

# **National Validation Study of Competencies For Frontline Supervisors and Direct Support Professionals**

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## EXECUTIVE SUMMARY

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 9<sup>th</sup> position to 2<sup>nd</sup> position, while promoting

public relations moved down in rank from 7<sup>th</sup> to 12<sup>th</sup>. 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 (3<sup>rd</sup>) and advocacy (6<sup>th</sup>) were rated among the top seven, while assessment (9<sup>th</sup>) and organizational participation (11<sup>th</sup>) 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.

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## **CHAPTER 1: INTRODUCTION AND METHODOLOGY**

This study used survey methodologies to validate nationally the results of two comprehensive Minnesota analyses of competencies needed by DSPs and FLS (Hewitt, 1998; Hewitt, Larson, Sauer, O'Neill, 1998). This study extended the existing analyses by sampling direct support professionals (DSPs), first-line supervisors (FLS) and managers in 77 agencies in five states.

### **Review of Literature**

Identifying training needs through a job analysis is a critical first step in the development of any competency based and effective training or educational program. A comprehensive needs assessment should result in identifying competencies, or those worthy accomplishments that make the employee valuable to the employer and that make the employer valuable to the customer (Blank, 1982). Until recently, no job analyses were available for DSPs or FLS supporting persons with disabilities in community settings. In recent years, three efforts have addressed this need. The first study was a comprehensive job analysis which identified the core competencies necessary for DSPs working in human services working with multiple populations in varied settings (Taylor, Bradley & Warren, 1996). The Community Support Skill Standards described broad skill sets needed by human services professionals in 12 areas ranging from participant empowerment, and communication, to training, self-development, and crisis intervention.

The second study gathered information from Minnesota DSPs and their supervisors through focus groups and a written survey to identify the following: (1) competencies for DSPs in residential programs for people with IDD, (2) the relevance of those competencies for DSPs working with persons with high behavioral or medical needs, and (3) the applicability of IDD competencies to those identified for all entry level human service staff in the National Skill Standards (IDD job analysis identified more competency areas, skill standards and tasks than the Community Support Skill Standards), (Hewitt, 1998). The present study was designed to test whether the IDD residential competencies identified by Hewitt (1998) can be validated as relevant to other states.

Research on training, recruitment, and retention outcomes for DSPs has found that the FLS turnover has a measurable effect on those outcomes (Larson, Lakin & Bruininks, 1998). Research and interventions to address workforce development outcomes for DSPs must also examine the roles, skills, and training needs of FLS. The third study looked specifically at FLS competencies. A series of statewide focus groups involving 146 DSPs, FLS and administrators identified the important skills for frontline supervisors (Hewitt, Larson, Sauer & O’Neill, 1998). Fourteen broad skill areas were identified ranging from: staff relations and program planning and monitoring; to financial, scheduling and payroll and policies; procedures and rule compliance activities; and office work. The present study tested whether those competencies identified for FLS in Minnesota are valid reflections of the competencies needed by frontline supervisors in other states as well.

Research questions fall in four broad areas:

1) Organizational Recruitment and Retention Characteristics and Outcomes:

- a) What are the current organizational and employee characteristics of organizations that provide community residential services in the participating states?
- b) What are the recruitment, retention and training outcomes for community residential settings in the participating states?

2) Demographic and Work Characteristics:

- a) What are the demographic and work characteristics of excellent managers, FLS, and DSPs in organizations that provide community residential supports to persons with intellectual and/or developmental disabilities?
- b) To what extent are the demographic and work characteristics of excellent managers different from those of excellent FLS?
- c) To what extent are the demographic and work characteristics of excellent supervisors different from those of excellent DSPs?

3) Frontline Supervisor Competencies and Training:

a) Which of the competency areas and competencies identified in prior research are most critical for FLS?

b) Which competencies identified as important for FLS in Minnesota are irrelevant or not important in other parts of the United States?

c) How are managers and FLS different in their assessment of the importance of various competency areas and competencies?

c) What are the time frames in which these task/competencies should be demonstrated?

1) Which competencies are needed by FLS at hire?

2) Which competencies are needed by FLS within the first 90 days on the job?

3) How are managers and FLS different in their assessment of the time frame in which various competencies should be demonstrated?

d) What are the training needs for FLS?

1) In which of the competency areas do FLS most need training?

2) Within each competency area, on which individual competencies do FLS most need training?

3) How are managers and FLS different in their assessment of the training needs of FLS for the competency areas and competency statements?

4) DSPs Competencies and Training:

a) Which of the competency areas and individual competencies identified in prior research (Hewitt, 1998) are most critical for DSPs?

b) Which competencies identified as important for DSPs in Minnesota are irrelevant or not important in other parts of the United States?

c) How are FLS and DSPs different in their assessment of the importance of various competency areas and competencies?



- c) What are the time frames in which these task/competencies should be demonstrated?
- 1) Which competencies are needed by DSPs at hire?
  - 2) Which competencies are needed by DSPs within the first 90 days on the job?
  - 3) How are FLS and DSPs different in their assessment of the time frame in which various competencies should be demonstrated?
- d) What are the training needs for DSPs?
- 1) In which competency areas do DSPs most need training?
  - 2) Within each competency area, on which individual competencies do DSPs most need training?
  - 3) How are FLS and DSPs different in their assessment of the training needs of DSPs for the competency areas and competency statements?

### **Methodology**

This study utilized quantitative survey methods to obtain information regarding job tasks and competencies of DSPs and FLS who support individuals with intellectual or developmental disabilities (IDD) in the community. It also obtained information on crude separation and vacancy rates for both DSPs and FLS.

### **Sample**

This national validation study was conducted in Oregon, Nebraska, Ohio, Rhode Island, and Florida in 2002 and 2003. States were chosen to represent a cross-section of geographic regions in the United States. In Florida and Ohio a random sample of agencies was drawn from the list of eligible agencies provided by the state. In Oregon, Nebraska, and Rhode Island all eligible agencies were invited to participate in the study. The sample included 49 DSP staff members, 105 FLS, and 67 managers in community residential settings supporting one to six people with IDD. DSP and FLS completed surveys on the importance of various competencies necessary to perform the job, the frequency of performing various tasks, and the point in time for which each of the competencies must be present for the DSP to

adequately perform his or her job. A separate group of FLS and managers were asked similar questions regarding the FLS competencies. Demographic and agency-related information was also gathered.

### **Data Collection**

Five survey instruments were developed. Research and Training Center on Community Living (RTCL) project staff developed the initial drafts of these instruments and, when possible, used questions from previously validated instruments utilized in other studies such as the Minnesota Study of Newly Hired Direct Service Staff (Larson, Lakin & Bruininks, 1997). Suggestions on the instruments were sought from workforce development experts and the RTCL Advisory Council; the surveys were revised accordingly. The revised instruments were then piloted with small, community residential service providers, with final versions based on the feedback obtained from the pilot.

*Agency profile of FLS vacancies and crude separation rates.* The Agency Survey gathered information from agency directors on organizational characteristics and recruitment, retention, and training practices and training outcomes.

*Frontline supervisor competencies and training needs.* Two surveys were developed to validate the *Minnesota Frontline Supervisor Competencies and Performance Indicators* (Hewitt et al., 2004). The Frontline Supervisor Competency Standards Validation-FLS Version asked excellent FLS about their demographic characteristics, work history, experience in supporting people with IDD, and other basic work characteristics. It also sought information regarding the importance of FLS competencies, the point in time that each competency was needed in order for the FLS to competently perform his or her job, and the priority of training needs. The Frontline Supervisor Competency Standards Validation-Manager Version was completed by managers of FLS on the same competencies.

*Direct support professional competencies and training needs.* Two related surveys were developed to validate DSP tasks and competencies. The Direct Support Professional Competency Standards Validation Survey-DSP Version was administered to excellent staff who worked in DSP roles. The Direct Support Professional Competency Standards Validation Survey-FLS Version sought FLS opinions about needed DSP competencies. The items were condensed from competencies listed in the

*Core Residential Community Competencies* (Hewitt, 1998). Respondents rated the importance of each competency, when DSPs needed to be able to perform each competency and priority of training needs in each competency area. Both surveys sought information on demographic characteristics, work history, experience in supporting people with IDD, and other basic work characteristics. The DSP-FLS survey version also gathered background information about supervisors.

Due to concerns about the length of both the DSP Competency Standards Validation Survey (both versions) and FLS Competency Standards Validation Survey (both versions) they were broken into three separate versions, A, B, and C. Each version included either four or five competency areas. The DSP Competency Standards Validation Survey-DSP, Version A, included the following competency areas: 1 (Household management), 7 (Assessment), 8 (Advocacy), 10 (Building and maintaining friendships and relationships), and 13 (Professionalism). Version B asked questions about competency areas 2 (Facilitation of Services), 4 (Organizational Participation), 6 (Consumer Empowerment), 11 (Communication), and 14 (Vocational, Educational and Career Support). Version C included questions about competency areas 3 (Health and Wellness), 5 (Documentation), 9 (Community and Service Networking), and 12 (Crisis Intervention).

Version A of the FLS Competency Standards Validation Survey included the following competency areas: 4 (Program Planning and Monitoring), 6 (Leading Training and Staff Development Activities), 8 (Maintenance), 13 (Coordinating Policies, Procedures and Rule Compliance), and 14 (Office Work). Version B included competency areas 1 (Staff Relations), 2 (Direct Supports), 9 (Health and Safety), 11 (Scheduling and Payroll), and 12 (Coordinating Vocational Supports). Version C included three competency areas: (Facilitation and Supporting Consumer Support Networks), 5 (Personnel Management), 7 (Promoting Public Relations), and 10 (Financial Activities).

### **Recruitment and Response Rates**

#### **Support Letters**

Letters of endorsement were obtained from provider organizations in each participating state. Letters were received from the Florida Association of Rehabilitation Facilities (Florida ARF), Oregon

Rehabilitation Association, Region V Services in Nebraska, Ocean State Association of Residential Resources (OSARR) of Rhode Island, and the Ohio Provider Resource Association (OPRA).

### **Agency Recruitment**

Letters of invitation to participate in the study were sent to agencies that provided services to persons with intellectual or developmental disabilities in homes with six or fewer residents. Recruitment letters were sent to agencies in the five states in three waves. The first wave of invitations included Oregon, Nebraska and Rhode Island. The second wave was in Florida and the last in Ohio

The letter of invitation asked agencies to nominate one or two homes that provide 24 hour support to six or fewer people with intellectual or developmental disabilities. Agencies nominated homes in which excellent FLS and DSPs worked. In each home an FLS, the manager for that FLS, along with one DSP and the FLS for that staff member were identified. Nomination forms asked for the names of five people who fit the called-for description plus five alternates in case the original nominee declined to participate. Some agencies did not supply names for all of the primary nominations or if they supplied five names for the primary nominations, did not provide alternate names. If a reason was given for not providing names for all of the primary and/or alternate positions, it was usually that the agency was not large enough to have employees in all of the called-for positions. Upon receipt of the nomination forms, researchers mailed the appropriate survey to the nominated staff members. Informed consent for voluntary participation was sought from each nominated manager, supervisor, and DSP.

In Florida initial permission to solicit participation was given by the director of Developmental Services Program/ Department of Children and Families of Florida. Additional permission was required from each of the 15 Developmental Disabilities Districts. Eventually 14 of the 15 districts agreed to participate and provided lists of eligible agencies in their respective districts. The one remaining district declined to make a decision to either grant or deny permission to work with their providers. The 14 participating districts provided a list of 503 providers that they thought met the study's requirements. From this list, a sample of 126 agencies were randomly selected and invited to participate.

In Ohio, OPRA provided a list of agencies in the state serving six or fewer individuals. From this list a random sample of 195 agencies were invited to participate.

### **Agency Response Rates**

Initial response rates from agencies to the letters of invitation varied from state to state, but were generally low. With the exception of Ohio, the following protocol was used in an effort to increase greater participation in the study:

- If after 3 weeks, there was no receipt of the form indicating an agency's intention of participation, a telephone call was made to the agency and an attempt made to speak with the director.
- Once contact with the director was made, the study was briefly explained and the agency was invited to participate. At times, the recruitment letter was re-mailed or faxed to them for review and a time established for a follow-up call.
- In the follow-up call, an effort was again made to secure their involvement in the study.

Using this approach, reasonable response rates were obtained for Oregon, Nebraska and Rhode Island.

In Ohio after the initial letter of invitation was mailed, follow-up contact to encourage agency participation was handled by OPRA, the Ohio Providers Resource Association, as agreed upon at the initiation of the study. Unfortunately, other projects and legislative work precluded OPRA from completing these calls with the result of a low response rate for that state.

Florida's initial response rate to letters of invitation was low, so efforts were made to contact agency directors by telephone. This effort met with little success due to many incorrect numbers or no answers to calls. To encourage better agency response in Florida, investigators faxed a letter and nomination form to all non-responding agencies in Florida explaining the project and asking them to consider participation. After 2-3 weeks when the response rate continued to be low another 30 agencies were invited to participate. This produced only 11 agencies (9%) who agreed to participate. To increase participation, researchers called agencies in the second group of 30 to verify the information for the main office and administrator of programs. In some cases, the addresses that had been provided for Florida agencies were those of the individual service sites rather than those of the main offices. If there was no

response after 4 phone calls were made to a non-responding agency, a notation was made in the database that the investigators were unable to contact or that the phone number provided was not in service. Only one nomination form was accepted for each agency.

Across the five states, 343 organizations were identified to be contacted (See Table 1). Of those, 78 were either duplicates (the state list contained multiple sites from the same organization), or did not provide residential supports to persons with IDD in settings of 6 or fewer residents. An additional 66 organizations could not be reached to ascertain their interest in participating. Of the 199 organizations that were eligible and contacted about the study, 140 agreed to participate (70%), and 77 ultimately completed the agency survey (39%).

**Table 1 Response Rates and Sample Sizes for Agencies**

<b>State</b>	<b>Sampled</b>	<b>Not Eligible/ Dup</b>	<b>Unable to Contact</b>	<b>Eligible and Contacted</b>	<b>Agreed to Participate</b>	<b>Agency Survey Complete</b>	<b>Response Rate</b>
Oregon	67	10	2	55	38	23	42%
Florida	114	42	33	39	20	11	28%
Ohio	79	4	30	45	35	14	31%
Rhode Island	25	7	1	17	16	9	53%
Nebraska	58	15	0	43	31	20	47%
Agency Total	343	78	66	199	140	77	39%

### **Follow-up, Sample, and Response Rates of Individual Study Participants**

People nominated by their organization were assigned a study number and were sent surveys. If no response was received after three weeks, a reminder postcard was sent. Following an additional period of 2-3 weeks if a survey had not been returned, alternates from that agency were assigned a study number and mailed the appropriate study format and version. If there was no alternate, a highlighted postcard was sent again to the original non-respondents.

To increase responses from Rhode Island, Nebraska, and Oregon, researchers contacted nominees who had agreed to participate and had been sent surveys, but had not returned them. Some respondents had lost their survey and were sent a replacement. In other cases, the person who had originally been sent a survey was no longer in the designated position, necessitating a new nomination. In cases where the original nominee had not responded, surveys were also sent to the agency contacts to distribute to

alternates in Oregon, Nebraska, Rhode Island, and Florida. This increased responses from Oregon, Nebraska, and Rhode Island. However, Florida continued to have a poor response rate. In Ohio, in accord with a prior agreement, OPRA agreed to contact persons to encourage responding to the survey. However, few of these calls were completed and few additional surveys were received from Ohio.

A total of 607 DSP and FLS validation surveys were mailed (see Table 2). Of those, 147 supervisor surveys were sent to managers, 150 FLS surveys and 148 DSP surveys were sent to FLS (individual FLS received only one survey or the other), and 162 DSP surveys were sent to DSPs. By state, the sample of managers, FLS, and DSPs ranged from 199 in Oregon to 71 in Ohio. By version, the DSP and FLS surveys were distributed nearly evenly across each participating group.

**Table 2: Sample Sizes for Versions of Supervisor and DSP Surveys by State**

	OR		FL		OH		RI		NE		Totals
	Initial	Alt	Initial	Alt	Initial	Alt	Initial	Alt	Initial	Alt	
<b>FLS/Admin</b>											<b>147</b>
<b>A</b>	14	1	7	2	5	0	5	4	10	0	48
<b>B</b>	13	3	8	1	5	0	6	1	10	2	49
<b>C</b>	13	2	5	2	8	0	5	2	10	3	50
<b>FLS/FLS</b>											<b>150</b>
<b>A</b>	13	3	5	2	9	0	5	1	9	4	51
<b>B</b>	14	3	7	2	5	0	5	3	11	3	53
<b>C</b>	13	4	8	1	4	0	6	0	10	0	46
<b>FLS/DSP</b>											<b>148</b>
<b>A</b>	14	3	8	2	5	0	6	0	11	2	51
<b>B</b>	14	2	5	2	5	0	5	2	9	4	48
<b>C</b>	13	4	7	1	7	0	5	1	10	1	49
<b>DSP/DSP</b>											<b>162</b>
<b>A</b>	13	5	7	3	7	0	5	4	10	2	56
<b>B</b>	14	6	8	1	5	0	6	0	10	5	55
<b>C</b>	13	2	5	2	6	0	5	2	10	6	51
<b>Totals</b>	161	38	80	21	71	0	64	20	120	32	<b>607</b>

A total of 127 Supervisor Surveys and 94 DSP Surveys were completed, a response rate of 43% and 30% respectively (see Table 3). The Supervisor Survey was completed by 60 supervisors for a response rate of 40% and 67 managers for a response rate of 46%. The DSP Survey was completed by 49 DSPs and 45 supervisors, a response rate of 30%.

**Table 3: Response Rates for Supervisor and DSP Surveys**

Version	Surveys Completed			Total Surveys Completed	Total Surveys Mailed	Response Rate
	A	B	C			
<b>Supervisor Survey</b>						
Supervisors	20	19	21	60	150	40%
Managers	23	21	23	67	147	46%
Supervisor Survey Total	43	40	44	127	297	43%
<b>DSP Survey</b>						
DSP	16	16	17	49	162	30%
Supervisors	15	17	13	45	148	30%
DSP Survey Total	31	33	30	94	310	30%

### Data Analysis

Quantitative data were analyzed using the SPSS statistical package. Descriptive statistics were used to describe the personal and work characteristics of sample participants, and recruitment, retention, and training outcomes reported. Descriptive statistics were also used to describe the importance, frequency, and timing for learning each competency. Inferential statistics were used to compare ratings of importance, frequency, and timing for different types of respondents (i.e., DSPs vs. FLS for the DSPs competencies; FLS vs. Managers for the FLS competencies).



## **CHAPTER 2: ORGANIZATIONAL CHARACTERISTICS AND OUTCOMES**

Research questions regarding workforce characteristics and outcomes were answered by the surveys completed by the participating organizations (See Appendix C for the survey). Those surveys provided information about the characteristics of the organization and workforce, and about the workforce outcomes those organizations experienced (e.g., turnover, vacancy rates).

### **Organizational Characteristics**

A total of 77 organizations returned surveys describing their characteristics and workforce outcomes. The participating organizations served varying proportions of the state's persons with intellectual or developmental disabilities (IDD) receiving residential supports (see Table 4). The twenty organizations in Nebraska supported 3,105 people compared to a total community residential service system of 3,413 people (91%). By comparison, the nine responding organizations in Rhode Island supported 1,100 people (56.1% of their total community residential service system), the 23 organizations in Oregon supported 1,891 people (35.3%), the 11 organizations in Ohio supported 2,215 people (13.9%), and the 11 organizations in Florida supported 778 people (6.1%). In all, the responding organizations supported 9,089 people with IDD.

The average responding organization was founded in 1980 and 14% operate in more than one state. The organizations provided supports to 9,089 people in 1,035 organization sites, and to people in 1,421 family or individual homes. On average, 16% of the people supported by the reporting organizations received supports or services in their own home or their family home. The average site operated by the organizations supported 7.4 people. However, only sites supporting six or fewer individuals in community settings were eligible to participate in the study. Most of the organizations were operated as private non-profit entities (65%) while 18% were operated as private for-profit entities, 5% were operated by county entities, 3% were state operated, and 9% reported being operated as another kind of entity.

**Table 4: Organization Characteristics for Agencies**

Variable	Oregon	Nebraska	Rhode Island	Florida	Ohio	Total	Total SD
Sample Size	23	20	9	11	14	77	
<b>Organization Characteristics</b>							
Year opened (Mean)	1982	1977	1982	1985	1975	1980	9.9
% operate in more than one state	26%	15%	0%	9%	7%	14%	35%
<b>People and Places Supported</b>							
Total people supported by Agency (sum)	1,891	3,105	1,100	778	2,215	9,089	
Number of different sites (sum)	290	361	138	62	184	1,035	
Number of in-home sites (sum)	142	208	340	40	691	1,421	
Average site size (excluding in-home)	6.0	8.0	5.5	11.9	8.3	7.4	
Percent served in their own or family homes	8%	7%	31%	5%	31%	16%	
<b>Agency Type</b>							
State operated	4%	0%	0%	9%	0%	3%	
County operated	0%	15%	0%	0%	7%	5%	
Private for-profit	22%	15%	22%	18%	14%	18%	
Private non-profit	70%	40%	78%	73%	79%	65%	
Other	4%	30%	0%	0%	0%	9%	
<b>RISP Data (Prouty, Smith &amp; Lakin, 2003)</b>							
2002 N people with IDD in community residential settings	5,358	3,413	1,961	12,687	15,923	39,342	
Percent of community residents served by organizations in sample	35.3%	91.0%	56.1%	6.1%	13.9%	23.1%	

Altogether the responding organizations employed 9,306 DSPs, 1,071 FLS, and 1,223 other staff and managers (see Table 5). Across the organizations, 78% of all staff members were DSPs. The average ratio of DSPs to people supported was 1.14, while the ratio of FLS per person supported was 0.15. Each FLS was responsible for supporting 9.33 DSPs. Across the states, 77% of all DSPs were women. Overall, 21% of DSPs were 24 years or younger, while 30% were 25 to 24 years, 36% were 35 to 54 years, and 11% were 55 years or older. Most organizations (93%) required new DSPs to have either a high school diploma or its equivalent as a condition of employment.

**Table 5: Employee Characteristics for Agencies**

Variable	Oregon	Nebraska	Rhode Island	Florida	Ohio	Total	Total SD
Sample Size	23	20	9	11	14	77	
<b>Total Staff Complements</b>							
Total N direct support professionals (sum)	2,799	2,317	1,502	523	2,165	9,306	
Total N frontline supervisors (sum)	338	211	146	158	218	1,071	
Total N other staff and managers (sum)	442	209	136	203	233	1,223	
<b>Staff Ratios</b>							
Percent of employees DSPs	76%	84%	82%	72%	74%	78%	11%
Ratio DSP / persons served	1.46	0.97	1.50	0.74	0.91	1.14	0.79
Ratio FLS / persons served	0.20	0.09	0.15	0.14	0.15	0.15	0.11
Ratio DSP / FLS	7.48	13.61	9.97	8.13	6.35	9.33	6.00
<b>DSP Gender</b>							
Female	71%	77%	76%	84%	80%	77%	16%
Male	29%	23%	24%	16%	20%	23%	16%
<b>DSP Age</b>							
24 years or younger	24%	26%	23%	8%	18%	21%	17%
25 to 34 years	37%	21%	39%	29%	25%	30%	15%
35 to 54 years	36%	37%	27%	45%	41%	36%	
55 years and older	10%	13%	5%	12%	13%	11%	
<b>DSP Educational Prerequisite</b>							
None	13%	0%	0%	18%	0%	7%	
GED or HS diploma	87%	100%	100%	82%	100%	93%	

### Workforce Outcomes

The mean DSP hourly wage in participating organizations was \$8.88 (SD = \$1.44) in 2002 (see Table 6). Average DSP wages ranged from \$7.67 in Florida to \$10.88 in Rhode Island. The average wage for FLS was \$11.98 (SD = \$3.44) in 2002. Mean FLS wages ranged from \$11.67 in Ohio to \$13.89 in Rhode Island.

