Report to the Governor's Commission on Community-Based Alternatives for Individuals with Disabilities

Credentialing Curriculum for Delaware Direct Support Professionals

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Executive Summary

Credentialing Curriculum for Delaware Direct Support Professionals

For the past two years Delaware's Commission on Community-Based Alternatives for Individuals with Disabilities (CCBA) has identified the direct support workforce as a priority. The Workforce Development Committee of the CCBA has been instrumental in exploring and examining various strategies to increase recruitment and retention of direct support professionals (DSPs) by examining DSP wages, work environments, and training. For the past eighteen months CCBA contracted with the University of Delaware Center for Disabilities Studies (CDS) to lead and initiate a statewide process to explore, develop and/or identify content and valuesbased curricula to enhance the quality of care and service to individuals with disabilities. The goal was to ultimately introduce, pilot and implement the curricula across the divisions of Delaware's Department of Health and Social Services (DHSS) that serve individuals with disabilities.

In recognition of the absence of a uniform set of core competencies and minimum standards of practice across the direct service field in Delaware, the goal of the identified curricula is to develop a set of technical skills and core competencies to serve as foundation training for certification for all DSPs working in the state of Delaware. These identified curricula are intended for use by provider agencies, staff, and individuals with disabilities in order to: guarantee a qualified workforce, improve recruitment and retention rates, establish a basis for negotiation for wages and benefit parity for all direct service staff, and establish a professional credential/certification for the direct support professional.

The Center for Disabilities Studies convened a Credentialing Curriculum Advisory Workgroup (CCAW) composed of DHSS division training administrators/representatives, Delaware Department of Labor Division of Employment and Training staff, provider agency representatives, representatives from vocational education (Delaware Advisory Council on Career and Vocational Education and TechPrep), Direct Support Professionals, and individuals with disabilities. The CCAW assessed current training policies, requirements and curricula for state divisions supporting individuals with disabilities; developed a framework to support analysis and identification of a curriculum; and recommended a curriculum after using a process that operates through five distinct phases: discovery, assessment, development, implementation, and evaluation. The College of Direct Support Curriculum was identified as being the most appropriate curriculum to fulfill and complement current state and federal regulatory policies and requirements, while supporting the overall contract goals of identifying and recommending a curriculum to provide credentials for Delaware's direct support workforce.

Curricula were identified based on a set of criteria that serve to enhance the quality of services and self-determination of persons with disabilities, using core competencies and technical skills to increase the knowledge, skills, and abilities of consumers, staff, and service provider agencies. Acknowledging the mutual and respective needs of individuals with disabilities and DSPs, the curricula also includes and supports the values of teamwork, community inclusion, mutual respect and personal autonomy.

Background

When providing feedback about their current training, a sample of direct support workers from across the nation reported that training programs are boring, repetitive, and not relevant to their jobs (Hewitt & Lakin, 2001). The content and requirements of these trainings are usually driven by government mandates that focus on the medical model of services (Hewitt & Lakin, 2001). Many agencies even train newly hired, but experienced employees on the same basic material that the employee most likely received at his/her last job. To address the duplication of training, a few states have instituted training modules and established certifications that are required for all direct support workers (Hewitt & Lakin, 2001). However, Hewitt and Lakin (2001) report these policies still often focus on the basic health, safety and medical topics regulated by the state departments overseeing services. The content of these training efforts is usually less relevant to DSPs working in community-based settings. In addition, many states require that service providers be responsible for their own training and, for the most part, do not require or promote a standardized set of knowledge, skills, and competencies that could prevent some duplicative training on state mandated basic training topics. Finally, many provider agencies do not offer further training that could lead to increased skill development and deeper knowledge of services that could also lead to promotions or increased competency for DSPs (Morris & Stuart, 2002).

As the demand for community- and home-based supports grows in Delaware and nationally, the need for better quality community and home-based training opportunities should be addressed. While the growth in community-based disability services is easily documented, the need for improved standards for this workforce is a more ambiguous measurement (Cohen, 2000) that relies on worker and consumer involvement. It is challenging for trainers to keep pace with emerging trends in the field, while shifting philosophies about consumer-driven direct support work leave many trainers feeling they are not equipped to address the needs of the workforce (Cohen, 2000; Hewitt & Lakin, 2001). Both basic medical knowledge and interpersonal skills are two of the necessary skill sets for today's direct support workforce. Cohen explains that trainees from their study:

[Trainees] wavered between trainings that dealt with safety issues and those that addressed quality of life for people with disabilities. The struggle between these two aspects of support also troubles trainers when considering which trainings new staff should receive first (Cohen, 2000, p. 5).

