



*Person Centered
Inclusive Supports –
Only achievable with a
stable, competent and
sufficient direct support
workforce*

Alliance Summit, June 13
Breckenridge, CO

rtc on community living

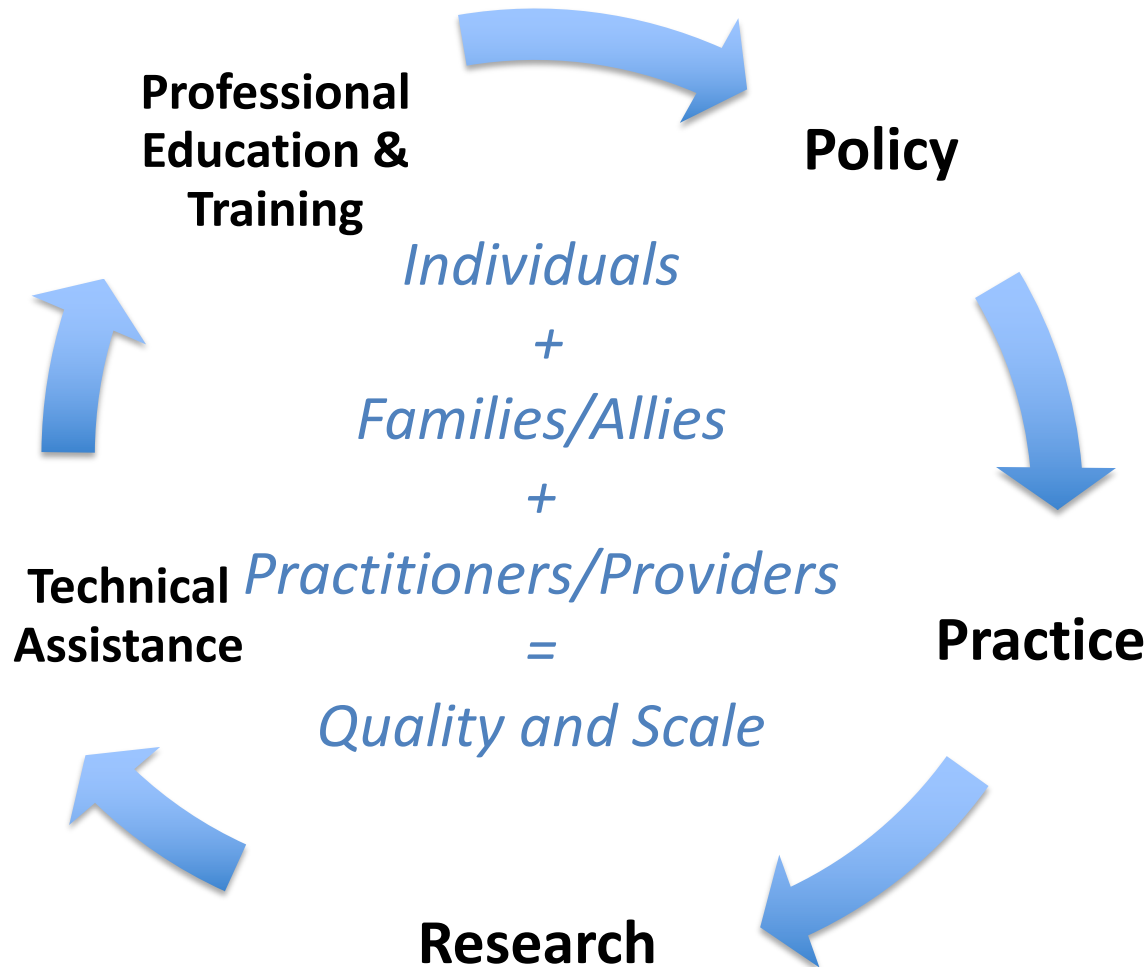
ICI

INSTITUTE *on*
COMMUNITY
INTEGRATION



UNIVERSITY OF MINNESOTA
Driven to Discover™

My context





rtc on community living

ICI



Community living and participation

Person centered: One person, one context, one life at a time



Institution closures since 1962

Source: Residential Information Systems Project, University of Minnesota 2018



1. Pueblo State Regional Ctr. (Pueblo)

Closed state institutions are online at <https:// risp.umn.edu/prf>

Albert P. Brewer Dev. Ctr. (Daphne, AL)	(Columbus, GA)	Medfield State Hospital (Medfield, MA)	Edison Habilitation Ctr. (Princeton, NJ)	Eastern Oregon Trng. Ctr. (Pendleton, OR)
Glen Ireland II Ctr. (Tarrant City, AL)	Kula Hospital (Kula, HI)	Monson Dev. Ctr. (Palmer, MA)	North Jersey Dev Ctr (Totowa, NJ)	Eastview Trng. Ctr. (Salem, OR)
J.S. Tarwater Dev. Ctr. (Wetumpka, AL)	Waimano Trng. School and Hospital (Pearl City, HI)	Paul A. Dever Dev. Ctr. (Taunton, MA)	North Princeton Ctr. (Princeton, NJ)	Allentown Mental Retardation Unit (Allentown, PA)
Lurleen B. Wallace Dev. Ctr. (Decatur, AL)	Alton Mental Health & Dev. Ctr. (Alton, IL)	Templeton Dev Ctr (Baldwinsville, MA)	Woodbridge Dev Ctr (Woodbridge, NJ)	Altoona Ctr. (Altoona, PA)
Wm. D. Partlow Dev. Ctr. (Tuscaloosa, AL)	Bowen Ctr. (Harrisburg, IL)	The Fernald Ctr. (Waltham, MA)	Fort Stanton Hospital and Trng. Ctr. (Fort Stanton, NM)	Clarks Summit Mental Retardation Unit (Clarks Summit, PA)
Harborview Ctr. (Valdez, AK)	Dixon Ctr. (Dixon, IL)	Worcester State Hospital (Worcester, MA)	Los Lunas Hospital and Trng. Ctr. (Los Lunas, NM)	Cresson Ctr. (Cresson, PA)
Arizona State Hospital (Phoenix, AZ)	Elgin Mental Health & Dev. Ctr. (Elgin, IL)	Alpine Regional Ctr. for DD (Gaylord, MI)	Villa Solano-Hagerman Residential School (Roswell, NM)	Hambreeville Ctr. (Coatesville, PA)
Arizona Trng. Program (Phoenix, AZ)	Galesburg Ctr. (Galesburg, IL)	Caro Regional Mental Health Ctr. (Caro, MI)	Bronx DDSO (Bronx, NY)	Harrisburg Mental Retardation Unit (Harrisburg, PA)
Arizona Trng. Program (Tucson, AZ)	Howe Dev. Ctr. (Tinley Park, IL)	Coldwater Regional Ctr. for DD (Coldwater, MI)	Brooklyn DDSO (Brooklyn, NY)	Hollidaysburg Mental Retardation Ctr. (Hollidaysburg, PA)
Alexander Human Dev. Ctr. (Alexander, AR)	Jacksonville Dev. Ctr. (Jacksonville, IL)	Fort Custer State Home (Augusta, MI)	Broome DDSO (Binghamton, NY)	Laurelton Ctr. (Laurelton, PA)
Agnes Dev. Ctr. (San Jose, CA)	Lincoln Dev. Ctr. (Lincoln, IL)	Hillcrest Regional Ctr. for DD (Howell, MI)	Capital District DDSO (Schenectady, NY)	Marcy Ctr. (Pittsburgh, PA)
Camarillo Ctr. (Camarillo, CA)	Meyer Mental Health Ctr. (Decatur, IL)	Macomb-Oakland Regional Ctr. for DD (Mt. Clemens, MI)	Central New York DDSO (Syracuse, NY)	Mayview Mental Retardation Unit (Mayview, PA)
DeWitt State Hospital (Auburn, CA)	Singer Mental Health & Dev. Ctr. (Rockford, IL)	Mount Pleasant Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Pennhurst Ctr. (Pennhurst, PA)
Lanterman Dev. Ctr. (Pomona, CA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Philadelphia Mental Retardation Unit (Philadelphia, PA)
Modesto State Hospital (Modesto, CA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Somerset Mental Retardation Unit (Somerset, PA)
Napa State Hospital Forensic Unit (Napa, CA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Torrance Mental Retardation Unit (Torrance, PA)
Patton State Hospital (Patton, CA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Warren Mental Retardation Unit (Warren, PA)
Sierra Vista (Yuba City, CA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Wernersville Mental Retardation Unit (Wernersville, PA)
Stockton Ctr. (Stockton, CA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Western Ctr. (Cannonsburg, PA)
Pueblo State Regional Ctr. (Pueblo, CO)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Woodhaven Ctr. (Philadelphia, PA)
Bridgeport Ctr. (Bridgeport, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Dorothea Dix Unit (Cranston, RI)
Clifford Street Group Home (Bridgeport, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Dr. Joseph H. Ladd Ctr. (N. Kingstown, RI)
Ella Grasso Ctr. (Stratford, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Zambrano Memorial Hospital (Wallum Lake, RI)
John Dempsey Ctr. (Putnam, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Staten State Ctr. (Custer, SD)
Mansfield Trng. School (Mansfield, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Arlington Dev. Ctr. (Arlington, TN)
Martin House Group Home (Norwalk, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Clover Bottom Dev. Ctr. (Nashville, TN)
Meridan Ctr. (Wallingford, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Harold Jordan Habilitation Ctr. (Nashville, TN)
Mystic Ctr. (Groton, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Winston Ctr. (Bolivar, TN)
New Haven Ctr. (New Haven, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Ft. Worth State School (Ft. Worth, TX)
Seaside Ctr. (Waterford, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Travis State School (Austin, TX)
Waterbury Ctr. (Cheshire, CT)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Brandon Trng. School (Brandon, VT)
Bureau of Forest Haven (Laurel, MD, DC)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Eastern State Hospital (Williamsburg, VA)
D.C. Village (Washington, DC, DC)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Northern Virginia Trng. Ctr. (Fairfax, VA)
St. Elizabeth's Hospital (Washington, DC, DC)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Southside Virginia Trng. Ctr. (Petersburg, VA)
Community of Landmark (Miami, FL)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Southwestern State Hospital (Marion, VA)
Florida State Hospital Unit 27 now with DDDP (Chattahoochee, FL)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Western State Hospital (Stanton, VA)
Gulf Coast Ctr. (Fort Meyers, FL)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Frances Haddon Morgan Ctr. (Bremerton, WA)
N.E. Florida State Hospital (MacClenny, FL)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Interlake School (Medical Lake, WA)
Seguin Unit now with DDDP (Gainesville, FL)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Colin Anderson Ctr. (St. Mary's, WV)
Sunland Trng. Ctr. (Orlando, FL)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Greenbrier Ctr. (Lewisburg, WV)
Sunland Trng. Ctr. (Tallahassee, FL)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Spencer State Hospital (Spencer, WV)
Brook Run (Atlanta, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Weston State Hospital (Weston, WV)
Central State Hospital (Milledgeville, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	Northern Wisconsin Ctr. (Chippewa Falls, WI)
Georgia Regional Hospital (Savannah, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
Gracewood State School and Hospital, now East Central (Gracewood, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
Northwest Regional Hospital (Rome, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
River's Crossing (Athens, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
Rose Haven (Thomasville, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
Southwestern Development Center (Bainbridge, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
Southwestern State Hospital (Thomasville, GA)	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
West Central Georgia Regional Hospital	Central State Hospital (Marengo, IL)	Mount Pleasant Regional Ctr. (Mount Pleasant, MI)	Central New York DDSO (Syracuse, NY)	
	Acadiana Region Supports and Services Center (Iota, LA)	Owatonna State Hospital (Owatonna, MN)	Wilton DDSO (Wilton, NY)	
	Bayou Region Supports and Services Center (Thibodaux, LA)	Rochester State Hospital (Rochester, MN)	Broughton Ctr. (Morganton, NC)	
	Columbia Dev. Ctr. (Columbia)1 LA)	St. Peter Regional Treatment Ctr. (St. Peter, MN)	San Haven State Hospital (Dunseith, ND)	
	Leesville Dev. Ctr. (Leesville, LA)	Willmar Regional Treatment Ctr. (Willmar, MN)	Apple Creek Dev. Ctr. (Apple Creek, OH)	
	Metropolitan Development Center LA)	Albany Regional Ctr. (Albany, MO)	Athens Mental Health & Dev. Ctr. (Athens, OH)	
	North Lake Supports and Services Center (Hammond, LA)	Hannibal Regional Ctr. (Hannibal, MO)	Broadview Ctr. (Broadview Hghts., OH)	
	Northeast Supports and Services Center (Ruston, LA)	Joplin Regional Ctr. (Joplin, MO)	Cambridge Mental Health Ctr. (Cambridge, OH)	
	Northwest Louisiana Dev. Ctr. (Bossier City, LA)	Kansas City Regional Ctr. (Kansas City, MO)	Central Ohio Psychiatric Hospital (Cleveland, OH)	
	Aroostook Residential Ctr. (Presque Isle, ME)	Kirksville Regional Ctr. (Kirksville, MO)	Cleveland Ctr. (Cleveland, OH)	
	Elizabeth Levinson Ctr. (Bangor, ME)	Marshall Habilitation Ctr. (Marshall, MO)	Dayton Ctr. (Dayton, OH)	
	Pineland Ctr. (Pownal, ME)	Midtown Habilitation Ctr. (St. Louis, MO)	Dayton Mental Health Ctr. (Dayton, OH)	
	Great Oaks Ctr. (Silver Springs, MD)	Northwest Habilitation Ctr. (St. Louis, MO)	Massillon State Hospital (Massillon, OH)	
	Henryton Ctr. (Henryton, MD)	Poplar Bluff Regional Ctr. (Poplar Bluff, MO)	Orient Ctr. (Orient, OH)	
	Highland Health Facility (Baltimore, MD)	Rolla Regional Ctr. (Rolla, MO)	Springview Developmental Ctr. (Springfield, OH)	
	Joseph Brandenburg Ctr. (Cumberland, MD)	Sikeston Regional Ctr. (Sikeston, MO)	Western Reserve Psychiatric Hab. Ctr. (Northfield, OH)	
	Rosewood Ctr. (Owings Mills, MD)	Springfield Regional Ctr. (Springfield, MO)	Hisson Memorial Ctr. (Sand Springs, OK)	
	Victor Cullen Ctr. (Sabillasville, MD)	Eastmont Human Services Ctr. (Glendive, MT)	Northern Oklahoma Resource Center (Enid, OK)	
	Walter P. Carter Ctr. (Baltimore, MD)	Sierra Regional Ctr. (Sparks, NV)	Robert M. Greer Memorial Ctr. (Enid, OK)	
	Belchertown State School (Belchertown, MA)	Laconia State School and Trng. Ctr. (Laconia, NH)	Southern Oklahoma Resource Center (Pauls valley, OK)	
	Berry Regional Ctr. (Hawthorne, MA)	New Hampshire Hospital, Brown Building (Concord, NH)	Columbia Park Hospital & Trng. Ctr. (The Dalles, OR)	
	Glavin Regional Ctr. (Shrewsbury, MA)	Ctr. at Ancora (Hammonont, NJ)		
		E.R. Johnstone Trng. & Research Ctr. (Bordentown, NJ)		

