

# College of Direct Support

## ***College of Direct Support North Carolina Practice Improvement Committee December 9, 2011***



UNIVERSITY  
OF MINNESOTA  
Driven to Discover™



# Why are we here?

- Requested that the division “deem” that this system meets all NC requirements so providers will not “double train”.
- Steve Jordan reviewed and agree that cross walk met all requirements.
- He then requested that PIC review the evidence based literature and agree that it is evidence based. If so, he will approve.
- Not a competition with Essential Learning or other curriculums – That curriculum and others can also be approved if they meet all NC requirements and are evidence based.

# Premise

*Quality Lives*  
are dependent on  
*Quality Support*

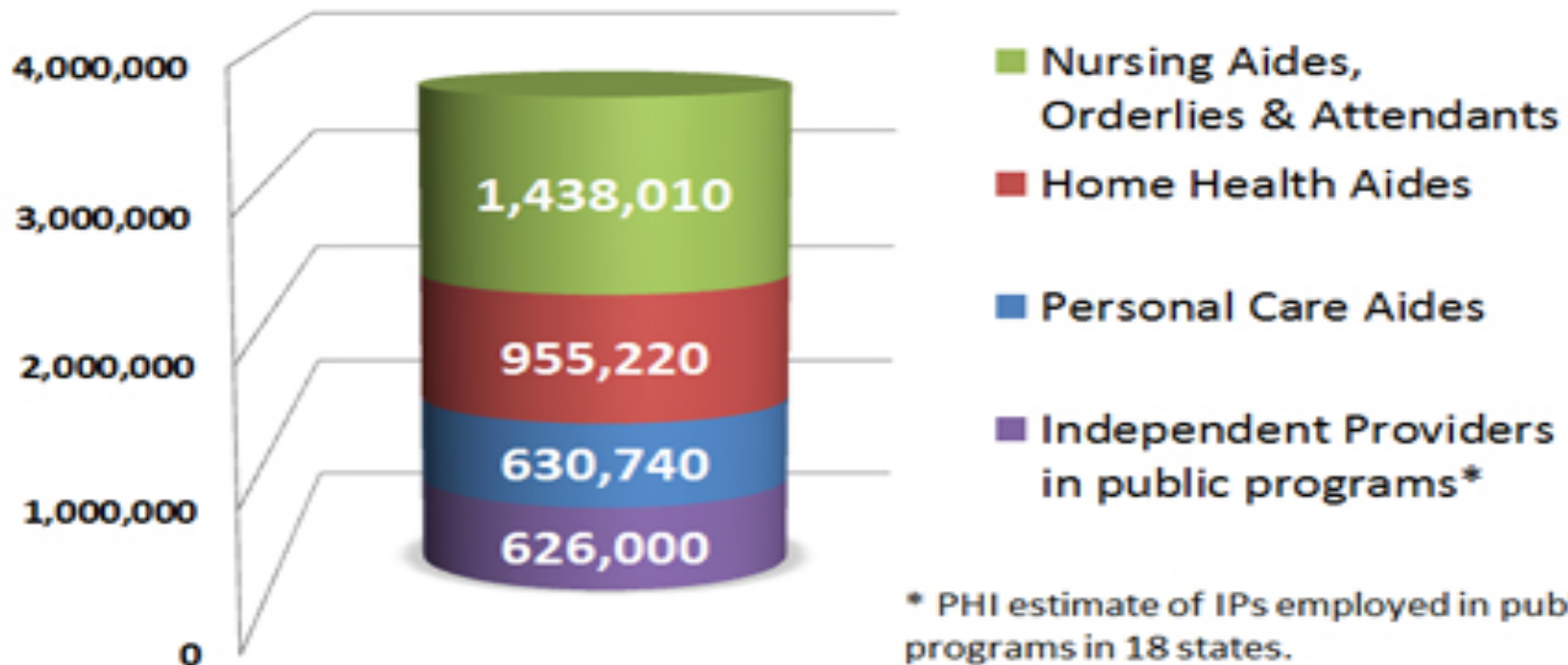
# Direct Support Workforce Context

- DSP Turnover – 40 to 50% annually
- High costs of turnover
  - Hiring & training = \$2,000 to \$5,000 per DSP
  - DSP vacancy increases stress on workforce
  - Negative effect on people receiving support
- Training challenges
  - Limited quality and access
  - Rarely connected to professional competencies

# Background: The DSP workforce

- Gender:
  - 89% Female
  - 11% Male
- Age:
  - Average age: 42
- Race
  - 47% White
  - 30% African American
  - 16% Hispanic/Latino
  - 7% Other
- Immigrant Status
  - 23% Foreign Born
- Education

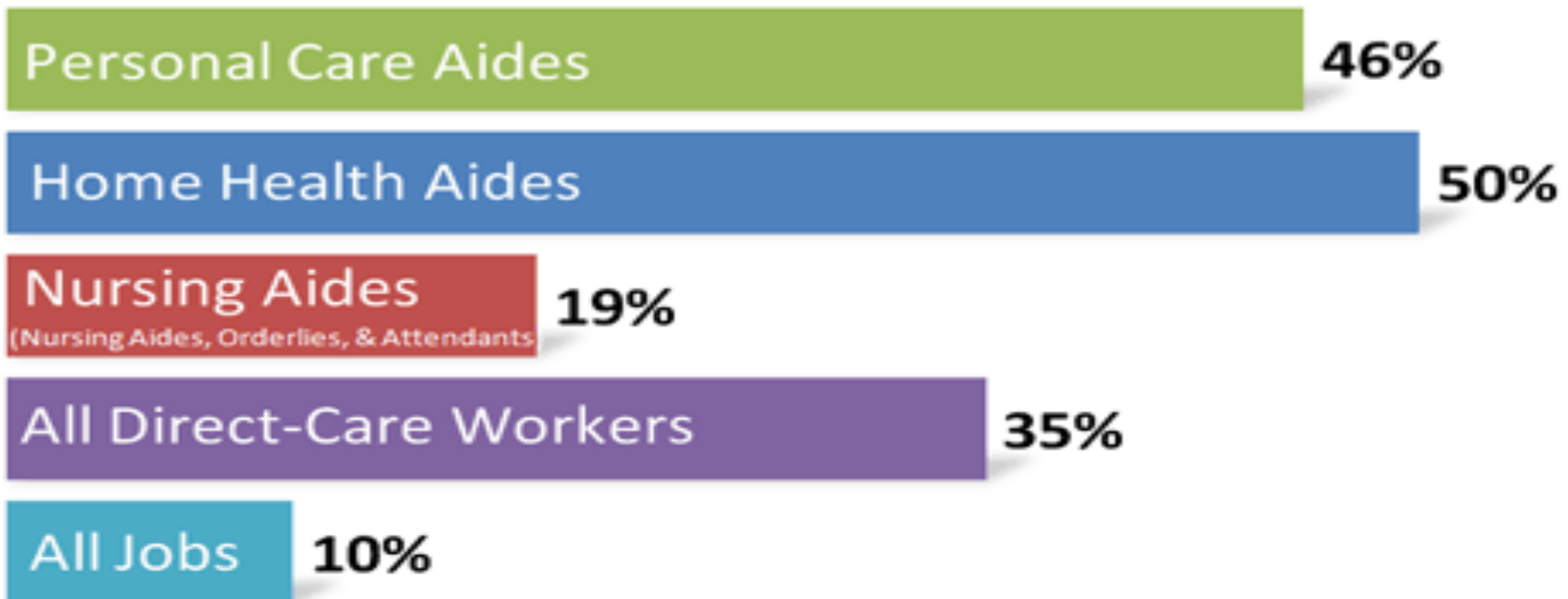
# United States: Size of Direct-Care Workforce, 2009



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# United States: Occupational Growth Projections, 2008-2018



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# United States: Median Hourly Wages for Direct-Care Workers, 2009



