



Quality Support 2005

**An Agenda to Strengthen the Developmental Disabilities
Direct Support Professional Workforce in Illinois**

Illinois Direct Support Professional Workforce Initiative: A partnership of the Institute on Community Integration at the University of Minnesota, Institute on Disability and Human Development at the University of Illinois at Chicago, and the Human Services Research Institute.

Supported by the Illinois Council on Developmental Disabilities.

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Values and Vision

The Illinois Direct Support Professional Workforce Initiative, a project supported by the Illinois Council on Developmental Disabilities, brings together stakeholders to address the scarcity of qualified people available to provide direct support for people with developmental disabilities¹ living in communities throughout Illinois. The initiative focuses specifically on strengthening the direct support workforce supporting people with developmental disabilities (including people who have intellectual disabilities), but its work and outcomes are applicable to the broader group of direct support practitioners serving people in Illinois with other types of disabilities.

The work of the initiative has been inclusive and collaborative to assure that all stakeholders are part of the solution. The initiative's Steering and Advisory Committee (SAC) includes people with developmental disabilities and their families, advocacy organizations, providers and provider associations, Direct Support Professionals (DSPs), workforce development experts, labor representatives, governmental agencies, and academic professionals (see Appendix A for a complete listing). This committee has held extensive discussions about the dire conditions that make it very difficult for families, people with disabilities and community service agencies to find and retain quality people in direct support roles. They also reviewed effective recruitment, retention, and development practices with potential for strengthening the direct support workforce. These efforts served to build consensus on directions to take in Illinois in the next five years to strengthen community support through a stronger workforce. These directions are charted in this plan.

DSPs are vital to the well-being of many people with developmental disabilities. The current problems in Illinois with finding, training, and retaining competent direct support staff are having

¹ The Administration on Developmental Disabilities defines developmental disabilities as "physical or mental impairments that begin before age 22, and alter or substantially inhibit a person's capacity to do at least three of the following: take care of themselves (dress, bathe, eat, and other daily tasks); speak and be understood clearly; learn; walk/ move around; make decisions; live on their own; earn and manage an income."

a profound effect on the day-to-day health, safety, and well-being of people and families who rely on direct support, as well as their ability to reach longer term goals of self-determination, full inclusion, employment and civic participation. Immediate and strategic steps must be taken to reverse these conditions and work toward a more positive future expressed in the vision statement created by the Steering and Advisory Committee to guide their work —

People with developmental disabilities, and their families and support networks, have trained, valued, and creative Direct Support Professionals (DSPs) to assist them in living quality lives and fully participating in their communities.

To achieve this vision it is necessary to strengthen the direct support workforce by encouraging people to choose and sustain careers focused on supporting and empowering people with developmental disabilities. This plan offers a comprehensive agenda for fulfilling this vision.

Purpose of this Plan

The purposes of this workforce development plan are to —

- Provide essential information about the high turnover, inadequate wages, lack of access to benefits, high vacancy rates and the growing shortage of DSPs in Illinois;
- Create a call to action from important stakeholders to ensure solutions are created and realized; and,
- Outline an agenda of short term and longer term workforce development solutions to assure the availability of high-quality community supports for those who need it.

This plan is based on research, dialogue and strategic planning undertaken by the SAC with the support of the Illinois Council on Developmental

"As a mom of a person with a disability, I am frightened about whether we have enough good people to support my son. We are going to fall off a cliff if we don't do something [to attract more qualified people to be Direct Support Professionals."

~ Parent

Disabilities. In preparing this plan, Illinois joins the ranks of a small but progressive group of states that are confronting current direct support workforce problems to build a more sustainable and positive future for people with developmental disabilities.

The recommendations in this plan model current strategies known to improve workforce conditions. They include a pool of interventions ranging from finding and welcoming new employees to improving organizational management practices, strengthening training and education, and expanding the view of direct support from that of a low skilled job to a professional role that is part of a long term human services career involving continual professional development.

Who are Direct Support Professionals?

Direct Support Professionals (DSPs) play a critical role in the lives of people with developmental disabilities and their families. DSPs assist people with disabilities in activities of daily living, social activities, personal contacts, coordination of health care, community interactions, and more. The assistance they provide depends upon the situation of each person with a wide range of possible activities such as help in

“If I need 15 days of care provided for my son in [a] month I’m lucky to get 2 or 3 days covered.”

~ Parent

maintaining a home, meeting friends, finding work, providing transportation, making important decisions, taking medications, learning new skills, paying bills, getting a job, and physical assistance. DSPs also facilitate connections to the people, resources and experiences necessary for families and individuals to live fully and safely in Illinois’ neighborhoods and communities. The quality of support

individuals with disabilities receive from DSPs has a profound influence on their daily lives.

