



NYS Office of Mental Retardation and Developmental Disabilities

Putting People First



Ensuring Stability and Quality in New York State's Direct Support Workforce

Centers for Medicare and Medicaid Services
National Direct Service Workforce Resource Center
Grant of Technical Assistance

December 2007

Eliot Spitzer, Governor
Diana Jones Ritter, Commissioner

TABLE OF CONTENTS

Advisory Committee	iii
Acknowledgements	v
I. GRANT FINDINGS	1
A. Curricula and Training	1
B. Career Paths to Improve Recruitment and Retention	4
C. The Workforce Serving Self-Directing Individuals	9
II. CONCLUSIONS AND RECOMMENDATIONS	13
A. Fostering Positive, Interested and Caring Relationships	14
B. Wages and Benefits	15
C. Providing a Positive, Supportive Work Environment	16
D. Developing Person-Centered and Self-Directing Approaches	18
III. ANNOTATED BIBLIOGRAPHY	21
A. Expert Resources	21
B. Wages and Benefits	23
C. Training and Credentialing	25
D. Recruitment and Retention	27
E. Self-Determination	28
F. Experience of Associations and Collaborations	30
G. Transforming Agency Culture	32

Advisory Committee

Maggy Ames, Executive Director
Doug Triebel, Assistant Executive Director for Workforce Development
Interagency Council of Mental Retardation
and Developmental Disabilities Agencies, Inc.

Marc Brandt, Executive Director
Mary Beth Schneider
NYSARC

Susan Constantino, President/CEO
Michael Alvaro, Executive Vice President, Affiliate Services
Duane Schielke, Executive Vice President, Chief of Quality Assurance and Development
Cerebral Palsy Associations of NYS, Inc.

Janice Fitzgerald, Executive Director
Tina Beauparlant
Mary Jo Hebert
Parent to Parent of New York State, Inc.

Ann Hardiman, Executive Director
Jim Kosakoski, Deputy Executive Director
Joseph M. Macbeth, Assistant Executive Director
NYS Association of Community and Residential Agencies

Steve Holmes, Administrative Coordinator
Clint Perrin, Statewide Project Specialist, Self-Advocate
Self-Advocacy Association of NYS

Anna Lobosco, Deputy Executive Director
Nick Rose, Supervising Program Planner
NYS Developmental Disabilities Planning Council

Siebert R. Phillips, President
NY Association of Emerging & Multi-Cultural Providers

Elizabeth Pieper, Parent

Margaret Puddington, Partner/Founder
Coalition of Families for Direct Support Staff in Services
for People with Developmental Disabilities

Jeff Wise, President and CEO
NYS Rehabilitation Association

Deborah K. Davis, Senior Budget Examiner
Dana Woods, Budget Examiner
NYS Division of the Budget

OMRDD Staff

Kathleen Broderick, Associate Commissioner
New York City Regional Office

Gary Lind, Director
Office of Policy, Planning and Individualized Initiatives

Peter Brady
Division of Administration and Revenue Support

Richard Jung, Area Director, Upstate Area
Division of Quality Management

Larry Zawisza, Bureau Director
MaryKate Kroyer
Dixie Yonkers
Bureau of Policy Analysis

Allen A. Schwartz, PhD., Bureau Director
Cynthia Redshaw, Assistant Bureau Director
Bureau of Planning and Service Design

Robert Bailey, Assistant Director Staff Development
Maryann Riviello
Training and Medicaid Standards

Janis Steven, DDSO Liaison
Michael McCann, PhD., Licensed Psychologist
Upstate Regional Office

Kim Thayer
Budget Services

Acknowledgements

The Advisory Committee would like to acknowledge with gratitude the assistance of the following individuals:

Antoinetta Canzano
Direct Support Professional

John Gagnon
OMRDD Training and Medicaid Standards

Karen Gillette
Self-Directing Individual

Jim Girmindl
OMRDD Central Services Staff

Nicole Hastings
Self-Directing Individual

Doris Moore
Self-Direction Coordinator
OMRDD Central New York Developmental Disabilities Service Office

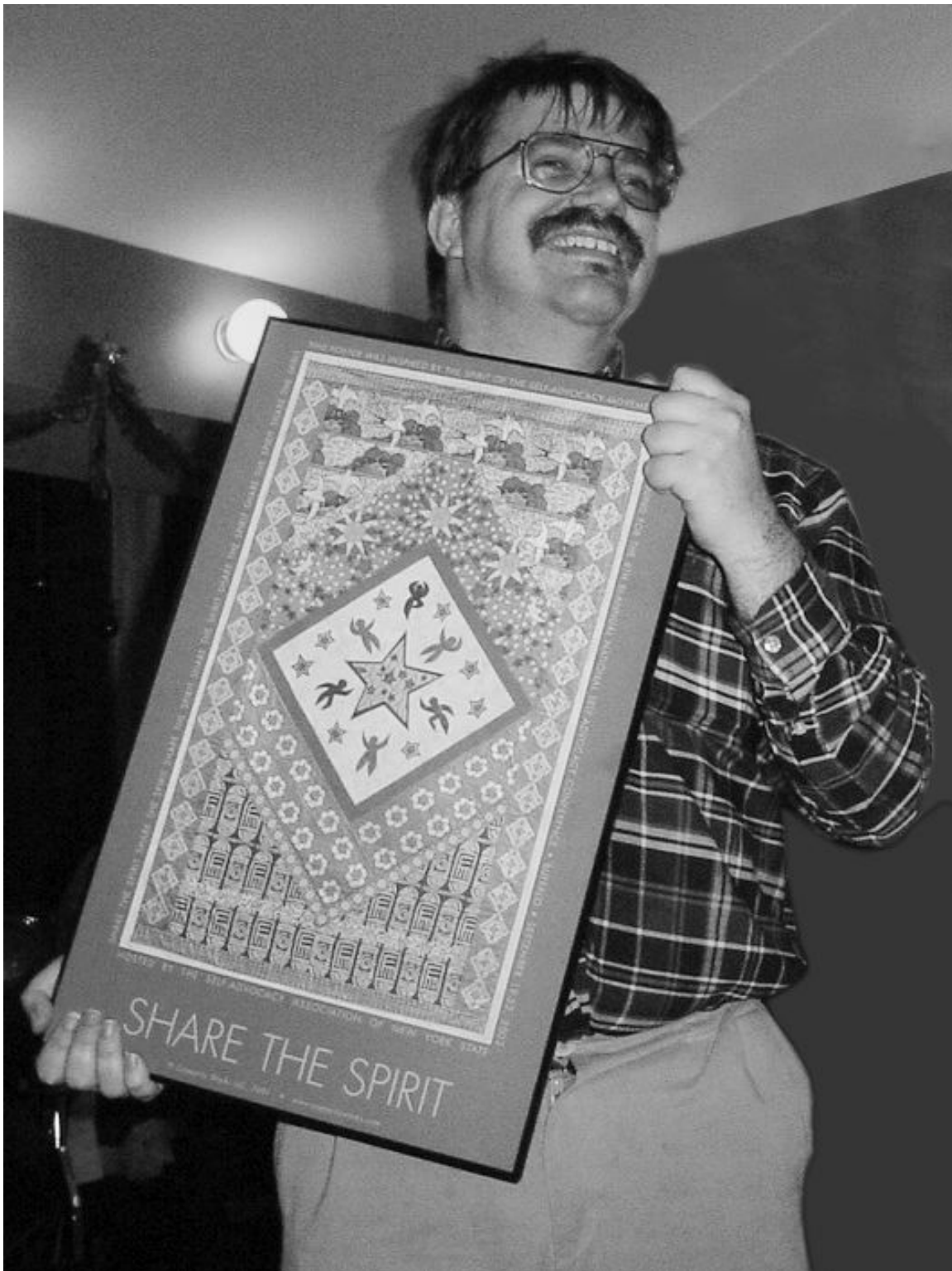
Christine Muller
Shelly Okure
Ray Pierce
OMRDD Bureau of Planning and Service Design

Susan Vosburg
Direct Support Professional

Nancy Wallace
OMRDD Office of Policy, Planning and Individualized Initiatives

The National Direct Service Workforce Resource Center

Amy Hewitt
Sheryl Larson, PhD.
Nancy McCulloh
University of Minnesota, Institute on Community Integration
and
Carol Rodat, The Paraprofessional Healthcare Institute



“For us to achieve the things that we want in life, we need good staff to help support us.” — *Clint Perrin, Self-Advocate and Advisory Committee Member*

I. GRANT FINDINGS

In fulfillment of its Center for Medicare and Medicaid Services (CMS) Technical Assistance grant from the National Direct Service Workforce Resource Center, New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) assembled an Advisory Committee made up of individuals concerned with the direct support of individuals with developmental disabilities. Together with this Advisory Committee, OMRDD undertook a yearlong examination of three specific aspects of this workforce:

1. direct support workforce training;
2. direct support career development; and
3. the unique job of those who support self-directing individuals.

