete credentials in order to serve as a DSP. DSPs must satisfactorily complete their employer's required probationary period before beginning credential training. Additionally, DSPs must complete the following years of service to qualify for credential assessments —
 - a. DSP Credential I Assessments may be completed **only after** the DSP has clocked at least 1 year of full-time employment as a DSP.
 - b. DSP Credential II Assessments may be completed **only after** the DSP has clocked at least 2 years of full-time employment as a DSP.
 - 4. Incremental annual enrollment growth targets over five years —**
Annual targeted growth —
 - 1st Cohort = Yrs. 1 & 2 = 3% of DSPs statewide
 - 2nd Cohort = Yrs. 2 & 3 = add 2% of DSPs statewide
 - 3rd Cohort = Yrs. 3 & 4 = add 5% of DSPs statewide
 - 4th Cohort = Yrs. 4 & 5 = add 5% of DSPs statewide
 - 5th Cohort = Yrs. 5 & 6 = add 5% of DSPs statewide
 - 5. Employers will receive rate incentives to cover educational costs and increased DSP wages.** Employers will be awarded these incentives if they meet per-determined enrollment thresholds (e.g. 3%, 5%, 10%). Wage incentives will be awarded to DSPs with successful completion of assessments at each credential level.
 - 6. Individuals with disabilities will be involved in on-line, classroom, and work-based educational components.**
 - 7. Program governance will be overseen by an independent, third-party credentialing program body.** This will be a newly established governing body who will provide recommendations for curriculum and assessment at each level of the credential —
 - a. Assessment will include on-the-job skill demonstration by the supervisor or skill mentor (initial, proficient and advanced levels), response to scenario testing (initial and proficient levels) and written test (advanced and specialized levels).
 - b. The governing body will also provide guidance on curriculum by identifying required instructional criteria for approved instructional programs.
 - c. A Request for Proposal could be released by the Office for People with Developmental Disabilities (OPWDD) to determine credentialing organization.
 - 8. A Board of Directors will guide and inform the governing body.** The Board of Directors will include DSPs, FLSs, provider organizations, individuals with intellectual and developmental disabilities, family members, content experts and individuals with expertise in credentialing/ certification and instructional design.
 - 9. A Grandperson Clause will allow experienced DSPs and FLSs chosen by their employers to be assessed for the credential without coursework.** Such experienced DSPs and FLSs must complete the probationary period at least two years prior to the implementation of the credential program.
 - 10. Completion of continuing education requirement of 36 hours every three years in order to keep the credential active.** Certified DSPs and FLSs submit qualifying activities to the governing body. Acceptable continuing education units are those whose topics are directly aligned with the content of the New York DSP Core Competencies published by OPWDD. This requirement applies to newly certified DSPs after they renew their registration for the first time.
 - 11. Overall evaluation of credentialing program on service quality.** Program effectiveness will be monitored on a statewide and organizational level using longitudinal indicators, such as retention rates, injury rates, and reduction of avoidable hospitalizations.

Costs and Potential Offsets/Return on Investments

The financial model developed for this project represents the project advisors' and staff estimates of the costs of the New York DSP Career GEAR Up Credential Program if it were implemented in both private and public sector organizations statewide. Costs are projected over five years, and include incremental annual growth enrollment targets for DSPs in both sectors. Annual enrollment is targeted to grow from 3% to 20% of DSPs statewide in five years. Currently, there are 97,382 DSPs in the private sector and 13,024 in the public sector. Demand for services is

expected to grow at a rate of 9% each year. In five years, the New York DSP Credential aims to award credentials to 24,008 DSPs in the private sector and 3,211 DSPs in the public sector.

The financial model includes training costs for targeted enrollment based on learning in various methods: online training, interactive classroom based learning, and work-based learning. Costs are estimates based on existing national DSP training programs. Estimates for frontline supervisors' wages to cover supervisor and work-based learning on sites are based on average reported wages from the provider survey. Estimates of frontline supervisors in the public sector (called Developmental Assistants) are based on average wage data provided by OPWDD. Total costs for the DSP Credential program include costs in the private and public sector, and the costs of establishing and running an administrative governing organization. These total costs are \$415,029,895.27. The state portion of these costs total \$207,514,947.63. The financial mode assumes that the State of New York will draw down Federal Medicaid Assistance Percentage (FMAP – also sometimes referred to as federal financial participation in state assistance expenditures) from the federal government by building the costs of the credential program into the Medicaid rate structures for HCBS. It is advised that this credential model be initially implemented in a fee for service long term services and supports (LTSS) model but simultaneously be built into contracts as NY moves toward managed long term services and supports (MTLSS). Both fee for service LTSS and MTLSS can maximize federal dollars to support the credential program.

Recommendations to the Legislature and OPWDD: NY DSP Career GEAR Up Credentialing Program

1. Make a long-term **structural commitment** to a statewide DSP credentialing program and strengthening the DSP workforce. Phase in the program statewide by FY 21/22 achieving the credential for 20% of this workforce.
2. Create a state **statutory requirement** for OPWDD to offer a statewide voluntary credential with incentives for participation through salary increases for targeted enrollments.
3. Develop and implement a mechanism to pay for the DSP credentialing program by ensuring NY uses **Medicaid** to offset the costs through federal medical assistance plan (**FMAP**).
4. **Implement** and publically fund the NY DSP credential program beginning FY 16/17.
5. Build the DSP credentialing program into **the HCBS rule community transition** implementation plan ensuring the content of the credentialing program is consistent with the systems changes created by the transition plan.
6. **Build upon the statewide DSP core competencies** by moving this credentialing program forward.
7. Ensure that the DSP credential program is built into **managed care contracts** for long-term services and supports.
8. Ensure the DSP workforce is comprehensively included in the NY state and OPWDD **“transformation” agenda**.
9. Establish an independent representative **advisory council** for the DSP credentialing program that is formed by OPWDD to advise and oversee the administrative body.
10. Be certain that the credential program is accessible, applicable and **relevant** for individuals and families that **self-direct** in the State of NY.
11. Develop and solicit responses to a **request for qualifications (RFQ)** for an independent entity to manage the DSP credential administration no later than July 1, 2016.

12. Conduct systematic **evaluation** and improvement of the DSP credential and make modifications to the program based on the evaluation results.
13. Mandate systems to ensure the credential program gets **updated regularly** to reflect the service system and changes in the field of long term services and supports to people with intellectual and developmental disabilities.

Introduction and Background to the Credentialing Project

Governor Andrew M. Cuomo and the New York Legislature have charged the New York State Office for People with Developmental Disabilities (OPWDD) to provide recommendations for the design and implementation of a Direct Support Professional (DSP) credential pilot program. To fulfill this charge, the OPWDD funded and engaged in a comprehensive project that includes systematic inquiries anchored by three research methods:

- 1) An environmental scan and literature review that examines economic, legislative, and long term support factors with implications for DSP credentialing including an exploration of current credential models, career development strategies and DSP education and training methods with a positive impact on the workforce and the people who are supported by it.
- 2) A statewide series of structured focus groups to gather input about the development, utility, design and implementation of a credentialing program for DSPs in New York (NY). Focus groups were held with Direct Support Professionals, supervisors of DSPs, leadership of agencies that provide direct services to individuals with intellectual and developmental disabilities (I/DD), such as executive directors and administrators, and the people who rely on direct support (service recipients and their families); and,
- 3) A comprehensive statewide survey of New York licensed organizations that provide services to people with intellectual and developmental disabilities (I/DD) and employ DSPs.

This report summarizes the findings of these various activities, provides a framework and cost information for a comprehensive credentialing program for direct support professionals and frontline supervisors in New York and identifies key recommendations for implementation of this program.

The Environmental Scan and Literature Review

Scope and Methods of the Literature Review/Environmental Scan

The information for the environmental scan and literature review was derived from several sources: a) an integrative review of published literature from 2008 to 2014 and selected studies prior to 2008 on issues influencing credentialing of the long term direct support workforce identified through an online search using Google Chrome to investigate the EBSCO Databases including: ERIC, CINAHL, Academic Search premier, ERIC, Medline, Psychology and Behavioral Sciences Collection, Health Source Nursing/Academic Edition and Google Scholar that searches across a wide range of scholarly literature; b) a review of publications on the long term care workforce archived by the National Direct Service Workforce Resource Center (<http://www.dswresourcecenter.org>), c) interviews with key informants that have first-hand information about current certification and credentialing programs for DSPs working in I/DD that is currently not available in the published literature.

Demographic, Social and Service Related Factors Affecting the Direct Support Professional Workforce

Who are Direct Support Professionals?

New York's Office for People with Developmental Disabilities (OPWDD) uses the job title, "Direct Support Professional," (DSP) as the umbrella term for the approximately 112,000 private and public direct support professionals funded by OPWDD to support people with intellectual and other developmental disabilities (I/DD) across the state. It is an umbrella term because across the state (and the nation) there is a wide range of employer-defined job titles assigned to DSPs such as: direct support worker/specialist/assistant counselor, habilitation specialist, job coach, residential counselor, employment specialist, family care provider, personal assistant, and many others.

OPWDD identifies DSPs as the workers who provide people with I/DD assistance in a wide range of life activities such as exercising choice and self-determination, following health and wellness routines including taking medications and visiting healthcare providers as needed, getting out of bed, dressing, exercising, preparing meals and eating, finding a job, getting to work, and participating in recreational, educational, cultural, spiritual and civic functions. The work performed by DSPs is highly diverse because assistance is individualized to each person: some people may have limitations with physical mobility and require assistance with dressing, hygiene and household chores; many people with I/DD do not drive and require assistance with transportation, while others may need support in making decisions, budgeting, organizing, planning, finding and maintaining work or volunteer roles, and connecting with friends and family.

The nature, intensity and frequency of contact provided by DSPs makes their work different than the work provided by clinicians, service coordinators, administrators and supervisors. DSP jobs are typically entry level and mid-level positions that do not require degrees beyond high school, but their work requires comprehensive knowledge and skill to provide effective support vital to the physical and emotional well-being, safety, and quality of life of a growing number of Americans with disabilities.

Direct Support Professionals (DSPs) are one segment of a vast national cadre of Direct Support Workers (DSWs) who provide daily assistance to fragile elders, people with physical, intellectual, developmental or behavioral disabilities, and those with other chronic conditions affecting their ability to live independently in the community. This workforce is rapidly expanding in all four major sectors of the long term service and support systems (LTSS) in the United States including: a) Intellectual/ Developmental Disabilities Services; b) Elder Services; c) Behavioral Health Services; and, d) Physical Disabilities Services. Along with New York state, the term "Direct Support Professional" is increasingly used by states and organizations throughout the country as the umbrella term for direct service workers in the Intellectual/Developmental Disabilities service sector. In this report the term Direct Service Worker is used to reference the direct support role across all four LTSS sectors and the term

Direct Support Professional is used to reference the workers who provide support in the I/DD sector.

At the national level for statistical purposes the U.S. Department of Labor assigns direct service workers (inclusive of DSPs) to three primary DOL Standard Occupational Classifications (SOCs): 1) Personal Care Assistant/Home Care Aide; 2) Home Health Aide; and, 3) Nursing Assistant. It is essential to this report to recognize that Direct Support Professionals are part of this larger LTSS direct service workforce and share the same demand projections and workforce conditions as other direct service workers in these classifications. These classifications are among the top five fastest growing occupations in the country presently and into the foreseeable future (U.S. Department of Labor, 2013)

As mentioned earlier, health and human service organizations assign a wide range of different job titles to direct service workers and this has fostered confusion in how to “count” each title in the DOL classification system. For this reason, informed LTSS workforce analysts conclude that many DSWs are uncounted or counted in different classifications than the three occupational classifications used by the US DOL. This results in an undercount of DSWs and has the unintended effect of diminishing the perceived size of the DSW workforce, and possibly reducing public policy attention to this workforce. Informed analysts currently estimate the number of direct service workers nationally across all service sectors at over 3.5 million. This estimate is predicted to reach 5 million by 2020 (PHI (2013). The PHI State Data Center Comprehensive State-by-State Data on the Direct Care Workforce Retrieved on March 31, 2015 at: <http://phinational.org/policy/states/data-sources>) indicates it will exceed the size of the food service labor force as the labor sector with the largest number of low-wage workers in the United States (Howes, 2014).

The skill and sufficiency of this workforce is a primary public health concern due to: 1) the size of the workforce and the significant projected increases in demand for DSWs to support the aging population and growing number of people with disabilities; 2) the nature of the support that DSWs provide that is essential to the health, safety and overall well-being of seniors, people with disabilities or chronic health conditions requiring daily support; and 3) the persistent and well-documented substandard work conditions that undermine the ability to recruit and retain all classifications of DSWs therefore threatening the future supply of LTSS DSWs (Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M. A., & Morris, J. (2008). A synthesis of direct service workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health. Minneapolis, MN: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living). Moreover, as this workforce is rapidly becoming the largest group of the “working poor” in the country, the future of this workforce is an essential consideration in the nation’s increasing attention to the erosion of the middle class as the number of working poor increases and fewer individuals control larger amounts of wealth in the United States. Interventions to improve the income of DSWs will be essential to the goal of rebalancing income equity in the country.

Responsibility for the condition of the workforce is, arguably, in the hands of national and state legislators and health and human services public policy leaders as the lion’s share

(approximately 80%) of direct support wages are paid with long term services and support federal and state public funds through the Medicaid and Medicare programs (Howes, 2014).

Growing Demand for Long Term Service and Support Workers

Several factors, particularly the aging of the American population, are creating a significant demand for expansion of this workforce. Currently, an estimated 364,400 New Yorkers are employed in direct service roles providing regular assistance to fragile elders, people with disabilities (physical, behavioral, intellectual and developmental) and others who need long term support. The estimated number of DSPs funded by OPWDD to support people with I/DD is 97,382 in the private sector, and 13,024 public employees – about 30% of the direct service workforce in the state (New York State Office for People with Developmental Disabilities, 2015).

Two of the three DSW occupational classifications, Personal Care and Home Health Aides, are ranked second and third among the top 20 fastest growing occupations in the U.S. Demand for both occupations is projected to increase by 48% by 2022 with the third DSW classification, Nurse Assistant, projected to increase by 21% at the national level. In New York, demand for Personal Care and Home Health Aides is estimated to grow by 50.6% from 2008 to 2018. This is higher than the national average, and these classifications rank second and fifth respectively among New York's fastest growing occupations from 2008 to 2018.

Table 1: provides an overview of the projected growth of demand throughout New York for Personal and Home Care Aide (SOC code 39-9021) and Home Health Aide (SOC 31.1022) workers when ranked with all other occupations in the state. Recall that Direct Support Professionals are counted within these classifications.

Key drivers fueling the demand for this labor force across all sectors of long term care are the increasing senior population (many older people need long term support), the Affordable Care Act (ACA) that has extended long term care coverage to more people, and consumer demand to receive long term support at home rather than in nursing homes or other institutional settings. Howe's (2014) research demonstrates the explosion of this demand in her finding that the 10,000 home care agencies providing in-home supports to elders and people with disabilities in 2004 grew to 69,000 agencies in 2012. Additional factors within the I/DD sector of long term care are also increasing DSP demand, including a steady and significant increase in the prevalence of people with developmental disabilities, particularly people with Autism Spectrum Disorders, and advances in medical care that have enabled people with complex health needs requiring daily medical support to survive. Additionally, and not well articulated in the literature, is the reality that the group of DSPs who have worked in community organizations for 20-30 years are beginning to retire. This burgeoning demand for DSPs is occurring at a time when the available labor force in the U.S. is growing more slowly and participation in the labor force is declining, indicating that systematic and robust efforts will be necessary to increase DSP recruitment and retention to ensure that there is a workforce available to meet the support needs of citizens with disabilities (Toossi, 2012).

Table 1. Projected DSW job demand growth ranked against all occupations statewide within each labor region

State and Labor Regions Categories	Rank of projected growth of Personal Care/Home Care Aid occupation compared to all other occupations in NY	Rank of projected growth of Home Health Aid occupation compared to all other occupations in NY
New York Statewide	2	5
Capital Region	1	4
Central Region	1	7
Finger Lakes	1	3
South Tier	1	3
Mohawk	1	5
New York City	3	4
Long Island	2	4
North Country	3	7
Western	1	7

High Direct Service Worker Job Growth Demand Will Intensify Current Workforce Shortages

Significant increases in direct support demand across all LTSS sectors will amplify current recruitment and retention challenges creating a serious public health challenge for New York and the nation (Hewitt & Larson, 2007; Hewitt, Larson, Edelstein, Seavey, Hoge & Morris, 2008). It is widely recognized that direct support workforce conditions across all LTSS sectors are substandard and have been for decades leading to insufficient numbers of DSPs and high vacancy and turnover rates (US Institute of Medicine Committee on the Future Health Care Workforce for Older Americans, 2008). In New York current DSP turnover rates as measured in the “Employer Survey” strand of this project average 25% annually. Other conditions that deter people from entering and staying in direct support jobs include low wages (approximately 54% of DSPs’ families qualify for public benefits due to low income), meager benefits, physically challenging work resulting in high rates of personal injury, high accountability for actions, isolation from other workers and supervisors, lack of career ladders, and insufficient training and professional development opportunities. These conditions contribute to workforce shortages that diminish the ability of the many New Yorkers with long term care needs to be healthy and safe in their communities, and to achieve life goals such as employment, and other aspects of community participation.

The resulting workforce instability evidenced by high turnover and vacancy rates has been a continuing concern over the past three decades as the majority of New Yorkers with I/DD have moved from institutions to community homes and many seniors and people with physical disabilities are seeking alternatives to nursing homes, creating a demand not only for more DSPs, but for DSPs with different skills. These new skills include the ability to support people in making life choices, providing support in a person’s home, supporting the development and

maintenance of relationships, and supporting full inclusion and participation in community life to counter the isolation and stigma that often affects elders and people with disabilities.

The Direct Support Role in Achieving Positive Outcomes and Conserving Support Costs

New York's state funded Medicaid expenditures (excluding acute care costs) reached 5.35 billion dollars (\$69,400 per person) in 2013 for the 80,000 New Yorkers with I/DD receiving state Medicaid services. The state and federal funded Medicaid program funds nearly all I/DD services in the state. Like many other states, New York is attempting to meet affordable health care goals of improving quality while lowering costs by weaving I/DD support and health care support into an integrated and coordinated model of support will reframe the Medicaid and Medicare payment structures from a fee for service (FFS) model to one that focuses on payment for positive outcomes vs. discreet service interventions (Fredericks, Park, Rob & Suh, 2014). The literature on emerging strategies to meet health outcome goals within the population of people with chronic conditions is highly focused on the role and contributions that direct support workers such as community health workers (CHWs) and homecare aides can make in achieving positive outcomes while reducing healthcare costs (Love, Legion, Shim, Tsai, Quijano & Davis, 2004; US Institute of Medicine Committee on the Future Health Care Workforce for Older Americans, 2008; Coffman & Chapman, 2012; New York State Medicaid Redesign Team – Social Determinants of Health Work Group, 2014).

According to Fredericks et al. (2014) one area with potential for significant cost savings in a managed care model for I/DD services is moving people from more costly institutional and group residential settings to lower cost living arrangements. While not addressed directly in the Fredericks policy brief, the critical role of the DSP in assuring successful residential transitions cannot be overlooked. Given the role of direct support in the day-to-day well-being of people with I/DD, many would argue and research confirms that the success of these projected residential moves hinges upon a well prepared and stable direct support workforce (US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 2006). Without an adequate, stable direct support workforce skilled in how to achieve and maintain health and community living outcomes, people with I/DD are at risk for ineffective support, or at worst negligent care. In major transitions such as a residential move, insufficient staff or the performance of ill-prepared staff increase the likelihood of undesired outcomes such as injury, decline in physical or mental health, and consumer and family dissatisfaction. Such outcomes will defeat the goal of achieving quality support while minimizing support costs and ultimately will translate into the use of higher cost interventions.

Another area of potential cost savings in a system that integrates behavioral support such as long term I/DD support with health support is the reduction of potentially avoidable hospitalizations (PAHs). The Centers for Medicare & Medicaid estimates that 26% of hospitalizations for people with I/DD and other “dual eligibles” (people eligible for both Medicare and Medicaid) are avoidable (Segal, 2011). Within the dual eligibles group CMS data indicates that people funded through the Home and Community Based (HCBS) Waiver program average 60% more avoidable hospitalizations than the average rate of hospitalization for all dual eligibles. While there are no studies of the DSP role in preventing unnecessary hospitalization, given their role in day to day support including health maintenance, it is reasonable to consider that DSPs better prepared to prevent and manage those health conditions that cause most hospitalizations among HCBS

Waiver recipients could make a substantial contribution to reducing avoidable hospitalizations. These conditions in order of prevalence are congestive heart failure, COPD/Asthma, dehydration, and urinary tract Infections.

Achieving affordable care goals of quality and cost conservation safely and effectively demands a well-prepared and stable direct support professional workforce.

Changes in Policies Affecting Direct Support Skills

The movement to community-based support and away from a “medical model” and congregate (institutional/nursing home) locations of support has transformed the skill profile of the entire direct service workforce, particularly direct support professionals. Changes include an emphasis on outcomes versus processes, person-centered versus system-centered approaches, and the ability to support people to exercise voice and choice in the way support is provided. These changes in support philosophy, along with the massive decentralization of support locations, have transformed DSP work from a “custodial” role to one requiring more complex skills and knowledge. These skills include community networking to link and coordinate paid and unpaid support networks, and knowledge about the people, places and activities of specific communities that are likely to increase inclusion, and participation in community life. DSWs also play an important role in overall well-being and prevention of costly acute care by encouraging healthy lifestyles, supporting connections to caring friends and family, helping with transportation to health care providers, monitoring health status and communicating with the service recipient and his or her support team about important changes in health status.

The number of older adults in the United States will almost double between 2005 and 2030, and the nation is not prepared to meet their social and health care needs.

Institute of
Medicine, 2008

Most people want to receive support in their own home and not in congregate care settings. This means that DSPs must independently apply skills to unique situations without immediate access to supervisory guidance or team back-up. DSPs must also possess the nuanced ethical and communication skills that promote respect, collaboration, and partnership with people they support rather than a work approach where the DSP and other staff structure the schedules and household arrangements typically exercising more control over the person being supported and their environment. This is a critical shift in support work attitude and skills and the importance of such skills is punctuated by new CMS Home and Community Based Service (HCBS) regulations enacted in March 2015 that focus on the importance of relationships with people other than paid staff, participation in community activities, self-determination and choice, The regulations also require person-centered plans for people supported through the HCBS Waiver programs.

National data sets provide clear evidence that New York has not kept pace with other states in the provision of decentralized and person-centered living arrangements and the individualization of other supports. This means that current direct support staff may not have the appropriate

knowledge and experience to meet the requirements of the new regulations. A progressive certification program could help close this skills gap.

Focus on Mandatory Minimum Training Requirement

If one accepts the axiom that the quality of life experienced by people who receive long-term service and support is highly dependent on the quality of support provided by DSPs, then it is important to assess the way that DSPs are taught to provide support. The intensity, time, and intimacy of the support provided by DSPs are far more extensive than other team members, yet the professional preparation afforded to DSPs is much less.

Federal and state public funds support more than 90% of the LTSS provided in the United States but despite this significant investment in direct support, federal regulations stipulate a modest 75 hour pre-service education for Nurse Assistants and Home Health Aides and are largely silent about what DSPs should know and do to provide quality support if they do not work in nursing homes or home health organizations (Marquand, 2013). This responsibility is left to the states whose response has been to either impose no training requirements, or to issue regulations specifying a minimal number of hours of basic training for DSPs that an employer must provide after hiring the DSP and at regular intervals after hire. This is typically about 40 hours of training in the first few weeks of a DSPs employment followed by annual updates and continuing education requirements. In the OPWDD sponsored provider survey of this project, providers indicated that they deliver an average of 50 hours of orientation training and an average of 33 hours of training in subsequent years. The content of the training is most often left to the employer's discretion and in the case of PCA training, the content, like nurse assistant training content, focuses primarily on body care with scant attention to other important skills that support self-determination, choice, person-centered support and teamwork. In NY, OPWDD requires 100 hours training covering a range of topics. Some areas of required training occur during pre-service and the rest must be completed during the employment probationary period. Health and safety topics, such as medication administration, CPR, physical intervention protocols, first aid, infection control, choking, fire prevention/response and vehicle safety compose almost 80% of the mandated training. Some of these also require annual re-certifications. Service recipient rights and potential violations of those rights—abuse, neglect, reporting procedures—are required in the early weeks of employment and are repeated on an as-needed bases. Finally, there are areas of training that are usually covered only once; for example, the introduction to developmental disabilities, ethics, human growth and development, organizational personnel policies and corporate compliance.

In New York and across the country, the system of passing responsibility for training along to DSP employers is not working well. Due to the extensive decentralization of service locations, many employers are unable to pay DSPs for travelling to a central location for training, also chronic job vacancies make it difficult to find coverage for DSPs released during work hours to attend educational programs. Without national or state guidance on effective practices and knowledge that DSPs must bring to the job, employers train in silos and often lack the resources and information to provide updated or advanced content (Hewitt, Larson, Edelstein, Seavey, Hoge & Morris, 2008). Few employers provide professional development programs that reach beyond state minimums, or are organized into a series of award levels linked to a career path or wage advancement within the organization.

The survey component of this project indicates that among New York’s private providers in the DD sector of LTSS, the average DSP wage of \$12.74 is significantly less than workers providing direct support in other human service sectors in New York. For example nurse assistants that typically work in the elder service sector of LTSS have an average wage of \$15.87 per hour while entry-level aides and technicians in the behavioral health sector make on average \$15.36 (PHI, 2013; Salary.com, 2015). Without adjusting rates to support comprehensive preparation beyond minimum requirements and family sustaining wages accorded to others in direct support roles in New York such as nurse assistants, many DSPs will remain the working poor with income so low that half qualify for means-tested benefits such as food stamps. This leaves tenured DSPs with few incentives or opportunities to advance their knowledge and skill and to remain in the field leading to continued insufficiency and instability of this crucial workforce.

The research evidence presented in this section reveals the answer to our question, “Who are Direct Support Professionals?” People with disabilities and their families know who they are: they are the people that support New Yorkers with I/DD to lead secure, healthy and fulfilling lives. They are bridge builders that help people learn, find work, get around, live in the neighborhood, connect with others, and achieve goals like finding a job. In this project’s Focus Groups we heard hundreds of inspiring stories about the many important ways that DSPs support people with I/DD, and we heard the pride and meaning that DSPs find in their work. We also heard their discouragement with those co-workers who are not sufficiently skilled or suited for the job coupled with a strong desire for robust professional development programs that would improve the skills and weed out poor performers.

Research indicates that DSPs are a precious commodity growing in demand and essential to an aging nation. They are the working poor (making less than many other DSWs in New York). Despite this, they informed us in Focus Groups that they are anxious to learn, grow and continue to serve in the field, but have insufficient educational/credentialing opportunities. While people with I/DD know who they are, the public does not: there are few commonly recognized certificates for this work in our high schools and colleges leaving them without professional recognition.

DSWs are everywhere – 3.5 million strong, but they are under-counted by the U.S. Department of Labor and often neglected in the nation’s workforce development strategies. They are at risk incurring among the highest rates of workplace injuries across all industries. Poor work conditions force many out of the field leading to high turnover and vacancy rates that are stressful for the people and families who rely on DSPs. This information suggests that every effort must be made to strengthen the DSP workforce. The next section explores the potential for credentialing to improve opportunities, competence, stability and outcomes for the DSP.

Credentialing: Potential Contributions to a Stronger Direct Support Workforce

Educational and Workforce Policy Rationale for Credentialing

Credentialing and certification programs have expanded significantly and rapidly in the United States for several decades because technology and research advancement have accelerated the creation of knowledge, and the pace at which workers must adapt to changes at work (Knapp &

Knapp, 2002). Knapp & Knapp argue that well-designed credentialing programs provide targeted educational opportunities that help people master increasingly specialized or rapidly changing content areas in professions without necessarily investing in a longer-term degree program. In his 2012 Report, *Certificates-Gateway to Employment and College Degrees*, Anthony Carnevale of Georgetown University estimates that the number of certificates awarded in the United States jumped from 300,000 in 1994 to 1,000,000 in 2010, and that year-long certificate programs provide a wage premium to completers that matches the premium attached to an Associate’s Degree (Carnevale, Rose, Hanson, 2012).

Also driving the credential movement are national policy leaders in education and labor that have been consistent and forceful in their call for all people to engage in some form of post-secondary education as most jobs in this century will require this level of education. Targeted skill certificate programs are an essential and practical response to the nation’s increasing demand to prepare workers for the “knowledge intensive” jobs of the 21st century workplace –many researchers indicate that “knowledge” jobs requiring some level of post-secondary preparation represent the majority of new jobs created in the U.S. generating a demand for a better educated workforce to maintain the nation’s global economic position (Davenport, 2013; Kalleberg, 2011).

In addition to assuring a competent workforce, the push to increase educational attainment levels is an important strategy in the effort to combat the increasing polarization of low and high wage jobs occurring in the United States. The prosperity of LTSS workers must be a central concern and focus of any effort to attain better wage equity in the United States. As the fastest growing sector of low wage jobs in the country, by 2022 LTSS DSPs will surpass the food service labor sector to attain the unwanted distinction of the largest sector of low-wage workers. The high prevalence of women in these jobs makes this both a women’s issue and an economic challenge. A growing body of evidence indicates that certificate programs will be one powerful solution to consider in closing the wage gap.

Carnevale et al. (2012) identifies that certificate holders on average earn 20% more than high school graduates– about \$240,000 over a high school diploma in lifetime earnings. Certificates count when it comes to leveraging gainful employment in a variety of ways. More than 60 percent of certificates have a clearly demonstrated economic payoff over high school diplomas (i.e. earnings 10 percent higher than the median high school graduate). Moreover, even when certificates don’t provide much of an earnings boost, they can make individuals more employable, giving them access to valuable learning on the job.

In 2008, the Lumina Foundation for Education announced a single, overarching goal of 60 percent of the American workforce with a high-quality postsecondary credential by the year 2025. In 2009, the Obama administration embraced this goal shortly after President Barack Obama’s inauguration. It is now broadly considered the benchmark against which progress in higher education is measured.

Anthony Carnevale.

In summary, credentialing is an important tool to strengthen the LTSS workforce by providing a strategy to: a) update knowledge and skills needed to achieve quality, affordable support; b) attract applicants by increasing society's awareness of direct support as an entry to human services work, and services; and c) create a bridge to higher education and wages for the low wage LTSS workforce.

Credentialing/Certification Programs: Road to Careers, Post-Secondary Education and Higher Wages

Policy leaders are urging the nation to create bridges for learners to seamlessly move from non-credit to credit-based degree programs as a practical method to grow the educational levels of our workforce. Toward that end a growing number of career preparation programs utilize a "stackable" credential approach – this is a program design that offers a series of linked competency-based credentials often tied to a cluster of skills needed to move along a career ladder or lattice (Austin, Mellow, Rosin, & Seltzer, 2012). The idea is that an initial credential that increases employability can provide the job income necessary for an individual to complete other related credentials that advance one's career. This model also motivates learners by providing awards and recognition at shorter intervals than typical degree programs. Given the rising costs of post-secondary learning, modular credentials provide an affordable method to move ahead.

Formerly in separate silos, national funding has been directed in recent years to create scaffolds between non-credit and credit programs such as enabling learners to obtain college credit toward degrees for prior experiential learning (PEL), or for prior non-credit learning and certifications. This encourages and expedites the educational advancement of learners who perhaps never envisioned completing a degree program. For example, with funds from the Robert Wood Johnson Foundation, Bristol Community College (BCC) in southeastern MA equated the national Certified Addictions Counselor (CAC) credential award with related course work in the BCC Human Services Associate degree program enabling the College to provide people who completed the CAC with 27 credits toward an Associate's degree in Human Services. Middlesex Community College, also in Massachusetts, worked with the public education system in the city of Lowell to develop a credential program for teacher's aides (paraprofessionals) that motivated many of the certificate completers to pursue teaching credentials.

Educational programs leading to a certificate are offered in a range of learning environments from traditional accredited colleges and universities to non-credit venues offered by technical schools, employers, trade associations, unions and workforce development agencies. Industry and trade associations can often meet a demand for new skills by implementing a new training program more rapidly than colleges and universities whose curriculum approval procedures can delay full-scale implementation. While non-traditional training environments are often more nimble in their responses than colleges, the downside is that they do not offer college credits or degrees that are recognized as the common currency of post-secondary learning that lead to higher wages and that help to define a profession within a culture.

Tool to Publicize the DSP Role and Human Services Careers

Certificate and credential programs play an important role in establishing a profession and in providing the framework for a career path within an occupational cluster (Love, Legion, Shim, Tsai, Quijano, & Davis, 2004; Novak, Parent-Johnson, Owens, & Keul, 2014; Schroeter, 2015). Without a culturally recognized identity or an associated career path, it is very difficult to engage young workers and career changers in selecting a specific occupation. While significant expansion of certification programs has occurred in recent decades in multiple industrial sectors, this environmental scan indicates that with the exception of nurse assistants, certification of DSPs has not kept pace with this trend. Lacking a widely recognized credential such as Registered Nurse (R.N.) or Emergency Medical Technician (EMT), the direct support professional occupational cluster is largely invisible to young people, the unemployed and the growing number of older career changers selecting a new career path or a new job. This finding echoes earlier studies that also identified a paucity of DSP certification programs and suggests that the use of credentialing and certification as a tool for improving quality and encouraging people to pursue careers in LTSS is extremely underutilized (Hewitt, 1996).

Tool to Address Direct Service Workforce Instability

The lack of comprehensive professional development for entry and mid-level DSPs is not the primary cause for the inadequate numbers of people entering the direct support role, nor is it the root cause of high turnover and vacancy rates of this relatively unstable workforce, but it represents a failure to use one of the few tools with the capacity to improve pervasive “structural” weaknesses in this workforce that threaten the health and safety of fragile elders, and people with disabilities or other chronic conditions who need longer term support to participate fully in community life.

It’s sometimes helpful to see how other industries have used certification to structure a career pathway. One example can be seen in Figure 1, which illustrates “advanced manufacturing.” While many low skilled manufacturing jobs have moved off shore, within the U.S. “advanced manufacturing” is slowly growing and employers are having difficulty finding the skilled technicians needed to operate computer-controlled processes. In response, the manufacturing industry in partnership with technical schools and community colleges has created a career path framed by a series of certifications based on industry approved skill standards that leads from the entry level “Production Technician” role to the more advanced “Computer Numerical Control” (CNC) operator. With funding from the U.S. Department of Labor Trade Adjustment Assistance Community College Career and Training grant program (<http://www.doleta.gov/taaccct>), many community colleges have created in-state and intra-state consortia in partnership with advanced manufacturing employers and with stakeholders in other industry sectors as well to create stacked credentials based on industry-defined standards and to design the curricula needed to prepare learners to achieve the standards. Figure 1 is an example of a manufacturing career and educational pathway from “Production Technician” to other jobs in manufacturing that uses the stackable credential approach.

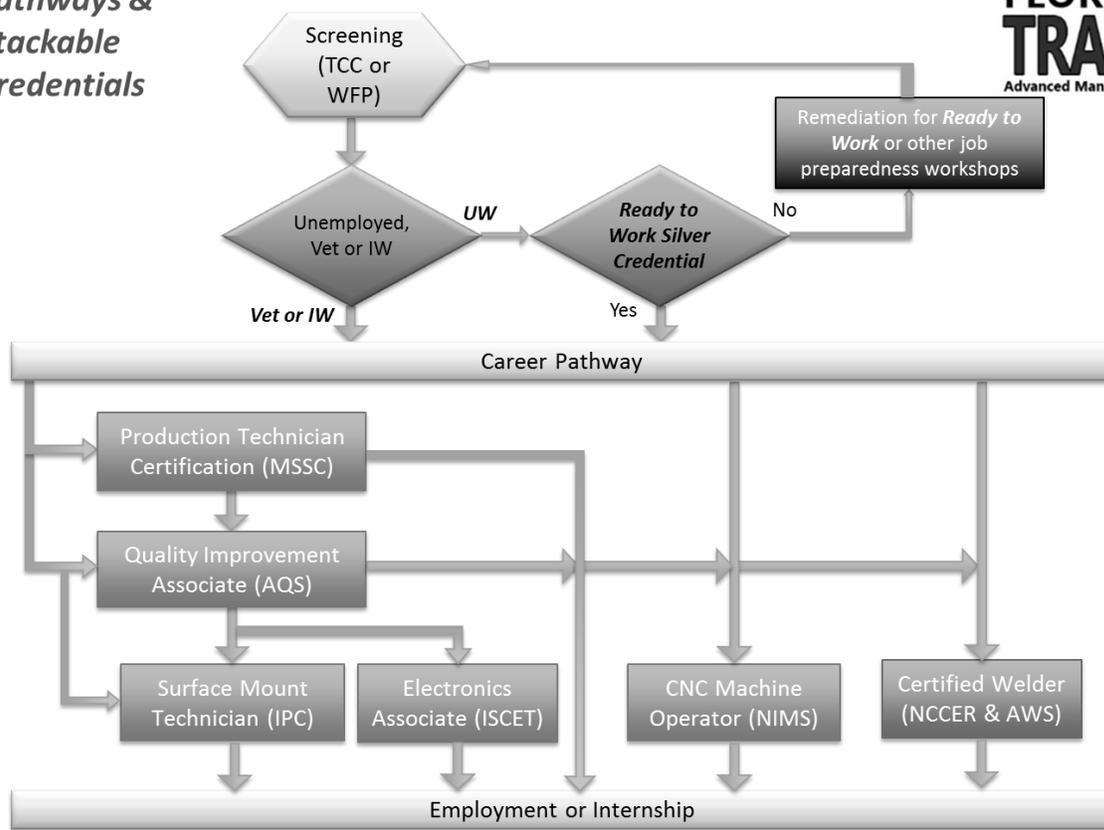
There are sometimes multiple pathways to the same certificate. For example, the nurse assistant credential is offered in more than 12,000 programs throughout the country. Some are offered by employers to their own employees who want to advance to this role; others are offered by workforce development agencies that specialize in helping unemployed people or

underemployed people to obtain credentials. C.N.A. programs are also offered in secondary and post-secondary technical schools and community colleges. Often employer programs will offer additional certificates that stack on top of the C.N.A. for more specialized areas of direct support.

Typically these certifications offer credits toward relevant degree programs and the presence of such programs is an essential signal to young people and career changers about the availability of the profession and the type of work it involves. In this way, credentialing programs provide an important marketing tool for an occupation or industry that has difficulty recruiting new workers. With DSP demand rising and fewer people participating in the workforce than in previous decades, recruitment will become even more difficult, raising the importance of using every available tool, including certification, to strengthen the floundering DSP workforce.

Figure 1. Example of a stackable certifications in advanced manufacturing

**TCC
Pathways &
Stackable
Credentials**



(Career Graphic published on the internet by Florida Trade, a consortium of 12 state and community colleges that received a U.S. Department of Labor Trade Assistance And Community College Training Grant to prepare people for entry level jobs in manufacturing. Retrieved on March 13, 2015

<https://www.tcc.fl.edu/Current/Academics/WorkforceDevelopment/Manufacturing/Pages/FL-TRADE.aspx>)

Potential for Credentialing to Improve Quality Outcomes and Affordability of LTSS

Advancing Quality Support

Well-designed studies of the relationship between DSP education and the quality of support that DSPs provide are few in number, but several investigations that meet rigorous criteria

demonstrate that comprehensive training/educations programs that one would need to master the requirements of a robust credential program do make a difference.

In a recent randomized controlled study, Hewitt, Nord & Bogenschutz (in press) found that when DSPs were supported by organizations to complete a comprehensive training program that included on-line training, in person group discussion and mentoring by supervisors or lead workers the workers gained knowledge and skill and felt more valued by their supervisors. This study also found that the sites within the organizations that participated in the intervention had a 16% decrease in turnover rates. More importantly, the individuals who received services from the trained DSPs experienced more improvement in outcomes such as employment, social relationships, inclusion and health and safety than their peers supported by DSPs who did not receive the comprehensive training. In a report to Congress in 2006, the U.S. Health and Human Services (HHS) Associate Secretary for Planning and Evaluation (ASPE) discussed the LTSS workforce challenges in depth and identified five studies that demonstrated that what LTSS professionals know and do on the job has a direct effect on outcomes in the areas of challenging behavior, communication, treatment success and the success of moves to community living arrangements.

Better outcomes in these areas not only improve quality of life but they directly contribute to the affordability of supports. For example, improved management of difficult behavior and skill improvement in other areas related to injury rates such as “positioning and transferring” people with physical disabilities can greatly reduce employee injuries and the associated costs of: worker’s compensation, increased insurance rates and overtime to cover vacancies due to short and longer term sick leave. There is the potential for significant “return on investment” in training in the reduction of injuries across the LTSS workforce whose injuries far exceed all other industry sectors and high risk occupations such as construction laborers, truck drivers, roofers and welders and are double the rates of work-related injuries in other service sector jobs as reported in the Bureau of Labor Statistics Occupational Industries and Illnesses Survey with the exception of health care workers in hospitals. In 2013 in New York State, there were 10,500 cases of job-related injury and illnesses among LTSS workers in nursing and other residential facilities. This one sub-sector of the service industry represents 5% of all work related injuries in all industries across the state. Further investigation is warranted to determine the projected savings if these injury rates could be reduced through better employee training, but it appears that it would be significant.

The complementary goals of enhancing LTSS quality and affordability are central to New York’s imminent plan to introduce an integrated managed care model within the I/DD LTSS sector. As these plans coalesce, it is critical for New York’s HHS policy experts to recognize the central role that LTSS DSPs will play in achieving desired outcomes. A growing body of evidence identifies that frontline DSPs are pivotal in supporting and improving population health and preventing more costly forms of acute care thereby achieving significant gains in quality and affordability (Bovbjerg, Eyster, Ormond, Anderson, & Richardson, 2013). Similar to the general population on which most research demonstrating the impact of frontline workers on improved outcomes is based, people with I/DD have many chronic health conditions that can be better managed through the support and monitoring offered by well-prepared DSPs.

Another area the ASPE Report to Congress identifies as an evidence-based connection between DSP performance and quality outcomes is the essential role that DSPs play in “residential placement.” The importance of assuring DSP skill in supporting safe and successful transition to new living situations should be a primary concern as New York is moving apace toward more individualized community programs, self-directed services and an integrated managed care model of support for people with I/DD. Planning documents suggest that one potential cost saving quality enhancement strategy under consideration in the transformation to an integration of LTSS and healthcare care is the intent to move people to better quality, lower cost living situations (Fredericks, Park, Rob & Suh, 2014). New York has a higher percentage than the national average of people with I/DD living in more costly congregate settings such as ICFs/I/DD. This means that there is potential for significant cost savings as well as quality improvement by transitioning people to smaller, more individualized homes, but successful and positive transitions rely on well prepared DSPs. Knowing that many people currently living in higher cost congregate care and group home programs may have more intensive support needs than people who have already transitioned to smaller community homes, it will be critical to assure that DSPs are well prepared to provide the support that is necessary for safe and successful residential transitions.