235 Institutions closed

“Celebrating” deinstitutionalization

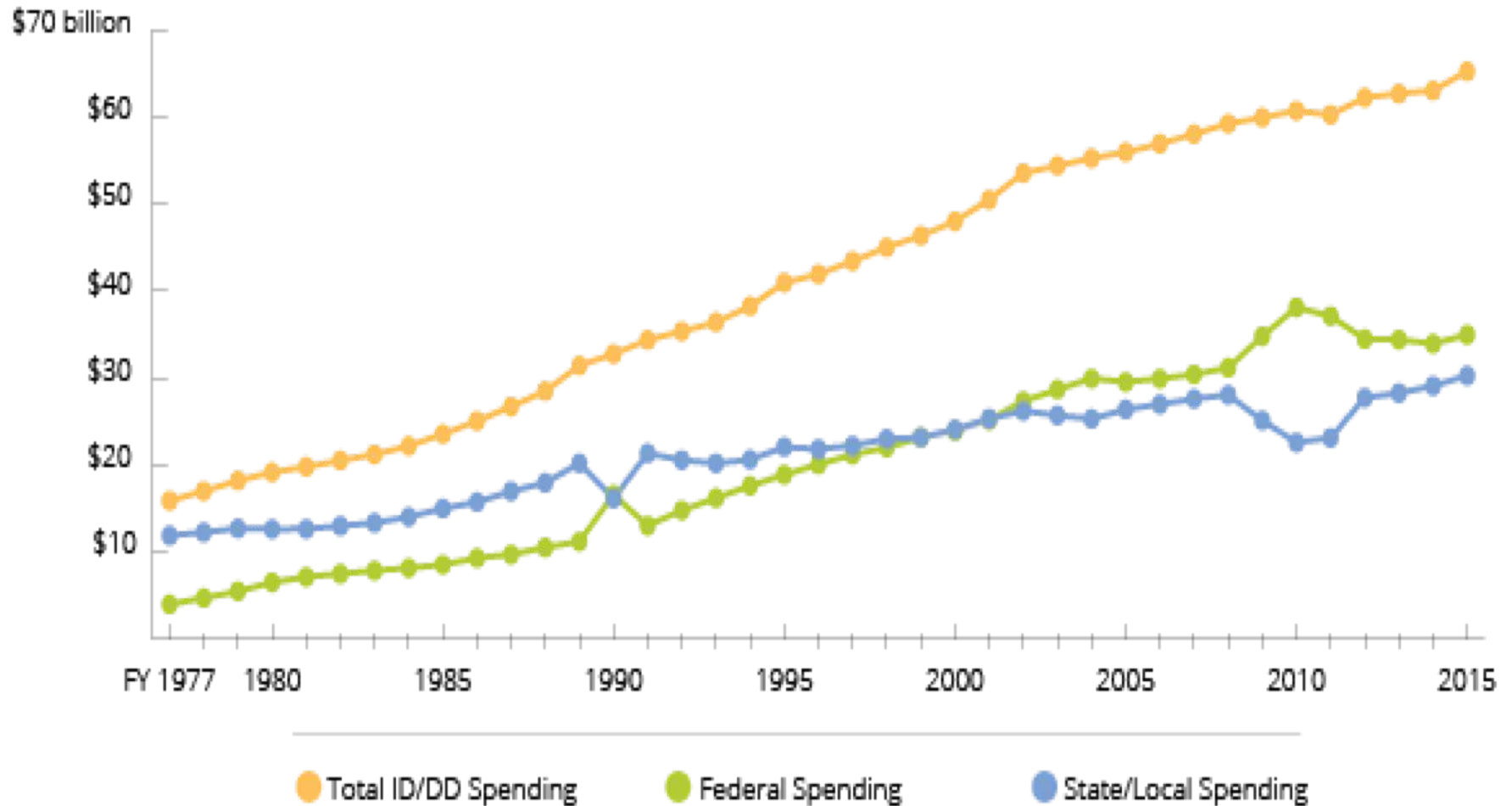


Source: John O'Brien, date unknown

Advocacy and increased expectations

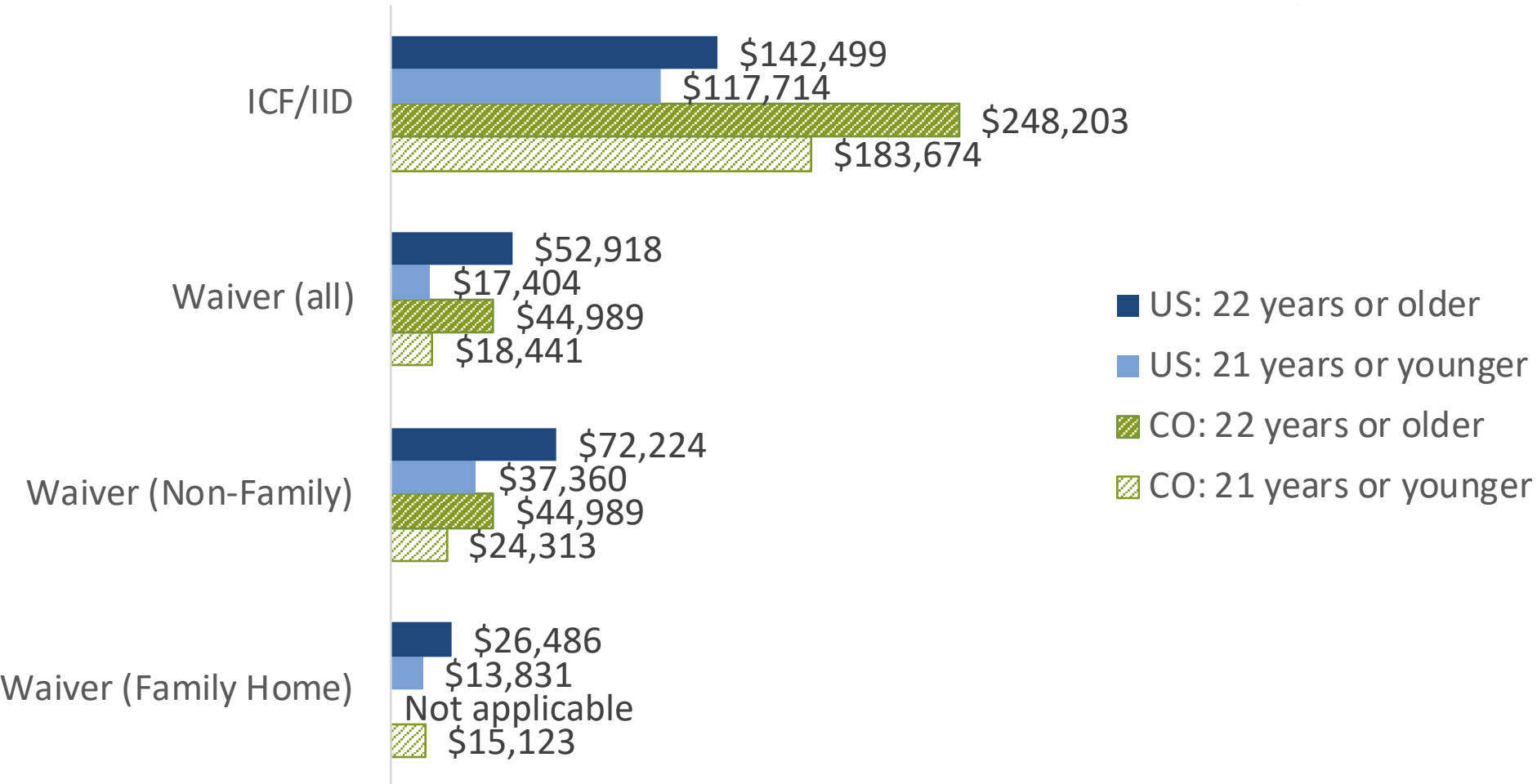


ID/DD expenditures over time, 1977–2015



*In 2015 dollars

Per person Medicaid expenditures by age and setting

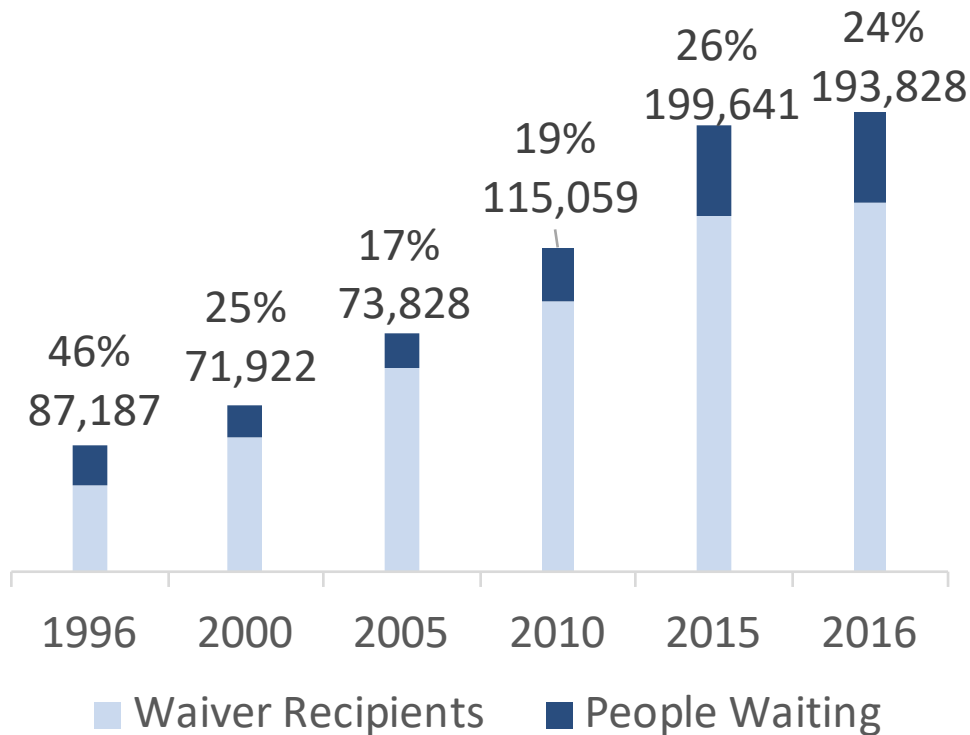


For US, 51 (50 states and the District of Columbia) reported data, RISP FY 2016

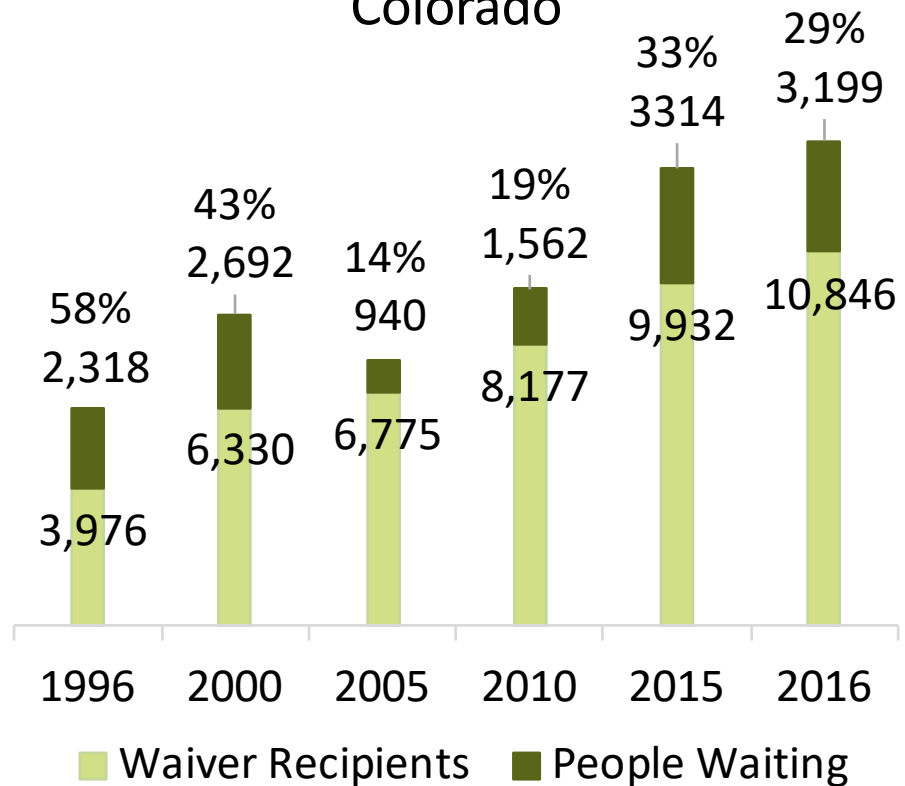
People With IDD Waiting for Services...



United States



Colorado



% is the amount of growth needed to serve those waiting compared to ICF/IID and Waiver recipients.
 From 2010 on, people waiting may include people waiting for residential services in addition to the Medicaid Waiver. In 2015-16 people waiting were those waiting in the family home for Waiver Services.

For more charts like this see <https://risp.umn.edu/viz/waiver>

Quality of services and support that promote community living

OUTCOMES

A matter of dignity

★ StarTribune



FAILING THE DISABLED

How Minnesota isolates and marginalizes thousands of adults with disabilities

2015

- *Dead end jobs, low pay*
- *Alone and at risk*
- *Families wait years*
- *Inclusion pays off*
- *Intimacy denied*

<http://www.startribune.com/a-matter-of-dignity-a-five-day-special-report/339820912/>

Volunteers
Service You Can See. Experts You Can Trust.
Visit Us In Golden Valley



STATE

Beset by rapes, rats, scalding, Florida home for disabled could lose license

BY CAROL MARBIN MILLER AND MONIQUE O. MADAN

Steven's Post 1 2

Angry Comment Share

MINNEAPOLIS

In Minneapolis, a 'house of horrors' hidden in plain sight

Girls endured years of abuse, neglect; system did little

By Chris Serres Star Tribune | MARCH 12, 2018 — 11:15AM

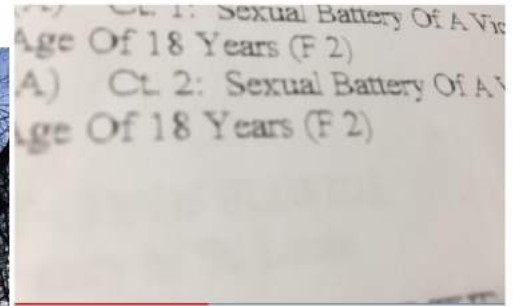


JEFF WHEELER, STAR TRIBUNE

Unshoveled sidewalks in front of the house where Jerry Lee Curry allegedly abused his twin daughters until authorities removed the young women from the home last.

f t e

Children with disabilities abused in group home, complaints allege



A state-funded group home that is supposed to help South Florida children with disabilities has racked up a history of complaints including child abuse and neglect, police and state records show.

Ad closed Report Why



Published by WNBC News

What Are Group Homes Hiding from Public? In One Case, Maggots.



Chicago Tribune News / Investigations / Suffering in Secret

TRIBUNE WATCHDOG



Aug 10, 2017 - by David Klepper

From AP



rtc on community living

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Competitive. Sheltered. Day.

EMPLOYMENT

State Employment Snapshot



StateData.info
YOUR RESOURCE FOR DATA ON EMPLOYMENT & PEOPLE WITH DISABILITIES

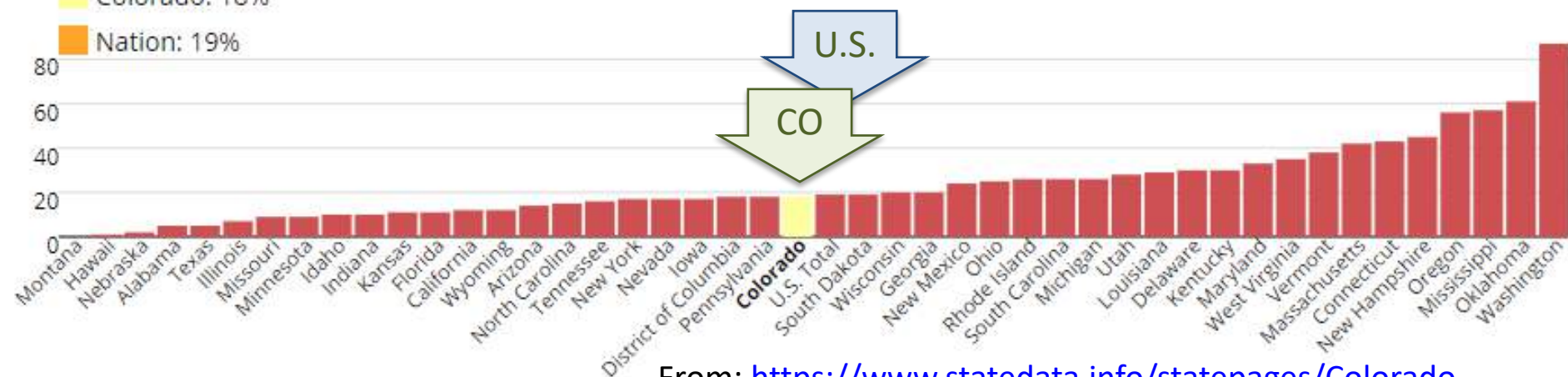
How many individuals participate in integrated employment services provided by the state intellectual and developmental disability agency?

	United States (2016)	Colorado (2016)
Total in day and employment services	638,568	17,026
Total in integrated employment services	120,244	3,078
% in Integrated Employment	19%	18%

Percent Participating in Integrated Employment Services by State, 2016

Colorado: 18%

Nation: 19%

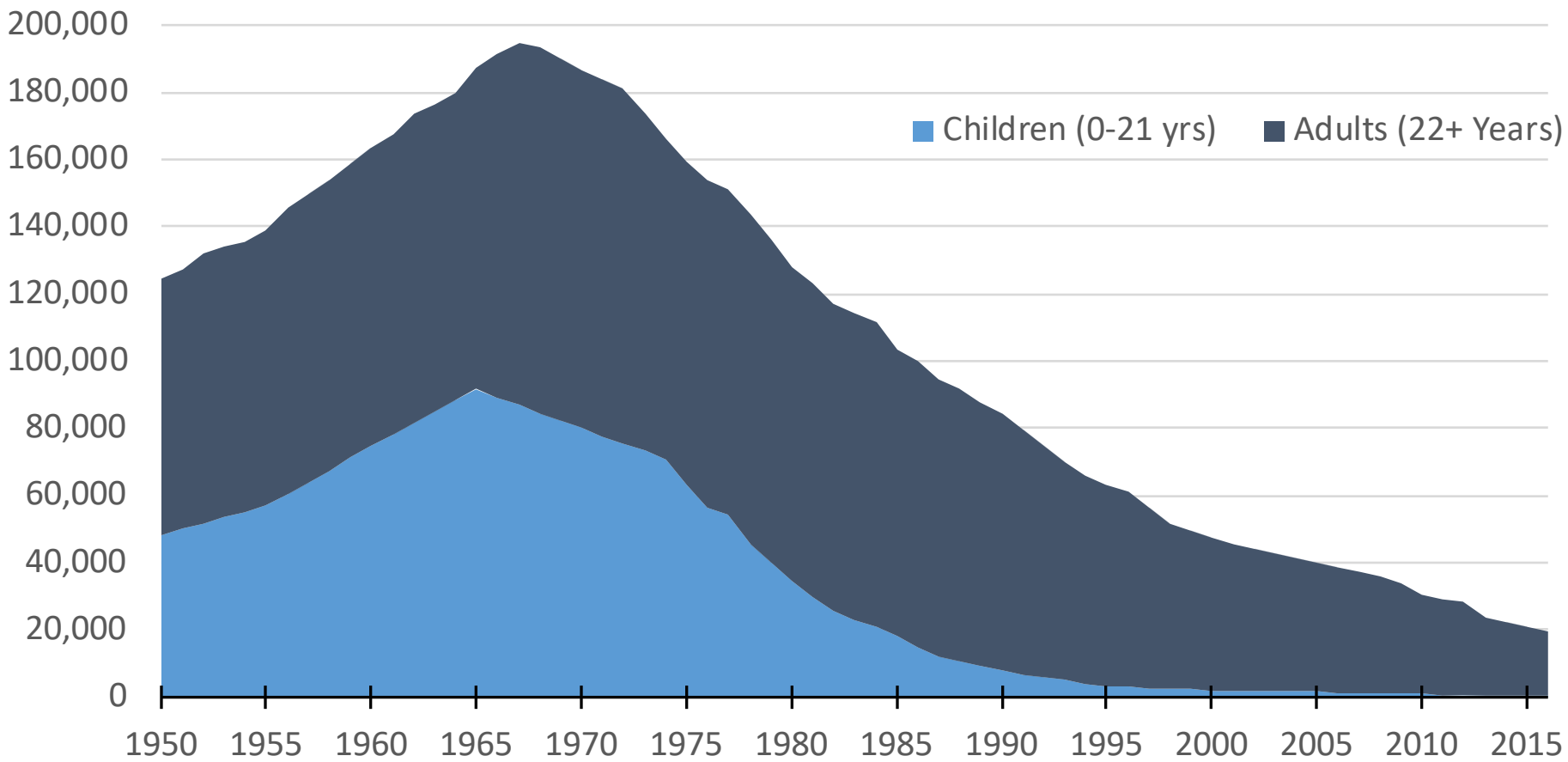


From: <https://www.statedata.info/statepages/Colorado>

Type of setting. Choice. With whom a person lives.