Different terms and titles are often used for the people in this role, but the SAC has decided to use the term Direct Support Professional (DSP) as a way to emphasize the importance of the job as well as our vision for increasing the professional status of the role.

People with disabilities say they want the following from DSPs —

- Treat us like other people,
- Encourage us to do things outside our homes,

- Assist us in locating accessible transportation and in learning how to use it,
- Provide programs that offer choices,
- Involve us in decisions that affect us and let us take responsibility for those decisions,
- Encourage us to speak for ourselves,
- View us as valuable competent people, and
- Treat us with respect and dignity and encourage personal choice and independence.

As these statements suggest, a competent direct support workforce contributes more than support with activities of daily living. Consistent, high-quality support can help individuals with disabilities to achieve individual growth, self-determination, and greater levels of independence. To achieve these critical outcomes, DSPs must be well trained in competencies such as community networking, communication, and facilitating valued and empowered roles for the people they support. DSPs, however, are often unable to fulfill these complex duties effectively because the current system does not provide sufficient professional development to master these skills.

DSPs are employed by approximately 413 organizations funded by DHS. Some are also employed as independent practitioners by people with disabilities who direct their own supports. A small yet growing percentage of these DSPs are represented by two labor unions in Illinois including SEIU and AFSCME.

Current Conditions

In Illinois, as in the rest of the nation, our community support system faces high direct support turnover and vacancy rates. Inadequate wages and benefits, lack of career and educational ladders, and societal devaluation of helping professions take their toll on this vital workforce endangering those who rely on this support.

With these conditions, people with developmental disabilities and their families worry if there will be sufficient support to meet their needs. It is impossible to focus on larger life goals and dreams for full inclusion and empowerment when engaged in a daily struggle to find the support essential to meet basic health, safety and daily care needs.

Status of Recruitment and Retention

The current consensus among leaders of developmental disabilities systems is that the difficulty in recruiting and retaining a quality workforce leads to a destabilized workforce and erodes the quality of support rendered. Nationally, vacancy rates have increased and high turnover rates have continued over the past decade. This is partly due to the expansion of service-related jobs created by the robust post-industrial economy, coupled with a national workforce that is not large enough to meet the demand for new jobs.

The number of DSPs needed to provide supports to people with developmental disabilities is expected to grow 37% between 2003 and 2020 or by 323,000 (FTE's) nationally (Lakin, Hewitt, & Larson, 2005). This number does not include the number of DSPs we would need to hire to replace those who leave. Nationally, based on averages, we would need to hire 437,047 (FTE's) each year to replace DSPs who leave their jobs. On top of keeping pace with turnover, we would need to hire an additional 19,000 (FTE's) to cover the projected annual growth of direct support jobs between now

and 2020 (Lakin, Hewitt & Larson, 2005). Not only is it critical that we keep existing DSPs, but to meet the growing demands we must attract additional, quality DSPs. These concerns are echoed in Illinois where the turnover rate for DSP positions in 102 community residential providers averaged 43% in 1997 (Rubin, Park & Braddock, 1998). More than 60% of those who moved on left within the first 12 months after being hired (Rubin, Park & Braddock, 1998). The 2005 Illinois Association of Rehabilitation Facilities Salary Survey of 49 organizations estimated annual turnover rates for 2004 for all staff positions (including DSPs, supervisors, administrators and other staff) in DD and Behavioral Health settings was 33%. A 2005 study of DD providers reported that 24% of all positions (including DSPs, professionals, administrators and other positions) in vocational and residential community developmental disability settings had been filled at least once in the last 12 months (Powers, Powers, & Merriman, 2005).

These challenges also apply to the organizations selected to participate in this project. Table 1 describes the workforce characteristics for the 18 community-based organizations serving people with developmental disabilities that are participating in

Table 1. 2004 Baseline Workforce Characteristics for Participating Organizations

Characteristic	2004 Project Participants
Organizational Characteristics	
Number of people with developmental disabilities supported	10,477
Number of organizations	18
Number of sites owned and operated by organizations	329
Number of in-home settings supported	1,757
Staff Contingent	
Number of DSPs	2,857
Number of FLSs	387
Number of administrators	277
Number of other staff members	979
Workforce Outcomes	
DSP crude separation rate (turnover)	36.3%
% of people who left within 6 months of hire	35.9%
DSP vacancy rate	10.4%
FLS crude separation rate (turnover)	16.6%
FLS vacancy rate	5.5%
Estimated annual advertising costs per current DSP	\$94.61
Estimated annual average number of hours of overtime per current DSP position	142.0
Percent of budget spent on overtime in December 2004	2.7%

the Illinois Direct Support Professional Workforce Initiative (See Appendix B for similar information about Illinois state operated developmental centers). The turnover rate for DSPs in these vocational, residential and in-home support settings was 36.3%. At the time the project started 1 out of every 10 DSP positions was unfilled. Equally concerning, the turnover rate for FLSs in participating organizations was 16.6%, and 1 in every 20 Frontline Supervisor (FLS) positions was unfilled. Advertising costs averaged \$94.61 per year per direct support position, and organizations spent 2.7% of their annual budget paying overtime costs. Administrators in the participating organizations identified as their top workforce concerns: finding qualified people to hire, DSP turnover, DSP wages and benefits, staffing

schedules and staffing patterns, and training for FLSs (See Appendix B).