The ASPE report also identifies a causal link between education and training of DSPs and lower turnover as well as longer lengths of employment. In a policy brief on “what works” to strengthen the LTSS workforce, the Centers for Medicare and Medicaid Services (CMS) reference the studies identified in the ASPE report that causally link LTSS DSPs trained in communication and conflict resolution to increased intention to remain on the job, and discuss how LTSS workers that participated in skills training, clinical training, mentoring and support groups stayed on the job significantly longer than workers in the non-participating comparison group. Multiple return on investment measures have been conducted using online competency based curriculum illustrating reduced turnover of DSPs who receive online competency-based training. In 2005-2006 Heritage Christian Services in NY provided comprehensive online training to certify 180 DSPs. Retention rates during this period show 94% retention for DSPs who had received this training, compared to 66% retention for those who had not (Elsevier, 2015). In addition, when retention and turnover was measured independently as an outcome of a training intervention in four states (NY, NH, KS, and NC), the reduction of turnover ranged from a reduction of 6.9% at its lowest to a decrease from 50% to 15% at its highest (Elsevier, 2015).

OHIO PATHS Direct Support Credentialing is one of the earliest statewide credentialing programs for DSPs. Over a ten-year period, approximately 1,200 DSPs have received a credential through this program. An Evaluation of the OHIO PATHS Direct Support Credentialing program has also identified a positive impact on DSPs and the organizations in which they are employed. Surveys conducted in 2010 and 2013 yielded these results (Ohio PATHS Report, 2010 & 2013):

- The average length of service for PATHS graduates (8.1 years) was higher than non-PATHS DSPs (4.9 years).
- The crude separation rate is lower for graduates (7.6%) than non-PATHS DSPs (17.8%).

- The retention rate for PATHS graduates (91.8%) was significantly higher than the Ohio average retention rate of 42.8% reported in the 2010 OPRA Key Findings document.
- PATHS graduates (43%) have increased their organizational participation when compared to non-PATHS DSPs (31%).
- Employers (69%) offer employees a monetary award after graduation,
- Employers (56%) offer employees a wage increase after graduation,
- Employers (87%) rate the benefits of DSPATHS as well worth the cost (Ohio Alliance for Direct Support Professionals, 2012)

In addition to improving continuity of support, the potential for credentialing to result in significant reduction in turnover rates will also translate into significant cost savings associated with the excessive recruitment and initial training costs associated with a churning workforce. A very conservative estimate of the cost of recruiting and providing minimal pre-service training for a single LTSS DSP is \$2500 (Seavey & Salter, 2006-2010). In a study conducted by Larson in 2013, the costs of turnover per hire were estimated at \$3,278 (Larson, Tolbize, Kim and York, 2013). This number adjusted for inflation using the Bureau of Labor Statistics inflation calculator would be \$4,073 in 2015. Moreover, in conversations with project advisory members their recent projections indicated the costs to be about \$11,000 per worker. Research on the LTSS workforce (across sectors) indicates that nationally turnover rates have consistently run from 50% to 75% annually. Using the lowest estimated rate of 50% suggests that half of the estimated 364,000 New Yorkers working in I/DD LTSS will leave and need to be replaced annually. Using the lowest estimated cost of turnover (\$3,278 per replacement), the cost of turnover is \$596,596,000 annually. Reducing turnover by just 10% would conservatively save \$119,319,200 annually in recruitment and hiring costs. In the “Employer Survey” segment of this project that looked at DSP workforce conditions in New York’s private sector of providers in the I/DD field, the DSP turnover rate averaged 28.8%. This means that in a calendar year 28,046 of the estimated number of the known 97,382 DSPs employed by private providers in NY will leave their positions within the first year. Annual turnover costs in the I/DD sector alone are conservatively estimated at \$79,804,549. Reducing turnover by 10% would save the system \$7,980,618 each year.

While more research is needed, these exploratory studies establish a pattern of positive impact on DSP effectiveness, stability and commitment associated with participation in credentialing and comprehensive training programs. They also suggest areas for significant cost-savings, most notably through providing better quality support and reducing DSP turnover.

Status of DSW Certification and Credentialing in the Intellectual and Developmental Disability sector of Long Term Supports and Services

The preceding sections indicate that despite the significant investment of federal and state public funds, the personnel training and education requirements for many DSWs in LTSS including Direct Support Professionals are minimal and do not support entry and mid-level long term care workers to obtain the updated knowledge, skills and ethical guidelines they need to stay current with the field, refresh their skills, and become prepared and motivated to master and apply evidence-based interventions. The exceptions to this pattern are the federal training requirements for “Nurse Assistants” and “Home Health Aides” working in Medicaid funded

programs; however the 75 hours block of instruction required by these rules for these occupations does not come close to the 120 hours of instruction that is the minimum recommended for direct service workers by the Institute on Medicine (Marquand, 2013). Additionally, the focus of the content and knowledge, skills and attitudes taught in Nurse Assistant and Home Health Aide certificate training programs are focused on physical health and a “medical model” approach and do not encompass the knowledge, skills and abilities needed by people with I/DD and those receiving support in a person’s home. Nonetheless the average wage of Certified Nurse Assistants is well above non-certified DSPs – in New York C.N.A.s receive on average receive \$5 more per hour than the average DSP wage.

To determine potential strategies for strengthening New York’s DSP workforce by introducing a credential program for all New York’s DSPs, this section identifies and compares existing DSP credentialing programs to examine the features, costs and experiences that can provide guidance to New York State. Given the I/DD focus of this project, and the extensive array of service sectors in which DSWs work, the research team has narrowed the content of this comparative information to non-degree level certification programs designed for DSPs working in I/DD. The approximately 12,000 nurse assistant programs across the country were excluded because their focus is primarily physical care and does not cover many of the topics on self-determination, strengths-based and person-centered approaches, relationship building, and community inclusion that are highly valued in the I/DD community. There are also a number of certification programs nationally and in New York with a behavioral health focus especially a substance abuse focus, but these were also excluded, as they do not address I/DD support practices.

Therefore Table 2 identifies all of the national programs for I/DD workers known to exist (NADSP, APSE and NADD). At the state and sub-state level it was not possible to exhaustively identify or compare all of the programs with an I/DD focus that may exist, therefore the research team provides an array of program examples of various types including: publicly operated mandatory statewide programs (Arizona, Arkansas, California, Idaho, Massachusetts, Minnesota, New York, Virginia, and Washington); well established consortium-operated voluntary, statewide program (Ohio PATHs); an employer-based apprenticeship program, Lifelinks; and college-based programs (Georgia, New Hampshire, New Mexico and New York). The team was unable to review programs of study in the more than 1,700 community colleges across the country to identify those that address DSWs working in I/DD LTSS, but it did an online review of the programs of study at New York community colleges and includes the I/DD oriented programs in the table. More extensive Information on non- I/DD focused human services degrees and certificates in NY community colleges is provided in Appendix A.

Many programs do not maintain statistics on the number of people certified by the program, or other metrics such as the candidate attrition rate or test success rates. There currently is no national database that contains information about DSP certification and training programs and as Table 2 reveals there is much that remains unknown.

Table 2. Certification Programs for DSWs Working in I/DD LTSS That Do Not Require or Result in Post-Secondary Degrees

Credential Program Name	Program Hours*	Cost Per Person	# DSPs Certified to Date	Voluntary Or Mandated	Assessment Types
National Programs					
National Council - Association of People Supporting Employment (CASE) Employment Support Specialist Certification Employment Support Professional Certification	Examination only	\$159	No data	V	Standardized written test
National NADD Competency-Based Direct Support Certification	Examination only	\$60 for members	No data	V	Standardized written test (Online)
National Alliance for Direct Support Professionals (NADSP)	100 hrs. Initial 100 hrs. Advanced	\$200 for DSP-R and DSP C	DSP-R 1919 DSP I & II 88	V	Portfolio Standardized
State or Regional Programs					
Alaska Agency Based Personal Care Aide (PCA) Training Program	40 hours	\$500	No data	M	Standard written test
Arkansas PCA Certification Program	40 hours	\$500	No data	M	Standardized written test and skill demo test

Credential Program Name	Program Hours*	Cost Per Person	# DSPs Certified to Date	Voluntary Or Mandated	Assessment Types
Arizona Direct Care Worker Training and Testing Program	Competency Based estimated at 16-40 Level 1 16-40 Level 2	\$300	No data	M	Standardized written test and skill demo test – PEL awarded through challenge test
California DSP Training Program for ICF/IDD	35 Level 1 35 Level 2 in year 2	\$7,000	103,000	M	Standardized written test and skill demo test – PEL awarded through challenge test
New Mexico Disability Support Services Completion Certificate	4 credits 60 hours	\$992	No data	V	Final Course Grades
Georgia DSP Certification Program	80 hrs No college credits	\$1500	500 since 2004	V	Person-Centered Plan completed with the Learning Partner.
Idaho PCA Training and Certification	Competency based – estimated hours not published	No Data	No data	M	Standardized written test and Skills Demonstration
MA Lifelinks (single employer) Apprenticeship Program	116 year 1 176 year 2 131 year 3	\$37,500	30	V	Multiple – Instructor developed

Credential Program Name	Program Hours*	Cost Per Person	# DSPs Certified to Date	Voluntary Or Mandated	Assessment Types
MA Direct Support Certificate	21 credits 315 hours	\$2,927	No Data	V	Final Course Grades
*MA PHCAST Core *PHCAST grants also were funded in: California Iowa Maine Michigan North Carolina	60 hours	No Data	500	M for home care aides V for PCAs	Standardized written
MA PHCAST Personal Care Assistant	3 hours	\$150	Pilot stage	M for the 10k to 15k new PCAs hired each year	Standard Written
No. Dakota Minot State Univ. Certificate of Completion in I/DD	15 credits 225 hours.	\$1,500 DSPs take courses for half regular tuition	No data	V	Multiple types - Instructor developed
MN PCA	Self-directed online program of 9 modules	0	No Data	M	Online training and test offered in 6 languages
NH Supporting People in Community Living	80 hours	\$650	80 since 2012	V	Person Centered Plan completed with the Learning Partner
NY New Horizons Resources Apprenticeship Program	Competency based but	\$7000	4 since 2004	V	Self Assessment

Credential Program Name	Program Hours*	Cost Per Person	# DSPs Certified to Date	Voluntary Or Mandated	Assessment Types
	estimate of instructional hours is 200 over two years				Supervisory Assessment and Assessment embedded in course work.
NY Personal Care Aide II	40 Hours	\$500 to \$1,200	No data	M	Skill demonstration
NY Dutchess CC Direct Service (Child Focus)	32 credits 480 hours	\$4,256	No data	V	Final course grades
NY Monroe CC Direct Service Certificate (General Focus)	30 credits 450 hours	\$3,990	No data	V	Final course grades
NY Genesee cc Developmental Disabilities Certificate	32 credits 480 hours	\$4,526	No Data	V	Final course grades
NY Hudson Valley Direct Service Certificate (General Focus)	28 credits 440 hours	\$3,724	No Data	V	Final course grades
NY Nassau CC Disability Studies Certificate (General Focus)	30 credits 450 hours	\$3,990	No Data	V	Final course grades
NY Niagra CC Disability Studies Certificate (Genera Focus)	32 credits 480 hours	\$4,526	No Data	V	Final course grades
NY Sullivan CC Direct Support Certificate	33 credits 495 hours	\$4,659	No Data	V	Final course examinations

Credential Program Name	Program Hours*	Cost Per Person	# DSPs Certified to Date	Voluntary Or Mandated	Assessment Types
(I/DD Focus)					
NY Ulster CC Direct Care Certificate	18 credits 270 hours	\$2,394	No Data	V	Final course examinations
NY Westchester CC Direct Care Practice Certificate (I/DD Focus)	25 credits 375 hours	\$3,325	No Data	V	Final course examinations
Ohio PATHS	30 Basic 60 CIP 60 CAP	\$175 Basic \$350 CIP \$350 CAP	959 CIP 144 CAP 150 Skill Mentors	V	Portfolio
Virginia	40 hours	\$220	No Data	M	Standard written Skills checklist
Washington PCAs Certified as Home Care Aides	75 hours	\$525	No Data	M	Standard written test Option for credit for military experience Option for verification of credentials from other state

* The Institute of Medicine recommends that DSWs receive a minimum of 120 hours of training

National Programs

Table 2 indicates that there are three national certification programs and a larger number of state certification programs that focus on certification requirements for DSWs working in I/DD LTSS. The National Alliance for Direct Support Professionals (NADSP) offers the only nationally available, voluntary certification program focused on the core skills of direct support professionals as practiced in community settings. The NADSP certification requirements are aligned with skill standards drawn from a cross-section of LTSS DSWs and developed to meet legal and educational standards for validity (Knapp & Knapp, 2000). The Ohio PATHS, MA Community College, Georgia, NH, and MA Lifelinks program also use the Community Support Skill Standards as a framework. CA, Alaska, Idaho, Virginia, MN and Arkansas also use rationally developed skill and knowledge standards to guide program content.

NADSP is an “assessment only” program but several high quality online and classroom based training content providers have been accredited to provide training that aligns with the NADSP Competencies and needed to become credentialed. Also, several of the listed state programs including Ohio PATHS and the Georgia credential are accredited by the NADSP to prepare candidates for the credential. While these curricula are certificated by NADSP, purchasers and users of the curricula are not organizing content toward the achievement of the NADSP credential or some other certificate. As a result, the program has not certified many DSPs to date because: 1) purchasers are not using the full potential of online curriculum; 2) there are no comprehensive certification or licensing requirements for DSPs specified and funded in HCBS waiver programs to drive enrollment; and 3) because DSPs have insufficient wages to pay for educational opportunities.

The NADSP assessment process is a competency-based “portfolio” considered by educators to be a progressive form of assessment because it is rooted in real work situations, also for the candidate it is a powerful learning experience, unlike the experience of taking more traditional multiple choice tests. Its disadvantage is that it is a challenging activity that requires a substantial time commitment to complete and is more difficult to score. Portfolios are becoming an increasingly utilized assessment method in higher education and the CUNY system LaGuardia Community College is a national leader in utilizing the portfolio process.

NADSP organizes competency requirements into two levels with different competencies required at each level. This program has experienced difficulty in engaging Level 1 completers to continue to level 2. NADSP has not studied this carefully to determine why this occurs, but anecdotal observations suggest that the failure to link a predictable wage increase supported by Medicaid rates or career ladder advancement to credential achievement is a disincentive for DSWs to continue to the advanced level. Another possible deterrent is the challenge of completing required portfolio elements, but without further research it is not possible to determine why this occurs.

In addition to the NADSP core program, there are two LTSS DSP programs at the national level focusing on specialized areas of direct support: employment and dual diagnoses. The Certified Employment Specialist certificate is offered by the Association of Persons in Supported

Employment (APSE) and the NADD Competency-Based Direct-Support Certificate offered by the National Association for Dual Diagnoses (NADD). Both programs are fairly recent and also are framed by carefully designed skill and knowledge standards. Neither program provided information about numbers certified, but as more recently launched programs, it's likely that they have not seen a large scale number of participants. Similar to Direct Support Professionals working in residential support in I/DD agencies, there are no federal or state requirements for DSPs specializing in supported employment or in supporting people with dual diagnoses eliminating this as a driver for widespread enrollment and "return on investment" in training metrics for these programs is not published to date.

Another national certificate program launched in 2005, The Personal Care and Support Credential, established by the Direct Care Alliance (DCA), Inc. closed in 2013 when DCA was unable to fund continuing operations.

State and Regional Credential Programs

Public Personal Care Aide Programs

In a survey of PCA training programs, Marquand and Chapman (2014) report that 19 states require PCA training across their Medicaid funded programs but using a set of quality indicators to further examine the programs, the study concluded that most programs lack rigor. Seven of the 19 states were identified as "leader states" that provide more robust PCA training programs and these programs are listed in Table 2 included Table 2. New York was not identified as one of the "leader states," but for comparison purposes, the table does include New York's PCA training and certification program for PCA II (40 hours). Although the Marquand study rates the listed PCA programs as "leader states" their typical requirement of 40 hours of training is far below the Institute of Medicine's recommendation for 120 hours of training for people performing direct support.

Several states have incorporated innovative features in their PCA Certification programs. Washington State has increased its potential pipeline of workers by incorporating methods of deeming prior experiential learning (PEL) as equivalent to certification requirements and to our knowledge is the only state that offers this for past military experience (many community colleges follow guidelines published by the American Council on Education that equate military experience with college credit). Washington also includes a method for equating credentials from out of state with the Washington requirements. Such practices will be essential as states seek to find enough workers to fill the direct support jobs needed now and into the future.

Minnesota is exemplary in their methods of overcoming literacy barriers to job entry by offering their PCA curriculum and testing process in six different languages. Both training and testing are offered online providing anywhere, anytime access to the tools necessary to prepare for a DSW job. However, this curriculum is brief and does not provide sufficient depth for people working in DSP roles.

In addition to a low number of training hours required in many state PCA programs, similar to "Nurse Assistant" training programs, most PCA curricula emphasizes physical care with less content focused on the methods and philosophy of the independent living movement such as self-

determination, person-centered approaches and inclusion. One exception is the MA PHCAST “Core” training program for PCAs and Homecare Aides that does delve into these more contemporary skills and issues. The full curriculum is a requirement for Massachusetts Homecare Aides but the more than 20,000 new PCAs each year in MA are only required to take a 3-hour version of the program. Marquand et al. (2014) concludes:

“Despite strong evidence that training for direct-care workers, such as PCAs, is a key component of job quality—with strong associations with job satisfaction, retention, and the quality of care—there are no federal training requirements for PCAs. Furthermore, few states have developed rigorous PCA training standards that are uniform across Medicaid-funded programs. In this way PCAs differ from workers in other direct-care occupations, i.e., certified nurse aides and home health aides, who perform similar tasks and are required to complete training and certification according to a federal minimum standard. The findings from this study highlight the wide national variation in training standards—variation that could lead to significant disparities in PCA preparedness and skills. With demand for PCAs expected to exceed that of nearly every other occupation over the coming decade and many states facing workforce shortages, promulgating rational training standards and the necessary infrastructure to support the training of this essential workforce will need to be prioritized by states and the federal government.”

California’s Public ICF/IDD Direct Support Training Program

The California program is limited to those DSWs who work in ICFs/I-DD programs. Its innovative features include the option for workers to be certified without attending the 35 hour instruction period at each of two levels if they can demonstrate their mastery of the required knowledge, skills and abilities (KSAs) in a written test and a skills demonstration. Pass rates for those taking challenge tests without attending classes are much lower than for those who attend instruction sessions. State officials involved with the program have identified literacy issues as a major challenge in implementing the program.

Privately Operated State Programs

Designed and launched with grants from the Ohio Developmental Disabilities Council, The Ohio PATHS Program is a product of a private-public partnership of DSPs, DSP Employers, the state’s Developmental Disability Council and the state’s I/DD service agency that has expanded from three locations to thirty locations throughout the state. Similar to the NADSP Credential, the Ohio, Georgia and New Hampshire programs use the Community Support Skill Standards or an adapted version as the curriculum framework. Using a validated set of competencies to frame curriculum offers several advantages to a credential program: 1) states are assured that standards are relevant to the job and meet legally defensible criteria for use in certification decisions; 2) a competency-based approach allows flexibility in educational program design as it is not tied to specific hours or specific curricula thus providing the flexibility to approve different curricula as long as the program prepares candidates to meet the competencies or to create an assessment only certification program; and, 3) defining competencies and required mastery levels within the criteria provides a strong basis for building valid assessment tools and also provides candidates with clear and criterion-based information about what they must “know” and “do” to be certified.

Initially providers involved with the Ohio PATHS program development were concerned with the potential for certified DSPs to “jump ship” for jobs in other agencies, but these fears have dissipated. A successful program element is the use of “skills mentors” who are skilled coworkers that complete training to mentor and support the progress of candidates as they proceed through the program and challenges of portfolio development. Many skills mentors receive stipends for their service and mentors have emerged as an important leadership group in the Ohio PATHS program.

Committed leaders in Ohio have been creative in developing products that generate funding to sustain the program, but sustained funding is a considerable challenge for all of the programs, which are privately operated. There is considerable public funding that supports the PCA certification programs but states have made little use of the Medicaid program resources available for training.

The small scale Georgia DSP Certificate Program offers innovations in both its curriculum and its assessment procedures. The curriculum approach is a type referred to as “constructivist” that is characterized by the use of mini lectures with a greater emphasis on dialogue about personal and work experience as they relate to the learning topics of each session. Learners are encouraged to construct their knowledge and understanding of the required competencies in a collaborative manner that draws upon each person’s existing store of knowledge and experience and expands upon it. To assist in the learning process candidates are required to invite someone with an I/DD to serve as a “Learning Partner” throughout the credential preparation course. Working together the candidate and the Learning Partner develop a Person-Centered Plan that serves as the candidate’s final assessment, and that is useful to the Learning Partner after the course. Stakeholders in the state of New Hampshire have replicated this program and one outcome there has been an increased level of participation of Learning Partners in the Self-Advocacy movement. In both Georgia and New Hampshire classes are located in a community college setting but I/DD stakeholders drive the program implementation.

The MA Lifelinks Direct Support Apprenticeship Program and the NY New Horizons Direct Support Professional Program are among the few apprenticeship programs for DSWs in I/DD and is framed. Both are based on the national apprenticeship guidelines for “Direct Support Specialists” that were approved by the U.S. Department of Labor over a decade ago with leadership from the NADSP. The apprenticeship guidelines are aligned with the NADSP competencies.

The New Horizons Resources program offers flexibility in learning options for candidates who are able to choose online instruction or instruction offered at a local community college. Four of the five candidates have selected the online instruction available through the workplace. Candidate costs are fully supported by New Horizons including the cost of applying for the NADSP Certificate.

The Lifelinks program has the most rigorous requirements of all the listed programs requiring more than 400 hours of instruction over a three-year period – it is also the most costly program listed. The benefits to DSPs in an apprenticeship program is that the Department of Labor requires all apprenticeship programs to build in four wage increases over the period of

apprenticeship and as a robust employer-based program, agency leaders are typically very involved and supportive of apprentices.

Also in New York, the Anderson Center for Autism (ACA) offers an exemplary career advancement program called the ACA Career Ladder Learn and Earn Program that designates more experienced direct support professionals as peer mentors to assist new employees to implement the tools, skills and knowledge learned in orientation. Mentors receive an annual salary increase of \$500.00 (prorated for part-time employment) with additional salary increases tied to completion of leadership training.

Community College Programs

Half of all college students are enrolled in the country's 1,738 community colleges (Digest of Educational Statistics, 2012, Table 366) that provide the most accessible and affordable higher education option. Most offer some type of general human services degree program that is typically very broad-based, attempting to give the student some general knowledge and experience with the full landscape of human services and some supervised field experiences. Some of the colleges also offer a shorter-term certificate program that articulates with the degree program. While it was beyond the scope of this project to examine the programs of study in each college, the team's extensive experience with LTSS DSP workforce development programs throughout the country suggests that few colleges offer certificates or degrees that prepare DSWs to work in I/DD LTSS.

Programs of study in the 34 public community colleges in the SUNY system were examined to identify potential springboards for future credential activity in the state. This research indicates that excluding certifications focused on general human services, substance abuse, child and youth development, or education, there are 10 community colleges that offer a certificate program that focus on direct services with three of these that offer content that is specific I/DD. These programs are located at: Genesee, Sullivan, and Westchester Community Colleges. A fourth college, Dutchess Community College, offers a program in direct support that is focused on children and youth and does include some I/DD emphasis.

The advantages to community college-based programs are that the classrooms are well-equipped and the courses provide college credit that usually transfers to an Associate Degree offered at the specific college where the certificate was completed. Also community colleges offer tutoring and other resources to help students from disadvantaged academic backgrounds to succeed and continue to degree programs. A considerable disadvantage is that students must pay tuition and part-time students are not able to obtain federal financial aid such as Pell grants – this is an important consideration as these programs are the most expensive programs in the table with the exception of the Lifelinks apprenticeship program. Another downside is that college curriculum approval processes can make it burdensome to change curricula, which can result in curriculum that is out of step with emerging skills and industry best practices.

A brief look at Table 2 indicates that there are very few programs at the national and state levels that credential DSWs working in I/DD while there are an estimated twelve thousand Certified Nurse Assistant training programs offered throughout the United States. The content of these programs is based on medical model principles of direct service and not the community and

Direct-care workers typically have high levels of turnover and job dissatisfaction due to low pay, poor working conditions, high rates of on-the-job injury, and few opportunities for advancement. To help improve the quality of these jobs, more needs to be done to improve job desirability, including improved supervisory relationships and greater opportunities for career growth. To overcome huge financial disincentives, the committee recommends that state Medicaid programs increase pay for direct care workers and provide access to fringe benefits.

Institute of Medicine
2008

person-centered DSW skills used in the I/DD sector. The key reason there are so few DSW programs with an I/DD emphasis and so many nurse assistant programs is because Medicaid and Medicare rules require that nurse assistants are certified. Thus, they generate a widespread demand for nurse assistant certification programs. Certification is not a federal requirement for most DSWs working in I/DD resulting in few programs and low numbers of participation in the programs that do exist.

Sustaining Hard Won Victories

Over the past 4 decades, the majority of people with I/DD in New York moved from institutions to group homes or individual homes in their communities or to live, work, love and learn like their non-disabled peers in the company of family and friends. This successful reclamation of the constitutional right to “life, liberty and the pursuit of happiness” among people with I/DD who endured the abuse and neglect common to harsh institutional life was made possible by the work of Direct Support Professionals. New York and other states can look back and celebrate the progressive policies and deep investments in community support over the past 40 years that have made community life possible for 121,000 New Yorkers with I/DD who receive direct support and thousands more with physical disabilities and decreased functional ability due to aging.

As the network of community and home-based LTSS has grown and matured over recent decades so too has the role of the DSP evolved from that of “custodian” or “caretaker” into a more complex skill set that calls upon the DSP to open doors to experience and opportunity, and to support people in

making decisions, building social networks and speaking out against abuse, neglect and inadequate support. Very often people with I/DD or other disabilities face physical and attitudinal barriers to full participation in community life; as a result they are at risk for social isolation, unemployment, exploitation and devaluation. But these are life conditions that well trained Direct Support Professionals can mediate and change by helping people connect with friends, employment and activities that are life fulfilling. These connections are critical to well-being and serve as safeguards from situations of abuse and neglect that New York has seen from recent exposes are not limited within institutional walls but can and do occur in community based LTSS. Comprehensive professional development that enables DSPs to build the ethical judgment, communication, outreach, and person-centered skills that support the empowerment and self-determination of support recipients is an invaluable investment in the prevention of harm and the achievement of quality outcomes.

With the high demand for this workforce and its current structural weaknesses including insufficient professional development and career paths as well as low wages and benefits, it will be difficult to sustain the promise of support to achieve a fulfilling community life even when institutions and other segregated programs are closed. The lack of focused recruitment programs and the persistent lack of interventions to solve the structural problems of the DSP workforce will likely contribute to unsafe and inadequate support for vulnerable people in NY. The New York Assembly and human services leaders must act decisively and promptly to strengthen the DSP workforce to assure that the ability to access the American Dream does not become a nightmare of unsupported risk, neglect and isolation for people with long term service and support needs due to staff shortages.

Nationally, a clarion call for comprehensive planning and interventions to create structural workforce improvements to assure a sufficient and well-prepared Direct Support workforce has been sounded by healthcare policy leaders including the Institute of Medicine (Institute of Medicine (US), 2008). Despite some important differences in how direct support is delivered in human services versus health care oriented long term care settings, the workforce is the same and the IOM concerns, although addressed to the “healthcare” workforce, apply equally and fundamentally to the human services direct support workforce that is funded primarily through Medicaid. To avoid the “perfect storm” of high demand and unavailability of workers, sub-standard DSP work conditions must be addressed systematically and aggressively by state systems using the types of comprehensive long-term planning and strategic interventions to strengthen the workforce called for by the IOM that included:

1. Better pay and access to fringe benefits by restructuring state Medicaid programs to increase pay and provide access to fringe benefits
2. Better supervision
3. Better career opportunities
4. Strengthen training standards
5. Increase existing long term services and support standards
6. Establish state standards
7. Preparation for working with older people

What Can We Learn from Other Credentialing and Educational Programs to Create a Solid Program for Direct Support Professionals New York?

This section of the report will explore the literature regarding the programmatic elements that are associated with high quality certification/credentialing programs across all industries. It will also look at features in existing credential programs that appear to present barriers or to positively influence the scale, quality and sustainability of the credential as well as the quality of support provided by credential completers.

Features of High Quality Credential Programs

The proliferation of credential programs over the past three decades provides a window into the credential model features that are associated with quality programs in general. The most comprehensive analysis of these features is provided by the Institute for Credentialing

Excellence (ICE), a group with significant experience in evaluating and accrediting credential programs across a range of industries.¹ As part of the ICE mission to promote excellence in credentialing, they convened a “Certificate Task Force” to identify the features of quality certificate programs. They sort certificate programs into two broad categories - those that restrict their activity to assessing professional skill and knowledge are categorized as “Professional Certification Programs”; programs that provide education/training as well as a final assessment process are categorized in the ICE schema as “Assessment-Based Certificate Programs”. ICE provides a separate accreditation process for each category intended to provide third party assurance that the program is a high quality certification program. Assessment only programs receive the National Commission for Certifying Agencies ICE Accreditation (NCCA) and programs providing both education and assessment receive the Assessment Based Certification Accreditation (ACAP).

While there are differences in emphasis across the two categories, the ICE Task Force identifies quality characteristics that are shared by both categories including that both types:

- Identify specific learning outcomes;
- Use a credible, rational process to specify the skills and knowledge that form the basis for the learning outcomes such as job analysis, role delineation, surveys, stakeholder views, incumbent worker views, systematic analysis of industry needs or some combination of these types of approaches;
- Periodically update the intended learning outcomes and the related skill and knowledge requirements;
- Implement a valid assessment process that is aligned with the intended learning outcomes;
- Assure program oversight by relevant stakeholders and subject matter experts to monitor program development, implementation and evaluation;
- Establish education/training eligibility and pre-requisite requirements – (only in those program models where designers seek quality control over curriculum content).

These elements present the fundamental features that should be incorporated in any robust credential program. Again, the main distinction between the two ICE categories is that one type provides an educational component and the other does not. The credential model that stakeholders in NY or elsewhere choose to follow will depend on the level of control that they want over curriculum content and educational methods. If more control/consistency with the educational curriculum and methods is desired, then in addition to a final assessment process, the design would incorporate the design for an educational component that at minimum would outline the desired curriculum framework and preferred educational methods. A more comprehensive educational component design would include more detailed curricula, a method for selecting and training instructors, a method for evaluating prior experiential learning, and any articulation agreements with degree programs or other credential programs.

Whether designers seek to incorporate a curriculum component or not, a key issue that planners must determine is what type of assessment process makes sense for assessing Direct Support Professional competence. In making a decision regarding the type of assessment plan that will be used, planners must consider a range of factors including the most important skills and

knowledge to assess, and the benefits and costs of designing and implementing different types of assessment

Scant published research regarding the costs of test development, test maintenance, and test scoring/reporting exists. A national study conducted by the Brown Center at the Brookings Institute (2012) of state public school system contracts with testing agencies provides some cost guidance and identifies the number of test takers (students enrolled) as the primary indicator of test costs. More test takers translates to lower costs as fixed costs are then spread across a larger number of test takers. Among other methods of analysis, the study reported the per student cost charged by each of 10 assessment contractors; these ranged from a low of \$10.00 per student charged by the University of Kansas to a high of \$42 per student charged by the American Institutes for Research. The average per student cost across the 10 the major assessment contractors used by states was \$27 per student. The two not -for-profit university based contractors had the lowest per student costs. In addition to the University of Kansas at \$10 per student, the contract cost with the University of North Carolina was estimated at \$11 per student. Information about quality of work or satisfaction level was not addressed in the study. The report examined how specific states had allocated assessment contract budgets for specific activities identifying a pattern of three quarters of test systems costs going to “test administration” (scoring, reporting, printing, producing, and delivering), and one quarter going to “test development”.

It is also difficult to find information about the costs of credentialing programs as not much has been published on this topic. Start-up and program maintenance costs are dependent on the cost of completing a valid occupational analysis if one is not available and updating it periodically, the costs of developing and updating assessment tools, the specific credential program design, and the estimated number of candidates that will be reviewed annually. Providing a very general estimate Knapp (2000) stated:

The costs for developing a typical certification program, including validity studies, assessment instrument development (mainly multiple-choice tests), and programming and systems development, could be well over \$250,000. Operations costs for a program certifying 10,000 candidates a year could be as high as \$1 million.

The project team has developed a detailed cost model for a five-year period that is based upon the program model that the project team and its advisors have recommended based upon the project findings. This financial model can be viewed in Appendix H of this report and is summarized on pages 73 - 74.

In addition to the aforementioned features that are fundamental to quality credential/certificate programs, there are numerous other decisions that must be made to shape a program that fits the needs of the New York I/DD workforce and that is responsive to the views of stakeholders that participated in the employer survey and in focus groups and on the credentialing issue. These decisions include:

- Whether the program should be voluntary or mandated,

- How the program will connect with and complement existing certification programs especially New York’s PCA programs, and other planned certifications.
- Whether the program will include an educational component or be limited to assessment only, and,
- How best to translate New York’s Core Competencies for Direct Support Professionals into measurable criteria for teaching and testing.

A detailed list of planning considerations for the credential program in New York is located in Appendix B.

The programs reviewed in this project also provide important waypoints for New York to consider as it navigates toward DSP credentialing. Washington and Minnesota provide critical guidance on the importance of literacy in training and testing providing by providing materials in multiple languages to increase access to people who have limited English Proficiency. Ohio PATHS provides a great example of how stakeholders can form a dynamic consortium of public and private stakeholders that results in a high quality program. NADSP teaches how to connect core competencies, ethics and foster creative and critical thinking in competency-based portfolios. Georgia and New Hampshire certainly provide an example of “putting people first” by creating the role of Learning Partner and using a Person-Centered Plan as a form of project-based assessment.

There is no “wrong” or “right” directions that credential program designers should follow when making program design decisions, but it is important to consider each issue in the context of benefits and burdens to DSPs and employers as well as state policy. What is also important is to examine best practices of related credentialing programs, and to obtain the input of stakeholders as the OPWDD project has done. These factors must also be sifted through the context of the state of New York – what is advisable for one state may not work in another. For example, when considering the issue of “sustainability” it will be necessary to examine the ability of various funding mechanisms to endure *over* the long run. Medicaid must be considered in this calculus, but New York will have similarities and differences in funding structures when compared to other states. Moreover, recognizing the evidence-based role of DSPs in achieving quality outcomes, the emerging structure and resources of integrated care for I/DD in Managed Care and DSRIP models must include resources to assure that DSP competencies and associated DSP performance outcomes are identified that will contribute to integrated care goals and to provide the comprehensive training and development that DSPs will require to master these skills.

Environmental Scan and Literature Review Conclusions and Next Steps

This environmental scan and literature review predicts a “perfect storm” potential that will occur with the pressure to mobilize many more workers to meet exploding demand even as current work conditions make recruitment and retention very difficult. It focuses primarily on “Credentialing” as a response to strengthening New York’s Direct Support workforce and offers many arguments drawn from relevant workforce development studies that suggest credentialing may provide an important tool to forge a stronger LTSS Direct Support workforce.

New York is well-positioned to utilize credentialing as a tool to strengthen the LTSS DSW workforce in a progressive and cost effective manner. First, it is significant that New York's OPWDD has completed a rational and successful collaborative effort to identify the most important competencies for DSPs to achieve, the New York Direct Support Professional Core Competencies. These can serve as the criteria for certification, and as the framework for any educational programs developed or approved to prepare candidates.

Another milestone is that there is significant buy-in for workforce development across the NY provider community that has established a national leadership profile in workforce development through the work of the Mid-Hudson Coalition and the key provider associations' active participation in developing the NY DSP Core Competencies, building connections with higher education, promoting cooperation and advocacy for improving workforce conditions, sponsoring an annual conference for DSPs, and supporting the dissemination of ethical practices and the work of the NADSP.

New York is also one of the 17 states in the country that has established certification for PCAs providing a springboard to expand, deepen and connect these efforts with other credentialing efforts to provide an integrated and complementary system of certification for DSPs.

The time is right: New York is prepared to engage in integrated care demonstrations in the I/DD sector focused on improving quality and affordability of services. Like Community Health Workers that have played a significant role in preventing acute illness and improving overall health, DSPs who are knowledgeable and skillful in goals of population health and prevention as it applies to people with I/DD can be crucial actors in the challenge of achieving the quality and cost goals in an accountable integrated system. Comprehensive professional development culminating in certification will enable DSWs to support New York in achieving the goals of this system transformation.

It is important to note that credentialing/certification is just one arrow in the quiver of strategies needed to target the goal of a strengthened DSP workforce. A broad range of interventions must be implemented to bolster the workforce including better recruitment methods, development of career ladders and lattices, improvements in benefits and wages to enable workers to sustain a family, and methods to assure that DSPs contracting with the service recipient as the employer of record are able to obtain enough hours, supervision and professional development opportunities to provide quality work.

Focus Group Analysis

Overview of the Focus Group Activity

A critical component of data collection for this project involved outreach to key stakeholders to solicit their views on developing a credential program for Direct Support Professionals (DSPs) in New York State. This was accomplished by convening thirteen focus groups throughout the state with people from the following stakeholder groups: Direct Support Professionals, Front Line Supervisors (FLS) of DSPs, Employers of DSPs (EMPs), Service Recipients (SRs) and Family Members (FMs) of Service Recipients.

Early in the project, the Project Team held a broad-ranging discussion with the Advisory Board Members regarding the most important questions to ask the stakeholders participating in the Focus Groups resulting in the queries used for the Focus Groups. All facilitators followed the same agenda and, with a few exceptions, asked the same questions in each group to assure a systematic method of obtaining and comparing responses (qualitative data). The exceptions to this were that service recipients were not asked to respond to two questions that were theoretical in nature. These exceptions are noted in the following sections where query results are discussed.

Groups were asked to discuss the Direct Support Professional Core Competencies established by the New York OPWDD, the potential benefits and disadvantages of instituting a DSP credential program, and their ideas and recommendations on what to include in DSP Credential Program structure. Thirteen focus groups (4 DSP groups, 4 FLS groups, 3 EMP groups, 1 SR group and 1 FM group) totaling 141 participants were held from October 20, 2014 to February 18, 2015. Group discussions were very dynamic and yielded substantial input from the stakeholder groups that will influence the final recommendations of this project regarding the implementation of a DSP Credential program.

Procedure

The project partners played complementary roles in completing this aspect of the project. The NY Direct Support Credential Project Advisory Committee provided advice on the cities and the human services organizations throughout the state that were likely to provide the geographic diversity and participation levels necessary to the success of the outreach activity. In some cases advisors assisted with logistical aspects of hosting Focus Group meetings and assisted the Project Team in refining the Focus Group protocol and questions. The trade association partners, NYSACRA and NYSRA, were responsible for networking with their members throughout the state to recruit stakeholder participants, coordinating meeting logistics, transcribing group comments and assisting with coding comments. The research partners from the University of Minnesota Research and Training Center on Community Living designed the Focus Group Protocol (see Appendix A), led the discussions, coded comments, interpreted the results, and wrote the final reports.

Focus Group participants were recruited through networking and outreach methods to meet compressed project timelines. These strategies result in what is called a “convenience” sample of respondents selected on the basis of their availability and motivation to participate, rather than by implementing statistical selection methods such as randomization and stratification that would take much longer to perform. While statistical sampling was not possible, the project team used a rational process to identify and recruit specific groups of stakeholders, and to convene groups in each of the five OPWDD service regions throughout the state. The non-randomized nature of a “convenience sample” does not support the use of inferential statistics to interpret group results as reliably representing the views of all stakeholders in each of these groups across the state. It is important to note, however, that the number of participants in the sample is sizeable and opinion trends emerging from the results, while anecdotal, provide useful guidance regarding the potential impact of DSP credentialing on the identified stakeholders.

Thirteen focus groups were held in Rochester, Fishkill, Albany, Pleasantville, Saratoga and New York City. Most of the 141 participants were pre-registered. Upon arrival, participants checked

in and were encouraged to identify any type of support or accommodation needed to participate fully in the group and were asked to complete a brief form to identify their service region and stakeholder category. This information was documented to provide the research team with general descriptive information about the groups in addition to the qualitative data collected during the group meeting. Each group facilitator followed a pre-planned agenda (see Appendix D) that included a discussion regarding the voluntary nature of participation to assure participants were participating on their own volition, and to inform participants that their comments in the Focus Group would remain anonymous. Accordingly, this report does not associate comments with any specific respondent or specific meeting location. Opinions and responses are ascribed to the group as a whole or to each of the stakeholder group types rather than to specific individuals, organizations or locations.

Each focus group was run by a designated group facilitator from the project team following a specific protocol and agenda. A note-taker was also present at each focus group and additional team members were available to assist with accommodations. Facilitation techniques were drawn from “Compression Planning” (Umpleby & Oyler, 2007). A global strategy for human development: The work of the Institute of Cultural Affairs. *Systems Research and Behavioral Science*, 24(6), 645-653 and “Technologies of Participation” methods (Umpleby & Oyler, 2007). A global strategy for human development: The work of the Institute of Cultural Affairs. *Systems Research and Behavioral Science*, 24(6), 645-653). For certain questions, participants were invited to write brief responses on large post-it notes. Focus Group participants then assisted with posting these comments on walls where they were visible to the whole group. In some cases where the written comment was unclear, the facilitator asked the participant to explain or clarify the written comment and the written comment was annotated to include the clarification. After discussing each question, the project team collected the posted comments for further analysis. This method enabled participants to offer opinions without first hearing other group member opinions and enabled participants to be physically active in helping to post comments. This part of the protocol was adapted for any group member who required an alternative form of expressing ideas.

A system of coding comments based on common themes emerging from each question was designed and coders were trained in the comment categories. A second reviewer coded comments to increase the accuracy and reliability of the code findings.

Focus Group Results

Focus Group Participants’ Experience with DSP Work

The thirteen focus groups included four comprised of DSPs, three groups of employers, four groups of DSP supervisors, one group of service recipients, and one group of families of service recipients. Significant levels of experience were brought to the group discussions with DSP employers bringing on average 26 years of senior administrative experience, DSPs averaged 7.8 years of direct support experience, and DSP supervisors averaged 7.4 years of supervisory experience and 6.7 years of DSP experience. These substantial levels of experience indicate that the Focus Group participants were highly knowledgeable about DSP work, and the potential impact of a DSP credential program.

Direct Support Professional Core Competencies

Participants were informed that the skills that would be assessed in a DSP Credential program would likely address all of the Direct Support Professional Core Competencies developed recently by the OPWDD in collaboration with stakeholders. They were then asked to select three of the seven core skill areas that, in their view, should receive significant emphasis in credentialing DSPs. The purpose of this “forced choice” query was to provide the project team with guidance on the skill areas that stakeholders consider most important for purposes of curriculum emphasis and assessment design. This question was not addressed to service recipients.

