

College of Direct Support Improves Life Outcomes for People with I/DD, Increases Staff Knowledge and Skills, and Lowers Staff Turnover

The College of Direct Support (CDS) is a set of web-based courses designed for direct support professionals (DSPs) and others who support individuals with disabilities. The courses have been adopted statewide in 14 states (CT, DE, KY, IA, KS, ME, MS, MN, MO, MT, NJ, OK, PA, and VA). Providers of service in 34 states also use CDS and more than 6,000,000 competency-based lessons designed to connect DSPs with a nationally recognized set of skills and a clear career path have been assigned to DSPs in these states. The CDS is also used internationally in Australia, Canada, and Guam.



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Recently, CDS was part of a comprehensive training study funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The one-year intervention used in the study included:

- Thirty-five lessons from Direct Course: College of Direct Support,
- Group discussion with peers and supervisors, and
- Mentoring by supervisors or advanced DSPs.

The CDS lessons were organized into six modules that aligned with desired outcomes of people with I/DD that were being served in the participating organizations. They included:

- Satisfaction with staff
- Community inclusion
- Choices and rights
- Health and safety
- Friends and family
- Work
- Day and home

The study involved 11 participating provider organizations with 112 service locations (35 day programs; 77 residential) supporting 989 people. Also participating were 824 DSPs and 333 individuals receiving service who were randomly assigned to either a group that received the intervention or a group that did not.

Organizations received support to implement the CDS that included an average of 10 hours of in-person consultation over a three-day period that focused on technology assessment, planning, organizational change needs, policy assessment, and supervisor preparation.

Data was collected using: (1) site level surveys; (2) supervisor assessments of DSP skills; (3) DSP surveys; (4) DSP training data; and (5) in-person interviews with people with developmental disabilities (using the National Core Indicators survey).

Key findings revealed were: Turnover was lower, staff gained knowledge and skills, and people who received services had better outcomes.

When controlling for wages, education, and setting, the study found intervention sites reported significantly lower annual DSP turnover rates than the control group. Specifically, the intervention sites

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were found to experience 16.3 percent lower turnover rates than the control group.

DSPs showed increased competency in both the control and intervention sites, though the intervention sites showed twice the growth in competence of DSPs. This was more pronounced among newer staff. The outcome areas in which DSPs showed significant improvement in competence are supporting individual rights and choice, supporting individual health and safety, and supporting relationships. DSPs who received the intervention also expressed greater satisfaction with their supervisor, a critical factor influencing turnover rates.

Finally, and most importantly, the study shows that people with I/DD who were supported by DSPs in the intervention group experienced significantly higher community inclusion, and were significantly more likely to see their family members when they chose, were more likely to exercise choice in their daily living activities, and reported higher scores when describing the types of relationships they have with friends and other community members.

This study is not the only evaluation that has been conducted related to CDS. There is a growing evidence base about its effectiveness. The University of Minnesota is currently conducting further analyses to look at differences in outcomes by setting type, and recently launched a new study looking at the effectiveness of CDS being used to train staff that support people with I/DD in their own home or in family homes.

The connection between the CDS and NCI outcome data can provide states with viable solutions to improve outcomes in areas where improvements need to be made in states. Specific targeted lessons from CDS can be assigned to direct support professionals and others involved in day-to-day implementation and support.

Key state implementation strategies include:

- Conducting a cross walk between state-required training, the state vision of services and supports, and the values of a state system with CDS;
- Aligning CDS curriculum (and embedded learning objectives) with state initiatives and priorities (e.g. person-centered thinking and planning, positive behavior support, community living, health, and wellness);
- Developing broad communication strategies to raise awareness of how the use of CDS can meet state requirements but go beyond to improve quality of services;
- Ensuring access to all public and private providers;
- Communicating common expectations within states and MCOs to train direct support, supervisor, and management staff on the competencies identified in CDS;
- Using collaborative cross-sector purchase of the Direct Course suite of curriculum to decrease costs and promote broader utilization; and
- Ensuring evaluation implementation regarding the use of CDS that includes: utilization, costs, improved quality of supports and other quality of life indicators to share evaluation results with various stakeholders.

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