In many instances, by not providing training in necessary skills, employers force direct support workers to learn job-related skills on their own (Hewitt & Lakin, 2001). Many workers remain ill equipped to deliver community- and home-based services (Cohen, 2000) in a job that is very taxing (Stone, 2004). Employee turnover, while an issue for decades, is an increasing problem due to the decreasing number of workers who traditionally have been employed in this occupation (Hewitt & Lakin, 2001; Yamada, 2002). Training, workforce development, and retention are

interrelated. According to Hewitt and Lakin (2001), continued improvement in the delivery of services will not happen if the retention crisis is not addressed. Community-based training focusing on how to deliver consumer-driven services is necessary if the expectations of persons with disabilities and their families are going to be met.

Many occupations have standard requirements for all workers who claim a credential or use a job title such as home health aides and certified nursing assistants in the direct support field. By ensuring that all Direct Support Professionals have a standardized set of skills and knowledge, those who employ DSPs, including service providers, agencies, and persons with disabilities, will be assured of a common set of competencies from all DSPs. This standard set of knowledge and skills establishes a credential that will increase professionalism and promotes quality supports to individuals with disabilities.

Introduction

Direct Support Professionals are hired to do jobs that are complex, stressful, and require a diverse range of skills. They are assigned difficult schedules, are paid poorly and are required to frequently operate without direct supervision. Research found that workers leave the field due to poor supervision, inadequate training for their jobs and inadequate compensation. Turnover and the accompanying lack of staff continuity and training has a negative impact on the manner in which staff handle difficult situations and makes it difficult for people receiving support to develop relationships that foster independence and growth (Hewitt & Lakin, 2001).

The recruitment, support, development, and retention of Direct Support Professionals (DSPs) are issues that are prevalent throughout the country, and Delaware is no exception. An increase in the number of people with disabilities being supported in community settings coupled with an increasing aging population has led to a growing demand for DSPs. In Delaware, the State Treasurer recently released a study that showed similar trends. The population of individuals in Delaware that are over the age of 65 is expected to increase by 134% between 2000 and 2030. Overall in the United States, this population is only expected to double, indicating a faster than average growth of aging individuals in Delaware. Due to this immense projected growth of aging individuals, the effect on the availability of DSPs is astounding. The current number of DSPs per individual over the age of 65 is 4 to 1, and this is expected to decrease to 2 to 1 in the upcoming years (<u>http://treasurer.delaware.gov/documents/2007/08-01-07-DEDemographicFuture.shtml</u>).

Larson, Hewitt, and Knoblauch (2005) document that demographics indicate that there will be a significant increase in the need for DSPs in the future, stating that between the years 2002 and 2012 the number of personal and home care aides is expected to increase by 40%, while the number of home health aides is also expected to increase by 48%. Despite the growing demand for DSPs, the profession struggles with issues related to recruitment and retention that could adversely affect the people in need of services. Related to issues with recruitment, the median vacancy rates for full time and part time positions for DSPs are 8% and 16% respectively.

In addition to problems with recruitment, Larson et al. (2005) indicates that there is an ongoing problem with retention, with the majority of DSPs leaving their jobs within the first year. The turnover of DSPs in community residential services has been approximately 50% since 1981.

Over the past two years, Delaware's Commission on Community-Based Alternatives for Individuals with Disabilities (CCBA) has made the direct support workforce a priority initiative. CCBA has been instrumental in examining strategies and initiatives to improve recruitment and retention of direct support workforce. In July 2006 CCBA contracted with the University of Delaware Center for Disabilities Studies to identify a values-based curriculum that will:

- 1. Provide uniformed standardized core competencies and professional standards across the following divisions of Delaware's Department of Health and Social Services: Division of Developmental Disabilities Services (DDDS), Division of Substance Abuse and Mental Health (DSAMH), and Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).
- 2. Be utilized by DSPs for a potential state recognized certification and/or national credential for professional organization.
- 3. Provide DSPs with a portable professional credential and/or training portfolio.
- 4. Support and translate competencies to support, facilitate and encourage continuing education and professional development.