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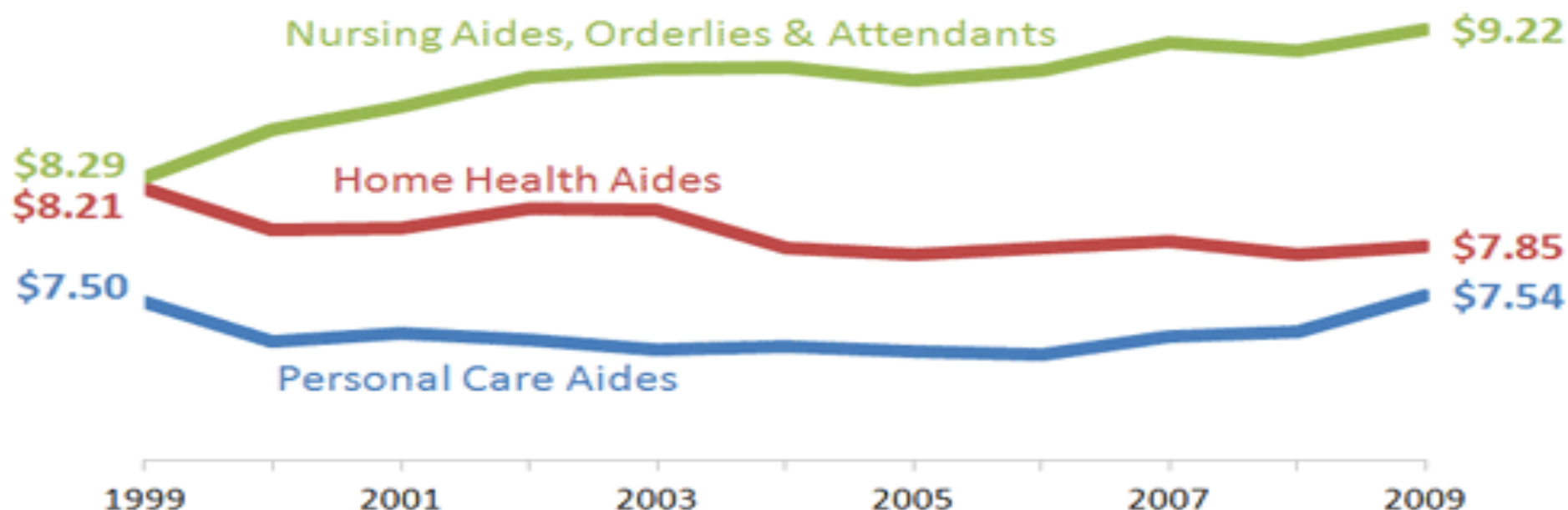
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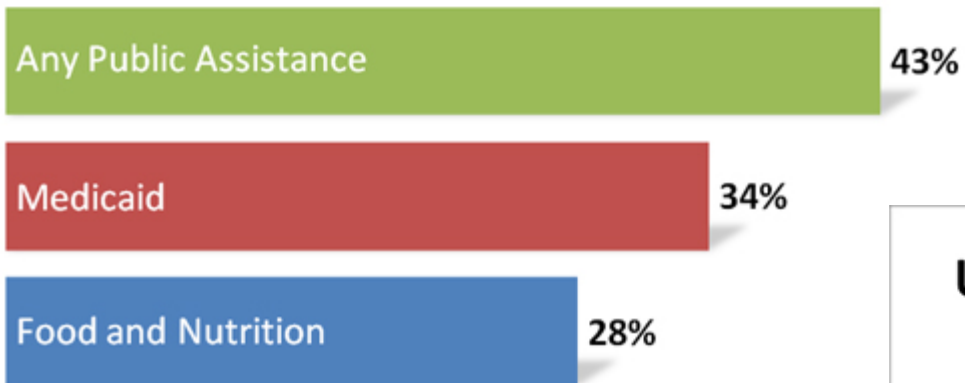
# United States: Median Hourly Wages for Direct-Care Workers, adjusted for inflation (1999 dollars)



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## U.S.: Direct-Care Worker Households Relying on Means-Tested Public Assistance, 2009



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## U.S.: Direct-Care Workers Covered by Employer-Sponsored Health Insurance, 2009



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# College of Direct Support Historical Overview

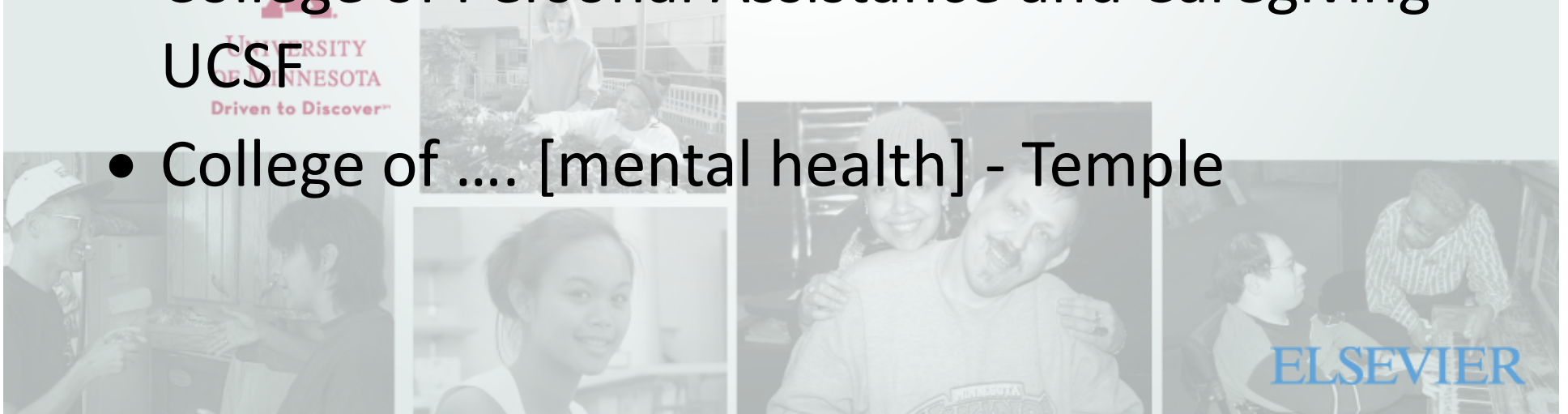
- Conceptual launch 1998
- To market 2001
- Today
  - 32 states, (18 statewide contracts)
  - 200,000+ DSPs use daily
  - 5,000,000+ completed hours of training delivered
- Content focus
  - Initial IDD then move to cross- disability



# Direct Course

ONLINE CURRICULA FOR LIFE IN COMMUNITY

- College of Direct Support - UMN
- College of Employment Services - UMASS
- College of Personal Assistance and Caregiving - UCSF
- College of .... [mental health] - Temple



# History of CDS in NC

## 2007-2010

- Three year grant from NC Council on DD
  - Purpose is to see if providers find it useful
  - At end of three years, 5,000 number of learners have been trained
  - 15 agencies are using, currently adding
  - General response is that quality significantly improves

# History of CDS in NC

## 2010 - present

- New NCCDD grant.
- National research project adds four homes in Sandhills area to the project.
- Community College program in development that will include Human Service Degree.
- Request to PIC to review and approve the national data that indicates this is evidence based.

# Curriculum Development Process

- Content Planning Panels
  - Author
  - Varied roles in the field
    - DSPs
    - Supervisors/Managers
    - Regulators
    - Advocates
  - CDS users and customers
- National Editorial Board
  - National Experts
  - Varied stakeholder lenses
  - CDS users and customers

# National Editorial Board Peer Reviewed Content

- ***CDS Course #15: Person-Centered Planning and Supports***
  - **Angela Amado**, Research Associate, Institute on Community Integration, University of Minnesota, Minneapolis, Minnesota.
  - **John O'Brien**, Consultant, Responsive System Associates, GA.
  - Katy Pitrat, Director of Training and Staff Development, The Arc of Northern Chesapeake Region, MD.
  - **Michael Smull**, Consultant, Support Development Associates (SDA), MD.
- ***CDS Course #8: Positive Behavior Support***
  - Michaela Bishop, Training Director, DD Services Division, OKa City, OK
  - Ron Hanson, Licensed Psychologist, Plymouth, MN
  - **Rob Horner**, Professor, University of OR, Education and Community Supports, Eugene, OR
  - Nancy McCulloh, Regional Director, REM Central Lakes, Inc., St Cloud, MN
  - Kathy Olson, Associate Scientist, Univ of KS/Parsons, Center on DD, Parsons, KS
  - **Joe Reichle**, Professor, Dept. of Communication Disorders, UMN, Minneapolis, MN



# NEB - Peer Reviewed Content

- ***CDS Course #11: Direct Support Professionalism***

- **H. Rud Turnbull**, Co-Director, Beach Center on Families and Disability, University of Kansas, Lawrence, Kansas
- **Rick Rader**, Director of Habilitation Services, Morton Kent Habilitation Center, Orange Grove Center, Chatanooga, Tennessee
- Bonnie Jean Brookes, Executive Director, OHI, Hermon, Maine
- Kathy Perkins, Director of Training and Staff Development, The Arc of the United States, Aberdeen, Maryland