The Resource Center provided technical assistance to this group by investigating issues identified by the group and providing relevant information derived from national, state and local experience in workforce support. This section summarizes the key findings of this effort in support of the policy recommendations of the Advisory Committee (contained in section II - Conclusions and Recommendations).

A. Curricula and Training

In examining issues surrounding direct support training, OMRDD learned:

- Effective direct support professional (DSP) training:
 - encompasses applicable competencies, job descriptions and skill gaps;
 - is part of an integrated system of recruitment, selection and corporate culture that expects, supports and rewards employee competence;
 - is relevant to employees' work and experience;
 - meets the needs of individual employees;
 - allows learning at a comfortable pace;
 - provides opportunity for employees to identify their own training needs;
 - uses a variety of formats;
 - encourages employees to take advantage of naturally occurring training opportunities;
 - is separate from orientation;
 - is clearly connected to the organization's mission, vision, values and goals;
 - employs a "positive transfer environment" in which supervisors know the curriculum and expect the learners to demonstrate and use what they have learned through the training in their jobs; and
 - avoids overloading inexperienced DSPs with new information and under-loading experienced DSPs with materials they have already learned elsewhere.
- "Best Practice" examples of competency-based DSP training programs include North Dakota's statewide curriculum administered by Minot University, Ohio's

Professional Achievement Through Training and Education in Human Services initiative (PATHS), and Ark Regional Services' "Just in Time" Employee Training program in Wyoming.

- For training to be effective, employers must invest in it. Those organizations that have effective training programs have allocated substantial resources toward training and assessing its effectiveness.
- DSPs need incentives to complete trainings. Wages and/or promotional opportunities based on demonstrating competencies are effective incentives. Regulatory requirements are not.
- Training in English, money management and other basic skills is challenging and expensive, although some organizations have experienced improved job vacancy rates and worker turnover with such training.
- Research indicates that classroom and Internet learning can be equally effective.
- The Community Support Skills Standards (CSSS) are a set of comprehensive skills standards that reflect knowledge, skills and attitudes required of DSPs. They are based on the values of promoting community inclusion, person centered service, choice, and respect and dignity. They are the basis for several comprehensive training programs across the U.S. Experience is starting to show that CSSS-based trainings are reducing worker turnover.
- The College of Direct Support (CDS) is an Internet-based national training curriculum based on the CSSS and developed by the University of Minnesota's Research and Training Center on Community Living. Currently 27 states are using CDS, with 46,170 individual learners enrolled. Evaluation is showing that those completing CDS courses are significantly more likely to remain in their job than those who do not complete CDS.
- In New York, five agencies are using CDS, with 2,302 learners enrolled. It is being delivered differently among these agencies. It is most effective when used as part of a larger agency-wide effort to increase effectiveness and provide career orientation and recognition. At least one agency has tied required completion of CDS to monetary and title reward. Another provider, Heritage Christian Services, found that after one year of using CDS to train and certify 180 DSPs, 94 percent of those DSPs continued to work for the agency. In comparison, 66 percent of those who did not participate in the training were still at the agency.
- The demographics of workers using CDS parallel the demographics of the entire DSP workforce.

- Several examples of successful agency collaboration in training exist: Mid-Hudson Coalition, Ohio PATHS, Support Providing Employees Association of Kentucky (SPEAK), and Kansans Mobilizing for Workforce Change.

Through discussions with members of the Advisory Committee, OMRDD also learned of the challenges that exist in developing a highly skilled and competent direct care workforce:

- Significant needs in basic skills education often stymie efforts to develop core competencies in the direct support workforce.
- Employee turnover makes it difficult for agencies to move beyond training in core competencies.
- The CSSS represent a skill set that is very different from the core competencies required by OMRDD. Agencies are finding they cannot screen prospective employees for these skills. They are too advanced.
- OMRDD's core competencies were last revised in 1999. OMRDD has not evaluated the effectiveness of its core competency training.
- Voluntary agencies use their own competencies which vary from agency to agency.
- OMRDD has a competency-based training for supervisors of direct support staff that includes team development training. It also has an optional training known as "Skills for Working Effectively in Teams (SWET)". It is not used consistently across the state.
- The supervisor's job is among the hardest in the system. They must have advanced skills and yet, wear many direct support hats. They do not receive overtime pay, are always on call, and struggle with the revolving door of direct support workers. They sometimes choose to hold back on worker feedback in order to keep direct support staff on the job.
- Peer mentoring experiments in New York have worked well at reducing worker turnover. Experience has shown that the mentoring must be continuous.
- Some people who receive services do not appreciate new employees shadowing their direct support staff.
- Some DSPs are reluctant to go beyond basic required trainings because they see no benefit in it to them.
- Time and childcare are big obstacles to further training for many workers.

B. Career Paths to Improve Recruitment and Retention

In examining issues surrounding DSP career ladders, recruitment and retention, OMRDD learned:

- Professionalizing the workforce can motivate DSPs to continue in their jobs.
 - Providing opportunities for career development increases retention when pursuing those opportunities leads to increased wage and promotional opportunities, i.e., things the worker cannot obtain without the additional training.
 - Experience in related fields such as healthcare, childcare and substance abuse shows that when workers were required to obtain credentials (certificates of advanced training), their wages increased over time more quickly than they did for direct support workers in the developmental disabilities field who did not pursue credentials.
 - Workers do not leave because they are better trained. They leave for better opportunities. To retain workers, increased training opportunities must be accompanied by increased wages and promotional opportunities.
 - Support for obtaining credentials must be tailored to workers' needs.
 - DSPs are busy people, often single mothers working two jobs. Organizations that can bring training in-house and provide easy access for their workers have more success. Also, the more the employer pays for the costs of training, the more likely workers are to complete the training. Some even pay the employee for the time spent in training.
 - Mental Retardation and Developmental Disabilities agencies regularly promote from within. Doing so helps increase worker retention. One New York agency with record low employee turnover first hires new recruits into floater positions, and later offers established floaters the first opportunity for permanent positions.
 - Most DSP credentialing programs are three-tiered, offering increases in wages, cash bonuses and/or professional titles with each achievement in training. Many models exist, and the National Alliance for Direct Support Professionals (NADSP) has created a national voluntary credential that is growing in use. Some organizations see the career tracks they offer as recruitment tools, bringing the best candidates to their agencies.

- Recruitment tools and techniques help get the right people in the job and reduce turnover.
 - The most commonly used techniques for recruitment are (in order of use):
 - a. newspaper ads,
 - b. looking among current or former employees,
 - c. job fairs,
 - d. employment agencies, and
 - e. tv or radio ads.Most try to attract candidates with competitive benefits, leave time, wages and flexible hours. Some offer hiring bonuses to new recruits. Some offer them to current employees who find new employees. Others report moving away from advertising and using more word-of-mouth notice.

- Several states have developed sophisticated recruitment programs using marketing, public service announcements and websites.
- Profiling the ideal candidate is not very effective in improving job retention. Rather, structured interviews, realistic job previews, and job shadowing are better techniques for determining a candidate's right fit. A DSP association in Kansas developed a marketing toolkit to help agencies determine what makes their workers stay and recruit individuals that are similarly motivated.
- The federal government funded 10 demonstration grants under the President's New Freedom Initiative to improve outcomes for the direct support workforce, awarding five in 2003 and five in 2004. Grantees developed programs employing career ladders, healthcare coverage, mileage reimbursement, peer mentorship, realistic job previews, targeted marketing, supervisor training, worker training, and worker registries or referral centers.
- Interventions can improve DSP retention.
 - Health Benefits
 - a. While employees want health insurance and cite it as the most important employee benefit, employers also benefit from providing it, enjoying tax incentives to offer it and using it to attract and keep high-quality workers. In addition, health insurance may boost productivity by contributing to fewer absences and lower workers' compensation or disability insurance costs.
 - b. The direct impact of health benefits on worker turnover is unclear. Some studies find it contributes to lower turnover. Others find little or no impact on turnover. Still, among policy makers, it is now viewed as a necessary, but not sufficient, part of supporting the DSP workforce.
 - Credentialing – An example of a successful credentialing program is the Ohio PATHS Program. It engages workers in completing training and preparing portfolios to document their skills. Voluntary credentials are earned at four levels. These levels are linked with the US Department of Labor's Direct Support Specialist apprenticeship standards and embrace the CSSS, NADSP's Code of Ethics, and the Minnesota Front Line Supervisor Standards. Since its inception, participating agencies have reported increasing wages, providing bonuses, revising performance evaluations and creating new supervisor positions or promoting successful candidates based on their involvement in the PATHS project. Among those at the lowest credential level, 74 percent report that they expect to stay with the same employer, 56 percent of those who expect to stay say they base their decision on the PATHS project.
 - Raising Salaries
 - a. Wage pass-throughs are additional allocations of funds provided through Medicaid reimbursement for the express purpose of increasing wages for direct support workers. Studies of the impact of wage pass-throughs on worker turnover are few, but they do indicate that increasing wages helps to reduce turnover.
 - i. Michigan found that in 13 years of providing annual wage pass-throughs, wages increased by 61 percent while turnover decreased by 21 percent.