Discussions with the employer partners in the Illinois Direct Support Professional Workforce Initiative reveal that there is a dedicated core of employees who remain committed to direct support work and remain on the job for many years. However, current conditions do not offer wage advancement or career opportunities that honor the service of these longer term employees. Moreover, the continual traffic of inexperienced new hires that leave within six months further strains the commitment of these dedicated staff.

Along with stabilizing and improving the quality of the existing workforce, it will also be critical to find ways to attract new recruits into the field. New

Table 2. June 2004 Illinois Estimated Number of DSPs Supporting People with Developmental Disabilities

Service Type	June 2005 Recipients²	Ratio of DSPs to People with DD³	Estimated FTE of DSPs
2004 SODCs ¹	2,875	1.00	2,882
Community Residential			
CILA	7,687		
Other Adult Residential	562		
ICF/DD	7,401		
Children's Homes	506		
Community Residential Total	16,156	1.00	16,156
Home and Family Based Supports			
Home Based Supports	1,528		
Family Assisted Living – Adult	7,744		
Family Assisted Living – Child	270		
Respite	2594		
Specialized services	628		
Home/Family Based Total	12,764	0.25	3,191
Day and Employment Supports			
Day Grants	10,243		
Day POC	6,781		
Day Supports Total	17,024	0.345	5,873
Other			
Service Coordination	11,951	N/A	
Estimated Total			28,102

¹ Data from Prouty, Smith, & Lakin, 2005.

² Community Services Data from Scott Kimmel, DHS, 2005

³ The staff ratio of DSPs to people with DD for SODCs is based on actual reports from SODC administrators (Prouty, Smith, & Lakin, 2005). The SODC ratio is used for community residential as well because it is lower than the national average for community settings of 1.13 (ASPE, 2005). The ratio for day supports is from ASPE, 2005.

FTE – Full-time equivalent

pools of potential DSPs will need to be targeted, including recent immigrants, retirees, and others. This suggests that it will be necessary to offer more literacy training to accommodate these employees and assure that organizations are culturally competent.

The human service sector of the U.S. economy will account for most job growth over the next decade, producing 3 of every 5 new jobs. As baby boomers begin to age, and as demand for care increases, developmental disabilities employers will be in intense competition with other health and human service sector employers for entry and mid level employees as well as with non-service sector employers. Furthermore, the total number of individuals with developmental disabilities in the United States in need of residential, in-home and day supports (excluding special education), is expected to rise from an estimated 977,000 in 2003 to 1,350,000 persons in 2020, an increase of about 37% percent (Lakin, Hewitt & Larson, 2005). This projection is based on current service patterns in the U.S., and assumes that the current trends toward deinstitutionalization of both State Operated Developmental Centers (SODCs) and nursing homes will continue at the current rate and that current waiting lists will be eliminated (See Appendix B for more detail). Illinois will likely encounter similar growth in the demand for supports and the need for DSPs to provide those supports.

In fiscal year 2004, the Illinois Department of Human Services funded 413 organizations that provided community-based supports to people with developmental disabilities (Chmura & Pettersson, 2005). Based on the number of people with developmental disabilities who receive supports funded by the Illinois Department of Human Services, we can estimate that those community developmental disabilities providers employed at least 28,167 full-time equivalent DSPs in 2004 (See Table 2). The actual number of people in DSP roles is probably higher than this because many DSPs work part-time and this estimate is based on full-time equivalents. This estimate is also approximate because staff ratios for community settings in Illinois were not available at the time of this report. Nevertheless, if Illinois experiences a 37% increase in the need for DSPs by 2020, an estimated additional 10,422 new FTE DSP positions will need to be filled (almost 700 new FTE positions per year). In addition, Illinois will have to replace the estimated

10,224 DSPs who will leave their positions each year between now and 2020 and will have to fill the estimated 1,265 full-time equivalent DSP positions that were unfilled as of June 2004.

The demand to fill newly created jobs will place enormous stress on community agencies that already have difficulty filling vacancies.

Effect of turnover challenges

There are significant social and fiscal costs associated with turnover of DSPs. The estimated cost to replace a DSP ranges from \$2,000 to \$5,000 per person (Fullager, 1998; Johnston, 1998; McDonald, 1994). At a cost of \$3,500 per hire, the annual cost to Illinois (assuming 28,167 DSPs employed and a statewide turnover rate of 36.3%) would be \$35.7 million per year just to replace current DSPs who leave their positions because so much money has to be spent to get new hires trained and ready to work as well as covering their replacements who are working while the new hires are being trained. It is important to figure out strategies in Illinois to reduce the need to be replacing employees by being able to keep the ones that are hired.