- **CDS Course: Supporting Older Adults with Disability**

- **Matt Janaki**, Director for Technical Assistance, Center on Aging with Developmental Disabilities, University of Albany
- **Tamar Heller**, Rehabilitation Research and Training Center on Aging with Developmental Disabilities, Department of Disability and Human Development, College of Applied Health Sciences, Chicago, Illinois
- Kelly Miller Nagel, Director of Human Resources Elm Homes, Waseca, MN
- Beth Fondell, Director of Program Development and Public Policy, Arc Greater Twin Cities
- Thomas Buckley, Executive Director, Upper Pinellas County Arc, Clearwater, FL

# National Advisory Board

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- DR. LYNN RIVAS | BERKLEY, CA | CONSUMER DIRECTED SERVICES NETWORK
- PEGGY S. TERHUNE | ALBEMARLE, NC | MONARCH (formerly the ARC of Stanly County)

# CDS Instructional Design

- **Competency Based**
  - NADSP competencies
  - DOL apprenticeship guidelines
  - DOL LTSS competency based training framework
- **Accredited by NADSP**
  - **THE ONLY** accredited NADSP curriculum that has actually yielded certified DSPs
- **Evidence Based**
  - Research translation (e.g. self-determination, social inclusion, community living, employment)
- **Adult learning**
  - Highly interactive and multi-media, engaging, holds interest
  - Reflective exercises
  - Used in combination with classroom and mentoring
- **Self-paced, asynchronous, just in time**
- **Moving toward pad and handheld**

# Assessment

- Pre/Post tests
  - Item analyses
  - Randomized pool of 100+ questions by learning objective per lesson
- OJT observations and skill demonstration
  - Refocus of trainer attention
  - Performance manager
- Portfolio
  - Demonstrated work sample linked to NADSP competencies

# CDS Content Structure

- Lesson
  - 6 to 10 learning objectives
  - 45 to 60 minutes
  - 240 + hours currently available
- Course
  - 4 to 6 lessons
- Module
  - Combination of lessons and courses

# Current CDS Courses

- Introduction to Developmental Disabilities Revision
- Safety at Home and in the Community
- (Preventing) Maltreatment of Vulnerable Adults And Children
- Supporting Healthy Lives
- Teaching People With Developmental Disabilities
- Individual Rights And Choice
- Community Inclusion
- Positive Behavior Support
- Documentation
- You've Got A Friend: A Course On Relationships
- Direct Support Professionalism
- Cultural Competence
- Introduction To Medication Support
- Employment Supports
- Person-Centered Planning and Supports
- Personal and Self-Care
- Functional Assessment
- Working with Families and Support Networks
- Everyone Can Communicate
- Home and Community Living
- Civil Rights and Advocacy
- Supporting Jobs and Careers in the Community

## Current CFSM Courses

- Recruitment And Selection
- Training And Orientation
- Fueling High Performance
- Developing An Intervention Plan
- Preparing for the Supervisors Job
- The First Few Weeks and Months as a Supervisor

## Disability Focused Courses

- Autism
- Cerebral Palsy
- Brain Injury
- Depression
- Diabetes

## Advanced Courses

### **Film For Thought**

- Body and Soul: Diana and Kathy
- Breaking Shells

### **Applied Learning**

- HIPAA Lesson Applied Learning

### **The CDS RIOT**

- Individual Rights & Silly Rules
- Healthy Living

# Courses in Development

- Life Transitions: Birth to School Age
- Safety at Home and in the Community – Revision 3
- Emergency Preparedness
- Universal Precautions & Infection Control
- Supporting Individuals with Physical Disabilities at Home
- Supporting Individuals with Physical Disabilities in the Community
- Supporting Older Adults with Disabilities
- Introduction to Mental Health and Mental Illness
- Sexuality and Disability
- Building Jobs and Careers
- Epilepsy
- Down Syndrome
- Medication Supports: Applied Learning
- Training Planner for Families and Individuals who Self Direct Supports
- What is Self-Direction?
- Get to Know Me



# Updating Content

- “lightbulb” in the moment feedback and revisions
- Tier One revision annual
- Test item analyses
- Gut and Redo every few years
  - Editor review

# North Carolina Cross Walks

- Meets or exceeds
  - CAP MR [NC /New Contract 2010/NC training regulations/NC CDS CAP-MR crosswalk Aug 2011aj.xlsx](#)
  - Confidentiality [NC /New Contract 2010/NC training regulations/NC CDS Confidentiality Rules crosswalk July 2011nmc.xlsx](#)
  - Core Competencies [NC /New Contract 2010/NC training regulations/NC CDS Basic Rqmts crosswalk Aug 2011ai.xlsx](#)
  - Nurse Aide registry [NC /New Contract 2010/NC training regulations/NC Nurse Aide Curriculum Crosswalk.xlsx](#)
  - Individual organizational training [NC /New Contract 2010/NC training regulations/Training Crosswalk Guidance 2.xls](#)
- Mixed methods focus of learning ensures OJT demonstration

# College of Direct Support Commitment to Evaluation

- Evaluation Briefs
- Meta Analysis/  
Research activity  
summary
  - Independent evaluations
  - NIDRR funded  
experimental design  
study



# CDS Evidence Base: Retention/Vacancy

State of org.	Approach to CDS	Outcome
NY	CDS & certification	<b>Annual Retention:</b> <ul style="list-style-type: none"> <li>CDS Training Group = 94%</li> <li>No CDS Training Group = 66%</li> </ul>
NH	CDS, seminar & portfolio	<b>Annual Turnover:</b> <ul style="list-style-type: none"> <li>Before CDS turnover = 40-50%</li> <li>After CDS turnover = 15%</li> </ul>
KS	CDS, two levels of certification & demonstration	<b>Annual Turnover:</b> <ul style="list-style-type: none"> <li>Before CDS turnover = 40%</li> <li>After CDS turnover = 13%</li> </ul>
NC – 9 orgs	Varied across organizations	<b>Annual Turnover:</b> <ul style="list-style-type: none"> <li>Average reduction in turnover = 6.9% across 9 orgs.</li> </ul>
MN – 5 orgs Prelim. data Sites: -16 intervention -15 control	CDS, group discussion, mentoring	<b>Annual Turnover &gt; 6 months tenure</b> <ul style="list-style-type: none"> <li>Intervention = 5% reduction</li> <li>Control = 8% increase</li> </ul> <b>Vacancy Rates</b> <ul style="list-style-type: none"> <li>Intervention = 2% decrease</li> <li>Control = No change</li> </ul>

# CDS Evidence Base: Learner Outcomes

## Knowledge: Pre- & Post-test





- IL: Average increase of 20%
- NC: Average increase 25%

## Satisfaction with Training and Job

- NY: 98% of DSPs were more satisfied with their job after CDS in their organization
- VA: 94% found CDS to be excellent and useful
- NY: 85% would recommend the CDS

# CDS Evidence Base: Consumer Outcomes

Change in consumer outcomes over 1 year

- Consumer in intervention group experienced better outcomes than control group
  -  proportion reporting friendships (besides staff/family)
  -  community inclusion scores
  -  reporting their home was entered without permission
  -  proportion reporting feeling lonely

# CDS Evidence Base: Cost Effectiveness

- Delivery is cost effective in North Carolina
  - Costs \$1.69 per hour of training
  - Less than \$100 per learner
- Return on investment – one org in TN
  - Keeping the CDS approach versus going back to previous in-house, train-the-trainer approach
  - Experienced 234% return on their CDS investment.

# A multi-site Randomized Controlled Study of a Training and Technical Assistance Model

## College of Direct Support

### Study Staff

Amy Hewitt, Ph.D.  
Derek Nord, Ph.D.  
Mathew Bogenschutz, Ph.D.  
Nancy McCulloh, M.S.

Renee Hepperlen, MSW  
Kelly Nye-Lengerman, MSW  
John Sauer, MSW, M.Ed.





