Preparing for the Future Direct Support Workforce

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Cultivating a Workforce for Person Centered Long-Term Services and Supports
Westerville, OH 43081-3855

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Direct Support: A Self-Advocacy Perspective

- We want staff who show up on time and help us with what we need to get done
- We want people who are paid enough to stay
- We want people who respect us and are respected for what they do

Cliff Poetz, Self Advocate Leader
Growth in DSW Positions 2008 to 2018

<table>
<thead>
<tr>
<th>Occupation</th>
<th>2008</th>
<th>Growth by 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and home care aides</td>
<td>817,200</td>
<td>375,800</td>
</tr>
<tr>
<td>Home health aides</td>
<td>921,700</td>
<td>460,900</td>
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<tr>
<td>Nursing aides, Psychiatric aides, orderlies, and attendants</td>
<td>1,532,300</td>
<td>279,600</td>
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</tbody>
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Annual DSW Turnover Rates

- Assisted living: 40%
- IDD multi-service: 42%
- Addictions: 25% (IDD) and 25% (residential)
- Community mental health residential: 50%
- IDD residential: 50%
- Home health: 40% (IDD) and 20% (residential)
- IDD in-home: 65%
- IDD employment: 69%
- Nursing facilities: 71%

Our mission is to support efforts to improve recruitment and retention of direct service workers who help people with disabilities and older adults to live independently and with dignity.

— Raising Awareness
— Disseminating Best Practices
— Building Consensus and Promoting Partnership
— Providing Technical Assistance

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The Lewin Group (www.lewin.com)

PHI (www.phinational.org)

Research and Training Center on Community Living, University of Minnesota (http://rtc.umn.edu)

Institute for the Future of Aging Services (www.aahsa.org/ifas.aspx)

Annapolis Coalition for the Behavioral Health Workforce (www.annapoliscoalition.org)

The Westchester Consulting Group (www.westchesterconsulting.com)

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• Intensive TA to Money Follows the Person grantees
• Dissemination of “best practice” recruitment and retention strategies
• Working across sectors serving different age and disability populations
• Intersecting family caregiver supports and workforce development initiatives (Leadership Summit 2010)
• Measuring workforce outcomes as key indicators of balancing and quality (National Balancing Indicators Project)
Wages are Important but....

They are not the only thing

Other things that matter...

- Conflict with co-workers,
- Poor or inadequate supervision,
- Poor selection and hiring practices,
- Inadequate training or support

Recruitment and Selection

- Letting people know a vacancy exists
  - Targeted Marketing
- Getting as many qualified people as possible to apply for the open position
- Giving the applicant a realistic picture of the job before a job offer is made
  - Realistic Job Previews
- Selecting the best candidate for the position
  - Structured Behavioral Interviews
- Supporting Self-Direction
  - Worker registries and training
- Improved Socialization and Orientation
  - Peer Mentoring

Retention Strategies

- Enhancing the skills of frontline supervisors
  - Core Competencies
  - College of Frontline Supervision and Management

- Systemic solutions
  - Wage and benefit campaigns
  - Statewide workforce initiatives
  - Improve quality improvement efforts
  - Core competencies for DSPs

- Competency-based training and career paths
  - College of Direct Support
  - Mentoring programs
  - Apprenticeship and credentialing

- Improving organizational management practices
  - Professionalizing DSP roles (NADSP)
  - Creating a culture of respect and empowerment
  - Team building
  - Participatory management
  - Recognition Programs

Today’s Direct Support Workforce

• Different titles
  – Personal Care Attendant
  – Home Health Aide
  – Certified Nursing Assistant
  – Direct Support Professionals
  – Peer supports
  – Transition coordinators
  – Support brokers

• Different employers
  – Agency-based
  – Individual Providers

• Different relationships
  – Paid Providers
  – Informal Providers
    • Family
    • Friends
    • Neighbors

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Population Groups

- Older adults
- People with intellectual or developmental disabilities
- Veterans
- People with physical disabilities or special health care needs
- People needing mental health and/or substance abuse services

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Service Sectors

• Institutional supports
  – Hospitals (Long term stay and rehab)
  – Nursing home (SNF)
  – ICF-MR (Public and Private)
  – Residential mental health or substance abuse
• Consumer directed services
• Home Health and Personal Care

• Community residential supports
  – group homes, foster care
  – assisted living
  – respite
  – semi-independent living
• Non-residential supports
  – Recreation,
  – Vocational,
  – Adult day care,
  – Educational

Why do the titles and inclusion criteria matter?