- ii. In Massachusetts, wage pass-throughs contributed to an increase of 8.7 percent in wages for nursing assistants in the first year. In combination with broad interventions, nursing homes reported improved stabilization in their vacancy rates after several years of escalating vacancies.
 - iii. In Kansas, one year after a wage pass through, the turnover rates for all positions eligible for the pass-through decreased slightly. Kansas funded less than half of the increase in wages the providers had identified as necessary.
 - iv. A study in Wyoming found that 4 of the 12 states with wage pass-throughs reported a positive impact or a probable positive impact on recruitment and retention. Three states found no impact. Three states couldn't determine if recruitment and retention were affected.
 - b. It is difficult to isolate the effect of a wage pass-through from that of other benefits initiatives. Still, many policy makers are embracing wage pass-throughs as a “down payment” on a comprehensive effort to sustain a competent and stable long-term care workforce.
 - c. Regression analyses indicate that turnover rates are correlated with pay rates, location of residences, supervisor tenure, DSP promotions, the proportion of workers eligible for paid leave, and resident support needs.
- Socialization of Employees
- a. Support from co-workers is important in helping new employees understand an agency's mission, values, practices and operations.
 - b. Newly hired DSPs who are supported by their co-workers are more likely to remain in their jobs than those who are not. Those with mentors are able to learn more about organizational issues and practices than those without mentors.
 - c. Organizations can design effective orientation programs, matching experienced staff with new staff, assigning a specific person to the task of advising new employees, and encouraging staff to take a personal interest in new hires.
- Employee Centered Orientation
- a. Orientation is no longer just delivering required trainings. Instead, it is helping newcomers cope with the stress of starting a new job, feel welcome, and understand the history, mission and structure of the employer. It can also be used to establish open communication between the organization and the new employee, promote positive attitudes about the job and help new employees get to know other employees.
 - b. Research suggests that realistic orientation programs can reduce stress and encourage retention.
- Work relationships can be key.
 - Studies are finding that an agency's culture is pivotal to workforce satisfaction. The way management thinks about DSPs, treats DSPs and talks about them can actually predict its turnover rate. To reduce turnover agencies need to thoroughly examine their management practices, educate their management on good practices and then implement them.

- Organizational culture is a result of its leadership. A positive culture results from leaders who understand the workforce and are attuned to workers' need for respect, mentoring and opportunity. It is an attitude that will be reflected in all the agency's actions and policies.
- Agencies with positive culture have management that:
 - a. views DSPs as the most important resource in the organization;
 - b. is always striving to learn;
 - c. views DSPs as partners, gets to know them and seeks their advice;
 - d. places high expectations for learning and competence on DSPs;
 - e. values open communication within the organization and with the community;
 - f. focuses on mission and uses positive language to talk about the DSP workforce;
 - g. has fewer levels of middle management with more responsibility delegated to the DSPs; and
 - h. operates on trust and respect at all levels of the organization.
- Leadership training can help create these kinds of organizations by allowing leaders to learn from each other. The Mid-Hudson Coalition is a good example of an organization that has promoted a positive culture and seen tremendous results.
- Several organizations have been found to promote positive culture very well using participatory management. They also have significantly lower turnover than other organizations. One organization, Kansans Mobilizing for Change (an association of DSPs, service provider agencies, families and self advocates), focused on establishing participatory management and saw a dramatic decrease in DSP turnover. OHI in Maine, New Horizons Resources in New York, and Ark Regional Services in Wyoming have also demonstrated success with this kind of management change.
- New Horizons Resources reports a turnover rate of 10 percent and a vacancy rate of four percent, both of which it credits to its agency culture. The agency has committed to improving its management to better support the DSP workforce in the following ways:
 - a. using literature tools to review and assess its culture at each of its sites,
 - b. placing DSPs at the top of the organizational chart,
 - c. instilling five unifying agency values throughout the agency,
 - d. equalizing employee benefits for all levels of staff, and
 - e. regularly promoting positive leadership through continual re-evaluation and an active focus on how senior staff are leading the agency workforce.The agency has also been in the forefront of customizing and implementing CDS and the associated College of Frontline Supervision and Management and developing an apprenticeship program through New York State Department of Labor.
- SPEAK (Support Providing Employees Association of Kentucky) is a DSP organization supported by a collaborative of community support providing organizations in the Louisville, KY metro area. SPEAK provides pre-service orientation, paid mentors, training and discussion opportunities, and monetary and commemorative recognition. When the project began, DSP turnover was

averaging 62 percent. After one year, turnover was 44 percent. In the next year it was 27 percent.

Through discussions with members of the Advisory Committee, OMRDD also learned of the challenges that exist in providing career ladders and other benefits intended to retain DSPs:

- OMRDD’s MSC Supervisor survey indicated that the main reasons for high turnover among MSCs are: salary, lack of a career path, case load, and excess paperwork.
- In a 2006 survey of 400 direct support workers, the New York State Association of Community and Residential Agencies (NYSACRA) learned that low pay was the primary cause of dissatisfaction among DSPs. In contrast, DSPs stayed in their jobs primarily because of the relationships they have with the people they serve.
- In recruiting direct support workers, employers can emphasize the joys and rewards of committed relationships between workers and those receiving services.
- At least one agency that tried to implement participatory management found it made the leadership appear weak.
- Other agencies have successfully improved career opportunities and DSP participation in management with things like upward appraisals of supervisors, mechanisms for worker input, and regular management advisory groups.
- Sometimes when workers are given a choice of which homes to serve, they choose the “easiest,” leaving the homes of individuals with the greatest need harder to staff.
- Not all DSPs want to pursue more credentials or college education. Credentialing must be voluntary in order to allow people to attain their individual ceilings.
- Even Masters level supervisors are sometimes failing due to inadequate preparation for the many responsibilities of the job. Mentoring supervisors is helping.
- Agencies need more money to offer better wages and better health insurance. Currently some agencies offer only individual health insurance for the worker. The worker’s family must rely on Child Health Plus or Family Health Plus. Thus, New York is, by default, choosing to pay for DSPs’ insurance through these programs rather than paying publicly funded workers a livable wage with benefits.
- Agencies need more money to be able to offer pay increases and bonuses to those completing advanced trainings. There is currently no money to do so.
- Parents and their children with disabilities often want consistent and highly competent people whom they love and trust with them throughout their lives. They do not want their staff to have to climb a “career ladder” away from direct support in

order to achieve decent pay, benefits and respect. Achieving new competencies should allow workers to advance their skills and their pay while remaining “in place” in direct support work if they so choose.

- One-Stop Career Centers are not aware of or focused on the developmental disabilities direct support workforce. They represent an untapped resource that can help with recruitment. They have grants for training. Agencies should get to know their One-Stops.

