



National Frontline Supervisor Competencies

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Research & Training Center on Community Living
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What are the National Frontline Supervisor Competencies?

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

Evolving role of the frontline supervisor

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

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

Current state of the workforce supporting people with I/DD

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

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

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

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

Overview of development process

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

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

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

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

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

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

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

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

Human service terminology used in the National Frontline Supervisor Competencies

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

- **Participant:** A participant is the person receiving supports. The term participant is used in place of individual with a disability to encourage the active participation of people receiving supports in their own service plans.
- **Health Care Provider:** A health care provider is a professional that provides health-related services. The term health care provider is used in place of doctor, nurse, therapist or other type of medical care provider to acknowledge the variety of care providers a participant may have in his or her life.
- **Support Network:** A support network refers to the people a participant chooses to be involved in his or her life. A support network often includes a combination of a participant's family, friends, and partner. The term support network is used in place of family to emphasize a participant's choice in the people he or she desires to be involved in his or her life.

Introduction to the National Frontline Supervisor Competencies (NFSC)

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

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

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

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

Implementation of the National Frontline Supervisor Competencies

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

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

National Frontline Supervisor Competencies

1. Direct support (8)

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

-
- 1.A.** Complete all direct support tasks competently and thoroughly when scheduled, demonstrate best practice in person-centered support, and be an exemplary direct support role model for the DSPs she or he supervises.

 - 1.B.** Provide support that demonstrates respect and value for diversity in cultural practices and all aspects of participant's life.

 - 1.C.** Communicate effectively with participant using active listening skills, responding to requests and concerns, and interacting using most culturally competent and effective methods of communication.

 - 1.D.** Actively observe for signs of neglect, maltreatment, or violation of rights, and take immediate action to remedy situation and support advocacy in this process, reporting internally and to outside agencies as required by law and in the best interest of participant.

 - 1.E.** Assist participant to create a physical environment that is accessible, comfortable, and meets his or her unique style and needs.

 - 1.F.** Use interactions and observations as opportunities to critically evaluate and analyze the quality of supports provided to participant, and strive for ongoing quality improvement.

 - 1.G.** Encourage participant to be as engaged as possible in all aspects of his or her daily life, teaching as necessary.

 - 1.H.** Support participant in making and maintaining relationships by identifying, planning for, and supporting participation, contribution, and engagement in events and activities that support these.

2. Health, wellness, and safety (16)

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

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

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

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

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

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

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

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

4. Facilitating community inclusion across the lifespan (16)

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

-
- 4.A.** Ensure that services are not engaged in ways that create barriers to maintaining positive relationships with family, friends, coworkers, or other community members.
-
- 4.B.** Consult and engage members of participant's support network (as appropriate and desired by participant) in efforts to identify and support the preferences for relationships and activities, as well as problem-solve any issues or challenges regarding these activities.
-
- 4.C.** Promote positive relationships between participant, staff, and other individuals in participant network and the community at large.
-
- 4.D.** Support participants facing age-related issues such as grief, loss, and declining health, by demonstrating healthy boundaries, care, empathy, and engaging participants in natural community supports.
-
- 4.E.** Support participant in community educational, recreation, leisure, retirement, and employment opportunities, and facilitate coordination with generic community agencies to provide inclusive opportunities for participant.
-
- 4.F.** Use information about participant's hobbies, skills, and interests to assist participant in identifying desired educational, employment, or volunteer opportunities (in partnership with members of participant's support team when appropriate).
-
- 4.G.** Identify various stakeholders to ensure education, employment, volunteer, and retirement supports are appropriate and effective.
-
- 4.H.** Assist participant in accurately and thoroughly completing education, membership or employment-related applications.
-
- 4.I.** Ensure participant understands his or her right to not answer application questions about his or her disability by discussing the Americans with Disabilities Act and disability disclosure, and support participant in dealing with these situations in interviews.
-
- 4.J.** Work with community guides and hire staff with linguistic and cultural competence to meet the unique needs of each individual.

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

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

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

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

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

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

5. Promoting professional relations and teamwork (11)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

-
- 7.I.** Develop staff schedules, and/or assist participant and his or her family to develop staff schedules, within budgetary limitations, under union and organizational policies and rules, and in response to participant needs.

 - 7.J.** Solicit and approve staff time cards, approve staff leave, and secure staff to fill-in when vacancies occur.

 - 7.K.** Operate and manage multiple sites and remote locations, fostering a common vision of service delivery, and ensuring that DSPs complete core job tasks as required and expected.

 - 7.L.** Complete necessary paperwork for changes in staff status, developing and modifying staff job descriptions as needed, and/or assist participant and his or her family to do so.

 - 7.M.** Monitor, review, and implement labor contracts, attend labor management meetings, and respond to formal grievances when applicable, including following up on reports of staff injury at work and all workers' compensation related issues.

8. Service management and quality assurance (15)

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

-
- 8.A.** Design, implement, and evaluate strategies to identify desires, preferences, issues, concerns, and other supports for participant while respecting participant's rights.

 - 8.B.** Participate in and respond to issues identified in licensing reviews, audits, and quality assurance monitoring activities, including Protective Service investigations.

 - 8.C.** Maintain regular contact with participant, his or her family members, and support team members regarding concerns identified in participant satisfaction surveys.

 - 8.D.** Effectively communicate (verbally and in writing) in a concise and timely manner, ensuring the privacy of others and using respectful and person-centered language.

 - 8.E.** When delegating responsibilities, provide instructions and resources to staff to ensure successful completion of tasks.

 - 8.F.** Be knowledgeable about, and ensure compliance with, all Federal and state rules, regulations, and policies specific to each work setting.

 - 8.G.** Maintain a safe environment by coordinating internal or external services, or performing duties as needed, to ensure maintenance and safety.

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

9. Advocacy and public relations (10)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11. Cultural awareness and responsiveness (5)

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

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

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

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

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

Appendix B: National validation study executive summary

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

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

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

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

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

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

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

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

Appendix C: List of resources

1. Direct Service Worker Competencies, including:

Community Support Skill Standards (CSSS)

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

National Alliance for Direct Support Professionals (NADSP)

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

Department of Labor

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

2. NADSP Code of Ethics

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

3. National Participant Directed Services Resource Center

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

4. National Center for Cultural Competence (NCCC)

The National Center for Cultural Competence (NCCC)

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

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

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

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

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

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

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