The average DSP had to work 34.8 hours per week to be considered full-time by their employer. Overall, 68.7% of all DSPs were considered to be full-time, while 24% were considered part-time and 7.4% were considered on-call employees. To be eligible to receive paid time off (e.g., holidays, vacation, sick leave), the average DSPs had to work 22.4 hours per week. To be eligible for health or dental insurance, the average DSPs had to work 29.2 hours per week.

<b>Table 6: Workforce Outcomes</b>							
<b>Outcome</b>	<b>Oregon</b>	<b>Nebraska</b>	<b>Rhode Island</b>	<b>Florida</b>	<b>Ohio</b>	<b>Total</b>	<b>SD</b>
Sample Size	23	20	9	11	14	77	
<b>Wages and Salary</b>							
Avg. DSP hourly wage	\$9.12	\$8.40	\$10.88	\$7.67	\$8.93	\$8.88	\$ 1.44
Avg. FLS hourly wage	\$12.73	\$11.77	\$13.89	\$9.67	\$11.67	\$11.98	\$ 3.44
<b>DSP Full Time Status</b>							
% Full-Time	70.9%	66.1%	70.6%	64.8%	70.3%	68.7%	20%
% Part-Time	21.5%	26.6%	17.7%	27.8%	26.2%	24.0%	19%
% On-Call	7.7%	7.3%	11.7%	7.4%	3.8%	7.4%	10%
Hours to be considered Full-time	34.9	36.2	34.4	34.4	33.0	34.8	4.8
<b>Benefits for DSPs</b>							
N hours to be eligible for Paid Leave	15.4	26.0	24.6	25.8	24.7	22.4	14.2
N hours to be eligible for Health or Dental Insurance	25.1	33.3	30.1	29.9	28.9	29.2	11.0
<b>Workforce Outcomes</b>							
% of budget for training, employee assistance and staff development	2.6%	4.5%	2.7%	7.5%	2.0%	3.7%	6.4%
<b>DSP</b>							
Number of DSPs left agency in last 12 mo.	41.4	37.7	68.4	32.3	74.2	48.6	81.0
DSP turnover rate	39.8%	43.0%	34.3%	45.9%	34.4%	39.7%	28%
DSP vacancy rate	6.9%	5.4%	5.0%	11.5%	6.0%	6.7%	8%
<b>FLS</b>							
Number of FLS left agency in last 12 mo.	4.4	2.2	3.1	2.0	4.1	3.3	5.7
FLS turnover rate	34.4%	24.6%	22.3%	23.7%	6.9%	24.2%	41%
FLS vacancy rate	7.5%	7.9%	0.5%	12.5%	1.0%	6.1%	16%

SD – Standard deviation

Several workforce outcomes were measured. The average organization invested 3.7% of their budget for training, employee assistance, and staff development activities. Overall, the DSP turnover rate was 39.7% and the vacancy rate was 6.7%. The average agency had 48.6 DSPs leavers in the past year. Overall the FLS turnover rate was 24.2%, and the vacancy rate was 6.1%. The average organization had 3.3 FLS leavers in the past year.

Organizational respondents identified their top three recruitment and retention issues from a list of 13 possible choices (see Table 7). Overall, the biggest concerns were finding qualified DSPs to hire (selected by 76% of respondents), new hires quitting during the first six months of employment (51%), staff wages or benefits (39%), and staffing patterns or scheduling issues (32%). Issues identified as

concerns by 10% to 25% of respondents included training not producing the desired result (22%), supervisors who are not well trained (18%), and coworkers who do not get along with one another (12%).

The top three issues for Oregon and Florida were the same as for the sample as a whole. For Nebraska and Ohio, the top three issues were finding qualified DSPs, new hires quit during the first six months, and staffing patterns or scheduling issues. The top three issues in Rhode Island were finding qualified DSPs, staff wages or benefits, and supervisors who are not well trained.

**Table 7: Recruitment and Retention Issues for Agencies: Top Three Concerns**

Variable	Oregon	Nebraska	Rhode Island	Florida	Ohio	Total	Total SD
Finding qualified DSPs	68%	85%	78%	73%	79%	76%	43%
New hires quit during the first six months	55%	50%	22%	64%	57%	51%	50%
Staff wages or benefits	45%	30%	56%	55%	21%	39%	49%
Staffing patterns or scheduling issues	27%	50%	22%	18%	29%	32%	47%
Training does not produce desired result	23%	30%	33%	9%	14%	22%	42%
Supervisors are not well trained	18%	15%	56%	18%	0%	18%	39%
Workers don't get along	18%	10%	0%	9%	14%	12%	33%
Morale Problems	9%	10%	0%	9%	0%	7%	25%
Resistance to providing community supports	0%	5%	11%	9%	7%	5%	23%
Dissatisfied with supervisors	9%	0%	0%	0%	0%	3%	16%
Job descriptions are outdated or incomplete	0%	0%	11%	0%	0%	1%	12%
Working Conditions	0%	0%	0%	0%	0%	0%	0%

### Recruitment Sources

Since finding qualified DSPs is an issue for so many organizations, the survey also asked respondents to describe their current recruitment practices. Just over a third of the organizations (39%) reported they did not track recruitment sources for new hires (see Table 8). Of those organizations that did track recruitment sources, the sources used for most recruits were newspaper or circular advertisements (the source of 45% of new hires), or employee referrals (the source of 41% new hires). Websites, employment or placement agencies and other sources were rarely cited as the referral source for DSPs.

**Table 8: Recruitment Source for New Hires**

<b>Recruitment Source</b>	<b>Oregon</b>	<b>Nebraska</b>	<b>Rhode Island</b>	<b>Florida</b>	<b>Ohio</b>	<b>Total</b>	<b>Total SD</b>
Don't Track	39.1	55.0	22.2	27.3	35.7	39.0	49.1
<b>Source when tracked (Average Percent)</b>							
Newspaper or circular ads	43.2	47.8	36.9	44.4	50.2	44.7	32.1
Employee Referrals	43.6	30.3	51.7	37.5	43.0	41.1	29.8
Website	1.4	3.6	2.1	0.0	1.7	1.7	4.5
Employment-Placement Agency	7.9	0.6	3.6	2.5	1.7	3.7	11.1
Other	3.9	17.8	5.7	15.6	3.4	8.7	20.3

### **Training Difficulties**

Managers also reported the type of training difficulties they faced. Altogether, 67 managers identified major training difficulties from a list of 15 possible options (See Table 9). Difficulties identified by more than half of the managers included arranging training at times when DSPs could attend (selected by 63% of respondents), providing training that actually results in changes in staff job performance (61%), and finding resources to staff homes while DSPs are participating in training activities. Several other difficulties were identified by 25 to 50% of the managers including: finding resources to retain staff once they have completed training (49%), providing timely high quality training to newly hired DSPs (43%), finding financial resources to pay trainers or consultants, purchase training materials, and/or to pay registration costs (39%), finding incentives to motivate staff to get training (36%), planning training for staff members with widely differing experiences and knowledge (33%), finding conferences, courses or workshops that are reasonably priced (31%), finding conferences, courses, or workshops that address the most important training needs for DSPs (28%), and finding high quality training materials (25%).

**Table 9: Training Difficulties Reported by Managers**

Difficulty	%
Arranging training times for attendance	62.7
Providing training that changes job performance	61.2
Finding staff to cover during training	59.7
Finding resources to retain staff	49.3
Providing timely training to new DSP	43.3
Money for training	38.8
Finding incentives to motivate staff to get training	35.8
Addressing wide differences in exp & knowledge	32.8
Finding affordable conferences, workshops, etc.	31.3
Finding relevant conferences, etc.	28.4
Finding quality training materials	25.4
Finding conferences close to home	23.9
Finding in-house trainers	8.7
Getting timely info on training	7.5
Finding outside trainers	6.0

N = 67

### CHAPTER 3: FRONTLINE SUPERVISOR COMPETENCY STANDARDS

In 1998, the University of Minnesota was contracted by the State of Minnesota to identify competencies needed by supervisors who worked in Minnesota community settings supporting individuals with intellectual and developmental disabilities. A series of focus groups were used to identify the skills needed by supervisors. The focus groups involved 146 participants, including 97 DSPs, 40 FLS, and 7 managers who supervise FLS (Hewitt, et al., 2004). The focus groups identified 14 competency areas in which FLS need to be proficient (see Table 10). Within each competency area, specific competencies were identified. Examples of performance indicators were also included. A second set of focus groups reviewed the results and developed the final list of competency areas and statements and ranked the order of importance for the 14 competency areas. The present study examined the extent to which the competency areas and competencies identified in the *Minnesota Frontline Supervisor Competencies and Performance Indicators* are relevant to supervisors throughout the United States.

**Table 10. Competency Areas for Frontline Supervisors (FLS)**

- 1. Staff Relations:** FLS enhance staff relations by using effective communication skills, encouraging growth and self-development, facilitating teamwork, employing conflict resolution skills, and providing adequate supports to staff.  
Competency statements: 8
- 2. Direct Support:** FLS provide direct supports to individuals with disabilities and role model such supports to DSP by assisting with living skills, communicating and interacting with individuals served, facilitating community inclusion, maintaining an appropriate physical environment, providing transportation, maintaining finances, developing behavioral supports and demonstrating the importance of consumers becoming active citizens in their neighborhoods and local communities.  
Competency statements: 14
- 3. Facilitating and Supporting Consumer Support Networks:** FLS facilitate and support the development and maintenance of consumer support networks through outreach to family members, community members, and professionals and through coordination of personal planning sessions in collaboration with the individual served.  
Competency statements: 9
- 4. Program Planning and Monitoring:** FLS oversee program planning and monitoring by planning and developing individual goals and outcomes with consumers, coordinating and participating in support network meetings, monitoring, documenting, and reporting progress toward meeting outcomes, and communicating with other service agencies.



Competency statements: 17

- 5. Personnel Management:** FLS coordinate personnel management by hiring new staff, conducting performance reviews, facilitating team work and staff meetings, creating job descriptions, delegating tasks and responsibilities, encouraging effective communication, defusing crises/conflicts between staff, and implementing grievance and formal contract procedures.  
Competency statements: 26
- 6. Leading Training and Staff Development Activities:** FLS coordinate and participate in DSS training and in-service by orienting new staff, arranging for staff to attend training and in-service sessions, maintaining training records, and supporting on-going staff development.  
Competency statements: 8
- 7. Promoting Public Relations:** FLS promote public relations by educating community members about persons with disabilities, advocating for the rights and responsibilities of individuals with developmental disabilities, developing media presentations and recruiting volunteers and contributions.  
Competency statements: 6
- 8. Maintenance:** FLS coordinate and participate in home, vehicle and personal property maintenance.  
Competency statements: 6
- 9. Health and Safety Issues:** FLS ensure that individuals supported are safe and living healthy lives by monitoring safety issues, coordinating, monitoring and documenting medical supports, practicing appropriate emergency procedures, responding to emergencies, and promoting consumer rights regarding health and safety issues.  
Competency statements: 18
- 10. Financial Activities:** FLS ensure fiscal responsibility and management by supporting individuals with banking and other financial maintenance agreements; developing, managing, and implementing household budgets; developing contracts for services with outside vendors, and completing audits of household and consumer finances.  
Competency statements: 9
- 11. Scheduling and Payroll:** FLS ensure staff are scheduled, paid, and receive time off when requested.  
Competency statements: 4
- 12. Coordinating Vocational Supports:** FLS coordinate vocational training and opportunities for consumers through advocacy, supporting people in completing daily job tasks, assisting individuals in meeting quality standards, finding and developing community jobs for people, and communicating as needed with other support agencies regarding vocational related issues.  
Competency statements: 5
- 13. Coordinating Policies, Procedures and Rule Compliance:** FLS understand and implement current state licensing rules and regulations, agency policies and practices, and protection of individual consumer rights.  
Competency statements: 6
- 14. Office Work:** FLS communicate effectively in writing and via the telephone, complete various office tasks and utilize the computer effectively for word processing, developing spread sheets, and managing data bases.  
Competency statements: 5

## Characteristics of Respondents

Information about FLS competencies was gathered from 60 managers who supervised FLS and 67 FLS in five states. For both groups, organizations were asked to identify excellent staff working in small community residential settings to respond to the survey. There were many differences between managers and supervisors in their demographic characteristics (see Table 11). FLS were significantly more likely to be female (88.3% versus 65.7%) and were significantly younger than managers (38.7 years versus 45.8 years). English was the first language for nearly 97% of the respondents. While there were not significant differences in the total number of years respondents had worked for their current employer (Mean = 10.5 years), FLS had significantly fewer years of paid work experience supporting people with intellectual or developmental disabilities (IDD) (11.7 years versus 17.8 years), and significantly fewer years of experience supervising DSPs (7.1 years versus 12.2 years) than the managers.

There were no significant differences between managers and FLS in whether they had ever taken a course on supporting people with IDD (Mean = 57.6%) or on whether they were currently enrolled in school (Mean 6.3%). There were, however significant differences in overall years of education with managers reporting significantly more years of education than FLS (15.3 years versus 14.1 years). Managers who were enrolled in college or technical school were significantly more likely to report they planned to stay with their current employer after completing their education than were FLS (84.6% versus 45.0%).

**Table 11: Demographic Characteristics of Respondents to the FLS Competency Surveys**

Characteristic	Admin	FLS	Total		F/X <sup>2</sup>	Sig.
			Mean	SD		
<b>Sample Size</b>	67	60	127			
<b>Gender (%)</b>						
Female	65.7	88.3	76.4	42.6	9.55	**
Male	34.3	11.7	23.6			
<b>English is First Language (%)</b>						
Yes	97.0	96.7	96.9	17.5	0.01	
No	3.0	3.3	3.1			
<b>Average Age</b>	45.8	38.7	42.3	10.0	17.12	***

**Table 11: Demographic Characteristics of Respondents to the FLS Competency Surveys**

Characteristic	Admin	FLS	Total		F/X <sup>2</sup>	Sig.
			Mean	SD		
<b>Work Experience</b>						
Years paid work experience with ID	17.8	11.7	14.9	8.5	18.54	***
Years paid experience supervising DSPs	12.2	7.1	9.8	8.3	13.02	***
Years working for current employer	11.7	9.1	10.5	10.5	3.71	
<b>Education</b>						
Year of formal education	15.3	14.1	14.7	2.1	10.97	**
Have taken courses on IDD (%)	60.0	55.0	57.6	49.6	0.32	
Currently in college or tech school (%)	3.0	10.5	6.3	24.7	2.92	
Plan to work for current employer after completing education (%)	84.6	45.0	66.7	48.2	4.55	*

\* p<.05, \*\* p<.01, \*\*\* p < .001

Among respondents nominated as persons who supervise FLS, 62.7% described themselves as administrators, 31.3% described themselves as supervisors of FLS, 7.5% described themselves as a FLS, and fewer than 5% described themselves as a trainer, degreed professional, or as working in some other role (see Table 12). Among respondents nominated as FLS, 78.3% described their primary role as being a FLS, 13.3% described their role as a supervisor of FLS, 6.7% described their role as a DSP, and fewer than 5% reported that their primary role was that of administrator, degreed professional, or something else.

**Table 12: Job Characteristics of FLS Survey Respondents**

Work Site Characteristics	Admin	FLS	Total	F/X <sup>2</sup>	Sig.
<b>Primary Role (%)</b>					
DSP	0.0	6.7	3.1		
Supervise DSPs	7.5	78.3	40.9		
Supervise FLS or other staff	31.3	13.3	22.8		
Administrator	62.7	1.7	33.9		
Trainer	4.5	0.0	2.4		
Degreed Professional (e.g., psychologist, social worker)	1.5	3.3	2.4		
Other	1.5	1.7	1.6		
<b>Span of Control</b>					
Work sites responsible for	7.8	3.8	5.9	10.5	**
Number of DSPs at primary site	67.9	16.7	43.7	17.4	***
Number of People Supervised/Managed					
DSP	30.9	13.8	22.5	16.0	***
FLS	5.1	1.0	3.2	34.0	***

**Table 12: Job Characteristics of FLS Survey Respondents**

<b>Work Site Characteristics</b>	<b>Admin</b>	<b>FLS</b>	<b>Total</b>	<b>F/X2</b>	<b>Sig.</b>
Others	1.7	0.9	1.4	1.2	
<b>Job Status</b>					
Hours scheduled to work weekly	40.1	39.9	40.0	0.0	
Considered to be a fulltime employee	100.0	96.7	98.4	2.3	
Eligible for paid time off	98.5	98.3	98.4	0.0	
Eligible for agency's benefits	100.0	96.7	98.4	2.274	

\* p<.05, \*\* p<.01

As expected the managers and FLS differed in the number of sites and staff members they supervised. Managers reported supervising significantly more sites (7.8 versus 3.8), DSPs (30.9 versus 13.8), and FLS (5.1 versus 1.0) than the participating FLS. There were no significant differences in job status for these groups. Overall the respondents worked an average of 40 hours per week, and 98% of them were considered to be full-time employees, eligible for paid time off and eligible for agency benefits.

Managers and FLS were asked to describe which services are offered at their agency (See Table 13). Nearly all of the managers reported that their organization offered supports in 24 hour residential settings (98.5%). More than 50% of the managers reported their organizations offered less than 24 hour supports (e.g., semi-independent living; 64.2%), in-home supports (59.1%), community based vocational supports (e.g., work crews, enclaves; 56.1%), facility based vocational supports (54.4%), or supported employment services (53.0%). Managers and FLS reported that the average number of people with IDD supported by the organization was 86.2. FLS were asked about the types of services offered at the sites in which they worked. Overall 95% of the supervisors reported that 24 hour residential supports were offered, 38% reported that less than 24 hour residential supports were offered and 38% reported that in-home supports were offered.

**Table 13: Characteristics of Supports Offered**

<b>Variable</b>	<b>Admin</b>	<b>FLS</b>	<b>Total</b>	<b>F/X2</b>	<b>Sig.</b>
<b>Services Offered at Site(s) Person Supervises (%)</b>					
24 hr residential support		95.0			
Less than 24 hr residential support		38.3			

**Table 13: Characteristics of Supports Offered**

<b>Variable</b>	<b>Admin</b>	<b>FLS</b>	<b>Total</b>	<b>F/X2</b>	<b>Sig.</b>
In-home support		38.3			
<b>Services Provided by Organization (%)</b>					
24 hr residential support	98.5				
LT 24 hr residential support	64.2				
In-home support	59.1				
Community based voc	56.1				
Facility based vocational	54.5				
Supported employment	53.0				
Other	15.2				
Public / private school	6.1				
Center based day care	4.5				
People with IDD Supported by Agency	86.2				
<b>People with Disabilities Supported by Person (all sites supervised)</b>					
IDD	40.4	16.2	28.9	34.48	***
Other disabilities	2.0	1.3	1.7	0.16	
<b>Primary Diagnosis of Individuals Supported (%)</b>					
Intellectual or Developmental Disabilities	98.5	95.0	96.9	2.28	
Mental Health Disabilities	1.5	1.7	1.6		
Physical Disabilities	0.0	3.3	1.6		

The managers supported an average of 40.4 people with IDD across all the sites in which they worked compared with FLS who supported an average of 16.2 people across sites. There were no significant differences in the primary diagnosis of the majority of people supported (96.9% reported that the majority had intellectual or developmental disabilities).

**Critical Competency Areas and Competencies for Frontline Supervisors**

Managers and FLS reviewed a list of the fourteen broad competency areas and to rank those areas from 1 to 14 in terms of “how important the skill is to the role of the FLS (FLS) in providing supports that help people live as valued, contributing and self-determined members of their communities.” The highest ranked competency areas were: direct support, health and safety issues, staff relations, program planning and monitoring, and personnel management, leading training and staff development activities, and facilitating and supporting consumer support networks (see Table 14). Six of these seven areas appeared in the top seven list for both the Minnesota groups and for the national validation panel.

**Table 14: Ranked Importance of the 14 Supervisor Competency Areas**

Ntl. Rank	Competency Area	Mean				Sig.	Area
		Total	Admin	FLS	F		
1	Direct support	3.7	4.2	3.1	3.15		2
2	Health & safety issues	3.7	3.5	3.9	0.74		9
3	Staff relations	3.8	3.7	3.9	0.15		1
4	Program planning & monitoring	5.0	4.7	5.3	2.07		4
5	Personnel management	5.6	5.5	5.8	0.18		5
6	Leading training & staff development activities	6.7	6.7	6.6	0.13		6
7	Facilitating & supporting consumer support networks	6.9	7.5	6.3	4.80	*	3
8	Financial activities	8.2	8.6	7.7	2.61		10
9	Coordinating policies, procedures, & rule compliance	8.2	8.3	8.2	0.03		13
10	Scheduling & payroll	9.0	8.7	9.4	1.59		11
11	Coordinating vocational supports	9.2	9.9	8.3	6.89	*	12
12	Promoting public relations	10.6	11.1	10.0	4.99	*	7
13	Office work	10.9	10.7	11.2	0.59		14
14	Maintenance	11.6	11.9	11.2	2.30		8

\* p<.05, \*\* p<.01

N = 125; 1 = most important, 14 = least important

Key differences were that the Minnesota group ranked facilitating and supporting consumer support networks the third most important areas while the national group ranked that item seventh. Conversely, the national group ranked health and safety as the second priority while the Minnesota group had ranked health and safety ninth. The Minnesota groups ranked promoting public relations as the seventh highest priority but the national group ranked that area 12<sup>th</sup>.

There were statistically significant differences between managers and supervisors in the ranking of three of the competency areas. Supervisors ranked facilitating and supporting consumer support networks as their sixth priority, while managers ranked it as their seventh priority. Supervisors also ranked coordinating vocational supports, and promoting public relations as more important than did managers.

Next, participants were asked to rate the importance of each of the competency statements in the broad competency areas covered by the version of the survey they completed. The importance of each competency statement in terms of how important the skill is to the role of the FLS in providing supports

that help people live as valued, contributing and self-determined members of their community was rated as follows:

3 High: Competency in this area is *critical* regardless of frequency of activity;

2 Medium: Competency in this area is *important* but not critical;

1 Low: Competency in this area is *not important* though at times it could be useful, or

0 N/A: Competency in this area is *irrelevant*.

To reduce the burden on respondents, each respondent received a survey containing 1/3 of the items. The total number rating each item ranged from 38 to 44 people.