# Project Overview

- Five year, NIDRR-funded project
- Looking at the effects of a site-level intervention
  - One year training intervention focused on community outcomes
  - TA to organizations
- Outcomes
  - Sites
  - DSPs
  - Individual with disabilities
- Randomized controlled research method

# Intervention: Training approach

- Online training: College of Direct Support
  - 35 lessons over 12 months
  - 6 modules address different topics
  - Pre/post-test measures
- Mentoring
  - Supervisor or advanced DSP
  - Mentoring on each module topic
- Group discussion
  - With peers and supervisors
  - Provided for each module

# Intervention: Aligning Training to Outcomes

Direct Support Professional : Content	Individual with Disability: Outcomes
Professionalism	Satisfaction with Staff
Community Inclusion Person Centered Planning	Community Inclusion
Individual Rights and Choice Civil Rights and Advocacy	Choices & Rights
Safety at Home and in the Community Supporting Healthy Lives Personal Care	Health & Safety
You've Got a Friend	Friends & Family
Employment Supports Home and Community Living Personal Care	Work, Day, and Home

# Intervention: TA

- Organizational readiness – we know it is needed!
- Standardized process
  - 10 hour of face time with UMN
  - Over three days
- Presentation, discussion, and decision-making
  - Module review and reconciliation with org. training
  - Technology assessment and consult
  - Implementation planning
  - Organizational change
  - Policy assessment
  - Supervisor preparation via FLS training

# Project Methods: Organizations

- 15 organizations (14 in MN, 1 in NC)
  - A wide variety of organizations represented
    - rural/suburban/urban
    - large/small
    - residential/day
- Inclusion criteria:
  - Must have multiple sites with no DSP crossover
  - No training program usage
  - Acceptance of TA
  - Technology
  - Time/personnel commitment for intervention

# Methods: Participants

- Random assignment of sites to intervention & control
  - ½ intervention
  - ½ control
- A random sample of DSPs for surveying
- A random sample of people with disabilities for surveying

# Methods: Instrumentation

- Five sources of primary data:
  - **Site level survey:**
    - Workforce outcomes, salary, incident reports
  - **Supervisor assessment of DSP skills:**
    - 6 skill scales focused on specific competency areas
    - DSPism, inclusion, rights/choice, home/work, safety/health, overall
  - **DSP survey:**
    - DSP perception of organization, plans for future work, intent to stay at org, demographics
  - **DSP training data:**
    - Information on training completion, time spent, test scores.
  - **Individual with disability survey:**
    - National Core Indicators – 140 indicators

# Methods: Qualitative Portion

- Gain understanding of:
  - Organizational and professional changes
  - Experiences with intervention
  - Strengths and weakness of intervention
- Two forms of data:
  - Interview with agency administrators
  - DSP focus groups



# Methods: Study process



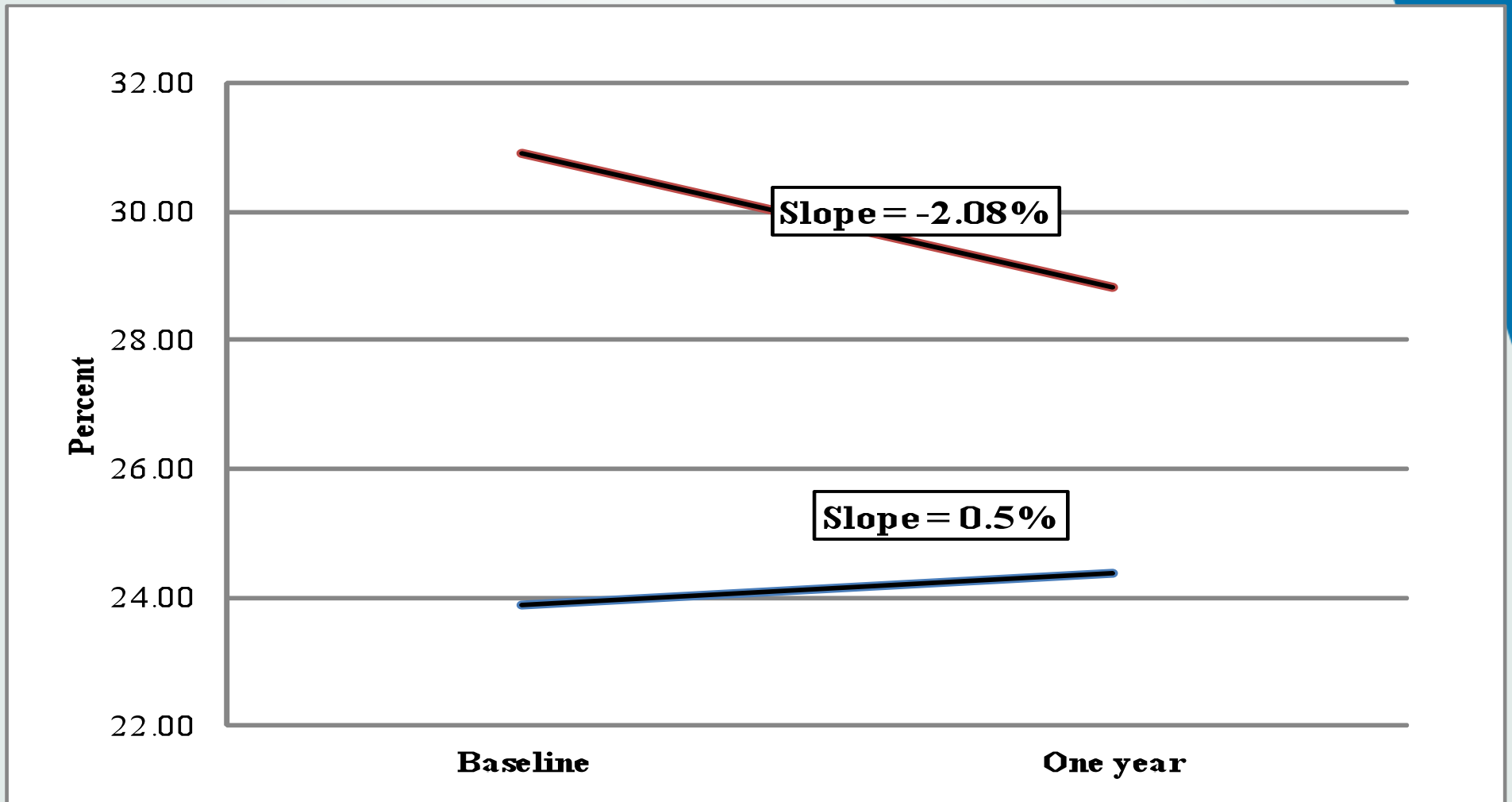
# Current Study Status

- Five organizations are completed with the intervention
  - The remaining 10 are in process and to be completed by the end of 2012
- Quarterly analysis of incoming data
- Findings are based on first 5 organizations that have completed