Under the guidance of the Workforce Development Subcommittee of the CCBA, the Center for Disabilities Studies defined an overall goal to guide the identification of the curriculum. This goal recognizes the absence of a uniform set of core competencies and minimal standards of practice across the direct service field in Delaware. The identified curriculum should develop a set of technical skills and core competencies for use by provider agencies, staff, and people with disabilities in order to:

- guarantee a qualified workforce,
- improve recruitment and retention rates,
- establish a basis for negotiation for wages and benefit parity for all direct service staff, and
- establish a professional credential/certification for the direct support professional.

Relying on a set of values that augment the quality of services and self-determination of individuals with disabilities, the curricula will utilize core competencies/technical skills that serve to increase the knowledge, skills, and abilities of consumers, staff, and service provider agencies about their mutual and respective needs. These values include:

- teamwork,
- inclusion,
- mutual respect,
- personal autonomy, and
- creative partnerships within the workforce.

Direct Support Professional Credentialing Curriculum Advisory Workgroup

To support contract implementation, the Center for Disabilities Studies formed the Direct Support Professional Credentialing Curriculum Advisory Workgroup (CCAW). The CCAW worked to identify the framework and create criteria to support the contract goal of identifying curricula for DSPs in Delaware. CCAW was composed of individuals representing each of Delaware's Department of Heath and Social Services divisions that serve individuals with disabilities, including the Division of Services for Aging and Adults with Physical Disabilities, Division of Developmental Disabilities Services, and Division of Substance Abuse and Mental Health (DSAMH)); Delaware Department of Labor; vocational education; and service providers. A list of the members is included in Appendix A.

The advisory group worked to define a process and establish a framework to identify the most appropriate curriculum for Direct Support Professionals to accomplish contract goals and adhere to the stated parameters. The defined process was conducted in five distinctive critical, yet fluid phases:

- 1. Discovery
- 2. Assessment
- 3. Development
- 4. Implementation
- 5. Evaluation

Activities in the Discovery, Assessment, Development, and Implementation phases are documented in Appendix B.

Contract Phases Defined

During the **Discovery Phase** the Credentialing Curriculum Advisory Workgroup (CCAW) was formed; background issues were identified as the basis for the development of the standardized skills training for DSPs; competencies and learner outcomes were identified; a continuum of direct support services was defined; and the roles and types of DSPs were identified. The work products of this phase begin on page 10 of Appendix B.

The **Assessment Phase** included a critical examination of current training requirements. This was accomplished by creating a framework to assess, examine and evaluate existing curricula. The CCAW examined existing training curricula for DSPs working in the various divisions of Delaware's DHSS, and identified and examined training curricula nationally. A list of the curricula examined begins on page 15 of Appendix B.

The **Development Phase** gave the state provider association (DelARF), individual DSPs, and persons with disabilities the opportunity to voice their opinions about the content, form, and type of training for DSPs. Information gathered begins on page 21 of Appendix B.

During the **Implementation Phase** the CCAW identified the most appropriate way to review and, when possible, acquire selected curricula to be piloted in the state of Delaware. During this phase the Advisory Workgroup identified a variety of curricula. This was the most challenging phase of the contract because proprietary issues prevented the group from directly examining curricula. However, information was collected by speaking with users of the curricula, holding public forums with training providers, and through trial periods to test available mediums (i.e. online, web-based training curricula). A list of training priorities identified by the CCAW and how The College of Direct Support curriculum meets them is on page 24 of Appendix B.

The **Evaluation Phase** served to support the examination of curricula to be recommended to the CCBA and includes documentation of the contractual process and implementation. This phase will be implemented post contract and is not included in this report.

Recommendations

Based on the work that University of Delaware Center for Disabilities and the Credentialing Curriculum Advisory Workgroup has completed within the parameters of this contract, it is evident that establishing a statewide, standardized training requirement for Delaware's direct support workforce will greatly benefit community-based and institutional work environments. As Delaware moves forward to implement Money Follows the Person, Medicaid Buy-in, and additional community-based services to individuals with disabilities, the challenge for the state will be for consumers to be assured of a qualified, highly trained, and competent workforce.

The following recommendations are based on information collected and analyzed by the CDS, CCAW, and the Workforce Development Subcommittee.