The fiscal costs, however, pale in comparison to the emotional toll and the impact on quality of life for the people who need daily support. A study in Montana found that “turnover was a significant predictor of increased limitation associated with secondary conditions; of more injury-related secondary conditions; of higher rates of health care utilization; and of higher Medicaid costs” (Traci, Szalda-Petree, & Seninger, 1999). In Minnesota, a study of Home and Community Based Services found that organizations with higher turnover rates experienced poorer outcomes for the people supported in the areas of health, access to desired community placements and self-determination (Larson, Hewitt, & Lakin, 2004).

Status of Education and Training

Most employers in Illinois and throughout the country do not require DSPs to have college degrees. Job preparation for DSPs is typically accomplished through orientation and initial training as well as ongoing in-service training delivered by the

“My biggest concern is getting good/caring staff. Pay is poor, turnover great. Training of staff and follow-up [is] sometimes weak.”

~ Family member

employer. The content of this training varies throughout the country depending upon the state regulations applicable to the program, the nature of the support provided, and the resources of the agency providing the training. Most employer-

“As a single mother I have lost three jobs due to missing hours and work because I cannot find [personal care attendant] care or they call in and don’t show up.”

~ Parent

-based training meets minimal regulatory requirements with substantial portions focused on regulatory procedures, rather than the person-centered knowledge and skills identified as key professional competencies that lead to positive outcomes.

Many agency trainers are not well-versed in instructional design methods and effective adult learning methods, and the training does not culminate in a certificate, diploma, or other educational awards or recognition. These patterns result in training that does little to

enhance employee motivation and commitment, or to create a pattern of linked steps increasing professional knowledge and leading to career advancement. Often it is repetitive, reactive, poorly planned, and structured to meet minimal standards rather than benchmarks of excellence. Employees do not view such training as an investment in their career, or their future in the field of developmental disabilities. Hence, it does not work well in attracting or retaining employees.

In 1999, the Illinois Department of Human Services established mandatory entry-level training for DSPs. This training includes classroom instruction and on the job skill demonstration and draws upon updated methods including the involvement of families and consumers in teaching activities. While this training provides a solid introductory foundation for the DSP, more must be done to increase DSP levels of mastery and ethical practice to build a professional identity and increase expertise. It will be critical to create high-quality certificate and degree and career development programs to provide DSPs with the professional foundation for career commitment and achievement. Henry (1994) demonstrated the important connection between training preparation and quality outcomes within human services environments, as well as the positive impact of a comprehensive, well-organized training certificate program on employee retention and wages. This evidence supports the common

sense notion that employers who offer staff comprehensive development programs including mentoring, skills certificates, engaging content and career opportunities are more likely to recruit and retain career oriented people who want to make a commitment to the developmental disabilities field over the long run.

Efforts to achieve the vision of an educated workforce must consider the likely barriers. Many DSPs work more than one job so they can pay their bills. This makes it difficult for them to participate in professional development opportunities outside of their scheduled work hours. While employers do offer the required introductory training to their new employees, few offer this training in the evenings and on weekends. This prohibits many potential part-time employees from taking jobs because they are not able to or are unwilling to use vacation time from their primary job to take the mandatory training for their part time job. Also, many work shifts are at times when training is not offered. Options are needed to make learning more accessible to people who fit this profile. On the employer side, rates need to be sufficient to assure that high-quality employee development programs do not cause shortages in other areas. Any efforts to address training and development must take such factors into consideration.

In the effort to improve educational opportunities, the stakeholders identified several important guidelines —

- Self-advocates and families should be involved as teachers in training and education programs for DSPs;
- Career and wage advancement criteria must be expanded to include educational progress and merit — not exclusively how long someone is employed;
- High-quality distance learning opportunities, such as the College of Direct Support, would improve access to essential knowledge;
- Professional expertise, commitment and identity will be strengthened by the creation of comprehensive and articulated educational and training programs.

Making wiser use of existing funds and securing additional funding for recruitment and training of DSPs will improve outcomes, foster a more satisfied workforce, and provide greater career incentives for job seekers to choose a career in human services.