Table 15 shows abbreviated versions of the competency statements ranked as critical by the largest proportion of respondents. The first column of the table shows the order of importance for each item within their competency area. The next set of columns list the proportion of respondents who rated the item critical (3), important (2), useful (1) or irrelevant (0). The table also shows the mean rating for each item overall and by respondent type. Differences between FLS and managers were tested and when significant, the Sig. column contains one or more asterisks. The proportions of respondents saying the item was not important or irrelevant were combined. Finally, the competency area from which each item was drawn is listed followed by the item number within the competency area and the number of people who rated the importance of the item. The full text of each competency statement is described in the narrative. The full text version of the other competency statements can be found in Appendix D in the Survey Master.

Six individual competency statements from three areas were rated as critical by 90 to 100% of the respondents. Those competencies included:

- FLS effectively communicate with staff by listening to their concerns, supporting and encouraging their ideas and work, thanking them for their contributions and providing positive feedback regarding their performance (100%).
- FLS respond to staff questions and crises when they are on-call (e.g., via pager or cell phone) (97.7%)

- FLS safeguard and respect the confidentiality and privacy of the individuals served and of the staff who work in the program (97.7%)
- FLS facilitate teamwork and positive interactions and attitudes among staff (92.5%)
- FLS communicate effectively with supported individuals using their primary method of communication (e.g., gestures, verbal, sign language, or communication boards) (92.5%).
- FLS prioritize their tasks and responsibilities in order of importance to ensure that deadlines are met (90.9%).

An additional fifteen individual competency statements from seven areas were ranked as critical by 80 to 89% of the respondents. Those statements were as follows:

- FLS manage their own stress by balancing personal and professional lives, taking vacations and breaks, and using stress management practices (88.6%).
- FLS demonstrate and encourage individuals who receive services to be as independent as possible (e.g., answer their own telephone, assist in meal preparation, and assist with chores) (88.1%).
- FLS ensure that direct support staff members administer medications and treatment plans as prescribed and in accordance with agency policies and procedures (87.5%).
- In their efforts to identify and advocate for the desires, preferences, issues and concerns of the individuals receiving service, FLS communicate and consult with county case managers, other support agencies, and support team members while respecting the rights of the individuals served (86.4%).
- FLS complete vulnerable adult investigations and follow through on reporting procedures as required by agency policy and law (86.0%).
- FLS interact with individuals served by listening to their issues, responding to their requests and concerns, sharing ideas and humor, and participating in meals and other activities (85.0%).
- FLS implement behavior support plans, intervene with individuals in response to challenging behavior, and defuse crisis situations as they arise (85.0%).



- FLS monitor medication errors and review as needed with staff (85.0%).
- FLS monitor individuals for health-related concerns and respond by reporting issues to health professionals and documenting needs (85.0%).
- FLS secure staff to fill-in when vacancies occur due to staff illness, resignation, vacation or other reasons (85.0%).
- FLS maintain regular contact with consumers, family members and support team members regarding complaints and issues, and design, implement and evaluate strategies to address issues identified in consumer satisfaction surveys (84.1%).
- FLS report and discuss consumer, family or program related issues as needed with management (84.1%).
- FLS initiate debriefing sessions or discussions with staff following a crisis situation, incident or accident (84.1%).
- FLS provide coaching and feedback to staff regarding performance issues (81.8%).
- FLS ensure compliance with state rules, regulations and laws as well as agency policies and procedures (81.4%).

**Table 15: Critical Skills for Supervisors**

Ntl. Rank	Competency Statement	Overall Percent				Mean			F	Sig.	% Not or			
		Critical	Important	Useful	N/A	Total	Admin	FLS			Minimally	Area	Item	N
<u>90 to 100% Say it is essential</u>														
1	Effectively communicate with staff	100.0				3.00	3.0	3.0		NS	0.0	1	1	40
1	Responds to staff questions & on-call crises	97.7	2.3			2.98	3.0	3.0	1.10	NS	0.0	5	17	44
1	Safeguards & respects indiv. confidentiality & privacy	97.7	2.3			2.98	3.0	3.0	1.10	NS	0.0	5	25	44
2	Facilitate teamwork & positive staff interactions	92.5	7.5			2.93	2.9	3.0	0.25	NS	0.0	1	4	40
3	Prioritizes tasks & responsibilities	90.9	9.1			2.91	2.9	2.9	0.01	NS	0.0	5	23	44
1	Communicates effectively with supported individuals	92.5	5.0	2.5		2.90	3.0	2.8	0.84	NS	2.5	2	1	40
<u>80-89% say it is essential</u>														
4	Manages their own stress	88.6	11.4			2.89	2.9	2.9	0.33	NS	0.0	5	24	44
1	Ensures DSPs admin meds as prescribed	87.5	12.5			2.88	2.8	3.0	5.64	*	0.0	9	14	37
1	Encourages individual independence as appropriate	88.1	9.5	2.4		2.86	2.8	2.9	0.28	NS	2.4	4	15	42
1	Consults with case managers & team re indiv. rights	86.4	13.6			2.86	2.8	3.0	2.73	NS	0.0	3	1	44
2	Interacts with individuals by listening, sharing, etc	85.0	15.0			2.85	2.9	2.8	1.01	NS	0.0	2	2	40
5	Discusses consumer & program issues with mgmt	84.1	15.9			2.84	2.8	2.9	1.20	NS	0.0	5	21	44
2	Monitors for med errors	85.0	12.5	2.5		2.83	2.7	3.0	2.85	NS	2.5	9	9	38
1	Secures staff to fill-in when vacancies occur	85.0	12.5	2.5		2.83	2.7	3.0	2.85	NS	2.5	11	4	40
2	Reg. contact to address complaints & satisfaction	84.1	13.6	2.3		2.82	2.7	2.9	1.53	NS	2.3	3	2	44
6	Conducts debriefing sessions following crises	84.1	13.6	2.3		2.82	2.8	2.9	0.30	NS	2.3	5	18	44
6	Provides coaching & feedback to staff	81.8	18.2			2.82	2.9	2.8	0.83	NS	0.0	5	10	44
3	Monitors & addresses individ health related concerns	85.0	12.5		2.5	2.80	2.8	2.8	0.01	NS	2.5	9	3	38
1	Ensures compliance with state & agency rules & regs	81.4	16.3	2.3		2.79	2.7	2.9	2.11	NS	2.3	13	4	43
3	Implements beh. support plans & defuses crises	85.0	10.0	2.5	2.5	2.78	2.7	2.8	0.42	NS	5.0	2	10	40
3	Completes vulnerable adult investigations	86.0	7.0		7.0	2.72	2.6	2.9	0.98	NS	7.0	13	1	43
<u>75 - 79% say it is essential</u>														
8	Provides needed disciplinary action & training	79.5	20.5			2.80	2.8	2.8	0.27	NS	0.0	5	11	44
1	Provides training in indiv needs & rules & regs	79.1	18.6	2.3		2.77	2.7	2.8	0.17	NS	2.3	6	6	43
4	Monitors safety issues in physical environment	76.9	23.1			2.77	2.8	2.7	0.21	NS	0.0	9	1	38
2	Has current info & knowledge on rules & regs	76.7	23.3			2.77	2.6	3.0	7.95	**	0.0	13	2	43
2	Reviews & follows-up on incident reports	78.6	16.7	4.8		2.74	2.8	2.6	1.34	NS	4.8	4	12	42
2	Develops staff schedules	77.5	20.0		2.5	2.73	2.7	2.8	0.41	NS	2.5	11	1	40
1	Assists DSPs with consumer bank transactions	77.3	20.5		2.3	2.73	2.7	2.8	0.14	NS	2.3	10	1	44
3	Dev., implements, monitors & assists with CS plans	76.7	18.6	2.3	2.3	2.70	2.6	2.8	0.96	NS	4.6	4	1	43
9	Coordinates & facilitates staff meetings	75.0	22.7	2.3		2.70	2.6	2.9	2.76	NS	2.3	5	12	44
2	Ensure consumer bills are paid promptly	79.5	11.4	2.3	6.8	2.64	2.4	2.9	2.91	NS	9.1	10	4	44
1	Maintains safe environment by arranging HH services	76.7	11.6	9.3	2.3	2.63	2.7	2.6	0.39	NS	11.6	8	4	43

\* p<.05, \*\* p<.01, NS = Not significant

3 = Critical, 2 = Important, 1 = Useful, 0=Not Applicable

Finally, 11 individual competency statements in nine areas were identified by 75 to 79% of respondents as critical. Those competencies include:

- FLS review, discuss and provide follow-up with staff regarding incident or accident reports (78.6%).
- FLS develop, implement and monitor consumer support plans or assist direct support staff members in this process (76.7%).
- FLS provide needed disciplinary action including demonstrating correct performance for staff as indicated (79.5%).
- FLS coordinate and facilitate staff meetings (75.0%).
- FLS provide required training to staff on the needs of individuals served and in response to rules and regulations (e.g., use of glucometer, vulnerable adults, rights, emergency procedures, medication changes)(79.1%).
- FLS maintain a safe home environment by coordinating services or performing duties as needed to ensure safety (e.g., snow removal, adequate lighting) (76.7%).
- FLS identify and monitor safety issues within the physical environment (76.9%).
- FLS ensure that consumer bills are paid in a timely manner (79.5%).
- FLS assist direct support staff members to assist consumers in preparing bank transactions (e.g., deposits, transfers, withdrawals) (77.3%).
- FLS develop staff schedules within budgetary limitations, under union and agency policies and rules, and in response to consumer needs (77.5%).
- FLS have current information and knowledge on all state rules and regulations and agency policies and procedures (76.7%).

The critical competencies listed on Table 15 come from all but two of the fourteen competency areas (promoting public relations and office work). Nine of the 32 critical competencies were from the

personnel management competency area. The top six ranked items came from three areas (staff relations, direct support, and personnel management).

### Less Relevant Competencies

One project goal was to assess whether the competencies identified in Minnesota were relevant for FLS in other states. One way this was assessed was to identify those competencies that respondents viewed as either not applicable to FLS in their organization or as of low priority meaning that competency in the area was not important though at times it could be useful (see Table 16). Of the 142 competencies, five were ranked as either irrelevant or as not important by more than 50% of the respondents. Those items include:

- FLS monitor, review and implement labor contracts, attend labor management meetings, and respond to formal grievances when applicable.
- FLS support staff in learning how to use a computer to do their work.
- FLS assist in the development of promotional materials such as newsletters, newspaper articles, brochures, videos and contacts with media.
- FLS assist in establishing new per diem rates for individuals served.
- FLS complete agency asset and depreciation inventories.

For three additional items, between 25 and 50% of respondents said the item was either useful but not important or not relevant and fewer than 25% said they were critical. Those items include:

- FLS invite community members to learn more about the organization and the people who receive services.
- FLS recruit and mentor community volunteers, interns and students.
- FLS get bids and estimates for house/site maintenance from outside contractors and consult with organization maintenance personnel as needed.

**Table 16: Less Relevant FLS Competencies**

Ntl. Rank	Competency Statement	Overall Percent				Mean			F	Sig.	% Not or Minimally	Area	Item	N
		Critical	Important	Useful	N/A	Total	Admin	FLS						
<b>50% or more say Irrelevant or not Important</b>														
9	Assists in establishing new per diem rates	23.3	18.6	9.3	48.8	1.16	0.8	1.6	4.61	*	58.1	10	7	43
26	Monitors labor contracts & grievances	16.3	30.2	14.0	39.5	1.23	1.1	1.4	0.79	NS	53.5	5	19	43
8	Completes agency asset & depreciation inventories	25.6	18.6	16.3	39.5	1.30	1.3	1.3	0.01	NS	55.8	10	9	43
6	Assist in development of promotional materials	7.0	41.9	27.9	23.3	1.33	1.2	1.4	0.51	NS	51.2	7	6	43
8	Supports staff in learning computer use for work	9.3	34.9	34.9	20.9	1.33	1.5	1.2	1.38	NS	55.8	6	7	43
<b>30% or more say Irrelevant or not important and Mean Less than 2.0</b>														
5	Recruit & mentor community volunteers	13.6	50.0	18.2	18.2	1.59	1.7	1.5	0.20	NS	36.4	7	3	44
6	Gets bids for maintenance & consults as needed	16.3	46.5	20.9	16.3	1.63	1.6	1.7	0.21	NS	37.2	8	2	43
25	Performs criminal background & driver license checks	44.2	11.6	9.3	34.9	1.65	1.5	1.8	0.55	NS	44.2	5	4	43
4	Invite community members to learn more on DD	20.5	43.2	27.3	9.1	1.75	1.8	1.7	0.35	NS	36.4	7	2	44
6	Use computer for word processing & data mgmt	27.9	39.5	20.9	11.6	1.84	1.8	1.9	0.01	NS	32.5	14	5	43
5	Develops new jobs & procures work for individuals	37.5	30.0	15.0	17.5	1.88	1.9	1.9	0.01	NS	32.5	12	1	40
23	Arranges new staff physicals & limitation assessments	45.5	22.7	6.8	25.0	1.89	1.7	2.1	1.74	NS	31.8	5	5	44
6	Writes, reviews & updates agencies policies & procedures	44.2	25.6	14.0	16.3	1.98	1.7	2.4	4.47	*	30.3	13	3	43

\* p<.05, \*\* p<.01, NS = Not significant

3 = Critical, 2 = Important, 1 = Useful, 0=Not Applicable

Since the majority of respondents agreed that these items were either not important or not applicable for people whose primary job is supervising DSPs, these items will be dropped from the national competency listing.

Another set of items was ranked as critical by 25 to 50% respondents while between 25 and 50% ranked them as not important or irrelevant. Those items include:

- FLS support those served by coordinating, facilitating and participating in support network meetings and consumer council meetings.
- FLS complete necessary paperwork when an individual is discharged from the program.
- FLS arrange for criminal background checks and driver's license reviews for newly hired personnel.
- FLS assess staff functional ability and capacity, ensure health physicals are completed, and address identified Americans with Disabilities Act accommodations.
- FLS seek input from other staff and from consumers and family members in making hiring decisions.
- FLS develop and modify staff job descriptions as needed.
- FLS recruit new DSPs by posting open positions both within the agency and externally in newspapers and job boards, by encouraging existing staff to recruit potential new hires, and by networking with high schools, technical schools, job centers, welfare-to-work programs and other sources of potential hires.
- FLS provide education to community members regarding people with developmental disabilities (e.g., rights, responsibilities, dispelling myths).
- FLS schedule, monitor and occasionally complete routine and/ or emergency household repair and maintenance tasks.
- FLS locate health, dental and therapeutic services in local communities that will accept Medical Assistance as the sole payment option.

- FLS prepare and review periodic budget reports (e.g., monthly, quarterly, annually).
- FLS develop new jobs and procure new work for individuals who work in community businesses or who receive supports in day training and habilitation programs.
- FLS provide quality assurance checks for work completed by consumers.
- FLS write, review and update agency policies and procedures in response to licensing reviews, changes in rules and regulations, and consumer needs.
- FLS use the computer for word processing, data base management and creation of spreadsheets.
- FLS effectively complete various office tasks (e.g., copying, filing, or typing).

Five of these competencies are from the personnel management competency area. Competency in these skills is either critical or important in most organizations. However, in some organizations these tasks are not performed by FLS. These competencies will remain in the national listing. However, users of the national competencies will be instructed to identify any competencies that are irrelevant for FLS in their organization. In many cases, they will be able to list those competencies as critical for someone in another job classification within the organization. In other cases (such as organizations that do not provide any vocationally based services), certain competencies will simply not be applicable in certain settings.

#### **Differences in Importance Ratings between Managers and Supervisors**

Of the 142 competencies that were assessed, only 12 items were ranked for importance differently by managers than by supervisors (see Table 17). Those items included:

- FLS coordinate or assist in the development of new programs and support services.
- FLS provide first aid and arrange for emergency medical appointments as needed.
- FLS order medical supplies (e.g., medications, assistive devices, adult briefs), interact with pharmacies and arrange for medications to be picked up as needed.
- FLS ensure that direct support staff members administer medications and treatment plans as prescribed and in accordance with agency policies and procedures.

- FLS obtain consent from the legal guardian for medical interventions, procedures and medication administration.
- FLS ensure that individuals and their family members understand suggested medical interventions, procedures and medications.
- FLS discuss and review menus with dieticians, ensuring that adequate substitutions are available to support the desires and needs of all people who receive services.
- FLS budget, manage, monitor and replenish petty cash accounts.
- FLS assist in establishing new per diem rates for individuals served.
- FLS have current information and knowledge on all state rules and regulations, and agency policies and procedures.
- FLS write, review and update agency policies and procedures in response to licensing reviews, changes in rules and regulations, and consumer needs.
- FLS read and respond promptly to mail and e-mail.

Half of these items are from the Health and Safety Issues competency area. FLS rated competency as more important than did managers for all but one of the items (promptly replying to mail and email). This suggests that FLS and their bosses disagree in regard to FLS roles in health and safety and rule implementation. Providing feedback to supervisors and their bosses about these differences may be helpful in clarifying expectations for FLS.



**Table 17: Differences between Administrators and Supervisors Regarding Importance of Competency**

Ntl. Rank	Competency Statement	Overall Percent				Mean			F	Sig.	Area	Item	N
		Critical	Important	Useful	N/A	Total	Admin	FLS					
1	Ensures DSPs admin meds as prescribed	87.5	12.5			2.88	2.8	3.0	5.64 *		9	14	37
2	Has current info & knowledge on rules & regs	76.7	23.3			2.77	2.6	3.0	7.95 **		13	2	43
6	Provides first aid & emergency care as needed	70.0	25.0	5.0		2.65	2.5	2.8	4.31 *		9	10	38
8	Ensures that indiv & family understand med treatments	70.0	25.0	2.5	2.5	2.63	2.4	2.9	6.79 *		9	17	38
3	Manages & budgets petty cash	70.5	20.5	2.3	6.8	2.55	2.3	2.9	6.07 *		10	5	44
3	Assists in development of new programs & services	52.3	40.9	6.8		2.45	2.3	2.7	5.03 *		3	4	44
15	Obtains consent from guardian for med treatments	65.0	20.0	5.0	10.0	2.40	2.1	2.7	4.66 *		9	15	38
4	Read & promptly respond to email & mail	48.8	39.5	7.0	4.7	2.33	2.6	2.1	4.73 *		14	3	43
16	Discuss & review menus with dieticians	40.0	52.5	5.0	2.5	2.30	2.1	2.5	4.26 *		9	18	38
17	Orders med supplies & arranges for med deliveries	45.0	37.5	10.0	7.5	2.20	1.9	2.6	7.26 **		9	11	38
6	Writes, reviews & updates agencies policies & procedures	44.2	25.6	14.0	16.3	1.98	1.7	2.4	4.47 *		13	3	43
9	Assists in establishing new per diem rates	23.3	18.6	9.3	48.8	1.16	0.8	1.6	4.61 *		10	7	43

\* p<.05, \*\* p<.01, NS = Not significant

3 = Critical, 2 = Important, 1 = Useful, 0=Not Applicable

## Timelines for Acquiring Frontline Supervisor Competencies

After ranking the importance of each competency, supervisors and managers answered this question: “At what point in time do new FLS need to be able to do this skill well?” The response options were:

5 = Not applicable (recoded from 0 for the analyses)

4 = Not until after at least one year in the position

3 = Within the first year in the position

2 = Within the first 90 days after hire

1 = At hire (into this position)

There were 27 items that 50% or more of the respondents said FLS needed to do well at hire (see Table 18). There were many more items that 75% or more of the respondents said FLS needed to do well by the time they had been on the job for 90 days (see Table 19).

Respondents reported that FLS needed to do 27 of the 142 skills well at the time of hire. Two items were identified by 80% or more of the respondents as important to do well at hire. Those items were:

- FLS safeguard and respect the confidentiality and privacy of the individuals served and of the staff who work in the program.
- FLS monitor and respond promptly to messages on answering machines, pagers and voice mail.

Six items were identified by 60 to 79% of respondents as important to do well at hire. Those items were:

- FLS demonstrate and encourage individuals who receive services to be as independent as possible (e.g., answer their own telephone, assist in meal preparation, and assist with chores).
- FLS respond to staff questions and crises when they are on-call (e.g., via pager or cell phone).
- FLS ensure that direct support staff members administer medications and treatment plans as prescribed and in accordance with agency policies and procedures.
- FLS monitor medication errors and review as needed with staff.

- FLS read and respond promptly to mail and e-mail.
- FLS write memos and reports concisely using appropriate grammar, spelling and formats.

Of the top eight items, two are skills related to the person’s philosophy of support provision (respecting confidentiality and encouraging independence), four relate to prompt and effective communication (responding to messages, responding to questions, responding to mail and email, and writing concise reports), and two relate to monitoring medication administration.

Seventeen items were identified by between 50 and 59% of the respondents as important for supervisors to do well at hire. Those items were:

- FLS facilitate teamwork and positive interactions and attitudes among staff.
- FLS encourage staff to maintain appropriate boundaries regarding personal versus professional issues.
- FLS interact with individuals served by listening to their issues, responding to their requests and concerns, sharing ideas and humor, and participating in meals and other activities.
- FLS assist individuals with daily living skills, meal preparation, self-care, health care, and maintenance tasks as needed.
- FLS communicate necessary information and maintain positive working relationships with staff from other agencies that provide supports to individuals served.
- FLS initiate “debriefing sessions” or discussions with staff following a crisis situation, incident or accident.
- FLS prioritize their tasks and responsibilities in order of importance to ensure that deadlines are met.
- FLS manage their own stress by balancing personal and professional lives, taking vacations and breaks, and using stress management practices.
- FLS identify and monitor safety issues within the physical environment.

- FLS ensure that infection control procedures are used as needed and in accordance with policy and procedure.
- FLS monitor individuals for health-related concerns and respond by reporting issues to health professionals and documenting needs.
- FLS obtain and document doctor's orders as needed and follow up with direct support staff regarding orders.
- FLS document new medications to be administered each month.
- FLS provide first aid and arrange for emergency medical appointments as needed.
- For individuals served who become ill, FLS monitor symptoms, provide reassurance and nurturing, and implement treatment plans as prescribed.
- FLS approve staff leave (e.g., vacation, sick, personal).
- FLS effectively complete various office tasks (e.g., copying, filing, or typing).

More than half of the respondents said that new FLS need to begin their jobs already knowing how to do these tasks well. Many of these items focus on health, safety and wellness for the people supported (monitoring health concerns), the DSPs (conducting debriefings), or the supervisor (managing stress, establishing priorities). The items also include basic staff supervision and service coordination tasks (promoting teamwork, approving leave time, working with other agencies), and a couple of items related to the provision of direct support (communicating with individuals supported and supporting daily living).

The items on Table 18 are skills the incoming supervisor needs to do well at hire. Organizations should consider these items in selecting new supervisors and in grooming DSPs to become supervisors. If competence is required in these areas at hire, it will be difficult to support a new supervisor who doesn't have these skills coming into the job. Further study is needed on the extent to which competence in these areas is associated with success during the initial 90 days of employment for supervisors. Such a study could further clarify which of these items could be used to effectively screen out candidates who are less likely to succeed.