- 1. We recommend that the state of Delaware implement a policy that mandates standardized skill development and training to certify and provide a credential to Direct Support Professionals working within all divisions serving individuals with disabilities across departments.
- 2. We recommend the <u>College of Direct Support</u> and the <u>College of Frontline Management</u> <u>and Supervision</u> as the standardized curriculum for the state of Delaware to support a national and portable credential for Direct Support Professionals. A description is included in Appendix C on page 25.
- 3. We recommend that the College of Direct Support curricula be piloted and evaluated with at least two providers and state direct support workforce in each of the divisions of DHSS serving individuals with disabilities. It should then be expanded to all departments with units supporting individuals with disabilities.
- 4. We recommend that the pilot implementation include oversight and evaluation by the Workforce Development Subcommittee of the CCBA and the Center for Disabilities Studies Credentialing Curriculum Advisory Workgroup.

- 5. In order to facilitate organizational staff development, we recommend that DHSS implement an ongoing mandatory training to support systems change for executive leadership in all divisions serving individuals with disabilities.
- 6. We recommend the development of a plan to support the ongoing system-wide implementation that is cross-division and cross-department.
- 7. We recommend that ongoing funding be provided to purchase and maintain curricula administration to support statewide implementation for any interested party, including individuals with disabilities, families, caregiver groups, DSPs, state providers and agency providers.
- 8. We recommend that each entity using the curricula be required to complete an organizational training development plan to support and measure the efficacy of training and to use the outcomes data to develop further training plans.

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Appendix A DSP Credentialing Curriculum Advisory Workgroup

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Appendix B Contract Phases Defined

Discovery Phase

In this phase of the project the following were identified in order to facilitate the process for developing curriculum:

- 1. Identification and formation of the DSP Credentialing Curriculum Advisory Workgroup (page 10)
- 2. Competencies/Learner outcomes (page 10)
- 3. Continuum of Direct Support Services (page 13)
- 4. Definition of DSP and its continuum (page 14)

1. Identification and formation of the DSP Credentialing Curriculum Advisory Workgroup (CCAW)

This group is composed of individuals who represent service providers, training administrators, government agencies, educators, individuals with disabilities, and Direct Support Professionals.

During the course of the contract the CCAW met six times. The role of the members of this group is to:

- Establish a framework for curriculum implementation process
- Define guiding principles and performance measures to support curriculum development and pilot
- Support marketing and implementation goals of the curriculum project
- Develop and support planning and implementation of assessment of current DSP training initiative/administration
- Share leadership on the implementation and institutionalization of curriculum as it relates to credential.

2. Competencies/Learner outcomes

The following technical skills and competencies have been identified because they illustrate and embody a values-based approach to service provision to individuals with disabilities and provide a firm foundation for core skills.

Technical Skills	Competencies
• Assessment of participant status	• Approachability - Spends effort to put others at
• Communication to professional and lay	ease, sensitive to interpersonal anxieties, builds
audiences, groups and individuals:	rapport, listens. Demonstrates genuine respect
demonstrated ability in culturally	and awareness of assets and strengths of others.
competent oral and written	• Compassion – deep awareness and empathy for
communication skills and knowledge	challenges of others, cares about people, is
of communication models that ensure	available demonstrates empathy with the joys
execution of a complete	and pains of others.
communication cycle.	• Composure – Willing to discuss constructive