Status of Wages and Benefits

Wages and benefits are an essential part of direct support work conditions. While wage is not the only factor affecting commitment to stay on the job, it is an important consideration in the decision whether to stay or move on to other jobs and careers. Research has consistently shown that higher turnover is associated with low wages for DSPs (e.g., Braddock & Mitchell, 1992; Lakin & Bruininks, 1981; Larson, Hewitt, & Lakin, 2004; Larson & Lakin, 1999; Larson, Lakin, & Bruininks, 1998; State of Minnesota, Department of Employee Relations, 1989). In organizations where DSPs have lower wages, the organizations typically experience higher turnover rates. Lower DSP wages were also associated with poorer quality of life outcomes as

reported by family members and case managers (Larson, Hewitt, & Lakin, 2004). Nationally, DSP wages have been so low that an estimated 20% of the direct support workforce lives below the poverty line² (Ebenstein & Gooler, 1994).

Three recent studies examined wages for DSPs in Illinois (See Table 3). Because of variations in how positions were classified, a range of estimates for average DSP wages were produced. For residential settings, the estimated average DSP wage ranged from \$9.51 to \$10.16. For vocational settings, the

² This assumes that the DSP is the only wage earner in a household size of 4 people. Also, it assumes the DSP works a total of 40 hours per week in one or more DSP positions at the average wage, but does not have any additional jobs.

Table 3. 2005 Wages for DSPs in Illinois

	Powers et al.	Chumura et al.	IARF
Release Date	March 31, 2005	June 30, 2005	April, 2005
N of Organizations	40%*	83 (for wage data)	49
Residential			
Job Titles Used	Direct Support Providers	Habilitation Aide/ Worker	Residential Shift Staff
Mean Wage	\$10.16 CILA \$10.02 ICF/DD	\$9.51	\$9.95
Vocational Job Titles Used			
	Direct Support Providers	Vocational or Rehabilitation Counselor	Developmental Training Workshop Staff Community Employment Behavior Technician Day Program Staff
Mean Wage	\$9.20	\$10.69	\$10.89**
Other Titles			
Personal Care Attendants (In-home and Respite)	\$8.83		\$8.82
Trainers	\$9.32		
Developmental Specialists	\$10.77		
Employment Specialists	\$11.73		
Drivers	\$9.32		
Supervisory Titles			
House Manager	\$12.53 CILA \$14.03 ICF/DD		\$13.46
DSP Supervisor			\$13.32
QMRP Residential	\$15.18 CILA \$16.22 ICF/DD		
QMRP Non-residential	\$13.81		

*The preliminary report was based on a sample of 40% of IL providers. According to Chumura et al. (2005), approximately 449 organizations provide community services to people with DD in Illinois.

**Weighted means across vocational job titles were computed from the IARF report.

average DSP wage ranged from \$9.20 to \$10.89. Two studies reported average wages for personal care attendants in in-home or respite settings (yielding estimates of \$8.82 and \$8.83).

“The relief obtained from having someone to take over a few hours a day enables us to keep refreshed and relieved.”

~ Family member

Average wages for house managers or supervisors ranged from \$12.53 to \$14.03 depending on the study and type of setting.

Wage and benefit information is also available for the 18 organizations participating in this project (See Table 4). In 2004, project participants paid DSPs in vocational, residential, in-home and child care settings an average of \$10.12 per hour. The average DSP starting wage in those organizations was \$9.00 and the average highest

wage was \$14.56. These estimates are in the middle of the range reported in other studies. The average wage for FLSs in participating organizations was \$14.80. This was higher than reported in the other studies, possibly because some people in QMRP positions (degreed professionals who develop and monitor programs designed to teach new skills) paid at a higher rate, were included as supervisors.

In 13 of the 17 reporting organizations participating in this project, only full-time employees are eligible for health care coverage. In the other four organizations, employees who worked 30 hours a week or more were eligible.

Two recent studies provide more information about benefits for staff of community based programs (IARF, 2005; Powers, Powers, & Merriman, 2005). While 90% to 94% of community organizations supporting individuals with developmental disabilities offer access to health care benefits to at least some employees, only 52% of employees in those organizations receive health care benefits (Powers, Powers & Merriman, 2005). Employer costs for fringe benefits (health care and retirement) ranged from 8% to 10% of total compensation across all employees.

The IARF (2005) study provides information that helps explain some of the findings in the Powers et al (2005) study. For example, in the IARF study, employers reported that to be eligible for benefits, an employee had to work an average of 37.2 hours per week. While 69% of employers used part-time employees, only 53% of the providers offered pro-rated benefits for part time employees. In those

Table 4. 2004 Wages and Benefits for Participating Organizations

Characteristic	2004 Project Participants
<i>Wages for DSPs</i>	
Average starting	\$9.00
Average	\$10.12
Average highest	\$14.56
<i>Salary for FLSs</i>	
Average starting	\$13.73
Average	\$14.80
Average highest	\$18.85
Percent of DSPs considered to be full-time	72%
Average number of hours required to be considered full-time	35
Number of hours worked to be eligible for benefits	33.4
Number of hours worked to be eligible for paid time off	23.1

organizations, part-time DSPs had to work an average of 19.85 hours per week to be eligible for benefits. For employees who are eligible for health insurance benefits, employers covered an average of 83% of the cost for employee only coverage, and 65% of the costs for family (dependent and spouse) coverage. Of employers offering health insurance, 41% reported that they did not pay any of the cost of family coverage.