C. The Workforce Serving Self-Directing Individuals

In examining issues surrounding the workforce serving self-directing individuals, OMRDD learned:

- Training for DSPs and self-directing individuals has been developed.
 - Some agencies are working to develop staff that serve self-directing individuals by customizing the CDS for families and individuals who direct their own support. Several states specifically market CDS courses for use with DSPs who support people receiving self-directed supports. In Tennessee, CDS is used with microboards in the delivery of self-directed services. And in South Dakota, both DSPs and the self-directing individuals they serve are using CDS.
 - In Washington, all independent providers of self-directed services must complete a two-hour orientation, four-hour safety training, and a 28-hour entry training course entitled Revised Fundamentals of Care (RFOC) within 120 days of employment.
 - The Paraprofessional Healthcare Institute (PHI) received funding from CMS to develop a training curriculum to assist people living with disabilities who employ, support and retain their direct care workers.
- States use various models for providing consumer-directed services:
 - The Vendor Fiscal/Employer Agent Model (used by Arkansas, New Jersey, Florida, Louisiana, North Carolina and South Carolina) in which the consumer or his/her representative is the common law employer of the support service workers hired by the individual and a vendor ensures that wages are paid and that payroll withholding occurs in accordance with the IRS codes and procedures. States use a variety of pricing methods to reimburse the Vendor Fiscal/Employer Agent that include percent of budget, transaction based rates, modified transaction based per member per month rates, and a combination of fixed payment amounts and modified transaction-based per member per month rates.
 - The Public Authority Model (employed by California, Washington, Oregon and Michigan) in which public authorities assume responsibility under agreements with the state or under state law for the payment process and serve as the employer of record for workers.
 - The Registry Model in which many states have developed a registry of workers to provide in-home services. Registries vary in the number and type of services they offer to both workers and consumers. One such registry called “Rewarding Work” is presently used by Connecticut, Massachusetts, New Jersey and Rhode Island.

Washington's registry operates statewide, offering a wide array of services via the Internet. It matches pre-qualified DSPs with self-directing individuals and offers backup services for emergency needs.

- The Agency with Choice Model in which states (such as New Hampshire and Pennsylvania) contract with home and personal care agencies to support consumers and their families who want to direct their own services. The agency becomes the common law employer of the worker, and the individual being served acts as the manager to determine wages and mileage reimbursement rates and to obtain and verify employee paperwork, timecards and expenses.
- The NADSP has established a Code of Ethics that can help define a healthy and successful relationship between an individual receiving services and his/her DSP. The Code of Ethics extends to: person-centered supports, promotion of physical and emotional well-being, integrity and responsibility, confidentiality, justice, fairness and equity, respect, relationships, self-determination, and advocacy.
- The state of Washington is a national leader in supporting independent providers who are hired directly by persons with disabilities. The Washington State Demonstration to Improve the Direct Service Community Workforce implemented multiple interventions to improve staff recruitment and retention through four pilot Referral and Workforce Resource Centers (RWRC) across the state. Each RWRC implemented different interventions through a different model. Interventions included:
 - Worker referral registries to match worker skills with consumer needs and preferences, inform DSPs about job opportunities, pre-qualify individual providers, and offer DSPs information and orientation;
 - Providing a resource center for assisting self-directing individuals in hiring and managing DSPs;
 - Developing a realistic job preview;
 - Offering peer mentoring;
 - Providing professional development opportunities for individual providers; and
 - Developing training manuals for individual providers.

The state conducted an in-depth marketing campaign to publicize the RWRCs and provides a comprehensive package for other regions of the state to use in establishing additional RWRCs. The RWRCs are being well received by the direct support workforce and self-directing individuals.

- The Washington project is also a good example of comprehensive health insurance coverage for DSPs serving self-directing individuals. DSPs who work a minimum of 86 hours a month (following a three-month waiting period) receive comprehensive benefits including coverage for prescription drugs and mental health services. They each contribute \$17.00 per month. Coverage is obtained through a Taft-Hartley multi-employer benefit fund, a single risk pool covering all the contributing employers' eligible employees. Coverage was won through collective bargaining and funded jointly by the state and participating private employers.

- Paying family members as caregivers is workable.
 - “Cash and Counseling” programs are one example of state policies regarding the use of family members as paid support. The three states participating in these programs (Arkansas, New Jersey and Florida) found little evidence of abuse and implemented various methods to prevent consumer mismanagement. The preventative measures include a review of the spending plan, examination of time sheets and check requests to ensure consistency with spending plans, and the use of a consultant to monitor calls and review monthly financial statements with the self-directing individuals. Additionally, each of these states maintained and reviewed receipts.
 - Several states have also implemented progressive discipline systems that require the fiscal employer agents (FEA) to develop systems that identify and address consumer overspending and fraud (i.e., information systems that verify timesheets against consumers’ budgets and track over reporting). Some states have also implemented refresher training sessions for consumers related to the proper use of budgeted funds. When fraud has occurred, states have taken actions that range from written notification and additional training to removing the individual served from self-directed services or removing the individual from the Medicaid program.
- Advancement and training for DSPs serving self-directing individuals are contingent upon the DSP’s organizational affiliation. The NADSP Credential is available to all DSPs regardless of whether they work for an agency or directly for the individual.
- Good resources exist for assisting individuals who receive self-directed services in hiring and managing DSPs. The Illinois Workforce Initiative Project developed *“Find, choose and keep great DSPs: A toolkit for people with disabilities looking for quality, caring and committed direct support professionals”* and has piloted a workshop to teach individuals and families to use the toolkit. The University of Minnesota is developing a PowerPoint slide presentation to accompany this resource.
- Studies of individuals receiving self-directed services have had mixed findings. Some have found that as many as one third of older adults would participate in a self-directed program of care.
- Evaluation of the Cash and Counseling program in Arkansas, Florida and New Jersey showed the importance of clearly communicating information about the program to avoid misunderstandings. Individuals receiving services need to understand their rights and responsibilities, how their other benefits will be affected, cash option financial details and the amount of their allowance, their ability to identify a worker from among family or friends, and how the program will affect their current support staff.
- Making program materials easy to understand and conducting home visits to explain the program thoroughly can help ensure that individuals understand the program.

Through discussions with members of the Advisory Committee, OMRDD also learned of the unique challenges that exist in preparing DSPs to deliver and individuals with developmental disabilities to implement successful self-directed services:

- In New York State, service providing agencies lose control and influence with self-directed services. They may therefore be reluctant to move too extensively in this direction.
- Very close relationships between staff and the person being served have led to the greatest success. Yet, there is a counter need for clear professional boundaries in order to protect the staff person from unprofessional demands and the attendant stress.

I do not see my job as helping someone with a disability. I see it as a learning opportunity. Since I started working, I have done things I never thought I would do. I have been places that I never thought I would go. Working with Karen, I have grown as a person. I have developed skills that I do not think I would have developed working in any other palace. Everyday I work with Karen, I learn something new.

—Melody Lopez, Direct Support Professional

II. CONCLUSIONS AND RECOMMENDATIONS

Where we Started

In August 2006, NYS OMRDD received a one-year grant of technical assistance from the federal Centers for Medicare and Medicaid Services (CMS) to aid in investigating issues related to finding, keeping, and developing direct support workers, a key element of the service system that assists persons with developmental disabilities. OMRDD convened an Advisory Committee of individuals interested in workforce issues, and also assigned staff to research and review issues related to direct support workers. Technical assistance was provided by University of Minnesota staff under the auspices of the National Direct Service Workforce Resource Center. With help from University of Minnesota experts, OMRDD staff gathered, reviewed and summarized both national and New York State information about the direct support workforce which was reviewed and debated by the Advisory Committee during a series of meetings.

What we Discovered

To guide review and analysis, OMRDD focused on three main areas of interest. These were: training for direct support workers, career development for these workers, and assistance to individuals who are self-directing. Examples of the types of information gathered in each of these areas include: content and delivery of worker training; nationally available curricula, such as the Community Support Skills Standards (CSSS); national credentialing programs, such as the College of Direct Support (CDS); wages and benefits; recruitment tools and techniques; agency culture; socialization of employees; work relationships; demands on supervisors; particular needs of individuals who are self-directing; and peer mentoring. This information is described more fully in Section I - Grant Findings, and the sources for this information are listed in Section III – Annotated Bibliography.

Building a Foundation for a People First System

OMRDD must consistently place people — those who receive services and those who provide them — solidly at the center of its focus as it continues to create a person-centered system of high quality care for individuals with developmental disabilities. The quality of hands-on care derives directly from the care and concern that exists between the worker and the individual served. Putting people first means the individuals we support deserve competent and consistent care from people who care about them, but also from people who enjoy and take pride in their work. It means that as we enhance the types of services we offer, we must also work to improve the job of the direct support worker, making it one of high standards and desirable, rewarding work.

The Workforce Advisory Committee, together with OMRDD staff, identified four key elements that must form the foundation of any initiative to improve the quality of direct support. Each of these elements must be present; failing to provide any of them will

ensure that we fail to keep people our top priority. These mutually-dependent core elements include:

- **Positive, interested and caring relationships** with the persons being served.
- **Wages and benefits** that make potential employees want to become direct support workers and remain direct support workers for more than a few months or a few years.
- **A positive, supportive work environment** that makes people want to come to work and stay with the job.
- **Person-centered approaches** such as finding new ways to support people who want to become self-directing.