**Table 18: Frontline Supervisor Competencies - Timing to do skill well (At Hire)**

Ntl. Rank	Competency Statement	Overall Percent					Mean					% Need Skill w/in			
		At Hire	90 days	1st year	After 1 yr	N/A	Total	Admin	Sup	F	Sig.	90 days	Area	Item	N
<b>80% or More Say Need to Do it Well at Hire</b>															
1	Safeguards & respects indiv. confidentiality & privacy	90.9	6.8			2.3	1.2	1.3	1.0	1.21 NS	97.7	5	25	44	
1	Monitor & respond to messages on answering machine	81.0	11.9	7.1			1.3	1.3	1.2	0.26 NS	92.9	14	2	42	
<b>60-79% Say Need to Do It Well At Hire</b>															
1	Encourages individual independence as appropriate	71.4	10.0	9.5			1.4	1.5	1.3	1.11 NS	81.4	4	15	42	
2	Responds to staff questions & on-call crises	65.9	27.3	4.5		2.3	1.5	1.6	1.3	0.94 NS	93.2	5	17	44	
1	Maintains safe environment by arranging services	63.4	26.8	7.3	2.4		1.5	1.5	1.5	0.09 NS	90.2	8	4	41	
3	Monitors for med errors	60.5	28.9	10.5			1.5	1.6	1.4	0.50 NS	89.4	9	9	38	
1	Ensures DSPs admin meds as prescribed	68.4	23.7	7.9			1.4	1.5	1.2	1.97 NS	92.1	9	14	38	
2	Read & promptly respond to email & mail	65.9	26.8	7.3			1.4	1.4	1.4	0.07 NS	92.7	14	3	41	
3	Write concise memos & reports	61.9	31.0	7.1			1.5	1.7	1.2	5.65 *	92.9	14	4	42	
<b>50 to 59% Say Need to Do It Well At Hire</b>															
1	Facilitate teamwork & positive staff interactions	59.0	25.6	12.8	2.6		1.6	1.8	1.3	3.50 NS	84.6	1	4	39	
2	Encourage staff boundaries on personal & work issues	51.3	30.8	17.9			1.7	1.8	1.5	1.58 NS	82.1	1	8	39	
1	Interacts with individuals by listening, sharing, etc	57.9	34.2	7.9			1.5	1.5	1.5	0.06 NS	92.1	2	2	38	
3	Assists with activities of daily living	55.3	31.6	10.5		2.6	1.6	1.8	1.4	1.96 NS	86.9	2	3	38	
3	Comm & maintains rel with other support agencies	50.0	38.1	11.9			1.6	1.7	1.5	0.61 NS	88.1	4	16	42	
3	Conducts debriefing sessions following crises	56.8	31.8	6.8	2.3	2.3	1.6	1.7	1.5	0.95 NS	88.6	5	18	44	
4	Prioritizes tasks & responsibilities	56.8	27.3	13.6	2.3		1.6	1.7	1.5	1.15 NS	84.1	5	23	44	
7	Manages their own stress	54.5	27.3	11.4	4.5	2.3	1.7	1.9	1.6	0.98 NS	81.8	5	24	44	
2	Delegates staff to perform HH routine maintenance	51.2	39.0	9.8			1.6	1.6	1.6	0.11 NS	90.2	8	6	41	
2	Monitors safety issues in physical environment	59.5	32.4	8.1			1.5	1.5	1.5	0.02 NS	91.9	9	1	37	
4	Monitors ill persons & reports on status	57.9	34.2	7.9			1.5	1.6	1.4	1.61 NS	92.1	9	13	38	
9	Documents doctors orders & follows up with staff	57.9	28.9	7.9		5.3	1.7	1.8	1.5	0.48 NS	86.8	9	7	38	
7	Documents new meds	56.8	32.4	8.1		2.7	1.6	1.7	1.5	0.33 NS	89.2	9	8	37	
5	Monitors & addresses individ health related concerns	55.3	34.2	10.5			1.6	1.7	1.4	2.73 NS	89.5	9	3	38	
6	Provides first aid & emergency care as needed	55.3	34.2	10.5			1.6	1.7	1.4	2.73 NS	89.5	9	10	38	
8	Ensures infection control procedures are followed	50.0	39.5	10.5			1.6	1.6	1.6	0.02 NS	89.5	9	2	38	
1	Approves staff leave	53.8	35.9	7.7	2.6		1.6	1.8	1.4	2.48 NS	89.7	11	3	39	
5	Effectively completes office tasks	50.0	38.1	9.5		2.4	1.7	1.9	1.4	3.07 NS	88.1	14	6	42	

\* p<.05, \*\* p<.01, NS = Not significant

Table 19 lists 66 competencies (of the 142 total) that supervisors need to do well within the first 90 days after hire. It includes all 27 items from Table 18 as well as 39 additional items. At least 75% of all respondents said that FLS needed to do these competencies well within the first three months of starting in an FLS position. Sixteen competencies were identified by 90% or more of the respondents as skills the supervisors needed to do well by the time they had been on the job for 90 days. Eleven of those items were identified as being needed at hire. The five other items were:

- FLS provide coaching and feedback to staff regarding performance issues.
- FLS communicate effectively with supported individuals using their primary method of communication (e.g., gestures, verbal, sign language, communication boards).
- FLS ensure basic routine household tasks are completed (e.g., lawn care, changing light bulbs, watering plants).
- FLS solicit and approve staff time cards.
- FLS assist direct support staff to assist consumers in preparing bank transactions (e.g., deposits, transfers, withdrawals).

An additional 35 competencies were identified by 80 to 89% of respondents as skills supervisors needed to do well within 90 days. Of those, 14 were mentioned as critical for new hires. Finally, 14 competencies were identified by 75 to 79% of respondents as skills supervisors needed to do well within 90 days. None of those items appeared on Table 18 as essential at hire.

**Table 19: Frontline Supervisors Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area	Item	N
		At Hire	90 days	1st year	After 1 yr	N/A	Total	Admin	Sup						
<u>90-100% Say Need to Do Skill Well Within 90 days</u>															
2	Communicates effectively with supported individuals	43.6	51.3	5.1			1.6	1.9	1.3	14.96	***	94.9	2	1	39
1	Interacts with individuals by listening, sharing, etc	57.9	34.2	7.9			1.5	1.5	1.5	0.06	NS	92.1	2	2	38
4	Completes required charting & documentation	40.5	50.0	7.1		2.4	1.7	1.9	1.6	1.39	NS	90.5	4	8	42
2	Reviews & follows-up on incident reports	42.9	54.8	2.4			1.6	1.7	1.5	1.77	NS	97.7	4	12	42
5	Provides coaching & feedback to staff	45.5	47.7	4.5		2.3	1.7	1.8	1.5	2.30	NS	93.2	5	10	44
2	Responds to staff questions & on-call crises	65.9	27.3	4.5		2.3	1.5	1.6	1.3	0.94	NS	93.2	5	17	44
1	Safeguards & respects individual confidentiality & privacy	90.9	6.8			2.3	1.2	1.3	1.0	1.21	NS	97.7	5	25	44
1	Maintains safe environment by arranging services	63.4	26.8	7.3	2.4		1.5	1.5	1.5	0.09	NS	90.2	8	4	41
3	Ensures basic household tasks are completed	42.9	47.6	7.1	2.4		1.7	1.7	1.7	0.12	NS	90.5	8	5	42
2	Delegates staff to perform household routine maintenance	51.2	39.0	9.8			1.6	1.6	1.6	0.11	NS	90.2	8	6	41
2	Monitors safety issues in physical environment	59.5	32.4	8.1			1.5	1.5	1.5	0.02	NS	91.9	9	1	37
4	Monitors ill persons & reports on status	57.9	34.2	7.9			1.5	1.6	1.4	1.61	NS	92.1	9	13	38
1	Ensures DSPs admin meds as prescribed	68.4	23.7	7.9			1.4	1.5	1.2	1.97	NS	92.1	9	14	38
1	Assists DSPs with consumer bank transactions	36.4	54.5	2.3	4.5	2.3	1.8	1.8	1.8	0.00	NS	90.9	10	1	44
3	Solicits and approves staff time cards	38.5	53.8	5.1	2.6		1.7	1.9	1.5	3.60	NS	92.3	11	2	38
1	Monitor & respond to messages on answering machine	81.0	11.9	7.1			1.3	1.3	1.2	0.26	NS	92.9	14	2	42
2	Read & promptly respond to email & mail	65.9	26.8	7.3			1.4	1.4	1.4	0.07	NS	92.7	14	3	41
3	Write concise memos & reports	61.9	31.0	7.1			1.5	1.7	1.2	5.65	*	92.9	14	4	42
<u>80-89% say Need to Do Skill Well Within 90 Days</u>															
3	Effectively communicate with staff	46.2	38.5	15.4			1.7	1.7	1.7	0.05	NS	84.7	1	1	39

**Table 19: Frontline Supervisors Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area	Item	N
		At Hire	90 days	1st year	After 1 yr	N/A	Total	Admin	Sup						
1	Facilitate teamwork & positive staff interactions	59.0	25.6	12.8	2.6		1.6	1.8	1.3	3.50	NS	84.6	1	4	39
4	Take direct interest in staff roles & responsibilities	38.5	46.2	15.4			1.8	1.8	1.8	0.00	NS	84.7	1	7	39
2	Encourage staff boundaries on personal & work issues	51.3	30.8	17.9			1.7	1.8	1.5	1.58	NS	82.1	1	8	39
3	Assists with activities of daily living	55.3	31.6	10.5		2.6	1.6	1.8	1.4	1.96	NS	86.9	2	3	38
6	Ensures physical environment meets individual needs	35.1	48.6	13.5	2.7		1.8	1.8	1.9	0.47	NS	83.7	2	7	37
4	Implements behavior support plans & defuses crises	47.4	39.5	13.2			1.7	1.8	1.5	2.22	NS	86.9	2	10	38
5	Teaches DSP's methods to achieving competencies	34.2	50.0	15.8			1.8	1.9	1.8	0.16	NS	84.2	2	12	38
2	Consults with case managers & team re individual rights	38.6	45.5	13.6	2.3		1.8	2.0	1.6	3.66	NS	84.1	3	1	44
1	Regular contact to address complaints & satisfaction	45.5	43.2	11.4			1.7	2.0	1.3	16.47	***	88.7	3	2	44
5	Monitors & documents progress toward goals	33.3	50.0	16.7			1.8	1.9	1.7	0.66	NS	83.3	4	6	42
9	Solicits info. from individual on desired goals & outcomes	23.8	59.5	16.7			1.9	2.0	1.8	1.67	NS	83.3	4	7	42
6	Provides feedback to staff on implementation of plans	31.0	50.0	19.0			1.9	1.9	1.8	0.10	NS	81.0	4	9	42
1	Encourages individual independence as appropriate	71.4	10.0	9.5			1.4	1.5	1.3	1.11	NS	81.4	4	15	42
3	Communicates with & maintains relationships with other support agencies	50.0	38.1	11.9			1.6	1.7	1.5	0.61	NS	88.1	4	16	42
9	Provides needed disciplinary action & training	38.6	45.5	13.6		2.3	1.8	2.0	1.6	2.31	NS	84.1	5	11	44
8	Coordinates & facilitates staff meetings	43.2	38.6	15.9		2.3	1.8	2.0	1.5	4.12	*	81.8	5	12	44
3	Conducts debriefing sessions following crises	56.8	31.8	6.8	2.3	2.3	1.6	1.7	1.5	0.95	NS	88.6	5	18	44
6	Discusses consumer & program issues w/	44.2	41.9	14.0			1.7	1.8	1.6	1.31	NS	86.1	5	21	43



**Table 19: Frontline Supervisors Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area	Item	N
		At Hire	90 days	1st year	After 1 yr	N/A	Total	Admin	Sup						
	mgmt & family														
4	Prioritizes tasks & responsibilities	56.8	27.3	13.6	2.3		1.6	1.7	1.5	1.15	NS	84.1	5	23	44
7	Manages their own stress	54.5	27.3	11.4	4.5	2.3	1.7	1.9	1.6	0.98	NS	81.8	5	24	44
4	Schedules & doc staff participation in training & dev	22.0	58.5	14.6	2.4	2.4	2.0	2.1	2.0	0.12	NS	80.5	6	2	41
1	Provides training in individual needs & rules & regulations	46.5	37.2	11.6	4.7		1.7	1.8	1.7	0.10	NS	83.7	6	6	43
1	Maintains safe environment by arranging services	63.4	26.8	7.3	2.4		1.5	1.5	1.5	0.09	NS	90.2	8	4	41
2	Delegates staff to perform household routine maintenance	51.2	39.0	9.8			1.6	1.6	1.6	0.11	NS	90.2	8	6	41
3	Ensures basic household tasks are completed	42.9	47.6	7.1	2.4		1.7	1.7	1.7	0.12	NS	90.5	8	5	42
8	Ensures infection control procedures are followed	50.0	39.5	10.5			1.6	1.6	1.6	0.02	NS	89.5	9	2	38
5	Monitors & addresses individual health related concerns	55.3	34.2	10.5			1.6	1.7	1.4	2.73	NS	89.5	9	3	38
12	Ensures routine dental & medical appointments are kept	47.4	36.8	10.5		5.3	1.8	2.0	1.5	2.07	NS	84.2	9	4	38
9	Documents doctors orders & follows up with staff	57.9	28.9	7.9		5.3	1.7	1.8	1.5	0.48	NS	86.8	9	7	38
7	Documents new meds	56.8	32.4	8.1		2.7	1.6	1.7	1.5	0.33	NS	89.2	9	8	37
3	Monitors for med errors	60.5	28.9	10.5			1.5	1.6	1.4	0.50	NS	89.4	9	9	38
6	Provides first aid & emergency care as needed	55.3	34.2	10.5			1.6	1.7	1.4	2.73	NS	89.5	9	10	38
17	Orders med supplies & arranges for med deliveries	28.9	52.6	10.5	2.6	5.3	2.0	2.4	1.5	9.31	***	81.5	9	11	38
10	Schedules fire & emergency drills	42.1	42.1	15.8			1.7	1.7	1.8	0.04	NS	84.2	9	12	38
13	Educates & offers consumers health care choices	39.5	42.1	13.2	2.6	2.6	1.9	2.1	1.6	2.90	NS	81.6	9	16	38
11	Ensures that individual & family understand med treatments	44.7	39.5	13.2		2.6	1.8	2.0	1.5	3.61	NS	84.2	9	17	38

**Table 19: Frontline Supervisors Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area	Item	N
		At Hire	90 days	1st year	After 1 yr	N/A	Total	Admin	Sup						
3	Ensure consumer bills are paid promptly	34.1	50.0	4.5	4.5	6.8	2.0	2.3	1.7	2.83	NS	84.1	10	4	44
2	Manages & budgets petty cash	39.5	46.5	7.0	2.3	4.7	1.9	2.1	1.6	3.73	NS	86.0	10	5	43
2	Develops staff schedules	44.7	44.7	7.9	2.6		1.7	1.8	1.5	1.36	NS	89.4	11	2	39
1	Approves staff leave	53.8	35.9	7.7	2.6		1.6	1.8	1.4	2.48	NS	89.7	11	3	39
4	Secures staff to fill-in when vacancies occur	43.6	41.0	10.3	2.6	2.6	1.8	2.0	1.5	3.65	NS	84.6	11	4	39
5	Effectively completes office tasks	50.0	38.1	9.5		2.4	1.7	1.9	1.4	3.07	NS	88.1	14	6	42
<u>75 to 79% say Need to Do Skill Well Within 90 days</u>															
5	Provide formal staff communication (e.g., memos, meetings)	33.3	43.6	23.1			1.9	2.0	1.7	1.85	NS	76.9	1	6	39
14	Helps individuals in planning community activities	18.9	56.8	21.6		2.7	2.1	2.3	1.9	2.43	NS	75.7	2	5	37
12	Assist individual in shopping	21.6	54.1	21.6		2.7	2.1	2.2	1.9	1.78	NS	75.7	2	8	37
11	Assists in arranging preferred transportation	24.3	51.4	18.9	2.7	2.7	2.1	2.2	1.9	0.72	NS	75.7	2	9	37
7	Completes & uses relevant assessments	33.3	45.2	21.4			1.9	2.0	1.8	0.53	NS	78.5	4	5	42
10	Maintains records for appropriate release of info	36.6	39.0	17.1		7.3	2.0	2.3	1.7	2.48	NS	75.6	4	13	41
11	Delegates tasks for special events & activities	25.0	50.0	20.5	2.3	2.3	2.1	2.3	1.9	2.42	NS	75.0	5	22	44
3	Shares resources & info on new issues & interventions	27.9	48.4	14.0	9.3		2.0	2.2	1.9	0.99	NS	76.3	6	4	43
2	Conducts formal & informal training with new staff	34.9	44.2	14.0	7.0		1.9	2.0	1.9	0.30	NS	79.1	6	5	43
5	Monitors & schedules household repair & maintenance	34.1	43.9	9.8	7.3	4.9	2.0	2.2	1.9	0.68	NS	78.0	8	1	41
15	Completes forms for psychotropic meds	42.1	34.2	15.8		7.9	2.0	2.1	1.8	0.52	NS	76.3	9	5	38
14	Obtains consent from guardian for med treatments	52.6	26.3	10.5	2.6	7.9	1.9	2.3	1.4	6.37	*	78.9	9	15	38
16	Discuss & review menus with dieticians	28.9	50.0	13.2	5.3	2.6	2.0	2.1	1.9	0.71	NS	78.9	9	18	38
2	Has current info & knowledge on rules & regulations	28.6	47.6	23.8			2.0	2.1	1.8	3.08	NS	76.2	13	2	42

**Table 19: Frontline Supervisors Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area	Item	N
		At Hire	90 days	1st year	After 1 yr	N/A	Total	Admin	Sup						
1	Ensures compliance with state & agency rules & regulations	30.2	48.8	20.9			1.9	2.1	1.7	3.28	NS	79.0	13	4	43
4	Answers phone & promptly returns calls	4.8	73.8	14.3	7.1		1.5	1.6	1.4	0.40	NS	78.6	14	1	42

\* p<.05, \*\* p<.01, \*\*\* p<.001, NS = Not significant

### Training Needs for Frontline Supervisors

The final set of questions asked respondents to rank the list of supervisor competencies in terms of which were the biggest training needs. Supervisors were asked to identify areas in which they needed training, while managers were asked to identify training needs for the supervisors in their organization. These questions differ from the previous questions because they address training needs throughout the career of supervisors rather than focusing solely on competencies needed during the first 90 days on the job.

Respondents selected from the fourteen broad competency areas, the three in which training was most needed (see Table 20). The areas in which training was most needed were: staff relations (selected by 51.2 % of respondents), leading training and staff development activities (45.7%) and program planning and monitoring (34.6%). Three other areas were selected by more than 25% of respondents: personnel management (29.1%), facilitating and supporting consumer support networks (26.8%), and direct support (26.0%). The seven areas identified as top training needs for FLS include 6 of the 7 areas Minnesota respondents identified as most important skills. This suggests that perhaps the Minnesota group completed its ranking with unmet needs in mind.

There were significant differences between managers and FLS regarding the need for training in two areas. Managers were significantly more likely to report that supervisors in their organization needed training on personnel management, and scheduling and payroll than were supervisors. This difference may reflect that experienced skilled supervisors were selected to participate. It also may reflect differences in perception.

**Table 20: Percentage Prioritizing Each Competency Area as a Top 3 Training Needs for Supervisors**

Ntl. Rank	Competency Area	Admin	FLS	Total	F	Sig.	Area
1	Staff relations	50.7	51.7	51.2	0.01		1
2	Leading training & staff dev activities	44.8	46.7	45.7	0.45		6
3	Program planning & monitoring	32.8	36.7	34.6	0.20		4
4	Personnel management	44.8	11.7	29.1	19.07	***	5
5	Facilitating & supporting networks	31.3	21.7	26.8	1.51		3
6	Direct support	19.4	33.3	26.0	3.23		2

7	Health & safety issues	11.9	28.3	19.7	5.53	9
8	Promoting public relations	11.9	21.7	16.5	2.17	7
9	Coordinating policies, procedures & rules	13.4	18.3	15.7	0.57	13
10	Coordinating vocational supports	11.9	13.3	12.6	0.06	12
11	Scheduling & payroll	10.4	1.7	6.3	4.21 *	11
12	Financial activities	4.5	6.7	5.5	0.29	10
13	Office work	4.5	1.7	3.1	0.81	14
14	Maintenance	3.0	1.7	2.4	0.24	8

\* p<.05, \*\* p<.01, \*\*\* p<.001

Each respondent identified the top three competency statements that described FLS training needs in 1/3 of the competency areas. Since each competency area had a different number of competency statements, and since different people rated each area, Table 21 simply lists the three competencies within each competency area that were selected as training priorities by the largest proportion of respondents. The ordering of competency areas from Table 20 was used to organize the Table 21. The training needs in the top six areas will be discussed here.

The competency area in which training was most needed was staff relations. Within staff relations, the competencies statements identified as reflecting the three most important training needs were as follows:

- FLS effectively communicate with staff by listening to their concerns, supporting and encouraging their ideas and work, thanking them for their contributions, and providing positive feedback regarding their performance.
- FLS facilitate teamwork and positive interactions and attitudes among staff.
- FLS seek staff opinions and input regarding various issues (e.g., program plans, budgets, procedures) and empower staff to make decisions.

The second competency area in which FLS needed training was leading training and staff development activities. The competencies statements identified as reflecting the three most important training needs in that area were:

- FLS provide required training to staff on the needs of individuals served and in response to rules and regulations (e.g., use of glucometer, vulnerable adults, rights, emergency procedures, medication changes).
- FLS observe and solicit feedback from staff, consumers and their families regarding direct support staff training needs and desired opportunities.
- FLS coordinate, schedule and document staff participation and performance in orientation and in-service training and completion of other alternative self-directed learning and development.

The third competency area in which FLS needed training was program planning and monitoring. The competencies statements identified as reflecting the three most important training needs in that area were:

- FLS develop, implement and monitor consumer support plans or assist DSPs in this process.
- FLS develop and monitor the implementation and documentation of progress toward the supported individual's personal goals.
- FLS demonstrate and encourage individuals who receive services to be as independent as possible (e.g., answer their own telephone, assist in meal preparation, and assist with chores).

The fourth competency area in which FLS needed training was personnel management. The competencies statements identified as reflecting the three most important training needs in that area were:

- FLS assess staff functional ability and capacity, ensure health physicals are completed, and address identified ADA accommodations.
- FLS provide needed disciplinary action including demonstrating correct performance for staff as indicated.
- FLS complete staff performance reviews by gathering input from peers, consumers, family members, and agency personnel as required by policy and procedures.

The fifth competency area in which FLS needed training was facilitating and supporting consumer support networks. The competencies statements identified as reflecting the three most important training needs in that area were:

- FLS coordinate or assist in the development of new programs and support services.
- FLS support individuals in connecting and maintaining involvement with community agencies, organizations, events and activities.
- FLS network with other service agencies to learn new ideas and strategies for supporting individuals.

Finally, sixth in the national list of training priorities was the area of direct support. The competencies statements identified as reflecting the three most important training needs in that area were:

- FLS implement behavior support plans, intervene with individuals in response to challenging behavior, and defuse crisis situations as they arise.
- FLS communicate effectively with supported individuals using their primary method of communication (e.g., gestures, verbal, sign language, communication boards).
- FLS teach and coach direct support personnel in the most effective approaches to achieve these direct support competencies.