 Maximizing workplace health and 	criticism and suggestions with an open mind,
safety	demonstrates maturity when confronted with
- ex: Certification in Universal	stressful situations, a capacity to focus on
Precautions, First Aid, CPR, and	constructive solutions, and be a calming
infection control procedures	influence in a crisis.
- Knowledge of and compliance with	 Customer Focus – Establishes goals and
organization's health and safety	strategies for meeting the needs and
procedures	expectations of customers through genuine and
- Assistance with the administration of	respectful discussion and informed consent,
medications under doctors orders	prior to and throughout the delivery of services,
- Knowledge of and compliance with	to ensure continued customer satisfaction.
Ethical Guidelines	Meets expectations and requirements of
- Knowledge of and compliance with	customers, gets first-hand information and uses
applicable federal and state law	it to improve services, acts with customers in
• Providing for the needs of participants	mind, maintains relationships with customers,
-Establish goals and strategies for	gains customers trust.
meeting the needs of all stakeholders	• Dealing with Ambiguity - Copes with change,
-Assist participants with all aspects of personal care	shifts gears comfortably, decides and acts within the context of meeting the needs of the customer
-Provide respectful, age-appropriate,	and maintaining mutual trust and respect,
culturally-diverse activities for	comfortably handles risk and uncertainty,
participants	demonstrated ability to make informed
• Organization of work area and work	decisions and enthusiastically change
records	procedures to best meet the needs of the
• Documentation – Knowledge of	customer, with little or no advance notice.
required documentation and ability to	• Self-Development –Actively engaged in
maintain appropriate documentation, as	professional development and life-long
well as commitment to using the	learning, integrating theory and knowledge
reference materials and documentation,	with skill development.
as necessary.	• Ethics and Values – Core personal and
• Advocacy	professional values combined with a
• Vocational, Educational, and Career	professional code of ethics provide guidance to
Support	protect consumers, as well as improve
• Facilitation of Services – Knowledge of	professional practice.
available services, contacts and	• Humor - Maintains a positive attitude and
process to ensure access as well as the	constructive sense of humor, knows when to use
commitment to arranging, confirming	humor to ease tension, as appropriate for the
and verifying that services were	situation and with respectful understanding of
adequately delivered.	the consumer's preference.
• Education and Training– Has attained	• Informing - Provides appropriate information to
basic level of knowledge as	team members or organization, provides info to
documented by a high school	individuals with disabilities so they can make
diploma/GED or other competency	accurate and informed and timely decisions.
test.	• Interpersonal Communication Skills - Relates
	well to all people, builds rapport, builds
	constructive relationships, uses diplomacy and

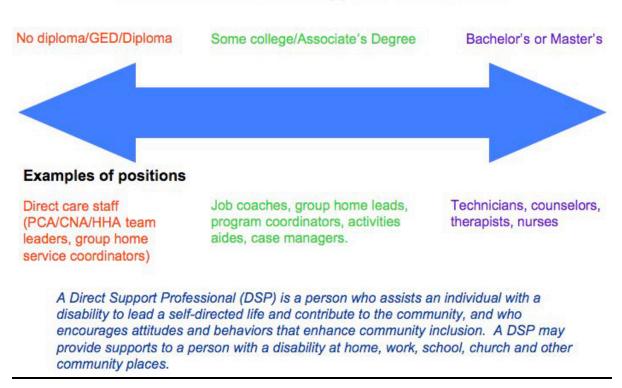
 tact, diffuses high-tension situations. Cultural Competence & Embraces Diversity Respectful and genuine appreciation of all people, regardless of race, culture, gender, disability, age, and/or sexual identity; supports equal opportunity for all. Patience - Listens and confirms understanding before acting. Ensures that others are ready before moving forward, follows established process. Peer Relationships - Finds common ground and solves problems with peers, represents his/her interests while being fair and respectful to others, team player, cooperative, gains trust an support form others, is candid with peers. Perseverance - Pursues everything with positive energy, drive, and determination to finish, eve in the face of multiple barriers. Enthusiastical and traleasty commits to suppose
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Self Development - Continuously improves
him/herself, personally and professionally.
Work/Life Balance - To ensure long-term healt
and happiness, continuously strives for balance
in professional and personal relationships,
including time and energy allocations.
Crisis Intervention – Establishes mutually
acceptable plans of action and decision-makin
models to effectively and appropriately respon
to emergency situations and eliminate risk,
whenever possible.
• Participant Empowerment - Supports the
participant in developing strategies, makes
informed decisions, follows through on
responsibilities, and takes risks, without judgin
or influencing their decisions or goals.
Organizational Participation - Maintains
positive and respectful relationship with the
organization, adhering to organizational polici
and guidelines.

3. Continuum of Direct Support Services

Continuum of Direct Support Services				
Service Delivery Model	Medical	Varies	Consu mer-driven	
Settings	Institutional Home-based/Nursing facilities, hospitals, assisted living facilities, hospice care, home care	Community-based/ Education, occupational, recreational, group homes	Home-based Chosen Setting	
Service Philosophies	To deliver necessary healthcare services	Varies along the continuum	assess the abilities and needs of individuals with disabilities who live independent lives, communicate with consumers about the delivery and choices of services, and support individuals with disabilities in a range of other non-medically-based capacities that relate to their choices.	
Job Titles (PHI, 2004)	Nursing aide/assistant, resident assistant, home health aide	Direct support worker (general) or various titles	Home care aide or personal attendant	
Roles (PHI, 2004)	deliver healthcare services under the supervision of a registered nurse	Help consumers become better in tegrated i nto community life	Help maintain the independence of their client as opposed to providing health- related services	
Training	75 hours mandated Basic medical knowledge	Varies along continuum 1-5 days on-the-job	Varies Usually on-the-job	