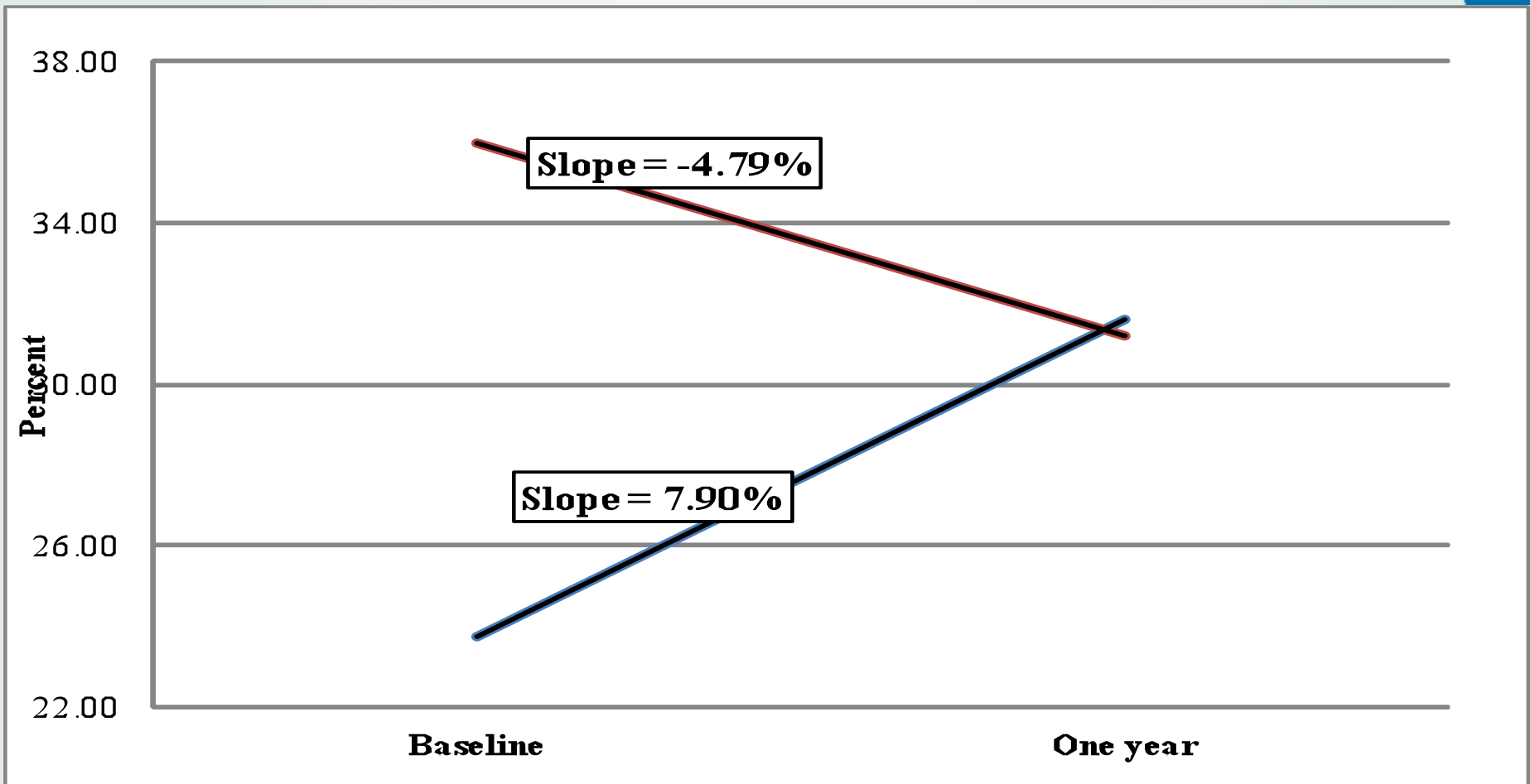
# Outcomes: Site Level

- Totals
  - 5 Organizations
  - 21 Residential Sites
  - 10 Day Program Sites
- General trends
  - Intervention sites saw better outcomes in
    - DSP turnover
    - DSP turnover of those with less than 6 months
    - DSP vacancy rates