These core elements and “starting-point” recommendations for each element are discussed in more detail below.

A. Fostering Positive, Interested and Caring Relationships

An important point made by OMRDD Workforce Advisory Committee members during their discussions was the need for service provider organizations to go beyond basic training of direct support workers and to emphasize the need for these workers to develop positive relationships with persons being served and with involved family members.

Two approaches have been developed to achieve this goal. The first consists of orientation activities for potential employees or newly hired employees that provide a real picture of the job demands on a direct support worker. Orientation activities currently being used by agencies that employ direct support workers include: job shadowing, “floating” among various types of jobs before the employee selects a preferred work location and use of realistic job preview materials including videos describing work routines and work challenges.

The second approach is to use job training curricula that are focused on the values necessary to become a high quality direct support worker. The most notable of these curricula are the CSSS, an outcome of the CSSS project conducted in the 1990s. These standards identify 12 broad competency areas in human services work and specify job functions, work tasks, and performance indicators for each standard.

The value of a focus on developing positive relationships among direct support workers and the people they serve was recently demonstrated in a New York State Association of Community and Residential Agencies (NYSACRA) survey of direct support workers in NYSACRA affiliates. This survey showed that one of the key components of job satisfaction for these workers was the relationships they have developed with the people they serve.

Recommendations:

- Agencies that employ direct support workers should use a mix of techniques (such as realistic job previews and job-shadowing) to identify those workers who value developing positive, interested and caring relationships with the people they serve.
- Agencies that employ direct support workers should undertake a comprehensive review of their employee training regimen. In so doing, they should:
 - enhance direct support skills training by incorporating elements of values-based competencies such as the CSSS;
 - make employee training for all levels of staff ongoing;
 - establish a schedule and procedures for regularly assessing the effectiveness of their training programs; and
 - develop meaningful rewards for workers who advance in their training and tenure.

B. Wages and Benefits

Wages and benefits for direct support workers have historically been consistently low when compared to other occupations. In a November 2006 fact sheet, the National Clearinghouse on the Direct Care Workforce reported that the median hourly wage for all direct support workers in 2005 was \$9.56 as compared with a median wage of \$14.15 for all U.S. workers. A November 2006 study prepared by the Paraprofessional Health Care Institute (PHI) for the New York City Workforce Investment Board noted that direct support workers in New York City, with a median hourly wage of \$8.38 in 2003, were included among occupations categorized as low wage (i.e., wages earned at the 20th percentile of the wage distribution or below).

Recognizing this fact, OMRDD has provided both wage and benefit enhancements in recent years to direct support workers within its service system. Funds for direct support staff salary enhancements were provided in 1999, 2000 and again in 2003. In 2006, the Legislature provided for an annual Cost of Living Adjustment (COLA) for three years: a 2.8% COLA adjustment for various providers took effect on October 1, 2006, and a 2.3% COLA was implemented in spring 2007. A third COLA will occur in spring 2008. OMRDD has also provided funds for direct support worker health benefit enhancements through initiatives known as the Healthcare Enhancement I and II, and is proceeding to implement Healthcare Enhancement III beginning January 1, 2008.

Other states, including Michigan, Massachusetts and Kansas have also provided wage “pass throughs” to benefit direct support workers. Data from various “pass through” initiatives show mixed results, but states with a long history of providing wage enhancements, such as Michigan, report a decrease in turnover over time.

Recommendations:

- OMRDD should continue to advocate for inclusion of both wage and health care benefit enhancements in future New York State Budgets.
- Providers should develop ways to institute wage enhancements and/or bonuses that recognize increases in worker skill, certifications, and/or responsibility.
- OMRDD should examine possible options for increasing wages for direct support workers over time to establish a livable wage.
- Agencies should conduct comprehensive internal data collection relevant to workforce recruitment and retention rates.

C. Providing a Positive, Supportive Work Environment

During their discussions, Advisory Committee members noted an agency's culture—the way the agency does business—appears to be a key factor affecting direct support worker recruitment and retention rates. Elements that characterize an agency's culture include: how workers relate to other workers; how employees get help to deal with personal issues; how workers relate to their immediate supervisor; and how agency management deals with workers.

Relationships with other workers

Positive agency culture appears to be characterized by an environment in which co-workers readily provide support to new hires and to other co-workers. This support can be informal, derived from personal relationships, or more formal, as characterized by mentoring by more senior direct support workers or direct support workers with a particular skill or expertise.

Employee support

Direct support workers are predominantly women. Some are single mothers and among the working poor. Some work more than one job, and many are from different ethnic groups and cultures. Some agencies report positive results with employee assistance programs that help workers deal with personal challenges such their need for child care, managing financial concerns, or other life issues that can affect their performance on the job. These supports demonstrate the employer's concern for the worker, relieve distracting pressures from the employee, and save money by helping employees remain on the job.

Relationships with supervisors

A direct support worker's relationship with his or her immediate supervisor has been identified as a key factor affecting retention rates. Direct support workers who have a

good relationship with their immediate supervisor are more likely to stay on the job than workers who do not enjoy such a relationship.

Career path

Because direct support workers earn low wages, it is common for workers to leave direct support work for better paying positions. To encourage dedicated workers who desire to remain in direct support to do so, and to instill a sense of pride in that position and in professional achievement, employers are beginning to provide these workers a career path with recognition and salary increases tied to advanced training and tenure. This trend is necessary and positive. Nonetheless, it is important that employers recognize the need to reward those who wish to remain in direct support in ways that do not require them to advance out of these roles and into management positions.

What is needed for direct support workers is career advancement opportunities that will allow them to climb a ladder to management, or alternatively, to be rewarded for advancing skills and qualifications while remaining in direct support.

Senior management

Agencies that have recruitment and retention rates significantly above the industry average report that their management staff continually evaluate their own performance to see where improvements can be made. Other agencies report success with practices that recognize and appreciate direct support workers and allow them to express their views and recommendations for change to top agency management.

Recommendations

- Agencies should articulate their core values, communicate those values to all levels of staff, and integrate them into their management and operational procedures and training regimens.
- Agencies should regularly review their operational policies and procedures for consistency with their stated mission and values and make necessary improvements.
- Agencies should implement a variety of workforce interventions aimed at:
 - professionalizing and supporting workers while on the job,
 - providing educational and credentialing opportunities, and
 - rewarding workers for advances whether or not they wish to remain in direct care work.
- OMRDD should implement effective statewide dissemination of information and resources explaining best workforce practices to voluntary service providers.

D. Developing Person-Centered and Self-Directing Approaches

Self-direction is an outgrowth of person-centered planning, and a growing number of people with developmental disabilities want to be self-directing, and to hire, supervise, and (when necessary) dismiss their caregiver. Issues in this developing area include: training (for both the self-directing person and the caregiver), help for the self-directing person in administering his or her plan of services and budget, and determining who can qualify as a caregiver.

Training

Both self-directing individuals and the people who serve them have expressed a need for additional training. Agencies and organizations are beginning to develop training programs and materials for self-directing persons. PHI is developing a training curriculum for self-directing persons; the Illinois Workforce Initiative Project has developed a tool kit on finding, choosing and keeping direct support workers. Some states, including Tennessee and South Dakota, are using the CDS as a platform to support training for both caregivers and self-directing individuals.

Management help

Recognizing that people who are self-directing often need help with practical issues relating to budgeting for, hiring, and supervising caregivers, states have developed a variety of approaches to help manage this process. Some states use a fiscal agent to ensure that wages are paid and tax withholding rules are followed. Other states use public authorities to provide help. Some states maintain a registry of workers who are approved to provide in-home services, while still others use the agency-with-choice model, in which an agency becomes the common law employer of the caregiver and the self-directing person manages the wages and time and attendance of caregiver staff.

Who can be a caregiver?

An important issue for self-directing people is who they can select to be caregivers. Possible candidates include: family members, friends, neighbors and students (very often college students). There are issues related to the types of training these caregivers might be required to have and how to establish clear professional boundaries between the self-directing individual and the caregiver to insure that the self-directing person remains in control.

Recommendations

- OMRDD should assess its program of Consolidated Supports and Services (CSS), determine the training needs for all parties involved in the program, and develop the necessary training. In doing so, OMRDD should ensure that innovative methods (such as peer mentoring) and curricula that have been used successfully in training for traditional service delivery also benefit this training as appropriate.

- OMRDD should explore:
 - the need for training related to the use of less traditional labor pools (such as family, friends, students and neighbors) for providing direct care to self-directing individuals, and
 - ways to encourage self-directing individuals to seek workers from these populations.
- Employers of direct support workers who are assisting self-directing individuals should provide access to healthcare insurance for all workers and their families.