4. Definition of DSP and a continuum

There are many definitions of the Direct Support Professional. The US Department of Labor does not have a disabilityspecific direct support occupational classification (Bureau of Labor Statistics, 2005b). The Workforce Development Subcommittee acknowledges that Direct Support Professionals are employed to support individuals across all disabilities and across the continuum of service delivery providing various services and supports. Within this context we have developed a continuum that identifies a sample of job titles/positions and of Direct Support Professionals (see chart below). A values-based core curriculum must acknowledge the specialized training, professional credentialing/certification and/or advanced education of DSPs. This challenge is a guiding factor that is acknowledged as we explore, develop and/or implement this project.



Continuum of Direct Support Professionals

Assessment Phase

This phase represents a critical look and examination of the following:

- 1. Models of service delivery (page 15)
- 2. Current training requirements for DSPs working in the various Divisions of the Delaware's Department of Health and Social Services (page 15)
- 3. Current training curriculum utilized in various training programs in the state (i.e. service providers, home health agencies, University of Delaware) (page 17)
- 4. Identifying a framework for assessing, examining and evaluating existing curriculum (20)
- 5. Training curriculum utilized in various training programs for DSPs nationwide (20)

1. Models of service delivery

As mentioned in the previous section there are a number of different titles for DSPs working with individuals with disabilities, as are there models for service delivery. As illustrated in the table below, services and training are clearly impacted by the type of service delivery.

	Medical model	Community-based	Consumer driven
Control of services	Professional oversight	Partnerships	Consumer-controlled
RolesDeliver healthcare services under the supervision of a registered nurse		Help consumers become better integrated into community life	Help maintain the independence of their client as opposed to providing health related services
Position titles associated with the Model (PH2004)	Nursing aid/assistant, resident assistant, home health aid	Direct support worker (general) or various titles	Home care aid or personal attendant

Source: Paraprofessional Healthcare Institute (2004); Bureau of Labor Statistics (2005b)

2. Current training requirements for DSPs working in the various Divisions of DHHS

This phase represents the CCAW's critical examination of current training requirements for DSPs in the state of Delaware in order to understand training content, design, and implementation objectives. During this phase the committee sought to identify past strategies utilized to introduce new training initiatives and to identify strengths/weaknesses and their impetus (legislation, governmental regulations, etc.) By identifying the strategies of each division serving individuals with disabilities, it will facilitate a process of introduction and implementation of a values-based core curriculum. The CCAW acknowledges the unique service delivery of the DHSS's divisions and the continuum of DSPs.

Training Requirements

Required training must meet the standards of the Center for Medicare and Medicaid Services, in addition to the Delaware state regulations. Training requirements in each division reflects the regulatory oversight of federal and state laws and direct support models of service delivery. Each division of the DHSS contracting with service providers requires employees to participate in training. Each of Delaware's division is responsible for oversight, accountability and documentation and was discovered as follows:

DSAAPD does not provide training oversight to its contractors. Contractors are licensed and certified according to state and federal standards. If a contractor is Medicaid certified, federal law requires at least 75 hours of initial classroom and practical training for nursing aide certification and 12 hours re-cert thereafter. A contractor may or may not have a training program. Individual contractors determine the standards for orientation and training implementation. For example, one contractor will give DSP a book to review, return and take an exam.

DSAMH and its providers have varied training requirements based on federal/state regulations. Many of the positions in this division require certification and licensures to support individuals with disabilities. It is the responsibility of the various units and providers to oversee staff development and license maintenance according to state guidelines. Individual contractors determine the standards for orientation. DSAMH offers training throughout the year and an annual Summer Institute for DSPs. These trainings provide continuing education units to support licensing/certification maintenance.

DDDS requires contracted providers to participate in DDDS sponsored training and provides curriculum for provider on-site training. DDDS has developed quality standards that include monitoring and oversight, to ensure accountability, training updates/upgrades to support service provision. Training topic areas include and are not limited to: client Rights, Essential Life Planning, incident reporting, health and safety, documentation, dietary and nutrition, infection control, assistance with medication, and driver safety. These trainings are offered at basic and intermediary levels, initial certification and re-certifications for residential and/or vocational service provision.