Table 3. Percentages of Responses to Selecting the Most Important Skill Areas to be emphasized in Direct Support and Supervisor Credentialing Education and Assessment Design by Participant Type

DSP Core Competencies	DSP Responses in Percent (Responses: 114)	FLS Responses in Percent (Responses: 145)	Employer Responses in Percent (Responses: 117)	Family Responses in Percent (Responses: 35)	Average of Responses - all Groups (Responses: 316)
Goal 1: Putting People First	32%	30%	29%	23%	31%
Goal 2: Building & Maintaining Positive Relationships	15%	21%	29%	26%	21%
Goal 3: Demonstrating Professionalism	11%	8%	8%	0	9%
Goal 4: Supporting Good Health	14%	10%	8%	20%	11%
Goal 5: Supporting Safety	12%	10%	3%	14%	9%
Goal 6: Having a Home	4%	4%	5%	6%	4%
Goal 7: Being Active and Productive in Society	11%	17%	18%	11%	15%

Note: This activity was not done in the service recipient Focus Group.

All stakeholder groups who responded to this activity (DSPs, FLS, Families and Employers) identified the competency of “Putting People First” as the most important skill area, and “Building and Maintaining Positive Relationships” as the second most important area. When asked to elaborate on the selection of Goal 1 as the most important, many participants stated that mastery of person-centered approaches is fundamental to working effectively in a direct support professional role.

Potential Benefits and Disadvantages of a DSP Credential Program

Focus Group participants were asked to identify the potential benefits or disadvantages of a DSP credentialing program on DSPs, Service Recipients and Families, Employers (Human Service Agencies), and, finally, on the quality of support DSPs provide. Later each comment was thematically coded to discern trends in responses. These results are described in the following sections.

Potential Impact on Service Recipients and Families

Across all groups there were 190 comments that identified potential advantages that a DSP credential would offer to Service Recipients and Families. The most frequent category of response (more than 1/3 of all comments on this question) was the opinion that a DSP credential would result in better quality support to individuals with I/DD. One quarter of responses focused on the belief that a DSP credential would provide Service Recipients and Families with greater confidence in the professionalism of the DSP in areas such as integrity, ethical behavior, punctuality and follow-through. Smaller clusters of responses suggested that a credential would also: (a) help Service Recipients and family members to know what to expect of the DSP; (b) improve consistency of DSP work throughout the state; (c) improve relationships with service recipients; and, (d) improve service outcomes.

Fifty-three respondent comments on potential disadvantages were recorded. Close to half of these responses expressed the concern that a credential program could potentially limit the pool of eligible workers. Families and service recipients did not want to be limited to hiring only people with a credential as this might prevent hiring neighbors, family members or others near the service recipient's home. Discussion on this topic emphasized the importance of being able to hire a DSP who was not credentialed, and explored the pros and cons of a mandatory vs. voluntary enrollment process, sufficient access to credential preparation programs and phased ramp-up of any mandatory requirement. Other concerns noted by much smaller clusters of responses addressed the possibility that a credential program might negatively affect the support relationship by causing the DSP to be less personal and too "professional" on the job, and that the funds necessary to operate the program would divert funds from other important services.

Potential Impact on Direct Support Professionals

The greatest portion (about one quarter) of the 207 comments suggesting potential advantages of a credential program for DSPs was that it would provide an opportunity for DSPs to participate in a comprehensive educational program focused on the skills needed for work. The second most discussed impact was the belief that a credential program would build DSP confidence, and commitment to the job, followed by the belief that such a program would improve wages.

The most frequently mentioned potential disadvantages to DSPs were that: the time necessary to engage in the program might create a burden for DSPs who often work several jobs; that DSPs without the credential might lose their job or have a difficult time finding employment, and the concern that the program might prove too academically challenging for many DSPs.

Potential Impact on Employers of DSPs

Respondents were asked to comment on the potential advantages to organizations that employ DSPs to provide long-term service and supports. In 164 responses the major advantages of a

credential program were identified as: (a) provision of a more skilled candidate pool, and (b) strengthening the agency's reputation for skilled work (one quarter of comments). Smaller clusters of comments suggested that the program would improve DSP commitment resulting in reduced turnover, and would help to define the DSP role and what to expect of DSPs.

The top three disadvantages cited in descending order were the concern that: (a) the cost of training the workforce would be higher; (b) credentialing might limit the pool of potential workers; and (c) that employers would need to pay higher wages (without receiving higher rates to do so).

Potential Impact on the Quality of Support

The final impact discussion generated 127 comments across all groups that considered how a credential program might affect the quality of support provided throughout New York. Half of these comments expressed the belief that a credential program would improve the quality of support by increasing the knowledge and skills that DSPs bring to the job. The next largest cluster of comments focused on the potential for the program to provide consistent skill and knowledge standards for DSPs across all agencies, and the third ranking group addressed the potential for a systematic credential program to improve health and safety of service recipients.

Possible threats to quality were noted in 48 comments with the largest group of comments focused on the concern that it might limit the creativity or scope of work that DSPs are permitted to do. Another group of comments focused on the cost of the program reducing resources for other needed services and that if the program content was poor, DSPs would learn the wrong things or gain irrelevant skills.

Impact on DSPs Employed/Directed by the Service Recipient

Focus group participants were asked to explore the advantages and disadvantages of credentialing in support situations where the service recipient and/or family member directs the supports provided (rather than an agency providing supervision and direction). Almost half of the 65 comments generated in this discussion expressed the opinion that a credential program would help to assure that the DSP hired would be more knowledgeable, ethical, reliable and person-entered. Another significant portion of comments indicated that an established credential would help service recipients and families to know what to ask for and expect of the DSPs they direct.

There were 14 comments on disadvantages with one third of comments expressing concern about the potential to limit the pool of prospective workers, followed by concern that the individual and families desire support that is so individualized that it would not be covered in the credential program. Another cluster of comments addressed that the existence of a credential program might raise false hopes about service quality among individuals who receive services and families.

Mandatory vs. Voluntary Enrollment

Group members were asked whether the credential program should be mandatory for all DSPs or operated as a voluntary enrollment program. On average, seventy percent of respondents felt that the program should be instituted as a mandatory requirement for all DSPs. Two thirds of DSPs subscribed to a mandatory program and often mentioned the desire to eliminate co-workers

who were not good workers and were not committed to the job. These DSPs reported that a mandatory program would likely weed out the less committed workers and provide the skills for everyone on the team to provide high quality work.

What would help DSPs to be Successful in a Credentialing Program?

Many DSPs learners often work several jobs and may need targeted support to succeed in academic tasks. With this in mind each of the focus group participants were asked to discuss how DSP employers and DSP front line supervisors could support them to succeed. This discussion generated 151 comments addressing the types of support that would be most helpful to DSPs. DSPs and front line supervisors generating the greatest number of comments on this question.

For DSPs the most important supports include: (a) providing a convenient schedule, (b) tuition support, and (c) assuring that all agency leaders are familiar with the program content and provide active encouragement and recognition to all staff in the program. Smaller clusters of comments mentioned the importance of mentoring and good learning conditions (instructors, classrooms, materials). Front line supervisor comments put good learning conditions at the top of their list followed by agency leadership active encouragement and program knowledge. The largest number of Employer comments rated their active encouragement as most important support, followed by flexible options and money for tuition. Family member comments most frequently mentioned money for tuition and individuals who receive services felt that mentoring was the most important support.

Groups also discussed what might present a barrier to DSP success in a credentialing program with almost half of all comments focused on the concern that it would be difficult for DSPs to find the time for learning if they did not receive paid release time. Another large cluster of comments suggested that the low wages of DSPs leave them with insufficient income to pay tuition or fees associated with credentialing.

Educational Methods

Focus group participants completed a questionnaire soliciting their views on the types of educational methods that, in their opinion, would add value to a New York DSP credential program. With three exceptions the methods listed were supported by 80 to 95% of the 130 questionnaire respondents (the total number of respondents is fewer than 141 as Service Recipients were not asked to complete the form and some other group participants did not complete the form).

The methods most highly rated in order of most to least emphasis included: (a) the ability for students to access learning content both online and onsite; (b) convenient class times and locations; (c) involving service recipients in training roles; (d) provision of pay and promotional advancement to credentialed DSPs; (e) use of work-based learning strategies; (f) grouping learners in class with DSPs from other organizations and service locations; (g) accessing content onsite; and the provision of paid release time for attending class. Methods that were endorsed by lower levels of comments were accessing content online; creating a multi-level certificate structure and linking the certificate to degree programs.

How can New York Keep a Credential Program Realistic, Accessible and Person-Centered?

Groups were asked for their ideas on what would keep the credential program realistic, accessible and person-centered. The largest number of responses recommended making the program accessible both physically and educationally. Other frequent suggestions were to “fund” it, to keep it simple, and avoid over-regulation.

Focus Group Findings Summary

One hundred forty one New Yorkers from five categories of stakeholders: individuals with I/DD who receive services, families of service recipients, Direct Support Professionals, DSP Supervisors and DSP Employers volunteered to participate in the Focus Group activities. On average, participants were stakeholders with substantial levels of experience with DSP work. Most focus group participants supported the development of a credential program stating their views that such a program would be likely to improve support quality and give service recipients and families a greater level of confidence in the integrity, ethics and skills of DSPs. Two people did not support a credential and several others were undecided reporting that they would need more information to support or oppose the program. People often mentioned that a credential program would provide a higher and consistent standard for DSP work performance across the state, improve the skills of DSPs, and help all stakeholders gain a better understanding of what DSPs should know and do.

The Focus Group participants were united in their views that the most important work skills to address in a credentialing program are “putting people first” and “building and maintaining positive relationships.” “Putting people first” covers a range of skills focused on learning each person’s strengths, gifts and preferences and helping service recipients achieve goals they have defined for themselves, and live lives where their preferences are solicited and respected. The skill of “building and maintaining positive relationships” was the other competency area that all groups agree must be a through-line of the content of any credentialing program. This covers the ability to help people connect with others and live a full life enriched by relationship with friends, family and life partners; relationships are particularly important to people with disabilities who are at risk for isolation and loneliness.

DSPs were united in their view that a credentialing program would improve the skills of co-workers and would likely eliminate those workers who were not knowledgeable or committed to the profession. The DSP participants were also hopeful that a credential program would result in higher wages and greater respect for their role.

Concerns that were frequently articulated by multiple stakeholders were the fear that a credentialing program would limit the pool of people eligible to work as DSPs, and that it could potentially restrict the ability of families and service recipients to employ the people they wanted as DSPs noting that a “credential” does not always translate to good work.. Another major concern was the worry that limited public resources would rob funds from important services to pay for the credentialing program, and increase training and salary costs.

Many participants emphasized the need to assure funding for the program and for tuition (as applicable), that the program is designed to be accessible both physically and academically,

designed to provide the support that busy working professionals need to be successful and supports learners from disadvantaged educational backgrounds. Participants reported a clear preference expressed for what is described as a “hybrid” instructional model that provides learning content both onsite and online. There was also strong support for providing wage and promotion incentives for credential completers and to allow for the use of work-based learning approaches such as internships, mentoring, and other methods of learning in the actual work place.

Direct Support Workforce New York Provider Survey

Background and Introduction

One component of this project was to develop, implement and analyze the responses to a provider survey to better understand the direct support professional and frontline supervisor workforce employed in the private community sector supporting people with intellectual and developmental disabilities in New York. This component of the project enabled project staff to obtain necessary information for designing the credential program as well as predicting the eventual costs of the credential program. This section provides detailed information obtained from the survey activity. Appendix F also provides a summary of significant findings in a comprehensive set of tables.

Instrumentation

Members of the project advisory group (see Appendix G) participated in a facilitated process with project staff to review, modify and augment previous direct support professional survey instruments that have been used to gather similar data. U of MN project staff reviewed and consolidated existing instruments they have used in previous published research. This combined survey instrument was used as a beginning point with the advisors. Through discussion and multiple reviews by advisors a final survey was completed. This instrument included instructions for how to complete the survey, a description of why it was being conducted and endorsement from OPWDD, NYSRA and NYSACRA. Data gathered in the survey included information about: DSP wages and benefits, turnover and vacancies, reimbursement rates and training and credentialing efforts for DSPs. It also gathered similar information about frontline supervisors (FLSs). The instrument included 71 primary questions (many had multiple sub questions) and all but two questions gathered quantitative data.

The provider survey was developed and administered using a University of Minnesota on-line survey product called Qualtrics. In order for providers to complete the survey, individual links to the online survey were sent to each organization. Sometimes the link was blocked by servers and phone calls to provider organizations were required to ensure that they were able to access the survey. Data were submitted by the provider via the survey on-line and downloaded into SPSS, Version 21, which was used for all analyses. All data were encrypted and maintained on secure servers at the University of Minnesota.

Obtaining a Sample

The NY OPWDD provided an original list of community private sector providers that included a total of $n= 520$. Upon further review of this original list, OPWDD and NYSACRA staff noticed

that a number of the organizations listed were actually individual providers who did not meet the selection criteria of: (a) being a private community service provider, (b) that employs direct support professionals and (c) provides Home and Community Based Services to individuals with intellectual and developmental disabilities. This list was carefully reviewed and the revised sample frame was identified as $n=423$. Sample sizes within region were computed and project staff began piloting the survey to a small number of providers ($n=5$). During the piloting process it was discovered that there were an additional 69 agencies that were ineligible included in this revised sample of 423, resulting in a final possible sampling pool of $n=354$. A power calculation was completed based on the following assumptions for conducting ANOVA: (1) No intervention/control groups, (2) Primary comparison to be made - Regions (5 groups), (3) Medium effect size and (4) Power = 0.95. This analysis concluded there was a need for $n=269$ to be fully powered for all projected analyses and suggested over sampling for 275 providers to account for declinations and attrition. Of the 354 possible providers to survey and the 275 targeted providers (over sampled), 207 providers that met criteria completed the survey. One was removed from the sample due to incomplete data and this resulted in a final sample of 206 providers. It is important to note that gathering this data was time intensive and providers received numerous e-mails and follow up phone calls from U of MN and NYSACRA staff. Moreover it is important to note that completing this survey took a lot of time for the providers to complete and often required three or more professionals within the organizations (e.g. accountant, human resources, trainer, executive director) to complete all of the questions.

Overall Description of the Providers in the Sample

Size and Scope of Services. Of the 206 organizations who participated, 50 (24.3%) were located in Region 1, 33 (16.0%) were in Region 2, 59 (28.6%) were in Region 3, 45 (21.8%) were in Region 4, and 19 (9.2%) were in Region 5. The sample was representative of the provider population by region. Organizations served individuals with I/DD in multiple setting types (e.g. in-home, group home, congregate, sheltered work). On average 42.32% of an organization's programs and services were delivered in agencies or facilities, 36.15% were delivered in family or individual homes, 14.81% were delivered at community job sites, and 3.25% was in other site types. The average number of services provided was 4.22 out of eight possible services, defined as: (1) 24 hour residential supports and services in a nursing home, ICF, state operated community program or institution, large private institution, ICRMR with 16 or more people, (2) Community – based 24 hour residential supports and services (e.g., group home, supported living arrangement, supervised living facility) with 15 or fewer people, (3) Agency Sponsored Family Care, (4) Less than 24 hour residential supports and services (e.g., semi-independent living services, supported living), (5) In-home supports and services (family support, home health care services, personal care services), (6) Nonresidential community supports (adult day services, rehabilitative services, and medical supports), (7) Job, or vocational, services (e.g., supported employment, work crews, sheltered workshops, job training) and (8) Other.

Across the 206 organizations, a total of 269,253 individuals (across all disability types) were provided services and supports. When defining organization size by the number of people with disabilities that the organization served, 5.6% were small (less than 50 people served), 30.5% were medium (51-250 people served), and 64.0% were large in size (251 or more people served). For organization size based on annual revenue, 9.5% had annual revenue under \$1 million,

27.0% were between \$1 million to \$9,999,999 in annual revenue, 21.0% had \$10 million to \$19,999,999 for their annual revenue, 28.0% had annual revenue between \$20 million to \$49,999,999, 10.0% had \$50 million to \$99,999,999 in annual revenue, and 4.5% organizations had \$100 million or more in annual revenue.

Staffing. Across the 206 organizations, a total of 55,449 DSPs were employed (including both part time and full time). Of the total sample, the average percent of full-time DSP employees was 56.9%. The average percent of part-time employees was 29.7%. And, the average percent of on-call, temporary or relief employees was 18.1%.

Turnover and Vacancy. The average DSP turnover rate across all providers and regions was 28.8%, and it ranged from 0 to 123.1%. The average percent of DSP leavers within 6 months of tenure was 32.7% with a range of 0 to 100%. The average DSP vacancy rate for the entire sample was 9.6% with a range of 0 to 39.2%. The average FLS turnover rate was 13.0%, and it ranged from 0 to 50%. The average FLS vacancy rate for the entire sample was 5.3% with a range of 0 to 33.3%.

Wages. With respect to wages, the average starting hourly wage reported in the survey was \$10.84 with a range of \$4.08 to \$22.00. For average hourly wage, the mean was reported as \$12.74 with a range of \$4.08 to \$30.00. And, the average highest hourly wage for the total sample was reported as \$17.85 with a range of \$4.88 to \$43.27. FLS starting salary was reported as \$33,598.67 with a range of \$8,000 to \$75,000. For average hourly salary, the mean was \$38,690.45 with a range of \$9,000 to \$80,000. And, the average highest FLS salary was \$50,156.79 with a range of \$9,600 to \$170,000. It should be noted that DSPs and FLSs who work in community-based organizations received two 2% wages in 2015: first on January 1, 2015, and then on April 1, 2015. Thus, after adding these increases to the reported wages, the adjusted wages for DSPs and FLS are: the mean adjusted starting hourly DSP wage is \$11.28. The mean DSP average hourly wage is \$13.25, and the mean DSP average highest hourly wage is \$18.57. The FLS starting salary is \$34,956.06. The mean FLS average salary is \$40,253.54, and the mean FLS highest salary is \$52,183.12.

Benefits. Many benefits are offered to employees including paid sick leave, paid vacation time, and health insurance. With respect to offering paid sick leave, 91.8% did for their full-time DSPs, and 66.3% did for their part-time DSPs. For offering paid vacation, 83.0% did for their full-time DSPs and 60.5% did for their part-time DSPs. Of the organizations, 94.6% offered health insurance to their full-time DSPs and 43.1% offered it to their part-time DSPs. Overall, 41.9% of DSPs are enrolled in their organization's health plans.

The minimum number of hours a DSP had to work per week to be eligible for health insurance was 28.15 hours. For 29.3% of the organizations, the number of hours worked in a week to be eligible for health insurance had changed in the past two years. For 25 of these organizations, the number of hours worked per week in order to be eligible for health insurance decreased. However, for the other 31 organizations, the number of hours worked weekly to meet the eligibility requirement increased. Those organizations who indicated that there had been a change within the last two years in the number of hours a DSP had to work to be eligible for health insurance were also given the opportunity to explain why this change occurred. Three of the organizations indicated that saving money on insurance premiums, cost savings during

OPWDD budget cuts, and union negotiations were the instigator of change. Another stated that agency funds prohibited the agency from paying health insurance benefits for part-time employees working less than 35 hours a week. One organization became an affiliate of a different organization and had to adapt to its policies. One organization cited very few staff hired at 20 hours a week with most at 16 hours or less or 30 hours or more a week. Another organization said they only had one individual who took the part-time benefit. However, the overwhelming reason given by 48 of the organizations for making a change in hours worked per week for DSPs to be eligible for health insurance was compliance with the Affordable Care Act, which defines full-time hours as 30 hours per week.

Both organizations and employees made monthly contributions to health insurance premiums. This was done for individual, two person and family coverage. Organizations averaged \$560.02 for monthly premium payments for individual health insurance coverage, and payments ranged from \$0.00 to \$6,131.98. For 2-person coverage, the average monthly contribution for organizations was \$847.07 with a range from \$0.00 to \$8,198.22. Organization's average contribution, for family coverage was \$1,295.21 and had a range from \$0.00 to \$15,875.84. Employees averaged \$96.94 for monthly premium payments for individual health insurance coverage, and payments ranged from \$0.00 to \$562.00. For 2-person coverage, the average monthly contribution for employees was \$241.26 with a range from \$0.00 to \$1,060.23. And, for family coverage, the average monthly contribution for employees was \$385.24 and had a range from \$0.00 to \$1,568.00.

Benefits other than paid sick leave, paid vacation time, and health insurance were offered to DSP workers. Overall, the top three other benefits offered were Other (55.2%), Retirement Match (50.3%), and Tuition (48.6%). The top benefit for Regions 1 and 2 was Retirement Match (60.9% and 65.6%, respectively), Regions 3 and 5 was Tuition (58.8% and 68.8%, respectively), and Region 4 was Other (75.0%). Other responses included other types of insurance (e.g., Supplemental Insurance, Pet Insurance, Credit Union Membership, life insurance, vision and dental insurance) other types of leave (e.g., short-term and long-term disability, maternity and paternity leave, bereavement leave), other types of investments (e.g., 401k profit sharing), flex spending and health reimbursement accounts, floating holidays, preschool for children, cell phones, restaurant coupons, and more.

Recruitment. Organizations provided the percent of their DSP new hires that came from various sources. Of an organization's new DSP hires, on average, 17.0% of new DSP hires came from newspaper or circular ads, 26.5% were from referrals given by current employees, 31.4% came from websites such as Craig's List, 1.5% were from private employment or temporary staffing agencies, 2.9% came from school or training placement programs, 1.6% were from social media such as LinkedIn and Facebook, and 6.8% came from other sources. There were 12.8% of the organizations that did not track this information.

Organizations also provided the percent of their FLS new hires that came from various sources. On average, 8.9% of new FLS hires came from newspaper or circular ads, 41.6% were from promotion of existing employees, 9.7% were from referrals given by current employees, 17.1% came from websites such as Craig's List, 0.8% were from private employment or temporary staffing agencies, 0.3% came from school or training placement programs, 0.7% were from

social media such as LinkedIn and Facebook, and 5.4% came from other sources. There were 13.9% of the organizations that did not track this information.

Workforce Stability Interventions Used. Organizations were asked which interventions they had used and found beneficial for improving their recruitment of DSPs. The top three included use of inside recruitment sources (75.1%) such as existing staff, board members, volunteers and families, using internet job postings such as LinkedIn and Craig's List (56.7%), and attending job fairs to exhibit their organization and seek new hires (55.2%). Other methods provided included social media, advertising in newspapers or circular advertisements, radio advertisements, open houses, a sign in the front of the building, walk-in interviews, and email notifications sent to other agencies and to colleges.

Comprehensive Multivariate Analysis

Analyses were conducted examining relationships for four groups (Region, Organization Size [Number of people served] and Organization Size [Annual Revenue], and Service Setting Type) with DSP turnover, DSP percent leavers within 6M tenure, DSP vacancy, DSP wages, offering paid sick leave, paid vacation, PTO, health insurance, and the amount of contribution both the organization and employee contribute to their health plans. An additional set of analyses was conducted to examine the relationships between an organization's hours of paid overtime, annual total cost, percentage of annual budget allocated to training, employee assistance, and staff development, and hours of pre-service and in-service training. And, a third set of analyses was conducted to examine if FLS turnover, vacancy rate, and wages were related to DSP turnover and DSP vacancy rate. The financial outcomes are examined by region, and the training hours are examined by organization size. Only the significant results are highlighted below.

Region. Each organization indicated which OPWDD DDRO area of the state their main office or headquarters was based. There were 5 regions. Of the 206 providers who completed surveys 50 were from Region 1, 33 from Region 2, 59 from region 3, 45 from Region 4 and 19 from Region 5.

DSP Starting Wages. Starting wages were analyzed across the five NY DDRO regions. The average starting wages ranged from \$9.98 per hour in Region 2 to \$11.68 per hour in Region 5. There were significant differences between the regions' starting wages. Specifically, Region 2 (\$9.98/hr) was significantly lower than Region 3 (\$11.19/hr) and Region 5 (\$11.68/hr). And, Region 2 (\$9.98/hr) was lower than Region 4 (\$11.10/hr) but not quite significant.

DSP and FLS wages were impacted in 2015 by two increases of 2%, first on January 1, 2015 and the second on April 1, 2015. All wage information reported in this section was collected from the survey, but not necessarily reported with consideration of these two increases. The mean adjusted starting hourly DSP wage is \$11.28.

DSP Average Wage. Average wages were also inspected across the NY regions. The mean average wages ranged from \$11.43 per hour in Region 2 to \$13.42 per hour in Regions 4 and 5, respectively. There were significant differences between the regions' average wages. These differences were also specific to Region 2 (\$11.43/hr) where average wages were significantly lower than Regions 3 (\$13.03/hr) and 4 (\$13.42/hr). The wages reported in this section were

obtained through the survey. It is important to note that since the time of the survey DSPs received two different 2% increases bring the mean DSP average hourly wage is \$13.25.

Table 4. Hourly Wage by Region

Starting Wage (Hourly Pay)					
Region	N	Mean	SD	F	p-value
Region 1	49	10.45	1.97	4.242	0.003
Region 2	32	9.98	1.19		
Region 3	59	11.19	1.79		
Region 4	43	11.10	2.01		
Region 5	18	11.68	1.47		
Total	201				
Average Wage (Hourly Pay)					
Region	N	Mean	SD	F	p-value
Region 1	47	12.40	3.81	3.280	0.013
Region 2	32	11.43	1.45		
Region 3	58	13.03	1.92		
Region 4	42	13.42	2.93		
Region 5	18	13.42	1.94		
Total	197				

Paid Sick Leave. There were no significant differences by region in the proportion of full time employees offered paid sick leave. Over 85% of organizations in all regions offered full-time DSPs paid sick leave. However, there were significant differences between regions for offering part-time DSPs paid sick leave. Over 80% of the organizations in regions 4 and 5 offered part-time DSPs paid sick leave. Almost ¾ of the organizations in region 1 offered part-time DSPs paid sick leave. And, half of the organizations in regions 2 (50.0%) and 3 (52.3%) offered part-time DSPs paid sick leave.

Table 5. Paid Sick Leave by Region

	Region 1		Region 2		Region 3		Region 4		Region 5		p-value
Part-time DSP											
Yes	29	72.5	14	50.0	23	52.3	33	80.5	13	81.3	0.010
No	11	27.5	14	50.0	21	47.7	8	19.5	3	18.8	
Total	40	100.0	28	100.0	44	100.0	41	100.0	16	100.0	

Employee’s Health Insurance Premium. The employee’s monthly health insurance premium was examined across the NY regions. For individual coverage, while the means ranged from \$89.36 per month in Region 4 to \$117.28 per month in Region 5, there were no differences between the regions that were significantly different. There were, however, significant differences between regions for employee monthly contribution to 2-person coverage. Region 1 (\$304.69/month) had significantly higher average employee monthly contributions to the health plan than region 4 (\$133.38/month). For family coverage, the means ranged from \$242.77 per month in Region 4 to \$440.98 per month in Region 1, but these differences were not statistically significant.

Table 6. Employee Monthly Health Insurance Contribution by Region

Two Person Coverage					
Region	N	Mean	SD	F	p-value
Region 1	39	304.69	255.22	2.819	0.027
Region 2	26	259.24	173.74		
Region 3	48	246.46	193.10		
Region 4	23	133.38	155.71		
Region 5	14	190.61	202.18		
Total	150				

In summary, there were significant differences in starting and average wages, offering part-time DSPs paid sick leave, and employee monthly health insurance contribution to 2-person coverage between the New York regions.

Organization Size – Number of Persons with Disabilities Served. Organization size was determined by the number of people with disabilities (all types) the organization served. Small was considered to be serving less than 50 people. Medium ranged from 51 to 250 people served. And, large was defined as more than 250 people.

DSP Percent Leavers within Six Months of Tenure. The percentage of DSPs who left the organization for any reason within six months of tenure was inspected across organization size. These differences were statistically significant. Smaller organizations (15%) have significantly lower percentage of DSPs who leave the organization within six months of tenure than medium organizations (39%). Table 4 details the mean percentage of DSPs in each size of organization who left within six months of tenure.

Table 7. Percent Leavers within 6M Tenure by Organization Size (# Persons Served)

Organization Size	N	Mean	SD	F	p-value
Small	8	15.36	21.96	4.488	0.019
Medium	51	39.25	27.91		
Large	113	30.75	17.87		
Total	172				

DSP Highest Wage. Highest wages paid to DSPs were examined across the organization sizes. The average highest wages ranged from \$14.63 per hour in small organizations to \$18.33 per hour in large organizations. There were significant differences between the organization sizes and highest wages. Small organizations (\$14.63/hr) had significantly lower highest wages than large organizations

(\$18.33/hr). DSPS received two 2% wage increases since the date of the data collected in this provider survey. The adjusted mean DSP average highest hourly wage is \$18.57.

Table 8. Wages by Organization Size (# Persons Served)

Highest Wage (Hourly Pay)					
Organization Size	N	Mean	SD	F	p-value
Small	11	14.63	3.00	4.002	0.020
Medium	58	17.16	5.11		
Large	121	18.33	4.43		
Total	190				

Paid Sick Leave. There were significant differences by organization size (defined as number of persons with disabilities served) in the proportion of employees offered paid sick leave to full-time employees. About 65% of small organizations (63.6%) offered paid sick leave to full-time DSPs while over 90% of medium and large organizations offered full-time DSPs paid sick leave. There were no significant differences between organizations of different sizes in the proportion of employees offered paid sick leave to part-time employees. Half of small organizations offered paid sick leave to part-time DSPs. Sixty percent of medium organizations offered paid sick leave to part-time DSPs. And, nearly $\frac{3}{4}$ of large organizations (74.0%) offered paid sick leave to part-time DSPs.

Table 9. Paid Sick Leave by Organization Size (# Persons Served)

	Small		Medium		Large		p-value
	N	%	N	%	N	%	
Full-time DSP							
Yes	7	63.6	47	90.4	96	97.0	0.000
No	4	36.4	5	9.6	3	3.0	
Total	11	100.0	52	100.0	99	100.0	

Pre-Service Training Hours for DSPs. Pre-service training hours for DSPs was examined across the three organization sizes. Average number of pre-service training hours between the organization sizes was statistically significant. The differences lay between medium and large organizations. Medium organizations, on average, provided significantly less hours of pre-service training (39.80 hours) than large organizations (56.37 hours). There were no significant differences between organization sizes and number of hours of in-service training.

Table 10. Pre-service Training Hours by Organization Size (# Persons Served)

Organization Size	N	Mean	SD	F	p-value
Small	10	39.90	48.07	3.485	0.033
Medium	57	39.80	40.61		
Large	118	56.37	40.57		
Total	185				

In summary, there were significant differences in average percent of DSP leavers within 6 month tenure, highest DSP wages, offering paid sick leave to full-time employees, and pre-service training hours between the organization sizes when organization size was distinguished by the number of people served.

Organization Size – Annual Revenue. *Organization size was determined by the total organizational annual revenue.* There were six groups: under \$1 million; \$1 million to \$9,999,999; \$10 million to \$19,999,999; \$20 million to \$49,999,999; \$50 million to \$99,999,999; and, \$100 million or more.

Paid Sick Leave. There were significant differences by organization size (defined as annual revenue) in the proportion of employees offered paid sick leave to full-time employees. About 70% of organizations with annual revenue under \$1 million (68.8%) offered paid sick leave to full-time DSPs. Over 90% of organizations with \$1 million to \$19,999,999 and \$50 million to \$99,999,999 in annual revenue offered paid sick leave to full-time DSPs. For organizations with annual revenue of \$20 million to \$49,999,999 and over \$100 million, 100% of their organizations offered full-time DSPs paid sick leave. There were no significant differences between organizations of different sizes in the proportion of employees offered paid sick leave to part-time employees.

Paid Vacation Time. There were no significant differences by organization size (defined as annual revenue) in the proportion of employees offered paid vacation time to full-time employees. However, there were significant differences between organizations of different sizes in the proportion of employees offered paid vacation time to part-time employees. Of organizations with annual revenue of less than \$1 million, 31.6% offered paid vacation time to part-time DSPs. Over half of organizations with annual revenue of \$1 million to \$9,999,999 (56.6%), \$10 million to \$19,999,999 (62.5%), and \$50 million to \$99,999,999 (52.6%) offered paid vacation time to part-time DSPs. About ¾ of organizations with annual revenue of \$20 million to \$49,999,999 (73.2%) and \$100 million or more (75.0%) offered paid vacation time to part-time DSPs.

Table 11. Paid Sick and Vacation Time by Organization Size (Annual Revenue)

Paid Sick Leave													
	Under \$1 Million		\$1 Million to \$9,999,999		\$10 Million to \$19,999,999		\$20 Million to \$49,999,999		\$50 Million to \$99,999,999		\$100 Million or More		p
Full-time DSP	N	%	N	%	N	%	N	%	N	%	N	%	
Yes	11	68.8	42	91.3	27	90.0	47	100.0	18	90.0	6	100.0	0.008
No	5	31.3	4	8.7	3	10.0	0	0.0	2	10.0	0	0.0	
Total	16	100.0	46	100.0	30	100.0	47	100.0	20	100.0	6	100.0	
Paid Vacation Time													

	Under \$1 Million		\$1 Million to \$9,999,999		\$10 Million to \$19,999,999		\$20 Million to \$49,999,999		\$50 Million to \$99,999,999		\$100 Million or More		p
Part-time DSP													
Yes	6	31.6	30	56.6	25	62.5	41	73.2	10	52.6	6	75.0	0.034
No	13	68.4	23	43.4	15	37.5	15	26.8	9	47.4	2	25.0	
Total	19	100.0	53	100.0	40	100.0	56	100.0	19	100.0	8	100.0	

Employee’s Health Insurance Premium. The employee’s monthly health insurance premium was examined across the six organization sizes. For individual coverage, the average employee monthly health insurance premium contributions ranged from \$35.46 per month in organizations with annual revenue of \$100 million or more to \$126.76 per month in organizations with annual revenue under \$1 million. There were statistically significant differences between the organizations. There were significant differences between organization sizes for employee monthly contribution to 2-person coverage. Organizations with annual revenue under \$1 million (\$76.80 per month) had significantly lower average employee monthly contributions to the health plan 2 person coverage than organizations with annual revenue between \$1 million and \$9,999,999 (\$303.53 per month). There were also significant differences between organization sizes for family coverage. Organizations with annual revenue under \$1 million (\$133.67 per month) had significantly lower average employee monthly contributions to the health plan family coverage than organizations with annual revenue between \$1 million and \$9,999,999 (\$532.84 per month). Organizations with annual revenue between \$1 million and \$9,999,999 (\$532.84 per month) had significantly higher average employee monthly contributions to the health plan family coverage than organizations with annual revenue between \$50 million and \$99,999,999 (\$218.83 per month).

Table 12. Employee Monthly Health Insurance Contribution by Organization Size (Annual Revenue)

Two Person Coverage					
Organization Size	N	Mean	SD	F	p-value
Under \$1 million	5	76.80	115.63	2.732	0.026
\$1 million - \$9,999,999	42	303.53	259.55		
\$10 million - \$19,999,999	34	221.92	200.96		
\$20 million - \$49,999,999	47	247.84	186.96		
\$50 million - \$99,999,999	15	170.21	122.88		
\$100 million or more	5	150.79	168.62		
Total	148				
Family Coverage					
Organization Size	N	Mean	SD	F	p-value
Under \$1 million	6	133.67	167.67	6.761	0.000
\$1 million - \$9,999,999	44	532.84	400.05		

\$10 million - \$19,999,999	36	344.83	242.64		
\$20 million - \$49,999,999	52	396.78	259.44		
\$50 million - \$99,999,999	18	218.83	136.47		
\$100 million or more	7	219.41	245.49		
Total	163				

Pre-Service Training Hours. Pre-service training hours was examined across the six organization revenue sizes. Average number of pre-service training hours between the organization sizes was statistically significant. Those organizations with annual revenue under \$1 million (30.67 hours) had significantly lower average pre-service training hours than organizations with annual revenue between \$20,000,000 and \$49,999,999 (66.71 hours). Those organizations with annual revenue between \$1,000,000 and \$9,999,999 (38.27 hours) also had significantly lower average pre-service training hours than organizations with annual revenue between \$20,000,000 and \$49,999,999 (66.71 hours). There were no statistically significant differences between the six organization sizes for in-service training hours.

Table 13. Pre-service Training Hours by Organization Size (Annual Revenue)

Organization Size	N	Mean	SD	F	p-value
Under \$1 million	18	30.67	41.09	3.835	0.002
\$1 million - \$9,999,999	51	38.27	37.92		
\$10 million - \$19,999,999	40	47.86	33.90		
\$20 million - \$49,999,999	53	66.71	46.66		
\$50 million - \$99,999,999	19	60.84	35.13		
\$100 million or more	9	50.33	44.73		
Total	190				

In summary, there were significant differences by organization size (defined as annual revenue) in the proportion of employees offered paid sick leave to full-time employees, in the proportion of employees offered paid vacation time to part-time employees, in employee monthly health insurance contribution to 2-person coverage and family coverage, and in the number of pre-service training hours.

Service Setting Type

Percent of Service Setting Types. The organizations were asked to list the number of different setting types where they provided people services. The percentages of different setting types were computed. An agency/facility site was defined as group homes, nursing homes, ICFs, state operated community programs or institutions, private facilities with 16 or more residents including ICFs-MR, and workshops or day training sites. The total number of service settings was divided by the total number of agency settings and multiplied by 100. This was done for Family/Individual Home Sites, Job Sites (e.g., Community Jobs), and Other Sites. These included Article 16, 28 and 31 clinics, recreational sites, mental health sites, preschools and schools, after school programs, service coordination, MSC, volunteer sites, and organization responses that lumped multiple service setting types rather than splitting them out. Other sites was positively skewed. In order to fix this, outliers who were more than 2 standard deviations

above the mean were removed (Butterworth, Migliore, Nord, & Gelb, 2012; Nord & Nye-Lengerman, in press).

Total Services Provided. The total services provided were a sum across eight options that represented different agency/facility, family/individual, job and other services. Scores could range from one to eight.

When examining the relationships between DSP starting wages, average wages and highest wages with percent of setting type served, there were three significant relationships.

DSP Starting Wages. When examining the relationships of starting hourly wages with percent of service setting type served in agencies, family or individual homes, job sites, other sites and total services provided, there was one significant relationship. As the total number of services increased, the starting hourly wage decreased ($r=-0.161$). The relationship between percent of agencies served with starting hourly wage was also negative but not significant. The relationships for family or individual home settings, job sites and other sites were positive but not statistically significant. When the percent of family or individual home settings, job sites and other sites increased, the DSP starting hourly wage increased.

DSP Average Wage. When examining the relationships of average hourly wages with percent of service setting type served in agencies, family or individual homes, job sites, other sites and total services provided, there was also one significant relationship. As the total number of services increased, the average hourly wage decreased ($r=-0.151$). The relationship between percent of agencies served and percent of family or individual homes served with average hourly wage were also negative but not significant. The relationships for job sites and other service setting sites were positive but not statistically significant. When the percent of job sites or percent of other sites served increased, the DSP average hourly wage increased.

DSP Highest Wage. When examining the relationships of highest hourly wages with percent of service setting type served in agencies, family or individual homes, job sites, other sites and total services provided, there were two positive and significant relationships. As the percent of job sites served increased ($r=0.146$) or the total number of services provided increased ($r=0.140$), the highest hourly wage increased. The relationship between percent of other setting types served with highest hourly wage was also positive but not significant. The relationships for percent of agencies served or percent of family or individual home settings served were negatively related to highest DSP hourly wage but not statistically significant. When the percent of agencies served or the percent of family or individual home settings increased, the DSP highest hourly wage decreased.

Table 14. Correlations of Wages with Setting Size Type and Total Services Provided

Service Setting Type (%)	Starting Wage (Hourly Rate)			Average Wage (Hourly Rate)			Highest Wage (Hourly Rate)		
	N	r	p	N	r	p	N	r	p
Agency	190	-0.034	0.641	187	-0.099	0.178	187	-0.086	0.239
Family or Individual Home	189	0.029	0.696	186	-0.058	0.431	186	-0.060	0.418

	Starting Wage (Hourly Rate)			Average Wage (Hourly Rate)			Highest Wage (Hourly Rate)		
Job Site	190	0.067	0.358	187	0.086	0.240	187	0.146	0.046
Other Site	181	0.021	0.775	178	0.070	0.356	178	0.062	0.408
Total Services Provided	196	-0.161	0.024	192	-0.151	0.036	192	0.140	0.053

An additional set of analyses was done with percentage of organization service setting types. The relationships between an organization's percentages of full-time, part-time and on-call, temporary or relief employees with the percent of agency/facility service sites, the percent of family/individual service sites, the percent of job sites, and the percent of other sites were explored.

Full-time DSP Employees. When examining the relationships of percent of full-time DSPs with service setting type and total services provided, there were two significant relationships. As the percent of full time employees increased, the percent of family or individual home service sites decreased ($r=-1.214$) and the percent of job service sites increased ($r=0.270$). The percent of agencies served and the total services provided were positively related to the percent of full-time employees while the percent of other site types served was negatively related to the percent of full-time employees.

Part-time DSP Employees. For percent part-time DSP employees, there were three significant relationships. As the number of part-time DSP employees increased, the percent of family or individual home service sites increased ($r=0.193$) while the percent of job service sites ($r=-0.262$) and total services provided decreased ($r=-0.317$). The percent of agencies served was negatively related to percent of part-time DSP employees, and the percent of other sites served was positively related to the percent of part-time DSP employees.

Table 15. Correlations of Percent of Employee Type with Percent of Setting Type Served and Total Services Provided

Service Setting Type (%)	% Full-time DSPs			% Part-time DSPs		
	N	R	P	N	r	p
Agency	179	0.064	0.395	180	-0.091	0.222
Family or Individual Home	179	-0.214	0.004	180	0.193	0.009
Job Site	179	0.270	0.000	180	-0.262	0.000
Other Site	179	-0.064	0.397	180	0.131	0.079
Total Services Provided	185	0.130	0.077	186	-0.317	0.000

Paid Sick Leave

Full-time Employees. For full-time DSPs, those organizations who offered paid sick leave were compared to those not offering paid sick leave with respect to the percentage of agency service types served (e.g., family/individual home, community sites, preschools, etc.). There were no significant differences for agency type settings, family or individual homes settings, and job site settings. There was, however, a significant difference between organizations offering paid sick leave and those who did not with respect to the percentage of other setting types served. Those who offered paid sick leave to full-time DSP employees served 3.80% of other setting types compared to 0.29% for those not offering paid sick leave. When total number of services provided was examined, there was a significant difference between those who offered paid sick leave and those who did not offer this benefit. Those who offered full-time DSPs paid sick leave provided 4.26 services, on average, compared to those not offering DSPs paid sick leave who provided 3.07 services.

Table 16. Paid Sick Leave for Full-time DSP Employees

Percent Serving Other Sites					
Paid Sick Leave	N	Mean	SD	t	p-value
Yes	143	3.80	9.66	4.079	0.000
No	10	0.29	0.93		
Total Services Provided					
Paid Sick Leave	N	Mean	SD	t	p-value
Yes	152	4.26	1.77	2.355	0.020
No	14	3.07	2.20		

Part-time Employees. For part-time DSPs, those who offered paid sick leave were compared to those not offering paid sick leave with respect to the percentage of agency service types served. There were no significant differences for agency type settings, family or individual homes settings, job settings, or other setting types. However, when total number of services provided was examined, there was a significant difference between those organizations that offered part-time DSPs paid sick leave and those who did not offer this benefit. Those who offered part-time DSP paid sick leave provided 4.41 services, on average, compared to those not offered DSP paid sick leave who provided 3.78 services.