The Advisory Committee of this grant has found the four areas of recommendations noted here to be central to pursuing excellence in New York State's system of supports for those with developmental disabilities. Improving the experience of the people who do the work of OMRDD's system of care, and ultimately, the experience of the people we are caring for, will make people truly our first priority.

The satisfaction in being a direct support professional comes from knowing you are doing the small but important things that help the individual be able to live their life as meaningfully and independently as possible.

—Sue Vosburg, Direct Support Professional

III. ANNOTATED BIBLIOGRAPHY

This bibliography contains a sampling of the resources that were explored as part of the activities of the grant. The resources listed here appear in alphabetical order. Their inclusion in this list does not imply an official endorsement on the part of OMRDD of any information or products described therein.

A. Expert Resources

Better Jobs Better Care

This four-year \$15.5 million research and demonstration program funded by the Robert Wood Johnson foundation and The Atlantic Philanthropies is intended to achieve changes in long-term care policy that will help reduce high vacancy and turnover rates among direct support workers and contribute to improved workforce quality.

www.bjb.org

College of Direct Support (CDS)

CDS is an Internet-based college for direct support professionals developed by the University of Minnesota, Research and Training Center on Community Living. It incorporates the Community Support Skill Standards (CSSS) and the NADSP Code of Ethics. It also contains a College of Frontline Supervision and Management training curriculum. Many states and provider agencies are using CDS as a training tool for DSPs.

<http://info.collegeofdirectsupport.com/>

Community Support Skill Standards (CSSS)

Direct support workers from a variety of human service settings, consumers of services, trainers, agency administrators, educators, and others who are invested in quality services created the CSSS by identifying the skills that DSPs need to support people with disabilities in leading self-directed lives and contributing to their communities. The CSSS reflect the skills, knowledge and attitudes of an experienced worker who is recognized by peers and supervisors as skilled and competent. They are not a set of minimal criteria that a person needs to begin work in direct support.

<http://www.collegeofdirectsupport.com/CDS50/content/CDSContent/csss.htm>

Institute for the Future of Aging Services (IFAS)

IFAS is the research arm of the American Association of Homes and Services for Aging. Together with PHI (Paraprofessional Healthcare Institute), IFAS launched the Better Jobs Better Care Initiative.

www.futureofaging.org

New Freedom Initiative

Announced on February 1, 2001, as part of a national effort to remove barriers to community living for people with disabilities, the New Freedom Initiative is a comprehensive plan to ensure that all Americans have the opportunity to learn and develop skills, engage in productive work, make choices about their daily lives and participate fully in community life. Under this plan, the Federal Centers for Medicare

and Medicaid Services (CMS) has funded 10 projects directed at improving the outcomes of the direct support workforce.

<http://www.hhs.gov/newfreedom/init.html>

National Alliance for Direct Support Professionals (NADSP)

NADSP is a coalition of organizations and individuals committed to strengthening the quality of human service support by strengthening the direct support workforce. The group includes representatives from the fields of mental health, developmental disabilities, child welfare, education, and many others in the human services community. The organization has developed a National Voluntary Credentialing Program for Direct Support Professionals and, in conjunction with the Research and Training Center on Community Living at the University of Minnesota, annually bestows a “Moving Mountains” award on organizations that have demonstrated best practices in direct support workforce development. It has also developed a Code of Ethics which brings professionalism to the field of direct support. Its quarterly newsletter is *Frontline Initiative*. (Visit <http://www.nadsp.org/library/index.asp>).

<http://www.nadsp.org>

National Clearinghouse on the Direct Care Workforce

The Clearinghouse is a national online library for people in search of solutions to the direct-support staffing crisis in long-term care. A project of PHI, the Clearinghouse includes government and research reports, news, issue briefs, fact sheets, and other information on topics such as recruitment, career advancement supervision, workplace culture, and care giving practices. The Clearinghouse also houses training manuals and how-to guides, a list of direct support worker associations, and listings to other associations, resources, and events.

<http://www.directcareclearinghouse.org>

National Direct Service Workforce Resource Center

The Resource Center was created by CMS to respond to the growing shortage of workers who provide direct support and personal assistance to people with disabilities and aging adults. It draws on the recognized expertise of The Lewin Group, The Institute for the Future of Aging Services, The Paraprofessional Healthcare Institute, and the Research and Training Center on Community Living at the University of Minnesota. It provides information, resources and assistance to state and local governments, policy makers, researchers, employers, workers and consumers.

www.dswresourcecenter.org

University of Minnesota, Research and Training Center on Community Living

The University of Minnesota maintains a comprehensive research, training and technical assistance program in the area of direct support workforce development. Its products include “Direct Support: A Realistic Job Preview”, the Department of Labor Partnership for Success Recruitment and Retention Toolkit, and more.

<http://rtc.umn.edu/dsp/>

Paraprofessional Healthcare Institute (PHI)

PHI focuses on strengthening the direct support workforce by developing innovative approaches to recruitment, training and supervision, client-centered care giving practices and effective public policy. It analyzes, develops, and disseminates information and resources related to direct support workforce issues.

<http://www.paraprofessional.org/>

B. Wages and Benefits

Emerging Strategies for Providing Health Coverage to the Frontline Workforce in Long Term Care; Lessons from the CMS Direct Service Community Workforce Demonstration Grants; January 2007.

CMS launched the Demonstration to Improve the Direct Service Community Workforce in 2003. Grantees are testing a range of recruitment and retention strategies, including the expansion of health insurance coverage. This paper provides an overview of the health coverage interventions tested by the direct service workforce (DSW) grantees and examines four approaches: Subsidizing Employer Based Insurance (North Carolina); Prescription Discounts, Basic Health Insurance and Tax-Free Accounts (New Mexico); Dirigo Choice and Outreach to Home Care Agencies (Maine); and Outreach to Consumer-Directed Home Care Workers (Washington).

http://www.hchcw.org/docs/CMS.DSW.Grant.Health.Coverage.Analysis.final_4.5.06.pdf

Home Care Workers Health Insurance Demonstration Project, Final Evaluation.

Howard S. Berliner. SC.D. June 2004.

New York State established a demonstration to employers of personal care aides in cities and counties with a population of one million or more. Under the project, home care workers were provided managed care benefits including dental care and vision services. Due to other changes that occurred during the study, it is not clear to what extent the enhancement of health benefits alone improved retention.

www.directcareclearinghouse.org (Search “Home Care Workers Health Insurance Demonstration”)

Michigan Quality Home Care Campaign, Costs and Benefits of a Wage Increase for Home Help Workers

The Michigan Quality Home Care Campaign commissioned this analysis of the costs and benefits of spending \$30 million to increase wages of Home Help workers. It found that spending money to improve the quality of care in Michigan’s Home Help program is less expensive than paying for nursing facility care and that the state will save money by diverting Medicaid beneficiaries away from nursing facilities and into Home Help.

http://www.andersoneconomicgroup.com/modules.php?name=Content&pa=display_aeg&doc_ID=1943

Return on Investment Calculator: A tool for Analyzing State Investment in Direct Care Worker Wages

This tool allows states to analyze the economic and social impact of additional investment in the wages of direct support staff. It may be accessed through the PHI website: www.paraprofessional.org.

State Wage Pass-Through Legislation: An Analysis, *Workforce Strategies*, No. 1, April 2003. Published by PHI.

Twenty-one states have implemented “wage pass through” programs with the stated expectation that doing so will help address the shortage of direct support workers employed by long-term care providers. A wage pass-through is an additional allocation of funds provided through Medicaid reimbursement for the express purpose of increasing compensation for direct support workers. This brief describes the structure of wage pass-through programs in selected states, summarizes what is known about the impact of these programs on the recruitment and retention of direct support workers, and identifies key design elements that states should consider in implementing a wage pass-through.

<http://www.directcareclearinghouse.org> (Search: “State Wage Pass-Through Legislation”)

Wages of Direct Support Professionals Serving Persons with Intellectual and Developmental Disabilities: A Survey of State Agencies and Private Residential Provider Trade Associations. *Policy Research Brief, Institute on Community Integration, University of Minnesota. 2003.*

Policy Research Brief is a newsletter summarizing research on policy issues affecting persons with developmental disabilities. This brief summarizes the results of a survey of state agencies administering services for persons with intellectual disabilities and developmental disabilities (ID/DD) and state-level residential service provider trade associations. In addition to wage statistics, the survey also gathered information on legislative and other initiatives within the states to affect DSP wages.