3. Current training curricula utilized in various training programs in the state (i.e. service providers, home health agencies, University of Delaware)

Technical Skills	Course	Curriculum Develope by:	
	New Visions	CDS (University of Delaware Center for Disabilities Studies)	
	Individual Rights and Choice	CDS	
Advocacy	Community Inclusion	CDS	
ilavoeacy	You've got a Friend	CDS	
	Maltreatment of Vulnerable Adults and Children	College of Direct Support	
	Client Rights	DDDS	
Approachability	Teaching People with Developmental Disabilities	CDS	
	Tradic Deals id Dealers and Distilities	CDS	
	Tracking People with Developmental Disabilities Intro to Essential Life Plan (Behavioral Assess, Nursing Assess, etc.)	CDS DDDS	
Assessment	ELP Facilitation (Case Mgrs)	DDDS	
A39539111111	Vocational Rehabilitation Assessment	DVR	
	Essential Life Plan Profile	Easter Seals	
	Services and Support Planning	Mosaic	
		11100010	
	New Visions	CDS	
	Supporting Healthy Lives	CDS	
	Positive Behavior Support	CDS	
	Intro to Developmental Disabilities	CDS	
	Tracking people with DD	CDS	
	Maltreatment of Vulnerable Adults and Children	College of Direct Support	
C	Intro to Development Disabilities	DDDS	
Communication	ECD Portion of Client Rights	DDDS	
	Mandt (Chapters 1-2-3) (Building Healthy etc.)	DDDS uses - from Mandt	
	ExecuTrain (computer training)	Easter Seals	
	Cultural Competence Series	CDS	
	Integrity at Mosaic	Mosaic	
	New Employee Orientation	All organizations	
	Building Positive Relationships	Mosaic	
Compassion	Direct Support Professionalism	CDS	
Compassion	Teaching People with DD	CDS	
_	Direct Support Professionalism	CDS	
Composure	Teaching People with DD	CDS	
	Mandt (Ch 1-2-3)	Mandt	
	Exceptional Consumer Service	(Ford, McNair & Perry)	
	Introduction to DD	CDS	
Consumer Focus	Teaching People with DD	CDS	
	Process of Beliefs and GP	DDDS	
	Mandt Chapters 1-2-3	Mandt	
	Services and Support Planning	Individual service providers	

Credentialing Curriculum for Delaware Direct Support Professionals

Crisis Intervention	Mandt	Mandt	
Culture Competence and Cultural Diversity	Cultural Companies	CDS	
Dealing with Ambiguity	Not offered		
Documentation	Positive Behavior Support Documentation Maltreatment of Vulnerable Adults and Children Intro to Essential Life Planning	CDS CDS College of Direct Support DDDS	
Embraces Diversity	Direct Staff Professionalism	CDS	
Ethics and Values	Workforce Clarification and Alignment Direct Support Professionalism Teaching People with DD Intro to Mosaic	CDS CDS CDS	
Facilitation of Services	Support Coordination Services and Support Planning	CDS Agency specific	
Humor	Not offered		
Interpersonal Communication Skills	Workforce Values-Based Training Intro to DD Teaching People with DD Cultural Competencies Building Positive Relationships	CDS CDS CDS CDS CDS CDS CDS CDS	
Maximizing Workplace Health and Safety	Emergency Procedures Positive Behavior Support Safety at Home and in the Community PM5 HIPPA Health Awareness Dietary Awareness Seizure Training Assistance with Meds PM46 (Abuse) Rights Complaint Policy Basic Driver Info Infection Control Home Fire Safety	Agency SpecificCDSCollege of Direct SupportDDDS and Agency SpecificDDDS with OSHA Req. videoFire School	