Table 17. Paid Sick Leave for Part-time DSP Employees

Total Services Provided					
Paid Sick Leave	N	Mean	SD	t	p-value
Yes	111	4.41	1.76	2.067	0.040
No	54	3.78	1.97		

Paid Vacation Time for Part-time Employees. For part-time DSPs, those organizations who offered paid vacation time were compared to those not offering paid vacation time with respect to the percentage of agency service types served. For agency type settings, there was a significant difference between groups. Those organizations offering paid vacation time to part-time DSPs served a higher percent of agencies (45.73%) compared to those not offering paid vacation time who served 34.88% of agency settings. There were also significant differences between organizations who offered paid vacation time for part-time DSPs with respect to the percent of family or individual homes served. Those who offered part-time DSPs paid vacation time served 29.92% family or individual homes settings compared to those without such an offer who served 46.46% family or individual home settings. There were no significant differences between those who offered and those who did not offer paid vacation time with respect to the percent of job and other settings served and total number of services provided.

Table 18. Paid Vacation for Part-time DSP Employees

Percent Serving Agencies					
Paid Vacation	N	Mean	SD	t	p-value
Yes	114	45.73	40.03	1.955	0.052
No	74	34.88	35.21		
Percent Serving Family/Individual Homes					
Paid Vacation	N	Mean	SD	t	p-value
Yes	114	29.92	35.74	-3.037	0.003
No	73	46.46	37.24		

Organization’s Monthly Health Insurance Premium. The organization’s monthly health insurance premium was examined within the type of service setting. When examining the relationships of individual, 2-person and family coverage with percent of service setting type served in agencies, family or individual homes, job sites, and other setting sites, there were no significant relationships. However, for relationships between individual, 2-person and family coverage with total services provided, there was one significant relationship. As the total number of services increased, the organization’s contribution to family coverage increased ($r=0.155$).

Table 19. Correlations of Organization Monthly Health Insurance Contribution by Percent of Setting Type Served and Total Services Provided

Service Setting Type (%)	Family Coverage		
	N	R	p
Agency	155	-0.098	0.224
Family or Individual Home	154	0.146	0.070
Job Site	155	-0.016	0.844
Other Site	148	-0.021	0.800
Total Services Provided	160	0.155	0.051

Employee’s Monthly Health Insurance Premium. The employee’s monthly health insurance premium was examined within the type of service setting and number of services provided. When examining the relationships of individual, 2-person and family coverage with percent of service setting type served in agencies, family or individual homes, job sites, and other setting sites, there were one significant relationship. As the percent of other setting services types increased, the employee’s contribution to 2-person coverage decreased ($r=-0.184$). There were no significant relationships between individual, 2 person and family coverage with total services provided.

Table 20. Correlations of Employee Monthly Health Insurance Contribution by Percent of Setting Type Served and Total Services Provided

Service Setting Type (%)	2 Person Coverage		
	N	R	p
Agency	144	0.030	0.721
Family or Individual Home	143	-0.110	0.191
Job Site	144	0.099	0.238
Other Site	138	-0.184	0.030
Total Services Provided	147	-0.016	0.849

In summary, the relationship between the total number of services provided and starting hourly wage was positive and statistically significant. There were two positive and significant relationships with DSP highest wage. There were two significant findings for percent of employee type and percent of setting type served. As the percent of full time employees increased, the percent of family or individual home service sites decreased and the percent of job service sites increased. As the number of part-time DSP employees increased the percent of family or individual home service sites increased while the percent of job service sites and total services provided decreased.

For full-time DSPs, there was a significant difference between those offered paid sick leave and those not with respect to the percentage of other setting types served and total number of services provided. There was a significant difference between those organizations that offered part-time DSPs paid sick leave and those who did not for total number of services provided. For part-time DSPs, there was a significant difference between those organizations who offered paid vacation time and those who did not with respect to the percentage of agency and family or individual homes setting sites served.

For relationships between the organization’s monthly health insurance contribution and total services provided, there was one significant relationship. As the total number of services increased, the organization’s contribution to the health plan family coverage increased. For the employee’s monthly health insurance contributions, there was a positive and significant relationship with 2-person coverage meaning that as the percent of other settings served increased the employee’s monthly contribution to the health plan 2-person coverage option increased.

Education Level

DSP Turnover

When examining the relationships between DSP turnover and percent of degree type, there was only one significant relationship. The higher the percent of DSPs with bachelor's degrees, the lower the DSP turnover rate. Having a higher percent of master's degrees, home health aid certificates and no high school degrees were also related to lower turnover; however, none of these were statistically significant. Having a higher percentage of associate's degrees and certified nursing assistants was related to higher turnover but not statistically significant. A high school diploma had close to no relationship with DSP turnover.

Table 21. Correlations of DSP Turnover with Percent of Degree Type

Degree Level (%)	Turnover		
	N	r	p
Associate's degree	69	0.083	0.497
Bachelor's degree	73	-0.237	0.043
Master's degree	69	-0.178	0.143
Certified Nursing Assistant Certificate	61	0.104	0.427
Home Health Aid Certificate	60	-0.060	0.648
High School Diploma	73	-0.013	0.910
No High School Degree	54	-0.109	0.433

In summary, when examining the relationships between DSP turnover and percent of degree type, there was only one significant relationship. The higher the percent of DSPs with bachelor's degrees, the lower the DSP turnover rate.

A second set of analyses examined the relationships between an organization's sources for attracting new hires (Direct Support Professionals and Frontline Supervisors) and recruitment interventions with turnover, percent leavers within 6-month tenure, and DSP vacancy rate.

Sources for Organization's Attracting New Hires (DSPs). There were seven items that each represented a source of attracting potential new DSP hires. They included newspaper/circular ads, referrals from current employees, websites, private or temporary staffing agency, school placement program, social media, and other source. They were examined individually.

Sources for Organization's Attracting New Hires (FLS). There were eight items that each represented a source of attracting potential new FLS hires. They included newspaper/circular ads, promotion of existing employees, referrals from current employees, websites, private or temporary staffing agency, school placement program, social media, and other source. They were examined individually.

Recruitment Interventions. There were ten items that each represented a recruitment intervention used and found to be beneficial with DSPs. They included use of inside recruitment sources, referral bonuses to DSPs who refer others, hiring bonuses to DSPs, targeted marketing,

opportunities in a career path program, job fairs, internships, internet postings, advertisements on public or cable television channels, and other intervention methods. They were examined individually.

Sources of DSP New Hires

There were no significant relationships between the sources of DSP new hires and DSP turnover. There was one significant relationship for referrals from existing employees. As the percent of source from referrals from current employees increased, the vacancy rate decreased. There was also a significant positive relationship between percent leavers within 6M tenure and private employment or temporary staffing agencies. As the percent of source from private employment or temporary staffing agency increased, the percent leavers within 6-months tenure increased. For percent of sources from school or training placement programs, there was one significant relationship. As the percent of source from school or training placement programs increased, the vacancy rate decreased. When examining the relationships of percent of sources for new DSP hires from newspaper or circular ads, from websites, from social media sites, and other sources, there were no significant relationships.

Table 22. Correlations of Organization’s Sources for New DSP Hires with Percent Early Leavers, and Vacancy Rate

Source of New DSP Hires (%)	Percent Leavers within 6M Tenure			Vacancy Rate		
	N	r	p	N	r	p
Newspapers/Circular Ads	174	-0.046	0.549	155	-0.024	0.076
Referral from Current Employee	174	-0.069	0.369	155	-0.174	0.030
Websites	174	0.140	0.066	155	0.144	0.074
Private employment or Temporary Staffing Agency	174	0.208	0.006	154	0.071	0.382
School or Training Placement Program	174	-0.005	0.945	154	-0.201	0.012
Social Media	174	-0.105	0.167	154	-0.088	0.279
Other Sources	173	0.028	0.716	154	0.054	0.505

In summary, there was one significant relationship for referrals from existing employees. As the percent of source from referrals from existing employees increases, the vacancy rate decreases. There was also a significant positive relationship between percent leavers within 6M tenure and private employment or temporary staffing agencies. As the percent of source from private employment or temporary staffing agency increased, the percent leavers within 6-months tenure increased. For percent of sources from school or training placement programs, there was a significant relationship. As the percent of source from school or training placement programs increased, the vacancy rate decreased.

Sources of FLS New Hires

Sources of Organization’s FLS New Hires

There was one positive and significant relationship for websites as a source of new FLS hires. As the percent of source from websites increases, the vacancy rate increases. There was also a

significant positive relationship between turnover and private employment or temporary staffing agencies. As the percent of source from private employment or temporary staffing agency increased, the turnover rate increased. For percent of sources from school or training placement programs, there was one significant relationship. As the percent of source from school or training placement programs increased, the percent leavers within 6-months tenure increased. There was one significant positive relationship between percent of other sources and percent leavers within 6-months tenure. As the percent of other sources increased, the percent of leavers within 6-months tenure increased. When examining the relationships of percent of sources for new FLS hires from newspaper or circular ads, from promotion of existing employees, from referrals from current employees, and from social media sites, there were no significant relationships.

Table 23. Correlations of Organization’s Sources for New FLS Hires with Turnover, Percent Early Leavers, and Vacancy Rate

Source of New FLS Hires (%)	Turnover			Percent Leavers within 6M Tenure			Vacancy Rate		
	N	r	p	N	r	p	N	r	p
Newspapers/Circular Ads	149	0.097	0.240	173	-0.016	0.830	156	0.010	0.904
Promotion of Existing Employee	148	0.060	0.465	173	-0.014	0.858	155	-0.088	0.277
Referral from Current Employee	149	-0.048	0.558	173	0.135	0.075	156	0.017	0.838
Websites	149	-0.019	0.819	173	0.052	0.497	156	0.158	0.049
Private employment or Temporary Staffing Agency	148	0.233	0.004	173	0.130	0.088	155	0.149	0.064
School or Training Placement Program	148	0.005	0.951	173	0.151	0.047	155	-0.050	0.539
Social Media	148	0.075	0.368	173	-0.108	0.157	155	-0.017	0.832
Other Sources	148	0.080	0.332	172	0.210	0.006	155	-0.063	0.433

In summary, there was a positive and significant relationship for websites as a source of new FLS hires. There was also a significant positive relationship between turnover and private employment or temporary staffing agencies. For percent of sources from school or training placement programs, there was a significant relationship. And, there was a significant positive relationship between percent of other sources and percent leavers within 6-months tenure.

Interventions for Improving Recruitment

Several interventions for improving recruitment were examined. They included use of inside recruitment sources, referral bonuses to existing employees, hiring bonuses for DSPs, targeted

marketing, career path programming, job fairs, offering internships, using internet job postings, advertising on television, and other interventions. Of these, the use of inside recruitment sources and was the only one with a significant relationship with vacancy rates, and use of internet job postings was the only one significantly related to turnover. None of them were significantly related to percent leavers within 6-month tenure.

Use of Inside Recruitment Sources. For turnover, percent leavers within 6M tenure, and vacancy rate, those organizations who used and found inside recruitment sources helpful in improving DSP recruitment were compared to those who did not use this source. For turnover and percent leavers within 6-month tenure, there were no significant differences between groups. However, for vacancy rate, there was a significant difference between organizations who used inside recruitment and those who did not. Those who used this method had an average vacancy rate of 10.66% compared to 6.31% for those organizations not using this method.

Use Internet Job Postings. For turnover, percent leavers within 6-month tenure, and vacancy rate, those organizations who used and found using internet job postings such as LinkedIn and Craig’s List helpful in improving DSP recruitment were compared to those who did not use this source. There was a significant different between groups for turnover. Those who used this method had an average turnover rate of 22.22% compared to 28.38% for those organizations not using this method. There were no significant differences between organizations who used internet job postings and those who did not with respect to percent leavers within 6-month tenure or vacancy rate.

Table 24. Use of Intervention for Improving Recruitment by Turnover, Percent Leavers within 6M Tenure, and Vacancy Rate

Turnover					
Use Internet Job Postings	N	Mean	SD	t	p-value
Yes	86	22.22	13.59	-2.209	0.029
No	67	28.38	20.76		
Vacancy Rate					
Use Inside Recruitment Sources	N	Mean	SD	t	p-value
Yes	124	10.66	7.71	3.202	0.000
No	37	6.31	5.44		

In summary, for turnover, there was a significant difference between organizations who used and found internet job postings such as LinkedIn and Craig’s List helpful in improving DSP recruitment and those who did not use this source. For vacancy rate, there was a significant difference between organizations who used and found using inside recruitment helpful in improving DSP recruitment and those who did not use this source.

Frontline Supervisor Influence on Direct Support Workforce Outcomes

A third set of analyses examined the relationships between an FLS turnover, FLS vacancy rate, and FLS salaries with DSP turnover and DSP vacancy rate.

DSP Turnover. Relationships between FLS turnover, FLS vacancy rate, and FLS salaries with DSP turnover were examined. FLS turnover was positively related to DSP turnover, but it was not statistically significant. The salaries of the FLS were all negatively related to DSP turnover. While starting and annual salaries were not significantly related to DSP turnover, FLS highest salary was ($r=-0.262$). As the FLS highest salary increases, DSP turnover decreases.

DSP Vacancy Rate. Relationships between FLS turnover, FLS vacancy rate, and FLS salaries with DSP vacancy rate were examined. FLS turnover was positively related to DSP vacancy rate, but it was not statistically significant. FLS vacancy rate was also positively related to DSP vacancy rate and just shy of statistical significance ($r=0.160$). So, as FLS vacancy rates increase, DSP vacancy rates increase, too. The salaries of the FLS were all negatively related to DSP vacancy rate, and none of them was statistically significantly related to DSP vacancy.

Table 25. Correlations of FLS Turnover, FLS Vacancy Rate and FLS Salaries with DSP Turnover and DSP Vacancy Rate

	DSP Turnover			DSP Vacancy Rate		
	N	r	p	N	r	P
FLS Turnover	137	0.100	0.244	141	0.118	0.163
FLS Vacancy Rate	138	-0.042	0.624	144	0.160	0.056
FLS Starting Salary	147	-0.121	0.146	155	-0.072	0.376
FLS Annual Salary	148	-0.154	0.062	156	-0.143	0.075
FLS Highest Salary	146	-0.262	0.001	154	-0.076	0.346

In summary, there was only one significant relationship. FLS highest salary was negatively related to DSP turnover. And, FLS vacancy rate was positively related to DSP vacancy rate but just shy of statistical significance.

Proposed Direct Support Professional Credential Model Overview: Career GEAR Up

Proposed Direct Support Professional Credential Model

Project advisors have carefully reviewed the outcomes of the three components of the New York Direct Support Professional Credential Project, (1) the employer survey, (2) the environmental scan and literature review, and (3) the statewide focus group discussions. They have determined that the results provide a substantial rationale for pursuing a statewide certification program for direct support professionals in New York. Results from this project provide clear evidence of:

- The potential for a robust certification process to strengthen, stabilize and potentially increase the pipeline of DSPs and FLSs in this high demand role
- The unanimous support of diverse stakeholders to implement a well designed certification framework to improve consistency, quality and role clarity across the state
- The potential for a multi-stage certification framework to provide a rational approach to value-based wage advancement and career growth for the subset of workers with the lowest wages of all long term service and support workers, and
- The importance of advancing DSP skill and knowledge to reach accountable care goals of better quality and affordability of support coupled with the evidence that comprehensive training and certification improves work quality and service outcomes for people who receive services and supports.

With consensus on the strong rationale for implementing a certification program, project advisors participated in discussions about various certification models, best practices, and experiences in New York and other states to structure a direct support professional credential program framework for New York. Several design principles were applied to the architecture of the program as recommended by project findings, the Institute for Credentialing Excellence, and other educational experts. The advisors recommend designing, funding, implementing and evaluating a comprehensive credential/certification program for direct support professionals and frontline supervisors. This program will promote careers in direct support. The following 4-tiered program is recommended.

Figure 2. New York Direct Support Professional and Supervisor Credential Framework.



There are a number of critical elements for the New York DSP Credentialing Model that are proposed by the project advisory group. These are described below and included in Appendix N.

- 1. Use of a multi-tiered credential with a hybrid model of learning methods.** Program advisors have designed a four-tier certification framework: DSP Credential I, DSP Credential II, DSP Credential III, and DSP Frontline Supervisor and Management. These credentials must be completed in sequence, beginning with DSP Credential I. Assessments for each credential must be satisfactorily completed before beginning training on subsequent credentials.

The varied nature of DSP work, scheduled hours of work, and organizational demands elicited investigation into varied methods of knowledge delivery. Stakeholders in focus groups provided a clear message that they opposed over-regulation and rigidity in the program. For this reason advisors have framed a model that is clear about required performance criteria and learner outcomes but does not provide detailed prescriptions on curriculum content or restrict organizations to a specific curriculum. This will enable trainers to use and revise the curricula sources they prefer whether they are online, onsite, provided in the workplace, a training center, a college classroom or some combination of these approaches.

The performance indicators (learning outcomes) must be measurable and assessed at each tier but allow the discretion of employers and educators on the best path to prepare candidates to meet these requirements. The integration of work-based learning with theoretical learning is suggested due to the direct application opportunity for knowledge and skills. Work-based learning can be any intentional process that helps the learner to identify their goals for applying theoretical learning in the workplace. It also provides a forum for discussing progress toward those goals, which could be an individual or group mentoring session, or a “learning community” that meets regularly to discuss learning challenges and progress, or some other structured process. The governing body will be charged with monitoring assessment and continuing education, as well as recommending appropriate curricula (see point 7 below). Credentials will be awarded when candidates satisfactorily pass assessments. Appendix J contains an example version of the learning requirements that may be used prior to assessment for the credential.

DSP Credential I provides in depth exploration and reflective learning regarding the NY OPWDD required core competencies. At this level the DSP would complete 50 hours of training (20 hours on-line, 10 hours classroom training, and 20 hours of work-based learning). DSP Credential II involves 100 hours of training (40 hours on-line, 20 hours classroom training, and 40 hours of work-based learning). DSP II also includes a specialization in emphasis that targets the specialized work that they perform in their setting. The four emphases are Supporting Older Adults, Behavioral Support, Autism Spectrum Disorders, and Complex Medical Needs. Such emphases emerged as areas requiring uniquely addressed knowledge and skill sets that could be appropriately addressed through training. DSP Credential III is an additional 40 hours of training (12 hours on-line, 8 hours classroom training, and 20 hours of work-based learning) and includes an emphasis on person-centered planning, and it includes the creation of a person-centered plan in their work setting. This credential is also intended for DSPs who desire to take on a leadership or mentoring role in their organization. DSPs who complete this credential will be prepared to support other learners through the credentialing process. The fourth tier in this stacked credential focuses on training frontline supervisors and managers; it provides another 40 hours of specialized training (20 hours on-line, 5 hours classroom, and 15 hours work-based learning) focused on becoming a supervisor/manager .

- 2. Valid, recognized competency-based skills and knowledge requirements.** Knowledge, skills and attitudes required by the program must be based on relevant and rationally developed performance and knowledge standards that are frequently updated. The New York OPWDD recently completed an inclusive statewide process that identified the Core Competencies for New York's Direct Support Professionals that articulate an updated and comprehensive series of skill, knowledge and ethical standards that DSPs must master. These can be viewed in Appendix L. These Core Competencies will serve as the basis for the DSP Credential I through III program requirements. They will be infused with additional skill and knowledge criteria focused on preventing avoidable hospitalizations, and targeted efforts to improve health and wellbeing. Additional changes in policy, such as the integration of behavioral and health services, will have greater chances of success if the frontline workforce is equipped with the skill and knowledge they need to support the change.

DSP Credentials I through III address each of the NY Core Competencies, with each credential building on the skills and knowledge taught in the previous credential. DSP Credential I addresses each of the NY Core Competencies in order to accomplish OPWDD's requirement that DSPs receive training in each of the seven goal areas in their first year of service. The skills developed in the credentials build on each other, allowing DSPs greater opportunity for advancing skills and knowledge. Learning requirements in the Frontline Supervisor and Management Credential, are based on the National Frontline Supervisor competencies (see Appendix M). These are a nationally recognized and validated set of knowledge, skills, and abilities that reflect best practice in supervision of DSPs. Additionally, each credential tier will address the ethical standards in the National Alliance for Direct Support Professionals Code of Ethics, adopted as part of the NY DSP Core Competencies.

Psychometrically valid and reliable assessments whose criteria are tied to the competency-based skill and knowledge requirements described above will need to be developed and implemented for each credential tier. Learners who do not pass the assessment will be provided with evaluation feedback after completion of the assessment. They may participate in additional work-based learning to qualify to sit for the assessment again. Qualified and experienced learners already possessing considerable experience as DSPs or FLSs may be selected by their employer to sit for the assessments without completing the instructional and work-based learning requirements.

- 3. Voluntary enrollment at employer's discretion (please note an individual or family who self-directs is considered an employer).** DSPs and employers will determine DSPs eligibility for program enrollment. Prior to admittance into the credential program, candidates must satisfactorily complete all initial orientation and training requirements to apply for certifications. Employers sponsoring candidate preparation programs will select eligible candidates from the pool of interested and qualified workers who apply at each level. Additionally, candidates should be experienced in their field. Candidates may complete assessments for DSP Credential I only after they have completed at least one year of full-time employment as a DSP. Likewise, candidates may only sit for DSP Credential II after they have completed two years of full-time employment as a DSP. Completion of DSP Credential III may be pursued after successful completion of DSP Credential II.
- 4. Incremental annual enrollment growth targets over five years.** There are 97,382 Direct Support Professionals funded by OPWDD through private contracts with organizations throughout the state and 13,024 who are employed directly by OPWDD. The project team and advisors have completed a financial model to estimate the cost and capacity of the state to implement and evaluate the proposed program model. This is summarized in Appendix H. Based on this

information, project advisors recommend that program implementation be phased in over a five-year period culminating with 20% of the DSP workforce attaining certification at the end of that period. Annual targeted growth will begin with 3% of DSPs statewide. Year two will add 2% of DSPs statewide. Years three through five will seek to add 5% of DSP statewide each year to the total amount of DSPs who have completed a credential. It is anticipated that 20% of the workforce obtaining a credential with valid and applied measures of knowledge and skill development will have a marked impact on quality of supports provided.

- 5. Employers will receive rate incentives to cover educational costs and increased DSP wages.** Workforce development and educational experts recommend that learning should be modularized into distinct, achievable certification tiers that build to specific competencies and certificates that can be rewarded with a paid job or salary increase at each tier. This provides several advantages to both learners and employers. Well-established learning theory indicates that periodic rewards (reinforcement) are important to maintain the interest and commitment of learners to the learning tasks. A series of achievable certificates provide this essential positive feedback, and also provides employers with a rational approach to “merit-based” pay advancement. Currently merit-based pay advancement is very uncommon in most organizations that employ DSPs. A robust multi-tiered certificate program can help establish needed career paths and essential incentives for skill development. Merit-based pay increases are also a progressive response to the depressed wages of DSPs when compared to other long-term service and support workers in the state.

As the primary funding mechanism for Direct Support Work, the Medicaid system must be used to support the program. Without this support, it is not sustainable. Expenses for candidate training will not be paid by DSPs but will be absorbed by adjustment of Medicaid rates that reimburse the cost for advanced training and reimburses a higher wage paid for workers with more advanced skills. Costs of educational programming and wage rate increases are summarized in Appendix H.

- 6. Individuals with disabilities will be involved in on-line, classroom, and/or work-based educational components.** Voices of individuals with intellectual and developmental disabilities have been valued throughout every phase of the credential program development process. This will continue through implementation and education of DSPs in the credentialing process. Given that individuals with disabilities are experts on their own support services, DSPs will given opportunities to learn straight from individuals with I/DD.
- 7. Program governance will be overseen by an independent, third-party credentialing program body.** Stakeholders in focus groups and ICE guidelines concurred that governance of the program should remain independent from service funders, service providers, and candidate preparation programs. This governing body will be charged with the task of creating and carrying out credential assessments. They will also handle and track necessary information to maintain the integrity of the credential. The governing body will also provide recommendations for curricula that meets requirements leading to credentialing at each level. It is recommended that OPWDD consider releasing a “request for proposal” from organizations or partnerships interested in leadership in the governing body.
- 8. A Board of Directors will guide and inform the governing body.** The Board of Directors will be composed of stakeholders (Individuals and families that receive services, DSPs, Employers and Advocates) as well as individuals with expertise in finances, education/assessment, marketing, and program implementation. This Board of Directors will be involved in the credential administration process as it is established and monitored.

9. **A Grandperson Clause will allow experienced DSPs and FLSs chosen by their employers to be assessed for the credential without coursework.** Another flexible feature benchmarked from successful programs in other states and in higher education is a mechanism for learners to demonstrate that prior experience has prepared them to complete the assessment without completing formal classroom and work-based learning experiences. Candidates with sufficient, relevant experience will be provided with the opportunity to be assessed and awarded the credential through a “Grandperson Clause.”

10. **Completion of continuing education requirement of 36 hours every three years to keep the credential active.** Credentialed DSPs must register to renew their certificate every three years in order to demonstrate that they have completed continuing education units (CEU) to update knowledge and skills. In their renewal application, acceptable continuing education units are those whose topics are directly aligned with the content of the Core Competencies for New York Direct Support Professionals published by the New York OPWDD inclusive of the National Alliance for Direct Support Professionals Code of Ethics embedded in these competencies. DSPs who have completed the DSP Credential III or Frontline Supervisor and Management Credential, which emphasize mentoring, supervision and leadership, CEU focused on this topic will also be acceptable.

It is recommended that acceptable continuing education formats include workshops, courses, lectures, professional development program sessions, and webinars. They may include courses taught by the DSP; presentations given at recognized professional conferences; books, chapters or articles published; and structured self-study programs. DSP Credential I certificate holders may fulfill CEU requirements by providing evidence that they are actively pursuing the DSP Credential II certificate. Likewise, DSP Credential II certificate holders may use evidence that they are actively pursuing the DSP Credential III certificate.

Renewal applications must list the requisite CEUs and be signed by the DSP’s employer verifying that the CEU were completed and are aligned with the NY DSP Core Competencies. They will be submitted to the administrative governing body for record keeping. Continuing education hours accumulated during one triennial registration period may not be applied to a subsequent registration period. Completion of renewal of basic, required certifications including CPR, First-Aid, physical intervention training, medication administration (or other basic requirements) will not be accepted as valid CEUs.

11. **Overall evaluation of the credentialing program on service quality.** It will be essential to monitor the short- and long-term impact of the program through formative and summative evaluation methods. Baseline data from the current project will provide a useful starting point from which to measure changes that can be attributed to the certification program. If the project is funded for a pilot phase a qualified evaluator will be selected to design an evaluation plan that contains a logic model and corresponding performance criteria and measurement methods. The plan will identify the formative elements such as efforts to change waiver rates, recruitment of candidates, and types of preparation programs used by employers, difficulties and facilitators of program engagement, as well as summative outcomes occurring downstream such as reduction of turnover, improvement of retention rates, program completion rates, reduction of employee serious injuries, as well as service participant outcomes such as better health, reduction of avoidable hospitalizations, reduction of incidents/investigations, and improved service participant

outcomes including better health, exercising choice and self-determination, finding employment or achieving other preferred goals, and reducing avoidable hospitalizations.

The Cost of Credentialing: A Proposed Model Overview

The financial model represents the project advisors' and staff estimates of the costs of the New York DSP Career GEAR Up Credential Program if it were implemented in both private and public sector organizations statewide. Costs are projected over five years, and include incremental annual growth enrollment targets for DSPs in both sectors. Annual enrollment is targeted to grow from 3% to 20% of DSPs statewide in five years. Currently, there are 97,382 DSPs in the private sector and 13,024 in the public sector. Demand for services is expected to grow at a rate of 9% each year. In five years, the New York DSP Credential aims to award credentials to 24,008 DSPs in the private sector and 3,211 DSPs in the public sector.

The financial model includes training costs for targeted enrollment based on learning in various methods: online training, interactive classroom based learning, and work-based learning. Costs are estimates based on existing national DSP training programs. Estimates for frontline supervisors' wages to cover supervisor and work-based learning on sites are based on average reported wages from the provider survey. Estimates of frontline supervisors in the public sector (called Developmental Assistants) are based on average wage data provided by OPWDD. Total costs for the DSP Credential program include costs in the private and public sector, and the costs of establishing and running an administrative governing organization. These total costs are \$415,029,895.27. The state portion of these costs total \$207,514,947.63. The financial model assumes that the State of New York will draw down FMAP from the federal government by building the costs of the credential program into the Medicaid rate structures for HCBS. It is advised that this credential model be initially implemented in a fee for service long term services and supports (LTSS) model but simultaneously be built into contracts as NY moves toward managed long term services and supports (MTLSS). Both fee for service LTSS and MTLSS can maximize federal dollars to support the credential program.

The number of hours of training and amounts of wage increases were based on queried information from the provider survey. Providers reported that an incremental wage increase totaling between \$4.00-5.00 would be sufficient to provide an incentive for participation and completion on the part of the DSPs, FLSs and their employers. A wage increase of \$1 per hour when the credential is successfully completed is allotted for DSP Credential I, DSP Credential III, and the Frontline Supervisor and Management Credential. A wage increase of \$1.50 per hour is allocated for DSP Credential II, due to the increased number of hours required for training in the credential. DSPs who complete all four credentials would receive a wage increase of \$4.50 per hour.

Costs associated with establishing and maintaining the independent governing body are also estimated and included in the financial model. Program costs, personnel, office space and supplies are annually estimated. Costs associated with start up and establishing the governing body in the first year of the program are estimated at \$583,655. In each subsequent year, costs are estimated at \$249,402. These costs are included in the total costs reported above.

Finally, implementation of a DSP training and credentialing program like the one proposed are likely to have a positive impact on costly workforce issues that arise in the industry. Some of these program offsets are estimated as a piece of the financial model (see Appendix H and locate

offset tab). A better skilled and supported workforce is more likely to remain in their jobs for longer periods of time. This results in fewer turnovers, and a reduction in recruitment and pre-service training costs. Better trained and qualified staff are also less likely to be injured or make mistakes on the job that results in injuries among service recipients. Over time, these costs may offset some program costs, resulting in dollars that can be redistributed in the system. Estimated program offsets in reducing DSP turnover are \$3,648,591.35 annually. Program offsets in reducing accidents, injuries, medication errors, and avoidable hospitalizations are estimated at \$6,292,409.24 annually.

In addition to the development of the financial model, the project developed a tool that can be utilized by providers who participate in the credential program to identify their return on investment (ROI) for implementing the NY Career GEAR Up credential program. The ROI calculator is included as Appendix I. One of the recommendations in the next section of this report is to ensure that the NY DSP credential program be evaluated. Using the provided ROI as one component of that evaluation is advised.

**Recommendations to the Legislature and OPWDD:
NY DSP Credentialing Program**

1. Make a long-term **structural commitment** to a statewide DSP credentialing program and strengthening the DSP workforce. Phase in the program statewide by FY 21/22 achieving the credential for 20% of this workforce.
2. Create a state **statutory requirement** for OPWDD to offer a statewide voluntary credential with incentives for participation through salary increases for targeted enrollments.
3. Develop and implement a mechanism to pay for the DSP credentialing program by ensuring NY uses **Medicaid** to offset the costs through federal medical assistance plan (**FMAP**).
4. **Implement** and publically fund the NY DSP credential program beginning FY 16/17.
5. Build the DSP credentialing program into **the HCBS rule community transition** implementation plan ensuring the content of the credentialing program is consistent with the systems changes created by the transition plan.
6. **Build upon the statewide DSP core competencies** by moving this credentialing program forward.
7. Ensure that the DSP credential program is built into **managed care contracts** for long-term services and supports.
8. Ensure the DSP workforce is comprehensively included in the NY state and OPWDD **“transformation” agenda**.
9. Establish an independent representative **advisory council** for the DSP credentialing program that is formed by OPWDD to advise and oversee the administrative body.
10. Be certain that the credential program is accessible, applicable and **relevant** for individuals and families that **self-direct** in the state of NY.
11. Develop and solicit responses to a **request for qualifications (RFQ)** for an independent entity to manage the DSP credential administration no later than July 1, 2016.
12. Conduct systematic **evaluation** and improvement of the DSP credential and make modifications to the program based on the evaluation results.
13. Mandate systems to ensure the credential program gets **updated regularly** to reflect the service system and changes in the field of long term services and supports to people with intellectual and developmental disabilities.

APPENDIX A: REFERENCES

- Austin, J. T., Mellow, G. O., Rosin, M., & Seltzer, M. (2012). Portable, stackable credentials: a new education model for industry-specific career pathways.
- Bovbjerg, R. R., Eyster, L., Ormond, B. A., Anderson, T., & Richardson, E. (2013). Integrating Community Health Workers into a Reformed Health Care System. Washington, DC: The Urban Institute, December.
- Butterworth J, Migliore A, Nord D, & Gelb, A. (2012). Improving the employment outcomes of job seekers with intellectual and developmental disabilities: A training and mentoring intervention for employment consultants. *Journal of Rehabilitation*, 78(2), 20–29.
- Career Graphic published on the internet by Florida Trade, a consortium of 12 state and community colleges that received a U.S. Department of Labor Trade Assistance And Community College Training Grant to prepare people for entry level jobs in manufacturing. Retrieved on March 13, 2015 at <https://www.tcc.fl.edu/Current/Academics/WorkforceDevelopment/Manufacturing/Pages/FL-TRADE.aspx>
- Carnevale, A. P., Rose, S. J., Hanson, A. R., & Georgetown University, C. W. (2012). Certificates: Gateway to Gainful Employment and College Degrees. Executive Summary. Georgetown University Center On Education And The Workforce,
- Chingos, M. M. (2012). Strength in Numbers: State Spending on K-12 Assessment Systems. Brookings Institution.
- Coffman, J. M., & Chapman, S. A. (2012). Envisioning Enhanced Roles for In-Home Supportive Services Workers in Care Coordination for Consumers with Chronic Conditions: A Concept Paper. Lee Institute for Health Policy Studies and the Center for Personal Assistance Services, UCSF, and the Center for Labor Research and Education, UC Berkeley. September.
- Davenport, T. H. (2013). Thinking for a living: how to get better performances and results from knowledge workers.
- Fredericks, M. Park, Rob & Suh, J. (2014) New York DISCOS’ Managed care plan for people with developmental disabilities – Critical factors for financial stability. Milliman Healthcare Reform Briefing Paper.
- Hewitt, A. (1996). National Voluntary Credentialing for Direct Service Workers. Policy Research Brief, 8(2), n2.
- Hewitt, A., & Larson, S. (2007). The direct support workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices. *Mental Retardation and Developmental Disabilities Research Reviews*, 13(2), 178-187.
- Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M. A., & Morris, J. (2008). A synthesis of direct service workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health. Minneapolis, MN: University of Minnesota, Institute on Community Integration, Research and Training Center on Community Living.
- Howes, C. (2014). Raising Wages for Home Care Workers: Paths and Impediments. A Paper Series Commemorating the 75th Anniversary of the Fair Labor Standards Act, 241.
- Institute for Credentialing Excellence (2010). Defining features of quality certification and assessment-based certificate programs.
- Institute of Medicine (US). Committee on the Future Health Care Workforce for Older Americans. (2008). Retooling for an aging America: Building the health care workforce. National Academies Press.

- Kalleberg, A. L. (2011). Good jobs, bad jobs: The rise of polarized and precarious employment systems in the United States, 1970s-2000s.
- Knapp, J.E. (2000). Designing Certification and Accreditation Programs in The Association Educator's Toolkit. American Society of Association Executives: Washington, D.C.
- Knapp, L. G., & Knapp, J. E. (2002). The Business of Certification.
- Love, M. B., Legion, V., Shim, J. K., Tsai, C., Quijano, V., & Davis, C. (2004). CHWs get credit: a 10-year history of the first college-credit certificate for community health workers in the United States. *Health Promotion Practice*, 5(4), 418-428.
- Marquand, A., & Chapman, S. A. (2014). Leader States in Personal Care Aide Training Standards.
- Marquand, A. (2013). Personal Care Aide Training: Summary of State Findings. Bronx, NY: Paraprofessional Healthcare Institute.
- New York State Medicaid Redesign Team – Social Determinants of Health Work Group (2014) Final Recommendations regarding Community Health Workers
- Nord D, & Nye-Lengerman K. (accepted, in-press). The negative effects of public benefits on individual employment: A multi-level analysis of work hours. *Intellectual and Developmental Disabilities*.
- Novak, J., Parent-Johnson, W., Owens, L. A., & Keul, P. (2014). National certification initiative for employment support professionals: Promoting quality integrated employment services. *Journal Of Vocational Rehabilitation*, 40(2), 99-107. doi:10.3233/JVR-140679
- Ohio Alliance for Direct Support Professionals. (2012). Fast Facts.
- Ohio PATHS Report (2010, 2013) Mid East Ohio Regional Council and Muskingam Valley ESC Data Services,
- PHI (2013). The PHI State Data Center Comprehensive State-by-State Data on the Direct Care Workforce Retrieved on March 31, 2015 at: <http://phinational.org/policy/states/data-sources>.
- Salary.com for the Albany region of New York. (2015). Retrieved on 17 July, 2015 at: <http://www1.salary.com/NY/Albany/Mental-Health-Technician-salary.html>.
- Schroeter, K. (2015). The Value of Certification. *Journal Of Trauma Nursing*, 22(2), 53-54. doi:10.1097/JTN.0000000000000120
- Seavey, D., & Salter, V. (2006-2010). Paying for quality care: State and local strategies for improving wages and benefits for personal care assistants. Washington, DC: AARP Public Policy Institute.
- Segal, M. (2011) Policy Insight Brief: Dual Eligible Beneficiaries and Potentially Avoidable Hospitalizations. Centers for Medicare and Medicaid Services: Baltimore.
- This list is adapted from, Institute for Credentialing Excellence (2010). Defining features of quality certification and assessment-based certificate programs, pp. 4-6.
- Toossi, M. (2012). Labor force projections to 2020: a more slowly growing workforce. *Monthly Lab. Rev.*, 135, 43.
- U.S. Department of Labor (2013). Bureau of Labor Statistics Table of the fastest growing occupations. 2012 and projected 2022. Retrieved on July 17, 2015 at: http://www.bls.gov/emp/ep_table_103.htm
- US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2006). The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress.

APPENDIX B: LIST OF HUMAN SERVICE RELATED DEGREE AND CERTIFICATE PROGRAMS IN NEW YORK COMMUNITY COLLEGES

Key to Certificate/Degree Abbreviations:

- AE Adolescent Education
 - ASL American Sign Language
 - CDS Child Direct Service
 - CWS Children with Special Needs
 - DE Deaf
 - DS Direct Service, Direct Support, Direct Care or Disability Studies
 - EC Early Childhood Education, Child Care
 - G Gerontology
 - MH Mental Health
 - SA Substance Abuse/Chemical Dependency/ Alcoholism
- (number) Indicates number of credits in Direct Service related degrees/certificates

NY Community College * = general Direct Support program, ** = Developmental Disability Focus DS program	Human Service Related Certificates - (credits noted for Human Services and Direct Support Certificates)	Human Service related Associates Degrees
Adirondack	EC, SA	SA
Borough of Manhattan		HS
Broome	EC, HS	EC, HS
Bronx	EC, CWS	HS
Cayuga		
Clinton	EC, SA	HS
Columbia-Greene		EC, HS
Corning	EC	EC, HS, SA
*Dutchess	EC, CDS, SA	EC, HS, MH
Erie	HS	EC, HS
Finger Lakes		EC, HS, SA
Fulton Montgomery	HS	EC, HS
**Genessee	DS(32), DE,EC	HS, SA
Herkimer		EC, HS
*Hudson Valley	DS(28), SA	EC, HS
Jamestown		HS
Jefferson		HS
Kingsborough	MH-HS, SA	MH-HS, SA
LaGuardia		HS
Mohawk		HS

NY Community College * = general Direct Support program, ** = Developmental Disability Focus DS program	Human Service Related Certificates - (credits noted for Human Services and Direct Support Certificates)	Human Service related Associates Degrees
*Monroe	DS(30), HS	HS, SA
*Nassau	DS(28),	DIS
*Niagra	EC, DS(32)	HS
North	G	HS
Onandaga	EC, HS	EC, HS, SA
Orange	EC	EC, HS
Queensborough		
Rockland	EC	
Schenectady	SA	EC, HS
Suffolk		ASL, EC, HS, SA
**Sullivan	DS (33)	
Tompkin-Cortland	HS	EC, HS, SA
*Ulster	DS(18)	AE, EC, HS
**Westchester	DE,DS(25), EC, SA	EC,HS

APPENDIX C: DESIGN DECISION POINTS

Necessary program design decision points are presented here and represent an adaptation of a previously published heuristic to consider in the development of a credential program offered by Hewitt (1996). The list presents a series of issues that are particularly relevant design considerations for I/DD support systems to resolve as part of a credential development process: Will the credential:

1. Be voluntary or mandated
2. Target 100% of DSPs or some smaller percentage of the I/DD DSP workforce.
3. Apply to DSPs in all settings and job types: public, private, part-time, full-time, residential, vocational, educational, recreational and private homes
4. Require candidates to complete a specific program/curriculum OR be designed as an “assessment only” model that does not offer education/training to candidates
5. Fund and develop a curriculum or deem existing programs as sufficient
6. Prepare DSPs with core LTSS skill and knowledge set OR focus on specialized I/DD skills and knowledge OR offer some combination of core LTSS skills coupled with specialized content relevant to topics such as I/DD, person-centered planning, aging, autism, physical disabilities, challenging behavior, and medical conditions
7. Use one or more valid and reliable forms of assessment such as: multiple choice, scenario response, portfolio, skill demonstration, etc.
8. Be based upon the current NY Core DSP Competencies
9. Establish a single credential or a series of linked awards (stacked credentials)
10. Be administered by government, industry, educators or stakeholders
11. Involve service recipients and DPS in specific programmatic roles
12. Specify eligibility or pre-requisite requirements
13. Provide a method for people to readily obtain pre-requisites (G.E.D., English Language proficiency, specific literacy level etc.)
14. Offer college credit
15. Be situated in an educational or industry setting
16. Select and train instructors
17. Be provided with minimal cost to DSP learners
18. Have a sustainable funding source
19. Provide a mechanism for prior learning assessment and recognition (e.g. CLEP, challenge test, portfolio review)
20. Be fully integrated in Medicaid/ Managed Care Fee Structures to assure sustainability
21. Include content that will prepare DSPs to meet population health goals, or other goals desirable in an integrated managed care model such as reduction of job-related injuries.

APPENDIX D: FOCUS GROUP PROTOCOL

New York Direct Support Credentialing Project Focus Group Project Team Protocol

Purposes of Focus Group

The purposes of the focus groups are:

- 1) To solicit FG participant opinions on the skills that Direct Support Professionals (DSPs) need to provide quality supports to individuals receiving services in home and the community. To accomplish this FG members will participate in an exercise to prioritize the NY Core Competencies and will identify any skills not in the core competency set. The activity will be preceded by a demonstration of the activity by the Group Leader
- 2) To solicit participant opinions on the potential benefits and disadvantages of implementing a DSP Skills Credential Program and to obtain input on potential program design components.

Group and Meeting Rooms Set-Up

The Focus Group should be limited to 8-12 participants. Signs directing people to the registration area should be posted. If two groups are meeting simultaneously, an identifying sign should be placed near the door of each room, for example: DSP/Administrator Focus Group; Service Recipient Focus Group.