HOME

Children and adults in large state IDD facilities of 16 or more people 1950-2016



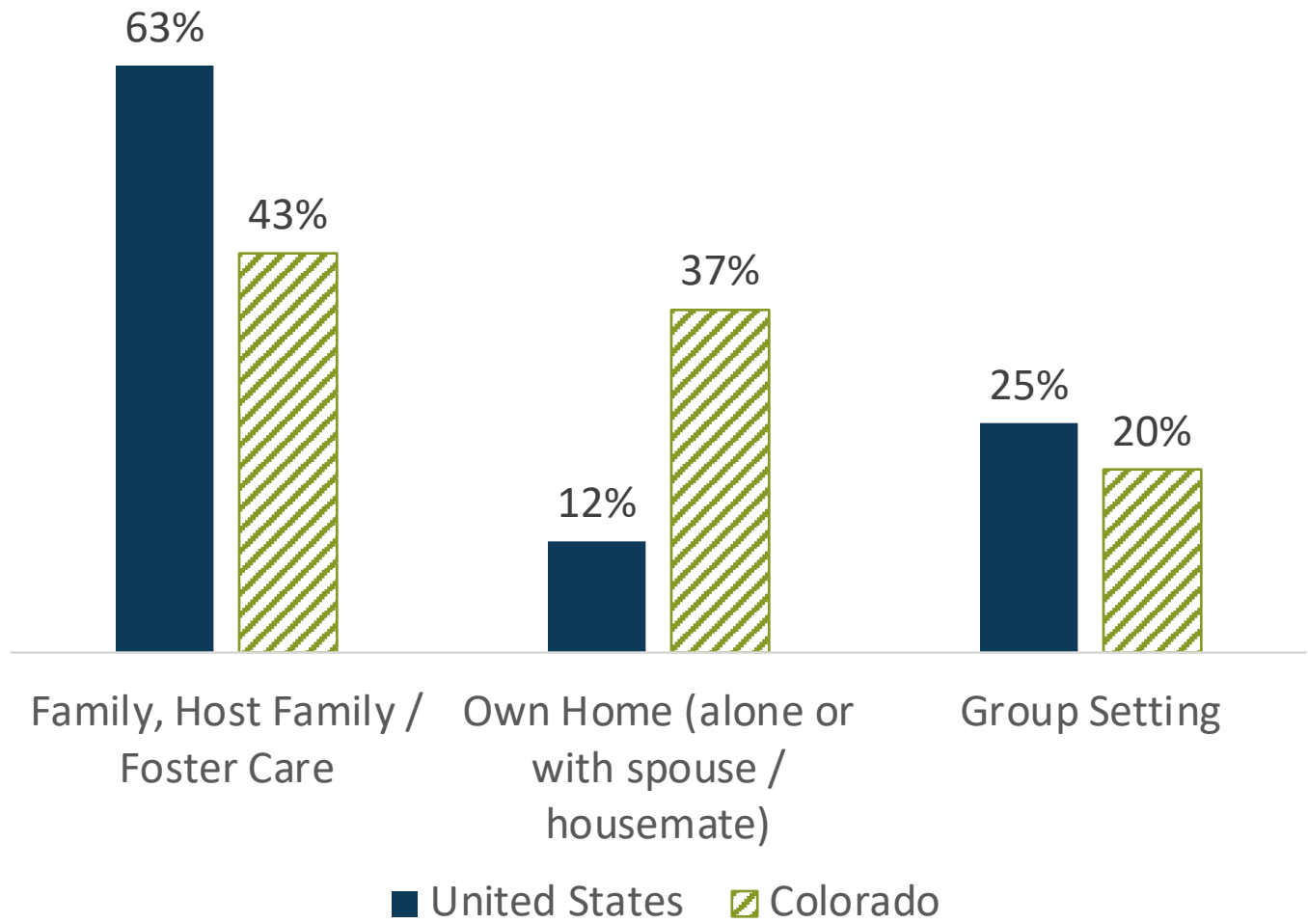
Source: RISP - Larson et al, 2018

Where did people with IDD live in 2016? (setting type)

7,374,402 (est.)
people in the U.S.
have IDD (2% of the
population)

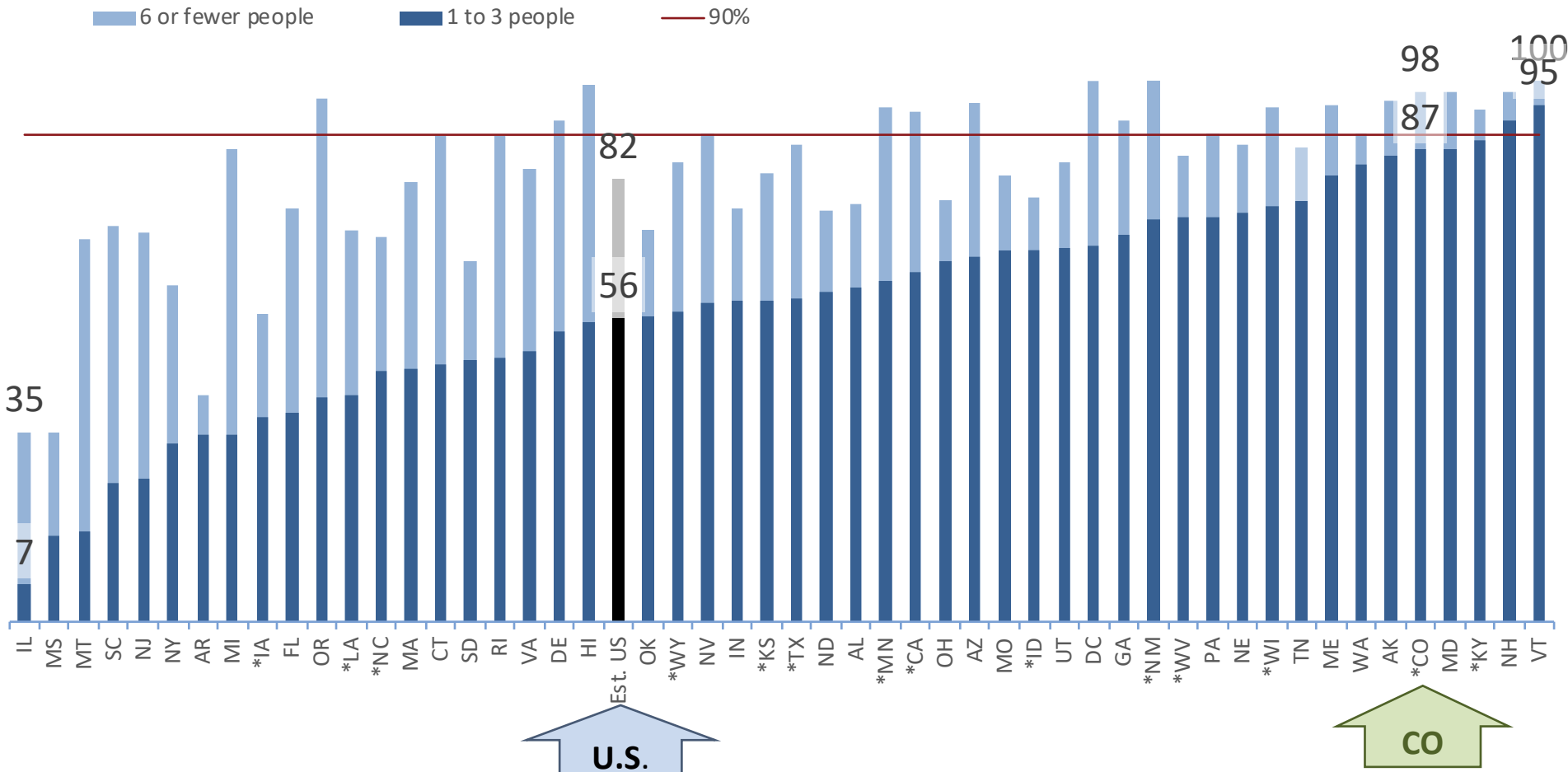
1,488,732 are on
State IDD agency
caseloads
(20% of the estimated
people with IDD)

1,228,700 receive
services from State
IDD agencies
(17% of the estimated
people with IDD)



RISP FY2016

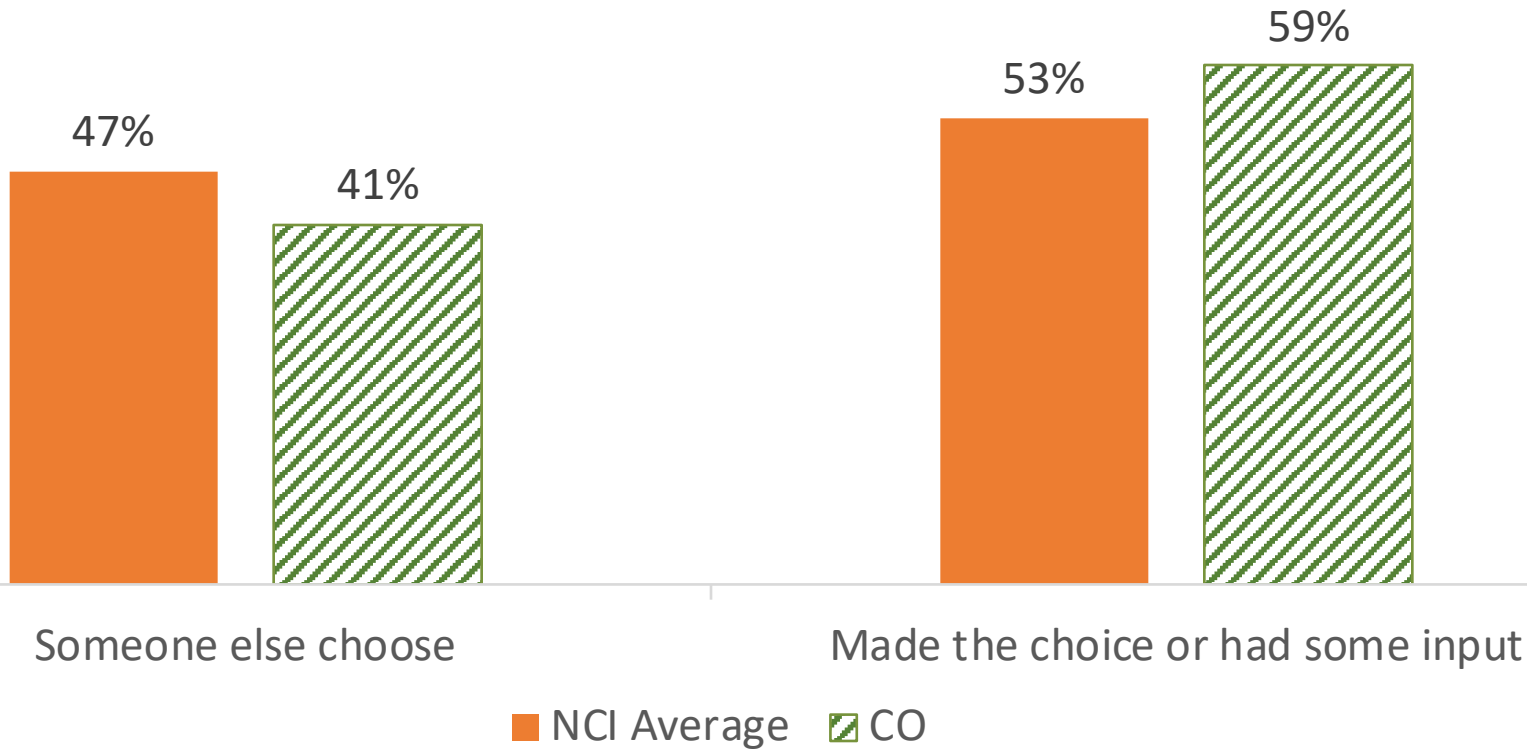
% people who live outside their family homes with 3 or fewer people and 6 or fewer people with IDD FY 2016



* Imputed values for 1-3 and 4-6 proportions based on national estimates.

Choose Home

The proportion of people who reported they chose or had some input in choosing where they live if not living in the family home

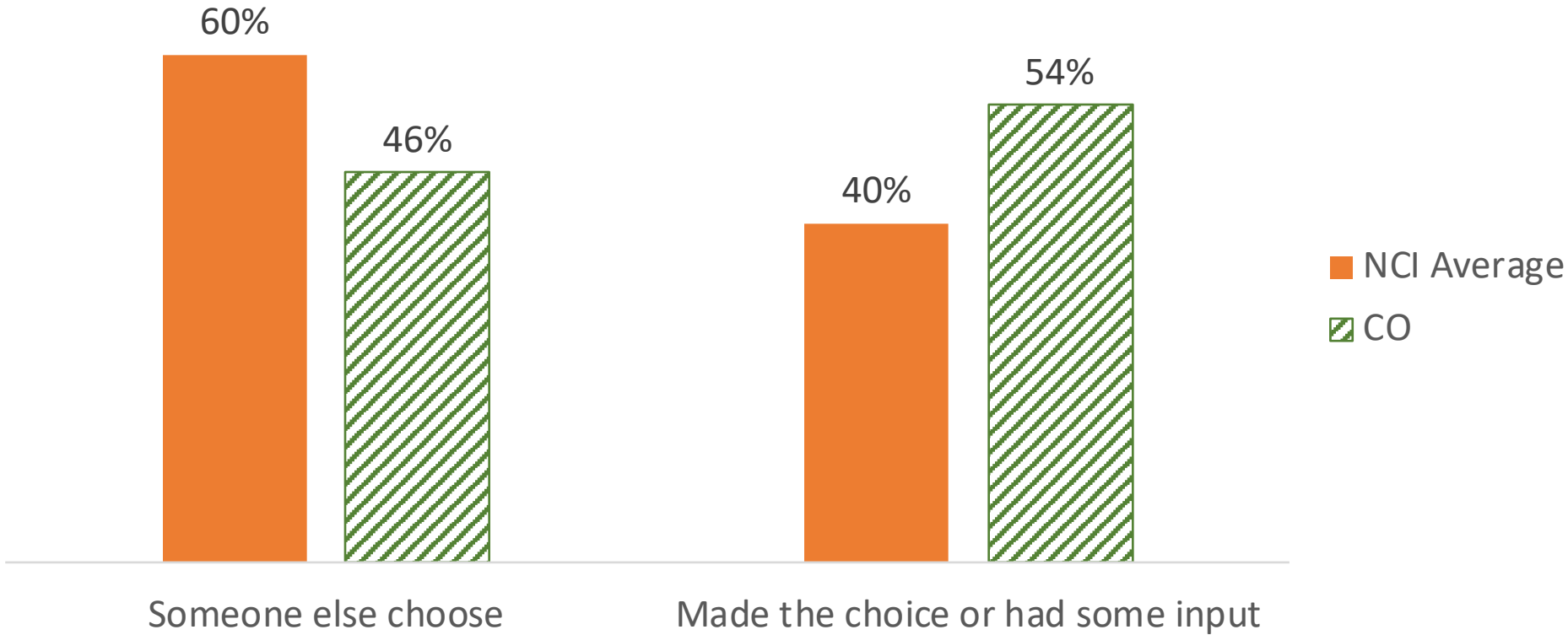


Total respondents Colorado: 189
NCI Average: 11,213

Source: NCI, 2019
Adult Consumer Survey, 2016-17 Final Report

Choose Housemates

The proportion of people who reported they chose or had some input in choosing their housemates if not living in the family home

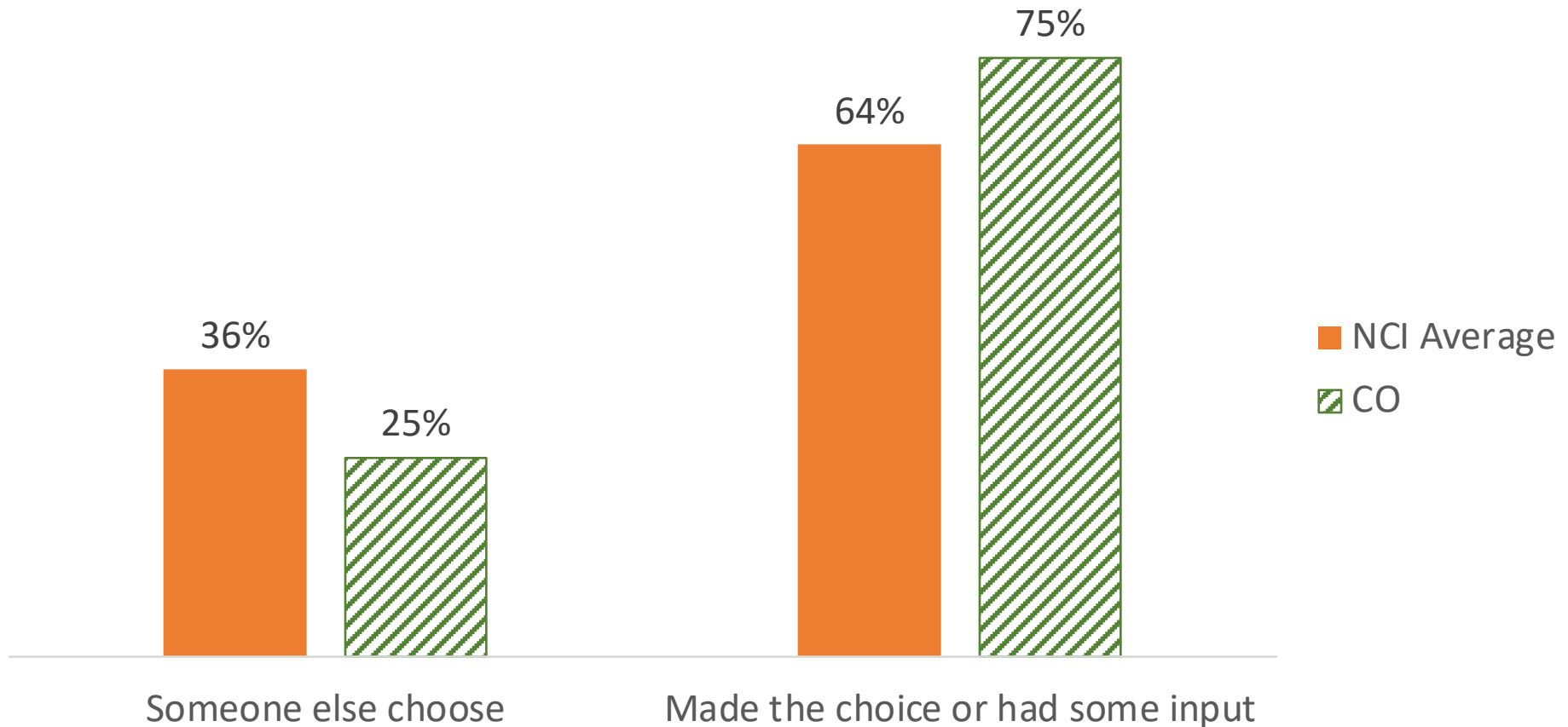


Total respondents Colorado: 185
NCI Average: 11,213

Source: NCI, 2019
Adult Consumer Survey, 2016-17 Final Report

Choose Staff

The proportion of people who chose staff or were aware they could request to change staff



Total respondents Colorado: 337
NCI Average: 17,282

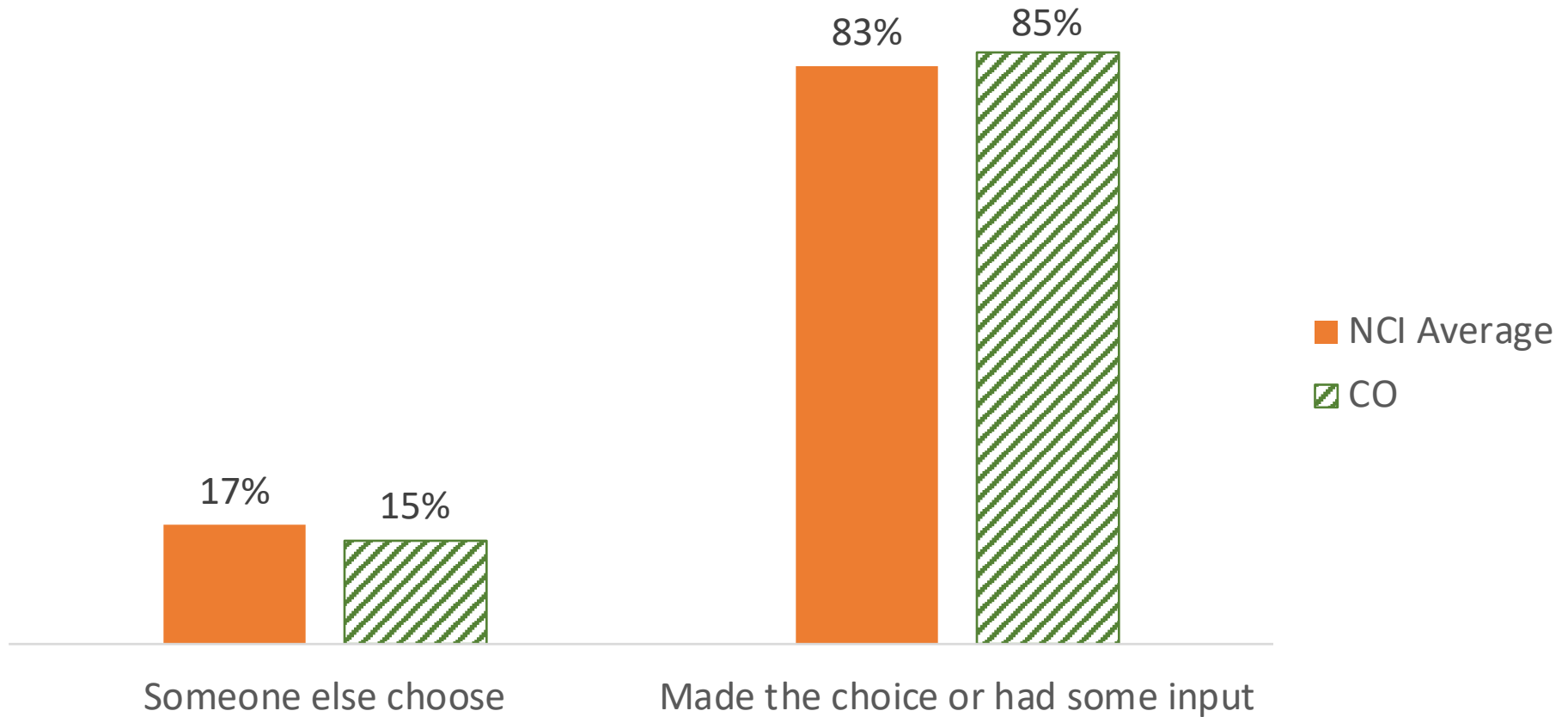
Source: NCI, 2019
Adult Consumer Survey, 2016-17 Final Report

Friends. Family. Love. Fun. Things.