<http://ici.umn.edu:80/sitemap/siteindex.html> (Click on “Products”, then “Newsletters and Briefs”)

Washington State Demonstration to Improve the Direct Service Community Workforce

As part of its multi-faceted demonstration project to improve worker recruitment and retention, the Washington Home Care Quality Authority developed a way of providing comprehensive health insurance coverage for DSPs serving self-directing individuals. Coverage is won through collective bargaining and funded jointly by the state and participating private employers.

www.hcqa.wa.gov

C. Training and Credentialing

Alaska's Personal Assistance Services and Supports Project

In 2001, CMS awarded Alaska a Systems Change Grant for Community Living. This grant increased training opportunities for personal assistants through a network of regional training contractors providing training on a routine schedule. Additionally, the state developed training standards, curriculum and competency testing.

<http://www.hcbs.org/htmlFil.php/fid/666/did/172/>

<http://www.hcbs.org/moreInfo.php/doc/1805>

California Department of Developmental Services

The Department has established a competency-based training program that is mandatory for all direct support staff (and administrators who provide direct support) working in licensed community care facilities. The Direct Support Professional (DSP) Training is based on core competencies necessary for satisfactory job performance.

http://www.dds.cahwnet.gov/DSPT/DSPT_trpr.cfm

California's San Joaquin County, Office of Education Regional Occupational Program.

This Direct Support Professional training is a state certified, two-year, 70-hour course taught in two separate phases. Both phases are 35 hours and are taught in accordance with Title 17 regulations. Year I training must be completed within the first year of employment and Year II training must be completed by the end of the second year of employment. At the conclusion of each course, the DSP will complete a skill test.

<http://www.sjcoe.org/dsp/>

Career Development Pathway (CDP)

Pinnacle Health System in Harrisburg, Pennsylvania created and implemented the Career Development Pathway (CDP), a program designed to recognize professional registered nurses (RN) who have expanded the breadth and depth of their clinical practice.

<http://www.pinnaclehealth.org/body.cfm?id=1904>

Cornell Family Development Training and Credentialing Program (FDC)

This program provides frontline workers with the skills and competencies they need to empower families to attain a healthy self-reliance and interdependence with their communities. It is available across the country to all frontline workers from all public, private and non-profit service systems. The FDC credential is recognized by all major family-serving agencies.

www.human.cornell.edu/HD/FDC

Disability Training

Disability Training is an online source for over 500 training and multimedia solutions on disability awareness, advocacy, developmental and learning disabilities, special education, physical disabilities, mental health, assistive technology, and vocational rehabilitation, including topics for workers supporting self-directing individuals.

www.disabilitytraining.com

Illinois On-the-Job-Training (OJT)

Illinois' OJT provides DSPs with an opportunity to practice what they have learned in class. With OJT, the DSP performs specific tasks under the supervision of someone who is qualified to perform that task (i.e., supervisors, experienced DSP, or other Qualified Mental Retardation Professionals).

<http://www.iidc.indiana.edu/training/directsupport.htm>

Iowa Training Consortium

The Iowa Training Consortium has developed a web site to advertise and encourage training and education to build supportive communities for Iowans with disabilities.

<http://www.DisabilityTraining.org>

The John F. Kennedy, Jr. Institute for Worker Education/City University of New York/Reaching Up

In 2000, Reaching Up, a non-profit organization founded in 1989 by John F. Kennedy, Jr., joined with The City University of New York (CUNY) to establish the John F. Kennedy, Jr. Institute for Worker Education. This collaborative offers worker education programs; career mentoring; college scholarships; advocacy for career ladders, wages and benefits; and conducts workforce research.

<http://www.jfkjinstitute.cuny.edu/>

The LEADS Institute (Leadership, Education and Advocacy for Direct Care and Support)

The LEADS Institute assists northern New England residential and home care providers in implementing organizational change that supports quality care through quality jobs. It engages all levels of agency staff in leading change, focusing on improving supervisory relationships, providing leadership and growth opportunities for direct support workers, and emphasizing a coaching approach to supervision.

http://www.paraprofessional.org/Sections/Leads_programGoals.htm
www.vermontelders.org (Click on "LEADS")

Maryland STARS Program

Created by the Arc Northern Chesapeake Region, this career advancement and DSP recognition program offers a three-tiered career track for Arc DSPs, a cash incentive for each tier level achieved through advanced skill training or formal education, and the development of a portfolio.

www.nadsp.org – Click on "Training/Education", Select "View Profiles of Award Winners," Find a summary under "2005-2006 Award Winners."

Nurse Reinvestment Act of 2002 (NRA), Nursing Scholarship Program (NSP)

The NRA established the NSP to provide scholarships for individuals to attend nursing school. The NRA also modified an existing program, the Nursing Education Loan Repayment Program (NELRP), established by Congress in 1992, to help repay education loans for RNs. Under both programs, awardees must agree to work at least two years in a health care facility experiencing a critical shortage of nurses, with preference given to qualified applicants demonstrating the greatest financial need.

<http://www.aacn.nche.edu/media/nraataglace.htm>

Ohio's Professional Advancement through Training and Education in Human Services (PATHS) Initiative

The PATHS program advances the skills and knowledge of DSPs and frontline supervisors who work with people who have disabilities. It educates DSPs in the skills needed to work effectively, incorporating the CSSS, NADSP's Code of Ethics and the Minnesota Frontline Supervisor Competencies.

<http://www.ohiopaths.org/>

Regional Service Providers of Wyoming -- Ark Regional Services

This agency developed its own Competency-Based Performance System (CBPS) that includes mentoring and required demonstration of learned competencies. Career development is offered via two programs: 1) a two-year Department of Labor Certified Apprenticeship Program for Direct Support Specialists and 2) a Developmental Disabilities Certification Program with Ark and the University of Wyoming's Disabilities Studies Program.

www.nadsp.org

<http://www.arkregionalservices.com/SDT-Home.html>

Support Providing Employees Association of Kentucky (SPEAK)

SPEAK is a DSP organization in the metro Louisville, KY area that is guided by two lead agencies – The Council on Mental Retardation and Seven Counties Services, Inc.

SPEAK offers DSPs a variety of services, including pre-service orientation, access to a mentor/apprenticeship program, training and discussion opportunities and monetary and commemorative recognition for reaching tenure milestones. In three years, turnover in partnering organizations has dropped from 62% to 27%.

<http://www.dspspeak.org/>

Training Resource Network, Inc.

An online catalog of resources on the full inclusion of persons with disabilities in their communities.

www.trninc.com

Quality Mall

An online resource for information on products and practices in the area of person-centered supports for people with developmental disabilities.

www.qualitymall.org

D. Recruitment and Retention

Breaking the Turnover Cycle by Elise Nakhnikian, Paraprofessional Healthcare Institute. The Catholic Health Association of the US. *Health Progress*. November – December 2005, Volume 86, Number 6.

<http://www.chausa.org>

Extended Care Career Ladders Initiative (ECCLI)

The Commonwealth of Massachusetts initiated the Extended Care Career Ladders Initiative (ECCLI) as part of a broader Nursing Home Quality Initiative. ECCLI addresses the recruitment and retention of nursing staff by providing them with flexible educational opportunities and incentives. A framework for Nursing Home Quality was also implemented to encourage better workplace conditions for CNAs while simultaneously promoting workplace culture change. Since 2000, ECCLI has helped 158 nursing homes and home health agencies train over 7,500 individuals. ECCLI sites report improved worker retention rates and reductions in the cost of doing business, while improving the quality of patient care. Direct support workers who completed at least one training module have received a wage increase at an average of \$1.05 per hour.

<http://www.commcorp.org/eccli/index.html>

Addressing New York City's Care Gap: Aligning Workforce Policy to Support Home and Community-Based Care

Written by PHI for the New York City Workforce Investment Board, this policy paper focuses on those employees who provide home and community-based care to elders and people with disabilities, the estimated demand for additional direct support workers in the future, and the need to support and develop this workforce and reward and recognize these workers for their contributions to the community and our economy. Statistics about the number of direct support workers in New York City and their average hourly wage are included.

<http://www.paraprofessional.org/>

Measuring Long-Term Care Work: A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcomes. US Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation and US Department of Labor, Office of the Assistant Secretary for Policy. April 2005.

<http://aspe.hhs.gov/daltcp/reports/dcwguide-file.htm>

E. Self-Determination

AVOIDING Attendants from HELL; A Practical Guide to Finding, Hiring and Keeping Personal Care Attendants

A comprehensive "how to" guide for individuals who are physically disabled as well as professionals, caregivers, and supportive family members involved in the independent living process.