The ideal room will be universally accessible with accessible bathrooms nearby and with enough room to seat 8 to 12 comfortably at tables. Preferably the room will have windows and water/coffee will be available. Tables should be arranged in a square or U formation. Each person should be equipped with a tent card, a dark, non-permanent marker, and a pack of 4×5 inch post-it notes. These should be distributed to each place in advance. Markers and blank post-its will be collected at the end of each meeting for future use. The Group Leader (GL) should be provided with a flip chart on a stand and two different colored markers that can be easily seen (black and blue are best).

Flip Chart Posted on Walls Prior to the Meeting:

- 1) Agenda Sheet
- 2) Meeting Guidelines Sheet
- 3) NY Work Goals and associated competencies and skills: 7 flip chart sheets listing the NY Work Goals and associated competency areas and skills will be posted on the walls prior to the group convening.
- 4) An additional sheet titled “Missing Work Goals/Skills” will also be posted.

A flip chart sheet listing the FG questions will be available but not posted until that portion of the meeting. The flip chart sheet for recording the benefits or disadvantages to four groups will be posted:

Method for recording responses to question 1. Use several flip chart sheets to set this up			
DSPs	Employers	Service Recipients/Families	Quality of Support
Potential Benefits	Potential Benefits	Potential Benefits	Potential Benefits
Disadvantages	Disadvantages	Disadvantages	Disadvantages

Description of Process and Participants

The core activities and questions will be similar for each of the three stakeholder groups but will contain some questions that are uniquely suited to the specific stakeholder group.

Welcome and introduction process

Registration

Ideally NYSACRA staff or volunteers can conduct registration using a previously printed roster of registered participants. The registrar will ask people to complete the Participant Information Form, or assist the person to complete the form; s/he will ask the participant if s/he needs any type of assistance or accommodation to participate in the group and will make arrangements for this assistance. The participant will then be directed to the appropriate meeting room.

Completed demographic forms will be collected at the registration table and provided to the Project Director at the end of each meeting. After each meeting, the demographic data will be entered into an excel spread sheet for summative analysis.

Please note that reading and writing will not be part of the group process in service recipient groups but will be part of the process for other groups. To complete demographic forms the registration staff will ask the individual if s/he can take down some basic information and will complete the form for the individual.

Meeting Process

The Group Leader (GL) and note-taker (NT) will write his or her name on flip chart paper and post a flip chart sheet with a brief outline of the agenda. S/he will greet people individually as they enter the room and will ask people to write first names on tent cards in large print or assist people to do this. S/he will invite participants to obtain refreshments before the meeting starts. S/he will post another flip chart sheet that has the “Meeting Guidelines” listed on it.

The group leader will focus the group on the agenda and will review the steps of the meeting making sure that members know when the group will end.

Focus Group Agenda

1. Welcome and Project Overview – Questions? - 10 minutes
2. Meeting Guidelines – 5 minutes
3. Introductions - 15 minutes
4. Skill Activity – 15 minutes
5. Credential Discussion – 60 minutes
6. Wrap-up – 15 minutes

S/he will then go over the Meeting Guidelines directing group members to look at the flip chart where these guidelines are written. The leader will ask member if they have any questions on the guidelines and respond to these.

The GL will conduct introductions using a “warm-up” activity. People will be asked to say their name, where they live and to identify one important helping activity that a DSP performed in the past few days. It may be something done for them, or something done for another person. They will be asked to describe the helping action as it was performed and to say why it was important of helpful. The GL will start this process to demonstrate and to model BREVITY.

Skills Discussion and Activity

The group leader will focus people on the NY Ethics, Goals and Competency Areas posted on the walls and point out the hand-out with this information. The GL will tell the group that the stakeholders in NY have identified these skills as important to DSP work. She will mention that all seven work goals are important and will be what are taught to DSPs in training and education programs. The GL will explain that we will take this a step further by asking each person to select three of the 7 goals that s/he feels are the most important reminding there are no right/wrong answers, just opinions.

People will be instructed to look over the seven different work goals and associated competencies and skills listed on their hand out and also posted around the room and to select the three areas that they think are most important. The GL will instruct people to check off those 3 on the hand-out and also to make note of any skills missing by writing it on a post-it (one skill per post-it). Asking people to check off their three choices individually on the handout before posting stickers should prevent people flocking to one area because s/he sees people selecting that one with a sticker. S/he should assure people that the rating of importance may be different for each person – no right or wrong choices.

When the group has finished check offs at their seat, they will be invited to post the stickers on the wall sheets with those three areas and to add their “missing Goals/Skill” post-its to that sheet. The GL will periodically notify the group of the time remaining.

At the end of the task, the GL will summarize briefly based on the patterns of the stickers. S/he will let people know that this information will help the Credential program to teach the most important things in greater depth.

The NT should use his/her handout template to tally the number of stickers on the wall charts and label the template with the location, date and type of FG. NT should also collect the post-its on “Missing Goals/Skills” flip chart sheet and add a post-it on top that labels the date and participant type in the FG.

Once the group is settled back in their seats, the NT removes the skill sheets and/or posts the FG questions and FG response sheets over the skills sheets to save time. There will be one flip sheet with all questions, the sheets for recording responses to Q1 and a single blank sheet for Q2, Q3, Q4 and Q6. Participants will record their responses to Q5 on a handout that should be distributed when it’s time to address that question. If you are running out of time, do not do Q5 but skip to Q6

Credentialing Program Discussion Questions

The GL will point out the next agenda item to the group. S/he will prompt the group to identify professionals with whom they interact – teachers, health care providers, carpenters, etc. and to briefly describe the credential that that person holds. S/he will summarize by illustrating the many characteristics of a “skills credential” that the group identified, for example many professions are credentialed: teachers, certified nurse assistants, doctors, dentists, industrial launderers. And there are many different types of preparation such as programs offered in: high school, vocational schools, technical institutes, colleges, online and at the workplace.

S/he will ask the group to reflect on the impact/importance of a credential when services are provided. What does it mean for the consumer? For someone hiring a professional? For the person who is the professional? For the quality of services?

S/he will then lead the group to respond to the following questions and results will be recorded on Post-it Notes that the GL will collect and post. S/he will demonstrate – 1 idea per post –it expressed in 3 to 5 words in LARGE print. After each Q is announced, the GL will give people some time to write responses and will circulate to advice people who are cramming too much on one post-it. As s/he puts up the collected “Post-Its” the GL will state the response out loud and ask for any clarification when needed. Spend from 5 to 10 minutes per question. If time is short the GL can just mention a few post-its as she puts them up rather than each response. If people think of additional ideas she will invite them to do additional post-its.

- 1. What are the potential benefits or disadvantages of a DSP credential program for: Service Recipients and their families? DSPs? Employers? Quality of Support?*
- 2. Should a credential program be required (mandated) or something that a DSP chooses to pursue voluntarily?*
- 3. Would skill credentials be useful in self-directed services such as an individual home or family situation?*

4. *How can employers, supervisors, or other individuals or families directing support help a DSP to succeed in pursuing a credential? What would create barriers to completion?*
5. (GL distributes the hand-out customized for this question). Please review this list of typical educational program components. *Circle the rating that best describes your view on whether the component will help or benefit the DSP candidates to successfully complete the program, (ratings: 1 = Beneficial; 2 = Neutral; and 3 = Not beneficial. Offer a comment if you want to add information to your rating*

Possible Educational/Training Program Components:

- a) **Learning in a group (cohort) of DSPs that includes DSPs from other agencies or DSPs working in different types of service situations –select just one option by circling one number:**

- 1. Beneficial
- 2. Neutral
- 3. Not Beneficial

Comments: _____

- b) **Obtaining information / learning content on the internet (online).**

- 1. Beneficial
- 2. Neutral
- 3. Not Beneficial

Comments: _____

- c) **Obtaining information/ learning content in a classroom (onsite).**

- 1. Beneficial
- 2. Neutral
- 3. Not Beneficial

Comments: _____

- d) **Obtaining information/ learning content both online and onsite (hybrid)**

- 1. Beneficial
- 2. Neutral
- 3. Not Beneficial

Comments: _____

- e) **Involvement of service recipients as educators/trainers**

- 1. Beneficial
- 2. Neutral
- 3. Not Beneficial

Comments: _____

f) Linking a DSP skills credential to college certificate or degree programs such as education, nursing, sociology, social work or psychology degrees

1. Beneficial
2. Neutral
3. Not Beneficial

Comments: _____

g) Providing a career path with pay increases and preferential promotional opportunities for DSPs with credentials

1. Beneficial
2. Neutral
3. Not Beneficial

Comments: _____

h) On-the-job instruction and other work-based learning activities such as apprenticeships, internships, field placements, job shadowing, job rotation and talking with DSPs and other human service professionals about their work

1. Beneficial
2. Neutral
3. Not Beneficial

Comments: _____

i) Creating a skills credential program with several certificate levels that structure a career path and offer more specialized advanced credentials beyond core skills such as: Skills Mentor: Positive Behavior Specialist; Person-Centered Support Specialist, and others.

1. Beneficial
2. Neutral
3. Not Beneficial

Comments: _____

j) Paid release time for classes

1. Beneficial
2. Neutral
3. Not Beneficial

Comments: _____

k) Convenient locations and class times

1. Beneficial
2. Neutral
3. Not Beneficial

Comments: _____

- 1) **Other, please write any additional program elements you think are important.**_____

Final Questions

6. *How can NY keep the credential program realistic and accessible to all and person-centered?*
7. *Are there any final comments, ideas or questions before we end the meeting?*

* Remind people to retrieve any participation incentives that have been provided.

APPENDIX E: FOCUS GROUP MEETING GUIDELINES

1. Purpose of the Focus Group – to gather your ideas for designing a solid direct support professional credential for New York State
2. Non-purposes of the Focus Group:
 - To fix problems in the human service system
 - To find funding
 - To criticize or praise services
3. Everyone's opinion is valued – questions are welcome at any time
4. This is not a test or a competition – there are no wrong or right answers
5. We will take notes of what is said but NOT who said what – anonymous
6. The group leader will work hard to hear everyone's voice and opinions – let her know if you think you have not been heard
7. The group leader and note taker will work hard to record the meaning of what you say correctly but may not write every word – if the MEANING is NOT correct – let her know.
8. If you need to use the bathroom or take a break for any other reason, it's ok to leave the room
9. The group leader may ask you to write on the large post-it notes with a marker – WRITE BIG – and limit answers to 3 to 5 words.
10. Let the facilitator know if you need any help to support your full participation.

APPENDIX F: SUMMARY OF SIGNIFICANT RESULTS FOR THE 2015 NEW YORK SERVICE PROVIDER SURVEY

Significant Relationships					
	Region	Organization Size (# People Served)	Organization Size (Annual Revenue)	Service Setting Type	Education Level
DSP Turnover					Table 17
DSP Leavers within 6M Tenure		Table 4			
DSP Vacancy Rate					
DSP Starting Wage	Table 1			Table 11	n/a
DSP Average Wage	Table 1			Table 11	n/a
DSP Highest Wage		Table 5		Table 11	n/a
Paid Sick Leave	Table 2	Table 6	Table 8	Table 13, Table 14	n/a
Paid Vacation Time			Table 8	Table 15	n/a
Organization Contribution				Table 16	n/a
Employee Contribution	Table 3		Table 9	Table 17	n/a
% Full-time DSP On Staff	n/a	n/a	n/a	Table 12	n/a
% Part-time DSP On Staff	n/a	n/a	n/a	Table 12	n/a
% On-Call, Temporary, or Relief DSP On Staff	n/a	n/a	n/a		n/a
Overtime Hours Paid		n/a	n/a	n/a	n/a
Overtime Extra Cost		n/a	n/a	n/a	n/a
Allotted Budget for Training		n/a		n/a	n/a
Hrs Pre-Service Training	n/a	Table 7	Table 10	n/a	n/a
Hrs In-Service Training	n/a			n/a	n/a

Significant Relationships (cont.)								
	Sources for DSP New Hires	Sources for FLS New Hires	Interventions for Recruitment of DSPs	FLS Turnover	FLS Vacancy Rate	FLS Starting Salary	FLS Annual Salary	FLS Highest Salary
DSP Turnover		Table 20	Table 21					Table 22
DSP Leavers within 6M Tenure	Table 19	Table 20		n/a	n/a	n/a	n/a	n/a
DSP Vacancy Rate	Table 19	Table 20	Table 21		Table 22			
DSP Starting Wage	n/a	n/a	n/a					
DSP Average Wage	n/a	n/a	n/a					
DSP Highest Wage	n/a	n/a	n/a					
Paid Sick Leave	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Paid Vacation Time	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Organization Contribution	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Employee Contribution	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% Full-time DSP On Staff	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% Part-time DSP On Staff	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% On-Call, Temporary, or Relief DSP On Staff	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Overtime Hours Paid	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Overtime Extra Cost	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Allotted Budget for Training	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hrs Pre-Service Training	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Hrs In-Service Training	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Note: Table number is presented where there were significant differences. A blank indicates a test was conducted but there were no significant differences in that area. And, n/a means that no comparisons were done for those measures.

APPENDIX G: ADVISORY GROUP

Advisory Group Member

Robert Budd
Rose Duhan
Jules Fieman
Helen Hanes
Mary Jo Herbert
Steve Holmes
Melody Johnson
Debra McGiness
Patrick McGrath
John McHugh
Cindy Mowris
Clint Perrin
Shawn Schultz
Nancy Shea
Peter Smergut
Ken Stall
Mike Voron

Organization

FREE
Office of Mental Health Governor's Office
YAI
Aspire of Western NY
Parent to Parent
SANYS
Arc of Monroe
Select Human Services
Grace Community Services
Ulster Greene ARC
Anderson Center for Autism
SANYS
Herkimer ARC
YAI
Consultant
Columbia County ARC
Family Member/Teacher

Project Staff

Ann Hardiman
Desiree Loucks Baer
Kirsten Sanchirico
Pat Dowse
Perry Samowitz
Michael Seereiter
Connie Burkhart
Amy Hewitt
Julie Kramme
Nancy McCulloh
Derek Nord
Sandy Pettingel
Lori Sedlezky
Paul Thorson
Marianne Taylor

NYSACRA
NYSACRA
NYSACRA
NYSRA
NYSRA
NYSRA
U of MN
U of MN (Consultant)

OPWDD Staff

Christy Faucher
Diane Henk
Regis Obijiski
Letycia Tillman
Catherine Varano

APPENDIX H: FINANCIAL MODEL

Note: The financial model is a complex multi-tabbed xls file that cannot be converted to Word or PDF and therefore it is included as a separate document.

APPENDIX I: ROI CALCULATOR

Note: The return on investment calculator is a complex multi-tabbed xls file that cannot be converted to Word or PDF and therefore it is included as a separate document.

APPENDIX J: SAMPLE CREDENTIAL PROGRAM CURRICULUM CROSSWALKS

The following crosswalk was completed by the project staff and compared the credential framework with the OPWDD core competencies and the College of Direct Support and DirectCourse on-line curriculum.

DSP Credential I (20 on-line, 10 classroom and 20 work-based learning)

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Goal 1: Putting People First						
Competency Area A: Supporting a person's unique capacities, personality and potential	Person Centered Planning Lesson 1: Foundations of Person-Centered Planning					
Skill 1: Demonstrates respect for all individuals being supported						
Skill 2: Demonstrates support for individual choice-making in order to enhance confidence and assertiveness						

Competency Area B: Getting to know the person through assessment/discovery
Skill 1: Evaluates the ways in which past, and current events, and environmental factors, affect the way the person acts/reacts to others
Skill 2: Using a holistic approach participates in the individual's life planning activities and assists in their implementation
Skill 3: Encourages and supports problem-solving and coping skills
Skill 4: Is informed about formal and informal assessment, and can conduct informal assessments in a variety of settings, to gain information about the individual and his/her response to the environment
Skill 5: Supports the self-direction of services

Competency Area C: Promoting Advocacy with the Individual
Skill 1: Seeks information on the range of services available to individuals with developmental disabilities
Skill 2: Provides opportunities for the individual to be a self-advocate
Skill 3: Performs advocate responsibilities while demonstrating respect for the processes and people involved
Skill 4: Describes and supports individuals' rights and responsibilities
Skill 5: Identifies when an individual's rights may have been

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
You've Got a Friend: Supporting Family Connections, Friends, Love, and the Pursuit of Happiness Lesson 1: The Importance of Relationships	1				

breached and takes action to prevent, stop and report the possible breach

Competency Area D: Facilitating personal growth and development

Skill 1: Demonstrates the ability to effectively teach skills to people supported

Skill 2: Recognizes the individual's need for teaching, and preferred style for learning, and can perform individualized teaching based on this information

Skill 3: Assesses the effectiveness of formal and informal teaching provided and makes adaptations where needed

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
<p>Competency Area E: Facilitation of Supports and Services Skill 1: Assists in the development, implementation and on-going evaluation of service plans that are based on the individual's preferences, needs and interests Skill 2: Continuously shares observations, insights, and recommendations with the individual and his/her support team</p>						
Goal 2: Building and Maintaining Positive Relationships						
<p>Competency Area F: Building and Maintaining Relationships Skill 1: Supports individuals to overcome barriers and challenges to establishing and maintaining a network of relationships and valued social roles Skill 2: Demonstrates the ability to identify the individual's personal strengths, interests and needed supports for community involvement Skill 3: Demonstrates strategies to encourage and build the individual's self-confidence</p>	<p>You've Got a Friend: Supporting Family Connections, Friends, Love, and the Pursuit of Happiness Lesson 3: Strategies for Building and Maintaining Relationships</p>	1	<p>Barriers, Challenges, and Opportunities for Friendships</p>	1		

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Competency Area G: Creating Meaningful Communication Skill 1: Uses a range of effective communication strategies and skills to establish a collaborative relationship with the person Skill 2: DSP modifies own communication to ensure understanding and respect Skill 3: Develops trust by communicating empathetically Skill 4: Recognizes the impact of the possible discrepancies between the individual's chronological age and developmental age when communicating	Community Inclusion Lesson 1: The DSP Role in Community Inclusion	1				
Goal 3: Demonstrating Professionalism						
Competency Area H: Developing Professional Relationships Skill 1: Demonstrates respect in all professional relationships	Direct Support Professionalism Lesson 1: Becoming a Direct Support Professional	1	Applying Ethics in Every Day Work	1	Applying Contemporary Best Practices + Skill Demo: Culturally Competent Communication + Staff Communication Logs + Accident and Incident Documentation	5
Competency Area I: Exhibiting Professional Behavior Skill 1: Demonstrates the following desirable professional qualities in the worksite: Professional Demeanor, Attention to punctuality and attendance policies, Reliability, Flexibility, and Pleasantness			The Cultural Competence Continuum + Cultural Competence in Daily Support	1		

Competency Area J: Showing Respect for Diversity and Inclusion
Skill 1: Demonstrates respect in all matters relating to diversity and inclusion
Skill 2: Demonstrates the awareness, attitude, knowledge and skills (i.e. cultural competence) required to provide effective support to those we serve from any particular ethnic, racial, sexual orientation, religion, gender, socio-economic, age or disability group, as well as any other component diversity groups

Competency Area K: Creating Meaningful Documentation Records
Skill 1: Maintains accurate records by collecting, compiling, evaluating data and submitting it in a timely manner to the appropriate sources

Competency Area L: Education, Training and Self-Development Activities
Skill 1: Demonstrates enthusiasm for learning the knowledge and skills required to perform the job
Skill 2: Readily seeks and accepts feed-back to improve performance
Skill 3: Applies knowledge and skills gained to the job

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Cultural Competence Lesson 1: What is Cultural Competence?	1	Basic Rules of Documentation	1		
Cultural Competence Lesson 2: Understanding Your Own Culture	1				
Cultural Competence Lesson 3: The Culture of Support Services	1				

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Competency Area M: Organizational Participation Skill 1: Adheres to and promotes the mission, culture and practices of the organization Skill 2: Participates in the work of the organization in a positive way by using problem solving skills Skill 3: Adheres to corporate compliance policies and procedures	Professional Documentation Practices Lesson 1: The Purpose and Meaning of Documentation in Direct Support Work	0.25				
	Professional Documentation Practices Lesson 4: Documentation and the Direct Support Professional	0.25				
Competency Area N: Exhibiting Ethical Behavior on the Job Skill 1: Knows, understands, and follows the NADSP Code of Ethics	Direct Support Professionalism: Lesson 4: Practicing Confidentiality and Privacy	1				
Goal 4: Supporting Good Health						
Competency Area O: Promoting positive behavior and supports Skill 1: Demonstrates team work with the individual, co-workers and family in implementing positive behavioral support strategies consistent with available behavior support plans Skill 2: Demonstrates effective methods to teach positive behaviors and support existing positive behaviors Skill 3: Assess strategies to evaluate how environmental factors affect behavior		1	Signs and Symptoms of Illness - + Professional Documentation Practices + Medication Basics + Cleaning and Disinfecting, Personal Protective Equipment	1	Skill Demonstration – Administration of Medications and treatments	1

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
<p>Competency Area P: Supporting Health and Wellness</p> <p>Skill 1: Demonstrates and assists in nutritious meal planning and food preparation, storage and handling procedures.</p> <p>Skill 2: Demonstrates knowledge and understanding of an individual's medical, physical, psychological, and dental health care needs</p> <p>Skill 3: Demonstrates knowledge of, and uses, accepted methods to prevent illness and disease, and teaches prevention methods to the individual (Note: This section may not apply in uncertified settings)</p> <p>Skill 4: Recognizes and responds in a timely manner to signs and symptoms of illness/injury and medical emergencies</p> <p>Skill 5: Provides a safe and clean environment for the individual based on skill level and risks</p> <p>Skill 6: Accurately documents and adequately protects all health management information</p> <p>Skill 7: Understands and can implement daily health practices to support good health</p> <p>Competency Area Q: Preventing, Recognizing, and Reporting Abuse</p> <p>Skill 1: Recognizes concepts related to the prevention of abuse.</p> <p>Skill 2: Is able to prevent abuse</p> <p>Skill 3: Correctly follows procedures for mandated reporting and responding.</p>	Supporting Healthy Lives Lesson 1: Living a Healthy Life	1			Follow up Communication and Documentation	2
	Introduction to Medication Supports Lesson 1: Introduction to Medication Support	1			Personal and Self-Care Practices	2

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Universal Precautions and Infection Control Lesson 3: Understanding the Infectious Disease Cycle	0.25			Skill Demonstration: Universal Precautions and Infection Control	2
	0.25				
Maltreatment: Prevention and Response Lesson #2 What is Maltreatment?	0.25				
Maltreatment: Prevention and Response Lesson #3 What is Abuse?	0.25				
Maltreatment: Prevention and Response Lesson #4 What is Neglect?	0.25				
Maltreatment: Prevention and Response Lesson #5 What is Exploitation?	0.25				
Supporting Healthy Lives Lesson 4: Signs and Symptoms of Illness	1				

Goal 5: Supporting Safety

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Competency Area R: Supporting crisis prevention, intervention and resolution Skill 1: Demonstrates skill in applying the principles and practices of the OPWDD PROMOTE (Positive Relationships Offer More Opportunities To Everyone) competencies and individual-specific Behavior Support Plan, if applicable. (Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency) Skill 2: Demonstrates respect for the safety of all others Competency Area S: Supporting Safety Skill 1: Supports the safety of all individuals in everyday situations Skill 2: Follows proper safety procedures in transportation situations Competency Area T: Ensuring safety of individuals during environmental emergencies Skill 1: Understands and can carry out plans for responding to environmental emergencies	Positive Behavior Supports Lesson 1: Understanding Behavior	1	Introduction to Positive Approaches to Behavior and Preventing Challenging Behaviors	2	Safety at Home & Community – Worksite specific - 2	2
	Emergency Preparedness Lesson 2: The Role of the Direct Support Professional in Emergency Preparedness	1	What is Emergency Preparedness?	1		
Goal 6: Having a Home						

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
<p>Competency Area U: Supporting people to live in the home of their choice (Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency)</p> <p>Skill 1: Supports the individual by supporting a comfortable home environment</p> <p>Skill 2: Supports daily activities and accesses additional skilled supports as needed</p>	Home and Community Living Lesson 1: Supporting Home Living: The DSP Role	1	Maintaining a Clean Home	1	Home Maintenance - site specific	2
Goal 7: Being Active and Productive in Society						
<p>Competency Area V: Supporting Active Participation in the Community</p> <p>Skill 1: Supports community participation and contribution</p>	Employment Supports: Exploring Individual Preferences and Opportunities for Job Attainment Lesson 1: Introduction to Employment Services	1	Government Benefits and Employment	1	Bridge Building and Networking - site specific	4
<p>Competency Area W: Supporting Employment, Educational and Career Goal Attainment</p> <p>Skill 1: Supports the individual by being knowledgeable about the career and employment goals of the individual</p> <p>Skill 2: Supports the individual by being knowledgeable about the educational goals of the individual</p> <p>Skill 3: Develops and supports the individual's skills to help the individual meet the productivity expectations of the workplace</p>	Supporting Jobs and Careers in the Community Lesson 1: Successful Community Employment and Retention	1				
	TOTAL	20		10		20

DSP Credential II (38 on-line hours, 18 classroom hours, 34 work-based learning hours), and an additional emphasis in one specialization area (2 online hours, 2 classroom hours, 6 work-based learning hours)

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Goal 1: Putting People First						
Competency Area A: Supporting a person's unique capacities, personality and potential Skill 1: Demonstrates respect for all individuals being supported Skill 2: Demonstrates support for individual choice-making in order to enhance confidence and assertiveness Competency Area B: Getting to know the person through assessment/discovery Skill 1: Evaluates the ways in which past, and current events, and environmental factors, affect the way the person acts/reacts to others Skill 2: Using a holistic approach participates in the individual's life planning activities and assists in their implementation Skill 3: Encourages and supports problem-solving and coping skills Skill 4: Is informed about formal and informal assessment, and can conduct informal assessments in a variety of settings, to gain information about the individual and his/her response to the environment Skill 5: Supports the self-direction of services			Working with Families and Other Support Networks: Creating Partnerships with Families and Support Networks	2	Work with a person to analyze and create a support network	6
	Civil Rights and Advocacy Lesson 1: Your Role in Effective Advocacy Lesson 2: History of the Disability Rights Movement Person Centered Planning Lesson 4 - Bringing Person-Centered Plans to Life	3	Challenges and Strategies for Exercising Rights	0.5		

Competency Area C: Promoting Advocacy with the Individual

Skill 1: Seeks information on the range of services available to individuals with developmental disabilities

Skill 2: Provides opportunities for the individual to be a self-advocate

Skill 3: Performs advocate responsibilities while demonstrating respect for the processes and people involved

Skill 4: Describes and supports individuals' rights and responsibilities

Skill 5: Identifies when an individual's rights may have been breached and takes action to prevent, stop and report the possible breach

Competency Area D: Facilitating personal growth and development

Skill 1: Demonstrates the ability to effectively teach skills to people supported

Skill 2: Recognizes the individual's need for teaching, and preferred style for learning, and can perform individualized teaching based on this information

Skill 3: Assesses the effectiveness of formal and informal teaching provided and makes adaptations where needed

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
	Teaching People with Developmental Disabilities Lesson 1: Understanding Teaching Lesson 4: Organizing and Applying Teaching Strategies Working with Families and Other Support Networks Lesson 2 Families as a Unique Support Network	3	Preparing to Teach and Teaching Strategies	1	Create and implement a teaching plan	6
	Civil Rights and Advocacy Lesson 3: Disability Rights and Legislation Lesson 4: Challenges and Strategies for Exercising Civil Rights Introduction to Developmental Disabilities Lesson 5: Services for People with Developmental Disabilities	3				

Competency Area E: Facilitation of Supports and Services

Skill 1: Assists in the development, implementation and on-going evaluation of service plans that are based on the individual's preferences, needs and interests

Skill 2: Continuously shares observations, insights, and recommendations with the individual and his/her support team

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Individual Rights and Choice: Lesson 3: Restrictions of Individual Rights Lesson 4: Your Role In Supporting of Rights and Facilitating Choice-Making	2	Overview of Individual Rights	0.5		
Implementing Participant Directed Supports Lesson #1: Understanding Participant-Directed Supports Lesson #2: Steps to Implementing Participant-Directed Supports Lesson #3: Implementing Step 1: Assessment Lesson #4: Implementing Step 2: Identify Resources Lesson #5: Implementing Step 3: Design the Plan Lesson #6: Implement Step 4: Broker the Agreement Lesson #7: Implement Step 5: Organize Supports Lesson #8: Implement Step 6: Implement	2.25				

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Supports Lesson #9: Implement Step 7: Evaluate					

Goal 2: Building and Maintaining Positive Relationships					
Competency Area F: Building and Maintaining Relationships Skill 1: Supports individuals to overcome barriers and challenges to establishing and maintaining a network of relationships and valued social roles Skill 2: Demonstrates the ability to identify the individual's personal strengths, interests and needed supports for community involvement Skill 3: Demonstrates strategies to encourage and build the individual's self-confidence	Working with Families and Support Networks Lesson 3: Creating Partnerships with Families Support Networks	1	Services for People with Developmental Disabilities	2	

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Competency Area G: Creating Meaningful Communication Skill 1: Uses a range of effective communication strategies and skills to establish a collaborative relationship with the person Skill 2: DSP modifies own communication to ensure understanding and respect Skill 3: Develops trust by communicating empathetically Skill 4: Recognizes the impact of the possible discrepancies between the individual's chronological age and developmental age when communicating	Working with Families and Support Networks Lesson 4: Supporting Family Networks	1				
Goal 3: Demonstrating Professionalism						
Competency Area H: Developing Professional Relationships Skill 1: Demonstrates respect in all professional relationships		1	Civil Rights and Advocacy – DSP Working with Strengths and Interests +	2	Applying DSP Strengths and Interests	4
Competency Area I: Exhibiting Professional Behavior Skill 1: Demonstrates the following desirable professional qualities in the worksite: Professional Demeanor, Attention to punctuality and attendance policies, Reliability, Flexibility, and Pleasantness	Direct Support Professionalism Lesson 2: Contemporary Best Practices	1				

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
<p>Competency Area J: Showing Respect for Diversity and Inclusion Skill 1: Demonstrates respect in all matters relating to diversity and inclusion Skill 2: Demonstrates the awareness, attitude, knowledge and skills (i.e. cultural competence) required to provide effective support to those we serve from any particular ethnic, racial, sexual orientation, religion, gender, socio-economic, age or disability group, as well as any other component diversity groups</p>	<p>Introduction to Developmental Disabilities Lesson 2: The Language and Ideas of Best Practice</p>	1				
<p>Competency Area K: Creating Meaningful Documentation Records Skill 1: Maintains accurate records by collecting, compiling, evaluating data and submitting it in a timely manner to the appropriate sources</p>	<p>Cultural Competence Lesson 5: Cultural Competent Communication Lesson 7: DSP Roles in Culturally Competent Organizations</p>	2				
<p>Competency Area L: Education, Training and Self-Development Activities Skill 1: Demonstrates enthusiasm for learning the knowledge and skills required to perform the job Skill 2: Readily seeks and accepts feed-back to improve performance Skill 3: Applies knowledge and skills gained to the job</p>	<p>Professional Documentation Practices Lesson 8: Individual Support Plans, Progress and Personal Goals Lesson 9: Medical and Health Related Documentation Safety Lesson 17: Role of the Direct Support Professional: Accident Prevention, Risk Assessment, and Risk Management Lesson 18: Following Accident and Incident</p>	1.25				

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
	Policies and Procedures Lesson 19: Reporting Accidents and Incidents					
Competency Area M: Organizational Participation Skill 1: Adheres to and promotes the mission, culture and practices of the organization Skill 2: Participates in the work of the organization in a positive way by using problem solving skills Skill 3: Adheres to corporate compliance policies and procedures						
Competency Area N: Exhibiting Ethical Behavior on the Job Skill 1: Knows, understands, and follows the NADSP Code of Ethics			Code of Ethics Training	2		
Goal 4: Supporting Good Health						

Competency Area O: Promoting positive behavior and supports
Skill 1: Demonstrates team work with the individual, co-workers and family in implementing positive behavioral support strategies consistent with available behavior support plans
Skill 2: Demonstrates effective methods to teach positive behaviors and support existing positive behaviors
Skill 3: Assess strategies to evaluate how environmental factors affect behavior

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Personal and Self-Care Lesson #1 Understanding Personal and Self Care	1	Providing Individualized Personal Care and Supports + Reducing Caregiver Risk of Maltreating + Engaging and Supporting Protective Factors in Individuals and Community	1	Skill Demo – Individualized Personal Care Support (Hygiene and Oral care) + Role of Documentation and Systems in Prevention + Where and How to Report Potential Maltreatment	2

Competency Area P: Supporting Health and Wellness
Skill 1: Demonstrates and assists in nutritious meal planning and food preparation, storage and handling procedures.
Skill 2: Demonstrates knowledge and understanding of an individual's medical, physical, psychological, and dental health care needs
Skill 3: Demonstrates knowledge of, and uses, accepted methods to prevent illness and disease, and teaches prevention methods to the individual (Note: This section may not apply in uncertified settings)
Skill 4: Recognizes and responds in a timely manner to signs and symptoms of illness/injury and medical emergencies
Skill 5: Provides a safe and clean environment for the individual based on skill level and risks
Skill 6: Accurately documents and adequately protects all health management information
Skill 7: Understands and can implement daily health practices to support good health

Competency Area Q: Preventing, Recognizing, and Reporting Abuse
Skill 1: Recognizes concepts related to the prevention of abuse.
Skill 2: Is able to prevent abuse
Skill 3: Correctly follows procedures for mandated reporting and responding.

<u>Online</u>	<u>Hours</u>
Maltreatment: Prevention and Response Lesson #8 An Overview of Risks for Maltreatment	0.25
Maltreatment: Prevention and Response Lesson #9 Characteristics of Caregivers That Affect Risk	0.25

<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>

<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Maltreatment: Prevention and Response Lesson 1 Overview of DSP Roles Lesson 6 Balancing Rights and Protection Lesson 7 The Ethical Roles of the DSP Lesson #10 Characteristics of Situations That Increase Risk	1				
Maltreatment: Prevention and Response Lesson #11 Characteristics of People Supported that Affect Risk	0.25				
The Health Insurance Portability and Accountability Act (HIPAA) Lesson 2: The Privacy Rule and Security Rule Lesson 3: The Breach Notification Rule and Enforcement Rule Universal Precautions and Infection Control Lesson 4: Infection Control and Prevention	0.5				
	0.25				

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Goal 5: Supporting Safety						
<p>Competency Area R: Supporting crisis prevention, intervention and resolution</p> <p>Skill 1: Demonstrates skill in applying the principles and practices of the OPWDD PROMOTE (Positive Relationships Offer More Opportunities To Everyone) competencies and individual-specific Behavior Support Plan, if applicable. (Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency)</p> <p>Skill 2: Demonstrates respect for the safety of all others</p>	<p>Positive Behavior Supports</p> <p>Lesson 2: Functions and Causes of Behavior</p>	1	<p>DSP Strategies for Preventing Challenging Behaviors and working with support networks</p>	2	<p>Work with FLS to create an informal behavior support plan - site specific</p>	8
<p>Competency Area S: Supporting Safety</p> <p>Skill 1: Supports the safety of all individuals in everyday situations</p> <p>Skill 2: Follows proper safety procedures in transportation situations</p>	<p>Functional Assessment</p> <p>Lesson 1: Understanding Behavior and Participating in the Functional Assessment Process</p> <p>Lesson 2: Strategies for Gathering and Organizing Functional Assessment Information</p> <p>Lesson 3: Comprehensive Assessment and the Role of the Direct Support Professional</p>	3	<p>Responding to Emergencies</p>	2		

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
Competency Area T: Ensuring safety of individuals during environmental emergencies Skill 1: Understands and can carry out plans for responding to environmental emergencies	Safety Lesson 1: What is Risk? Lesson 2: Balancing Risk with Individual Safety and Choice Lesson 3: Personal Safety Lesson 4: Individual Safety Plans Universal Precautions Lesson 4 Infection Control and Prevention Emergency Preparedness Lesson 3: Defining Disasters and Emergencies	1.25				
Goal 6: Having a Home						
Competency Area U: Supporting people to live in the home of their choice <i>(Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency)</i> Skill 1: Supports the individual by supporting a comfortable home environment Skill 2: Supports daily activities and accesses additional skilled supports as needed	Safety Lesson 16: Community Transportation Lesson 5: Safety in the Kitchen Lesson 6: Safety in the Bathroom Lesson 7: Safety in the Common Areas	0.25 0.25 0.25 0.25	Safety in the home and community	3	Analyze and discuss risk and safety - site specific	8

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
	Lesson 8: Safety in the Bedroom	0.25				
	Lesson 9: Safely Enjoying Outdoor Spaces at Home	0.25				
	Lesson 10: Fire Prevention	0.25				
	Lesson 11: Fire Emergency Response	0.25				
	Lesson 12: Fire Emergency Plans and Evacuation	0.25				
	Lesson 13: Individualized Fire Safety Plans and Skills	0.25				
Goal 7: Being Active and Productive in Society						
Competency Area V: Supporting Active Participation in the Community Skill 1: Supports community participation and contribution	Employment Supports: Exploring Individual Preferences and Opportunities for Job Attainment Lesson 2: Identifying Individual Employment Preferences, Interests, and Strengths	1				

Competency Area W: Supporting Employment, Educational and Career Goal Attainment
Skill 1: Supports the individual by being knowledgeable about the career and employment goals of the individual
Skill 2: Supports the individual by being knowledgeable about the educational goals of the individual
Skill 3: Develops and supports the individual's skills to help the individual meet the productivity expectations of the workplace

	<u>Online</u>	<u>Hours</u>	<u>Classroom</u>	<u>Hours</u>	<u>Work-Based</u>	<u>Hours</u>
	Employment Supports: Exploring Individual Preferences and Opportunities for Job Attainment Lesson 3: Job Opportunities and Job Searches	1				
	Employment Supports: Exploring Individual Preferences and Opportunities for Job Attainment Lesson 4: Applying, Interviewing, and Making Accommodations Supporting Jobs and Careers: Lesson 3: Introduction to Government Benefit Programs Lesson 4: Government Benefit Programs and their Interaction with work	1 2				
TOTAL		38		18		34

Emphases: Each candidate for DSP Credential 2 chooses one emphasis for completion of their training requirements (includes 2 online hours, 2 classroom hours, 6 work-based learning hours)

	Online	Hours	Classroom	Hours	Work-Based	Hours
Supporting Older Adults						
	Supporting Older Adults Lesson 1: The Aging of the U.S. Population	1	Age Related Changes – Physical, Sensory, Cognitive	1	Later Life Planning and Support - site specific support and skills demo	6
	Supporting Older Adults Lesson 5: Grieving and End of Life Support	1	Service Recipient taught: Later life Planning and Support	1		
	TOTAL	2		2		
Autism Spectrum Disorders						
	Disability Focus Courses: Autism	2	Service Recipient Taught Session on ASD and Person- Centered Supports	1	Create and implement a positive behavior support plan - site specific	6
			Positive Behavior Support: Using positive approaches	1		
	TOTAL	2		2		
Behavioral Supports						
	Positive Behavior Supports Lesson 5: Responding to Challenging Behavior	1	Assessing and Evaluating Success of a Positive Behavior Support Plan	1	Create and implement a positive behavior support plan - site specific	6
	Functional Assessment Lesson 4: Using Functional Assessments and Behavior Support Plans	1	NY Rules, Regulations, Policies, and Rights related to Positive Behavioral Supports	1		
	TOTAL	2		2		
Complex Medical Needs						
	Supporting Healthy Lives Lesson 6: Working with a Health Care Provider	1	Individual Health Needs	1	Site specific application and evaluation of care plan	6

Online	Hours	Classroom	Hours	Work-Based	Hours
Professional Documentation Practices Lesson 9: Medical and Health Related Documentation	1	Documentation and Individualized Care Plans	1	for person's needs and goals	
TOTAL	2		2		6

DSP Credential III/Mentor (12 on-line hours, 8 classroom hours, 22 work-based learning hours). Includes training in Person Centered Planning.