RELATIONSHIPS AND SELF- DETERMINATION

Decides Daily Schedule

The proportion of people who decides or has help deciding their daily schedule

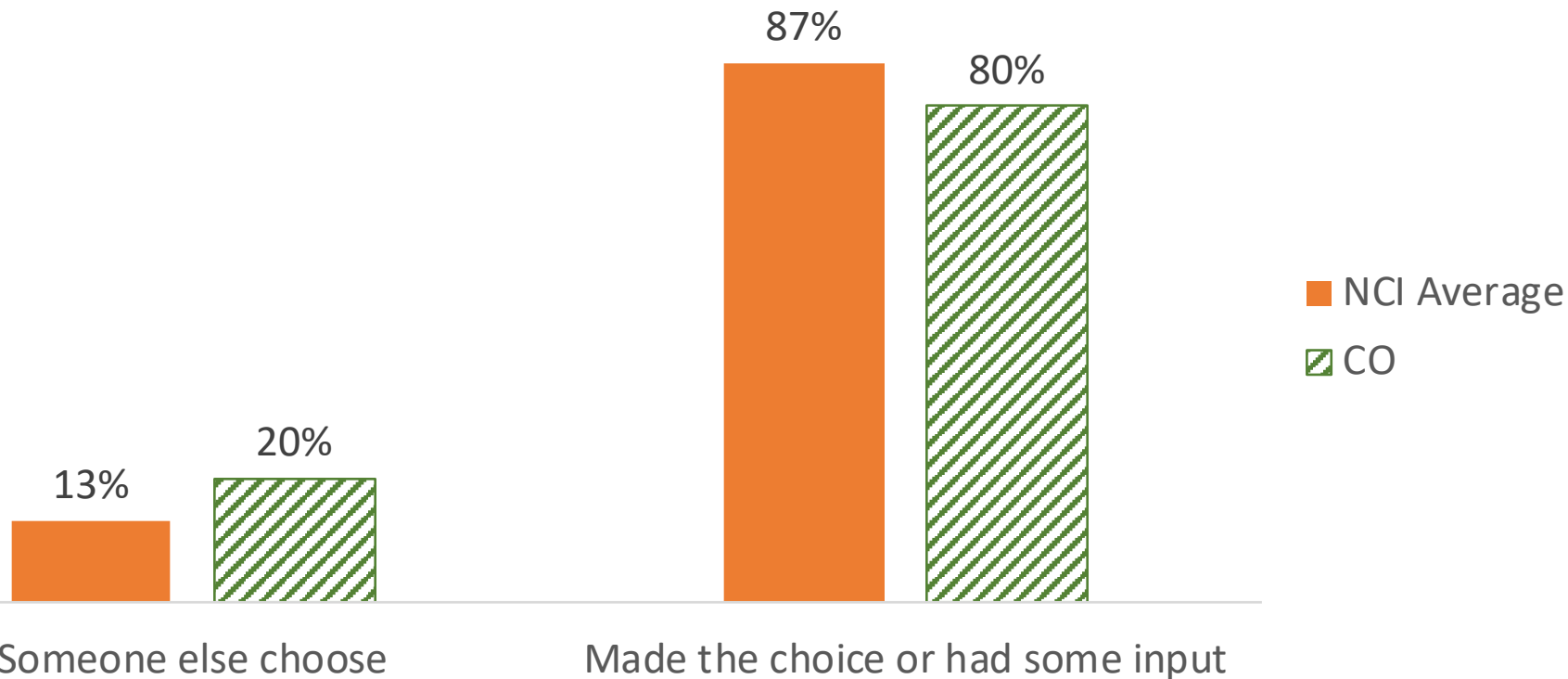


Total respondents Colorado: 375
NCI Average: 19,420

Source: NCI, 2019
Adult Consumer Survey, 2016-17 Final Report

Chooses What to Buy with Their Spending Money

The proportion of people who has help choosing what to buy or has set limits on what to buy with their spending money



Total respondents Colorado: 397
Total respondents NCI Average: 19,312

Source: NCI, 2019
Adult Consumer Survey, 2016-17 Final Report



**Workforce
Key to
Quality**



DSP recruitment and retention: A self-advocate perspective

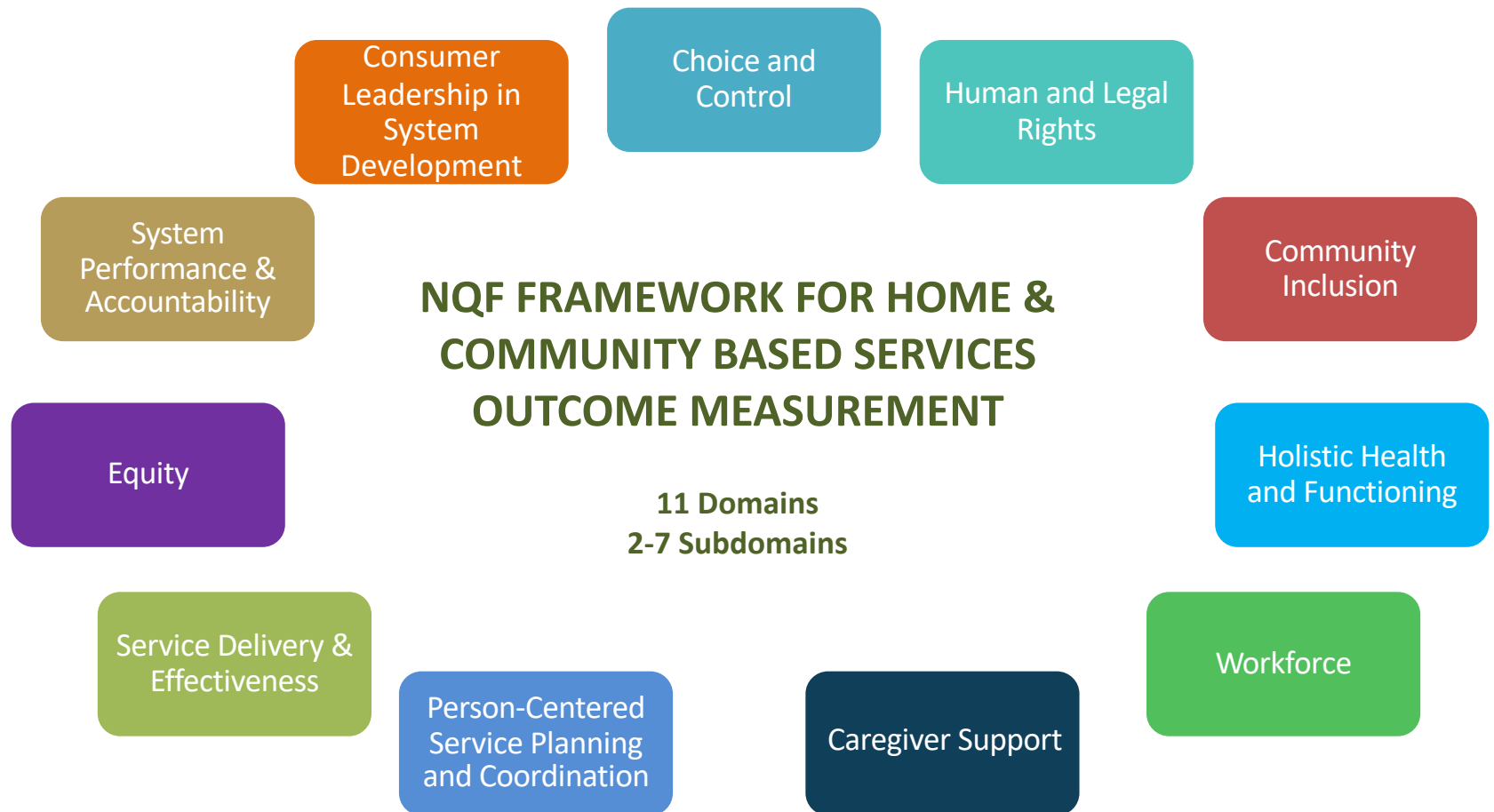


**Cliff Poetz,
Advocacy Leader**

- We want staff who **show up on time** and help us **get the stuff done** we need to get done
- We want people who are **paid enough to stay** so they like what they are doing
- We want people who **respect us and are respected** for what they do and the pay they earn

Source: IMPACT 2008

National Quality Forum (NQF) framework



NQF HCBS Domains and Subdomains

Human and Legal Rights

- Freedom from abuse and neglect
- Informed decision-making
- Optimizing preservation of legal & human rights
- Privacy
- Supporting exercise of human & legal rights

Person-Centered Planning & Coordination

- Assessment
- Coordination
- Person-centered planning

Service Delivery and Effectiveness

- Delivery
- Person's identified goals realized
- Person's needs met

System Performance & Accountability

- Data management and use
- Evidence-based practice
- Financing and service delivery structures



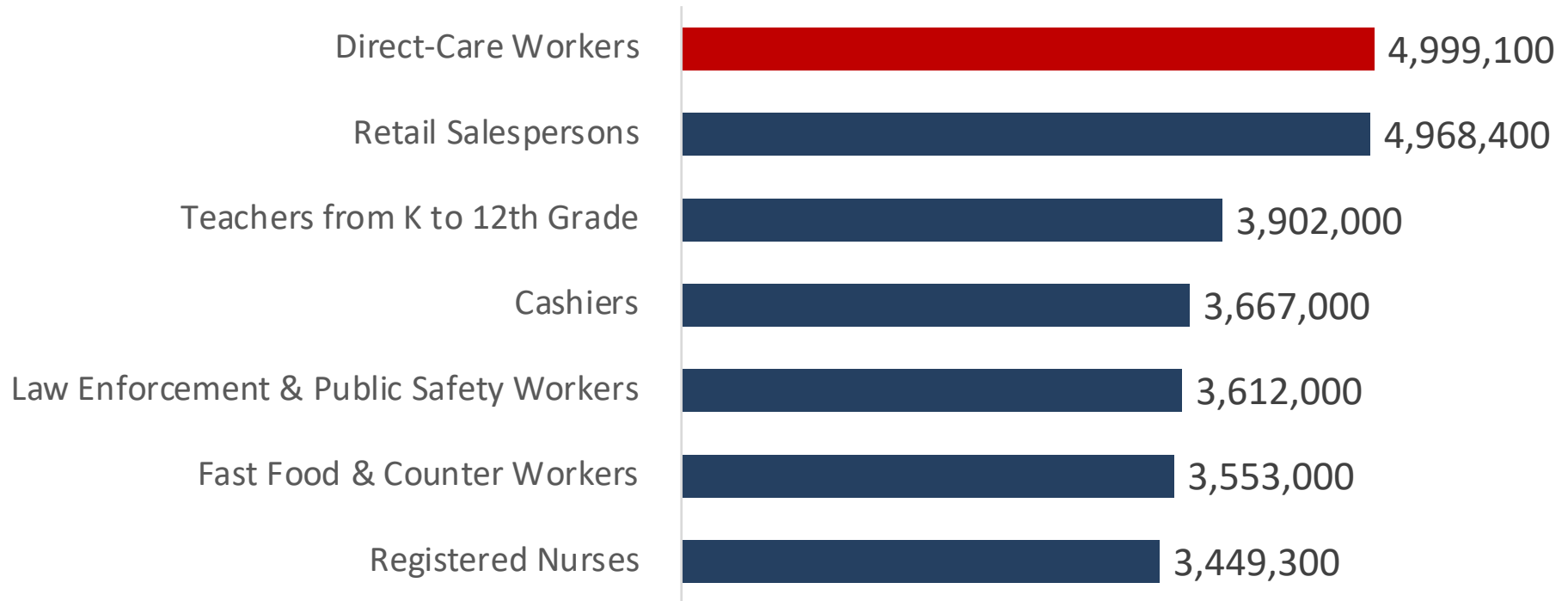
Workforce

- Adequately compensated with benefits
- Culturally competent
- Demonstrated competencies when appropriate
- Person-centered approach to services
- Safety of and respect for the worker
- Workforce engagement and participation
- Sufficient workforce numbers dispersion and availability

Direct Care Workers



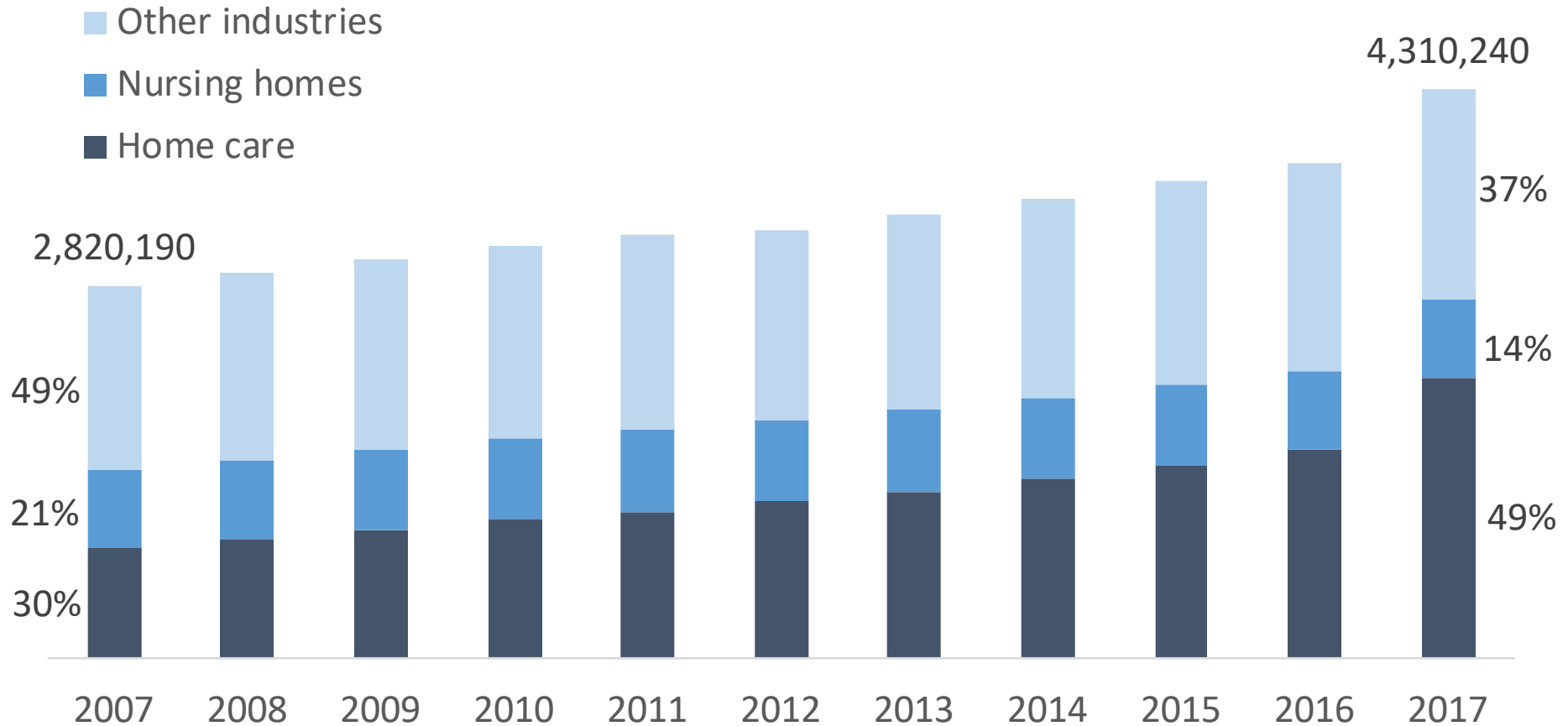
Largest Occupational Groups in the U.S., 2020



From: Occupational Projections for Direct-Care Workers 2012–2022

<https://phinational.org/wp-content/uploads/legacy/phi-factsheet14update-12052014.pdf>

Number of DSPs in U.S.



PHI. "Workforce Data Center." Last modified December 17, 2018.