As these studies show, many DSPs in community settings, especially those who worked part-time, were not eligible for health care benefits. Even when benefits are available, many DSPs cannot afford to purchase them for their families. For example, a DSP earning \$10 per hour (\$400 per week, less FICA and Social Security) is hard pressed to afford the typical monthly family health care premium of \$300. This lack of access to affordable health care for employed DSPs is an important factor influencing recruitment and retention success.

It is also important to note that many DSPs qualify for programs that are designed to support people with low to moderate incomes such as food stamps, affordable housing programs, and the earned income tax credit or child care credit.

Effect of Current Conditions

At issue here is not simply a better functioning workforce; the lives of people with disabilities who receive services and supports are shaped by the nature of the supports they receive. When DSPs do not really know the people for whom they provide supports and services, they cannot offer individualized supports. When the direct support workforce is poorly trained, service recipients do not develop essential skills. There is an emotional toll as well — service recipients and families are afraid that the support they need will not be there for them, and they experience increased frustration. They cannot depend on the people in their lives for support because those people are constantly changing.

Current conditions force us to ask —

- What can we do to provide a foundation for adequate, effective, and ethical support for individuals with developmental disabilities in Illinois?
- What can we do to enrich and expand the number of DSPs available to support people with developmental disabilities in the state?
- What can we do to ensure that DSPs are trained and supported to help peoples with developmental disabilities be safe, healthy, and to reach their life goals and dreams?

This report offers recommendations addressing these questions.

“Staff members make the difference. When the staff member is good, life is good for my son.”

~ Parent

Action Plan: The Illinois Quality Support Agenda 2005

The vision and interventions discussed in this plan provide a framework to address challenges in recruitment and retention of DSPs. The following goals were developed by the Steering and Advisory Committee to build a stronger DSP workforce.

Recruitment and Retention Strategies

Attract and Retain Qualified DSPs

- Goal 1: Conduct annual on-going legislative advocacy campaigns to increase the wages and benefits of DSPs and FLSs by not less than \$3.00 per hour by December, 2008.
- Goal 2: Disseminate and implement a public relations campaign kit throughout the state by December, 2007.
- Goal 3: Improve the knowledge of supervisors related to recruitment and retention strategies by December, 2006.

Education, Training and Career Development

Raise the Skill and Knowledge of DSPs

- Goal 1: Building on existing DHS competencies for DSPs, develop intermediate and advanced education opportunities that bear college credit and that lead to voluntary, specialized credentialing by May 2007.

Workforce Data and Statistics

Develop a Systemic Strategy to Monitor DSP Wages, Benefits, and Workforce Outcomes

- Goal 1: Convene stakeholders to identify statewide data needed regarding the community services DSP workforce supporting individuals with developmental disabilities in Illinois, inventory existing and potential sources of that data, and make recommendations about ongoing data collection, evaluation, and reporting strategies by June, 2007.
- Goal 2: Report annually on the extent to which an adequate supply of DSPs is available to provide community based supports and services for citizens with developmental disabilities by June, 2007.

Status and Awareness of Profession

Elevate the Awareness, Understanding, Status and Respect for the DSP Profession

- Goal 1: Develop and provide support to an Illinois chapter of the National Association of Direct Support Professionals run by and for DSPs by June, 2006.
- Goal 2: Develop and provide training to organizations on how to involve DSPs in the development and implementation of individual supports for the people to whom they provide services and supports by June, 2008.
- Goal 3: Encourage agencies operating programs for people with developmental disabilities to include DSPs on relevant work groups, councils, board, and task forces by October, 2007.

Mentoring and Supervision

Support DSPs by Developing Skillful and Effective Supervisors and Mentors

- Goal 1: Develop and implement a training program for organizations about the benefits of effective mentoring and supervision.
- Goal 2: Develop and implement a training program for DSPs about the knowledge, skills and attitudes necessary for being a mentor.
- Goal 3: Develop and implement a training program to teach supervisors necessary knowledge, skills, and attitudes for guiding, directing, and supervising DSPs.