	Online	Hours	Classroom	Hours	Work-Based	Hours
Goal 1: Putting People First						
Competency Area A: Supporting a person's unique capacities, personality and potential Skill 1: Demonstrates respect for all individuals being supported Skill 2: Demonstrates support for individual choice-making in order to enhance confidence and assertiveness			The importance of relationships: Supporting Family Connections, Friends, Love, and the Pursuit of Happiness	1	Create a culturally sensitive person-centered plan with an individual	6

Competency Area B: Getting to know the person through assessment/discovery
Skill 1: Evaluates the ways in which past, and current events, and environmental factors, affect the way the person acts/reacts to others
Skill 2: Using a holistic approach participates in the individual’s life planning activities and assists in their implementation
Skill 3: Encourages and supports problem-solving and coping skills
Skill 4: Is informed about formal and informal assessment, and can conduct informal assessments in a variety of settings, to gain information about the individual and his/her response to the environment
Skill 5: Supports the self-direction of services

Competency Area C: Promoting Advocacy with the Individual
Skill 1: Seeks information on the range of services available to individuals with developmental disabilities
Skill 2: Provides opportunities for the individual to be a self-advocate
Skill 3: Performs advocate responsibilities while demonstrating respect for the processes and people involved
Skill 4: Describes and supports individuals’ rights and responsibilities
Skill 5: Identifies when an individual’s rights may have been breached and takes action to prevent, stop and report the possible breach

Online	Hours	Classroom	Hours	Work-Based	Hours
		Working with Families and Support Networks: Problem Solving within Support Networks	1	Conduct a functional assessment with a person and work with FLS to analyze the results	5
	1	Functional Assessment Lesson 3: Comprehensive Assessment and the Role of the Direct Support Professional	1		

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Competency Area D: Facilitating personal growth and development</p> <p>Skill 1: Demonstrates the ability to effectively teach skills to people supported</p> <p>Skill 2: Recognizes the individual's need for teaching, and preferred style for learning, and can perform individualized teaching based on this information</p> <p>Skill 3: Assesses the effectiveness of formal and informal teaching provided and makes adaptations where needed</p>	Individual Rights and Choice Lesson 2: Overcoming A Past of Barriers and Restrictions	1				
<p>Competency Area E: Facilitation of Supports and Services</p> <p>Skill 1: Assists in the development, implementation and on-going evaluation of service plans that are based on the individual's preferences, needs and interests</p> <p>Skill 2: Continuously shares observations, insights, and recommendations with the individual and his/her support team</p>						
Goal 2: Building and Maintaining Positive Relationships						

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Competency Area F: Building and Maintaining Relationships Skill 1: Supports individuals to overcome barriers and challenges to establishing and maintaining a network of relationships and valued social roles Skill 2: Demonstrates the ability to identify the individual's personal strengths, interests and needed supports for community involvement Skill 3: Demonstrates strategies to encourage and build the individual's self-confidence</p> <p>Competency Area G: Creating Meaningful Communication Skill 1: Uses a range of effective communication strategies and skills to establish a collaborative relationship with the person Skill 2: DSP modifies own communication to ensure understanding and respect Skill 3: Develops trust by communicating empathetically Skill 4: Recognizes the impact of the possible discrepancies between the individual's chronological age and developmental age when communicating</p>	Community Inclusion Lesson 3: Community Bridge-Building and Networking	1	Matching Community Resources with Individual Interests	1	Supporting the development of a friendship - site specific	3
	Community Inclusion Lesson 4: Natural Supports	1				
	Person Centered Planning and Supports Lesson 3: The Person-Centered Planning Process	1				
Goal 3: Demonstrating Professionalism						

Competency Area H: Developing Professional Relationships

Skill 1: Demonstrates respect in all professional relationships

Competency Area I: Exhibiting Professional Behavior

Skill 1: Demonstrates the following desirable professional qualities in the worksite: Professional Demeanor, Attention to punctuality and attendance policies, Reliability, Flexibility, and Pleasantness

Competency Area J: Showing Respect for Diversity and Inclusion

Skill 1: Demonstrates respect in all matters relating to diversity and inclusion
Skill 2: Demonstrates the awareness, attitude, knowledge and skills (i.e. cultural competence) required to provide effective support to those we serve from any particular ethnic, racial, sexual orientation, religion, gender, socio-economic, age or disability group, as well as any other component diversity groups

Competency Area K: Creating Meaningful Documentation Records

Skill 1: Maintains accurate records by collecting, compiling, evaluating data and submitting it in a timely manner to the appropriate sources

Online	Hours	Classroom	Hours	Work-Based	Hours
Cultural Competence Lesson 7: DSP Roles in Culturally Competent Organizations	1	Mentoring with Cultural Competence	2	Create a culturally sensitive person-centered plan	

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Competency Area L: Education, Training and Self-Development Activities</p> <p>Skill 1: Demonstrates enthusiasm for learning the knowledge and skills required to perform the job</p> <p>Skill 2: Readily seeks and accepts feed-back to improve performance</p> <p>Skill 3: Applies knowledge and skills gained to the job</p>						
<p>Competency Area M: Organizational Participation</p> <p>Skill 1: Adheres to and promotes the mission, culture and practices of the organization</p> <p>Skill 2: Participates in the work of the organization in a positive way by using problem solving skills</p> <p>Skill 3: Adheres to corporate compliance policies and procedures</p>						
<p>Competency Area N: Exhibiting Ethical Behavior on the Job</p> <p>Skill 1: Knows, understands, and follows the NADSP Code of Ethics</p>						
Goal 4: Supporting Good Health						

Competency Area O: Promoting positive behavior and supports

Skill 1: Demonstrates team work with the individual, co-workers and family in implementing positive behavioral support strategies consistent with available behavior support plans

Skill 2: Demonstrates effective methods to teach positive behaviors and support existing positive behaviors

Skill 3: Assess strategies to evaluate how environmental factors affect behavior

Online	Hours	Classroom	Hours	Work-Based	Hours
		Augmentative and Alternative Communication	1		

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Competency Area P: Supporting Health and Wellness</p> <p>Skill 1: Demonstrates and assists in nutritious meal planning and food preparation, storage and handling procedures.</p> <p>Skill 2: Demonstrates knowledge and understanding of an individual’s medical, physical, psychological, and dental health care needs</p> <p>Skill 3: Demonstrates knowledge of, and uses, accepted methods to prevent illness and disease, and teaches prevention methods to the individual (Note: This section may not apply in uncertified settings)</p> <p>Skill 4: Recognizes and responds in a timely manner to signs and symptoms of illness/injury and medical emergencies</p> <p>Skill 5: Provides a safe and clean environment for the individual based on skill level and risks</p> <p>Skill 6: Accurately documents and adequately protects all health management information</p> <p>Skill 7: Understands and can implement daily health practices to support good health</p>	<p>Everyone Can Communicate</p> <p>Lesson 2: How People Communicate</p>	1				
<p>Competency Area Q: Preventing, Recognizing, and Reporting Abuse</p> <p>Skill 1: Recognizes concepts related to the prevention of abuse.</p> <p>Skill 2: Is able to prevent abuse</p> <p>Skill 3: Correctly follows procedures for mandated reporting and responding.</p>	<p>Everyone Can Communicate</p> <p>Lesson 4: Strategies to Enhance Communication</p>	1				
Goal 5: Supporting Safety						

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Competency Area R: Supporting crisis prevention, intervention and resolution Skill 1: Demonstrates skill in applying the principles and practices of the OPWDD PROMOTE (P ositive Relationships Offer More Opportunities To Everyone) competencies and individual-specific Behavior Support Plan, if applicable. (Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency) Skill 2: Demonstrates respect for the safety of all others</p>	Positive Behavior Supports Lesson 6: Behavior Support Plans	1			Create and implement a positive behavior support plan - site specific	5
<p>Competency Area S: Supporting Safety Skill 1: Supports the safety of all individuals in everyday situations Skill 2: Follows proper safety procedures in transportation situations</p>	Positive Behavior Supports Lesson 3: Understanding Positive Approaches	1				
<p>Competency Area T: Ensuring safety of individuals during environmental emergencies Skill 1: Understands and can carry out plans for responding to environmental emergencies</p>						
Goal 6: Having a Home						

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Competency Area U: Supporting people to live in the home of their choice <i>(Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency)</i></p> <p>Skill 1: Supports the individual by supporting a comfortable home environment</p> <p>Skill 2: Supports daily activities and accesses additional skilled supports as needed</p>					Create an individual safety plan - site specific	3
Goal 7: Being Active and Productive in Society						
<p>Competency Area V: Supporting Active Participation in the Community</p> <p>Skill 1: Supports community participation and contribution</p>	Supporting Jobs and Careers in the Community Lesson 2: Employment Supports and Volunteering	1	Individual Rights and Choice: Your Role In Supporting of Rights and Facilitating Choice-Making	1		
<p>Competency Area W: Supporting Employment, Educational and Career Goal Attainment</p> <p>Skill 1: Supports the individual by being knowledgeable about the career and employment goals of the individual</p> <p>Skill 2: Supports the individual by being knowledgeable about the educational goals of the individual</p> <p>Skill 3: Develops and supports the individual's skills to help the individual meet the productivity expectations of the workplace</p>	Individual Rights and Choice Lesson 1: Overview of Individual Rights	1				

Online	Hours	Classroom	Hours	Work-Based	Hours
TOTAL	12		8		22

FLS (20 on-line, 5 classroom, 15 work-based learning)

Competency 1: Direct Support

Frontline Supervisors demonstrate excellence in providing culturally appropriate direct support services to participant using person-centered approaches and strategies that support participant to be fully engaged and included in each aspect of his or her daily life, have maximum choice and control, and gain independence.

Competency 2: Health, wellness, and safety

Frontline Supervisors work with participant and his or her teams to develop a support plan to promote the health, safety, and wellbeing of participant based on individual preferences and goals. Frontline Supervisors actively monitor, review, discuss with participant, and modify support plans to ensure most effective strategies are in place.

Competency 3: Participant support plan development, monitoring and assessment

Online	Hours	Classroom	Hours	Work-Based	Hours
Preparing for the Supervisor's Job in Human Services Lesson 1: Supervisors and Their Roles	1			Write a professional development plan	0.5
Supporting Healthy Lives Lesson 3: Individual Health Needs	1			Help a DSP identify basic health habits for themselves and the people they serve	0.5

Frontline Supervisors operationalize participant's individual goals and identified outcomes into a coordinated support plan. Frontline Supervisors coordinate and facilitate support network meetings, maintain communication with other service providers, family, and allies, and monitor, document, and report progress toward goals.

Competency 4: Facilitating community inclusion across the lifespan

Frontline Supervisors facilitate and support the development and maintenance of participant support networks in partnership with person supported. Frontline Supervisors support participant to explore educational, employment, volunteer, and retirement opportunities, and/or collaborate with other staff and providers to coordinate supports that will assist participant in reaching goals and actively participating in activities of his or her choice across the lifespan.

Competency 5: Promoting professional relations and teamwork

	Online	Hours	Classroom	Hours	Work-Based	Hours
	Preparing for the Supervisor's Job in Human Services Lesson 4: Communication in a Supervisory Role	1	Support plans, documentation, and the FLS	0.5	Prepare and deliver a presentation: Demonstrate professional and effective verbal skills and written communication skills needed for the supervisory role. - Develop action steps for strengthening your supervisory related communication skills. Implement strategies likely to build and nurture effective professional relationships.	1
	Preparing for the Supervisor's Job in Human Services Lesson 2: Professional Relationship Building	1	Community Inclusion and the FLS	0.5	Use your resources to encourage inclusion, with awareness of risks and benefits of doing so.	1
	CFSM Fueling High Performance Lesson 3: Teamwork	1	Employee Participation, Motivation, and Recognition	1	Use communication and conflict management skills to support team development. - Implement strategies related to employee participation, motivation, and recognition	1

	Online	Hours	Classroom	Hours	Work-Based	Hours
Frontline Supervisors enhance professional relations among team members and their capacity to work effectively with others toward common goals by using effective communication skills, facilitating teamwork, and supporting and encouraging growth and professional development.	CFSM Fueling High Performance Lesson 4: Performance Coaching	1				
Competency 6: Staff recruitment, selection, and hiring	Recruitment and Selection Lesson 3: Selection and Hiring	1	Realistic Job Previews and Selection and Hiring	1	Identify at least three question styles and how they can improve the selection process.	0.5
Frontline Supervisors use best practices to actively recruit and lead a selection process that actively includes participant and his or her support network. Frontline Supervisors provide sufficient information about the position through a realistic job preview and conducts effective interviews to promote successful hires of direct support professionals.	Training and Orientation Lesson 5: Orientation Practices	1	Orientation Practices	1	Effectively screen applicants before an interview.	0.5
					Conduct an effective interview.	1
					Select and match the best candidates for the position.	0.5
Competency 7: Staff supervision, training, and development	Training and Orientation Lesson 2: Choosing Training Topics	1	Developing an Intervention: Assessing the problem and understanding the intervention plan	1	Use a variety of strategies to improve current orientation practices.	1

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Frontline Supervisors coordinate and lead competency-based direct support staff training and professional development activities, including coaching and mentoring. Frontline Supervisors conduct performance reviews and are responsible for all aspects of staff supervision, including scheduling and maintaining training records.</p> <p>Competency 8: Service management and quality assurance</p> <p>Frontline Supervisors effectively manage and oversee participant services and supports in group service settings, individual, and remote service settings, including compliance with all federal, state, and local rules and regulations, and apply ethical principles related to best practices in services and supports. Frontline Supervisors oversee the management of financial activities within scope of work assignments to ensure continued quality service delivery.</p> <p>Competency 9: Advocacy and public relations</p>	<p>Training and Orientation Lesson 4: Understanding Employee Assessment</p>	1			<p>Use several methods to assess employees.</p>	1
	<p>Fueling High Performance Lesson 2: Employee Development</p>	1				
	<p>Preparing for the Supervisor's Job in Human Services Lesson 2: Supervising and Managing Daily Operations</p>	1				
	<p>Fueling High Performance Lesson 1: Competency-Based Training</p>	1				
	<p>Recruitment and Selection</p>	1				

	Online	Hours	Classroom	Hours	Work-Based	Hours
<p>Frontline Supervisors promote public relations by educating community members about the rights of people with disabilities, and advocating for and with participant for services and opportunities that promote safe, respected, and valued membership in the community.</p> <p>Competency 10: Leadership, professionalism and self-development</p> <p>Frontline Supervisors maintain professionalism and engage in ongoing self- development and professional development activities. Frontline Supervisors share and receive knowledge from others, support coworkers, and actively participate in the life of his or her organization.</p>	Lesson 1: Recruitment and Marketing					
	Your First Few Weeks and Months as a Supervisor Lesson 1: Stepping Into the Supervisory Role	1			Effectively design and manage a system for scheduling staff.	0.5
	Your First Few Weeks and Months as a Supervisor Lesson 3: Planning and Organizing Meetings	1			Coordinate, monitor, and delegate maintenance or equipment use as necessary.	0.5
	Your First Few Weeks and Months as a Supervisor Lesson 5: Conflict Management, Decision-Making, and Problem-Solving	1			Show effective management of financial duties associated with position.	0.5
	Preparing for the Supervisor’s Job in Human Services Lesson 3:	1			Effectively use common office tools to complete common office work.	0.5

Competency 11: Cultural awareness and responsiveness

Online	Hours	Classroom	Hours	Work-Based	Hours
Understanding Leadership					
Preparing for the Supervisor's Job in Human Services Lesson 4: Time Management, Delegation, and Organizational Skills	1			Ensure that staff complete core job tasks as required and expected.	1
Preparing for the Supervisor's Job in Human Services Lesson 5: Supervising Diverse Work Teams	1			Identify resources and strategies for learning more about effectively supervising diverse work teams.	0.5
TOTAL	20		5		15

The following crosswalk was completed by Relias staff. The project team did not have access to the Relias curriculum content, courses, lessons and learning objectives in order to develop a comprehensive cross walk and to affirm the connection between Relias learning objectives, content, OPWDD core competencies and the credential framework. At the request of OPWDD staff this document is included in the report. It should be noted that this document does not reflect the work of the project team

Relias Learning Course Crosswalk to the New York State OPWDD Direct Support Professional Core Competencies

RELIAS | LEARNING

Source: http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/core_competencies

Relias Learning offers online learning, staff compliance training and continuing education for behavioral health, mental health, addiction treatment, developmental disability, community action and child welfare organizations.

Relias Learning Training Crosswalks are based on published accreditation/training standards. They are designed to assist organizations in the selection of courses from the Relias Learning libraries to ensure and demonstrate staff competence according to the training standards. In some cases it may be useful for customer organizations to develop courses specific to the organization's policies and procedures and in these cases the Relias Learning Course Equivalent is noted with "Organization-Customized Course".

General staff compliance trainings should be selected to ensure the organization meets OSHA and other regulatory requirements. Staff training is only one element of a successful survey and the crosswalks are not meant to take the place of a careful review and evaluation of your program to the accreditation standards.

Note: The courses listed are a representative sample of Relias Learning's courses; more courses are available in the Relias Learning Libraries.

Competency Area	Relias Learning Course Equivalent	Library Category	Training Hours
CORE 1: Putting People First			
<i>Competency Area A: Supporting a person's unique capacities, personality and potential</i>			
Skill 1: Demonstrates respect for all individuals being supported	Principles and Practices of Effective Direct Supports	Introduction to Developmental Disabilities	3.00
Skill 2: Demonstrate support for individual choice-making in order to enhance confidence and assertiveness	Assisting People with Intellectual and Developmental Disabilities in Choice Making	Person Centered Services in IDD	3.25
<i>Competency Area B: Getting to know the person through assessment/discovery</i>			
Skill 1: Evaluates the ways in which past and current events, and environmental factors, affect the way the person acts/reacts to others	Supporting Quality of Life for a Person with Developmental Disabilities	Person Centered Services in IDD	1.25
Skill 2: Using a holistic approach participates in the individual's life planning activities and assists in their implementation	Supporting Quality of Life for a Person with Developmental Disabilities	Person Centered Services in IDD	1.25
Skill 3: Encourages and supports problem-solving and coping skills	Supporting Quality of Life for a Person with Developmental Disabilities	Person Centered Services in IDD	1.25
Skill 4: Is informed about formal and informal assessment and can conduct informal assessment in a variety of settings, to gain information about the individual and his/her response to the environment	Using Assessments	Advanced Skills in IDD Services	3.50
Skill 5: Supports the self-direction of services	Self-Determination Basics for Self-Directed Employees	Advanced Skills in IDD Services	2.00
<i>Competency Area C: Promoting Advocacy with the Individual</i>			
Skill 1: Seeks information on the range of services available to individuals with developmental disabilities	Organization-Specific Information		
Skill 2: Provides opportunities for the individual to be a self-advocate	Self-Advocacy Focused Learning	Person Centered Services in IDD	1.00
Skills 3: Performs advocate responsibilities while demonstrating respect for the process and people involved	Skill Demonstration		
Skill 4: Describes and supports individual's rights and responsibilities	Client/Patient Rights	Compliance/Safety-HHS	2.00
Skill 5: Identifies when an individual's rights may have been breached and takes action to prevent, stop and report the possible breach	Skill Demonstration		

Competency Area	Relias Learning Course Equivalent	Library Category	Training Hours
Competency Area D: Facilitating personal growth and development			
Skill 1: Demonstrates the ability to effectively teach skills to people supported	Systematic Instruction Strategies	Advanced Skills in IDD Services	3.25
Skill 2: Recognizes the individual's need for teaching, and preferred style for learning, and can perform individualized teaching based on this information	Alternative Communication Strategies	Person Centered Services in IDD	2.25
Skill3: Assess the effectiveness of formal and informal teaching provided and makes adaptations where needed	Skill Demonstration		
Competency Area E: Facilitation of Supports and Services			
Skill 1: Assists in the development, implementation and on-going evaluation of service plans that are based on the individuals preferences, needs and adaptations where needed	Using Service Plans Focused Learning	Person Centered Services in IDD	1.00
Skill 2: Continuously shares observation, insights, and recommendations with the individual and his/her support team	Person Centered Planning for Individuals with Developmental Disabilities	Person Centered Services in IDD	3.00
CORE 2: Building and Maintaining Positive Relationships			
Competency Area F: Building and Maintaining Relationships			
Skill 1: Supports individuals to overcome barriers and challenges to establishing and maintaining a network of relationships and valued social roles	People with Disabilities: Building Relationships and Community Membership	Person Centered Services in IDD	2.00
Skill 2: Demonstrates the ability to identify the individual's personal strengths, interests and needed supports for community involvement	Skill Demonstration		
Skill 3: Demonstrates strategies to encourage and build the individual's self-confidence	Skill Demonstration		
Competency Area G: Creating Meaningful Communication			
Skill 1: Uses a range of effective communication strategies and skills to establish a collaborative relationship with the person	Alternative Communication Strategies	Person Centered Services in IDD	2.25
	Basic Communication and Conflict Management Skills	Introduction to Developmental Disabilities	3.00
Skill 2: DSP modifies own communication to ensure understanding and respect	Skill Demonstration		

RELIAS | LEARNING

Competency Area	Relias Learning Course Equivalent	Library Category	Training Hours
Skill 3: Develops trust by communicating empathetically	Therapeutic Interaction Strategies	Advanced Skills in IDD Services	1.5
Skill 4: Recognizes the impact of the possible discrepancies between individual's chronological age and developmental age when communicating	Human Growth and Development Across the Lifespan	Introduction to Developmental Disabilities	1.5
	Intellectual Disabilities	Introduction to Developmental Disabilities	1.00
CORE 3: Demonstrating Professionalism			
Competency Area H: Developing Professional Relationships			
Skill 1: Demonstrates respect in all professional relationships	Skill Demonstration		
Competency Area I: Exhibiting Professional Behavior			
Skill 1: Demonstrates: professional demeanor, attention to punctuality and attendance policies, reliability, flexibility and pleasantness	Attitudes at Work	Employee Wellness	2.00
Competency Area J: Showing Respect for Diversity and Inclusion			
Skill 1: Demonstrates respect in all matters relating to diversity and inclusion	Cultural Competence for the DSP	Introduction to Developmental Disabilities	1.00
Skill 2: Demonstrates cultural competence required to provide effective supports	Cultural Diversity	Compliance/Safety	1.25
Competency Area K: Creating Meaningful Documentation Records			
Skill 1: Maintains accurate records by collecting, compiling, evaluating data and submitting in a timely manner	Guidelines for Effective Documentation Focused Learning	Health and Safety in IDD Services	1.00
Competency Area L: Education, Training and Self-Development Activities			
Skill 1: Demonstrates enthusiasm for learning the knowledge and skills required to perform the job	Skill Demonstration		
Skill 2: Readily seeks and accepts feedback to improve performance	Effective Communication in the Workplace	Workforce Skills and Development	1.50
Skill 3: Applies knowledge and skills gained to the job	Skill Demonstration		
Competency Area M: Organizational Participation			
Skill 1: Adheres to and promotes the mission, culture and practices of the organization	Organization-Specific Information		
Skill 2: Participates in the work of the organization in a positive way by using problem solving skills	Problem Solving: Solutions in the Workplace	Workforce Skills and Development	2.00

Competency Area	Relias Learning Course Equivalent	Library Category	Training Hours
Adheres to corporate compliance policies and procedures	Corporate Compliance and Ethics	Compliance/OSHA	1.00
Competency Area N: Exhibiting Ethical Behavior on the Job			
Skill 1: Knows, understands and follows the NADSP Code of Ethics	Review of the NADSP Code of Ethics		
CORE 4: Supporting Good Health			
Competency Area O: Promoting Positive Behavior and Supports			
Skill 1: Demonstrates team work with the individual, co-workers and family in implementing positive behavioral support strategies consistent with the behavior support plans	Teamwork: The Fundamentals	Workforce Skills, Supervision and Management	2.00
Skill 2: Demonstrates effective methods to teach positive behaviors and support existing positive behaviors	Overview of the Principles of Positive Behavior Support for Direct Support Professionals	Behavior Support	4.25
Skill 3: Assess strategies to evaluate how environmental factors affect behavior	Managing Challenging Behaviors Focused Learning	Behavior Support	1.00
Competency Area P: Supporting Health and Wellness			
Skill 1: Demonstrates an assists in nutritious meal planning and food preparation, storage and handling procedures	Bon Appetit! An Overview of Safe Eating and Drinking Focused Learning	Health and Safety in IDD Services	1.00
Skill 2: Demonstrates knowledge and understanding of an individual's medical, physical, psychological and dental health care needs	Responding to Healthcare Needs Focused Learning	Health and Safety in IDD Services	1.25
	Dental and Oral Health for Individuals with I/DD	Health and Safety in IDD Services	1.25
Skill 3: Demonstrate knowledge and uses accepted methods to prevent illness and disease and teaches prevention methods to the individual	Health and Safety Management	Health and Safety in IDD Services	2.50
Skill 4: Recognizes and responds in a timely manner to signs and symptoms of illness/injury and medical emergencies	Health and Safety Management	Health and Safety in IDD Services	2.50
Skill 5: Provides a safe and clean environment for the individual based on skill level and risks	Environmental Safety for Individuals with Developmental Disabilities	Health and Safety in IDD Services	3.00
	Infection Prevention Part 1	Compliance/OSHA	2.00
Skill 6: Accurately documents and adequately protects all health information	HIPAA Overview	Compliance/Safety	0.75

RELIAS | LEARNING

Competency Area	Relias Learning Course Equivalent	Library Category	Training Hours
Skill 7: Understands and can implement daily health practices to support good health	Client/Patient Transfers	Compliance/OSHA	1.50
Skill 7: Understands and can implement daily health practices to support good health (cont.)	Nutrition and Exercise Focused Learning	Health and Safety in IDD Services	1.00
Competency Area Q: Preventing and Recognizing, and Reporting Abuse			
Skill 1: Recognizes concepts related to the prevention of abuse	Abuse and Neglect of Individuals with I/DD	Health and Safety in IDD Services	1.75
Skill 2: Is able to prevent abuse	Skill Demonstration		
Skill 3: Correctly follows procedures for mandated reporting and responding	Organization-Specific Information		
CORE 5: Supporting Safety			
Competency Area R: Supporting Crisis Prevention, Intervention and Resolution			
Skill 1: Demonstrates skill in applying the principles and practices of OPWDD PROMOTE	OPWDD Curriculum		
Skill 2: Demonstrates respect for the safety of all others	Managing Challenging Behaviors Focused Learning	Behavior Support	1.00
Competency Area S: Supporting Safety			
Skill 1: Supports the safety of all individuals in everyday situations	Skill Demonstration		
Skill 2: Follow proper safety procedures in transportation situations	Defensive Driving: The Basics	Compliance/Safety	1.00
Competency Area T: Ensuring the Safety of Individuals during Environmental Emergencies			
Skill 1: Understands and can carry out plans for responding to environmental emergencies	Emergency Preparedness	Compliance/OSHA	1.00
CORE 6: Having a Home			
Competency Area U: Supporting People to Live in a Home of their Own			
Skill 1: Supports the individual by supporting a comfortable home environment	Supporting Everyday Lives for People with Disabilities	Introduction to Developmental Disabilities	3.00
Skill 2: Supports daily activities and accesses additional skilled supports as needed	Skill Demonstration		
CORE 7: Being Active and Productive in Society			
Skill 1: Supports the individual by being knowledgeable about career and employment goals of the individual	Employment Support Focused Learning	Introduction to Developmental Disabilities	1.00
Skill 2: Supports the individual by being knowledgeable about the educational goals of the individual	Organization-Customized Course		

RELIAS | LEARNING

Competency Area	Relias Learning Course Equivalent	Library Category	Training Hours
Skill 3: Develops and supports the individual's skills to help the individual meet the productivity expectations of the workplace	Employment Support Focused Learning	Introduction to Developmental Disabilities	1.00

APPENDIX K: QUESTION AND ANSWER DOCUMENT

Note: The Question and Answer document will be prepared as a component of the communication plan and modified as questions emerge about the proposed credential model or this project.

APPENDIX L: NEW YORK DSP CORE COMPETENCIES

New York State Talent Development Consortium

Direct Support Professional Core Competencies

A Collaborative Approach for Improved Outcomes

Revised: 3-25-14

New York State
Direct Support Professional
Core Competencies

NADSP Code of Ethics for Direct Support Professionals

The Code of Ethics developed through the National Alliance for Direct Support Professionals (NADSP) guides DSPs through the ethical dilemmas they face daily and encourages the highest professional ideals. Direct support staff, agency leaders, policymakers, and people receiving services are urged to read the code and to consider ways that these ethical statements can be incorporated into daily practice. **This code is not the handbook of the profession, but rather a roadmap to assist in staying the course of securing freedom, justice, and equality for all.**

- 1. Person-Centered Supports.** As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.
- 2. Promoting Physical and Emotional Well-Being.** As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.
- 3. Integrity and Responsibility.** As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.
- 4. Confidentiality.** As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.
- 5. Justice, Fairness and Equity.** As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support.
- 6. Respect.** As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.
- 7. Relationships.** As a DSP, I will assist the people I support to develop and maintain relationships.
- 8. Self-Determination.** As a DSP, I will assist the people I support to direct the course of their own lives.
- 9. Advocacy.** As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

Reprinted with permission from the National Alliance for Direct Support Professionals.

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks	
Goal 1: Putting People First	Competency Area A: Supporting a person's unique capacities, personality and potential	Skill 1: Demonstrates respect for all individuals being supported	Core: 0-3 Months	a. Communicates directly with individuals b. Begins to use person-first language when communicating about the individual c. Uses body language and eye contact to show attention to others comments d. Monitors own tone of voice and volume when providing instruction and direction to individuals e. Assists individuals to dress and groom in a way that demonstrates his/her self-respect and dignity to others in the community	
			Core: 3-12 Months	a. Consistently uses person-first language when communicating about the individual b. Develops a respectful and genuine relationship with the individual that is demonstrated through tone of voice, interpersonal interactions, and content of conversations	
			Core: 0-3 Months	a. Supports choices made by the individual while taking into account health and safety concerns b. Demonstrates the use of positive feedback	
			Core: 3-12 Months	a. Recognizes and supports choices made by the individual while taking into account health and safety concerns b. Provides positive feedback and encouragement to the person supported as the person assumes his/her leadership role in choice-making c. Assists individuals in sorting through choices	
		Competency Area B: Getting to know the person through assessment/discovery	Skill 1: Evaluates the ways in which past and current events, and environmental factors, affect the way the person acts/reacts to others	Core: 0-3 Months	a. Reviews files and relevant information
				Core: 3-12 Months	a. Meets with the individual and their circle of support to learn more about the person b. Recognizes that challenging behavior can be a form of communication and responds to it appropriately
	Skill 2: Using a holistic approach participates in the individual's life planning activities and assists in their implementation		Core: 0-3 Months	a. Implements goals as written to achieve desired outcomes	
			Core: 3-12 Months	a. Has access to and can interpret and question the plans b. Is able to respectfully contribute, within the team setting, to the identification of desired plans for an individual	
	Skill 3: Encourages and supports problem-solving and coping skills		Core: 3-12 Months	a. Talks about problems/concerns with the individual to gain understanding of his/her point of view b. Helps the person better cope with their problem by providing emotional support	
			Core: 3-12 Months	a. Can demonstrate the use of informal assessment techniques used on a daily basis in each setting in which he/she works with individuals (home, work, travel, neighborhood, etc.), such as observation, active listening, etc.	
	Skill 4: Is informed about formal and informal assessment, and can conduct informal assessments in a variety of settings, to gain information about the individual and his/her response to the environment		Core: 3-12 Months		
			Core: 3-12 Months	a. Can describe the concept of self-determination and how it applies to the person receiving support	
	Skill 5: Supports the self-direction of services	Core: 3-12 Months			

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks
	Competency Area C: Promoting Advocacy with the Individual	Skill 1: Seeks information on the range of services available to individuals with developmental disabilities	Core: 0-3 Months	a. Is able to describe, in general terms, categories of services available
			Core: 3-12 Months	a. Can describe the basic structure of the services available for people with developmental disabilities to meet the individual's needs and desires, and is able to advocate for additional services, as needs arise b. Clearly communicates suggestions to team members for types of services and supports that an individual needs and/or wants c. Can state who to contact to find out about various services from which the person can benefit
		Skill 2: Provides opportunities for the individual to be a self-advocate	Core : 0-3 Months	a. Encourages and assists the individual to express on his/her own behalf
		Skill 3: Performs advocate responsibilities while demonstrating respect for the processes and people involved	Core: 3-12 Months	a. Is able to describe the individual's rights to due process through the agency's human rights committee b. Can identify who to contact when advocacy questions arise c. Follows the appropriate communication and supervisory channels when initiating change or change recommendations
		Skill 4: Describes and supports individuals' rights and responsibilities	Core 0-3 Months	a. Is able to discuss the rights and responsibilities to which any individual is entitled
		Skill 5: Identifies when an individual's rights may have been breached and takes action to prevent, stop and report the possible breach	Core: 3-12 Months	a. Can discuss the challenges faced by individuals with developmental disabilities in regards to their rights
	Competency Area D: Facilitating personal growth and development	Skill 1: Demonstrates the ability to effectively teach skills to people supported	Core: 0-3 Months	a. Demonstrates the ability to follow a plan for successful teaching
			Core: 3-12 Months	a. Takes advantage of informal opportunities to teach b. Is able to teach in a group setting c. Is able to identify the effectiveness of the teaching plans
		Skill 2: Recognizes the individual's need for teaching, and preferred style for learning, and can perform individualized teaching based on this information	Core: 3-12 Months	a. Can describe the way in which the individual prefers to learn
		Skill 3: Assesses the effectiveness of formal and informal teaching provided and makes adaptations where needed	Core: 3-12 Months	a. Listens to and observes the individual, while he/she performs skills related to teaching provided, to determine if the individual has learned the desired skill
	Competency Area E: Facilitation of Supports and Services	Skill 1: Assists in the development, implementation and on-going evaluation of service plans that are based on the individual's preferences, needs and interests	Core: 0-3 Months	a. Is able to implement service plans, as written
			Core: 3-12 Months	a. Continuously evaluates the service plans and makes recommendations, as needed b. Engages the individual in service planning discussions and activities
		Skill 2: Continuously shares observations, insights, and recommendations with the individual and his/her support team	Core: 0-3 Months	a. Shares information in an organized, timely and sensitive manner b. Shares direct input from the individual and his/her support team members

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks
Goal 2: Building and Maintaining Positive Relationships	Competency Area F: Building and Maintaining Relationships	Skill 1: Supports individuals to overcome barriers and challenges to establishing and maintaining a network of relationships and valued social roles	Core: 0-3 Months	a. Encourages the use of social skills to develop and maintain positive relationships
				b. Follows the sexual consent status and values of the individual being supported
		Skill 2: Demonstrates the ability to identify the individual's personal strengths, interests and needed supports for community involvement	Core: 0-3 Months	a. Assists in teaching social skills to develop and maintain positive relationships
			Core: 3-12 Months	a. Supports the person in exploring and practicing faith, religion, spiritual and cultural interests without personal bias b. Identifies likes and dislikes, and matches interests and people with available events and activities in the neighborhood and community c. If the person desires, supports the person to choose a method to observe his/her faith/religion/spirituality/culture/ethnicity, and make connections with other community members without staff imposing their own values d. Based upon the individual's desires, supports the person to become a valued member and active participant in groups in his/her faith/spiritual community by looking for opportunities for the person to be included in spiritual activities with their ethnic/cultural group
		Skill 3: Demonstrates strategies to encourage and build the individual's self-confidence	Core: 0-3 Months	a. Assists the individual to recognize and take pride in his/her abilities and achievements
	Competency Area G: Creating Meaningful Communication	Skill 1: Uses a range of effective communication strategies and skills to establish a collaborative relationship with the person	Core: 0-3 Months	a. Uses a polite tone of voice b. Encourages the person to express him/herself c. Recognizes and respects individual's need for periods of quiet, non-communication time d. Speaks, models, signs, shows pictures and objects or uses adaptive equipment in ways that the person understands, according to their plan
			Core: 3-12 Months	a. Identifies likes and dislikes, wants and needs, by the person's verbal and non-verbal communication as well as in context with personal history and input from friends, relatives and professionals
			Core: 0-3 Months	a. Includes the individual in the conversation, by speaking with the individual, not about the individual b. Avoids making assumptions about an individual's cognitive abilities based on his/her communication abilities
			Core: 3-12 Months	a. Uses a variety of communication techniques to meet the individual's needs
		Skill 3: Develops trust by communicating empathetically	Core: 0-3 Months	a. Demonstrates caring through body language, tone, and providing adequate time for communication b. Demonstrates active listening by repeating words or gestures, asking questions, and validating feelings
			Core: 3-12 Months	a. Talks about problems/concerns with the individual to gain an understanding of his/her point of view
		Skill 4: Recognizes the impact of the possible discrepancies between the individual's chronological age and developmental age when communicating	Core: 0-3 Months	a. Uses communication techniques appropriate to the individual's ability to comprehend b. Speaks in a manner that shows respect

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks		
Goal 3: Demonstrating Professionalism	Competency Area H: Developing Professional Relationships	Skill 1: Demonstrates respect in all professional relationships	Core: 0-3 Months	a. Respects friends and family members through his/her actions and words b. Actively listens to and take actions related to expressed concerns and passes information along to appropriate personnel members c. Demonstrates tolerance and acceptance with others d. Develops positive and productive relationships with his/her coworkers, supervisor, and other colleagues		
			Core: 3-12 Months	a. Is able to empathize and effectively communicate with family and friends of the individual		
			Core: 0-3 Months	a. Demonstrates courtesy to others and contributes to a positive team atmosphere b. Complies with agency regulations and policies related to dress, confidentiality, professional appearance and use of electronic devices c. Arrives at work on time, limits use of unscheduled absences, accurately signs in and out d. Continuously engages in productive activity while at work e. Is open to doing things in a variety of ways f. Serves as a positive role model and team member g. Respects personal and professional boundaries		
			Core: 3-12 Months	a. Follows through on all projects and responsibilities b. Readily adapts to changes in work assignments c. Approaches problems in a solution oriented manner d. Diverts communication related to problems and dissatisfaction from peers to appropriate channels to effect improvement or resolution		
	Competency Area I: Exhibiting Professional Behavior	Skill 1: Demonstrates the following desirable professional qualities in the worksite: professional demeanor, attention to punctuality and attendance policies, reliability, flexibility, and pleasantness	Core: 0-3 Months	a. Shows respect for others' values without imposing their own b. Demonstrates a willingness to accept and respect all components of human diversity		
			Core: 3-12 Months	a. Treats individuals served, families and co-workers equitably b. Can articulate personal biases and does not let their personal biases affect their work and seeks support when needed c. Can describe cultural biases and personal differences that might have an effect on interpersonal relationships when working with individuals, families and co-workers/team members d. Demonstrates the cultural competence required to provide effective support to those we serve		
			Core: 0-3 Months	a. Can discuss the concepts of fairness and respect, and the impact that discrimination based on disability, race, gender, religion, etc. has on people b. When the DSP recognizes that an individual is being discriminated against, he/she is able to serve as an ally to the individual by intervening to stop the inappropriate comments/actions against the individual c. When a DSP recognizes that an individual is being discriminated against, he/she reports it according to agency procedures		
			Core: 3-12 Months	a. Can effectively communicate with those we support regarding their abilities and challenges they may face b. Demonstrates sensitivity to the lasting effects that discrimination can have on individuals c. Supports culture and gender specific preferences for health and personal care in accordance with agency policy d. Identifies and reports the possible disparities in health care delivery that often negatively impact the individuals supported		
			Competency Area J: Showing Respect for Diversity and Inclusion	Skill 1: Demonstrates respect in all matters relating to diversity and inclusion	Core: 0-3 Months	a. Shows respect for others' values without imposing their own b. Demonstrates a willingness to accept and respect all components of human diversity
					Core: 3-12 Months	a. Treats individuals served, families and co-workers equitably b. Can articulate personal biases and does not let their personal biases affect their work and seeks support when needed c. Can describe cultural biases and personal differences that might have an effect on interpersonal relationships when working with individuals, families and co-workers/team members d. Demonstrates the cultural competence required to provide effective support to those we serve
				Skill 2: Demonstrates the awareness, attitude, knowledge and skills (i.e. cultural competence) required to provide effective support to those we serve from any particular ethnic, racial, sexual orientation, religion, gender, socio-economic, age or disability group, as well as any other component diversity groups	Core: 0-3 Months	a. Can discuss the concepts of fairness and respect, and the impact that discrimination based on disability, race, gender, religion, etc. has on people b. When the DSP recognizes that an individual is being discriminated against, he/she is able to serve as an ally to the individual by intervening to stop the inappropriate comments/actions against the individual c. When a DSP recognizes that an individual is being discriminated against, he/she reports it according to agency procedures
					Core: 3-12 Months	a. Can effectively communicate with those we support regarding their abilities and challenges they may face b. Demonstrates sensitivity to the lasting effects that discrimination can have on individuals c. Supports culture and gender specific preferences for health and personal care in accordance with agency policy d. Identifies and reports the possible disparities in health care delivery that often negatively impact the individuals supported

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks
	Competency Area K: Creating Meaningful Documentation Records	Skill 1: Maintains accurate records by collecting, compiling, evaluating data and submitting it in a timely manner to the appropriate sources	Core: 0-3 Months	a. Notes are recorded in the proper place and in the proper format b. Notes are signed and dated, according to agency policy c. Documentation is thorough, including data where required, baseline information, etc. d. Documentation is done on time, according to agency policy e. Maintains standards of confidentiality and ethical practice
			Core: 3-12 Months	a. Recorded communication should reflect progress and choices made in a manner that would be clearly understood by a reader unfamiliar with the person or program b. Clearly and effectively communicates information through his/her documentation practices
	Competency Area L: Education, Training and Self-Development Activities	Skill 1: Demonstrates enthusiasm for learning the knowledge and skills required to perform the job	Core: 0-3 Months	a. Attends, actively participates in, and successfully completes all required training sessions b. Asks mentors and supervisors to share best practices
			Core: 0-3 Months	a. Is open to and accepting of developmental feedback
		Skill 2: Readily seeks and accepts feedback to improve performance	Core: 3-12 Months	a. Seeks to learn from mistakes; avoids defending mistakes
		Skill 3: Applies knowledge and skills gained to the job	Core: 0-3 Months	a. Discusses application of skills with supervisor/mentor prior to use
	Core: 3-12 Months		a. Demonstrates the ability to learn and apply new and innovative techniques b. Demonstrates the skill to his/her designated experienced staff or supervisor c. Receives feedback and applies it to improve skill proficiency on the job	
	Competency Area M: Organizational Participation	Skill 1: Adheres to and promotes the mission, culture and practices of the organization	Core: 0-3 Months	a. Is able to articulate the agency mission and culture in his/her own words and describe how his/her job and everyday activities help support the agency mission
			Core: 3-12 Months	a. Is able to apply, demonstrate, and incorporate the agency mission and culture into everyday practice
		Skill 2: Participates in the work of the organization in a positive way by using problem solving skills	Core: 0-3 Months	a. Participates in the identification of problems
			Core: 3-12 Months	a. Participates in the identification of the causes of problems b. Actively participates in the identification of solutions c. Examines options and is open to input
		Skill 3: Adheres to corporate compliance policies and procedures	Core: 0-3 Months	a. Successfully completes training on corporate compliance topics b. Can access the organization's corporate compliance procedures documents c. Follows the organization's corporate compliance procedures d. Recognizes and reports fraudulent behaviors
	Competency Area N: Exhibiting Ethical Behavior on the Job	Skill 1: Knows, understands, and follows the NADSP Code of Ethics	Core: 0-3 Months	a. Can access and discuss the 9 aspects NADSP Code of Ethics: • Primary allegiance is to the person receiving support • Supports the physical, emotional and personal well-being of the person receiving services • Shows integrity and responsibility by assisting people to live self-directed lives while, fostering a sense of partnership with the person supported • Respects and safeguards the confidentiality and privacy of the people served • Promotes and practices justice, fairness and equity for people served while affirming human and civil rights and responsibilities • Shows respect for the uniqueness of each person served and value for the persons unique qualities • Assists people served to develop and maintain meaningful relationships with other people • Support the persons served to direct the course of their own lives • Advocates for the people supported for justice, inclusion and full community participation b. Seeks out clarification when not sure about issues around ethics c. Begins to put the NADSP Code of Ethics into practice
			Core: 3-12 Months	a. Routinely puts the NADSP Code of Ethics into practice

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks
Goal 4: Supporting Good Health	Competency Area O: Promoting positive behavior and supports	Skill 1: Demonstrates team work with the individual, co-workers and family in implementing positive behavioral support strategies consistent with available behavior support plans	Core: 0-3 Months	a. Accepts and uses feedback to implement positive behavior supports
			Core: 3-12 Months	a. Provides feedback on the effects of the approaches taken
		Skill 2: Demonstrates effective methods to teach positive behaviors and support existing positive behaviors	Core: 0-3 Months	a. Encourages and recognizes positive behaviors by using praise and various reinforcers effectively
				b. Is a role model for positive behavior
		Core: 3-12 Months	a. Uses the preferred mode of communication to offer cues to promote positive behaviors	
		Skill 3: Assess strategies to evaluate how environmental factors affect behavior	Core: 0-3 Months	a. Can articulate ways in which environmental factors can have an impact on behavior
	Core: 3-12 Months		a. Proactively reduces previously identified stressful environmental factors such as noise, light, and heat	
	Competency Area P: Supporting Health and Wellness <i>(Note: The responsibility of the DSP will vary depending on the type of service arrangement, such as certified vs. uncertified settings; agency vs. self-directed services, etc.) (Registered Professional Nurses are responsible for training, supervising, and evaluating DSPs on delegated nursing tasks and the provision of health care. Supervisors and RNs should be communicating regularly regarding DSPs performance on these tasks)</i>	Skill 1: Demonstrates and assists in nutritious meal planning and food preparation, storage and handling procedures	Core: 0-3 Months	a. Teaches dining skills according to the individual's needs
				b. Assists individuals to use clean, healthy practices when preparing meals
				c. Adheres to allergy alerts, texture, portion size, and other alerts related to the special requirements of the individual
		Skill 2: Demonstrates knowledge and understanding of an individual's medical, physical, psychological, and dental health care needs	Core: 0-3 Months	a. Can discuss the health care information needed to support that person
				b. Reviews the person's plan of nursing services to gain a better understanding of the individual's health care needs
c. Can describe general changes in behavior that could be a sign of a possible health-related concern				
Core: 3-12 Months	d. Assists and advocates for individual, as needed and appropriate, to facilitate and optimize informed health care services			
	e. Assists individual in the safe use and maintenance of adaptive equipment.			
Core: 3-12 Months	a. Follows and can articulate the reasons for procedures that support special populations; such as aging individuals, individuals with diabetes, Prader-Willi syndrome, Autism Spectrum disorders, and those with dual diagnoses.			
	b. Able to understand person's normal behavior and recognizes changes that may indicate health concerns.			