**Table 21: Top Training Needs in Each Competency Area Sorted by Top Training Need Areas**

Area Rank	Item Rank	Competency	Admin	FLS	Total	F	Sig.	Area	Item
<u>Staff Relations</u>									
1	1	Effectively communicate with staff	71.4%	55.6%	64.1%	1.03		1	1
1	2	Facilitate teamwork & positive staff interactions	52.4%	44.4%	48.7%	0.23		1	4
1	3	Seek staff opinions & empower to make decisions	42.9%	27.8%	35.9%	0.93		1	3
<u>Leading training &amp; staff development activities</u>									
2	1	Provides training in individual needs & rules & regulations	52.2%	65.0%	58.1%	0.70		6	6
2	2	Solicits feedback on training needs	43.5%	55.0%	48.8%	0.55		6	3
2	3	Schedules & doc staff participation in training & dev	52.2%	45.0%	48.8%	0.21		6	2
<u>Program planning &amp; monitoring</u>									
3	1	Dev., implements, monitors & assists with CS plans	43.5%	35.0%	39.5%	0.31		4	1
3	2	Monitors & documents progress toward goals	30.4%	35.0%	32.6%	0.10		4	6
3	3	Encourages individual independence as appropriate	26.1%	35.0%	30.2%	0.39		4	15
<u>Personnel management</u>									
4	1	Arranges new staff physicals & limitation assessments	43.5%	23.8%	34.1%	1.89		5	5
4	2	Provides needed disciplinary action &	47.8%	14.3%	31.8%	6.24	*	5	11

**Table 21: Top Training Needs in Each Competency Area Sorted by Top Training Need Areas**

Area Rank	Item Rank	Competency	Admin	FLS	Total	F	Sig.	Area	Item
		training							
4	3	Completes staff performance reviews	34.8%	23.8%	29.5%	0.61		5	8
		<u>Facilitating &amp; supporting consumer support networks</u>							
5	1	Assists in development of new programs & services	69.6%	42.9%	56.8%	3.28		3	4
5	2	Supports individuals in connecting & maintaining activities	39.1%	33.3%	36.4%	0.15		3	6
5	3	Networks with other agencies to learn new ideas	39.1%	33.3%	36.4%	0.15		3	3
		<u>Direct Support</u>							
6	1	Implements behavior support plans & defuses crises	42.9%	38.9%	41.0%	0.06		2	10
6	2	Communicates effectively with supported individuals	38.1%	38.9%	38.5%	0.00		2	1
6	3	Teaches DSPs methods to achieving competencies	47.6%	22.2%	35.9%	2.77		2	12
		<u>Health &amp; safety issues</u>							
7	1	Educates & offers consumers health care choices	38.1%	38.9%	38.5%	0.00		9	16
7	2	Monitors safety issues in physical environment	33.3%	38.9%	35.9%	0.12		9	1
7	3	Monitors & addresses individual health related concerns	47.6%	11.1%	30.8%	6.81	*	9	3
		<u>Promoting public relations</u>							
8	1	Educate community on developmental disabilities	59.1%	66.7%	62.8%	0.25		7	1
8	2	Recruit & mentor community volunteers	63.6%	42.9%	53.5%	1.86		7	3
8	3	Collaborate & network with other community agencies	54.5%	42.9%	48.8%	0.57		7	4
		<u>Coordinating policies, procedures, &amp; rule compliance</u>							
9	1	Ensures compliance with state & agency rules & regulations	68.2%	65.0%	66.7%	0.05		13	4
9	2	Has current info & knowledge on rules & regulations	45.5%	75.0%	59.5%	3.97		13	2
9	3	Participates in licensing & quality reviews & audits	63.6%	40.0%	52.4%	2.37		13	5
		<u>Coordinating vocational supports</u>							
10	1	Develops new jobs & procures work for individuals	78.6%	71.4%	75.0%	0.18		12	1
10	2	Ensures Dept of Labor standards are met for individuals	57.1%	50.0%	53.6%	0.13		12	5
10	3	Oversee training of individuals on how to complete jobs	42.9%	42.9%	42.9%	0.00		12	2
		<u>Scheduling &amp; payroll</u>							
11	1	Approves staff leave	90.5%	84.6%	88.2%	0.25		11	3
11	2	Secures staff to fill-in when vacancies occur	71.4%	92.3%	79.4%	2.15		11	1
11	3	Develops staff schedules	42.9%	15.4%	32.4%	2.84		11	2
		<u>Financial activities</u>							
12	1	Ensures consumer entitlements are current	36.4%	50.0%	42.9%	0.77		10	8



**Table 21: Top Training Needs in Each Competency Area Sorted by Top Training Need Areas**

Area Rank	Item Rank	Competency	Admin	FLS	Total	F	Sig.	Area	Item
12	2	Assists DSPs with consumer bank transactions	45.5%	30.0%	38.1%	1.04		10	1
12	3	Manages & budgets petty cash	50.0%	20.0%	35.7%	4.33	*	10	5
	0	<u>Office work</u>							
13	1	Monitor & respond to messages on answering machine	47.6%	57.9%	52.5%	0.41		14	2
13	2	Answers phone & promptly returns calls	38.1%	63.2%	50.0%	2.54		14	1
13	3	Use computer for word processing & data mgmt	47.6%	42.1%	45.0%	0.12		14	5
		<u>Maintenance</u>							
14	1	Ensures basic HH tasks are completed	66.7%	78.9%	72.5%	0.73		8	5
14	2	Monitors & schedules HH repair & maintenance	61.9%	68.4%	65.0%	0.18		8	1
14	3	Delegates staff to perform HH routine maintenance	47.6%	52.6%	50.0%	0.10		8	6

\* p<.05, \*\* p<.01, \*\*\* p<.001

Given the different perspectives of the respondents (personal training needs versus needs for all supervisors), there were surprisingly few skills on which managers and supervisors differed regarding training needs (see Table 22). Managers were more like to identify training needs for five competencies (managing petty cash, providing disciplinary action, monitoring individual health concerns, advocating for program changes, and taking an interest in staff roles and responsibilities). FLS were more likely to identify training needs in three areas (encouraging appropriate boundaries, keeping dental and medical appointments, and completing office tasks).

**Table 22: Differences Between Managers and Frontline Supervisors in their Prioritization of Training Needs for Specific Skills**

Ntl. Rank	Competency	Admin	FLS	Total	F	Sig.	Area	Item
3	Manages & budgets petty cash	50.0%	20.0%	35.7%	4.33	*	10	5
2	Provides needed disciplinary action & training	47.8%	14.3%	31.8%	6.24	*	5	11
3	Monitors & addresses individual health related concerns	47.6%	11.1%	30.8%	6.81	*	9	3
4	Id's & advocates for needed program changes	39.1%	10.0%	25.6%	5.11	*	4	17
7	Take direct interest in staff roles & responsibilities	33.3%	5.6%	20.5%	4.93	*	1	7
4	Encourage staff boundaries on personal & work issues	19.0%	50.0%	33.3%	4.44	*	1	8
5	Ensures routine dental & medical appointments are kept	9.5%	38.9%	23.1%	5.08	*	9	4
6	Effectively completes office tasks	4.8%	31.6%	17.5%	5.39	*	14	6

\* p<.05, \*\* p<.01, \*\*\* p<.001

## CHAPTER 4: DIRECT SUPPORT PROFESSIONAL COMPETENCIES

### Characteristics of Respondents

A total of 45 FLS and 49 DSPs evaluated the direct support professional competencies. There were no statistically significant differences in age, gender or language between the DSPs and FLS (see Table 23). The average rater of DSP competencies was female (83.5%), 40.8 years old (SD = 11.5 years), and spoke English as a first language (97.8%). The supervisors in this sample had significantly more years of paid work experience than the DSPs (12.1 versus 6.2 years), and had significantly more years experience working as a supervisor (6.2 years versus 1.8 years). Interestingly, some of the DSPs in the sample (39%) reported having at least some experience as a supervisor. This group of DSPs may have been more experienced and had more responsibilities than DSPs in general. This is as expected since we requested that the “best” DSPs working in eligible settings complete the survey. The proportion of DSP respondents who were female (78%) was nearly identical to the proportion of all DSPs in these organizations who were female (77%, see Table 5).

Supervisors and DSPs did not differ in the number of years they had worked for their current employer or in their educational experiences. Overall, they had an average of 13.2 years of education (50.6% had at least some college). One in three participants was currently enrolled in college. Of those who were taking courses, 52.9% reported that they planned to continue to work for their current employer when they finished their education.

**Table 23: Demographic Characteristics of Respondents to the DSP Competency Surveys**

Characteristic	Mean/%			SD	F/X <sup>2</sup>	Sig.
	FLS	DSP	Total			
<b>Sample Size</b>	45	49	94			
<b>Gender (%)</b>					2.77	
Female	90.5	77.6	83.5			
Male	9.5	22.4	16.5			
<b>English is First Language (%)</b>					0.12	
Yes	97.6	98.0	97.8			
No	2.4	2.0	2.2			
<b>Average Age Experience</b>	40.9	40.7	40.8	11.5	0.01	

**Table 23: Demographic Characteristics of Respondents to the DSP Competency Surveys**

Characteristic	Mean/%			SD	F/X <sup>2</sup>	Sig.
	FLS	DSP	Total			
Years paid work experience with ID	12.1	9.2	10.6	7.0	4.07	*
Years paid experience supervising DSPs	6.2	1.8	3.9	5.1	21.79	**
Years working for current employer	8.5	7.1	7.8	5.8	1.39	
<b>Education</b>						
Year of formal education	13.2	13.1	13.2	2.1	0.05	
Have taken courses on IDD (%)	42.5	42.5	27.7		0.52	
Currently in college or tech school (%)	42.5	27.7	34.5		2.31	
Plan to work for current employer after education completed (%)	42.9	60.0	52.9		0.44	

\* p<.05, \*\* p<.01, \*\*\*p < .001

The job characteristics of participants are shown on Table 24. Participants were asked to select from a list of roles the one that best described their current position. Participants had been nominated by their employer either as supervisors or as DSPs. Of those nominated as supervisors, 9.1% reported their primary role was as a DSP, 79.5% reported they were a supervisor of DSPs, and 9.1% reported they were a manager or administrator. Among those nominated as DSPs, 85.7% reported their primary role was as a DSP, 6.1% reported they supervised DSPs, 4.0% reported they were a manager or administrator and 4.1% reported that their primary role was something else. For these analyses, the role designation by the nominating organization was used.

**Table 24: Job Characteristics of DSP Survey Respondents**

Work Site Characteristics	FLS	DSP	Total	F/X <sup>2</sup>	Sig.
<b>Primary Role (%)</b>					
DSP	9.1	85.7	49.5		
Supervise DSPs	79.5	6.1	40.9		
Supervise Frontline Supervisors or other staff	6.8	2.0	4.3		
Administrator	2.3	2.0	2.2		
Degreed Professional (e.g., psychologist, social worker)	0.0	0.0	1.1		
Other	0.0	4.1	2.2		
<b>Span of Control</b>					
Work sites responsible for	2.6	1.8	2.2	2.4	
Number of DSPs at primary site	16.9	8.2	12.3	12.9	**
Number of People Supervised/Managed					
DSP	11.7	1.0	6.0	50.3	***
FLS	1.2	0.0	0.6	2.1	
Others	0.1	0.0	0.0	2.1	

**Table 24: Job Characteristics of DSP Survey Respondents**

<b>Work Site Characteristics</b>	<b>FLS</b>	<b>DSP</b>	<b>Total</b>	<b>F/X2</b>	<b>Sig.</b>
<b>Job Status</b>					
Hours scheduled to work weekly	40.2	42.7	41.5	1.9	
Considered to be a fulltime employee	98.0	96.0	97.0	0.2	
Eligible for paid time off	100.0	96.0	98.0	1.8	
Eligible for agency's benefits	98.0	96.0	97.0	0.236	

\* p<.05, \*\* p<.01, \*\*\* p <.001

Each participant worked in an average of 2.2 sites. Supervisors reported working with an average of 16.9 DSPs while DSPs reported that 8.2 DSPs worked at their primary work site, a statistically significant difference. As expected the number of DSPs supervised was significantly greater for supervisors than it was for DSPs (11.7 versus 1.0). There were no significant differences between participants in their job status. The average participant worked 41.5 hours per week and 97% to 98% were considered to be full-time employees and were eligible for paid time off and benefits. The DSP study participants were more likely than the typical DSP in their organization to be considered full-time employees (98% versus 69%).

Nearly all of the respondents (93%) reported that 24 hour residential supports were offered at the sites in which they worked (see Table 25). Other types of services offered included less than 24 hour residential supports (such as semi-independent living; 32%), and supports to individuals in their home (23%). The respondents all reported that everyone they provided support to had either intellectual or developmental disabilities or both. Supervisors reported that across all of the sites in which they worked an average of 16 people with intellectual or developmental disabilities (IDD) were supported, and DSPs reported that across the sites in which they worked, an average of 7 people with IDD were supported. This difference was statistically significant.

**Table 25: Characteristics of Supports Offered**

<b>Characteristic</b>	<b>FLS</b>	<b>DSP</b>	<b>Total</b>	<b>F</b>	<b>Sig.</b>
<b>Services Offered at Site(s) Person Supervises (%)</b>					
24 hr residential support	93	94	93		
Less than 24 hr residential support	36	29	32		
In-home support	26	20	23		
<b>People with Disabilities Supported by Person (all sites)</b>					
IDD	16	7	11	12.88	**
Other disabilities	0	0	0	2.25	
<b>Primary Diagnosis of Clients (%)</b>					
Intellectual or Developmental Disabilities	100	100	100		
Mental Health Disabilities	0	0	0		
Physical Disabilities	0	0	0		

\* p<.05, \*\* p<.01, \*\*\* p <.001

### **Critical Competency Areas and Competencies for DSPs**

To determine the importance of DSP competencies, both FLS and DSPs were asked to rank the 14 broad competency areas from 1 to 14 in terms of “how important the skill is to the role of the DSP in providing supports that help people live as valued, contributing and self-determined members of their community.” The seven highest ranked competency areas were: health and wellness, consumer empowerment, communication, household management, facilitation of services, advocacy, and documentation (see Table 26). Of these top seven broad competency areas identified by the national validation panel, five of them also appear in the Minnesota groups’ top seven. Key differences in the rankings include the top two important competency areas. The national panel identified health and wellness as the most important and consumer empowerment as the second most important, whereas the Minnesota groups ranked household management the highest priority and facilitation of services as the second most important area. Ranked third and sixth most important to the national panel were the areas of communication and advocacy, neither of which made the top seven priorities of the Minnesota groups, as communication was ranked 11<sup>th</sup> and advocacy was ranked eighth. Conversely, the Minnesota groups ranked organizational participation fourth and assessment seventh while the national panel ranked

organizational participation 11<sup>th</sup> and assessment ninth. There were no statistically significant differences in rankings between FLS and DSPs involved in the national panel.

**Table 26: Ranked Importance of the 14 DSP Competency Areas**

Ntl. Rank	Competency Area	Mean			F	Sig.	Area
		Total	FLS	DSP			
1	Health & wellness	3.3	2.9	3.7	1.48		3
2	Consumer empowerment	4.9	4.5	5.3	1.30		6
3	Communication	5.1	5.5	4.7	1.75		11
4	Household management	6.1	5.7	6.5	1.09		1
5	Facilitation of services	6.4	6.4	6.5	0.01		2
6	Advocacy	6.9	6.6	7.2	0.51		8
7	Documentation	7.1	7.6	6.6	1.32		5
8	Crisis intervention	7.6	7.8	7.4	0.22		12
9	Assessment	7.7	8.3	7.1	2.29		7
10	Build & maintain relationships	7.7	7.6	7.7	0.00		10
11	Organizational participation	8.0	8.0	8.0	0.00		4
12	Professionalism	8.8	9.1	8.5	0.51		13
13	Community & service networking	9.2	8.7	9.5	1.50		9
14	Vocational, educational, & career support	10.7	10.3	11.1	0.81		14

1 = Priority most important, 14 = Priority least important

\* p<.05, \*\* p<.01

Respondents were asked to prioritize importance of each competency statement by rating “how important each skill is to the role of the DSP in fostering excellence in providing supports that help people live as valued, contributing and self-determined members of their community.” The following rankings were used:

3 High: Competency in this area is critical regardless of frequency of activity;

2 Medium: Competency in this area is important but not critical;

1 Low: Competency in this area is not important though at times it could be useful, or

0 N/A: Competency in this area is irrelevant.

The survey was divided into three versions, each addressing 1/3 of the total competency statements, therefore, each respondent assessed 1/3 of the items on their version of the survey. This was done to reduce the burden placed on participants.

Table 27 shows the competency statements that were ranked as critical by the largest proportion of respondents. The first column of the table shows the order of importance for each item within their competency area. The next set of columns list the proportion of respondents who rated the item critical (3), important (2), useful (1) or irrelevant (0). The table also shows the mean rating for each item overall and by respondent type. Differences between FLS and managers were tested and when significant, the Sig. column contains one or more asterisks. The proportions of respondents saying the item was not important or irrelevant were combined. Finally, the competency area from which each item was drawn is listed followed by the item number within the competency area and the number of people who rated the importance of the item. The full text of each competency statement is described in the narrative. The full text version of the other competency statements can be found in Appendix E in the Survey Master.

Fourteen competency statements were rated as critical for DSPs by 90% or more of the respondents (see Table 27). Those competencies include:

- DSP identify the rights of individuals served and can address the situation if the staff or the individual feels they are being violated in any way by any person (96.8%).
- DSP provide appropriate supervision and respond to signs of impending crisis (using de-escalation techniques as appropriate) based on the unique characteristics of each individual and their individual plan (96.7%).
- DSP administer and chart medications accurately and in accordance with agency policy and procedures (96.6%).
- DSP implement appropriate first aid/safety procedures (CPR, seizure protocols) when responding to emergencies, adhering to universal precautions by using protective equipment and proper disposal techniques and in accordance with agency policies and procedures (96.6%).
- DSP safeguard and respect the confidentiality and privacy of the people they support (95.7%).
- DSP show respect for individuals by soliciting and honoring choices, and encouraging personal responsibility and independence in all day-to-day events or activities (93.9%).

- DSP follow ethical standards of practice (e.g., confidentiality, informed consent) when providing and facilitating services to individuals (93.8%).
- DSP accurately identify whether a described or observed situation should be reported as a suspected case of abuse or neglect and know appropriate steps to take to protect and support the individual in such a situation (93.5%).
- DSP identify the rights of individuals with disabilities, the consequences if those rights are violated, and strategies to effectively address these violations (93.5%).
- DSP maintain standards of confidentiality and ethical practice in documentation and communications (e.g., ABC, free of bias/judgment) (93.3%).
- DSP support individuals in realizing their choices by respecting, honoring and advocating for their choices (90.3%).
- DSP respect the human dignity and uniqueness of the people they support, recognizing each person's value, and help others to understand the individual's value (90.2%).
- DSP complete accident/incident reports as needed and submit to appropriate parties within a specified timeframe (90.0%).
- DSP know the vulnerabilities of all individuals within the home (e.g., individual abuse prevention plan), identify potential for crisis, and implement strategies to minimize a potential crisis (90.0%).

Twenty-one competency statements were ranked as critical by 80 to 89% of the respondents including:

- DSP monitor medication errors and follow reporting procedures according to agency policy, supervising the health and safety of the individual (89.7%).
- DSP observe and document signs and symptoms of illness, locate relevant health care information and medical histories of all individuals supported (89.7%).



- DSP support and protect the emotional, physical, and personal well-being of the individuals they support, recognizing the autonomy and values of each person, and insuring the individual's right to make an informed decision (88.0%).
- DSP interact with and support individuals using active listening skills, acknowledging individual's ideas and concerns, and responding in an appropriate and respectful manner (87.9%).
- DSP respect the individual's preferences and choices regarding relationships, promote responsible and safe behavior, and check in with the individual regularly to monitor risk (87.1%).
- DSP interact with individuals, coworkers, supervisors in a professional manner, respecting professional boundaries when in the workplace (87.1%).
- DSP understand and communicate individual needs, wants and choices to his/her family, coworkers, the organization and the service system (87.1%).
- DSP understand behavior, health concerns and emergency plan/supervision needs of consumers' community activities (86.2%).
- DSP use effective, sensitive communication skills to build rapport and open channels of communication by recognizing and adapting to individual communication styles (84.8%).
- DSP use modes of communication that are appropriate to the needs of the individual (e.g., using short, concrete phrases) (84.8%).
- DSP assess, describe and accurately relay specific information about the preferences of the individuals served, including characteristics, behavior, primary areas of vulnerability, level of supervision required for daily living skills and medical issues (83.9%).
- DSP provide safe transportation using company vehicle, recognizing consumer needs while riding in vehicles and following organizational policies regarding maintenance and safety of vehicle (83.9%).
- DSP assist and/or represent the individual when there are barriers to his or her service needs (e.g., understanding/advocating consumer needs) (83.9%).

- DSP promote and practice justice, fairness, and equity for those they serve and the community as a whole, and affirm the human and civil rights and responsibilities of the people they support (83.7%).
- DSP commit to person-centered supports, having as their first allegiance a commitment to the people they support, with all activities and functions performed on behalf of the individuals flowing from this allegiance (82.6%).
- DSP know state and/or federal laws that govern service delivery procedures and protection of individuals served such as Vulnerable Adult Abuse (VAA) and their role as mandated reporter (81.8%).
- DSP assist individuals in completing household routines (cleaning, laundry, pet care) and are respectful of individual's rights and "ownership" of home (80.6%).
- DSP encourage and assist the individual as needed in communication with parents/family (e.g., phone calls, visits, letters) (80.6%).
- DSP present themselves as positive role models for consumers (e.g., table manners, communications, and interactions) (80.6%).
- DSP know policies and procedures for various types of crisis situations (elopement, injury, etc.) (80.0%).
- DSP complete applicable paperwork regarding crisis situations (e.g., incident/accident, emergency use of aversive/deprivational procedures) (80.0%).

An additional five competency statements were identified as critical by 75 to 79% of the respondents including:

- DSP use effective problem solving strategies when faced with a crisis or situation that needs resolution, (e.g., identifies problem, de-escalates, mediates, provides reassurance) allowing the individual to maintain control and dignity. (78.8%).

- DSP present themselves as leaders and respond to stressful situations in a calm and professional manner (77.4%).
- DSP assume accountability for their actions, are conscious of their own values and how those values influence their professional decisions, actively seek advice on ethical issues, and maintain competency in the profession through continuing education and ongoing communication with professionals, clients, and community members (77.2%).
- DSP read and complete daily logging, program charting and health care notes as needed, using approved abbreviations and objective language (76.7%).
- DSPs read and write relevant information in the staff log and/or shift communication book and day program communication books (75.7%).