<https://phinational.org/policy-research/workforce-data-center/>

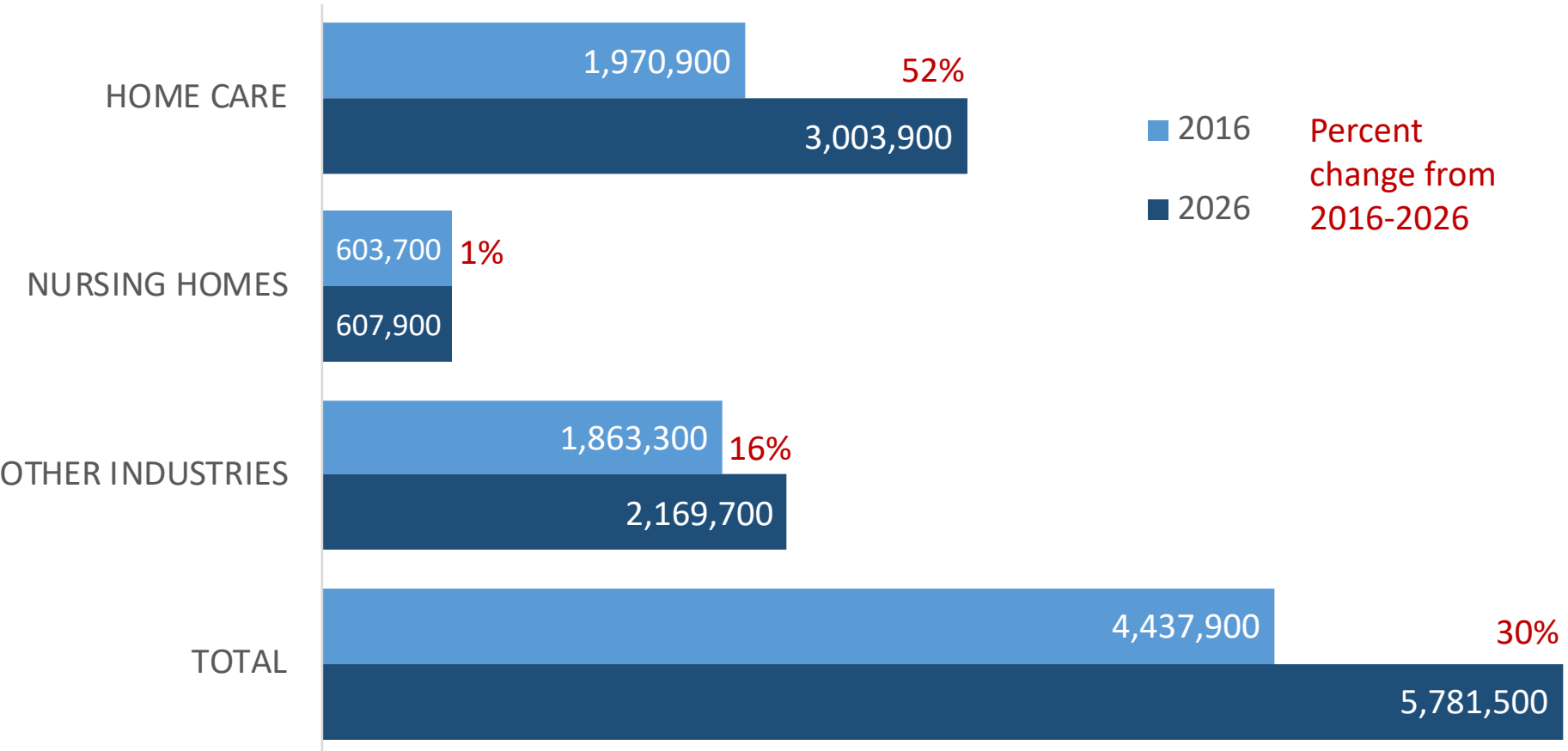
LTSS and U.S. economy 2007-2017



- 1 million+ direct care jobs (54% growth)
- 1 in 6 new jobs in U.S. was in LTSS
- 4/5 new jobs were in home care

From: <https://phinational.org/wp-content/uploads/2017/11/LTC-and-the-Economy-PHI-2017.pdf>
Source: U.S. Bureau of Labor Statistics (BLS), Current Employment Statistics (CES). 2017. Employment, Hours, and Earnings - National. <https://www.bls.gov/ces/>; analysis by PHI (October 4, 2017).

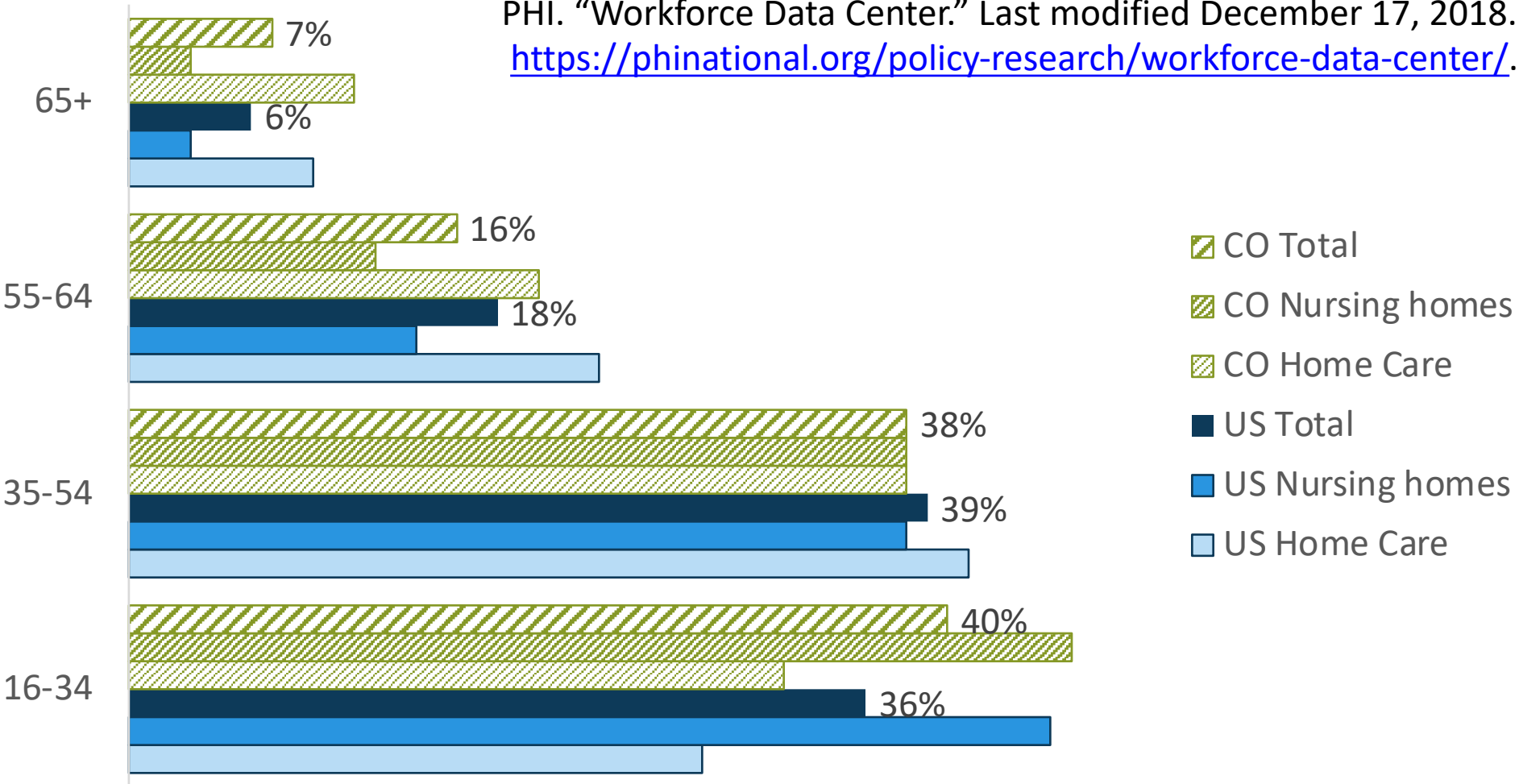
Projected growth of workforce 2016-2026 (BLS)



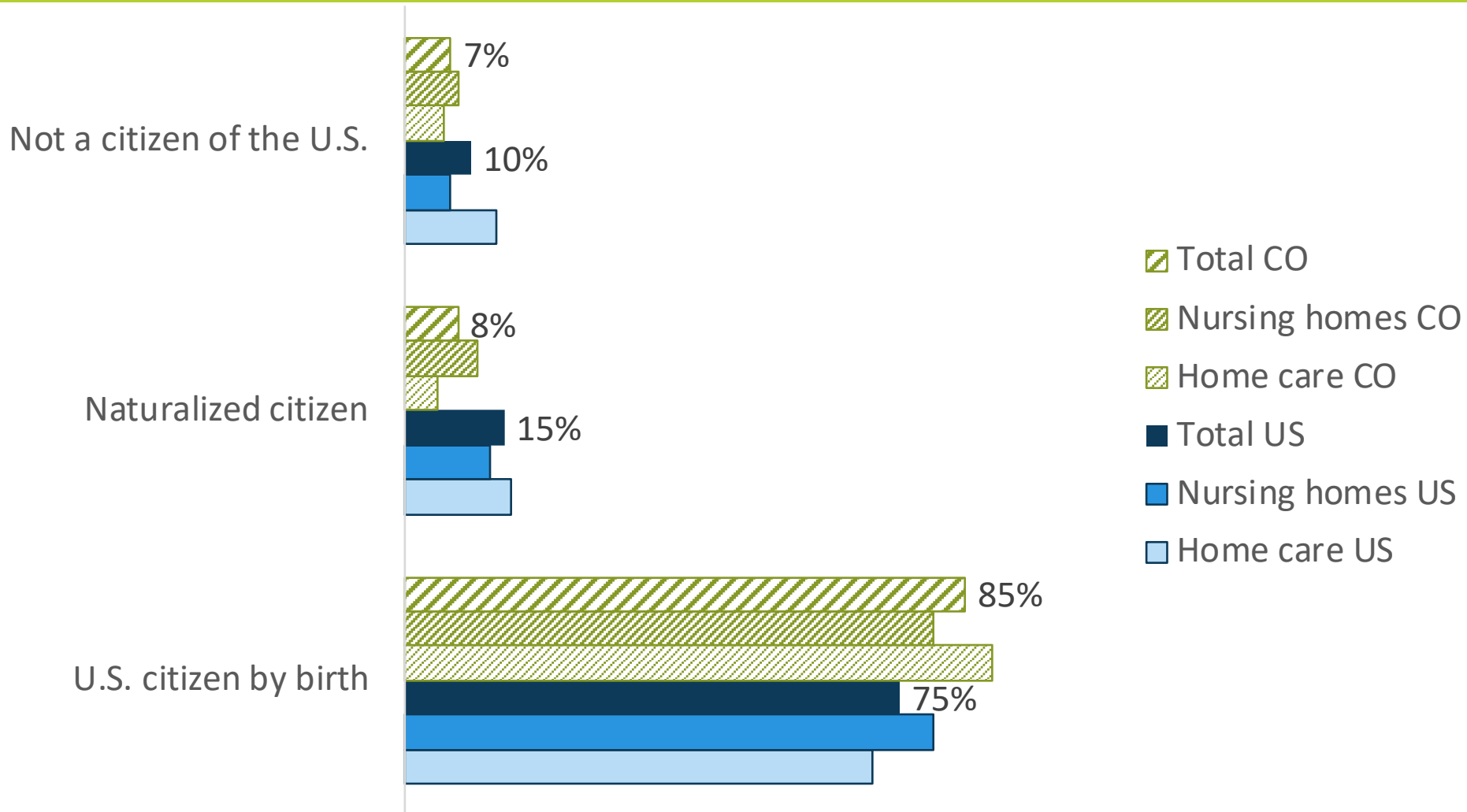
PHI. "Workforce Data Center." Last modified November 10, 2017.
<https://phinational.org/policy-research/workforce-data-center/>.

Age of DSPs in U.S. (2016 ACS)

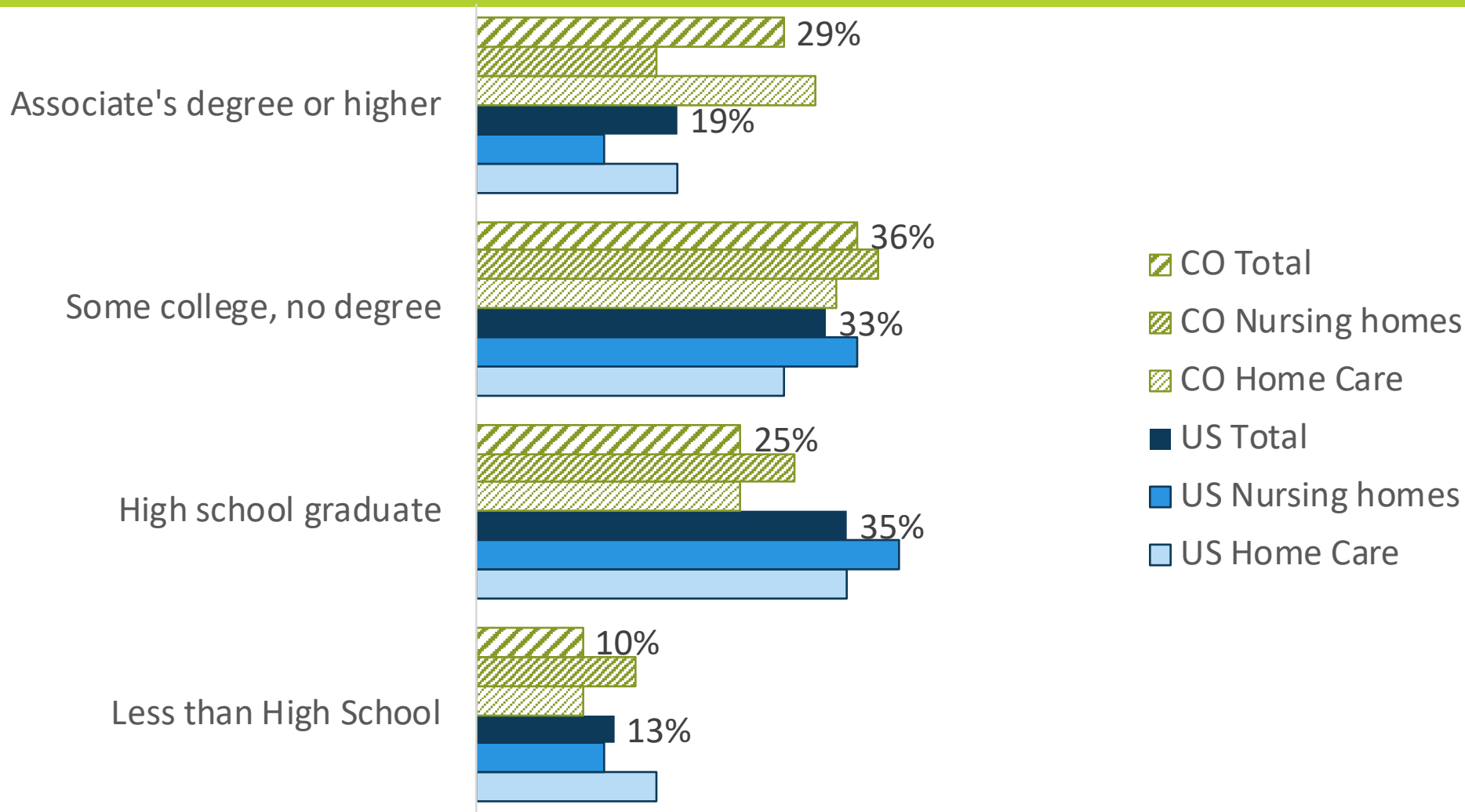
PHI. "Workforce Data Center." Last modified December 17, 2018.
<https://phinational.org/policy-research/workforce-data-center/>



DSP citizenship status in U.S. (2016 ACS)

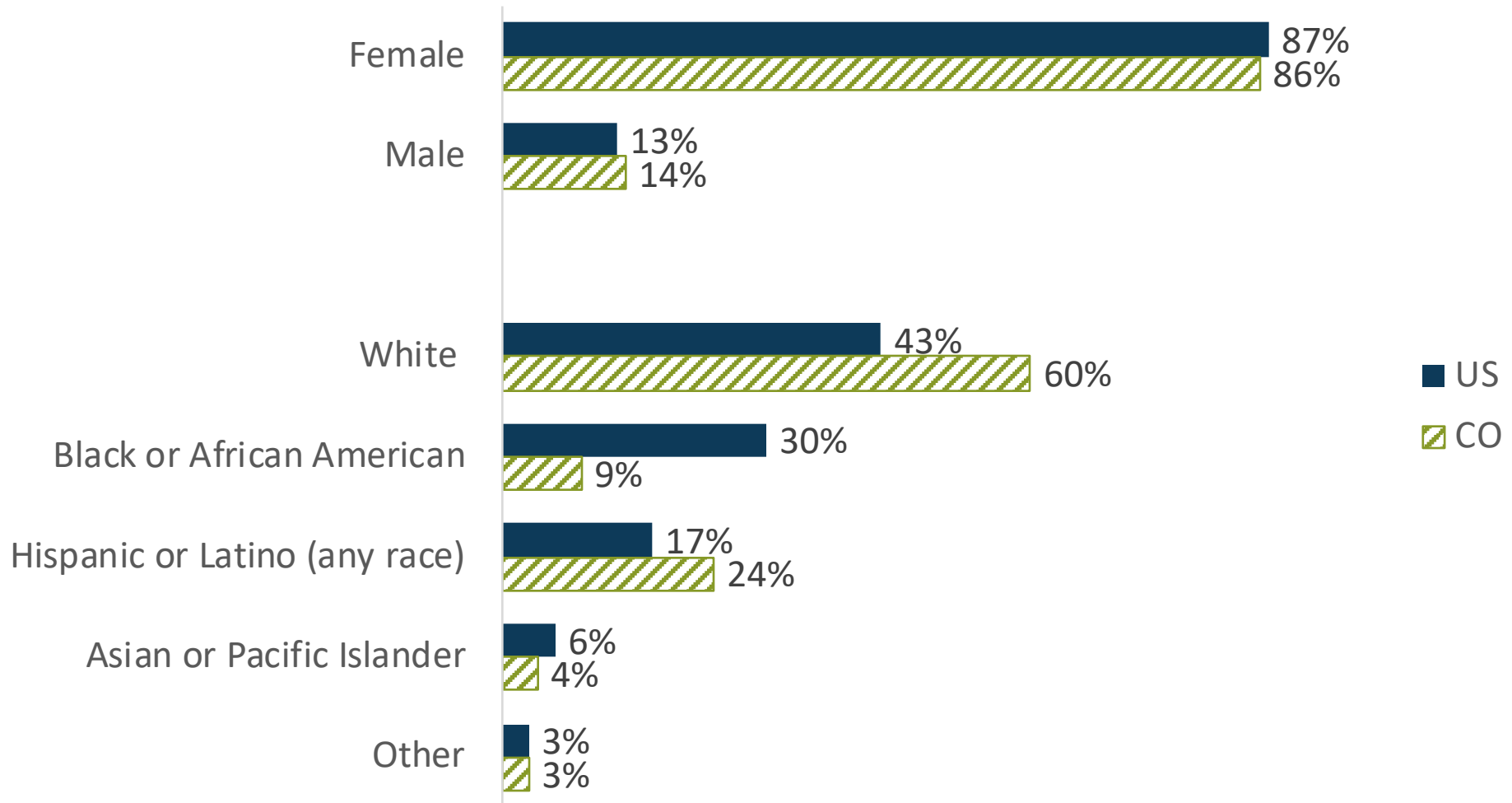


DSP educational attainment in U.S. (2016 ACS)



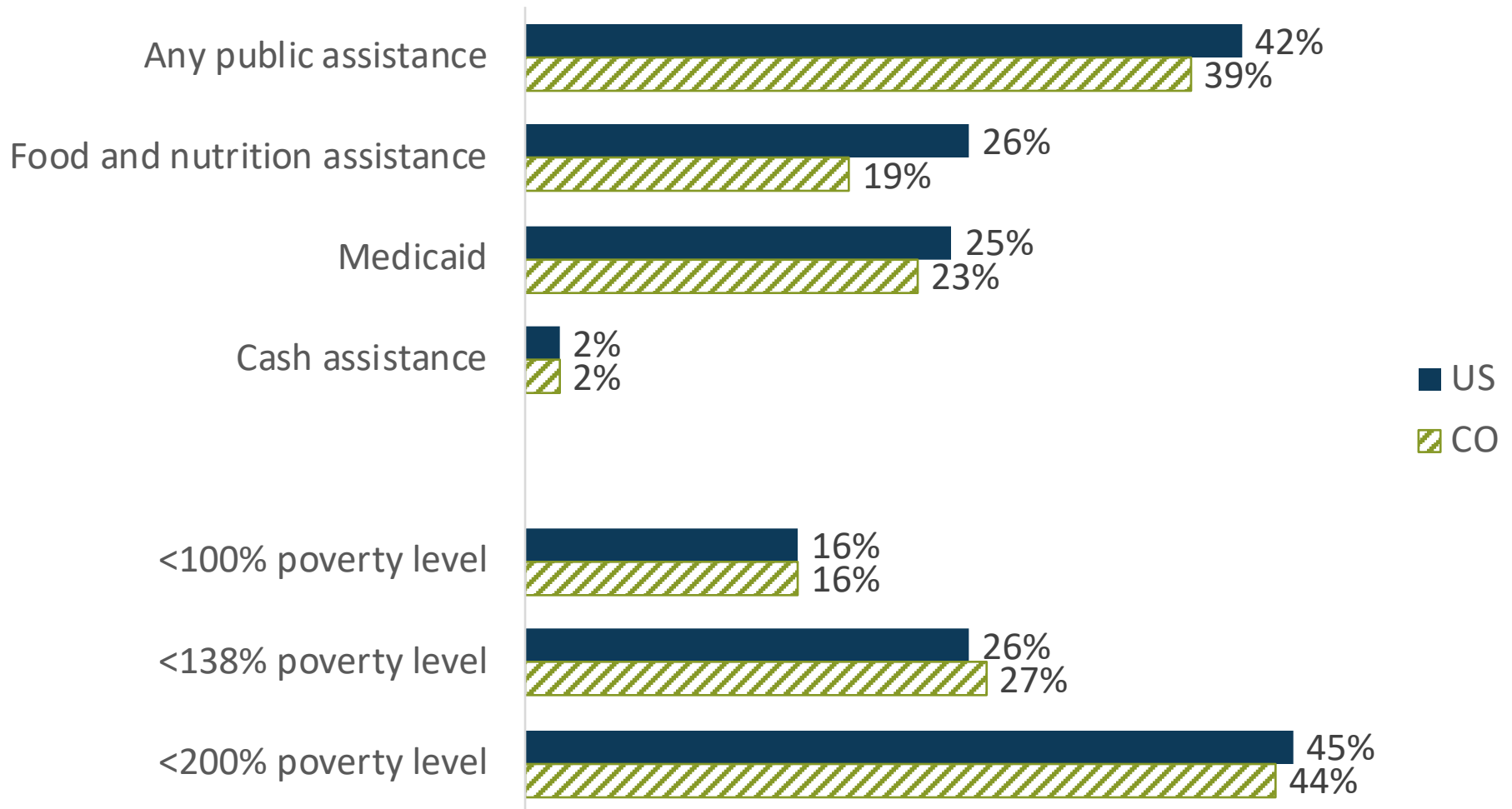
Demographics of DSPs (2016 ACS)

Gender, Race & Ethnicity



Demographics of DSPs (2016 ACS)

Public Assistance and Poverty



Is there a crisis?