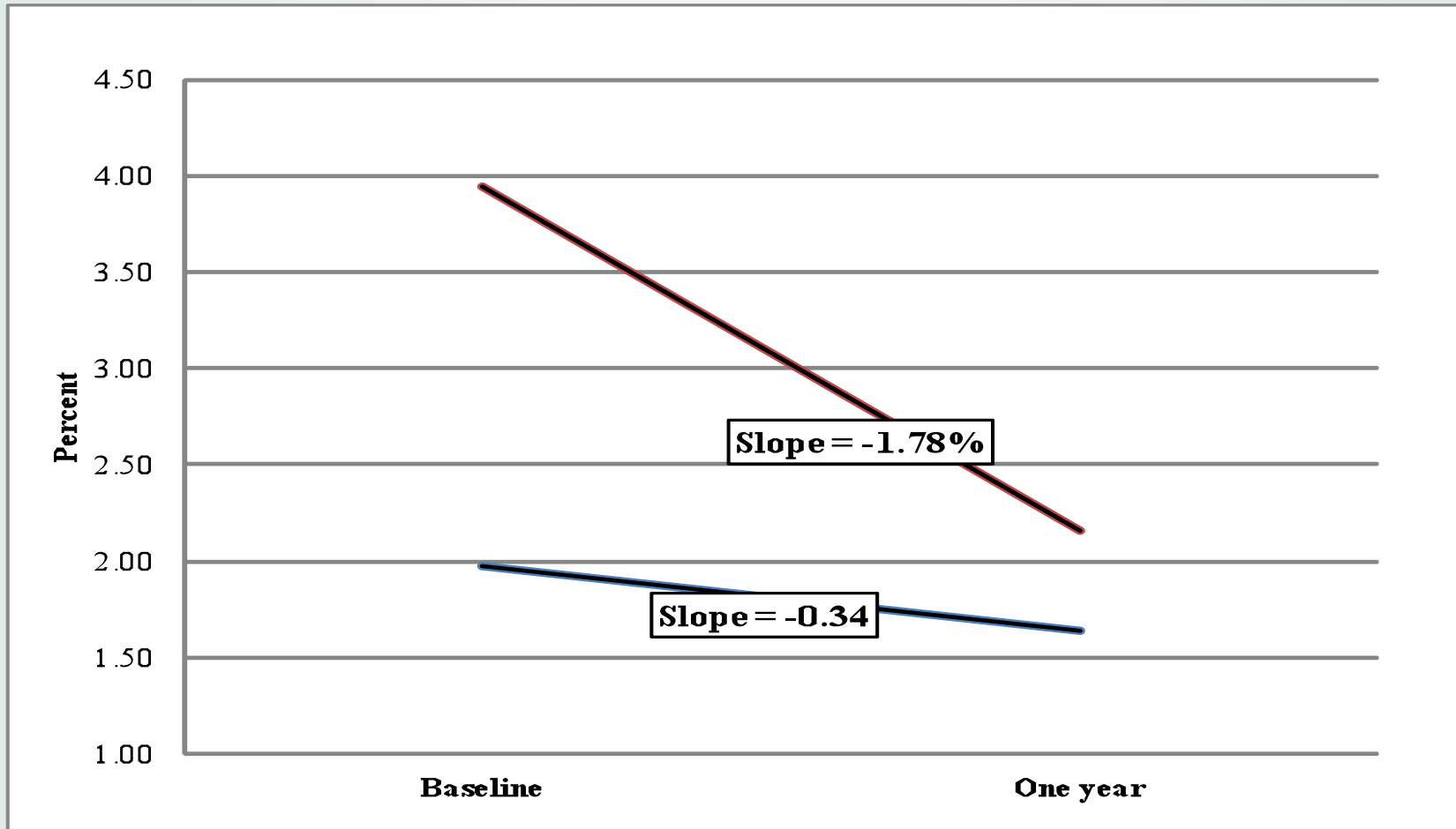
# Site Level: Annual Crude Separation



# Site Level: Percent leaving less than 6 months after hire



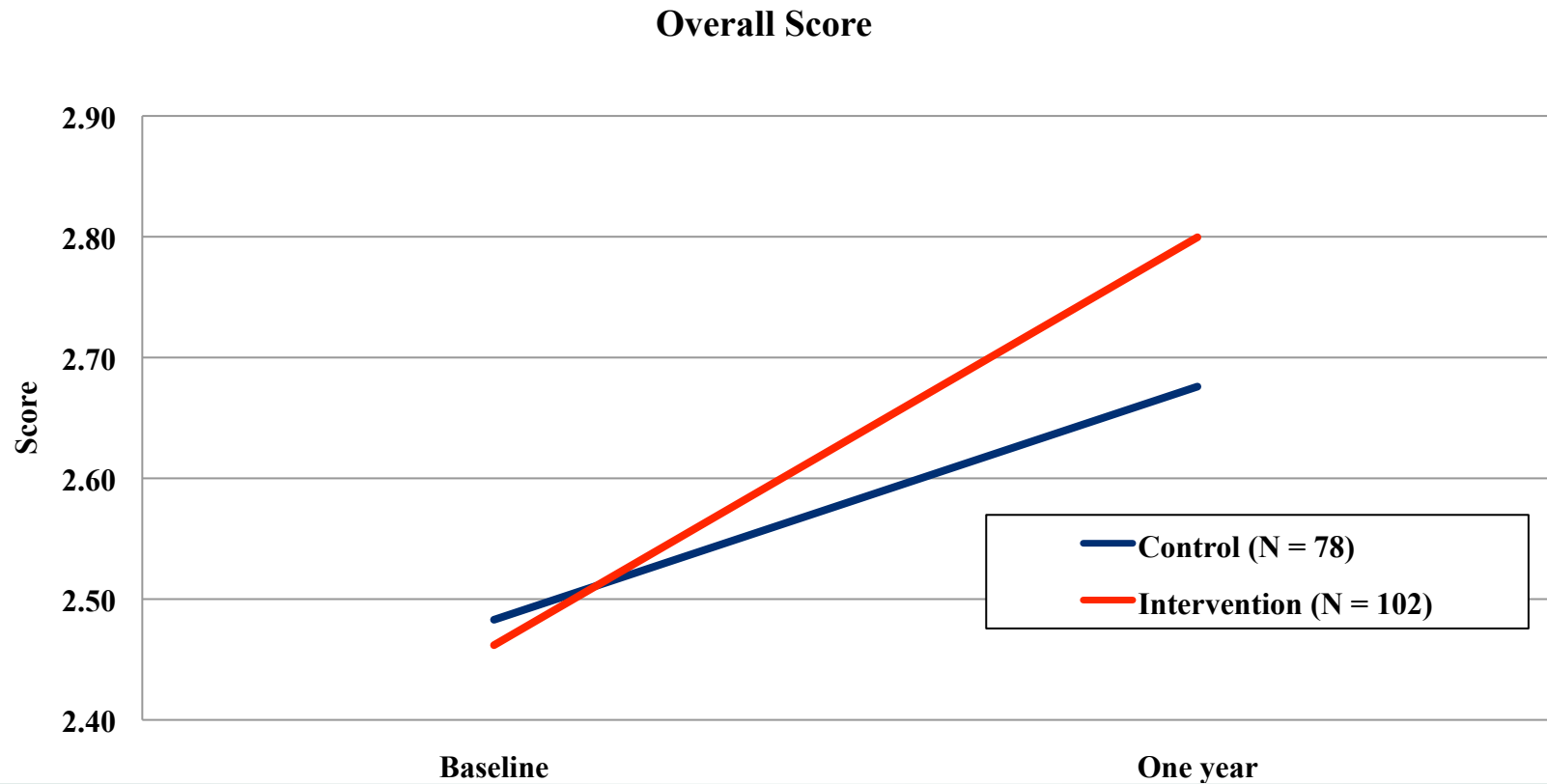
# Site Level: Vacancy rates



# DSP Outcomes (n = 180)

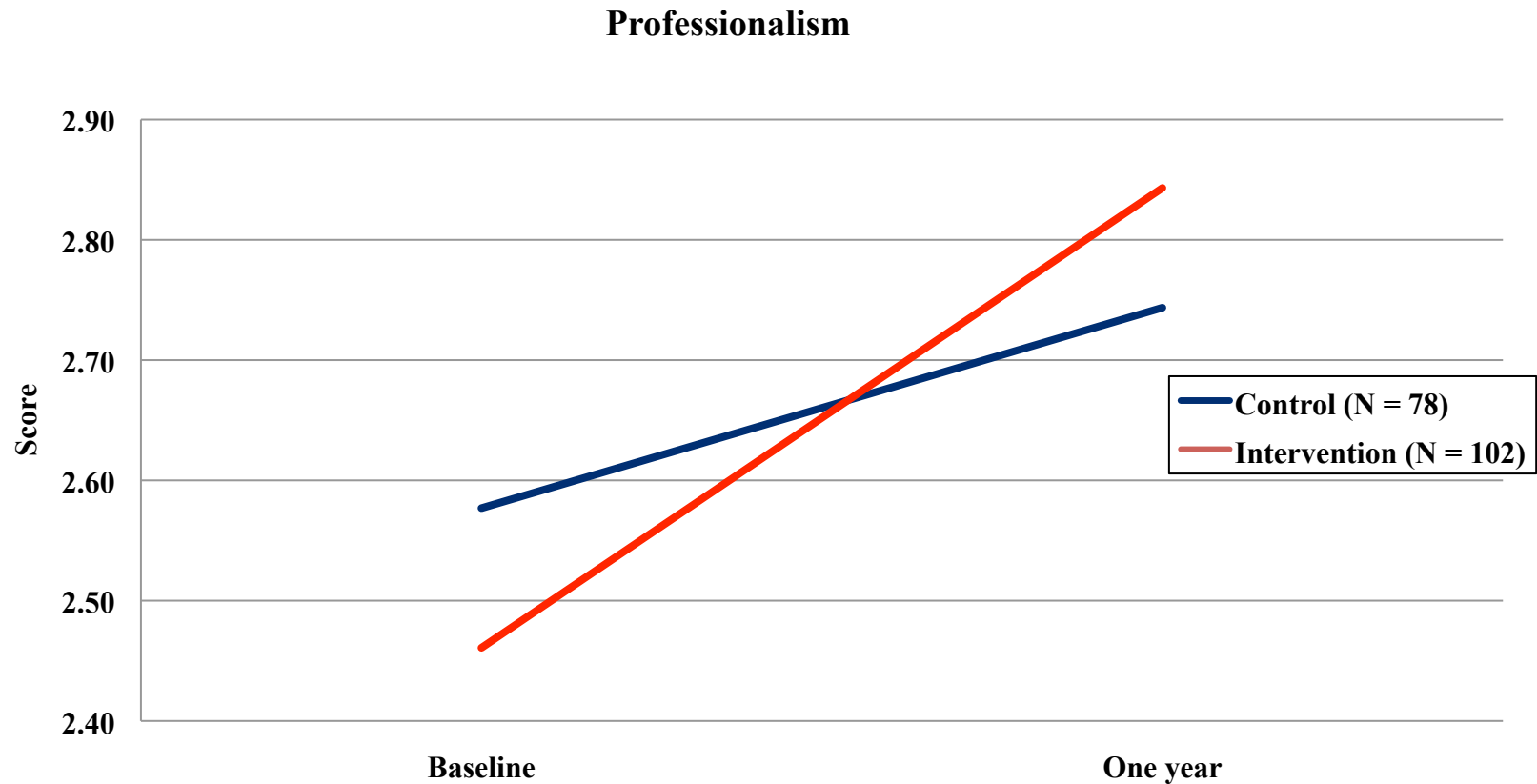
- Overall trend of DSP skills:
  - Intervention group had greater improvement
  - Intervention group had higher ratings after 1-year
- On a 4-point scale:
  - Mean overall rating of DSPs in intervention sites raised by .34 points (from 2.46 to 2.80) between baseline and follow up
  - Mean overall rating of DSPs in control sites raised by .20 (from 2.48 to 2.68) points between baseline and follow up