Table 27: Critical Skills for DSPs

Ntl. Rank	Competency Statement	Overall Percent				Mean			F	Sig.	% Not or Minimally Relevant	Area
		Critical	Important	Useful	N/A	Total	FLS	DSP				
<u>90 to 100% Say it is essential</u>												
1	Identify rights and when they are being violated	96.8	0.0	3.2	0.0	2.9	3.0	2.9	0.94	NS	3.2	8
1	Provide individualized supervision and respond to signs of crisis	96.7	3.3	0.0	0.0	3.0	3.0	2.9	0.76	NS	0.0	12
1	Administer and chart medications	96.6	0.0	3.4	0.0	2.9	2.8	3.0	1.44	NS	3.4	3
2	Implement First Aid procedures in emergencies and use universal precautions	96.6	0.0	3.4	0.0	2.9	2.8	3.0	1.44	NS	3.4	3
1	Confidentiality (COE)	95.7	2.2	2.2	0.0	2.9	3.0	2.9	0.27	NS	2.2	CE
1	Respectfully honor choices and encourage personal independence	93.9	6.1	0.0	0.0	2.9	2.9	2.9	0.00	NS	0.0	6
1	Follow Ethical Standards of Practice	93.8	6.3	0.0	0.0	2.9	3.0	2.9	2.45	NS	0.0	2
3	Identify and Report Abuse or Neglect	93.5	3.2	3.2	0.0	2.9	3.0	2.8	1.78	NS	3.2	8
4	Develop Strategies to Address Rights Violations	93.5	3.2	3.2	0.0	2.9	3.0	2.8	1.78	NS	3.2	8
2	Maintain Confidentiality and ethical practice regarding documentation	93.3	3.3	3.3	0.0	2.9	2.8	2.9	0.40	NS	3.3	5
2	Respect and advocate for individual choices	90.3	9.7	0.0	0.0	2.9	2.9	2.9	0.28	NS	0.0	8
2	Respect (COE)	90.2	7.6	2.2	0.0	2.9	2.9	2.8	1.34	NS	2.2	CE
1	Complete accident/incident reports	90.0	10.0	0.0	0.0	2.9	2.8	2.9	0.71	NS	0.0	5
2	Minimize crises by knowing individual vulnerabilities	90.0	10.0	0.0	0.0	2.9	2.9	2.9	0.13	NS	0.0	12
<u>80-89% say it is essential</u>												
3	Monitor and report medication errors	89.7	6.9	3.4	0.0	2.9	2.7	3.0	4.52	*	3.4	3
4	Observe and document signs and symptoms of illness	89.7	6.9	3.4	0.0	2.9	2.8	2.9	1.34	NS	3.4	3
3	Promotes Health & Emotional Well Being (COE)	88.0	10.9	1.1	0.0	2.9	2.9	2.8	0.83	NS	1.1	CE
1	Use active listening and respectful communication	87.9	12.1	0.0	0.0	2.9	2.9	2.9	0.00	NS	0.0	11
1	Respect individual choices and promotes safe behavior	87.1	9.7	3.2	0.0	2.8	2.9	2.8	0.11	NS	3.2	10
1	Interact Professionally with coworkers and supervisors	87.1	9.7	3.2	0.0	2.8	2.9	2.8	1.27	NS	3.2	13
5	Communicate Individual Needs and Choices to Others	87.1	6.5	6.5	0.0	2.8	3.0	2.6	4.07	NS	6.5	8
1	Understand behavior, health and supervision needs in community activities	86.2	13.8	0.0	0.0	2.9	2.9	2.8	0.70	NS	0.0	9
2	Build rapport and adapt to individual communication styles	84.8	12.1	3.0	0.0	2.8	2.8	2.8	0.00	NS	3.0	11
3	Use communication modes appropriate to individual	84.8	9.1	3.0	3.0	2.8	2.8	2.7	0.34	NS	6.1	11
1	Assess and describe information on Individual Preferences	83.9	12.9	3.2	0.0	2.8	2.9	2.7	2.13	NS	3.2	7
2	Provide Safe Agency Transportation	83.9	9.7	6.5	0.0	2.8	2.9	2.7	0.76	NS	6.5	1
6	Assist Individuals to Overcome Barriers	83.9	6.5	9.7	0.0	2.7	3.0	2.5	5.61	*	9.7	8
4	Justice, Fairness & Equity (COE)	83.7	14.1	2.2	0.0	2.8	2.8	2.8	0.20	NS	2.2	CE
5	Person Centered Supports (COE)	82.6	14.1	3.3	0.0	2.8	2.9	2.7	2.90	NS	3.3	CE
1	Know State and Federal Laws governing service delivery	81.8	18.2	0.0	0.0	2.8	2.9	2.8	0.94	NS	0.0	4
1	Assist Individuals in household Routines	80.6	19.4	0.0	0.0	2.8	2.9	2.8	0.65	NS	0.0	1
2	Support communication with family members	80.6	16.1	3.2	0.0	2.8	2.8	2.8	0.08	NS	3.2	10
2	Act as Positive Role Model	80.6	16.1	3.2	0.0	2.8	2.8	2.8	0.08	NS	3.2	13
3	Know Procedures for different crises	80.0	20.0	0.0	0.0	2.8	2.8	2.8	0.29	NS	0.0	12
4	Complete Paperwork regarding crisis situations	80.0	20.0	0.0	0.0	2.8	2.8	2.8	0.13	NS	0.0	12
<u>75 - 79% say it is essential</u>												
2	Use effective problem solving strategies in crisis with dignity	78.8	15.2	6.1	0.0	2.7	2.8	2.7	0.15	NS	6.1	6
3	Lead and calmly respond to stressful situations	77.4	19.4	3.2	0.0	2.7	2.9	2.6	4.49	*	3.2	13
6	Integrity & Responsibility (COE)	77.2	19.6	3.3	0.0	2.7	2.7	2.7	0.01	NS	3.3	CE
3	Read and Complete Daily Logs, program charts and health notes	76.7	23.3	0.0	0.0	2.8	2.7	2.8	0.68	NS	0.0	5
4	Read & Write relevant information in staff logs or communication books	76.7	20.0	3.3	0.0	2.7	2.5	2.9	3.49	NS	3.3	5

\* p<.05, \*\* p<.01, NS = Not significant

3 = Critical, 2 = Important, 1 = Useful, 0=Not Applicable

The skills identified as critical on Table 27 correspond to all but one of the 14 broad competency areas and to all but three of the Code of Ethics competency areas. The competency areas not represented included vocational, educational, and career supports and the Code of Ethics statements addressing integrity and responsibility, self-determination, and advocacy. Of the 40 critical competencies, six specifically related to the broad competency area of advocacy, one statement is about advocacy from the Code of Ethics. The 14 items that were ranked critical by 90% to 100% of the respondents came from the six broad competency areas and two Code of Ethics competency areas. The critical competency areas included facilitation of services, health and wellness, documentation, consumer empowerment, advocacy, crisis intervention; and the Code of Ethics statements on confidentiality and respect. The remaining 26 critical competencies represented 12 of the 14 broad competency areas.

#### Less Relevant Competencies

All nine of the Code of Ethics statements were found to be relevant and important. Of the 113 core DSP competencies identified in the Minnesota study, two were identified by the national sample of supervisors and DSPs as being less relevant and important to the work of DSPs including:

- DSP provide household maintenance as appropriate, completing simple home repairs while maintaining a safe environment.
- DSP schedule maintenance as needed, following organizational maintenance procedures.

These competencies were found to be irrelevant or not important by 25 to 29% of the respondents (See Table 28). However more respondents thought these skills were critical than thought they were not relevant. As a result, these items will remain in the national competency listing. Users of the validated competencies will be instructed to review the competencies to ensure relevance to the work of DSPs in their organization.

**Table 28: Less Relevant DSP Competencies**

Ntl. Rank	Competency Statement	Overall Percent				Mean			F	Sig.	% Not or		
		Critical	Important	Useful	N/A	Total	FLS	DSP			Minimally	Area	Item
<b>25% to 29% Say Irrelevant or Not Important and Fewer than 50% Say it is Critical</b>													
12	Schedule Maintenance as Needed	32.3	38.7	25.8	3.2	2.00	1.93	2.06	0.17	NS	29.03	1	11
13	Complete household Maintenance as Needed	29.0	45.2	12.9	12.9	1.90	1.93	1.88	0.03	NS	25.81	1	10

\* p<.05, \*\* p<.01, NS = Not significant

3 = Critical, 2 = Important, 1 = Useful, 0=Not Applicable

### **Differences in Important Ratings between Supervisors and DSPs**

There were remarkably few differences between supervisors and DSPs in their rankings. FLS and DSPs differ in how they view the importance of six specific skills, three of which were identified as critical (See Table 29). The skills were rated as more important by supervisors than by DSPs included:

- DSP provide opportunities for the participant to be a self-advocate, encouraging and assisting the individual to speak on their own behalf.
- DSP assist and/or represent the individual when there are barriers to his or her service needs (e.g., understanding/advocating consumer needs).
- DSP present themselves as leaders and respond to stressful situations in a calm and professional manner.
- DSP assist the people they serve in directing the course of each individual's life by partnering with others to obtain support, honoring the individual's right to assume risk in an informed manner, and recognizing that each person has potential for lifelong learning and growth.

Two specific skills were rated as more important by DSPs than FLS. These were from the areas of facilitation of services and health and wellness.

- DSP follow appropriate channels of written and oral communication as identified in agency policy and according to team, identifying and reporting information to appropriate persons as needed (e.g., coworkers, supervisors, team members, parents/guardians) while respecting the individual's privacy and maintaining confidentiality of information.
- DSP monitor medication errors, follow reporting procedures according to agency policy, and supervise the health and safety of the individual.

Though it is unclear why these differences emerged, the competencies supervisors rated higher in importance are skills that were more interpersonal in nature. Conversely, those that DSPs rated as more important were more procedural, with a focus on agency policies.

**Table 29: Differences between Supervisors and DSPs Regarding Importance of Competency**

Ntl. Rank	Competency Statement	Overall Percent				Mean			F	Sig.	% Not or		
		Critical	Important	Useful	N/A	Total	FLS	DSP			Minimally	Area	Item
3	Monitor and report medication errors	89.7	6.9	3.4	0.0	2.9	2.7	3.0	4.52	*	3.4	3	2
6	Assist Individuals to Overcome Barriers	83.9	6.5	9.7	0.0	2.7	3.0	2.5	5.61	*	9.7	8	1
3	Lead and calmly respond to stressful situations	77.4	19.4	3.2	0.0	2.7	2.9	2.6	4.49	*	3.2	13	3
7	Self Determination (COE)	72.5	26.4	1.1	0.0	2.7	2.9	2.6	7.46	**	1.1	CE	8
4	Communicates according to policy while maintaining confidentiality	63.6	36.4	0.0	0.0	2.6	2.5	2.8	4.48	*	0.0	2	5
4	Provide opportunities for self-advocacy and speaking for oneself	66.7	27.3	3.0	3.0	2.6	2.8	2.3	4.80	*	6.1	6	8

\* p<.05, \*\* p<.01, NS = Not significant

3 = Critical, 2 = Important, 1 = Useful, 0=Not Applicable



### **Timelines for Acquiring DSP Competencies**

In addition to identifying competency importance, respondents were also asked to identify when DSPs needed the skills. They were specifically asked to rate “when new DSPs need to be able to do this skill well.” The following rankings were used:

5 = Not applicable (recoded from 0 on the master survey for the analyses)

4 = Not until after at least one year in the position

3 = Within the first year in the position

2 = Within the first 90 days after hire

1 = At hire (into this position)

Fifty percent or more of the respondents reported that DSPs needed to be able to do a total of 29 skills well at the time of hire (see Table 30). Of these 29, six were from the Code of Ethics and 23 were specific competencies. An additional 50 skills were identified by 75% or more of the respondents as needed in the first 90 days (see Table 31).

#### **Competencies DSPs must do Well at Hire**

Eighty percent or more of the supervisors and DSPs felt two skills were needed at the time of hiring DSPs, both of which were from the Code of Ethics. Those items include:

- DSP safeguard and respect the confidentiality and privacy of the people they support.
- DSP respect the human dignity and uniqueness of the people they support, recognizing each person’s value, and help others to understand the individual’s value.

**Table 30: DSP Competencies - Timing to do skill well (At Hire)**

Ntl. Rank	Competency Statement	Overall Percent					Mean			Skill w/in				
		At Hire	90 days	1st year	After 1 yr	N/A	Total	FLS	DSP	F	Sig.	90 days	Area	Item
<u>80% or More Say Need to Do it Well at Hire</u>														
1	Confidentiality (COE)	87.0	10.9	2.2	0.0	0.0	1.2	1.1	1.2	3.22	NS	97.8	CE	4
2	Respect (COE)	80.4	18.5	1.1	0.0	0.0	1.2	1.1	1.3	1.95	NS	98.9	CE	6
<u>60-79% Say Need to Do It Well At Hire</u>														
1	Follow Ethical Standards of Practice	78.1	18.8	3.1	0.0	0.0	1.3	1.1	1.5	5.96	*	96.9	2	4
1	Interact Professionally with coworkers and supervisors	74.2	19.4	6.5	0.0	0.0	1.3	1.3	1.3	0.01	NS	93.5	13	1
1	Maintain Confidentiality and ethical practice regarding documentation	73.3	20.0	3.3	0.0	3.3	1.4	1.5	1.4	0.12	NS	93.3	5	4
3	Justice, Fairness & Equity (COE)	72.8	23.9	3.3	0.0	0.0	1.3	1.3	1.3	0.18	NS	96.7	CE	5
1	Use active listening and respectful communication	69.7	21.2	9.1	0.0	0.0	1.4	1.3	1.5	0.80	NS	90.9	11	4
2	Assist Individuals in household Routines	67.7	25.8	6.5	0.0	0.0	1.39	1.40	1.38	0.01	NS	93.5	1	8
1	Provide Safe Agency Transportation	64.5	32.3	3.2	0.0	0.0	1.39	1.40	1.38	0.02	NS	96.8	1	13
2	Act as Positive Role Model	64.5	32.3	3.2	0.0	0.0	1.4	1.3	1.4	0.26	NS	96.8	13	4
3	Encourage Personal Safety	64.3	28.6	3.6	0.0	3.6	1.5	1.5	1.5	0.05	NS	92.9	3	16
4	Promotes Health & Emotional Well Being (COE)	62.0	32.6	5.4	0.0	0.0	1.4	1.5	1.4	0.64	NS	94.6	CE	2
1	Identify and Report Abuse or Neglect	61.3	38.7	0.0	0.0	0.0	1.4	1.3	1.4	0.34	NS	100.0	8	6
3	Lead and calmly respond to stressful situations	61.3	32.3	6.5	0.0	0.0	1.5	1.4	1.5	0.19	NS	93.5	13	3
1	Respectfully honor choices and encourage personal independence	60.6	36.4	3.0	0.0	0.0	1.4	1.2	1.6	4.41	*	97.0	6	1
2	Complete accident/incident reports	60.0	40.0	0.0	0.0	0.0	1.4	1.4	1.4	0.02	NS	100.0	5	2
<u>50 to 59% Say Need to Do It Well At Hire</u>														
3	Assist in Meal Preparation	58.1	41.9	0.0	0.0	0.0	1.42	1.47	1.38	0.25	NS	100.0	1	4
2	Identify rights and when they are being violated	58.1	38.7	3.2	0.0	0.0	1.5	1.3	1.6	1.27	NS	96.8	8	5
1	Respect individual choices and promotes safe behavior	58.1	32.3	9.7	0.0	0.0	1.5	1.5	1.6	0.15	NS	90.3	10	5
3	Develop Strategies to Address Rights Violations	54.8	38.7	6.5	0.0	0.0	1.5	1.3	1.7	2.61	NS	93.5	8	7
4	Complete work on time	54.8	35.5	9.7	0.0	0.0	1.5	1.6	1.5	0.17	NS	90.3	13	2
2	Use culturally sensitive communication	54.5	33.3	6.1	3.0	3.0	1.7	1.4	2.0	4.13	NS	87.9	11	5
5	Person Centered Supports (COE)	54.3	34.8	9.8	0.0	1.1	1.6	1.5	1.6	0.38	NS	89.1	CE	1
3	Read & Write relevant information in staff logs or communication books	53.3	40.0	6.7	0.0	0.0	1.5	1.5	1.5	0.00	NS	93.3	5	3
6	Integrity & Responsibility (COE)	52.2	32.6	12.0	2.2	1.1	1.7	1.5	1.8	2.17	NS	84.8	CE	3
4	Help Individuals Maintain Personal Space	51.6	38.7	9.7	0.0	0.0	1.58	1.60	1.56	0.02	NS	90.3	1	9
1	Implement First Aid procedures in emergencies and use universal precautions	50.0	50.0	0.0	0.0	0.0	1.5	1.6	1.4	1.31	NS	100.0	3	13
2	Provide a Safe Environment	50.0	50.0	0.0	0.0	0.0	1.5	1.7	1.4	4.01	NS	100.0	3	14
4	Assist individuals to complete personal care activities	50.0	46.4	3.6	0.0	0.0	1.5	1.5	1.5	0.00	NS	96.4	3	19

\* p<.05, \*\* p<.01, NS = Not significant

Fourteen items were identified by 60 to 79% of respondents as important to do well at hire. Those items were:

- DSP assist individuals in completing household routines (cleaning, laundry, pet care) and are respectful of individual's rights and "ownership" of home.
- DSP provide safe transportation using company vehicle, recognizing consumer needs while riding in vehicles and following organizational policies regarding maintenance and safety of vehicle.
- DSP maintain collaborative professional relationships with the individual and all support team members (including family/friends), and recognize their own personal limitations in the service delivery process.
- DSP encourage individuals to use personal safety according to their vulnerability (e.g., using appropriate adaptive equipment, staying away from stove if needed).
- DSP complete accident/incident reports as needed and submit to appropriate parties within a specified timeframe.
- DSP maintain standards of confidentiality and ethical practice in documentation and communications (e.g., ABC, free of bias/judgment).
- DSP show respect for individuals by soliciting and honoring choices, and encouraging personal responsibility and independence in all day-to-day events or activities.
- DSP accurately identify whether a described or observed situation should be reported as a suspected case of abuse or neglect and know appropriate steps to take to protect and support the individual in such a situation.
- DSP interact with and support individuals using active listening skills, acknowledging individual's ideas and concerns, and responding in an appropriate and respectful manner.
- DSP interact with individuals, coworkers, supervisors in a professional manner, respecting professional boundaries when in the workplace.

- DSP present themselves as leaders and respond to stressful situations in a calm and professional manner.
- DSP present themselves as positive role models for consumers (e.g., table manners, communications, and interactions).
- DSP support and protect the emotional, physical, and personal well-being of the individuals they support, recognizing the autonomy and values of each person, and insuring the individual's right to make an informed decision.
- DSP promote and practice justice, fairness, and equity for those they serve and the community as a whole, and affirm the human and civil rights and responsibilities of the people they support.

Among the skills DSPs needed upon hire, 10 of the top 16 related to the provision of supports including: respecting preferences, respecting privacy, supporting justice and fairness, assisting in household routines, providing safe transportation, acting as a role model, encouraging personal safety, promoting health and wellness, identifying and reporting abuse or neglect, and encouraging independence. Three skills related to professional communication and documentation including: understanding ethical documentation procedures, utilizing active listening and respectful communication, and completing incident and accident reports. Three skills also related to DSP professionalism, which included following ethical standards, interacting professionally with colleagues, and acting as a leader.

An additional 13 skills were identified as important for DSPs to do well at time hire by 50 to 59% of the respondents. Those items include:

- DSP assist consumers in the preparation of meals, implement general safety precautions while assisting consumers to use kitchen equipment; and maintain proper, safe storage of foods.
- DSP provide opportunity for individuals to create and maintain their living space while ensuring safety and accessibility needs are being met.

- DSP implement appropriate first aid/safety procedures (CPR, seizure protocols) when responding to emergencies, adhering to universal precautions by using protective equipment and proper disposal techniques and in accordance with agency policies and procedures.
- DSP provide a safe environment based on skill level and vulnerability of consumers as indicated in their individual plan (e.g. weather-appropriate dress, maintains prevention devices).
- DSP assist individuals in completing personal care activities (e.g., hygiene and grooming) as identified in their individual plan, while ensuring an individual's privacy.
- DSP read and write relevant information in the staff log and/or shift communication book and day program communication books.
- DSP identify the rights of individuals served and can address the situation if the staff or the individual feels they are being violated in any way by any person.
- DSP identify the rights of individuals with disabilities, the consequences if those rights are violated, and strategies to effectively address these violations.
- DSP respect the individual's preferences and choices regarding relationships, promote responsible and safe behavior, and check in with the individual regularly to monitor risk.
- DSP communicate in a manner that is culturally sensitive and appropriate.
- DSP complete assigned work in an organized and time- efficient manner, accepting additional responsibilities as they arise.
- DSP commit to person-centered supports, having as their first allegiance a commitment to the people they support, with all activities and functions performed on behalf of the individuals flowing from this allegiance.
- DSP assume accountability for their actions, are conscious of their own values and how those values influence their professional decisions, actively seek advice on ethical issues, and maintain competency in the profession through continuing education and ongoing communication with professionals, clients, and community members.

Of these items, three were from the health and wellness competency area, two are from the advocacy and household management areas, two are from the Code of Ethics statements and one each are from the documentation, communication, professionalism, and building and maintaining friendships and relationships competency areas.

### **Competencies DSPs Must Do Well within 90 Days**

A total of 79 skills were identified as being important for DSPs to perform well within the first 90 days of hire (see Table 31). This includes all 29 skills from Table 30 and an additional 50 items. Nine items were identified as needed within 90 days by 100% of the respondents. Of those, five were needed to do well at hire. The additional four included:

- DSP administer and chart medications accurately and in accordance with agency policy and procedures.
- DSP observe and document signs and symptoms of illness, locate relevant health care information and medical histories of all individuals supported.
- DSP know the vulnerabilities of all individuals within the home (e.g., individual abuse prevention plan), identify potential for crisis, and implement strategies to minimize a potential crisis.
- DSP know policies and procedures for various types of crisis situations (elopement, injury, etc.).

Forty-one skills were important to do well in the first 90 days by 90 to 99% of the respondents, 21 of which were identified as important for new hires. The remaining 20 included:

- DSP assist consumers in planning and coordinating personal shopping activities, such as prioritizing their personal needs, developing budgets and purchasing personal need items based on individuals preference (e.g., health and beauty supplies, clothing).
- DSP assist individuals as needed in planning meals and developing menus based on individual preferences and health issues.

- DSP purchase groceries and household supplies based on planned menu and in accordance with individual's preferences, involving individuals in process, and adhering to household spending limits and agency financial procedures.
- DSP monitor medication errors, follow reporting procedures according to agency policy, and supervise the health and safety of the individual.
- DSP read and complete health care notes as necessary and in accordance with agency policies and procedures.
- DSP feed individuals according to individual plans and/or serve nutritious meals incorporating individual choices.
- DSP monitor individuals for side effects caused by medications or treatments.
- DSP conduct fire and severe weather drills in accordance with agency policies and procedures.
- DSP assist individuals in implementing health and medical treatments (e.g. glucose blood testing, range of motion exercises, respiratory treatments) in a manner respectful and sensitive to individuals needs.
- DSP read and complete daily logging, program charting and health care notes as needed, using approved abbreviations and objective language.
- DSP provide individuals with information necessary to understand and consider options and encourage individuals to make informed choices.
- DSP know the history, needs, and preferences of the individuals served, including characteristics of disability, behavior, cultural background, and medical issues.
- DSP support individuals in realizing their choices by respecting, honoring and advocating for their choices.
- DSP understand behavior, health concerns and emergency plan/supervision needs of consumers' community activities.