A **crisis** (from the Greek κρῖσις - *krisis*;^[1] plural: "crises"; adjectival form: "critical") is any event that is going (or is expected) to lead to an unstable and dangerous situation affecting an **individual, group, community, or whole society**. Crises are deemed to be negative changes in the **security, economic, political, societal, or environmental affairs**, especially when they occur abruptly, with little or no **warning**. More loosely, it is a term meaning "a testing time" or an "emergency event".



cri·sis 

/ˈkrɪsɪs/ 

noun
noun: crisis; plural noun: crises

a time of intense difficulty, trouble, or danger.
"the current economic crisis"

synonyms: emergency, disaster, catastrophe, calamity; [More](#)

• a time when a difficult or important decision must be made.

"a crisis point of history"

synonyms: critical point, turning point, crossroads, watershed, head, moment of truth, zero hour, point of no return, Rubicon, doomsday; [More](#)

• the turning point of a disease when an important change takes place, indicating either recovery or death.

Definition of CRISIS

plural crises  \ˈkrɪ-ˌsēz\



- a** : the turning point for better or worse in an acute disease or fever

b : a paroxysmal attack of pain, distress, or disordered function

c : an emotionally significant event or radical change of status in a person's life • a midlife *crisis*
- : the decisive moment (as in a literary plot) • The *crisis* of the play occurs in Act 3.
- a** : an unstable or crucial time or state of affairs in which a decisive change is impending; *especially* : one with the distinct possibility of a highly undesirable outcome • a financial *crisis* • the nation's energy *crisis*

b : a situation that has reached a critical phase • the environmental *crisis* • the unemployment *crisis*

crisis 



NOUN

1 A time of intense difficulty or danger.
"the current economic crisis"
[*mass noun*] "the monarchy was in crisis"

[+ More example sentences](#) [+ Synonyms](#)



1.1 A time when a difficult or important decision must be made.
[*as modifier*] "the situation has reached crisis point"

[+ More example sentences](#) [+ Synonyms](#)

1.2 The turning point of a disease when an important change takes place, indicating either recovery or death.

This is NOT a new issue.....for 25+ years.....

- Larson, S.A., Hewitt, A., & Lakin, K.C. (1994). Residential Services Personnel: Recruitment, Training and Retention. In M. Hayden & B. Abery (Eds.), *Challenges for a Service System in Transition: Ensuring Quality Community Experiences for Persons with Developmental Disabilities*. Baltimore: Paul H. Brookes.
- Hewitt, A., Larson, S.A., & Lakin, K.C. (1994). *A guide to high quality direct service personnel training resources*. Minneapolis: University of Minnesota, Research and Training Center on Residential Services and Community Living.
- Hewitt, A., Larson, S.A., & Lakin, K.C. (1994). *Policy Research Brief: Training Issues for Direct Service Personnel Working in Community Residential Programs for Persons with Developmental Disabilities*. Minneapolis: Institute on Community Integration (UAP), University of Minnesota (College of Education).
- Hewitt, A., O'Neill, S., & Larson, S.A. (1996). Overview of Direct Support Workforce Issues. In Jaskulski, T. & Ebenstein, W. (Eds.), *Opportunities for Excellence: Supporting the Frontline Workforce*. Washington, D.C.: President's Committee on Mental Retardation, U.S. Department of Health and Human Services.
- Hewitt, A., Larson, S.A., & Lakin, K.C. (1997). *Resource guide for high quality direct service training materials, 2nd Edition*. Minneapolis: University of Minnesota, Center on Residential Services and Community Living.
- Larson, S.A., Sauer, J., Hewitt, A., O'Neill, S., & Sadlezky, L. (1998). *SOS Training and Tutorial Assistance Project for Direct Support Professionals, Training, and Frontline Supervisors: Final Report*. Minneapolis: Research and Training Center on Community Living, Institute on Community Integration, University of Minnesota.
- Larson, S.A., Hewitt, A., & Anderson, L.L. (1999). Staff recruitment challenges and interventions in agencies supporting people with developmental disabilities. *Mental Retardation*, 37, 36-46.
- Test, D., Flowers, C., Hewitt, A., & Solow, J. (2003). A Statewide Survey of the Direct Support Workforce. *Mental Retardation*, 41, 276-285.
- Larson, S.A., Hewitt, A.S., & Lakin, K.C. (2004). A multi-perspective analysis of the effects of recruitment and retention challenges on outcomes for persons with intellectual and developmental disabilities and their families. *American Journal on Mental Retardation*, 109, 481-500.
- Larson, S.A. & Hewitt, A. (2005). *Staff recruitment, retention and training for community human service organizations*. Baltimore: Brookes Publishing Company.



A Systemic Failure

Around the country people are pushing for changes that address the direct support workforce crisis. Among them are those rallying in New York City (pictured here). Photo courtesy of <http://facebook.com/BFair2DirectCare>.

By Amy Hewitt, Joseph Macbeth, Barbara Merrill, and Barbara Kleist

Direct Support Professionals (DSPs) provide daily support to people with intellectual and/or developmental disabilities (IDD) so they can live and participate in their communities as friends, neighbors, co-workers, students, family members, volunteers, voters, and taxpayers. Increasingly these supports are provided inside the individual or family home, allowing other family members to work and have respite from their daily caregiving.

Root of DSP workforce challenges

- **No** good planning
- Departments of Labor allowed “off the hook”
- Changing demographics
 - Aging of Americans
 - Fewer younger Americans
- Shifts in laws and expectations

Evolution of Supports and Services



Traditional Disability Services



Integrated Services and Supports



Types of Supports Leveraged

Other factors influencing reality

- Growth # of People with ID/DD Receive Services
 - **390%** increase in last 2 decades
- People with IDD live longer (age 66)
- Growing diversity
- Economic stability and growth
 - Impact of Great Recession on momentum

DSP workforce reality is a **public health crisis**

- ***Primary public health concern*** due to:
 - **size of the workforce** and increases in **demand** to support need
 - support provided is **essential to the health, safety and overall well-being** of seniors, people with disabilities
 - **substandard work conditions** undermine the ability to recruit and retain DSWs threatening the future supply

(Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M. A., & Morris, J., 2008).

Workforce conditions that deter entry into the profession



Low wages

Meager benefits

Physically challenging work (high rate of injury)

High accountability for actions

Isolation from other workers and supervisors

Lack of a career ladder

Insufficient training and professional development

DSP Average Tenure



AVERAGE TENURE OF DSPs

Of DSPs employed within reporting organizations, as of December 31, 2017:



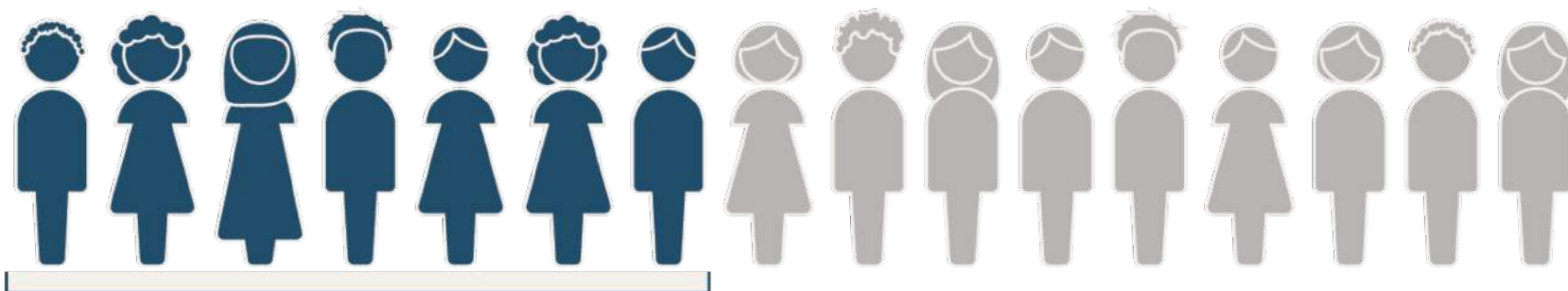
National Core Indicators. (2019). National Core Indicators 2017 Staff Stability Survey Report. Retrieved from the National Core Indicators website: www.nationalcoreindicators.org/resources/staff-stability-survey/

DSP Average Turnover Rate

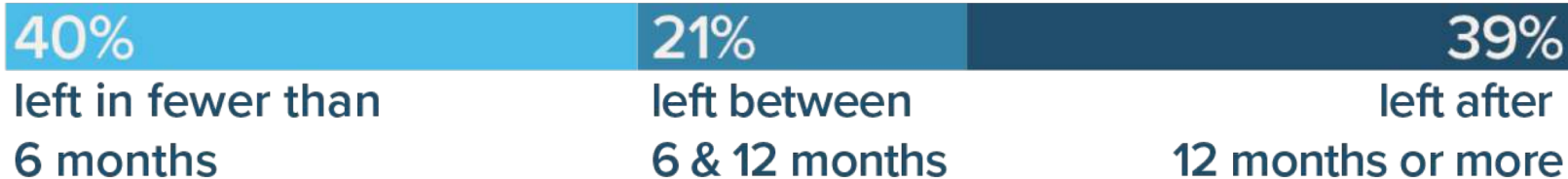


AVERAGE TURNOVER RATE FOR DSPs

44% state average turnover rate for DSPs



Of those DSPs who left positions in calendar year 2017*:



[NOTE: CO Alliance Survey 2016 was 37.8%

National Core Indicators. (2019). National Core Indicators 2017 Staff Stability Survey Report. Retrieved from the National Core Indicators website: www.nationalcoreindicators.org/resources/staff-stability-survey/

DSP Vacancy Rates



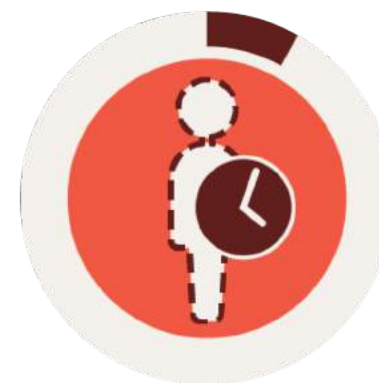
DIRECT SUPPORT PROFESSIONAL (DSPs) VACANCY RATES

Of responding providers:



17.3%
of part-time
positions
were vacant

8.1%
of full-time
positions
were vacant



[NOTE: 2016 CO Alliance Member Survey 10%]

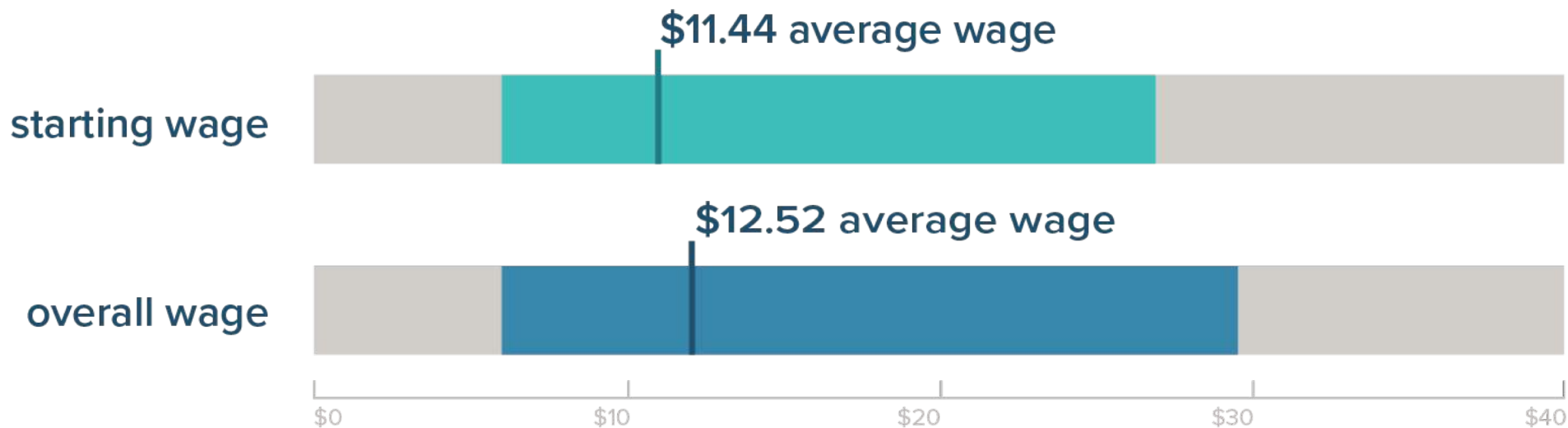
National Core Indicators. (2019). National Core Indicators 2017 Staff Stability Survey Report. Retrieved from the National Core Indicators website: www.nationalcoreindicators.org/resources/staff-stability-survey/

DSP wages



HOURLY WAGES

Wages paid by responding providers

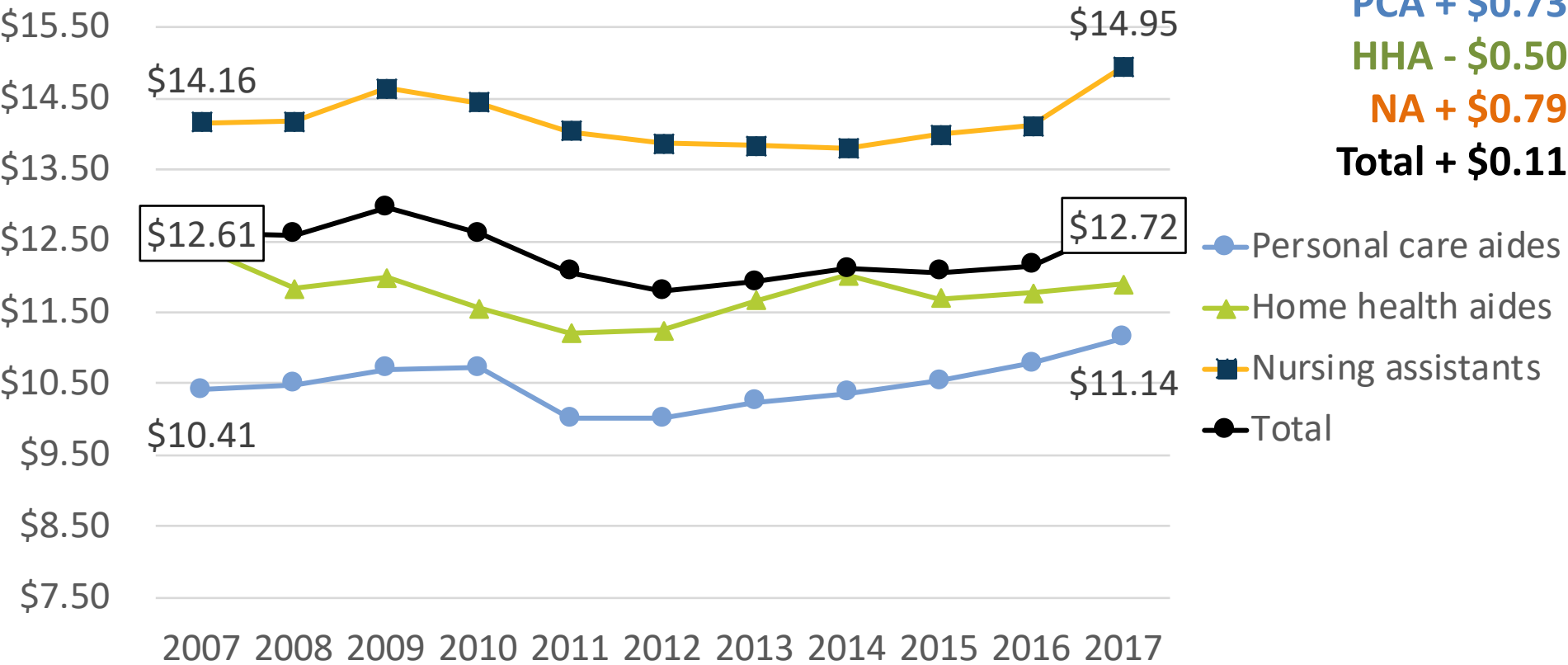


National Core Indicators. (2019). National Core Indicators 2017 Staff Stability Survey Report. Retrieved from the National Core Indicators website: www.nationalcoreindicators.org/resources/staff-stability-survey/

State DSP wages over time (2016/17 BLS)



Colorado



WAGE GROWTH:
 PCA + \$0.73
 HHA - \$0.50
 NA + \$0.79
Total + \$0.11

[NOTE: CO Alliance Survey 2016 \$12.74

PHI. "Workforce Data Center." Last modified December 17, 2018. <https://phinational.org/policy-research/workforce-data-center/>.