• DOL Apprenticeship Programs are directed at specific job titles (including Direct Support Professionals which is not a job code)
• State efforts to create core competencies across silos require specific inclusion and exclusion criteria
• Career Ladder and Lattice discussions are limited when some titles are excluded
• People providing direct support may not be aware of related fields if they are excluded.
• Titles suggest driving value base
  – Medical model (Fix me I’m broken) versus Supports model (Support me to be meaningfully engaged even if my condition never changes)
  – Rehabilitation (Restore to previous functioning) vs. Habilitation (Life long support with skill development as only a part of the goal)

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The Need For Cross Sector Core Competencies

Two national studies, a Federal bill, and at least six state reports have recommended the development of competency-based training across sectors.

- DSW Resource Center, 2008
- IFAS and AAHSA, Defining the Core Competencies Needed by LTC Professionals, 2009
- S.245: Retooling the Health Care Workforce for an Aging America Act of 2009
- Iowa Direct Care Worker Task Force Report

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Core Competency Projects

- The Alaska Crosswalk: Competencies and Credentialing for the State’s Direct Care Workforce
- Addressing Pennsylvania’s Direct Care Workforce Capacity
- Ohio MFP Workforce Recommendations
- Core Competencies for CNAs and Hospice Aides in Michigan
- Roll out of statewide mandated training and competency demonstration for all home care workers in Arizona
- Competency-Based Training Program Integrated into a Web Interfaced Learner Management System in Utah
- Cross sector work North Carolina

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Competency Sets by Sector

Each sector has different sets of competencies:

– Community Support Skills Standards (CSSS) – community human services
– Community core residential competencies (CRCC) – community residential in IDD
– PHI competencies and skill standards – aging and physical disabilities
– Certified psychiatric rehabilitation practitioner (CPRP) competencies – behavioral health
– Addictions counseling competencies – behavioral health
– Dementia Care Practice Recommendations – Alzheimer’s Association (+ 26 supporting organizations)

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Common Competency Areas Across Sectors

- Overlap across 3+ sectors
  - IDD
  - CSSS
  - Addiction and counseling
  - Mental health
  - Aging and physical disabilities

- Competency areas:
  - Documentation
  - Assessment
  - Community and service networking
  - Communication / relationships
  - Crisis intervention / emergencies
  - Professionalism

Credentialing Programs

Require demonstration of competence and completion of approved training

• National Alliance of Direct Support Professionals
  – Registered, Certified, Specialist (Supervision, Behavioral Supports)
  – DOL approved programs in Georgia, Ohio, Minnesota, and the College of Direct Support

• Ohio PATHS

Apprenticeship Opportunities

- Department of Labor Apprenticeship – combining work-based on the job training with related instruction and demonstration of competence
  - Direct Support Specialist
  - Certified Nursing Assistant
  - Health Support Specialists
  - Specialty Aide (medication, geriatric, nutrition)
  - Home Health Aides

Training Approaches

• Strategies
  – Participant-provided training
  – State training requirements
  – Voluntary training and credentialing

• Considerations
  – Match between required training and job responsibilities
  – Extent to which completion of training results in improved performance on the job
  – Assessing training outcomes on the most relevant metrics
  – Providing appropriate recognition and incentives for increased competence
Training Initiatives

Online training programs
  – College of Direct Support
  – Volunteers of America
  – Alzheimer’s Association

Cross Agency Collaborations
  – North Carolina
  – Ohio

Training collaborative
  – Kentucky SPEAK
  – Indiana
Take Away Message

• If your state is struggling to find, choose, train and keep direct support workers in community settings you are not alone.

• Many effective strategies have been developed and used to improve recruitment, retention and training outcomes.

• The DSW Resource Center can help you find and use information to make this happen in your state.
DSP Workforce Web Sites

- **http://www.dswresourcemcenter.org** – CMS funded national center on direct support worker issues in health and community human services
- **http://www rtc.umn.edu/dsp** - direct support workforce issues in community human services
- **http://www.paraprofessional.org/** - paraprofessionals in health care industry including nursing home, home health and PCA
- **http://www.annapoliscoalition.org/** - behavioral health, paraprofessional and professional workforce issues as well as rural
- **http://www.nadsp.org** – national association for direct support professionals
- **http://www.collegeofdirectsupport.com** – College of Direct Support, College of Frontline Management and Supervision – online training for DSPs, supervisors, HR professionals and managers
Contact Information

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