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks
		Skill 3: Demonstrates knowledge of and uses accepted methods to prevent illness and disease, and teaches prevention methods to the individual <i>(Note: This section may not apply in uncertified settings)</i>	Core: 0-3 Months	a. Communicates observed health care concerns to the necessary support network b. Can state why a person is receiving a specific medication or treatment, as well as the intended effects of that medication or treatment c. Monitors and reports any adverse side effects of medication or treatments provided d. Assists, as needed, in healthcare activities of daily living (ADLs), such as oral hygiene and personal care e. Successfully achieves Medication Administration Certification (AMAP), if required by the individual, support setting or agency policy f. If Medication Administration Certified (AMAP), the DSP assures that medications are accurately administered and recorded in keeping with agency policy and professional performance standards g. Can discuss ways in which healthy personal care and hygiene practices prevent illness
		Skill 4: Recognizes and responds in a timely manner to signs and symptoms of illness/injury and medical emergencies	Core: 0-3 Months	a. Is able to identify when an individual is experiencing an illness or injury and responds according to established protocols b. Able to access emergency phone numbers, such as 911 or EMS c. Achieves and maintains CPR, first aid and other certifications according to agency policy
			Core: 3-12 Months	a. Assists in securing needed medical appointments in a timely manner (scheduling, arranging transportation, supporting questions and explanations, following agency protocols on consult sheets, documentation, etc.)
		Skill 5: Provides a safe and clean environment for the individual based on skill level and risks	Core: 0-3 Months	a. Correctly uses standard precautions, especially hand washing, and can explain the underlying concepts of personal and environmental contamination b. Uses personal protective equipment (PPE), such as gloves, gowns and masks, when appropriate
			Core: 3-12 Months	a. Frequently cleans and requests replacement of toothbrushes, vaporizers/humidifiers and other ordinary and specialty equipment according to the individual's health plan, standard medical practice, and the manufacturer's instructions
		Skill 6: Accurately documents and adequately protects all health information	Core: 0-3 Months	a. Documents the individual's health status, medications, medical needs and appointments, as required b. Maintains and protects all protected health information (PHI) as directed by the HIPAA legislation
		Skill 7: Understands and can implement daily health practices to support good health	Core: 0-3 Months	a. Uses appropriate and safe turning, positioning and transfer techniques to support skin and bone integrity and effectively meet individual's unique needs b. Demonstrates holistic approaches that recognize importance of practices as it relates to appropriate and adequate diet and nutrition, rest and exercise, stress reduction, and smoking cessation c. Correctly completes routine and/or urgent health care practices such as tube feeding, insulin administration, colostomy and/or catheter care, and Epi-pen administration

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks
	Competency Area Q: Preventing, Recognizing, and Reporting Abuse	Skill 1: Recognizes concepts related to the prevention of abuse.	Core: 0-3 Months	<ul style="list-style-type: none"> a. Can identify abuse as described in the regulations b. Can discuss the possible impact of abuse on the person c. Can prevent, stop, safeguard against, and report abuse according to the OPWDD policy
			Core: 3-12 Months	<ul style="list-style-type: none"> a. Develops a deeper understanding of an individual and can describe how changes in his/her mood, interpersonal interactions, and behavior could be an indicator of abuse b. Can provide examples of the range and nuances of abuse, and respond according to agency and OPWDD policy.
			Skill 2: Is able to prevent abuse	Core: 0-3 Months
		Skill 3: Correctly follows procedures for mandated reporting and responding.	Core: 3-12 Months	<ul style="list-style-type: none"> a. Assists the team and individual to put in place a plan to prevent further incidences
			Core: 0-3 Months	<ul style="list-style-type: none"> a. Fulfills their obligation to report possible abuse regardless of who allegedly committed the abuse
				<ul style="list-style-type: none"> b. Reports possible abuse to the appropriate person in a timely manner c. Cooperates with the investigative process

New York State
Direct Support Professional
Core Competencies

Goal	Competency Area	Skill	Time Frame	Example Tasks
Goal 5: Supporting Safety	Competency Area R: Supporting crisis prevention, intervention and resolution	Skill 1: Demonstrates skill in applying the principles and practices of the OPWDD PROMOTE (Positive Relationships Offer More Opportunities To Everyone) competencies and individual-specific Behavior Support Plan, if applicable. (Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency)	Core: 0-3 Months	a. Supports the individual's connections to others, self-confidence and opportunities for relaxation and recreation (Green Zone) to decrease the possibility of a crisis occurring
				b. When the individual is unable to cope with stress (Yellow Zone), the DSP is able to effectively use the following R-Star techniques: Reassessment, Reassurance, Repeat-Ask-Validate, Remind, and Restore
				c. Can discuss an individual's vulnerabilities, strengths and potential irritants and effective supports
				d. Intervenes effectively when a person is a danger to him/herself and/or others (Red Zone)
				e. Works to repair and restore the environment and peoples' emotions after a crisis situation (Red Zone)
		Skill 2: Demonstrates respect for the safety of all others	Core: 0-3 Months	a. Intervenes in a crisis situation by managing the physical and social environment in an attempt to de-escalate the situation and promote the safety of the individual, co-workers and others
	Core: 3-12 Months		a. Participates in the review of crisis situations with the individual, families and team members to determine the need for ongoing supports and make plans to avoid future crises	
	Competency Area S: Supporting Safety	Skill 1: Supports the safety of all individuals in everyday situations	Core: 0-3 Months	a. Is able to operate emergency equipment, as required
				b. Reports to appropriate personnel any detected problem with emergency equipment, or the need for emergency supplies
				c. Seeks out and reports potential hazards related to fire, ice, etc.
Skill 2: Follows proper safety procedures in transportation situations		Core: 0-3 Months	a. Adheres to agency policies, requirements and regulations	
			b. Can properly operate transportation equipment, such as the lift, and secure wheelchairs, oxygen, and other equipment c. If operating a vehicle, maintains a current NYS driver's license consistent with agency requirements d. Operates the vehicle in a safe and courteous manner consistent with New York State driving laws	
Competency Area T: Ensuring safety of individuals during environmental emergencies	Skill 1: Understands and can carry out plans for responding to environmental emergencies	Core: 0-3 Months	a. Can describe and implement the personal protection plan based on the needs of the individual being supported	
			b. Is aware of and can execute specific emergency preparedness plans for the location in which he/she works	
			c. Actively participates in and documents the fire escape drills conducted in the location, according to agency policy	

New York State
Direct Support Professional
Core Competencies

Goal	Competency Area	Skill	Time Frame	Example Tasks
Goal 6: Having a Home	Competency Area U: Supporting people to live in the home of their choice (<i>Note: The responsibility of the DSP will vary depending on the needs of the individuals served and the policies of each agency</i>)	Skill 1: Supports the individual by supporting a comfortable home environment	Core: 0-3 Months	a. Demonstrates respect by acknowledging that the location is the individual's home or the individual's family home, not the staff's work site
				b. Can describe the physical environment of the support setting
				c. Follows the rules and guidelines in the home
		Skill 2: Supports daily activities and accesses additional skilled supports as needed	Core: 0-3 Months	a. Can describe the individual's daily routine and assists with the routine based on the individual's needs and desires
				b. Assists the individual with routine household chores according to the individual's needs (i.e. changing light bulbs, placing decorations outside, etc.)
				a. Assists the individual to develop his/her skills and activities based on the abilities and needs of the individual
Core: 3-12 Months	b. Assists the individual to become as self-sufficient as possible with transportation needs, and refers for travel training when necessary			
	c. Assists the individual to develop his/her household management skills, based on the individual's needs			

**New York State
Direct Support Professional
Core Competencies**

Goal	Competency Area	Skill	Time Frame	Example Tasks	
Goal 7: Being Active and Productive in Society	Competency Area V: Supporting Active Participation in the Community	Skill 1: Supports community participation and contribution	Core: 0-3 Months	a. Implements plans, as directed, to promote community connections	
			Core: 3-12 Months	a. Supports community connections and activities through personal interest, contribution and productivity b. In an unbiased fashion, facilitates the opportunity for civic engagement, such as voting	
	Competency Area W: Supporting Employment, Educational and Career Goal Attainment	Skill 1: Supports the individual by being knowledgeable about the career and employment goals of the individual	Core: 0-3 Months	a. Implements plans, as directed, to support career and employment interests and goals of the individual	
			Skill 2: Supports the individual by being knowledgeable about the educational goals of the individual	Core: 0-3 Months	a. Implements plans, as directed, to support educational interests and goals of the individual
			Core: 3-12 Months	a. Can describe the educational interests of the individual b. Can describe and discuss the educational supports needed by the individual	
			Skill 3: Develops and supports the individual's skills to help the individual meet the productivity expectations of the workplace	Core: 0-3 Months	a. Follows the ISP for job skill development
					b. Can describe to the individual the workplace expectations for productivity and conduct

APPENDIX M: NATIONAL FRONTLINE SUPERVISOR CORE COMPETENCIES



National Frontline Supervisor Competencies

April, 2013

Research & Training Center on Community Living
Institute on Community Integration (UCEDD)

UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

Published April, 2013

Authors: **Lori Sedlezky**, Director of Knowledge Translation

Jennifer Reinke, Graduate Research Assistant

Sheryl Larson, Research Director

Amy Hewitt, Director

Research and Training Center on Community Living

Institute on Community Integration (UCEDD)

University of Minnesota

The preparation of this paper was supported by the National Institute for Disability and Rehabilitation Research, U.S. Department of Education (Grant number 2008-2013) awarded to the Research and Training Center on Community Living, Institute on Community Integration at the University of Minnesota.

The opinions of the authors expressed herein do not necessarily reflect those of the Institute, University of Minnesota, or their funding sources.

The University of Minnesota is an equal opportunity educator and employer.

This document is available in alternative formats upon request.

For alternate formats, contact —

RTC on Community Living
University of Minnesota
204 Pattee Hall, 150 Pillsbury Dr SE
Minneapolis, MN 55455

612-624-6328
rtc.umn.edu
rtc@umn.edu

Recommended citation —

Sedlezky, L., Reinke, J., Larson, S., & Hewitt, A. (2013). *National frontline supervisor competencies*. Minneapolis, MN: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

Table of Contents

What are the National Frontline Supervisor Competencies?	p. 1
Evolving role of the frontline supervisor	p. 1
Current state of the workforce supporting people with I/DD	p. 1
Overview of development process	p. 2
Human service terminology used in the National Frontline Supervisor Competencies	p. 3
Introduction to the National Frontline Supervisor Competencies (NFSC)	p. 3
Implementation of the National Frontline Supervisor Competencies	p. 4
National Frontline Supervisor Competencies	p. 5
References	p. 16
Appendix A: Competency areas included in the Minnesota Frontline Supervisor Competencies and Performance Indicators	p. 17
Appendix B: National validation study executive summary	p. 17
Appendix C: List of resources	p. 19

What are the National Frontline Supervisor Competencies?

The National Frontline Supervisor Competencies (NFSC) are an evidence-based set of knowledge, skills, and abilities that reflect best practice in the supervision of Direct Support Professionals (DSP) who work with individuals with disabilities in residential, work, and community settings. Competencies are considered a foundation for workforce development and standardization in all fields and at all levels. When rigorously developed and effectively implemented, competencies serve the important function of providing individuals information about the requirements of a given position and provide a basis for training, orientation, and continuing staff development. The utilization of competencies in the direct service workforce reinforces shared values of all service providers' skills and growth (Hoge, McFaul, Calcote, & Tallman, 2008). Nationally recognized and validated competencies also serve to promote the recognition of the role of Frontline Supervisors (FLS), the development of career ladders, and the development of a more competent, stable workforce to meet the growing demand of long-term services and supports.

Evolving role of the frontline supervisor

It is the overall responsibility of an FLS to supervise and oversee the direct services provided to people with intellectual and developmental disabilities (IDD). FLSs have many roles; the tasks that a supervisor may be asked to do include a broad range of diverse and often complex activities. These roles range from, hiring, training and supervising staff, program planning and evaluation, advocacy, working with families, and working with community members. The role of FLSs have become increasingly more complex based on the continued movement toward individualized services in the community (instead of in group settings) and the growing service paradigm placing the participant in the position of directing his or her own services (CMS, 2011b). According to the National Residential Information Systems Project, over

a quarter (27.8%) of people receiving IDD residential services live in homes that they own or lease, and, on average across the United States, over half (55.9%) of people with IDD receiving residential or in-home supports live in the home of a family member (Larson, Ryan, Salmi, Smith, & Wuorio, 2012).

Current state of the workforce supporting people with I/DD

Nationally, studies show there is between a 38% to 52% annual turnover rate of DSPs who work for private agencies (ANCOR, 2009; Hewitt & Larson, 2007). Consequences of the turnover rate of DSPs are significant, not the least of which are the cost of hiring and training a new DSP--estimated at \$4,872 per position (ANCOR 2009), and clear evidence that DSP vacancy rates can result in increased stress on the remaining workforce (Hewitt & Larson, 2007) along with poorer services and supports for those receiving services.

The growing trend towards community-based services results in an increased demand for DSPs to be more independent in problem solving and decision-making, as community-based settings offer less onsite support from coworkers and supervisors. DSPs also face more responsibilities related to maintaining professional roles and boundaries within various contexts. The significant shift in expectations from a DSP working in congregate care environment to working independently in an individual's home demands an equally significant shift in the role of the FLS (CMS, 2011b).

A highly competent workforce is critical to the safety and well-being of individuals with disabilities who need support to live in the community. The DSP workforce has had nationally validated competencies since the development of The Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes at the Human Services Research Institute (HSRI) in 1996. DSP competencies continue to be reviewed, evaluated, and revised to reflect current service delivery models. Typically, individuals are often promoted to the FLS role from the position of a DSP; therefore, FLSs often enter their role already having developed competencies providing direct support.

2 National Frontline Supervisor Competencies

Unlike the DSP workforce, the FLS workforce has not had a defined nationally validated set of competencies to guide their work and create a shared sense of the role. This means that each organization and individual FLSs within organizations may have their own understanding and interpretation of what it means to be a competent FLS. Frontline Supervisors must have the knowledge and skills needed to perform the activities of their jobs; this is possible through the development and implementation of a nationally validated, evidence-based set of FLS competencies reflective of best practice. A competent FLS workforce is critical in building and maintaining a competent DSP workforce; with more effective supervision, the quality of work performed by DSPs will lead to improved service provision and, ultimately, improved quality of life for the individuals supported.

Overview of development process

The NFSCs were largely informed by the Minnesota Frontline Competencies and Performance Indicators (MFCPI) that were developed based on a comprehensive job analysis conducted in Minnesota to identify the specific knowledge, skills, and attitudes required of FLS (Hewitt, Larson, O’Neill, Sauer, & Sedlezky, 1998). The MFCPI included 14 broad competency areas, 142 competency statements (5-26 statements in each area), and performance indicators. (See Appendix A for a listing of the 14 competency areas that were identified in this original work.)

In 2007, a National Validation Study (NVS) of the MFCPI was conducted by Larson, Doljanac, Nord, Salmi, Hewitt, and O’Neill (2007). The purpose of the NVS was to examine workplace competencies, training needs, and timing of training for FLS on a national level. Using a random sample, DSPs, FLSs, and managers in 77 agencies in five states participated in the study. Results of the NVS suggested modifications to the MFCPI. (See Appendix B for an Executive Summary of the National Validation Study.) Both the MFCPI and the NVS were used to ground the development of a new national set of FLS competencies.

The first step in translating findings from the NVS was to review how survey statements were ranked by NVS participants. Statements most frequently rated as high or medium importance were prioritized; statements rated not important or irrelevant were excluded. A content analysis of best practices and contemporary service model skills was then conducted, including self-determination, person-centered services, community inclusion, professionalism, and cultural competency.

Competency statements were then updated to more adequately reflect best practice, including the growing diversity of the U.S. population and the long-term service and support sector, services across the lifespan, and strategies to address the workforce crisis. The review process also identified that the current competency areas did not adequately capture future service delivery designs and settings. To address these gaps, the following competency areas were added: Facilitating Community Inclusion across the Lifespan; Leadership, Professionalism, and Self-Development; Cultural Awareness and Responsiveness.

The inclusion of competencies reflecting more current characteristics of service delivery systems, such as remote supervision, the use of technology and cultural competency was included, as well as a greater emphasis on generic leadership skills. These skills are necessary to promote the relevancy of competencies of the frontline supervisor into the next decade of services.

In addition, there is increasing recognition of the importance of the role of the FLS in hiring, training, and developing retention strategies to build and promote a highly qualified direct support workforce. To address this need a number of statements were added in the following competency areas: Promoting Professional Relations and Teamwork; Staff Recruitment, Selection, and Hiring; Staff Supervision, Training, and Development. These areas were slightly modified from the competency areas in the NVS to be more comprehensive and reflect current best practice. For example, Staff Relations (NVS) became Promoting Professional Relations and Teamwork (NFSC), and Leading Training and Developing Activities (NVS) became Staff Supervision, Training, and Development (NFSC).

The National Frontline Supervisor Competencies were reviewed by a panel of subject matter experts. Reviewers represented stakeholders in the IDD and workforce development fields, including leaders from organizations such as the American Network of Community Options and Resources (ANCOR), the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the National Alliance for Direct Support Professionals (NADSP), and the National Leadership Consortium.

The final NFSC set includes 11 competency areas and 120 individual competency statements. The following competency areas comprise the NFSC: 1) Direct Support; 2) Health, Wellness, and Safety; 3) Participant Support Plan Development, Monitoring, and Assessment; 4) Facilitating Community Inclusion across the Lifespan; 5) Promoting Professional Relations and Teamwork; 6) Staff Recruitment, Selection, and Hiring; 7) Staff Supervision, Training, and Development; 8) Service Management and Quality Assurance; 9) Advocacy and Public Relations; 10) Leadership, Professionalism, and Self-Development; 11) Cultural Awareness and Responsiveness.

Human service terminology used in the National Frontline Supervisor Competencies

Individual competency statements were reviewed to ensure language used reflects current service terminology, including participant, health care provider, and support network. These terms are defined below to assist the reader in having a clear understanding of how they are used and defined in this product.

- **Participant:** A participant is the person receiving supports. The term participant is used in place of individual with a disability to encourage the active participation of people receiving supports in their own service plans.
- **Health Care Provider:** A health care provider is a professional that provides health-related services. The term health care provider is used in place of doctor, nurse, therapist or other type of medical care provider to acknowledge the variety of care providers a participant may have in his or her life.

- **Support Network:** A support network refers to the people a participant chooses to be involved in his or her life. A support network often includes a combination of a participant's family, friends, and partner. The term support network is used in place of family to emphasize a participant's choice in the people he or she desires to be involved in his or her life.

Introduction to the National Frontline Supervisor Competencies (NFSC)

This competency set should be used as a tool to develop knowledge, skills, and abilities in an FLS within approximately one year of employment, or other established time frame as determined by an organization, to achieve the highest quality service delivery and supervisory skills. It is not intended to suggest an incoming FLS would be competent across all areas to start but that an organization would use the competencies as a way to develop professional development goals.

The NFSC is based in the assumption that the FLS is competent in the National Association of Direct Support Professionals' (NADSP) competencies. The 15 NADSP competency areas describe the knowledge and skills DSPs must have, including —

- Participant empowerment;
- Communication;
- Assessment;
- Community service and networking;
- Facilitation of services;
- Community living skills and supports;
- Education, training, & self-development;
- Advocacy;
- Vocational, educational, and career support;
- Crisis prevention and intervention;
- Organizational participation;
- Documentation;
- Building and maintaining friendships and relationships;
- Provide person centered supports; and
- Supporting health and wellness.

4 | National Frontline Supervisor Competencies

The National Frontline Supervisor Competencies are comprised of 11 competency areas and a total of 120 skill statements, ranging from 5–16 skill statements per competency area. These skill statements describe specific activities within each competency area and as a whole are intended to provide a comprehensive description of the job functions that fall under each of the competency areas. Within each competency area, skill statements are listed in order of priority. Competency areas include some direct support skills that are requisite to the role of Frontline Supervisors. Research on best practices in competency work concludes that, “It is considered better to have fewer and more detailed competencies than a large number of brief descriptors, as is common in job analysis,” (Campion et al., 2011, p. 247). Throughout the process of revising and refining the competency areas and individual statements, the authors aimed to balance the breadth and depth of each competency area and individual competency statement.

Implementation of the National Frontline Supervisor Competencies

The NFSC is intended to serve as a foundation for which organizations can choose the competency areas and/or individual competency statements most appropriate for the FLSs within their organizations. Organizations are encouraged to translate the NFSC into a wide range workforce development tools, including —

- FLS job descriptions
- Interview protocols for FLS candidates
- FLS self-assessments
- Direct supervisor assessments of FLSs
- Individual FLS training and development plans
- FLS performance reviews

National Frontline Supervisor Competencies

1. Direct support (8)

Frontline Supervisors demonstrate excellence in providing culturally appropriate direct support services to participant using person-centered approaches and strategies that support participant to be fully engaged and included in each aspect of his or her daily life, have maximum choice and control, and gain independence.

- 1.A.** Complete all direct support tasks competently and thoroughly when scheduled, demonstrate best practice in person-centered support, and be an exemplary direct support role model for the DSPs she or he supervises.
- 1.B.** Provide support that demonstrates respect and value for diversity in cultural practices and all aspects of participant's life.
- 1.C.** Communicate effectively with participant using active listening skills, responding to requests and concerns, and interacting using most culturally competent and effective methods of communication.
- 1.D.** Actively observe for signs of neglect, maltreatment, or violation of rights, and take immediate action to remedy situation and support advocacy in this process, reporting internally and to outside agencies as required by law and in the best interest of participant.
- 1.E.** Assist participant to create a physical environment that is accessible, comfortable, and meets his or her unique style and needs.
- 1.F.** Use interactions and observations as opportunities to critically evaluate and analyze the quality of supports provided to participant, and strive for ongoing quality improvement.
- 1.G.** Encourage participant to be as engaged as possible in all aspects of his or her daily life, teaching as necessary.
- 1.H.** Support participant in making and maintaining relationships by identifying, planning for, and supporting participation, contribution, and engagement in events and activities that support these.

2. Health, wellness, and safety (16)

Frontline Supervisors work with participant and his or her teams to develop a support plan to promote the health, safety, and wellbeing of participant based on individual preferences and goals. Frontline Supervisors actively monitor, review, discuss with participant, and modify support plans to ensure most effective strategies are in place.

- 2.A.** Develop and monitor a unique risk management plan for participant that addresses all areas of health and safety, and provide guidance to DSPs in reducing and managing those risks in conjunction with the person supported.

6 National Frontline Supervisor Competencies

-
- 2.B.** Promote healthy living by ensuring DSPs have the information and training necessary to support participant in making healthy choices while respecting participant's preferences.
-
- 2.C.** Recognize the eight dimensions of wellness as social, environmental, physical, emotional, spiritual, occupational, intellectual, and financial, and develop a support plan directed by participant that includes important domains.
-
- 2.D.** Access generic health and wellness activities offered in the community whenever possible to help participant engage in healthy behavior and connect to naturally existing social support and peers.
-
- 2.E.** Develop plan and oversee DSP administration of medications and treatments for participant, including active ongoing assessment of participant's wellbeing in response to the medication.
-
- 2.F.** Monitor participant for signs of illness or health-related concerns, and respond by implementing treatments, reporting issues to health care professionals and participant's family as appropriate, documenting as needed, and ensuring coordination between care providers.
-
- 2.G.** Ensure that infection control procedures are used as necessary and in accordance with best practice and OSHA/CDC recommendations.
-
- 2.H.** Support participant and his or her support network in making informed decisions about health care plans by promoting understanding of available medical interventions, procedures, medications, and treatment options.
-
- 2.I.** Ensure DSPs provide sufficient support and oversight to help participant follow health care provider's orders in accordance with organization policies and procedures and as defined by participant's needs or specific wishes.
-
- 2.J.** Ensure participant receives both routine and emergency medical care related to physical and mental health, therapeutic services, and dental care, and coordinate transportation or take participant to related appointments.
-
- 2.K.** Facilitate services with health care providers by obtaining informed consent and release of information from participant or participant's legal decision maker, sharing necessary information with health care provider, and advocating when necessary to ensure proper and competent care.
-
- 2.L.** Identify local emergency plans and hazards that affect local area, develop and maintain an emergency communications plan and disaster supplies kit, and ensure fire/emergency drills are completed and documented as required by best practice and OSHA/CDC recommendations.
-
- 2.M.** Actively seek medical and dental practitioners who provide high quality services in the community and can work within participant's budget, needs, and current health plan.
-
- 2.N.** Order medical supplies, interact with pharmacies, and arrange for supplies and medications to be picked up or delivered as needed or as requested by participant or family.

- 2.O.** Ensure records are maintained that are easy to use and provide the most critical information regarding health and wellness needs of participant.
- 2.P.** Support participant to identify his or her choices related to end of life care, and assist participant in expressing these wishes to his or her family members and/or legal guardian.

3. Participant support plan development, monitoring and assessment (9)

Frontline Supervisors operationalize participant's individual goals and identified outcomes into a coordinated support plan. Frontline Supervisors coordinate and facilitate support network meetings, maintain communication with other service providers, family, and allies, and monitor, document, and report progress toward goals.

- 3.A.** Identify participant's individual preferences and needs, and ensure service planning and implementation are designed to meet his or her preferences and needs.
- 3.B.** Coordinate and/or conduct assessments of participant preferences, capabilities, and needs by using appropriate assessment strategies, involving legal decision makers, explaining the process to participant throughout, and discussing findings and recommendations with participant.
- 3.C.** Coordinate, facilitate, or engage a facilitator in person-centered and participant-directed planning meetings for participant, or assist DSPs in this planning process.
- 3.D.** Develop individual support plan in partnership with participant and his or her support networks and support them in monitoring the implementation of participant support plan.
- 3.E.** Coordinate the development of services for new participant in partnership with person being supported and his or her family and/or support network.
- 3.F.** Identify additional resources for participant and DSPs, or for changes to service delivery, both within and outside of supporting organization, and advocate for these resources with managers.
- 3.G.** Using positive behavior support strategies, develop, implement and monitor support plans designed to teach self-management and promote wellness, recovery, and crisis prevention when a person being supported engages in challenging or risky behavior.
- 3.H.** Coordinate and enhance support by communicating necessary information and maintaining positive working relationships with staff from other agencies, family, or allies that provide supports to participant as appropriate.

-
- 4.K.** Develop new jobs and procure new work in partnership with participant who works in community businesses or who receives support in employment support services.

 - 4.L.** Oversee participant's work, workload, and schedule based on his or her individual preferences and needs, and ensure that Federal and local agency standards are met.

 - 4.M.** Oversee services to participant preparing for entry into educational, employment, or volunteer positions, and review opportunities for continued training and professional development.

 - 4.N.** Help participant and support team identify resources such as transportation, funds, and contacts within the community to ensure participant remains engaged in preferred community activities.

 - 4.O.** Support participant in coordinating, participating in, and/or facilitating support network meetings and participant council meetings.

 - 4.P.** Assist participant in the use of assistive, mobile, and other technology to support independence and meaningful engagement in the community, including virtual communities.

5. Promoting professional relations and teamwork (11)

Frontline Supervisors enhance professional relations among team members and their capacity to work effectively with others toward common goals by using effective communication skills, facilitating teamwork, and supporting and encouraging growth and professional development.

-
- 5.A.** Facilitate teamwork and positive interactions among teams and between DSPs by managing conflict and providing counseling and support to DSPs as needed in all work sites, particularly for DSPs who work in remote settings.

 - 5.B.** Ensure DSPs at remote sites are not left without proper supervision and engage proactive strategies such regular as video chats, feedback from others, and other methods of regular communication to keep DSPs engaged and effective.

 - 5.C.** Use technology such as phone, email, text messaging, and video chats effectively in supervisory tasks and recognize in which situation each type of communication is best.

 - 5.D.** Respond to DSPs questions and crises when on-call and/or providing remote supervision, facilitating debriefing sessions and providing emotional support to DSPs as needed.

 - 5.E.** Maintain appropriate boundaries regarding personal vs. professional issues, and educate and support DSPs in maintaining healthy professional boundaries.

-
- 5.F. Involve and empower DSPs by taking a direct interest in their roles and responsibilities, encouraging DSPs to try new ideas, seeking DSPs' opinions and input regarding various issues, and empowering DSPs to make decisions.

 - 5.G. Teach, model, and coach DSPs in the most effective approaches to achieve the direct support competencies.

 - 5.H. Promote increased understanding among team members of individual differences and perspectives as it relates to teamwork and individual support services.

 - 5.I. Maintain appropriate confidentiality in communication related to participant, and inform appropriate people when confidentiality cannot be kept.

 - 5.J. Report and discuss participant-, family-, staff-, and individual support service-related issues and procedures with management, support staff, and other supervisors as needed.

 - 5.K. Coordinate and facilitate staff meetings, ensuring a sense of trust and openness, and encouraging group participation and ownership.

6. Staff recruitment, selection, and hiring (9)

Frontline Supervisors use best practices to actively recruit and lead a selection process that actively includes participant and his or her support network. Frontline Supervisors provide sufficient information about the position through a realistic job preview and conducts effective interviews to promote successful hires of direct support professionals.

-
- 6.A. Use best practices in recruitment activities to maximize the chances of finding DSPs who are likely to be a good match to the position and participant.

 - 6.B. Effectively screen applicants before an interview, and conduct an interview using structured behavioral questions and other assessments based on identified competencies.

 - 6.C. Develop and use Realistic Job Previews using the five key characteristics and appropriate delivery method for the setting and participant.

 - 6.D. Schedule and complete interviews with potential new staff, and make hiring decisions in partnership with peers, participant, his or her family members, and organization staff.

 - 6.E. Assess staff functional ability and capacity, ensure health physicals are completed (as required or needed), address identified ADA issues, and arrange for criminal background checks and driver's license reviews (as required or needed) for newly hired staff.

 - 6.F. Support and advocate for recruitment, admissions and hiring, and retention efforts that ensure a diverse employee pool.

-
- 3.I. Maintain consumer records (hard copy and/or electronic) by completing necessary documentation according to best practices in data privacy, confidentiality, HIPAA compliance, and data management.

4. Facilitating community inclusion across the lifespan (16)

Frontline Supervisors facilitate and support the development and maintenance of participant support networks in partnership with person supported. Frontline Supervisors support participant to explore educational, employment, volunteer, and retirement opportunities, and/or collaborate with other staff and providers to coordinate supports that will assist participant in reaching goals and actively participating in activities of his or her choice across the lifespan.

-
- 4.A. Ensure that services are not engaged in ways that create barriers to maintaining positive relationships with family, friends, coworkers, or other community members.

 - 4.B. Consult and engage members of participant's support network (as appropriate and desired by participant) in efforts to identify and support the preferences for relationships and activities, as well as problem-solve any issues or challenges regarding these activities.

 - 4.C. Promote positive relationships between participant, staff, and other individuals in participant network and the community at large.

 - 4.D. Support participants facing age-related issues such as grief, loss, and declining health, by demonstrating healthy boundaries, care, empathy, and engaging participants in natural community supports.

 - 4.E. Support participant in community educational, recreation, leisure, retirement, and employment opportunities, and facilitate coordination with generic community agencies to provide inclusive opportunities for participant.

 - 4.F. Use information about participant's hobbies, skills, and interests to assist participant in identifying desired educational, employment, or volunteer opportunities (in partnership with members of participant's support team when appropriate).

 - 4.G. Identify various stakeholders to ensure education, employment, volunteer, and retirement supports are appropriate and effective.

 - 4.H. Assist participant in accurately and thoroughly completing education, membership or employment-related applications.

 - 4.I. Ensure participant understands his or her right to not answer application questions about his or her disability by discussing the Americans with Disabilities Act and disability disclosure, and support participant in dealing with these situations in interviews.

 - 4.J. Work with community guides and hire staff with linguistic and cultural competence to meet the unique needs of each individual.

- 7.I. Develop staff schedules, and/or assist participant and his or her family to develop staff schedules, within budgetary limitations, under union and organizational policies and rules, and in response to participant needs.
- 7.J. Solicit and approve staff time cards, approve staff leave, and secure staff to fill-in when vacancies occur.
- 7.K. Operate and manage multiple sites and remote locations, fostering a common vision of service delivery, and ensuring that DSPs complete core job tasks as required and expected.
- 7.L. Complete necessary paperwork for changes in staff status, developing and modifying staff job descriptions as needed, and/or assist participant and his or her family to do so.
- 7.M. Monitor, review, and implement labor contracts, attend labor management meetings, and respond to formal grievances when applicable, including following up on reports of staff injury at work and all workers' compensation related issues.

8. Service management and quality assurance (15)

Frontline Supervisors effectively manage and oversee participant services and supports in group service settings, individual, and remote service settings, including compliance with all federal, state, and local rules and regulations, and apply ethical principles related to best practices in services and supports. Frontline Supervisors oversee the management of financial activities within scope of work assignments to ensure continued quality service delivery.

- 8.A. Design, implement, and evaluate strategies to identify desires, preferences, issues, concerns, and other supports for participant while respecting participant's rights.
- 8.B. Participate in and respond to issues identified in licensing reviews, audits, and quality assurance monitoring activities, including Protective Service investigations.
- 8.C. Maintain regular contact with participant, his or her family members, and support team members regarding concerns identified in participant satisfaction surveys.
- 8.D. Effectively communicate (verbally and in writing) in a concise and timely manner, ensuring the privacy of others and using respectful and person-centered language.
- 8.E. When delegating responsibilities, provide instructions and resources to staff to ensure successful completion of tasks.
- 8.F. Be knowledgeable about, and ensure compliance with, all Federal and state rules, regulations, and policies specific to each work setting.
- 8.G. Maintain a safe environment by coordinating internal or external services, or performing duties as needed, to ensure maintenance and safety.

-
- 8.H.** Prioritize tasks and responsibilities in order of importance to ensure that deadlines are met, delegating tasks or duties to staff as they are capable of achieving.
-
- 8.I.** Manage, or assist in the management of, financial accounts, including participant bills and petty cash accounts as needed and as appropriate according to setting.
-
- 8.J.** Manage all required financial documentation, including staff expense reimbursement reports, budget reports, and organization asset and depreciation inventories.
-
- 8.K.** Complete annual paperwork to ensure that Medical Assistance, SSI, and other related government benefits are current for participant, and make adjustments or establish new per diem rates in partnership with participant.
-
- 8.L.** Solicit the input of participant and his or her family in the development of organization policies and procedures as well as federal and state rules and laws.
-
- 8.M.** Write, review, and update organization policies and procedures in response to licensing reviews, changes in rules and regulations, and participant needs.
-
- 8.N.** Effectively complete administrative tasks, learning and using technology to promote efficiency.
-
- 8.O.** Learn and remain current with appropriate and secured documentation systems, including electronic methods.

9. Advocacy and public relations (10)

Frontline Supervisors promote public relations by educating community members about the rights of people with disabilities, and advocating for and with participant for services and opportunities that promote safe, respected, and valued membership in the community.

-
- 9.A.** Promote self-advocacy when participant faces barriers to service needs, including educating and lobbying decision-makers.
-
- 9.B.** Interact with and educate community members and organizations when relevant to participant's needs or services.
-
- 9.C.** Identify strategies and implement methods to improve the status and image of people supported and DSPs.
-
- 9.D.** Provide education to community members regarding the organization and people with disabilities, in partnership with participant advocacy groups and organizational or community efforts.
-
- 9.E.** Assist in the development of educational and promotional materials, including newsletters, newspaper articles, brochures, videos, and contacts with media.

-
- 6.G.** Collect, measure, and evaluate turnover, tenure, vacancy rates, and employee job satisfaction (as is appropriate to the work setting), and design and implement effective interventions to promote retention including improving organizational personnel practices.

 - 6.H.** Recruit and mentor community volunteers and intern students in partnership with participant.

 - 6.I.** Use culturally competent practices in recruitment, selection, and hiring.

7. Staff supervision, training, and development (13)

Frontline Supervisors coordinate and lead competency-based direct support staff training and professional development activities, including coaching and mentoring. Frontline Supervisors conduct performance reviews and are responsible for all aspects of staff supervision, including scheduling and maintaining training records.

-
- 7.A.** Provide on-boarding to new staff using a variety of orientation strategies, including the use of mentors and peer-to-peer feedback, and coordinate and document staff participation in orientation, training, and self-directed learning and professional development activities.

 - 7.B.** Promote the ongoing competency-based training and development of DSPs by effectively supporting DSPs in creating and updating professional development plans, and sharing resources related to best practices, emerging trends, and evidence-based practices.

 - 7.C.** Provide required training to DSPs on the needs of participant, attending to all relevant rules, regulations, the NADSP Code of Ethics, and other professional codes using a variety of competency-based training methods to address different learning styles.

 - 7.D.** Use a variety of methods and styles to provide coaching and feedback to DSPs regarding performance issues, including demonstrating correct performance and implementing necessary disciplinary action.

 - 7.E.** Build ongoing development of cultural awareness within staff body to promote effective communication and professional relationships.

 - 7.F.** Observe and solicit feedback from DSPs, participant, and his or her family regarding DSP training needs, and identify potential resources and other opportunities for training.

 - 7.G.** Complete staff performance reviews, and/or assist participant and his or her family to complete performance reviews, by gathering input from peers, participant, his or her family members, and organization as required by policy and procedures.

 - 7.H.** Complete salary reviews and make recommendations regarding increases and other means of recognition, including opportunities for promotion and staff celebrations.

-
- 9.F. Collaborate with and maintain relationships with community vendors, landlords, and other service agencies within the community.

 - 9.G. Demonstrate knowledge of current laws, services, and community resources to assist and educate participant to secure needed supports.

 - 9.H. Teach advocacy skills such as record-keeping, calm and objective descriptions of problems, persistence, and utilizing legal services or professional advocates to participant, DSPs, and families as needed.

 - 9.I. Be knowledgeable about systems and advocacy issues in the community, and educate participants, families, and others as needed or desired.

 - 9.J. Connect people to community resources that can help them with their advocacy issues.

10. Leadership, professionalism and self-development (8)

Frontline Supervisors maintain professionalism and engage in ongoing self-development and professional development activities. Frontline Supervisors share and receive knowledge from others, support coworkers, and actively participate in the life of his or her organization.

-
- 10.A. Employ effective leadership strategies for problem-solving, decision-making, and conflict management.

 - 10.B. Recognize own personal biases, stereotypes, and prejudices to maintain objectivity when interacting with others.

 - 10.C. Demonstrate sensitivity and respect for the opinions, perspectives, customs, and individual differences of others, and actively seek opinions and ideas from people of varied background and experiences to improve decisions.

 - 10.D. Complete duties with integrity by staying focused on the individual being supported, being honest, showing respect towards others at all times, and completing tasks in a timely and effective way.

 - 10.E. Maintain professionalism by managing own stress, balancing personal and professional life, taking vacations and breaks, and utilizing stress management practices.

 - 10.F. Complete required training education/certification, and continue professional development and development of expertise by keeping abreast of evidence-based best practices, technology, and relevant resources that will enhance knowledge and leadership in practice.

 - 10.G. Actively participate in personal professional development plan by identifying occupational interests, strengths, options, and opportunities.

 - 10.H. Attend and actively contribute to organizational activities, including planning and development activities, and leadership team meetings.

11. Cultural awareness and responsiveness (5)

Frontline Supervisors respect all unique characteristics of participant by providing culturally appropriate supports and services.

-
- 11.A.** Ensure that media and printed information displayed within and disseminated by organization positively reflects the different cultures, languages, and literacy levels of individuals and families supported by organization.
-
- 11.B.** Seek bilingual/bicultural or multilingual/multicultural staff, or volunteers who are skilled in the provision of medical interpretation services, during treatment, interventions, meetings or other events for individuals and families who need or prefer this level of assistance.
-
- 11.C.** Intervene in an appropriate manner when other DSPs or participants within organization are observed engaging in behaviors that show cultural insensitivity, racial biases, and/or prejudice.
-
- 11.D.** Recognize that the meaning or value of health, wellness, preventative health services, and medical treatment may vary greatly among cultures, acknowledging that individuals and families are the ultimate decision makers for services and supports impacting their lives.
-
- 11.E.** Seek information from individuals, families, or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse groups supported by the organization.

References

- American Network of Community Options and Resources (ANCOR). (2009). *Direct Support Professionals wage study* (prepared by the Mosiac Collaborative for Disabilities Public Policy and Practice). Retrieved from http://www.youneedtoknowme.org/downloads/research/ancor_wage_data_summary_2009.pdf
- Centers for Medicaid and Medicare Services (CMS). (2011a). *Road map of core competencies for the direct support workforce. Phase I: Direct service worker competency inventory* (prepared by the University of Minnesota Research and Training Center on Community Living). Retrieved from dswresourcecenter.org/tiki-download_file.php?fileid=470
- Centers for Medicaid and Medicare Services (CMS). (2011b). *Road map of core competencies for the direct support workforce. Phase II: Direct service worker competency analysis* (prepared by the University of Minnesota Research and Training Center on Community Living). Retrieved from dswresourcecenter.org/tiki-download_file.php?fileid=470
- Hewitt, A., & Larson, S. (2007). The direct support workforce in community supports to individuals with developmental disabilities: Issues, implications, and promising practices. *Mental Retardation & Developmental Disabilities Research Reviews*, 13(2), 178-187. doi: 10.1002/mrdd.20151
- Hewitt, A., Larson, S., O'Neill, S., Sauer, J., & Sedlezky, L. (1998). *The Minnesota frontline supervisor competencies and performance indicators*. Retrieved from <http://rtc.umn.edu/docs/flsupcom.pdf>
- Hoge, M. A., McFaul, M., Calcote, R., & Tallman, B. (Eds.). (2008). *The Alaskan crosswalk: Exploring competencies and credentialing for the state's direct care workforce: A report of the Credentialing and Quality Standards Subcommittee (CQSS)*. Anchorage, AK: The Alaskan Mental Health Trust Authority. Retrieved from <http://www.annapoliscoalition.org/resources/1/The%20Alaskan%20Crosswalk%20-%20Phase%20I%20Report.pdf>
- Lakin, K. C., Larson, S. A., Salmi, P., & Webster, A. (2010). *Residential services for persons with developmental disabilities: Status and trends through 2009*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. Retrieved from <http://rtc.umn.edu/docs/risp2009.pdf>
- Larson, S. A., Doljanac, R., Nord, D. K., Salmi, P., Hewitt, A. S. & O'Neill, S. (2007). *National validation study of competencies for frontline supervisors and direct support professionals: Final report*. Minneapolis, MN: University of Minnesota, Research and Training Center on Community Integration. Retrieved from <http://rtc.umn.edu/docs/NationalValidationStudyReport2007FINAL.pdf>
- Larson, S. A., Lakin, K. C., & Bruiniks, R. H. (1998). *Staff recruitment and retention: Study results and intervention strategies*. Washington, DC: American Association on Mental Retardation.
- Taylor, M., Bradley, V., & Warren, J. (1996). *The Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes*. Cambridge, MA: Human Research Services Institute.