Please join us

in our efforts to improve the quality of DSPs supporting people with developmental disabilities in Illinois. For more information, contact Katie Keiling at kkeiling@uic.edu or (312) 996-1002 or visit <http://www.rtc.umn.edu/ildspworkforce/>

References

- Braddock, D., & Mitchell, D. (1992). *Residential services and developmental disabilities in the United States*. Washington, D.C.: American Association on Mental Retardation.
- Chmura, M.E., & Pettersson, J. (2005). *Developmental disabilities, mental health and SASS cost analysis: Report to the State of Illinois, Department of Human Services, Department of Public Aid and Department of Children and Family Services*. Chicago, IL: Navigant Consulting, Inc., and Loudonville, NY: PNP Associates.
- Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE). (2005). *The supply of Direct Support Professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress*. Baltimore, MD: Author.
- Ebenstein, W., & Gooler, L. (1994). *Cultural diversity and developmental disabilities workforce issues*. New York: City University of New York, Consortium for the Study of Disabilities.
- Fullagar, C., Smalley, K., Flanagan, J., Walker, L., Downey, R., Bloomquist, L., Bratsberg, B., Shanteau, J., & Pickett, L. (1998). *Community service provider direct care staff turnover study*. Manhattan, KS: Institute for Social and Behavioral Research.
- Henry, M. (Ed.). (1994). *The 1994 Survey of CDAs*. District of Columbia: Council for Early Childhood Professional Recognition.
- Illinois Association of Rehabilitation Facilities, Inc. (2005). *Salary survey of employment and community support services*. Springfield: IARF.
- Johnston, K. (1998). *Developmental disabilities provider direct service worker study: Results and findings*. Anchorage, AK: Governor's Council on Disabilities and Special Education.
- Kimmel, Scott (August 9, 2005). *Personal Communication*.
- Lakin, K.C., Hewitt, A.H., & Larson, S.A. (2005). *The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities. Report to Congress*. Minneapolis: University of Minnesota, Center on Residential and Community Services.
- Lakin, K.C., & Bruininks, R.H. (1981). *Occupational stability of direct-care staff of residential facilities for mentally retarded people*. Minneapolis: University of Minnesota, Center on Residential and Community Services.
- Larson, S.A., Hewitt, A.S., & Lakin, K.C. (2004). A multi-perspective analysis of the effects of recruitment and retention challenges on outcomes for persons with intellectual and developmental disabilities and their families. *American Journal on Mental Retardation*, 109, 481-500.
- Larson, S.A. & Lakin, K.C. (1999). A longitudinal study of recruitment and retention in small community homes supporting persons with developmental disabilities. *Mental Retardation*, 37, 178-191.
- Larson, S.A., Lakin, K.C., & Bruininks, R.H. (1998). *Staff recruitment and retention: Study results and intervention strategies*. Washington, DC: American Association on Mental Retardation.
- McDonald, C., (1994). Recruitment, retention and recognition of frontline workers in long term care. *Generations* 28(3), 41-42.
- National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute (2002). *Provider survey external report: Staff stability and board representation indicators (DRAFT)*. Core Indicators Project. Cambridge: Human Services Research Institute.
- Powers, E.T., Powers, N., & Merriman, D. (2005). *The adequacy of state payments to community-based agencies for services provided to Illinois residents with mental illness and/or developmental disabilities*. Chicago: University of Illinois.
- Prouty, R.W., Smith, G., and Lakin, K.C. (Eds.), (2005). *Residential services for persons with developmental disabilities: Status and trends through 2004*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.
- Rubin, S., Park, H., & Braddock, D. (1998). *Wages, benefits, and turnover of residential direct care staff serving individuals with developmental disabilities in Illinois*. Chicago: University of Illinois at Chicago, Department of Disability and Human Development.
- State of Minnesota Department of Employee Relations. (1989). *Study of employee wages, benefits, and turnover in Minnesota direct care facilities serving persons with developmental disabilities*. St. Paul: State of Minnesota Department of Employee Relations and Minnesota Department of Human Services.
- Traci, M.A., Szalda-Petree, A., & Seninger, S. (1999). *Cost identification in prevention and management of secondary conditions experienced by people with developmental disabilities progress report # 3: Turnover of personal assistants and the incidence of injury among adults with developmental disabilities*. Missoula: University of Montana

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Appendix B

Background Statistical Information

Illinois Workforce Concerns

Part of assessing the challenges faced by community organizations supporting people with developmental disabilities in Illinois is looking at what the organizations themselves consider to be their greatest challenge. The 18 organizations enrolled in the Illinois Direct Support Professional Workforce Initiative reported their top workforce challenges in 2004 (see Table B1) were finding qualified DSPs to hire (reported by 74% of participating organizations), DSP turnover (53%), DSP wages and benefits (41%), and staffing patterns or scheduling issues (41%). A similar question was asked of administrators of the nine Illinois state operated developmental centers (SODCs) as part of the Residential Information Systems Project in 2004. The top concerns for SODC administrators were DSP motivation (reported by 67% of administrators), DSP training and development (44%), finding qualified DSPs, turnover of DSPs, and morale problems (all at 33%).

2004 Workforce Characteristics for Illinois State Operated Developmental Centers

This project focuses on workforce outcomes and characteristics for community services in Illinois. For comparative purposes, information from the 2004 Residential Information Systems Project about workforce characteristics in SODC's is summarized in Table B2.