- DSP encourage and assist the individual as needed in communication with parents/family (e.g., phone calls, visits, letters).
- DSP use modes of communication that are appropriate to the needs of the individual (i.e., short, concrete phrases).
- DSP provide appropriate supervision and respond to signs of impending crisis (using de-escalation techniques as appropriate) based on the unique characteristics of each individual and their individual plan.
- DSP know vulnerable adult reporting procedures in accordance to agency and state policies and procedures.
- DSP monitor crisis situations, discuss incidents with authorized staff and individuals, comply with reporting regulations, and adjust supports within the environment as needed.
- DSP complete applicable paperwork regarding crisis situations (e.g., incident/accident, emergency use of aversive/deprivational procedures).

An additional twenty-five skills were identified by 80 to 89% of the respondents as important for DSPs to have in the first 90 days. Of those, three are needed at time of hire. Finally, 75 to 79 % of the respondents identified four skills as important for DSPs to have in the first 90 days.

A remarkably large number of skills were identified as being needed by DSPs at hire or within 90 days. In total, respondents felt DSPs should perform 79 specific skills well within the first three months of employment including 29 which must be performed well at the time of hire. This means that DSPs should have 65% of the skills identified by the Minnesota study and Code of Ethics in the first 90 days of employment and 24% at the time of organizational entry. Considering that 50% of all DSPs who are hired are starting their very first job providing direct supports (Larson, Lakin & Bruininks, 1997), this presents significant selection, orientation and training challenges for organizations.



**Table 31: DSP Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area	Item
		At Hire	90 days	1st year	After 1 yr	N/A	Total	FLS	DSP					
<u>100% Say Need to Do Skill Well Within 90 Days</u>														
1	Identify and Report Abuse or Neglect	61.3	38.7	0.0	0.0	0.0	1.4	1.3	1.4	0.34	NS	100.0	8	6
2	Complete accident/incident reports	60.0	40.0	0.0	0.0	0.0	1.4	1.4	1.4	0.02	NS	100.0	5	2
3	Assist in Meal Prep	58.1	41.9	0.0	0.0	0.0	1.4	1.5	1.4	0.25	NS	100.0	1	4
1	Implement First Aid procedures in emergencies and use universal precautions	50.0	50.0	0.0	0.0	0.0	1.5	1.6	1.4	1.31	NS	100.0	3	13
2	Provide a Safe Environment	50.0	50.0	0.0	0.0	0.0	1.5	1.7	1.4	4.01	NS	100.0	3	14
1	Know Procedures for different crises	40.0	60.0	0.0	0.0	0.0	1.6	1.6	1.6	0.02	NS	100.0	12	5
4	Minimize crises by knowing individual vulnerabilities	36.7	63.3	0.0	0.0	0.0	1.6	1.8	1.5	1.81	NS	100.0	12	2
6	Observe and document signs and symptoms of illness	34.5	65.5	0.0	0.0	0.0	1.7	1.8	1.6	0.78	NS	100.0	3	7
12	Administer and chart medications	20.7	79.3	0.0	0.0	0.0	1.8	1.8	1.8	0.19	NS	100.0	3	1
<u>90-99% Say Need to Do Skill Well Within 90 days</u>														
1	Confidentiality (COE)	87.0	10.9	2.2	0.0	0.0	1.2	1.1	1.2	3.22	NS	97.8	CE	4
2	Respect (COE)	80.4	18.5	1.1	0.0	0.0	1.2	1.1	1.3	1.95	NS	98.9	CE	6
1	Follow Ethical Standards of Practice	78.1	18.8	3.1	0.0	0.0	1.3	1.1	1.5	5.96	*	96.9	2	4
1	Interact Professionally with coworkers and supervisors	74.2	19.4	6.5	0.0	0.0	1.3	1.3	1.3	0.01	NS	93.5	13	1
1	Maintain Confidentiality and ethical practice regarding documentation	73.3	20.0	3.3	0.0	3.3	1.4	1.5	1.4	0.12	NS	93.3	5	4
3	Justice, Fairness & Equity (COE)	72.8	23.9	3.3	0.0	0.0	1.3	1.3	1.3	0.18	NS	96.7	CE	5
1	Use active listening and respectful communication	69.7	21.2	9.1	0.0	0.0	1.4	1.3	1.5	0.80	NS	90.9	11	4
2	Assist Individuals in household Routines	67.7	25.8	6.5	0.0	0.0	1.4	1.4	1.4	0.01	NS	93.5	1	8
1	Provide Safe Agency Transportation	64.5	32.3	3.2	0.0	0.0	1.4	1.4	1.4	0.02	NS	96.8	1	13
2	Act as Positive Role Model	64.5	32.3	3.2	0.0	0.0	1.4	1.3	1.4	0.26	NS	96.8	13	4
3	Encourage Personal Safety	64.3	28.6	3.6	0.0	3.6	1.5	1.5	1.5	0.05	NS	92.9	3	16
4	Promotes Health & Emotional Well Being (COE)	62.0	32.6	5.4	0.0	0.0	1.4	1.5	1.4	0.64	NS	94.6	CE	2
3	Lead and calmly respond to stressful situations	61.3	32.3	6.5	0.0	0.0	1.5	1.4	1.5	0.19	NS	93.5	13	3
1	Respectfully honor choices and encourage personal independence	60.6	36.4	3.0	0.0	0.0	1.4	1.2	1.6	4.41	*	97.0	6	1
2	Identify rights and when they are being violated	58.1	38.7	3.2	0.0	0.0	1.5	1.3	1.6	1.27	NS	96.8	8	5
1	Respect individual choices and promotes safe behavior	58.1	32.3	9.7	0.0	0.0	1.5	1.5	1.6	0.15	NS	90.3	10	5
3	Develop Strategies to Address Rights Violations	54.8	38.7	6.5	0.0	0.0	1.5	1.3	1.7	2.61	NS	93.5	8	7
4	Complete work on time	54.8	35.5	9.7	0.0	0.0	1.5	1.6	1.5	0.17	NS	90.3	13	2
3	Read & Write relevant information in staff logs or communication books	53.3	40.0	6.7	0.0	0.0	1.5	1.5	1.5	0.00	NS	93.3	5	3
4	Help Individuals Maintain Personal Space	51.6	38.7	9.7	0.0	0.0	1.6	1.6	1.6	0.02	NS	90.3	1	9

**Table 31: DSP Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area	Item
		At Hire	90 days	1st year	After 1 yr	N/A	Total	FLS	DSP					
4	Assist individuals to complete personal care activities	50.0	46.4	3.6	0.0	0.0	1.5	1.5	1.5	0.00	NS	96.4	3	19
2	Support communication with family members	48.4	48.4	3.2	0.0	0.0	1.5	1.6	1.5	0.23	NS	96.8	10	3
4	Respect and advocate for individual choices	45.2	48.4	6.5	0.0	0.0	1.6	1.7	1.5	1.12	NS	93.5	8	4
5	Feeds individuals by plan and serves nutritious meals	44.8	51.7	3.4	0.0	0.0	1.6	1.7	1.5	0.40	NS	96.6	3	9
2	Know Vulnerable Adult reporting Procedures	44.8	48.3	6.9	0.0	0.0	1.6	1.6	1.6	0.07	NS	93.1	12	3
4	Read and Complete Daily Logs, program charts and health notes	43.3	53.3	3.3	0.0	0.0	1.6	1.6	1.6	0.02	NS	96.7	5	1
7	Conduct Fire and Severe Weather Drills	40.7	51.9	7.4	0.0	0.0	1.7	1.9	1.5	3.06	NS	92.6	3	17
3	Complete Paperwork regarding crisis situations	40.0	56.7	3.3	0.0	0.0	1.6	1.5	1.7	0.66	NS	96.7	12	6
9	Assist in implementing health and medical treatments	39.3	53.6	3.6	0.0	3.6	1.8	1.6	1.8	0.32	NS	92.9	3	21
1	Understand behavior, health and supervision needs in community activities	37.9	58.6	3.4	0.0	0.0	1.7	1.6	1.7	0.12	NS	96.6	9	3
8	Read and Complete Health Care Notes	37.9	55.2	6.9	0.0	0.0	1.7	1.8	1.6	0.20	NS	93.1	3	8
5	Monitor and report incidents according to regulations	36.7	60.0	3.3	0.0	0.0	1.6	1.7	1.6	0.05	NS	96.7	12	4
5	Assist in Meal Planning	35.5	61.3	3.2	0.0	0.0	1.7	1.7	1.6	0.30	NS	96.8	1	2
6	Provide individualized supervision and respond to signs of crisis	33.3	60.0	3.3	3.3	0.0	1.6	1.8	1.8	0.00	NS	93.3	12	1
3	Use communication modes appropriate to individual	33.3	57.6	6.1	0.0	3.0	1.8	1.5	2.1	5.04	*	90.9	11	3
6	Purchase Groceries and Household Supplies	32.3	61.3	3.2	3.2	0.0	1.8	1.8	1.8	0.04	NS	93.5	1	3
1	Know the History, Needs and preferences of Individuals Served	29.0	67.7	3.2	0.0	0.0	1.7	1.6	1.9	2.31	NS	96.8	7	2
7	Assist in Planning and Coordinating Personal Shopping	29.0	61.3	9.7	0.0	0.0	1.8	1.8	1.8	0.00	NS	90.3	1	1
10	Monitor individual medication and treatment side effects	27.6	69.0	3.4	0.0	0.0	1.8	1.8	1.7	0.43	NS	96.6	3	10
2	Support individuals to understand and make informed choices	24.2	66.7	9.1	0.0	0.0	1.8	1.8	1.9	0.76	NS	90.9	6	2
13	Monitor and report medication errors	24.1	72.4	0.0	3.4	0.0	1.8	2.1	1.6	4.11	NS	96.6	3	2
<u>80-89% say Need to Do Skill Well Within 90 Days</u>														
2	Use culturally sensitive communication	54.5	33.3	6.1	3.0	3.0	1.7	1.4	2.0	4.13	NS	87.9	11	5
5	Person Centered Supports (COE)	54.3	34.8	9.8	0.0	1.1	1.6	1.5	1.6	0.38	NS	89.1	CE	1
6	Integrity & Responsibility (COE)	52.2	32.6	12.0	2.2	1.1	1.7	1.5	1.8	2.17	NS	84.8	CE	3
1	Represent Agency in positive manner to others	48.5	36.4	12.1	0.0	3.0	1.7	1.6	1.8	0.27	NS	84.8	4	5
7	Advocacy (COE)	43.5	38.0	13.0	3.3	2.2	1.8	1.7	1.9	1.54	NS	81.5	CE	9
3	Know State and Federal Laws governing service delivery	39.4	45.5	6.1	6.1	3.0	1.9	2.1	1.7	1.16	NS	84.8	4	3
5	Assist Individuals to Overcome Barriers	38.7	48.4	12.9	0.0	0.0	1.7	1.7	1.8	0.00	NS	87.1	8	1
2	Provide Support to individuals during Community Activities	36.7	46.7	16.7	0.0	0.0	1.8	1.7	1.9	0.51	NS	83.3	9	2
2	Communicates according to policy while maintaining confidentiality	36.4	51.5	6.1	3.0	3.0	1.8	1.6	2.1	1.78	NS	87.9	2	5
2	Know how Agency Mission and priorities relate to job roles	36.4	48.5	15.2	0.0	0.0	1.8	1.7	1.9	0.48	NS	84.8	4	1
7	Provide Access to Opportunities and Experiences	35.5	45.2	12.9	3.2	3.2	1.9	2.0	1.9	0.13	NS	80.6	8	3
5	Use terms people understand and explain acronyms	33.3	48.5	12.1	3.0	3.0	1.9	1.6	2.3	3.73	NS	81.8	11	6
5	Use ethical standards to guide actions	32.3	51.6	9.7	6.5	0.0	1.9	1.9	1.9	0.04	NS	83.9	13	7

**Table 31: DSP Need to Do Well in the first 90 days**

Ntl. Rank	Competency Statement	Overall Percent					Mean			F	Sig.	% Need Skill w/in 90 days	Area Item	
		At Hire	90 days	1st year	After 1 yr	N/A	Total	FLS	DSP					
2	Assess and describe information on Individual Preferences	32.3	48.4	19.4	0.0	0.0	1.9	1.9	1.8	0.21	NS	80.6	7	4
3	Support communication with service professionals	32.3	48.4	16.1	0.0	3.2	1.9	2.1	1.8	0.62	NS	80.6	10	4
11	Communicate medical information to support network	32.1	57.1	10.7	0.0	0.0	1.8	2.0	1.6	2.19	NS	89.3	3	12
4	Build rapport and adapt to individual communication styles	30.3	54.5	12.1	3.0	0.0	1.9	1.8	1.9	0.19	NS	84.8	11	1
6	Communicate Individual Needs and Choices to Others	29.0	58.1	9.7	0.0	3.2	1.9	1.9	1.9	0.04	NS	87.1	8	2
5	Implement plans to address challenging behavior	29.0	51.6	6.5	3.2	9.7	2.1	2.0	2.3	0.39	NS	80.6	2	8
3	Maintain collaborative relationships with Individual and Team	25.0	56.3	18.8	0.0	0.0	1.9	1.8	2.1	1.05	NS	81.3	2	3
4	Use effective problem solving strategies in crisis with dignity	24.2	57.6	9.1	6.1	3.0	2.1	2.0	2.1	0.14	NS	81.8	6	6
15	Promote Health Maintenance	21.4	64.3	10.7	0.0	3.6	2.0	2.4	1.8	3.99	NS	85.7	3	15
4	Facilitate friendships and intimate relationships	19.4	67.7	12.9	0.0	0.0	1.9	1.9	1.9	0.00	NS	87.1	10	2
5	Promote opportunities to develop relationships	19.4	64.5	16.1	0.0	0.0	2.0	2.0	1.9	0.08	NS	83.9	10	1
14	Know Medications Prescribed and their Interactions	13.8	72.4	13.8	0.0	0.0	2.0	2.1	1.9	0.49	NS	86.2	3	3
<u>75 to 79% say Need to Do Skill Well Within 90 days</u>														
8	Self Determination (COE)	38.0	40.2	18.5	2.2	1.1	1.9	1.9	1.9	0.04	NS	78.3	CE	8
3	Provide opportunities for self-advocacy and speaking for oneself	36.4	42.4	9.1	6.1	6.1	2.0	1.7	2.4	3.07	NS	78.8	6	8
9	Relationships (COE)	35.9	41.3	18.5	3.3	1.1	1.9	1.9	2.0	0.42	NS	77.2	CE	7
4	Know and Adhere to organizational policies and procedures	30.3	45.5	24.2	0.0	0.0	1.9	1.9	2.0	0.20	NS	75.8	4	2
16	Assist in Obtaining and using Adaptive Equipment and therapies	28.6	50.0	17.9	0.0	3.6	2.0	2.0	2.0	0.00	NS	78.6	3	20
7	Use time out and Aversive Procedures according to Policy	27.6	48.3	10.3	0.0	13.8	1.6	2.4	2.1	0.29	NS	75.9	12	7
4	Implement individual plans using appropriate techniques	27.3	51.5	15.2	0.0	6.1	2.1	1.9	2.3	1.12	NS	78.8	2	7
8	Assist in Arranging Transportation	22.6	58.1	19.4	0.0	0.0	2.0	1.9	2.1	0.68	NS	80.6	1	12
6	Use alternative or augmentative communication devices	21.2	54.5	18.2	3.0	3.0	2.1	2.0	2.3	0.64	NS	75.8	11	2
9	Assist in Financial Planning and Management	12.9	64.5	19.4	0.0	3.2	2.2	2.1	2.3	0.42	NS	77.4	1	5

\* p<.05, \*\* p<.01, NS = Not significant

## Training Needs for DSPs

FLS and DSPs were asked to identify the three most important training priorities from among the 14 broad competency areas (see Table 32). This question addresses training needs throughout the DSP's career. Supervisors were rating the training needs for the DSPs they supervised while DSPs were rating their personal training needs.

Together the groups identified communication (selected by 31.9% of the respondents), documentation (30.9%), consumer empowerment (29.8%), and health and wellness (28.7%) as the areas most in need for training for DSPs. Two others skills ranked relatively high included community and service networking (26.6%) and advocacy (21.3%).

**Table 32: Direct Support Staff Competency Area Training Need Priorities (Percent)**

Ntl Rank	Competency Area	FLS	DSP	Total	F	Sig.	Area
1	Communication	24.4	38.8	31.9	2.23		11
2	Documentation	33.3	28.6	30.9	0.26		5
3	Consumer empowerment	44.4	16.3	29.8	9.91	**	6
4	Health & wellness	24.4	32.7	28.7	0.76		3
5	Community & service networking	31.1	22.4	26.6	0.93		9
6	Advocacy	20.0	22.4	21.3	0.08		8
7	Build & maintain friendships & relationships	28.9	8.2	18.1	7.33	**	10
8	Crisis intervention	15.6	20.4	18.1	0.36		12
9	Facilitation of services	15.6	18.4	17.0	0.12		2
10	Professionalism	17.8	16.3	17.0	0.04		13
11	Vocational, educational & career support	13.3	16.3	14.9	0.16		14
12	Household management	15.6	12.2	13.8	0.22		1
13	Assessment	11.1	8.2	9.6	0.24		7
14	Organizational participation	6.7	6.1	6.4	0.01		4

\* p<.05, \*\* p<.01

Supervisors were statistically significantly more likely to identify consumer empowerment and building and maintaining friendships and relationships as training needs than were incumbent excellent DSPs. The top three training needs for current excellent DSPs were communication, health and wellness, and documentation. The top three training needs identified by FLS for all of the DSPs they worked with were consumer empowerment, documentation, and community and service networking, with building and maintaining friendships also identified as a priority by more than ¼ of the respondents. These differences

may reflect that the supervisors and DSPs do not view their skill gaps in the same way. Or it may reflect differences in training needs for excellent performers versus typical DSPs.

In the next section, FLS and DSPs identified the top three training needs in 1/3 of the competency areas. Since each competency area had a different number of competencies, and since different people rated each area, Table 33 lists the three competency statements within each area that were selected by the largest proportion of respondents. The competency areas are listed according to their rank from Table 32. The training needs in the top six areas will be discussed. Further ranking details can be found in Appendix B.

Supervisors and DSPs identified communication as having the highest training priority. Within this area, the top three training needs were:

- DSP use effective, sensitive communication skills to build rapport and open channels of communication by recognizing and adapting to individual communication styles.
- DSP interact with and support individuals using active listening skills, acknowledging individual's ideas and concerns, and responding in an appropriate and respectful manner.
- DSP use modes of communication that are appropriate to the needs of the individual (i.e., short, concrete phrases).

Documentation was rated as the second highest training priority nationally. The competencies statements identified as reflecting the three most important training needs in that area were:

- DSP read and complete daily logging, program charting and health care notes as needed, using approved abbreviations and objective language.
- DSP complete accident/incident reports as needed and submit to appropriate parties within a specified timeframe.
- DSP read and write relevant information in the staff log and/or shift communication book and day program communication books.

The third area in the national list of training priorities was consumer empowerment. The competencies statements identified as reflecting the three most important training needs in that area were:

- DSP identify community services that offer “new experiences” (e.g., People First, self-advocacy groups) and presents individuals with options and alternatives from which to try new experiences.
- DSP provide individuals with information necessary to understand and consider options and encourage individuals to make informed choices.
- DSP show respect for individuals by soliciting and honoring choices, and encouraging personal responsibility and independence in all day-to-day events or activities.

The fourth area listed as an important training priority was the area of health and wellness. The competencies statements identified as reflecting the three most important training needs in that area were:

- DSP know common medications prescribed for the individuals supported, can identify their interactions and assist the consumer to take necessary precautions to avoid interactions (e.g., food, environment).
- DSP administer and chart medications accurately and in accordance with agency policy and procedures.
- DSP observe and document signs and symptoms of illness, locate relevant health care information and medical histories of all individuals supported.

Community and service networking was rated as the fifth highest area that DSPs needed training in. The competencies statements identified as reflecting the three most important training needs in that area were:

- DSP understand behavior, health concerns and emergency plan/supervision needs of consumers' community activities.
- DSP assist individuals in identifying, planning, and participating in community events and activities.
- DSP research, develop and maintain information on community and other resources relevant to the needs of participants.

Finally, the sixth highest training priority was the area of advocacy. The competencies statements identified as reflecting the three most important training needs in that area were:

- DSP support individuals in realizing their choices by respecting, honoring and advocating for their choices.
- DSP identify the rights of individuals served and can address the situation if the staff or the individual feels they are being violated in any way by any person.
- DSP assist and/or represent the individual when there are barriers to his or her service needs (e.g., understanding/advocating consumer needs).