Appendix A: Competency areas included in the Minnesota Frontline Supervisor Competencies and performance indicators

For full report, see: <http://rtc.umn.edu/docs/flsupcom.pdf>

1. Staff Relations
2. Direct Support
3. Facilitation & Support of Individual Support Networks
4. Program Planning & Monitoring
5. Personnel Management
6. Training & Staff Development
7. Public Relations
8. Maintenance
9. Health and Safety
10. Financial Activities
11. Scheduling & Payroll
12. Vocational Supports
13. Policies, Procedures & Rule Compliance
14. Office Work

Appendix B: National validation study executive summary

<http://rtc.umn.edu/docs/NationalValidationStudyReport2007FINAL.pdf>

This study examined organizational workforce outcomes; characteristics of and differences between managers, Frontline Supervisors (FLS) and Direct Support Professionals (DSPs); and workplace competencies, training needs, and timing of training for FLS and DSPs. Participants were randomly selected from 77 organizations providing residential supports to persons with intellectual and developmental disabilities in Oregon, Nebraska, Ohio, Rhode Island and Florida. Within organizations managers nominated excellent or exemplar FLS and DSP employees to participate. A total 67 managers, 105 FLS and 49 DSPs returned surveys. Response rates for supervisor surveys were 43% and for the DSP surveys were 30%.

Average turnover rates in participating organizations were 40% for DSPs and 24% for FLS. Average vacancy rates were 7% for DSPs and 6% for FLS. Average hourly wages were \$8.88 for DSPs and \$11.98 for FLS in 2002. The biggest workforce issues reported by participating organizations were finding new DSPs, and keeping newly hired DSPs during the first six months of employment. The biggest training challenges for these organizations were arranging training when staff could attend, providing training that changed job performance, and finding staff to cover for those who are participating in training.

One set of surveys asked managers and FLS to rate the importance of the 14 broad competencies and 142 specific competency statements from the Minnesota Frontline Supervisor Competencies and Performance Indicators. Each participant rated all of the competency areas and 1/3 of the specific competency statements in terms of importance, and the time frame in which competency is needed for new supervisors, and identified the top training needs for supervisors in general (managers) or for themselves as a supervisor (FLS). Of the 142 supervisor competencies rated, all but five were rated by a majority of respondents as either critical

18 | National Frontline Supervisor Competencies

or important for FLS. Those five items will be dropped from the revised set of supervisor competencies. The relative importance of the 14 competency areas for supervisors was rated differently by participants in this study than in the original Minnesota version. Specifically, health and safety issues moved up in rank from 9th position to 2nd position, while promoting public relations moved down in rank from 7th to 12th. Six other competency areas were ranked in the top half by both groups though the actual rank was different for 3 areas. Of the 142 supervisor competencies only 12 were rated differently in importance by managers versus FLS. For 27 FLS competencies, participants said that new FLS had to have the skill at hire. For 76 FLS (including the 27 needed at hire), participants said that new FLS had to be able to perform the skill well by the time they had been on-the-job for 90 days. The competency areas in which FLS most needed training were staff relations; leading training and staff development activities; program planning and monitoring; facilitating and supporting consumer networks; providing direct support; and health and safety issues. The top three competencies on which FLS needed training were identified for each of the 14 competency areas.

A second set of surveys asked excellent supervisors and DSPs to evaluate a condensed version of the Community Residential Core Competencies (Hewitt, 1998) that included all 14 competency areas and 113 specific competency statements. They also evaluated the NADSP Code of Ethics statements. As with the FLS competencies, participants were asked to rate all of the competency areas and 1/3 of the specific competency statements in terms of importance, the time frame in which competency is needed for new DSPs, and identify the top training needs for DSPs in general (managers) or for themselves as a DSP (DSPs). A total of 32 competency statements and 6 of 9 Code of Ethics statements were identified by at least 75% of respondents as either critical to the job of a DSP or as important. All of the 113 competency statements were rated by at least 50% of the respondents as either critical or important for DSPs in their organizations. As a result, all of the items will be retained in the final validated competency set. As with the FLS competency areas, the most important

competencies identified by participants in this study differed from those initially proposed for DSPs. Specifically, communication (3rd) and advocacy (6th) were rated among the top seven, while assessment (9th) and organizational participation (11th) were not rated among the top seven. For 23 competency statements and 6 Code of Ethics standards, the majority of respondents said DSPs needed to perform the skill well at the time of hire. An additional 48 specific competency statements and 2 Code of Ethics standards were identified as needing to be done well by DSPs by the time they had been on the job for 90 days. The competency areas in which DSPs most needed training were communication, documentation, consumer empowerment, health and wellness, community and service networking and advocacy. The top three training needs in each competency area were also identified.

The results of this study will be used to make modifications to both the FLS and DSP competency sets. The results can also be used to help organizations select skills to look for in job applicants, to guide the professional development of aspiring supervisors, and to help organizations plan the timing of training across competency areas. One study limitation was that in two states, very low participation rates were reported making it not feasible to compare ratings by state. Overall response rates were also in the low range (30% to 40%) but are typical for mail based surveys. Given the time commitment required to complete each survey, we were pleased to get a total of 221 surveys back. This project represents another step in continuing to refine and update the skill sets needed by DSPs and FLS. These results are from residential organizations providing small community scale housing to persons with intellectual and developmental disabilities. There will continue to be a need to update and refine these competencies in other types of settings, and for DSPs and FLS supporting people with other types of disabilities.

Appendix C: List of resources

1. Direct Service Worker Competencies, including:

Community Support Skill Standards (CSSS)

The CSSS provide a comprehensive description of direct support roles in the following twelve critical areas: 1) Participant Empowerment, 2) Communications, 3) Assessment, 4) Community and Service, Networking, 5) Facilitating of Services, 6) Community Living Skills and Supports, 7) Education Training and Self-Development, 8) Advocacy, 9) Vocational, Educational, and Career Support, 10) Crisis Intervention, 11) Organizational Participation, 12) Documentation. The information in the CSSS is useful in developing comprehensive job descriptions, performance evaluations and training programs for direct support workers. To order the CSSS, contact: Taylor, Bradley & Warren 1996) from Human Services Research Institute, 2336 Massachusetts Avenue, Cambridge, Massachusetts 02140; Phone; 617-876-0426. <http://www.hrsi.org>

National Alliance for Direct Support Professionals (NADSP)

NADSP is a non-profit organization and has developed a national agenda to strengthen the direct support workforce. NADSP aims to enhance the status of direct support professionals (DSPs), provide better access for all DSPs to high quality educational experiences, strengthen the working relationships and partnerships between DSPs, self-advocates, and other consumer groups and families, promote systems reform and support the development and implementation of a national volunteer credentialing process for DSPs. More information can be found online at <https://www.nadsp.org/>.

Department of Labor

In 2011, the U. S. Department of Labor, in partnership with national leaders, released a Long-Term Care Supports and Services Competency (LTCSS) model. The LTCSS model describes the academic, workplace and technical competencies required for workers who provide social services, community supports and health care services. The model helps to highlight transferable skills that can be applied across these related fields and focuses on general skills required of workers in these related fields. To access the LTCSS model, visit the department's Competency Model Clearinghouse at <http://www.careeronestop.org/competencymodel>.

2. NADSP Code of Ethics

Developed by the NADSP, the Code is intended to serve as a straightforward and relevant guide for DSPs as they resolve the ethical dilemmas they face every day, and encourages them to achieve the highest ideals of the profession. The NADSP Code of Ethics includes statements on 1) person-centered supports, 2) promoting physical and emotional well-being, 3) integrity and responsibility, 4) confidentiality, 5) justice, fairness, and equity, 6) respect, 7) relationships, 8) self-determination, and 9) advocacy. More information (including the full text of the Code) can be found at <https://nadsp.org/library/code-of-ethics.html>.

3. National Participant Directed Services Resource Center

The National Resource Center for Participant-Directed Services (NRCPDS) assists states, agencies and organizations in offering participant-directed services to people with disabilities. The mission of NRCPDS is to infuse participant-directed options in all home and community-based services. NRCPDS provides national leadership, technical assistance, training, education and research that improve the lives of people of all ages with disabilities. More information can be found at <http://www.bc.edu/schools/gssw/nrcpds/>.

4. National Center for Cultural Competence (NCCC)

The National Center for Cultural Competence (NCCC)

NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. More information can be found at <http://nccc.georgetown.edu/>. The Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services, which the National Frontline Supervisor Competency set drew from, can be found at <http://nccc.georgetown.edu/documents/Checklist%20PHC.pdf>

5. Substance Abuse and Mental Health Services Administration (SAMHSA): Common Qualities of Effective Supervisors (2.8.1)

As part of a recruitment and retention toolkit for behavioral health employees, SAMHSA provided a description of common qualities of effective supervisors (http://toolkit.ahpnet.com/Supervision-Intervention-Strategies/Common-Qualities-of-Effective-Supervisors.aspx#_edn1). Other resources on this section of the website additional supervisory-related information, such as tips for effective communication, motivating employees, supervision styles, and team building. More information can be found at <http://toolkit.ahpnet.com/Home.aspx>.

6. College of Direct Support (CDS)/ College of Frontline Supervision and Management (CFSM) Coursework

The College of Direct Support (CDS) core courses are developed by the University of Minnesota's Research and Training Center on Community Living, and are designed to give direct support professionals the knowledge, skills, and attitudes they need through innovative, engaging, and interesting training. Examples of CDS courses include Civil Rights and Advocacy, Positive Behavior Support, Person-Centered Planning and Supports, and Supporting Healthy Lives. Within CDS is CFSM, a series of courses designed for those who are – or soon will be – in leadership roles in direct support. Courses include: [Training and Orientation](#), [Fueling High Performance](#), [Developing an Intervention Plan](#), [Recruitment and Selection](#), [Preparing for the Supervisor's Role in Human Services](#), and [Your First Few Weeks and Months as a Supervisor](#). More information can be found at <http://directcourseonline.com/directsupport/>.

7. University of Minnesota Research and Training Center on Community Living (U of M RTC)

The U of M RTC provides research, evaluation, training, and technical assistance to support the people with developmental disabilities to live meaningful and fully integrated lives in their communities, and is a leading research institute of direct workforce development. More information can be found at <http://rtc.umn.edu/main/>.

APPENDIX N: CREDENTIALING MODEL



Key Design Elements of the New York Direct Support Professional (DSP) Credentialing Model

- 1. Multi-tiered credential with a hybrid model of learning methods.** The Credentials must be achieved in sequence, beginning with DSP Credential I. Proposed training opportunities include on-line training, interactive classroom learning and work-based learning opportunities —
 - a. DSP Credential I includes 50 hours of training:** 20 hours on-line, 10 hours classroom training, and 20 hours of work-based learning
 - b. DSP Credential II includes 100 hours of training:** 40 hours on-line, 20 hours classroom training, and 40 hours of work-based learning
 - Includes a specialization emphasis in one of four areas: Supporting Older Adults, Behavioral Support, Autism Spectrum Disorders, or Complex Medical Needs.
 - c. DSP Credential III (Mentor) includes 40 hours of training:** 12 hours on-line, 8 hours classroom training, and 20 hours of work-based learning.
 - Includes an emphasis on person-centered planning, as well as preparing mentors to support other learners through credentialing.
 - d. Frontline Supervision and Management Credential includes 40 hours of training:** 20 hours on-line, 5 hours classroom, and 15 hours work-based learning. It may be completed after achieving the DSP Credential III.
- 2. Valid, recognized competency-based skills and knowledge requirements.** These are the identified outcomes that will be assessed across the credentialing program. The competencies used as the basis of the credentialing program are —
 - a. New York State DSP Core Competency Goals**
 - Putting people first
 - Building & maintaining positive relationships
 - Demonstrating professionalism
 - Supporting good health
 - Supporting safety
 - Having a home
 - Being active and productive in society
 - b. National Frontline Supervisor (FLSs) Competencies.** These also used in NADSP's Credentialing for Frontline Supervisors
 - Direct support
 - Health, wellness, and safety
 - Participant support plan development, monitoring, and assessment
 - Facilitating community inclusion across the lifespan
 - Promoting professional relations and teamwork
 - Staff recruitment, selection, and hiring
 - Staff supervision, training, and development
 - Service management and quality assurance



- Advocacy and public relations
 - Leadership, professionalism, and self-development
 - Cultural awareness and responsiveness
- 3. Voluntary enrollment at employers' discretion.** DSPs will not be mandated to complete credentials in order to serve as a DSP. DSPs must satisfactorily complete their employer's required probationary period before beginning credential training. Additionally, DSPs must complete the following years of service to qualify for credential assessments —
- a. DSP Credential I Assessments may be completed **only after** the DSP has clocked at least 1 year of full-time employment as a DSP.
 - b. DSP Credential II Assessments may be completed **only after** the DSP has clocked at least 2 years of full-time employment as a DSP.
- 4. Incremental annual enrollment growth targets over five years —**
Annual targeted growth —
- 1st Cohort = Yrs. 1 & 2 = 3% of DSPs statewide
 - 2nd Cohort = Yrs. 2 & 3 = add 2% of DSPs statewide
 - 3rd Cohort = Yrs. 3 & 4 = add 5% of DSPs statewide
 - 4th Cohort = Yrs. 4 & 5 = add 5% of DSPs statewide
 - 5th Cohort = Yrs. 5 & 6 = add 5% of DSPs statewide
- 5. Employers will receive rate incentives to cover educational costs and increased DSP wages.** Employers will be awarded these incentives if they meet per-determined enrollment thresholds (e.g. 3%, 5%, 10%). Wage incentives will be awarded to DSPs with successful completion of assessments at each credential level.
- 6. Individuals with disabilities will be involved in on-line, classroom, and work-based educational components.**
- 7. Program governance will be overseen by an independent, third-party credentialing program body.** This will be a newly established governing body who will provide recommendations for curriculum and assessment at each level of the credential —
- a. Assessment will include on-the-job skill demonstration by the supervisor or skill mentor (initial, proficient and advanced levels), response to scenario testing (initial and proficient levels) and written test (advanced and specialized levels).
 - b. The governing body will also provide guidance on curriculum by identifying required instructional criteria for approved instructional programs.
 - c. A Request for Proposal could be released by the Office for People with Developmental Disabilities (OPWDD) to determine credentialing organization.
- 8. A Board of Directors will guide and inform the governing body.** The Board of Directors will include DSPs, FLSs, provider organizations, individuals with intellectual and developmental disabilities, family members, content experts and individuals with expertise in credentialing/certification and instructional design.
- 9. A Grandperson Clause will allow experienced DSPs and FLSs chosen by their employers to be assessed for the credential without coursework.** Such experienced DSPs and FLSs must complete the probationary period at least two years prior to the implementation of the credential program.
- 10. Completion of continuing education requirement of 36 hours every three years in order to keep the credential active.** Certified DSPs and FLSs submit qualifying activities to the governing body. Acceptable continuing education units are those whose topics are directly aligned with the content of the New York DSP Core Competencies published by OPWDD. This requirement applies to newly certified DSPs after they renew their registration for the first time.
- 11. Overall evaluation of credentialing program on service quality.** Program effectiveness will be monitored on a statewide and organizational level using longitudinal indicators, such as retention rates, injury rates, and reduction of avoidable hospitalizations.

APPENDIX O: PROVIDER SURVEY

1/13/2015

Qualtrics Survey Software

Survey Info

About this survey

2015 New York Service Provider Survey

Authorized and Funded by OPWDD

About this survey

What is this survey about and why is it being conducted? OPWDD received legislative mandate and funding to develop a credentialing design for Direct Support Professionals (DSPs). A DSP credentialing program identifies specific competencies for which a DSP must demonstrate knowledge, skills and abilities, and provides opportunities to enhance knowledge, skills, and abilities. OPWDD has contracted with the University of Minnesota's Research and Training Center on Community Living who is partnering with NYSACRA and NYSRA to conduct this survey as a component of the New York Direct Support Professional Credentialing Program Implementation Study. This study will generate a better understanding of the service and financial implications of implementing a credentialing program in the state of New York. This project is funded by OPWDD.

Data gathered in this survey includes information about: DSP wages and benefits, turnover and vacancies, reimbursement rates and training and credentialing efforts for DSPs. This data will assist in determining staff ratios, and the costs of implementing a financial model for a credentialing program in New York.

NYSACRA, NYSRA and OPWDD support the need for this survey to be completed and encourage your participation and prompt response to the survey.

This survey is confidential. Upon receipt of the data provided in this on line survey a number will be assigned to your organization that only the researchers

<https://um.n.qualtrics.com/ControlPanelAjax.php?action=GetSurveyPrintPreview&T=GK10IDmgt6YFjla0Txg0y>

1/32

from the (UMN) will have. Once survey data are reviewed and the survey is deemed by UMN staff to be complete, the name of your organization will be deleted from the database and there will be no way for anyone to connect the name of your organization with the data shared from that point forward. OPWDD will not review completed surveys. OPWDD will only be provided with the same final report that you will receive.

PLEASE COMPLETE THIS SURVEY NO LATER THAN February 6, 2015

1. Organization Information:

Organization Name	<input type="text"/>
Name of primary person filling out the survey	<input type="text"/>
Phone number of primary person filling out the survey	<input type="text"/>
Zipcode of organization's primary/main office	<input type="text"/>
Date	<input type="text"/>

Organization Profile

Please report information for your entire organization. If a question is unclear, answer to the best of your knowledge and note the question or comment in the comments box next to the question.

Please review the information document by [clicking here](#). Definitions for Direct Support Professional, Frontline Supervisor, on call, temp worker, pooled worker, organization etc...are contained in this file.

Time Period: Unless otherwise specified, when answering questions in this survey, please refer to the period covered in your most recently submitted CFR

3. Please indicate the OPWDD DDRO area of the state in which your organization's main office or headquarters is based.

Region I



- Region II
- Region III
- Region IV
- Region V

4. Please indicate the OPWDD DDRO area(s) of the state in which your organization provides services. (Mark all that apply.)

- Region I
- Region II
- Region III
- Region IV
- Region V

5. How many total people with disabilities (all types, e.g., people with developmental disabilities, people with mental illness, children with emotional disturbances, etc.) does your organization currently serve in NY? (Provide a number)

6. In how many different sites does your organization provide services to people? (Indicate the number of sites of each service type.) Please enter 0 for sites that don't apply to your organization.

Agency/facility sites (e.g., group homes; nursing homes, ICFs, state operated community programs or institutions, private facilities with 16 or more residents including ICFs-MR, workshop or day training sites)	<input style="width: 90%;" type="text"/>
Family or individual homes	<input style="width: 90%;" type="text"/>
Job sites (e.g., community jobs)	<input style="width: 90%;" type="text"/>
Other (specify) <input style="width: 500px;" type="text"/>	<input style="width: 90%;" type="text"/>
Total	<input style="width: 90%;" type="text"/>

7. What services are offered by your organization? (Mark all that apply)

- 24 hour residential supports and services in a nursing home, ICF, state operated community program or institution, large private institution, ICR-MR with 16 or more people.
- Community-based 24 hour residential supports and services (e.g., group home, supported living arrangement, supervised living facility) with 15 or fewer people
- Agency Sponsored Family Care
- Less than 24 hour residential supports and services (e.g., semi-independent living services, supported living)
- In-home supports and services (family support, home health care services, personal care services)
- Non-residential community supports (adult day services, rehabilitative services, and medical supports)
- Job, or vocational, services (e.g., supported employment, work crews, sheltered workshops, job training)
- Other (specify)



Staffing, Wages & Benefits

8. How many paid employees (part-time and full-time) were employed in EACH of the following categories in your organization as of June 30, 2014? (Provide a number for each category. We are looking for a head count, NOT full-time equivalency FTE)

Number of Direct Support Professionals (include on-call, temporary, and relief)	<input style="width: 40px; height: 20px;" type="text"/>
Number of Frontline Supervisors	<input style="width: 40px; height: 20px;" type="text"/>
Number of Administrative (includes administrative, Executive Director, human resources/payroll, etc.)	<input style="width: 40px; height: 20px;" type="text"/>
Number of Other	<input style="width: 40px; height: 20px;" type="text"/>
Total	<input style="width: 40px; height: 20px;" type="text"/>

9. Do you track certifications and degrees of your DSPs? Examples would be: associate's degree, bachelor's degree, master's degree, home health aid certificate, high school degree, no degree.

- Yes
- No

9.1. You previously answered that **#{q://QID20/ChoiceNumericEntryValue/1}** DSPs work in your organization. Of the total number of DSPs who work in your organization, how many have the following degrees or certifications? Please enter a 0 in boxes where the answer does not apply.

Number of DSPs with an Associate's degree	<input type="text"/>
Number of DSPs with a Bachelor's degree	<input type="text"/>
Number of DSPs with a Master's degree	<input type="text"/>
Number of DSPs with a Certified Nursing Assistant Certificate	<input type="text"/>
Number of DSPs with a Home Health Aid Certificate	<input type="text"/>
Number of DSPs with a no post secondary degree or certification (Only a high school diploma)	<input type="text"/>
Number of DSPs with no high school degree	<input type="text"/>
Total	<input type="text"/>

10. Of the Direct Service Professionals you employ, please note the number who are in EACH of the following categories? (Provide a number for each category. We are looking for a head count, NOT full-time equivalency.)

Number of full-time Direct Support Professionals	<input type="text"/>
Number of part-time Direct Support Professionals	<input type="text"/>
Number of on-call/temp/relief Direct Support Professionals	<input type="text"/>
Total	<input type="text"/>

10.1. You indicated that you had on-call Direct Support Professionals, please

identify the sources you use to find on-call and temporary/casual workers? (Mark a that apply.)

- Temp agency
- Agency hired pool of temporary workers
- Other (please describe):



11. Please indicate the current wage rates for Direct Support Professionals.

Please indicate wages in dollars paid per hour.

- \$ Starting wage
- \$ Average wage
- \$ Highest current wage

12. Please indicate the annual salary for full-time Frontline Supervisors.

Please indicate annual salary in the following format: 28,000

- \$ Average starting salary
- \$ Average salary
- \$ Highest current salary

13. Do staff with any of the following certifications or degrees receive higher wages in your organizations because of their certification or degree? Mark ALL of the certification or degree types that apply and identify the amount of the hourly differential for EACH.

- \$ DSPs with an Associate's degree
- \$ DSPs with a Bachelor's degree
- \$ DSPs with a Master's degree

\$ DSPs with a Certified Nursing Assistant Certificate

\$ DSPs with a Home Health Aid Certificate

14. Do you offer **paid sick leave** to direct support professionals?

	Yes	No	N/A
Full-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We offer Paid Time Off (PTO) and do not differentiate between sick and vacation for PTO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14.1. What was the total amount of money spent on **paid sick leave** for your **full-time direct support employees** during the time period reported in your most recently submitted CFR

14.2. What was the total amount of money spent on **paid sick leave** for you **part-time direct support employees** during the time period reported in your most recently submitted CFR:

15. Do you offer **paid vacations** to direct support professionals?

	Yes	No
Full-time	<input type="radio"/>	<input type="radio"/>
Part-time	<input type="radio"/>	<input type="radio"/>
We offer Paid Time Off (PTO) and do not differentiate between sick and vacation for PTO	<input type="radio"/>	<input type="radio"/>

15.1. What was the total amount of money spent on **paid vacations** for your **full-time direct support employees** during the time period reported in your most recently submitted CFR

\$

15.2. What was the total amount of money spent on **paid vacations** for you **part-time direct support employees** during the time period reported in your most recently submitted CFR:

\$

15.3 What was the total amount of money spent on **PTO** for your organization during the time period reported in your most recently submitted CFR:

16. Do you offer **health insurance** to direct support professionals?

	Yes	No
Full-time	<input type="radio"/>	<input type="radio"/>
Part-time	<input type="radio"/>	<input type="radio"/>

17. What other benefits do you offer to your direct support workers? (Mark all that apply?)

- Tuition
- Child Care
- Housing
- Retirement Match
- Health club membership

- Discounts at community business (please describe business type:)

- Paid tuition and financial support for DSPs to attend formal education (e.g. college courses, certificate programs)

- Other (Please describe.)



17.1. You indicated that you offer paid tuition and financial support for DSPs to attend formal education (e.g. college courses, certificate programs)

What amount of reimbursement or expenditure on education/tuition do you allow per DSP each year?

\$

Q16 Questions

16.1. When was the last year you offered health insurance?

- We have never offered health insurance
- The last year we offered health insurance was:

16.2. Did the passage of the Affordable care Act change the way in which you have or will offer health care benefits to your employees?

- Yes
- No

16.2.1. Please describe how the passage of the Affordable care Act has changed the way in which you have or will offer health care benefits to your employees:

16.3. Please indicate the reason(s) why you have stopped or have never provided health insurance to your direct support professionals. (Mark all that apply)

- Too expensive for my organization
- Too expensive for my employees
- Too burdensome to administer
- Too few employees
- No employee interest
- Most employees covered by/eligible for Medicaid
- Most employees covered by spouse's insurance plan
- Most employees on new health exchange program as a result of the Affordable Care Act
- Policies offered to my organization are not adequate for my employees
- Not necessary to attract qualified employees
- Could not find a broker to write a policy
- Other (please explain)

16.4. What is the minimum number of hours a direct support professional has to work per week to be eligible for health insurance?

16.5. Has the number of hours changed in the past two years?

- Yes
- No

16.5.1. You indicated that the number of hours a DSP has to work to be eligible for health insurance has changed in the past two years. What was the previous number of hours required before the change?

16.5.2. You indicated that the number of hours a DSP has to work to be eligible for health insurance has changed in the past two years.

Why did this change occur? (Please describe)

16.6. How many direct support professionals are enrolled in health insurance through your organization?

16.7. How much is the organization's monthly health insurance premium contribution per direct support employee?

\$ Individual Coverage

\$ Two person coverage

\$ Family Coverage

16.8. How much is the monthly direct support employee premium contribution health insurance coverage?

\$ Individual Coverage

\$ Two person coverage

\$ Family Coverage

16.9. At your last renewal date, did your insurance carrier increase premiums for the coverage options offered by your organization?

- Yes
- No

16.10. You indicated that your insurance carrier increased premiums for the coverage options offered by your organization at your last renewal date.

What was the percentage increase?

16.11. You indicated that your insurance carrier increased premiums for the coverage options offered by your organization at your last renewal date.

How did your organization handle this increase? (Mark all that apply.)

- Canceled insurance
- Increased the organization's contribution to the premium
- Increased employee's premium contribution for coverage
- Reduced covered services
- Changed insurance plans
- Offered additional plans
- Dropped family or two person coverage
- Increased deductibles or co-pays paid by employees
- Implemented consumer driven health care programs such as a health savings account
- Other (Please describe)

DSP & FLS Retention

E. Retention, Recruitment, and Staffing

For this section, please refer to the period covered in the most recently submitted CFR

18. Which of the following are the biggest challenges for your organization with regard to recruitment and retention?

Please mark the top four.

- Finding qualified DSPs to hire
- New hires quitting during the first 6 months
- Co-workers who do not get along
- DSPs who are dissatisfied with supervisors
- Morale problems
- Training does not produce desired results
- Not enough training opportunities
- Supervisors who are not well prepared for the supervising role
- Unstable staffing patterns, scheduling issues
- DSP wages and benefits are not attractive
- Turnover of DSPs
- Turnover of Frontline Supervisors
- Staff conflict due to cultural differences

DSP RETENTION

19. Counting all shifts and sites, but excluding on-call/ temp or relief employees, how many **direct support professionals** left your organization for any reason (voluntarily OR involuntarily) during the time period of your most recently submitted CFR?

Number of DSPs who left

20. Of all the **direct support professionals** who left your organization during time period covered in your last submitted CFR, how many of them had worked for your organization for 6 months or less before they left?

Number of DSPs who left within 6 months of hire

21. How many **direct support professionals** would you have to hire today to fill all funded but vacant positions? (Include both full and part time positions.)

Number of DSP vacancies today

22. Please indicate the degree to which **retention/turnover** of **direct support professionals** is currently a problem for your organization:

- Very serious problem
- Somewhat serious problem
- Minor problem
- Not a problem

23. Do you track the reasons DSPs give for leaving?

- Yes
- No

23.1 You indicated that your organization tracks the reasons DSPs give for leaving.

Mark the **top three** reasons that **direct support professionals** give for leaving the positions.

- Found another job closer to home
-

Found another job that pays more

- Could not get along with co-workers
- Had too little time with and/or poor quality from supervisors
- Relocation of family member forced move
- Not recognized for work I did
- No place to go, dead-end job
- Training and support was inadequate and/or poor
- Found another job that offered better benefits
- Did not like working with people with disabilities
- Found a job with hours that worked better for his/her family
- Other (please describe)



24. Which of the following interventions has your organization used AND found beneficial in improving your **retention** of direct support professionals. (Mark all that apply.)

- Use of inside recruitment sources (e.g. people who know your organization well)
- Use structured behavior interviewing where you ask all candidates the same questions designed to solicit behavioral responses and you score these responses consistently
- Use special welcoming practices with new employees, such as baskets, parties, etc...
- Train DSPs using the College of Direct Support
- Provide new DSPs with peer mentors who provide support and skill training
- Use a competency-based training model to guide all training activities
- Use teams and team building strategies
- Provide networking opportunities for DSPs inside and external to our organization
- Support DSPs involvement in NADSP or DYSPANYS

- Provide DSPs opportunities to engage in a career path program
- Support DSPs with wage bonuses or base rate increases for successful completion of tiered credentialing program/career path
- Developed a Code of Ethics training and practice culture within the organization
- Implement training specifically focused on the NY core competencies for DSPs
- Participate in Regional Workforce Center networking activities
- Use realistic job previewing to give potential candidates a clear idea of the role of a DSP
- Established a practice of having new employees meet as a group periodically and with the CEO for lunch or breakfast
- Sending staff to DSP Conferences or other out of agency training/networking opportunities
- Participation in internal organization committees
- Regular staff recognition (i.e. monetary time of service bonuses, or DSP Week recognition events)
- Other (please specify)



25. Counting all shifts and sites, how many **frontline supervisors** left for any reason (voluntarily OR involuntarily) during the time period covered in your last submitted CFR.

Number of frontline supervisors who left

26. How many **frontline supervisors** would you have to hire today to fill all funded but vacant positions?

Number of frontline supervisor vacancies today

27. Please indicate the degree to which **retention/turnover of frontline supervisors** is currently a problem for your organization:

- Very serious problem
- Somewhat serious problem
- Minor problem
- Not a problem

28. Mark the top three reasons that **frontline supervisors** give for leaving their frontline supervisor positions.

- Found another job closer to home
- Found another job that pays more
- Could not get along with co-workers
- Had too little time with and/or poor quality supervision from managers/leadership
- Relocation of family member forced move
- Not recognized for work I did
- No place to go, dead-end job
- Training and support was inadequate and/or poor
- Found another job that offered better benefits
- Did not like working with people with disabilities
- Other (please describe):
- We don't track this information

DSP & FLS Recruitment

Direct Support Professional & Frontline Supervisor Recruitment

29. Please indicate the degree to which **recruitment** of new **direct support professionals** is currently a problem for your organization.

- Very serious problem
- Somewhat serious problem
- Minor problem
- Not a problem

30. What percent of your organization's **direct support professional** new hires come from the following sources? (Note a percentage for each; if none, please enter "0." Total should equal 100%)

Newspaper/ circular ads	<input type="text"/>
Referrals from current employees	<input type="text"/>
Websites (e.g. Craig's List)	<input type="text"/>
Private employment or temporary staffing agency	<input type="text"/>
School/training placement program	<input type="text"/>
Social media (e.g. LinkedIn, Facebook)	<input type="text"/>
Other (please describe) <input type="text"/>	<input type="text"/>
We do not track this information	<input type="text"/>
Total	<input type="text"/>

31. Mark the top three reasons given by your **direct support professionals** for why they accepted a position within your organization.

- Reputation-They heard from someone else this was a good place to work.
- Interview process-They were impressed by the people they met in the experience they had during the selection process.
- Benefits
- Wages
- Organizational Culture-The organization provides a learning environment, career path, recognition of its employees.

- Something new-Wanted to try something new.
- Second job-Needed a second job to pay bills.
- People with disabilities-Wanted to support and help others.
- They needed a job to pay bills.
- Has a family member who needs support and wanted similar work opportunity.
- We do not track this information

32. Which of the following interventions has your organization used and found beneficial in improving your recruitment of **direct support professionals**? (Mark a that apply.)

- Use of inside recruitment sources (e.g. people who know your organization well such as existing staff, board members, volunteers, families)
- Offer referral bonuses to existing DSPs who refer others who are here
- Offer hiring bonuses to DSPs
- Use targeted marketing to attract specific "types" of new workers (e.g. students, retirees, faith groups)
- Provide DSPs opportunities to engage in a career path program.
- Attend job fairs to exhibit our organization and seek new hires.
- Offer internships.
- Use internet job postings such as LinkedIn and Craig's List.
- Advertise positions on public television or cable channels.
- Other (specify)



33. How much in advertising expenses did your organization pay for **direct support professionals** in last 30 days:

34. Please indicate the degree to which recruitment of new frontline supervisory staff is currently a problem for your organization.

- Very serious problem
- Somewhat serious problem
- Minor problem
- Not a problem

35. Mark the top three reasons given by your **frontline supervisors** for why they accepted a frontline supervisor position within your organization.

- Reputation-They heard from someone else this was a good place to work.
- Interview process-They were impressed by the people they met in the experience they had during the selection process.
- Benefits
- Wages
- Organizational Culture-The organization provides a learning environment, career path, recognition of its employees.
- Something new -Wanted to try something new.
- Second job-Needed a second job to pay bills.
- They needed a job to pay bills.
- They wanted a promotion
- Other (Please describe):
- We don't track this information



36. What percentage of your organization's new hire **frontline supervisory staff** come from the following sources? (Note a percentage for each; if none, please enter "0." Total should equal 100%)

Newspaper/ circular ads

Promotion of existing employees	<input type="checkbox"/>
Referrals from current employees	<input type="checkbox"/>
Websites (e.g. Craig's List)	<input type="checkbox"/>
Private employment or temporary staffing agency,	<input type="checkbox"/>
School/training placement program	<input type="checkbox"/>
Social media (e.g. LinkedIn, Facebook)	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>
<input type="text"/>	
We do not track this information	<input type="checkbox"/>
Total	<input type="checkbox"/>

Staffing Practices, Training & Development

37. How many hours of overtime were paid out in last 30 days to **direct support professionals**:

38. On a typical day, what percentage of your organization's direct support staff are temporary workers or pool staff?

39. As a result of workforce shortages, has your organization been forced to delay, deny or limit services to prospective new individuals who have been authorized to receive additional services?

- Yes
- No

40. You indicated that your organization been forced to delay, deny or limit services to prospective new individuals who have been authorized to receive additional services?

Please describe:

41. As a result of the workforce shortages your organization faces, what limits or reductions in services or outcomes have your current clients, staff or organization experienced? Explain briefly.

F. TRAINING, CAREER ENHANCEMENT AND CREDENTIALING ACTIVITIES

42. What is your organization's total annual revenue?

- Under \$1,000,000
- \$1 million - \$9,999,999
- \$10 million - \$19,999,999
- \$20 million - \$49,999,999
- \$50 million - \$99,999,999
- \$100 million or more

43. What percentage of your annual budget for OPWDD services is allocated to training, employee assistance, and staff development?

% of annual budget

44. Please indicate whether your direct support professionals participate in any of

the following career enhancement activities. (Mark all that apply.)

- Designated peer mentor
- Career ladder program (e.g., formal credential program, certificate program team leader or lead worker)
- Formal in-service training programs beyond those required by regulations
- Self directed educational video or computer based training program while at work
- Attended conference or workshop away from work
- Classes from the College of Direct Support
- Membership in the National Alliance for Direct Support Professionals/DSPANYS
- Classes as part of a registered Apprenticeship or Credentialing program
- Others (please describe)

45. How many hours of training do direct support professionals receive from your organization or another resource?

- Hours of pre-service training (training delivered before the DSP can work a shift alone)
- Hours of in-service training annually

46. Please rate how well the initial training provided to your direct support professionals prepares them to do the work required of DSPs?

- Poor
- Fair
- Good
- Very Good

47. What prevents your staff from receiving an exceptional initial training? (Check all that apply)

- Finding financial resources to pay trainers or consultants, purchase materials and/or to pay registration costs
- Finding resources to provide services while direct service staff members are participating in training activities
- Finding qualified trainers to address training needs
- Finding quality training materials or modules
- Finding conferences, courses or workshops that address the most important training needs for direct service staff
- Being able to pay for staff time in training when this is not a reimbursable expense
- Other (please describe)

Credentialing

For the following questions we ask that you consider the following assumptions we have made about the design and funding of such a program

A DSP credentialing program is a step above the NYS Core Competencies. As such, a DSP credential must be competency-based since the NYS Core Competencies are also competency-based, providing competency based training, and demonstrating knowledge, skills, and ethics.

We anticipate that costs would be entirely or mostly offset by Medicaid or in rates.

We anticipate the credential will have multiple levels (basic, middle and high levels) and that the highest level will take about as long as a US DOL or NYS DOL DSP Apprentice to Journey Worker competency-based program: 3000 hours of work in which a mentor or supervisor is present and available to provide OJT activities and about 220 hours of related instruction (online, classroom or a blend)

Again, we are not advancing these apprenticeships as credentials but merely using them as examples of a time commitment.

48. Assuming funding was available to offset all or most of majority of costs, how many **direct support professionals** in your organizations would you anticipate participating in a formal credentialing program each year?

% of DSPs

49. How many **direct support professionals** would you financially support to

complete a credentialing program annually if public funding covered costs at the following levels? (Please respond for each level.)

- % of DSPs if funding covered 100% of costs
- % of DSPs if funding covered 75% of costs
- % of DSPs if funding covered 50% of costs

50. How many hours a week would you release a DSP to receive training toward a credential, if public funding covered costs at the following levels? (Please respond for each level.)

- # of hours if funding covered 100% of costs
- # of hours if funding covered 75% of costs
- # of hours if funding covered 50% of costs

51. What specific strategies would you be willing to implement to support your frontline supervisors (FLS) to mentor and support direct support professionals who are working to become credentialed? (Mark all that apply.)

- Allow and support FLS to become credentialed first
- Provide training to frontline supervisors on how to be effective mentors
- Reduce workload to allow time for mentoring
- Increase FLS pay for those that become mentors
- Provide recognition to FLSs who mentor direct support professionals that achieve a credential
- Other (please describe)

52. Which of the following **three** items are most needed to motivate a direct support professional to participate in and complete a credentialing program?

- Wage enhancement
-

Preferential opportunity for advancement

- Paid time while in training
- Support and encouragement from the frontline supervisor
- Organizational recognition of credentialing
- Statewide recognition of credentialing
- National recognition of credentialing
- Portability of credential recognition from employer to employer
- Articulation of the training/credential into college credit
- Other (please describe)



52.1 You selected wage enhancement as one of your items most needed to motivate a direct support professional to participate in and complete a credentialing program. What amount of increase would be necessary to motivate them?

- .50 – 1.00 an hour
- 1.01 – 2.00 an hour
- 2.01 – 3.00 an hour
- 3.01 – 4.00 an hour

53. In order for direct support professionals to have access to training that leads them to a credential, would you need to have access to broader or different training programs than are currently available inside your organization?

- Yes
- No

53.1 You indicated that in order for direct support professionals to have access to training that leads them to a credential, they would need to have access to broader or different training programs than are currently available inside your organization.

Please describe:

54. What is your organizations ability to train direct support professionals to be proficient in and demonstrate the skills related to the New York Core Competencies?

- Very easy
- Somewhat easy
- Minor challenge
- Somewhat challenging
- Very challenging

55. Would your organization be interested in sending staff to training outside of your organization?

- Yes
- Maybe
- No

56. Which of the following outside training sources would you be interested in sending staff to? (Mark all that apply.)

- Consortia of providers who have joined together to deliver training
- Regional workforce center
- On-line materials
- Mentored training through Skype
-

Post secondary college or university

Other (please describe)



57. Which of the following resources would your organization be able to provide to direct support professionals who want to participate in a credentialing program? (Mark all that apply.)

Computer access

Peer mentor access

Relief time from paid work week

Overtime to attend training

Curriculum

Other (please describe)



58. Which of the following will most likely help to make credentialing attainable for direct support professionals in your organization? (Mark all that apply.)

Money for training delivery

Money for replacement staff when direct support staff are in training

Money to pay overtime for staff so that can attend training and still work scheduled hours

Increased wages once they complete training.

Improved technology capacity

Other (please describe)



59. What is the biggest barrier or deterrent to direct support professionals being able to complete training?

- Direct support professionals simply cannot find time in their lives to attend training
- There are no incentives for direct support professionals to attend training
- We do not have enough direct support professionals to be able to spare those we do have so they can attend training
- Comprehensive training to obtain a credential is not available in our area
- We do not have sufficient IT to provide for webinars or online trainings.
- DSPs do not understand the benefit or value of being credentialed.
- Other (please describe)



60. If you could design a credentialing program for direct support staff who work in your organization, what would it look like? Levels? Total number of hours of training at each level? Where would it be delivered? (Please richly describe.)

Finance, Provider Costs and Public Payment Policies

G. FINANCE, PROVIDER COSTS AND PUBLIC PAYMENT POLICIES

For this section, please refer to the period covered in the most recently submitted CFR.

61. What percentage of your organization's annual expenses is from OPWDD/Medicaid related contracts and/or funding

 %

62. Approximately what percentage of your total expenses from the period reported in your most recently submitted CFR was directed toward part and full time **direct support professionals** (including on-call and temp casual) **wage costs** [salaries, FICA, worker's compensation, unemployment compensation]

for?

%

63. Approximately what percentage of your total expenses from the period reported in your most recently submitted CFR was directed toward **frontline supervisors wage costs** [salaries, FICA, worker's compensation, unemployment compensation] for?

%

64. Approximately what percentage of your total expense between from the period reported in your most recently submitted CFR was directed toward **administrative expenses (all non program-related expenses)**?

%

65. What percentage of your organization's actual dollars was spent during the period of your most recently submitted CFR on delivering services for which you received no reimbursement from the state?

%

66. What percentage increase did you organization experience in workers' compensation cost during the period of your most recently submitted CFR?

%

67. During the last CFR period, what percentage wage increase were you able to give to direct support professionals?

%

68. You indicated that you were unable to give a wage increase to DSPs during the last CFR period.

How many years has it been since your DSPs received a wage increase?

years

69. List the percentage increase that your organization experienced for each of the following personnel/administrative/other costs during your last CFR reporting period:

- % Liability insurance
- % Facility maintenance
- % Utilities
- % Transportation
- % Other

70. What are specific concerns you have for the state's process to determine rates **and** the rate structure as it relates to credentialing direct support professionals? Please specify.

71. What specific recommendations do you have for the state regarding needed changes to their rate setting process and rate structure as it relates to direct support staff credentialing?

Submit Survey

You have come to the end of the survey. If you are satisfied with your answers, click submit survey. If you would like to go back and review your answers, you can click on any section to edit your responses.

Survey Powered By [Qualtrics](#)