National Projections for the Direct Support Workforce by 2020

This workforce plan describes estimates of the number of DSP's needed in Illinois. A 2005 report to Congress describes national estimates of the changing demand for DSPs between 2003 and 2020 (See Table B3). This table estimates the size of the national DSP workforce supporting individuals with intellectual or developmental disabilities in 2020. To be fully staffed organizations will have to replace existing DSPs who leave, fill current vacancies, and add 323,037 new full-time equivalent DSPs to the workforce.

Table B1. Biggest three workforce concerns for Illinois organizations

Concern	2004 project participants ¹	2004 IL SODCs ²
Finding qualified DSPs to hire	71%	33%
Turnover of DSPs	53%	33%
DSP wages/ benefits	41%	0%
Staffing patterns/scheduling issues	41%	-
Supervisors lack adequate training	29%	-
New hires quit during the first six months	18%	11%
Morale problems	12%	33%
Working conditions	12%	-
Turnover of FLSs	12%	-
DSP training and development	6%	44%
Co-workers do not get along	6%	11%
DSPs are dissatisfied with supervisors	6%	0%
DSP motivation	-	67%

¹ Data from applications for the Illinois DSP Workforce Development Initiative

² Data for the 2004 Illinois SODCs are from the Residential Information Systems Project at the Research and Training Center on Community Living (University of Minnesota).

- Indicates that the question was not asked for that group.

Table B2 2004 Workforce Characteristics for Illinois State Operated Developmental Centers (SODCs)

Characteristic	2004 SODCs 1
Number of people with developmental disabilities supported	2,875
Number of sites owned and operated by organization	9
DSP crude separation rate (turnover)	11.3%
DSP vacancy rate	5.8%
FLS crude separation rate (turnover)	7.4%
FLS vacancy rate	17.3%
Number of DSPs (e.g., job coaches, direct care staff, aides or technicians)	2,882
Number of FLSs	125
Number of administrators	310
Number of other staff members (e.g., food service, business office, laundry, maintenance, and licensed professional staff such as physicians, nurses, teachers, OT/PTs, psychologists and QMRPs)	1,7342
<i>Wages for DSPs</i>	
Average starting	\$11.24
Average	\$16.52
<i>Salary for FLSs</i>	
Average starting	\$30,627
Average	\$41,037
Number of hours worked to be eligible for paid time off	24.7

¹ Data for the 2004 IL SODCs are from the Residential Information Systems Project at the Research and Training Center on Community Living (University of Minnesota)

² This number includes 925 personnel doing laundry, maintenance, food service, and other tasks that would be performed by DSPs in community settings.

Table B3. United States Current (2003) and Projected (2020) Demand for DSPs for Persons with Intellectual or Developmental Disabilities in the United States

Service Type	2003			2020		
	Current	Ratio	DSPs	Projected	Ratio	DSPs
SODCs	42,835	1.34	57,399	19,309	1.34	25,874
Private/Community	359,446	1.13	406,174	687,938	1.13	777,370
Waiting List	75,288	(1.13)	(85,075)	0		01
Nursing Facilities	35,005	(1.13)	(39,556)	0		01
In-Home Family	500,004	.25	125,001	690,005	.25	172,501
Vocational/Day	465,000	.346	160,890	641,700	.345	221,387
Total			874,095			1,197,132

¹ For the purposes of projecting DSP “demand” in 2020 it is assumed that persons with Intellectual or Developmental Disabilities in nursing facilities and waiting for services in 2003 will be receiving long-term support services in private/ community settings for persons with Intellectual or Developmental Disabilities in 2003.

Source: Assistant Secretary for Planning and Evaluation, 2005.

Acknowledgements

The Project Team is grateful for the diligent and thoughtful efforts of the Steering and Advisory Committee of the Illinois Direct Support Professional Workforce Initiative that generated the vision and strategies at the core of this plan. This group spent many hours in discussion and careful review of the plan to assure its relevance to the DSPs working in Illinois' developmental disabilities service system. The vision and passion they brought to the planning process will provide guidance to the evolution of quality community support that is only possible with a stable, competent and empowered direct support workforce.

We are also grateful to the Illinois Council on Developmental Disabilities for its support of this important work and to its staff for their essential help and advice in the course of the project.

The views expressed in this plan were developed by the Steering and Advisory Committee of the Illinois Direct Support Professional Workforce Initiative, a stakeholder group representing policy makers, consumers, families, advocates, and employers. A list of members of the Steering and Advisory Committee members is found in Appendix A on page 12.

The views represented in this report do not necessarily represent the view of the funding agency, the Illinois Council on Developmental Disabilities, or its primary funder, the federal Administration on Developmental Disabilities. This product was developed in partnership with the Illinois Council on Developmental Disabilities.

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