United States DSP wages over time

(Median wage adjusted for inflation 2016/17 BLS)



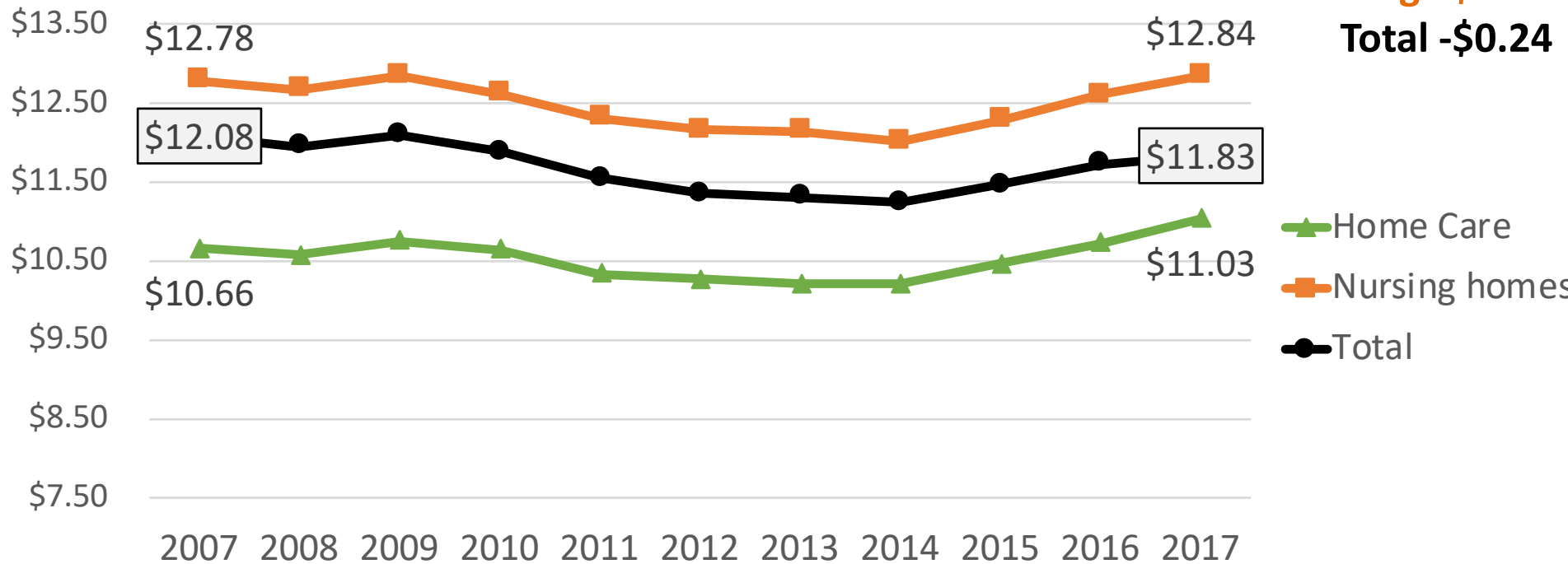
WAGE GROWTH:

Home +\$0.37

Nursing +\$0.06

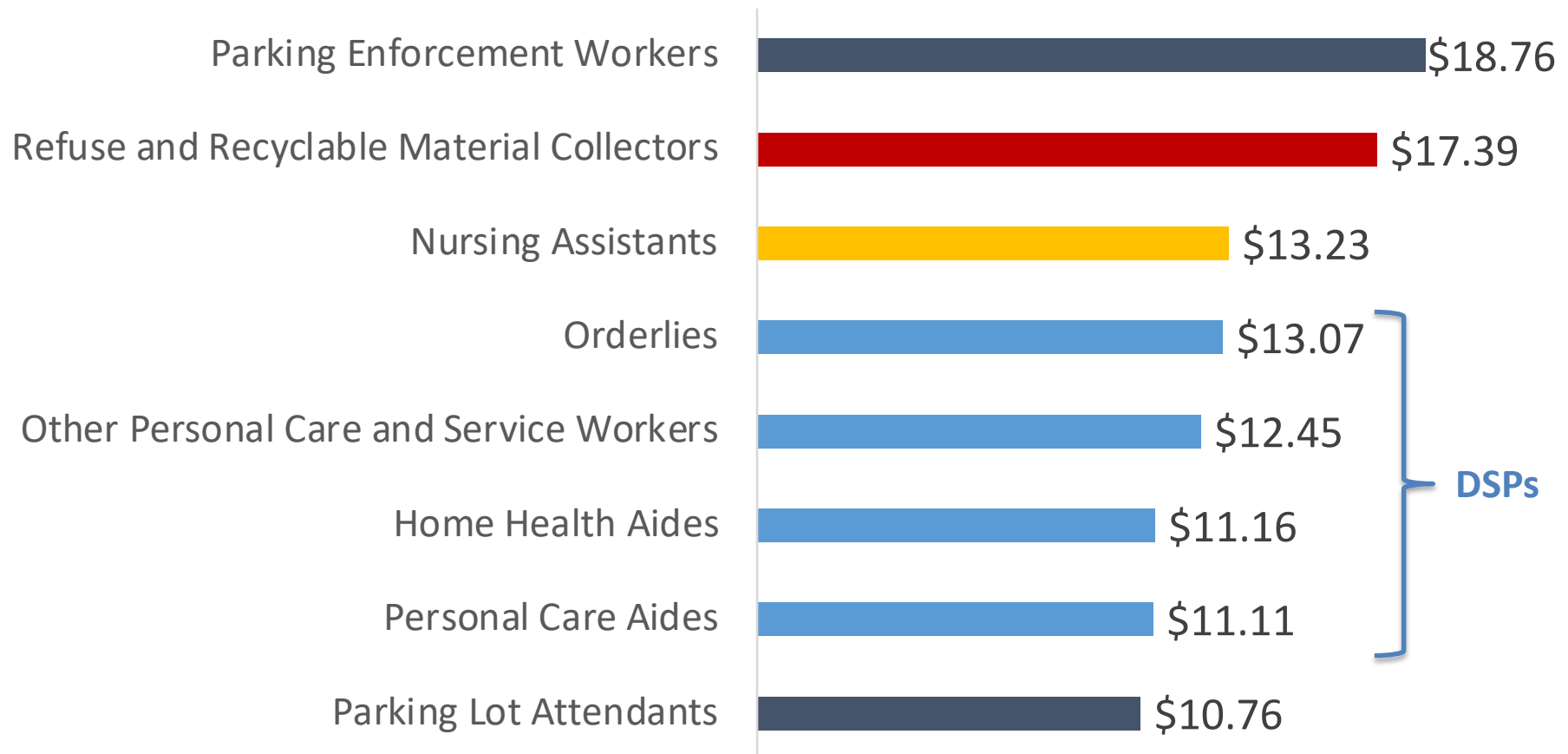
Total -\$0.24

United States



PHI. "Workforce Data Center." Last modified December 17, 2018.
<https://phinational.org/policy-research/workforce-data-center/>.

Direct Care Worker Median Hourly Wage Comparison in the United States, 2017



U.S. Bureau of Labor Statistics, Occupational Employment Statistics: <https://www.bls.gov/oes/>

WAGES ARE IMPORTANT BUT..... They aren't the only thing



- Of all staff who leave
 - 45% leave in first 6 months
 - 23% leave between 6-12 months
- 15% of new hires fired in the first year

Larson, Lakin, Bruininks, 1998

WORKER – Why do DSW leave their job? [MN worker survey 2019]

90% - Found another job that pays more

64% - Found another job that offered better benefits

43% - Found another job with hours that worked better for their family

38% - No opportunity for promotion

36% - Supporting people is a difficult job

33% - Not recognized for the work they did

33% - Found another job closer to home

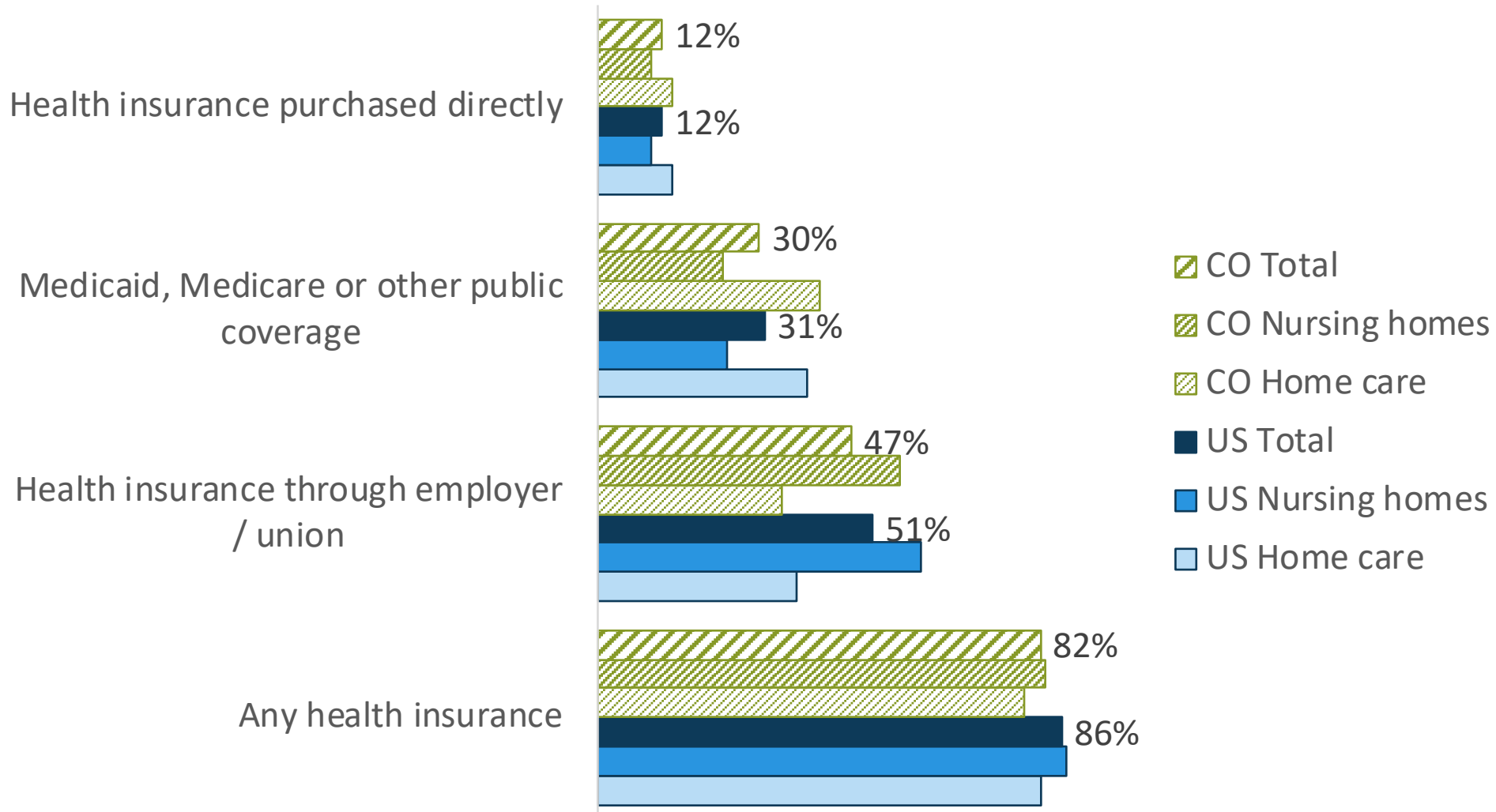
18% - Could not get along with co-workers

17% - Too little time with and/ or poor quality from supervisors

16% - Training and support were inadequate and/or poor

15% - Other reasons

DSP health insurance (2016 ACS)



Health Insurance for DSPs



HEALTH INSURANCE

Of responding providers



72%
offer health insurance
to some or all DSPs

Of responding providers who offer health insurance



69%
offer health
insurance to only
full-time DSPs



38%
require DSPs be employed
at the agency for a certain
length of time to be eligible
for health insurance



2%
offer health
insurance
to all DSPs

Limited Health Insurance Access [MN organization survey 2019]

56% of organizations offered health insurance to full-time DSWs



10.6% of organizations offered health insurance to part-time DSWs



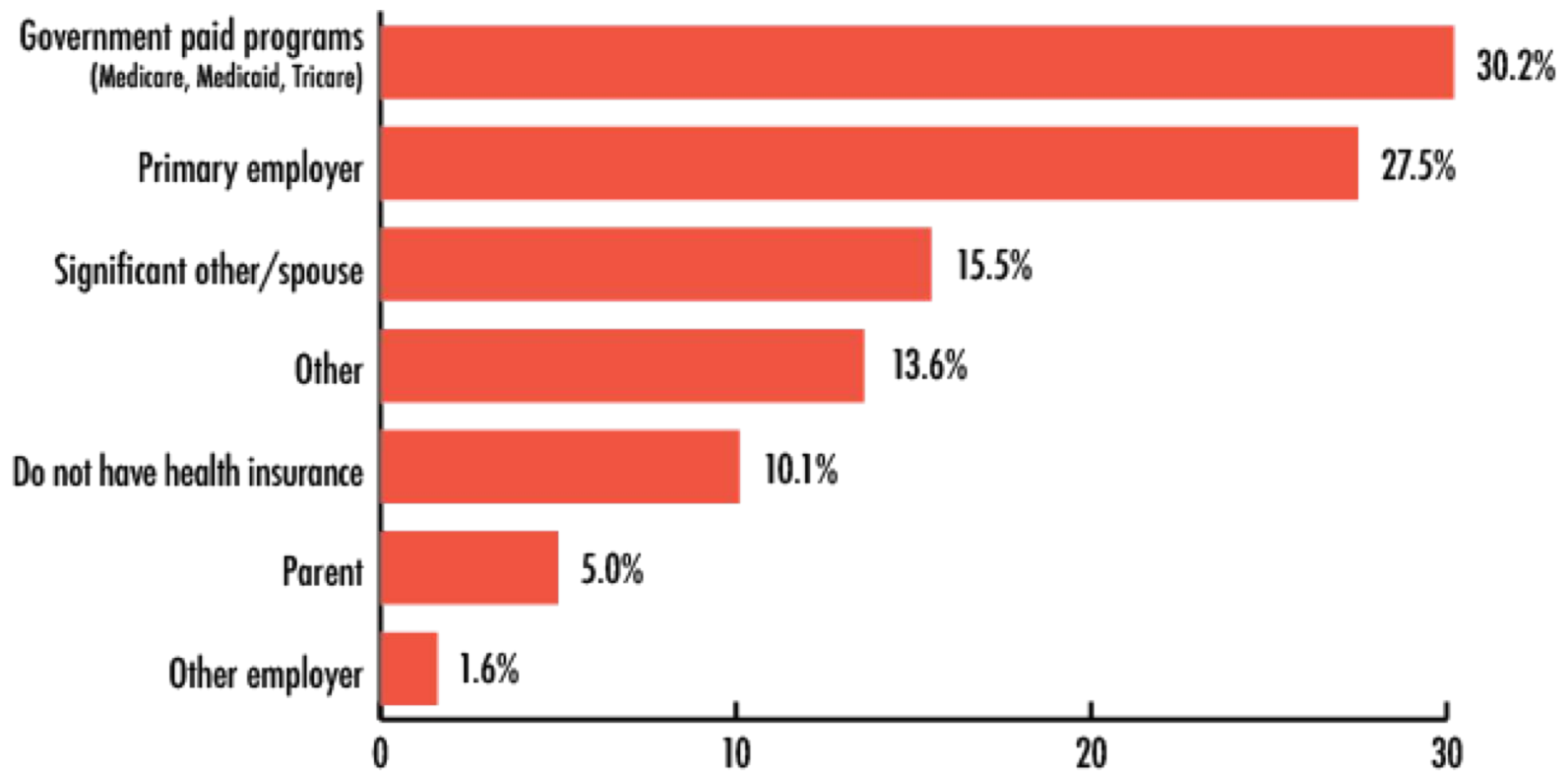
When organizations offered health insurance, on average,

38%

of DSWs in the organization were enrolled.

Average monthly cost to DSW for individual coverage: \$142

WORKERS – DSW Source of Health Insurance [MN worker survey 2019]



N = The number of DSW endorsing response options and the total.

% = The percent out of the total.

Percentages add to more than 100 because participants were allowed to check more than one option.

Three primary advocacy messages past 30 years....

1. DSPs deserve increase wages because they do critical and important work for vulnerable citizens
2. Private sector DSPs deserve increased wages because it is unfair that they make on average \$2-3/hr less than DSPs who work in public run facilities
3. Increase provider rates so they can increase wages

Not just in IDD field

SECTIONS |  

'Help Wanted' signs go unanswered at some small businesses

Competition for talent has grown with the economy, but companies can do more to help themselves.

By **JOYCE M. ROSENBERG** Associated Press | SEPTEMBER 4, 2016 — 8:28PM



GraphPublicAssista...png | PhiGraphMedianHourl...png | PhiGraphOccupational...png

●●●● AT&T LTE 11:17 AM 53%

StarTribune

Top News

Suburban jobs, need to hire lead firms to shuttle workers in, out

Article by Eric Roper, Star Tribune
Saturday, October 28, 2017 | 9:03 PM



Consequences of Crisis

“We’re Talking About Lives Here”

- Health, safety and well-being risks
- Lack of growth and development
 - Relationship based profession
- Fewer opportunities for inclusion and participation

Families

- Worried about access and quality
- Unable to keep jobs or accept promotions
- Family member at home longer
- Stress and related health issues

Direct Support Professionals

- High stress/burnout
- Working 2- 3 jobs
- Injury
- Poverty
- Poor health outcomes

Isolated and alone



High expectation discrepancy

Specialized knowledge

Work well with others

Comply with rules and regulations

Teach

End shift neat & tidy

Document

Maintain health & safety

Support choice

Medical support

Culturally competent

Respect rights

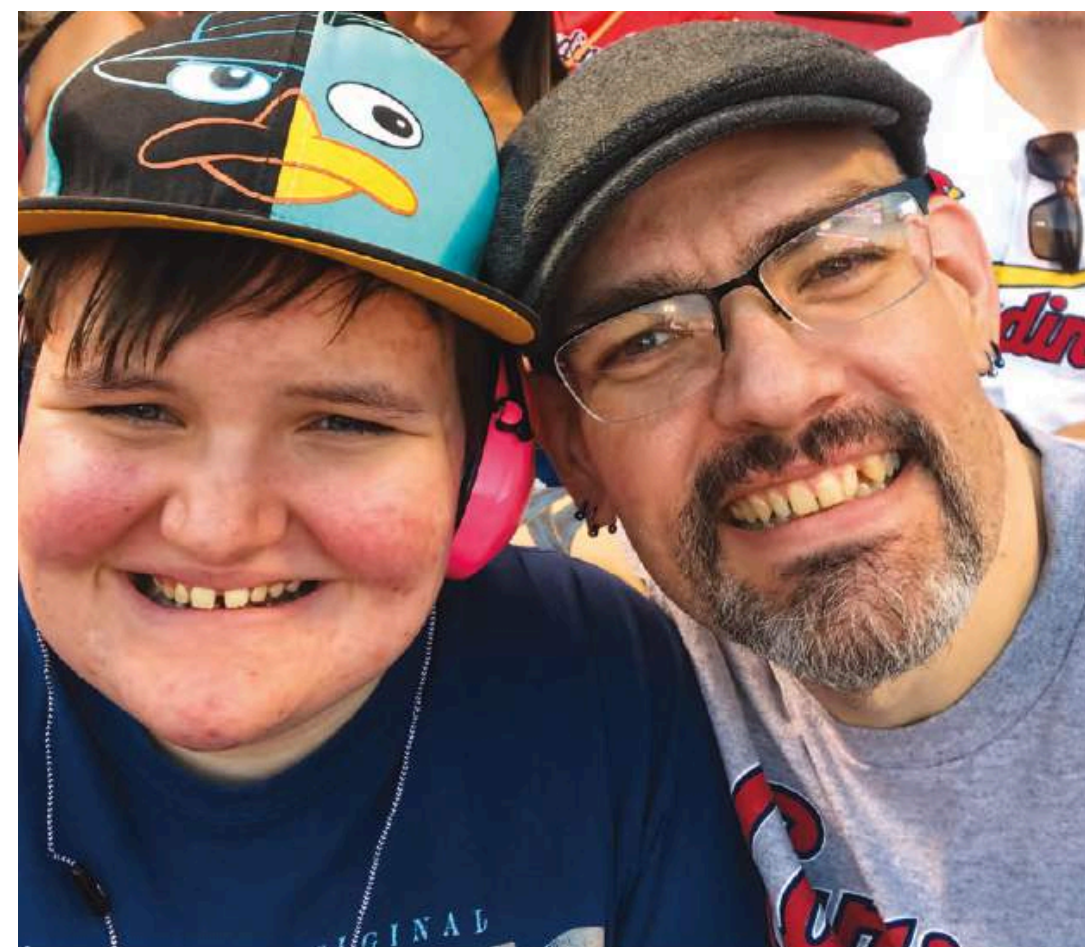
Problem-solve

Person-centered

“I Would Have Done That

Forever and a Day”

Reflections of a Dad, and Former DSP



Robert with his youngest daughter Morgan, who has an ASD diagnosis.