<http://www.personalcareattendants.com/>

Cash & Counseling Program

The federal program provides a flexible monthly allowance to recipients of Medicaid personal care services or home and community based services. Participants use an individualized budget to make choices about the services they receive and can make sure these services address their own specific needs. The participant, instead of an agency, decides who to hire and what services they would like to receive. Participants also have the option of using their budget to purchase labor saving devices or to make home modifications to help them live independently. In addition, this program offers

counseling and fiscal assistance to help consumers manage their allowance and responsibilities by themselves or with the aid of a representative.

<http://www.cashandcounseling.org/about>

<http://www.mathematica-mpr.com/publications> For reports on Cash and Counseling programs, search “Cash and Counseling”.

Center for Self Determination

<http://www.self-determination.com>

Connecticut Department of Mental Retardation (DMR)

Connecticut DMR created nine Self-Advocate Coordinator positions across the state to promote self advocacy, train and mentor peers and assist DMR staff with applying best practices methods. Additionally, DMR created a manual, “*Understanding the Connecticut DMR Home and Community Based Services Waivers: An Introduction to Your Hiring Choices*” to provide a step-by-step process for all aspects of self directed supports.

<http://www.dmr.state.ct.us/HCBS/DMRbook2ENG.pdf>

Employing, supporting, and retaining your personal assistant: An orientation workshop for people with disabilities

Developed by the Paraprofessional Healthcare Institute, this training curriculum is designed for people with disabilities who wish to hire workers to assist them under consumer-direction.

www.directcareclearinghouse.org

“The Experiences of Workers Hired under Consumer Direction in Arkansas”
U.S. Department of Health and Human Services by Dale, S., Brown, R., Phillips, B. and Carson, B., June 2003. *Final report, Mathematica Evaluation Reports: 1-56.*

This study describes the experiences of workers hired under consumer direction using results from the first Cash and Counseling demonstration, Arkansas’ Independent Choices.

<http://aspe.hhs.gov/daltcp/reports/ARhiredes.htm>

Find, Choose & Keep Great DSPs – Toolkits for People with Disabilities and Families, University of Illinois & Illinois Council on Developmental Disabilities

This toolkit includes staff interviews, new staff survey, staff satisfaction survey, realistic job preview video, and a workforce development plan.

www.uic.edu/orgs/idhd

HCBS Promising Practices Report, Back-up Support When a Person’s Attendant is Absent

California developed its Rapid Response and On-Call Worker’s Programs to provide back-up support to in-home service providers. In Home Supportive Services (IHSS) serves 240,000 people each year, a majority of whom direct their own services.

<http://www.cms.hhs.gov/PromisingPractices/HCBSPPR/list.asp#TopOfPage>

Illinois Institute on Disability and Human Development (IDHD), Community Support Program

In addition to the toolkit listed above, this program includes the Direct Support Professional Workforce Initiative and a Workforce Development Plan for Illinois.
<http://www.rtc.umn.edu/ildspworkforce/index.asp>

National Coalition on Self-Determination

This national coalition of people with disabilities, parents and family members works with other organizations and federal officials to promote self-determination and community living for all individuals with disabilities.
<http://www.nconsd.org>

Washington State Demonstration to Improve the Direct Service Community Workforce

The state of Washington implemented multiple interventions to improve staff recruitment and retention through four pilot Referral and Workforce Resource Centers across the state. It also conducted an in-depth marketing campaign to publicize the centers and provides a comprehensive package for other regions of the state to use in establishing additional centers. The centers have developed extensive resources for assisting workers who support self-directing individuals. The Home Care Quality Authority (HCQA) serves as the employer of record for independent direct support workers throughout the state.
www.hcqa.wa.gov

F. Experience of Associations and Collaborations

The Alaska Alliance for Direct Service Careers

The Alaska Alliance for Direct Service Careers received the NADSP 2007 Moving Mountains award in recognition of its successful workforce initiatives. It launched a statewide media campaign, created a website to expand the recruitment pool of DSPs, developed a four-pronged effort to retain the best DSPs, educated the Alaska legislature about the poor wages earned by DSPs, and helped to make DSPs aware of the benefits for which they are eligible.

<http://www.hcbs.org/htmlFile.php/fid/666/did/172/>

<http://www.dspspeak.org/SPEAKWEBSITE.htm>

Direct Care Worker Associations and Public Authorities, a report by Jennifer Gillespie of the National Academy for State Health Policy.

www.directcareclearinghouse.org (Click on "Library", Search Author: "Gillespie".)

Direct Care Worker Associations: Empowering Workers to Improve the Quality of Home- and Community-Based Care. Paraprofessional Healthcare Institute. *Workforce Tools*, Spring 2004, No. 3.

www.directcareclearinghouse.org (Click on "Library", Search Keyword: "Associations".)

Iowa Caregivers Association (ICA)

ICA provides education, information, support and advocacy for those who perform direct resident/patient/client care. ICA also conducts market research relative to staff recruitment and retention.

www.iowacaregivers.org

Kansans Mobilizing for Direct Support Workforce Change (KMFC)

This collaboration of self-advocates, family members, educators, service providers, and state agencies seeks to develop an adequately compensated, competent, stable and sufficient direct support workforce to ensure safe, appropriate and community focused services to support Kansans with developmental disabilities.

<http://www.workforce.lsi.ku.edu>

Mid-Hudson Coalition

A coalition of human service agencies in the Hudson Valley region of New York State with a mission to shape the future of human services and quality care through the professionalization of the direct support workforce.

<http://www.midhudsoncoalition.org>

National Association for Direct Support Professionals (See page 1)

www.nadsp.org

New York State Association of Community and Residential Agencies (NYSACRA)

NYSACRA is a leading advocate for public policies and practices that support and value the lives of those with developmental disabilities. NYSACRA represents the concerns of its member service providers and has made the challenges of the direct support workforce a priority issue, sponsoring numerous workforce policy studies and initiatives.

<http://www.nysacra.org>

Service Employees International Union (SEIU)

SEIU is the fastest-growing union in North America, with 1.8 million members in the United States, Canada, and Puerto Rico. Focused on uniting workers in four sectors—hospital systems, long term care, property services, and public services, SEIU is the largest health care union, the largest property services union, and the second-largest public employees union.

<http://www.seiu.org/>

Support Providing Employees Association of Kentucky (SPEAK)

SPEAK is a DSP organization in the metro Louisville, KY., area that is guided by two lead agencies – The Council on Mental Retardation and Seven Counties Services, Inc. DSPs are offered a variety of services, including pre-service orientation, access to a mentor/apprenticeship program, training and discussion opportunities and monetary and commemorative recognition for reaching tenure milestones. In three years, turnover in partnering organizations has dropped from 62% to 27%.

<http://www.dspspeak.org>

Wisconsin Long Term Care Workforce Alliance The Alliance is a coalition of public and private organizations and individuals that develops and implements statewide community based strategies to improve the recognition, retention and recruitment of the long term care workforce.

<http://www.wiworkforcealliance.com/about.htm>

G. Transforming Agency Culture

Cooperative Home Care Associates: Integrated Model for Recruitment, Training, and Retention

Cooperative Home Care Associates (CHCA) is a worker-owned home care agency in the South Bronx (NY), which employs 800 direct support workers providing services to elderly and non-elderly people with disabilities. In cooperation with PHI, CHCA has developed a program that uses a model that encompasses targeted recruitment, enhanced entry-level training, supportive services, opportunities for advancement, and wage and benefit enhancements.

Contact: Peggy Powell, Director of Workforce Strategies, PHI, 349 E. 149th St., Suite 401, Bronx, NY 10451 (718) 402-7463 www.paraprofessional.org

Diagnosing and Changing Organizational Culture: Based on Competing Values Framework by K.S. Cameron and R.E. Quinn. 2006. San Francisco: John Wiley & Sons, Inc. (monograph)

Diagnosing Organizational Culture by H. Stokes and R. Harrison. Pfeiffer. 1992. (monograph)

Leadership Practices Inventory (LPI) by J.M. Kouzes and B.Z. Posner. Pfeiffer & Co. 2nd Ring edition. 1997. (monograph)

Society for Human Resource Management (SHRM), Great Place To Work Institute, Inc.

This organization is dedicated to building a better society by helping companies transform their workplaces. Research has demonstrated that trust between managers and employees is the primary defining characteristic of the best workplaces. SHRM offers services and tools to help companies build trust and become more effective organizations.

<http://www.greatplacetowork.com>