**Table 33: Top Three Training Needs for DSPs in Each Competency Area**

Area Rank	Item Rank	Competency Statements	FLS	DSP	Total	F	Sig.	Area	Item
1		<u>Communication</u>						11	
	1	Build rapport and adapt to individual communication styles	86%	53%	69%	3.76		11	1
	2	Use active listening and respectful communication	71%	47%	59%	1.82		11	4
	3	Use communication modes appropriate to individual	50%	40%	45%	0.28		11	3
2		<u>Documentation</u>						5	
	1	Read and Complete Daily Logs, program charts and health notes	64%	67%	65%	0.02		5	1
	2	Complete accident/incident reports	64%	67%	65%	0.02		5	2
	3	Read & Write relevant information in staff logs or communication books	64%	67%	65%	0.02		5	3
3		<u>Consumer empowerment</u>						6	
	1	Finds and introduces new experiences and opportunities to individuals	64%	40%	52%	1.69		6	4
	2	Support individuals to understand and make informed choices	71%	27%	48%	6.77	*	6	2
	3	Respectfully honor choices and encourage personal independence	50%	40%	45%	0.28		6	1
4		<u>Health &amp; wellness</u>						3	
	1	Know Medications Prescribed and their Interactions	36%	44%	41%	0.14		3	3
	2	Administer and chart medications	45%	25%	33%	1.19		3	1
	3	Observe and document signs and symptoms of illness	45%	6%	22%	6.83	*	3	7
5		<u>Community &amp; service networking</u>						9	
	1	Understand behavior, health and supervision needs in community activities	64%	63%	63%	0.00		9	3
	2	Assist in Planning and participating in Community Activities	64%	38%	48%	1.77		9	1
	3	Find and maintain information on available resources	27%	56%	44%	2.24		9	5
6		<u>Advocacy</u>						8	
	1	Respect and advocate for individual choices	50%	69%	60%	1.06		8	4
	2	Identify rights and when they are being violated	57%	44%	50%	0.51		8	5
	3	Assist Individuals to Overcome Barriers	29%	63%	47%	3.64		8	1
7		<u>Build &amp; maintain friendships &amp; relationships</u>						10	
	1	Respect individual choices and promotes safe behavior	64%	73%	69%	0.26		10	5
	2	Promote opportunities to develop relationships	79%	53%	66%	2.04		10	1
	3	Support communication with family members	50%	73%	62%	1.65		10	3
8		<u>Crisis intervention</u>						12	
	1	Provide individualized supervision and respond to signs of crisis	64%	85%	75%	1.36		12	1
	2	Know Procedures for different crises	45%	46%	46%	0.00		12	5
	3	Use time out and Aversive Procedures according to Policy	27%	36%	32%	0.19		12	7
9		<u>Facilitation of services</u>						2	



**Table 33: Top Three Training Needs for DSPs in Each Competency Area**

Area Rank	Item Rank	Competency Statements	FLS	DSP	Total	F	Sig.	Area	Item
10	1	Contribute to Plan Development	71%	20%	47%	10.32	**	2	2
	2	Understand the Individual Service Plan	59%	27%	44%	3.51		2	1
	3	Implement plans to address challenging behavior	47%	40%	44%	0.15		2	8
		<u>Professionalism</u>						13	
11	1	Lead and calmly respond to stressful situations	85%	69%	76%	0.95		13	3
	2	Act as Positive Role Model	77%	56%	66%	1.33		13	4
	3	Interact Professionally with coworkers and supervisors	62%	44%	52%	0.87		13	1
		<u>Vocational, educational &amp; career support</u>						14	
12	1	Support individual to develop skills to find and keep a job	65%	47%	59%	1.35		14	4
	2	Assist in pursuing vocational preferences and choices	42%	53%	46%	0.45		14	1
	3	Help Individuals with Life Transitions	42%	40%	41%	0.02		14	5
		<u>Household management</u>						1	
13	1	Assist Individuals in household Routines	50%	31%	40%	1.06		1	8
	2	Perform household Financial Planning	36%	38%	37%	0.01		1	7
	3	Assist in Financial Planning and Management	50%	25%	37%	2.01		1	5
		<u>Assessment</u>						7	
14	1	Know the History, Needs and preferences of Individuals Served	93%	69%	80%	2.78		7	2
	2	Assess and describe information on Individual Preferences	64%	75%	70%	0.39		7	4
	3	Know the characteristics and effects of Specific Disabilities	64%	69%	67%	0.06		7	3
		<u>Organizational participation</u>						4	
	1	Participate in organization activities and promote culturally sensitive practices	53%	50%	52%	0.02		4	6
	2	Know how Agency Mission and priorities relate to job roles	71%	43%	58%	2.46		4	1
	3	Participate in performance reviews, follow grievance procedures and know promotion process	41%	43%	42%	0.01		4	4

\* p<.05, \*\* p<.01

Finally, differences in FLS and DSP prioritization of specific competency statements were analyzed (see Table 34). Overall, 12 of the 122 possible competency statements were rated significantly differently by these two groups. Of those, 6 were rated as a higher priority training need for DSPs by supervisors. They included:

- DSP contribute to the plan development based on knowledge of consumer needs and preferences.
- DSP observe and document signs and symptoms of illness, locate relevant health care information and medical histories of all individuals supported.
- DSP know and adhere to all organizational policies and procedures (e.g., training requirements, timecards).
- DSP provide individuals with information necessary to understand and consider options and encourage individuals to make informed choices.
- DSP accurately identify whether a described or observed situation should be reported as a suspected case of abuse or neglect and know appropriate steps to take to protect and support the individual in such a situation.
- DSP encourage and assist the individual as needed in facilitating friendships, intimate relationships and other peer interactions, providing support and guidance as necessary.

**Table 34: Differences Between FLS and DSPs in their Prioritization of Training Needs by Area**

Item Rank	Competency	FLS	DSP	Total	F	Sig.	Area	Item
4	Know and adhere to organizational policies and procedures	64.7%	28.6%	48.4%	4.31	*	4	2
2	Support individuals to understand and make informed choices	71.4%	26.7%	48.3%	6.77	*	6	2
4	Facilitate friendships and intimate relationships	71.4%	26.7%	48.3%	6.77	*	10	2
1	Contribute to plan development	70.6%	20.0%	46.9%	10.32	**	2	2
4	Identify and report abuse or neglect	71.4%	6.3%	36.7%	23.41	***	8	6
3	Observe and document signs and symptoms of illness	45.5%	6.3%	22.2%	6.83	*	3	7
5	Support communication with service professionals	14.3%	66.7%	41.4%	10.63	**	10	4
4	Use ethical standards to guide actions	15.4%	56.3%	37.9%	5.74	*	13	7
5	Provide access to opportunities and experiences	7.1%	56.3%	33.3%	10.36	**	8	3
6	Justice, Fairness, & Equity (COE)	12.5%	34.9%	25.3%	5.06	*	CE	5
7	Advocacy (COE)	12.5%	34.9%	25.3%	5.06	*	CE	9
6	Access professional organizations and industry resources	0.0%	31.3%	17.2%	5.50	*	13	6

Conversely, DSPs were more likely to identify the following training needs as priority, two of which were from the Code of Ethics:

- DSP provide individuals with opportunities and experiences offered to others in society.
- DSP encourage and assist the individual as needed in communicating with health care professionals, social workers and financial workers.
- DSP are aware of professional organizations and industry resources available to access further information.
- DSP are familiar with industry and/or agency ethics and use these standards to guide their actions in supporting persons with disabilities.
- DSP promote and practice justice, fairness, and equity for those they serve and the community as a whole, and affirm the human and civil rights and responsibilities of the people they support.
- DSP advocate with the people they support for justice, inclusion, and full community participation.

Again these differences may be due to true differences in opinion about what DSP training needs are, but they could also be related to the fact that supervisors were identifying training needs for all DSPs while the experienced high performing DSPs were identifying their own personal training needs.

### **Code of Ethics Training Priorities for FLS and DSPs**

In addition to the broad competency areas, all participants for both the DSP surveys and the FLS surveys were asked to select the three ethical standards on which DSPs and FLS most needed training (see Table 35). On average, 42% of the respondents felt the Code of Ethics area of person supported supports was the highest training priority. This was followed the areas of promoting physical and emotional well being (35%), respect (33%), and integrity and responsibility (31%). The rank order of these areas was the same for each of the subgroups except that DSPs reported that training on confidentiality was one of their top three needs while the other groups rated respect as the third most important training need.

**Table 35: Code of Ethics – Training Priorities**

<b>Code of Ethics Area</b>	<b>FLS</b>			<b>DSP</b>			<b>Overall Average</b>
	<b>Admin</b>	<b>FLS</b>	<b>Total</b>	<b>FLS</b>	<b>DSP</b>	<b>Total</b>	
Sample Size	67	60	127	45	49	94	221
Person Centered Supports	52%	40%	46%	36%	35%	35%	42%
Promoting Physical and Emotional Well Being	34%	38%	36%	31%	35%	33%	35%
Respect	37%	37%	37%	27%	31%	29%	33%
Integrity & Responsibility	31%	35%	33%	27%	29%	28%	31%
Confidentiality	27%	35%	31%	20%	33%	16%	29%
Self-Determination	28%	28%	28%	16%	14%	15%	23%
Advocacy	24%	22%	23%	8%	31%	20%	22%
Justice, Fairness, & Equity	22%	17%	20%	8%	31%	20%	20%
Relationships	30%	15%	23%	11%	6%	9%	17%

## CHAPTER 5: DISCUSSION AND CONCLUSIONS

Identifying and understanding the competencies needed by DSPs and FLS in community residential settings supporting persons with intellectual and developmental disabilities is an ongoing important task. Previous work by the Human Services Research Institute (1996), Hewitt (1998) and the *Minnesota Frontline Supervisor Competencies and Performance Indicators* (1998) provided the foundation for the present study. The *Community Support Skill Standards* had previously been validated for DSPs across a wide range of human service occupations (Taylor et al., 1996). The *Community Residential Core Competencies*, which were built on the foundation of the CSSS but were customized for DSPs supporting persons with intellectual and developmental disabilities in residential settings had been validated in one residential services organization in Minnesota (Hewitt, 1998). The *Minnesota Frontline Supervisor Competencies and Performance Indicators* (1998) had been developed and validated in many Minnesota organizations providing residential and vocational supports to persons with intellectual and developmental disabilities. This study specifically examined the *Community Residential Core Competencies* (edited) and the *Minnesota Frontline Supervisor Competencies and Performance Indicators* to examine their applicability in small community based residential settings (places with six or fewer people living together) in five states.

### Characteristics of Residential Support Organizations

This study produced findings in four areas: characteristics of residential organizations in participating states, characteristics of excellent DSPs, supervisors and managers, competencies of FLS, and competencies of DSPs. On average, participating organizations began providing supports to persons with developmental disabilities in 1980. The majority are private non-profit (65%) or private for-profit (18%) companies, however, other type of agencies account for approximately 17% of the organizations. The participating organizations represented an average of 23% of all persons receiving residential supports in their states but the proportion varied from 91% in Nebraska, and 56% in Rhode Island, to only 14% in Ohio and 6% in Florida. A small percentage of organizations provide supports in multiple states (14%) or in home settings (16%).

As expected, DSPs make up 78% of employees in the participating organizations. Consistent with past research (Larson, Hewitt & Anderson, 1999), there are more DSPs in community residential organizations than there are people being supported in those organizations (1.14 DSPs per person supported on average). For every FLS there w approximately seven people receiving services and nine DSPs.

The majority (93%) of community residential agencies required DSPs to have at least a high school education. Yet, agencies faced difficulties keeping and retaining staff. The DSP turnover rate in the five participating states was about 40% and vacancy rate was about 7%. Other studies reported average turnover rates for residential DSPs of 53% and average vacancy rates ranging from 6% to 12% (Larson, Hewitt & Knobloch, 2005). In this study, annual FLS turnover rates were about 24% and vacancy rate were about 6%. This compares with 21% turnover rates and 5% vacancy rates in other studies of FLS (Larson, Hewitt & Knobloch, 2005). The most common concerns for managers were finding qualified DSPs (reported by 76%) and turnover in the first six months of hire (51%). The most common training difficulties reported include arranging training times (63%), providing training that changes performance (61%), and finding staff to cover for those attending training (60%).

The average DSP in participating organizations earned \$8.88 per hour in 2002 just above the poverty level (\$8.70) for a family of 4 in that year (U.S. Department of Health and Human Services, 2004). Two thirds of DSPs (69%) are considered by their organizations to be full-time whereas nearly a quarter of them are part-time employees. To be considered full-time in these organizations DSPs must work an average of 35 hours per week. With respect to benefits, DSPs must work approximately 22 hours to be eligible for paid time off and about 29 hours to be eligible for health or dental insurance. This suggests that full-time workers in the average organization were eligible for both paid time off and health or dental insurance, but part-time employees may or may not be eligible. Since 25% of DSPs are part-time employees, this suggests a potentially large number without benefits. Past research showed wide variation in the percentage of organizations offering health (30% in CA to 98% in MN) or dental (26% in CA to 82% in MN) insurance to at least some DSPs (Larson, Hewitt & Knobloch, 2005). Notably, almost

all of the managers, FLS and DSP participants in this research were in full-time positions and were eligible for paid time off and agency benefits. This is expected as we requested that excellent performers be selected to complete the surveys.

The average supervisor in participating organizations earned \$11.98 per hour in 2002. There were marked differences in average supervisor wages in the five participating states (Florida paid \$9.67 per hour on average while Rhode Island paid \$13.89 per hour).

### **Characteristics of DSPs, Supervisors and Managers**

There were many differences in the demographic characteristics of the excellent administrative, FLS and DSP participants in this study. Specifically, women are more greatly represented in each job area than men; however, significantly fewer women are employed in administrative positions than supervisory and direct service. In addition, excellent managers are significantly older than excellent FLS, whereas the age of excellent FLS and DSPs are statistically the same. Managers also have more experience in the field of IDD, supervising DSPs, and academically than FLS, whereas FLS have greater field and supervision experience than DSPs. For those enrolled in higher education while working, managers reported being more likely to continue working for their employer after completing their education. Years of work and academic experiences differ for excellent managers, FLS, and DSPs. Additional education for managers was more likely to result in them planning to remain with their current employer than for FLS or DSPs. Perhaps managers were more confident that their current employer would recognize their academic achievements with appropriate salary increments or career advancement opportunities than were FLS or DSPs.

Job characteristics of excellent community residential employees also differ across positions. Managers are responsible for a greater number service sites, have more DSPs at their primary site, and supervise or manage more employees than FLS and DSPs. FLS have more DSPs at their primary work site and they supervise more DSPs than do DSPs. Managers and FLS are responsible for supports provided to significantly more people with IDD than DSPs. Past work found that supervising too many DSPs may be overwhelming for FLS (Hewitt, Larson, Lakin, Sauer, O’Neill, & Sedlezky, 2004).

### **Frontline Supervisor Competencies**

Participant's ranking of the top seven competencies areas for FLS encompassed six of top seven areas previously identified in Minnesota. This consistency between the Minnesota and the national studies demonstrates a level of validity of the Minnesota results to a national sample. However, differences in the specific rank orders show the limitations of applying the Minnesota competency area rankings on a national level. In particular, the national sample ranked FLS competency in health and safety much higher than the Minnesota group (2 versus 9) and rated the importance of facilitating and supporting consumer support networks much lower than the Minnesota group (7 versus 3). Competency in promoting public relations was ranked as far less critical for FLS in the national sample than in Minnesota (12 versus 7) as was competence in assuring that household maintenance functions are completed (14 versus 8). Conversely, competence in coordinating policies, procedures and rule compliance was ranked as more critical by the national sample than by the Minnesota group (9 versus 13). Furthermore, in the national sample, managers and FLS disagree on the relative importance of three broad competency areas for FLS in providing supports that help people live as valued, contributing and self-determined members of their communities (facilitating and supporting consumer support networks, coordinating vocational supports, and promoting public relations).

Participants identified 32 of the 142 specific competency statements that were critical for FLS to perform, 11 of which FLS must perform competently at the time of hire. Overall, 75% or more of the respondents reported that FLS needed to be competent in 66 skills within 90 days of starting a new position including 27 in which FLS needed to be competent at the time of hire. For a first time FLS, this expectation can be daunting. Organizations who hire FLS who have just the 27 competencies required at hire will need to provide extensive training, mentoring, and support during the first 90 days to develop those new supervisors so they can perform all 66 competencies well by the time they have been on the job for three months. Both FLS and managers report that FLS are "thrown in" to their jobs, often because they had been successful in the DSP role (Hewitt, et. al, 1998). The sheer volume of competency statement in which FLS must do well by 90 days is a strong statement about the inadequacy of such an



approach. Indeed many of the intervention strategies designed to address staff recruitment, retention and training challenges include, as a major emphasis, training for FLS (Larson and Hewitt, 2005).

FLS ranked several specific competency statements as more important than managers when differences existed. The inconsistency suggests that communication between managers and FLS regarding certain performance expectations could be improved.

Five specific competency statements were identified by the national sample to be irrelevant or not important to the work of FLS. Those items will be dropped from future editions of the FLS competencies.

FLS are pulled in three distinct directions. Not only must they deliver services but they must also manage DSPs and organizational administrative functions (Hewitt et al., 2004). Though both FLS and managers feel competence in and training addressing the DSP management and administrative functions are of high priority, managers seem to hold significantly stronger views about the importance of training in the areas of personnel management and scheduling and payroll duties. This indicates that the abilities of FLS, at least in they eye of managers, should be more developed in the areas management and administrative skills. The results also indicate that FLS have sufficient knowledge in the competency areas that more service delivery focused. One possible way to explain this is that FLS were promoted through the direct service ranks, thereby equipping them with service delivery skills but keeping them from developing needed management and administrative skills.

These respondents did not identify any specific competencies that were missing, either on the FLS surveys or on the DSP surveys though there were spaces for those to be added in each competency area. This result may indicate two things. First, that the competency sets that were studied were adequately comprehensive. Second, that mail surveys (at least ones of the length and complexity used for this study) may not be the best method to use when trying to generate ideas about emerging or missing competencies. We conclude this study feeling fairly confident that the competency areas and statements tested represent the skills needed by FLS and DSPs in the states involved.

### **Direct Support Professional Competencies**

Among DSPs and FLS there was general agreement on the priority of the 14 competency areas for DSPs. However, the national priorities are not the same as the ones identified for Minnesota. In analyzing the competency skills, all were considered critical or important by at least 50% of the respondents, which points to a high level of content validity of the Minnesota results to a national sample. In all, 34 of 113 competency statements were identified as critical for DSPs, as were six of nine code ethics areas. At their time of hire DSPs needed 29 skills, including 13 competency statements and six Code of Ethics statements that were reported to be critical. Within the first 90 days, DSPs were found to need a total of 79 skills (number includes those skills needed at hire). This means that DSPs need to be capable of performing 62% of all of the competency skills and 100% of the Code of Ethics skills within three months of hire. This is a large number of competencies considering that about 50% of all new DSPs have little to no experience providing supports to individuals with intellectual or developmental disabilities when they are hired (Larson, Lakin & Bruininks, 1998). Many skills such as completing accident reports, developing strategies to address violations of rights, or implementing first aid procedures are difficult to acquire without DSP experience or specialized training, yet these were identified as important skills for DSPs to do well at time they are hired. Hiring DSPs with no experience would require organizations to provide extensive training in order to prepare them to perform the identified skills well in the first 90 days of employment.

Organizations consistently report difficulties in providing effective training (Test, Flowers, Hewitt, & Solow, 2004). This research suggests that both FLS and excellent DSPs may have unrealistically high expectations regarding competence for new hires. On the other hand, this research also supports the assertion that the role of a DSP is not an “entry level” job in the same way that working in fast food restaurants, retail or hospitality industry may be. There are many specific competencies that DSPs must do well, even when they first begin their work, that require specific training to acquire. This supports the need for robust pre-service training and in-service training programs. It also supports the importance of a national credential for DSPs that is associated with commensurate wages and benefits

such as the one offered by the National Alliance for Direct Support Professionals ([www.nadsp.com](http://www.nadsp.com)).

DSP and FLS positions in human service settings are low paying positions with inadequate training and development opportunities. At the same time these positions have high expectations of skill needed and expect many core skills to be in place upon hire or within a very short time after taking a position (90-days). This disconnection between expectations and reality may be a factor that contributes to the persistently high turnover and vacancy in the industry.

Supervisors and DSPs did not agree on the importance of every competency. DSPs were more likely to feel monitoring and reporting medication errors and communicating according to policy while maintaining confidentiality were important. Conversely, one administratively focused skill and three support focused skills were more important for DSPs to have, according FLS.

FLS and DSPs reported that communication and documentation were the training areas of highest priority for DSPs. Two areas, consumer empowerment and building and maintaining friendships, did differ as FLS felt they were of much higher training priorities than DSPs. Consumer empowerment was identified in past research as a low training priority by DSPs (Test et al., 2004). Interestingly, consumer empowerment competency is second most important DSP competency area. Two consumer empowerment competency statements were identified in this study as being critical at time of hire and two more are needed in the first three months. Test et al. (2004) found DSPs to be more motivated to learn about skills that they find important to their work. This could be a challenge when DSPs feel their skills are adequate but FLS disagree. Participants rated building and maintaining of friendships as of lower importance overall, but FLS identified it as a training priority for DSPs.

There are also several specific skills that DSPs and FLS disagree on as to the priority of training needed. Supervisors were more likely to report the following training needs for DSPs: know and adhere to organizational policies and procedures; support individuals to understand and make informed choices; facilitate friendships and relationships; contribute to plan development; identify and report abuse and neglect; and observe and document signs and symptoms of illness. Training priorities for DSPs addressed the following skills: support communication with service professionals; use ethical standards to guide

actions; provide access to opportunities and experiences; promoting justice, fairness, and equity, advocacy, and accessing professional organizations and industry resources.

### Limitations and Need for Additional Research

This study is limited in several ways. This study evaluated FLS and DSP competencies and skill in five states. Though these states represent all of the Census Regions in the United States, there may be some state specific differences that were not captured. Furthermore, the sample in some states was more robust than in other states, which the generalizability of the findings to the studied states may vary.

Another limitation was that this study focused specifically on competencies needed for FLS and DSPs in residential settings supporting persons with intellectual and developmental disabilities. While this represents a large group of FLS and DSPs, many work in other types of community settings or with different populations. Further work is needed to examine to extent to which these competencies apply to DSPs supporting individuals in their own or family homes, in work settings, and in other service settings. In addition, work examining the extent to which these competencies, developed for DSPs and FLS supporting persons with ID/DD apply to similar individuals supporting persons with other types of disabilities or other human service populations.

Study participants were identified by organizations as excellent managers, FLS, and DSPs. This may be a threat to the validity of the self-reported training needs being applied to the work of the average FLS, or DSP. On the other hand, asking exemplary staff to describe the importance and timing in which various competencies are needed is preferable to asking those who have less experience or skill.

Future research on the FLS and DSP competencies, skills, and training needs is needed to provide confirmatory evidence of validity of these results to states not included in this study. Not only would this continue to strengthen the validity of the tools but it would also provide users in states not included in this study with a greater level of confidence in applying the competencies and skills to their work. Future research should also provide a greater understanding of how geographical differences influence the knowledge and needs of those supporting people with IDD.

### **Conclusions and Implications**

The competencies DSPs and FLS need to perform their work are immense. This creates stresses on support organizations to provide the development and training opportunities for its employees. Inadequate responses to this problem put organizations in peril. Compounding this issue is the continual need to provide support services in an efficient manner, while maintaining quality and effectiveness. This study provides organizations with a tool to begin addressing the needs and challenges their FLS and DSPs face. In using these competencies, skills, and training needs, organizations should consider not only their unique mission, vision, and values, but also the unique attributes and duties of their employees.

This study confirms that the core competencies in each of these competency sets hold up in general. However, to be most effective each organization will need to customize them both to the organization, and possibly to each service site, person served and even each employee. The competency sets serve as a good overall indicator of skills needed in these positions, however they will be best used flexibly and with the person served as the guide for DSP skills, and the format and expectations of the position and persons served for the FLS skills. Especially critical will be looking at the priority of skills, as most variability appeared in the ranking of importance of the skills, rather than whether the skills themselves were important.

Given the high expectations of workers "at hire" and at "90-days" adjustments to selection and training methods may be needed. DSP and FLS selection strategies could be enhanced specifically to clarify employee candidate attitudes in regards to respect, empowerment, and advocacy and skills related to reading, writing, and following policy and procedure. By selecting employees who have these base attitudes and skills, the employer ensures many of the "at hire" expectations already exist or will be more easily acquired. In addition organizations need to strongly support, mentor, and train employees in the first 90-days to 12 months to ensure necessary competence is achieved, developed, and maintained. This is in strong contrast to many current training, coaching, and orientation practices that often stop after the first few weeks of employment.

The disconnect between the characteristics of many new FLS (good at direct support but not trained in the 13 other FLS competency areas) and identified training needs (must perform several

management and administrative tasks well within 90 days of starting) indicates that a more aggressive internal promotion system that emphasized coaching and skill-building of potential FLS before offering a promotion would be helpful. By coaching likely candidates prior to offering a position, organizations can help employees to self-select out if the fit to supervisory work is not good. They can also ensure that "at hire" skills are established before the employee is promoted. As with DSPs, ongoing training and close coaching of new FLS could be important as a method of supporting FLS competence in the first 90-days. These strategies are likely to have an impact on FLS confidence, satisfaction, and performance and if used would be likely to favorably impact both FLS and DSP turnover.

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