Organizations

- Focus on getting people in
 - Lowering expectations of qualifications
- Supervisors in crisis management vs mentoring and supervision
- Risks and high costs of injury
 - Employees
 - People supported

NY DSP shortage effect

- Delay, deny or limit services to prospective new individuals
 - 33% yes

(Hewitt et al, 2015)

Wasted Resources

NY overtime (past 30 days)

Descriptive Statistics	Total Sample
N	190
MEAN	2,540.67
SD	7,044.98
RANGE	0 to 67,170.00

* Note – average DSP wage 12.74 + OT 6.37 = **\$19.11** average OT hourly rate
\$48,559 month in OT expenditures = \$582,702 annually per org; across 354 orgs =
\$206,276,508.

Just the half-time extra per hour is \$194,234 annually per org; across 354 orgs =
\$68,758,836. (\$1,240 per DSP)

Estimated replacement costs related to turnover – U.S.

- 1,276,000 DSPs (est)
- Estimated costs to replace each DSP \$4,073
- 574,200 are replaced each year (45% turnover)
- Costs = \$2,338,716,600
 - Roughly \$2,000 per DSP (\$1 per hour)

Source: PCPID, 2018

Many solutions to consider

- **Implementation levels**
 - Organization
 - Systems
 - Societal

Emerging evidence based of interventions that help!

- **Kansans Mobilizing for Change (Larson & Hewitt, 2004)**
 - 12 organizations
 - Training on toolkit with RJP, marketing materials, on-line training, org assessment
 - 15% reduction in DSP turnover
 - 29% reduction in FLS turnover
 - Vacancy went from 3.1% in 200 to 2.4% in 2004
- **Removing the Revolving Door (Hewitt, Keiling & Sauer, 2008)**
 - 14 organizations 2004-2008
 - 13 of 15 organizations 1 year of reduced turnover; 5 had 2 yrs; 4 had 3 years and 2 across all 4 years
 - All experience FLS turnover reduction
- **National Technical Assistance and Training Initiative for FLSs (Taylor, Larson, Hewitt, McCulloh, & Sauer, 2007)**
 - 8 providers across 5 states
 - Train the trainer on assessment and mapping to intervention
 - Reduction in DSP turnover of 40% across orgs and FLS in 4/6
- **Randomized controlled comprehensive training study (Hewitt, Nord & Bogenschutz, 2015)**
 - 11 organizations
 - Comprehensive hybrid training model linked to desired outcomes
 - DSP turnover reduced by 16.4% over 12 month period

Biggest challenge = sustaining and scaling up

Building & Strengthening the DSP Workforce

- **Recruitment & Selection**
 - Targeted Marketing
 - Realistic Job Previews
 - Structured Interviewing
 - Status and Awareness (PSAs)
- **Retention**
 - DSW Competencies
 - Education and Training
 - Credentialing and Career Paths
 - Recognition
 - Membership and Networking



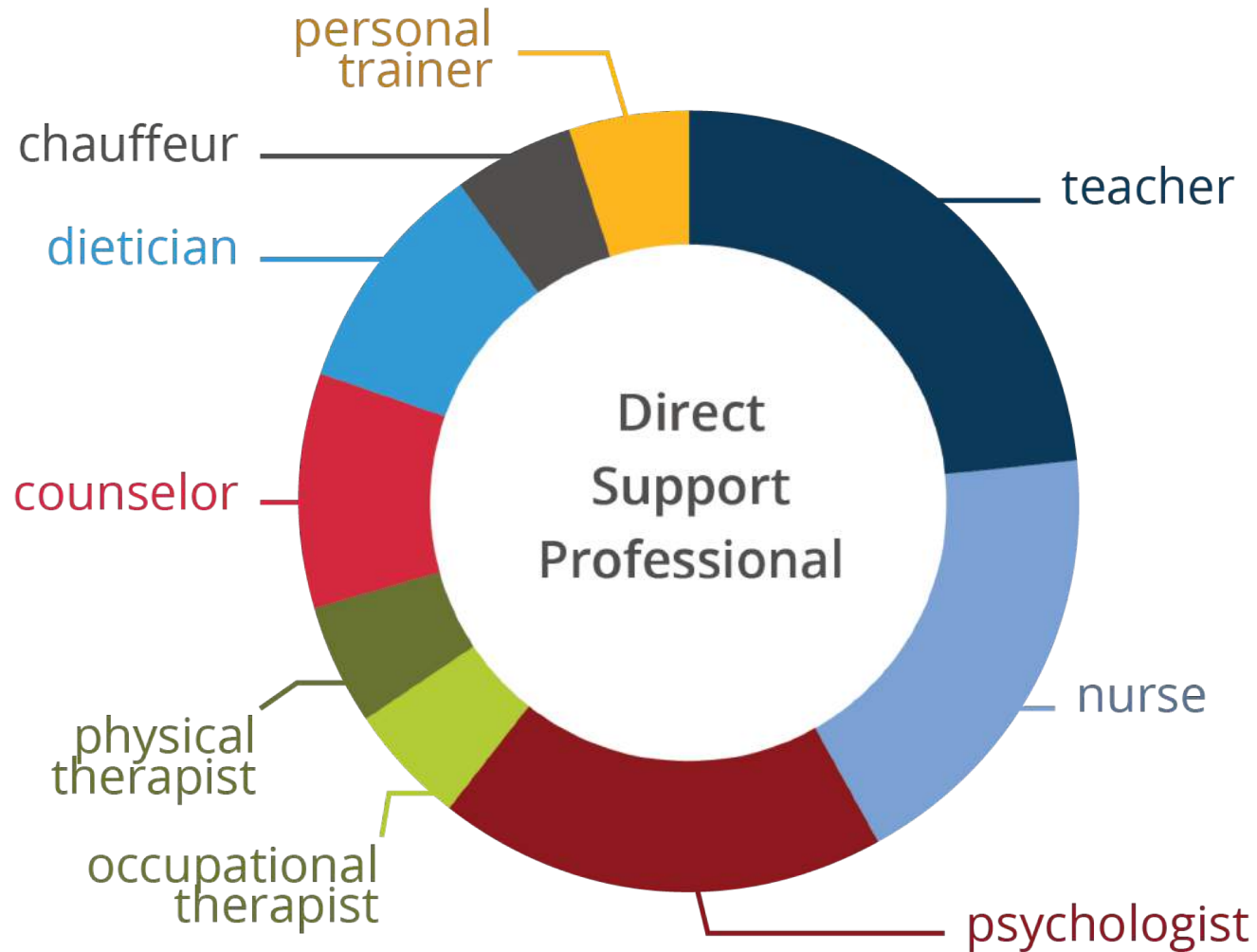
■ *Learn, Lead, Love*

**The Journey Toward
Person Centered
Supports is a.....
Journey Toward
Excellence in Direct
Support**

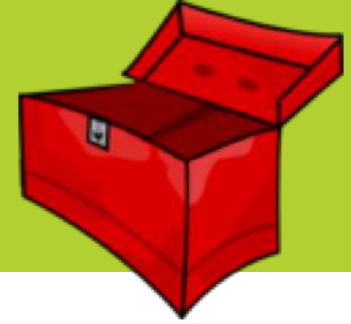
Sarah and Walter

(slow guitar music)

DSP scope of practice - multidisciplinary



Workforce development toolkits



- Tools
 - Targeted Marketing Flyers & Job Announcements
 - Ready-made PSA's
 - Realistic Job Preview for DPS's
 - Structural Behavior Interview Guide for Hiring DSP's
- Options
 - ANCOR
 - <http://www.nationaladvocacycampaign.org/welcome>
 - The Arc of the United States
 - <https://www.thearc.org/for-chapters/dsp-toolkit>
 - Find, Choose and Keep Great DSPs (self-direction)
 - <https://rtc.umn.edu/rtc/index.php?product>

CMS
Road Map of Core Competencies for the Direct Service Workforce

Phase 1: Direct Service Worker Competency Inventory

WE GET IT DONE
Working as a Direct Support Professional

A Realistic Job Preview

NYSACK

National Alliance for Direct Support Professionals

Code of Ethics

Person-Centered Supports: As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Promoting Physical and Emotional Well-Being: As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

Integrity and Responsibility: As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

Voice, My
Young adults with disabilities conclude their right to

University of Minnesota
Driven to Discover

We Have Choices

Association

The Peer Empowerment Program (PEP)

A Complete Toolkit for Planning and Implementing Mentoring Programs Within Community-Based Human Service Organizations

Direct Support

A Realistic Job Preview

Research and Training Center on Community Living

Tuition Bills Higher than Expected?
Here's a Guide and Four Ways to Make Better Choices

Wondering Where to Go Next?
Here's a New Guide with Four Great Ideas

Friends

Connecting people with disabilities with community members

Angela Stankiewicz, Ph.D.

Twin Cities Zambia Disability Connection

Final Report - 2011

Project partners:
Institute on Community Integration, University of Minnesota
Zambia Disability Connection
Opportunity Fairness
Zambia Inc.

National Frontline Supervisor Competencies

April 24 12

Research & Training Center on Community Living
Institute on Community Living website (ICIL) 2012

University of Minnesota
Driven to Discover

Ready to Do More? Ready to Be More?

Fed Up with Unpaid Bills?

find choose & keep great DSPs

By Kimberly Ford, Director of Quality of Life at Disability Solutions

Other Voices

The Minnesota Region 10 Quality Assurance Process

rtcmedia
University of Minnesota

"We'll need a million new workers in the next 10 years.
Where are they going to come from and how will we keep them?"

New RTC/CL documentary on the direct support workforce.
(43 minutes, captioned). Tim Shriver is recording new narration for
film in May. We will officially release *Invaluable* in June.

z.umn.edu/invaluable



INVALUABLE
THE UNRECOGNIZED PROFESSION OF DIRECT SUPPORT

RED CARPET FILM PREMIERE
APRIL 2, 2019, FREE AND OPEN TO THE PUBLIC
CREST THEATRE, 1013 K STREET, SACRAMENTO, CALIFORNIA, (916) 476-3356

6:00 P.M. MINGLE AND MUNCHIES, NO-HOST BAR
7:00-8:00 P.M. FILM SCREENING AND DISCUSSION

PRODUCED BY JERRY SMITH | EXECUTIVE PRODUCERS AMY HEWITT | NARRATED BY AMY HEWITT, JERRY SMITH | EDITED BY JERRY SMITH, RICHARD STACHELEK
CASTING: JAMES BREHER, JAKE GARDNER, ROS LIVING, MIKE VLADOS, JERRY SMITH | COSTUME DESIGNER: STONE CIRCLE STUDIOS | PRODUCTION DESIGNER: ELIJAH DENNIS,
IAN GAYTON, JOHN HATHFIELD | MUSIC BY: PATTON WOODSON | SOUND DESIGNER: LINGBETONE STUDIOS

RTC on community living | INSTITUTE OF COMMUNITY INTEGRATION | UNIVERSITY OF MINNESOTA



We must do something radically
different

If we want change.....

DSP voice DSP action!!!!

Step 1:

Describe the (your) circumstances

My name is Amy Hewitt and my spouse and I have a brother, Nathan, who is 45 years old and has autism. His life can be difficult because of his disability and he needs help. Supporting him is hard because we often cannot find stable staff. We have chosen to self-direct his services, this means we manage his services and we have to find and manage his staff. We are direct support professionals ourselves and we hire other direct support professionals to deliver support to Nathan.

Nathan has a lot of strengths, he works at Home Depot, he has a great sense of humor, he knows our neighbors and he helps us in many ways. He also has challenges. He often misunderstands things because his communication and social skills are compromised. He can get upset easily and when that happens he hurts himself and others. Complicating his support needs due to his autism, he has a number of other mental health disabilities such as anxiety and depression. He is also an alcoholic. His emotional needs are significant.

We love Nathan and have worked hard to ensure and manage supports for him since he was 16. Yet his challenges become our challenges too and have affected our sons in positive and negative ways.

As a family we rely on direct support professionals and we are worried that the low pay and lack of professional recognition puts us and Nathan at risk.

Step 2:

Describe the (your) services or supports DSPs provide

We provide the majority of support Nathan needs in order to keep him happily living in an apartment attached to our family home. We are pleased that he receives Medicaid-funded home and community-based program called the: "DD waiver" This support has provided essential financial resources to ensure Nathan can stay in his community and not have to live in a group home which would cost a lot more money and place restrictions on him that likely would trigger challenging behavior. It is very hard for him to share living space. Financial allocations from the DD waiver have enabled us to also` train and compensate Direct Support Professionals to support his well-being and participation in community through employment, social activities and training. Nathan's direct support professionals are essential in his life. We need the flexibility to pay them livable wages. They are highly skilled and this is critical to supporting Nathan. They implement complex DBT interventions, identify triggers that escalate his behavior and work with him to use DBT skills so that he is not explosive. Their counseling and behavioral interventions prevent him from being institutionalized and keep him out of jail. Our biggest fear is that in the wrong situation, without support Nathan would end up in very high risk situations.

Step 3:

Describe the (your) concern

In Minnesota the turnover rate for staff that support Nathan is very high – almost 50%! Families like ours have trouble relying on staff and that results in us being taken out of the labor market because we have to stay at home and not work.

There is no required licensure process for these workers and thus no opportunity for career advancement. Wages are only \$10.50 for the average DSP. You cannot live on \$10.50 an hour in Minneapolis. We think it is wrong to exclude DSPs from \$15 minimum wage legislation. These are highly skilled jobs and we need to pay DSPs a living wage. But in every city that has moved a \$15 minimum wage proposal forward, these workers get carved out because there is no guarantee funding will increase to make higher wages possible. This is going to make it even harder to find staff because these workers will be paid so much less than all other workers in these cities. This is wrong – direct support professionals are highly skilled. Ours use highly complex skills to de-escalate behavior, others perform complex medical interventions. All pass medications and not all LPNs are allowed to do this.

The demand for these workers is increasing – there are not enough of them. The MN Department of Labor and Minnesota department of Education are doing nothing to find solutions. We need their help to develop career paths.

Step 4:

Describe the benefit and make “the ask”

The ability to compensate DSPs at a higher rate would improve the retention of the workforce. This will allow us and many other families to get back into the full time labor market. Paying DSPs a livable wage will also assist in reducing the percentage of these workers that rely on other public benefits such as housing, energy assistance, Medicaid assistance and food assistance,

Please provide incentives to employers of DSPs to ensure we are well trained and compensated fairly for the complex skills required of us in our work. Demand that the MN Departments of Human Service, Education and Labor work together to find solutions to this growing crisis in Minnesota related to finding and keeping direct support professionals. It is going to take a significant investment and we are asking you to support that investment.

Step 5:

Include contact information and a photo

- Name: Amy Hewitt
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- E-mail: hewit005@umn.edu
- Senate District and Senator Name:
60 Kari Dziejic
- Representative District and Representative Name:
60A Diane Loffler



The Direct Support Workforce Crisis

A Call to Action

1. Ensure that who DSPs are, what they do and why they are important is know to community members
2. Improve DSP identity, respect and recognition
3. Create an occupational title in BLS
4. Fund use of competency based training models that result in credentialed or certified staff with wage increase
5. Develop industry specific pipeline programs
6. Gather comprehensive data at site, org, state and nat'l levels
7. Provide and use evidence based interventions
8. Promote increased use of self-directed options
9. Increase use of technology-enhanced supports

Source: Amy Hewitt (UMN RTC/CL), Joe MacBeth (NADSP), Barbara Merrill (ANCOR) & Barb Kleist (UMN RTC/CL), 2018

Other information

Research and Training Center on Community Living

Institute on Community Integration (UCEDD)

University of Minnesota, Twin Cities

214 Pattee Hall, 150 Pillsbury Drive SE

Minneapolis, MN 55455

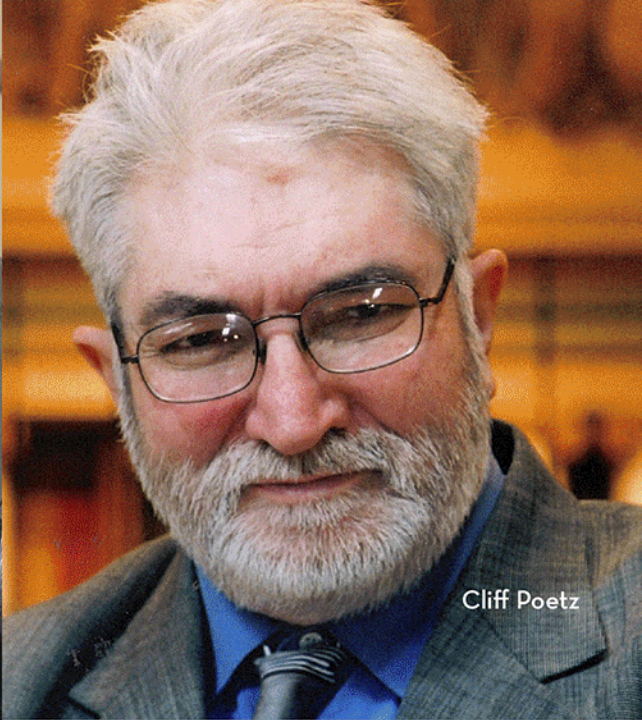
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Amy Hewitt



I AM DRIVEN TO RETHINK
WHAT ACCESSIBILITY MEANS



Cliff Poetz



I AM DRIVEN TO
PROFESSIONALIZE THE DIRECT
SUPPORT WORKFORCE



John Smith



I AM DRIVEN TO
MAKE HOME OWNERSHIP A
REALITY FOR PEOPLE WITH
DISABILITIES