# Overall DSP Skill (as rated by Supervisor)

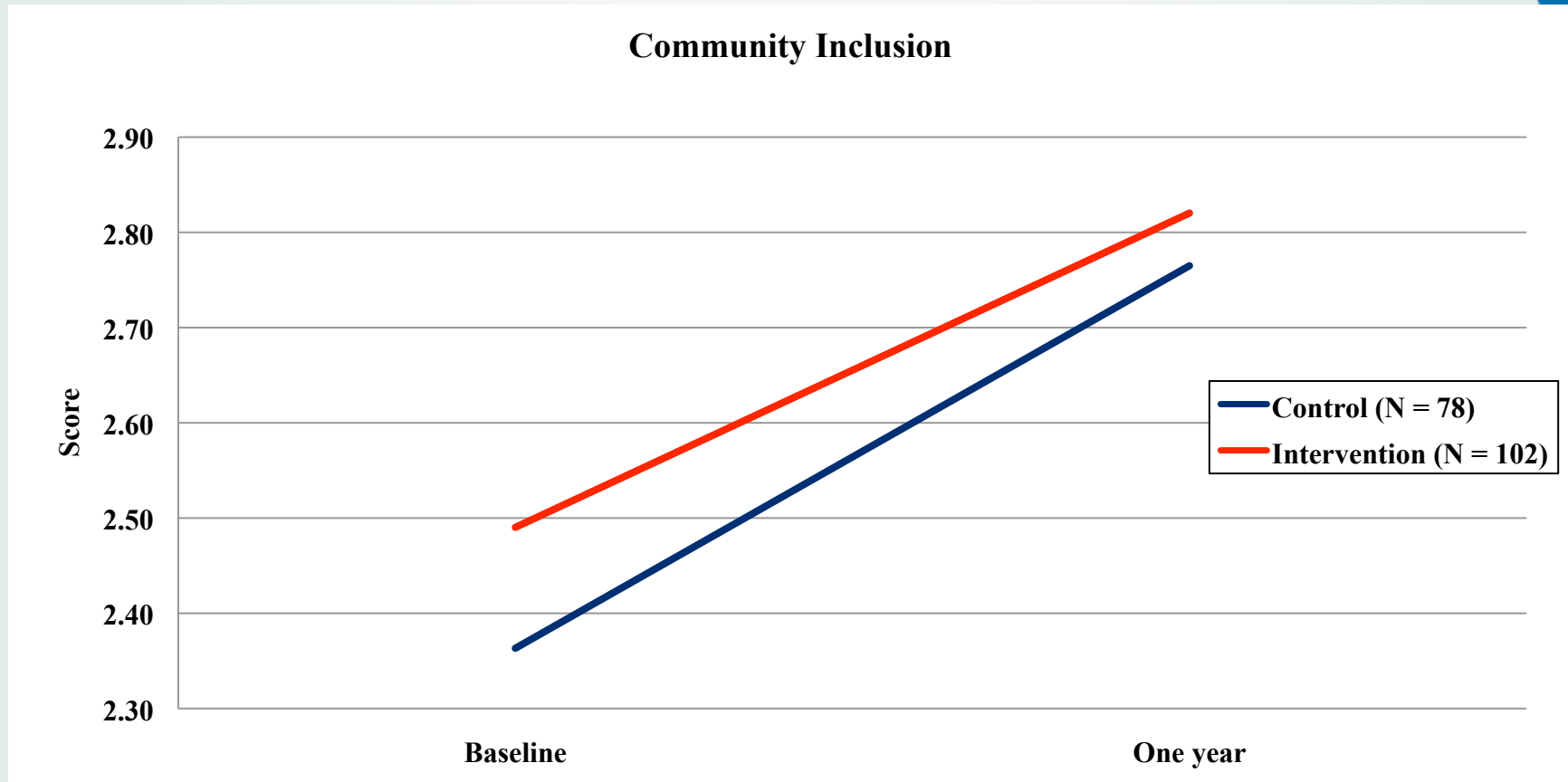




# DSP Professionalism ratings

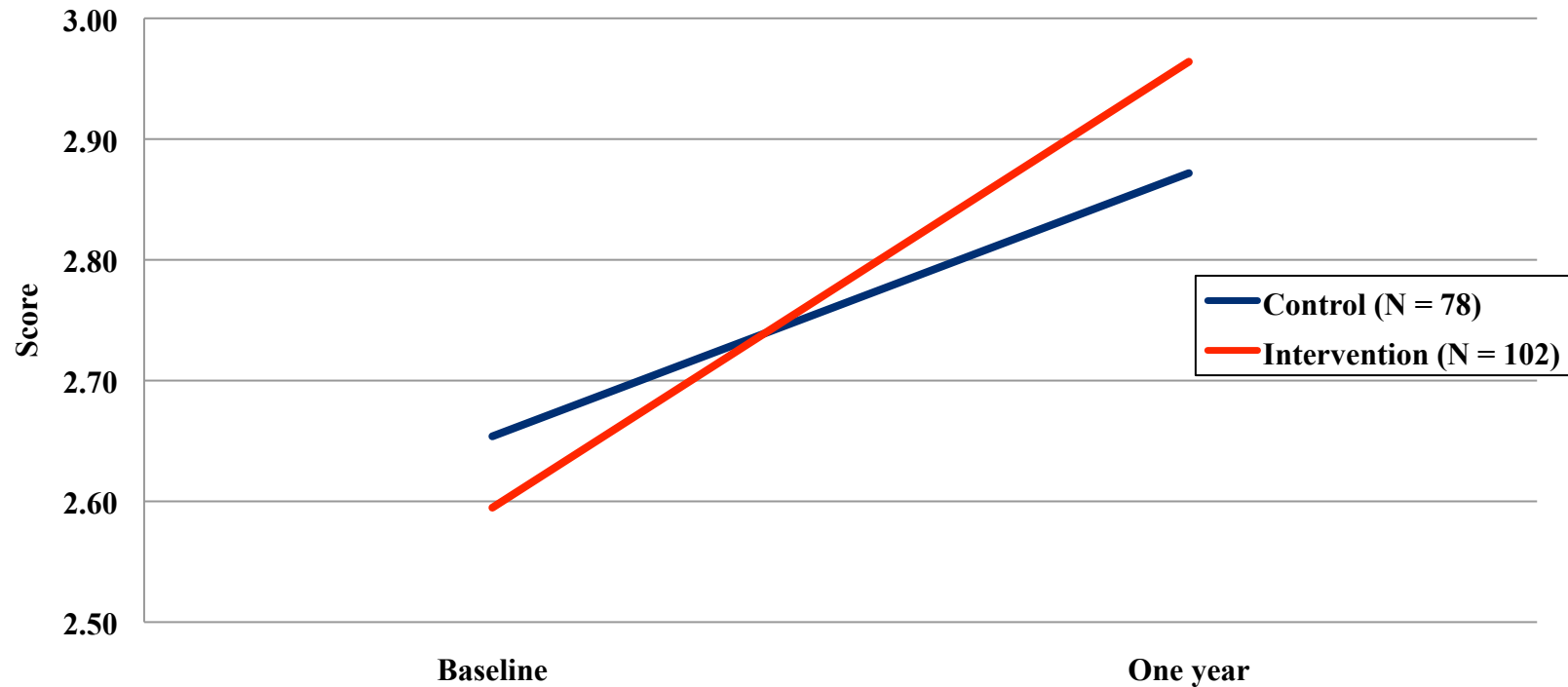


# DSP Community inclusion ratings

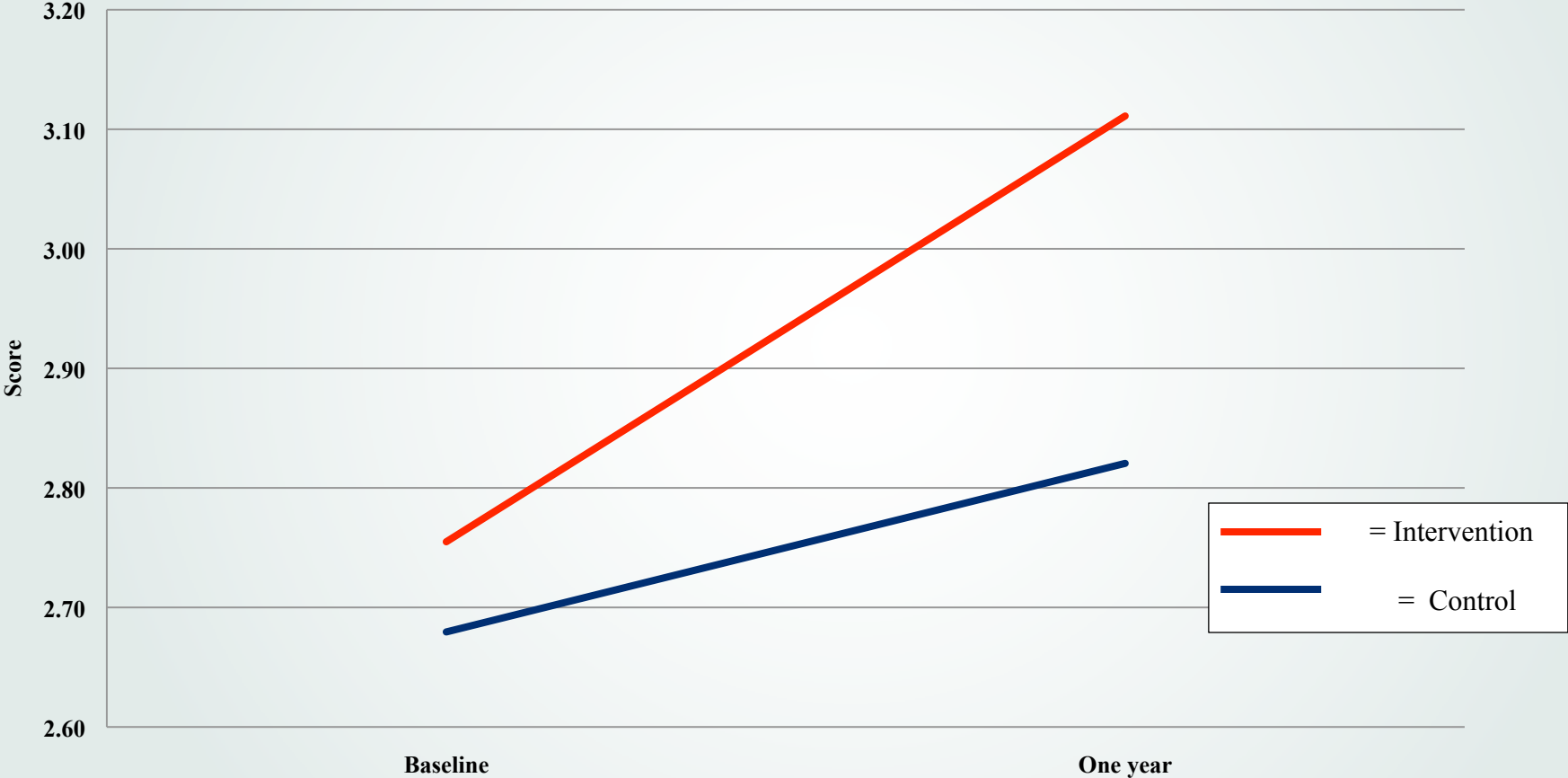


# DSP Rights and Choices

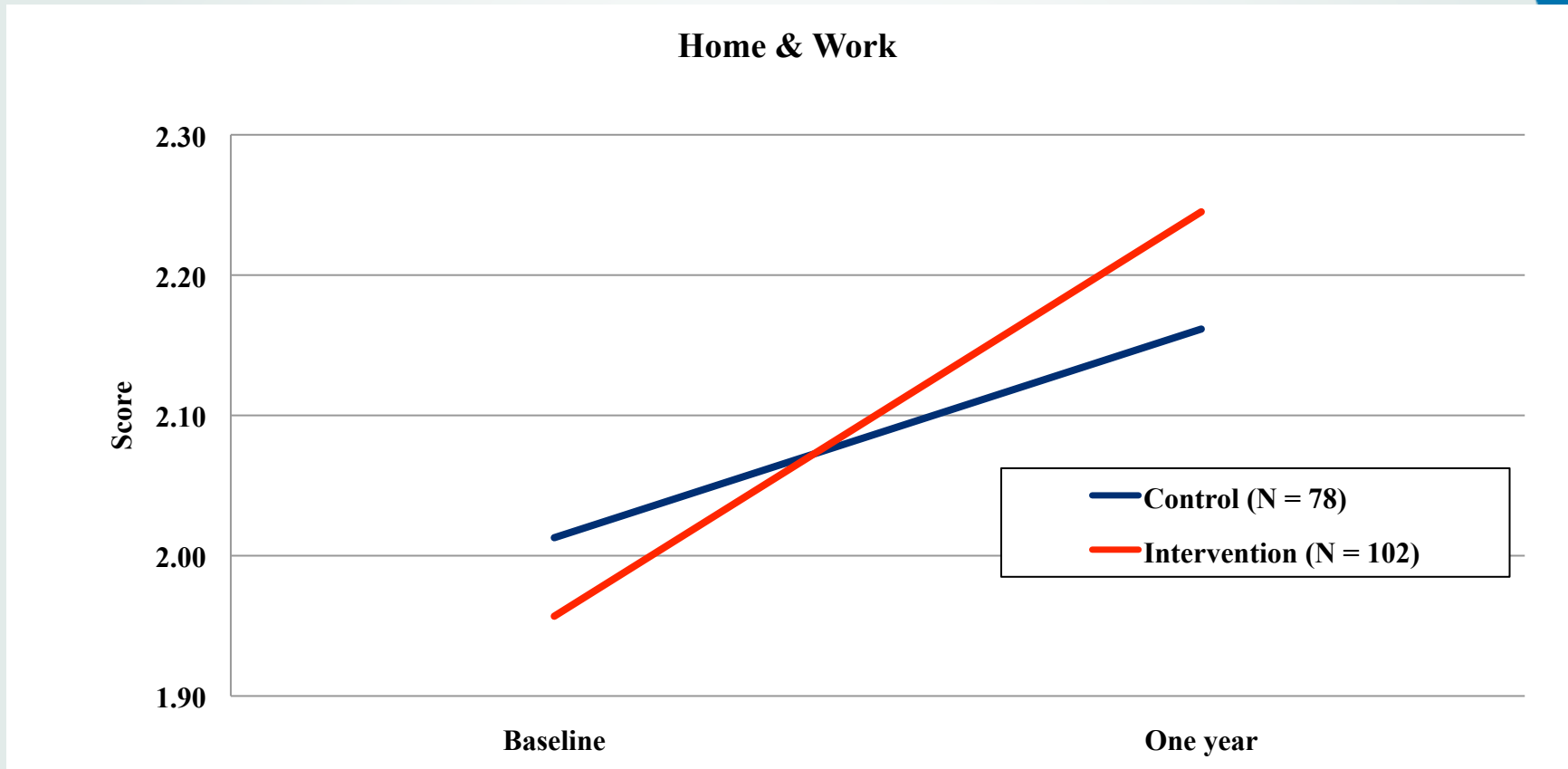
Rights & Choices



# DSP Friends and Family

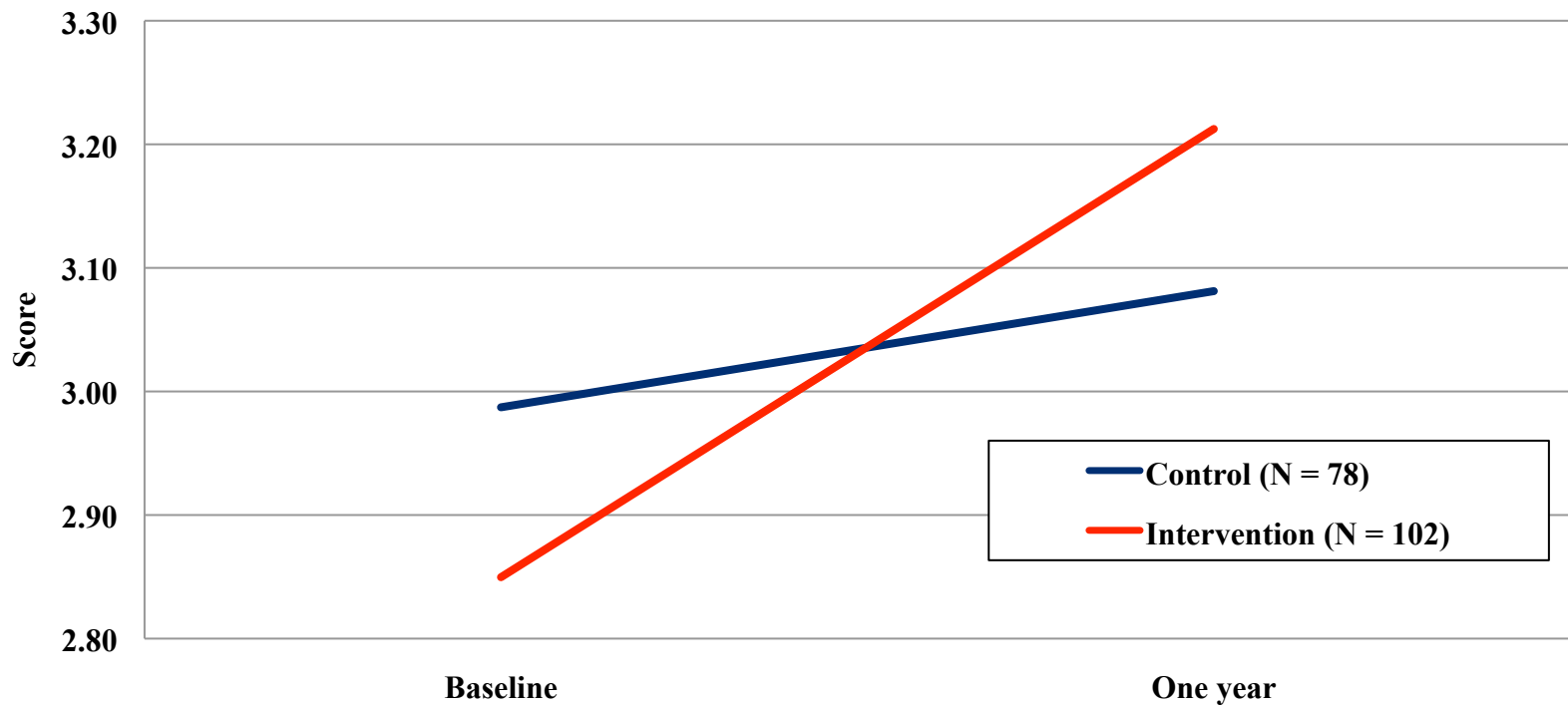


# DSP Support at Home and at Work



# DSP Supporting Safety and health

Safety & Health



# Outcomes for People with Disabilities

- Residential (n = 33)
  - The proportion of people with disabilities reporting friendships (besides staff/family)
  - Community inclusion
  - Home entered without permission
- Day program (n = 41)
  - Proportion feeling lonely

# Local Perspective on the Key Advantages to CDS

- **Progressive:**
  - Curriculums are created and content reviewed by national experts.
  - Can be offered to anyone who has a relationship or provides support to person served.
- **Portable:**
  - Because this is an evidence based practice, employees can take this from agency to agency, and the new agency can accept this training instead of spending precious dollars on re-training.
- **Flexible:**
  - self paced learning with 24 hour access.



# Other advantages

- Standardized with pre and post tests
- Has on the job component with observation of skills learned.
- Meets all NC training requirements
- Demonstrated reduction of turnover in agencies who use this.
- Demonstrated improved outcomes from people supported if all staff are trained.
- Can be used for families who self direct or AFL staff.

# Contact & Questions

Amy Hewitt, Ph.D. & Derek Nord, Ph.D.

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Institute on Community Integration

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