Credentialing Curriculum for Delaware Direct Support Professionals

	Mandt (Chapters 7-9)	Mandt
	First Aid	Red Cross
	CPR	Red Cross
	Safety for Direct Support Staff	DDDS and Agency Specific
	Transportation and Equipment Safety	DDDS and Agency Specific
Organization of Work	Documentation	CDS
Area and Work Records	Orientation Checklist	DDDS
	Site Specific Orientation	DDDS
	Supervisor Training	Easter Seals
Organizational Participation	Introduction to Mosaic	Mosaic
Farticipation	Integration at Mosaic	Mosaic
_ · · ·	New Visions	CDS
Participant	You've got a Friend	CDS
Empowerment	Teaching People with DD	CDS
	Direct Support Professionalism	CDS
Patience	Teaching People with DD	CDS
Door Delationshins	Ducklam Decod Training	Creative Learning Solutions
Peer Relationships	Problem-Based Training	Creative Learning Solutions
Perseverance	Direct Support Professionalism	CDS
	New Visions	CDS
	Supporting Healthy Lives	CDS
	Individual Rights and Choice	CDS
Providing for the Needs	Community Inclusion	CDS
of Participants	Intro to Developmental Disabilities	CDS
	Habilitation - Helping People get what they Want	Mosaic
	Informal (agency specific) Learning and Support Plans	DDDS and Agency Specific
	First Line Supervisor	CDS
Self Development	Mentor Training	CDS CDS
Sen Development	Workshops DSP Conference	Statewide Sponsored Conference
		CDC
	Supported Employment	CDS
Vocational, Education	First Line Supervisor	CDS
and Career Support	Innovative Concepts and Practices	CDS
	Defensive Driving	DDDS
	Workshops Presented at DSP Conference 2006	Statewide Sponsored Conference
Work/Life Balance	Direct Support Professionalism	CDS

4. Identifying a framework for assessing, examining and evaluating existing curriculum

The CCAW continues to gather information about a variety of curricula nationwide that are being utilized to train DSPs. We have worked to develop review standards for a framework of this examination and how it may support the goals of the project and conform to the unique training needs for Delaware. To review existing curriculum we have examined the curricula/training programs utilizing the following:

- Impetus for training
- Availability
- Target audience
- Agency services/products
- Training location fees for training
- Outcomes
- Hard/soft skills
- Testing devices
- Pass/fail rate
- Participation
- Teaching techniques
- Instructors

- Continuing education requirements
- Funding
- Evaluation
- Trainee
- Training Management

5. Curricula Explored

The table below outlines training curricula utilized in various programs for DSPs nationwide.

Curriculum Title	Mode of Delivery	Target Audience	Population Supported	Outcome
Ohio PATHS	Classroom	Direct Support	Developmental	Voluntary
(Professional		Professionals	Disabilities	credential
Advancement				depending on
through Training and				organization
Education in Human				
Services)				
Paraprofessional	Classroom,	Home health aides,	Home health	Must be licensed to
Healthcare Institute	On the job	Certified Nursing	care, long term	participate
	training (OJT)	Assistants	care	
Volunteers of	Web-based	Direct Support	Developmental	Seeking to get
America		Professionals		accepted for
				national credential
Alzheimer's	Web-based	Nursing home staff	Geriatrics,	Certificate for
Association Quality			specialty	specialization
Care Training			dementia	
Carewell Curriculum	Classroom,	Direct care workers	Geriatrics	Specialty certificate
(Vermont)	OJT			
Direct Support	Classroom,	Direct support specialist	Developmental	Credential,
Specialist	OJT			nationally
Apprenticeship				recognized
College of Direct	Web-based,	Direct Support	Across all	National credential
Support*	OJT/coaching	Professionals, direct care	disabilities	
		workers, management,		
		volunteers, families,		
		board members		

*Identified Curriculum

Development Phase

- Activities during this phase included a public meeting with Bill Tapp, National Director of the College of Direct Support, on October 2, 2007 at the University of Delaware.
- Discussions were held with various providers and DSPs who have utilized College of Direct Support.

The chart below represents a matrix of documented "State Impressions" utilizing College of Direct Support from provider agency representatives from Virginia, Kansas, and Pennsylvania.

	COLLEGE OF DIRECT SUPPORT – STATE IMPRESSIONS MATRIX					
	IMPRESSIONS	VIRGINIA India Ridout	KANSAS Kathy Olson	PENNSYLVANIA Jackie Epstein		
1	Length of time using College of Direct Support (CDS)	Since March 2004	Since 2002	This is their 5 th year. First state to purchase.		
2	How was it implemented?	Implemented via 7- month pilot program started in March 2004 with staff of 315 who works with DD population. Implemented statewide across disciplines in July 2005. People who worked in mental health tried the curriculum first to make sure it would work in MH before it was implemented across disciplines.	Began with 2 agencies using CDS, then 16 agencies, and now 89 agencies are involved. There was also a pilot program.	No pilot was done. Had a meeting with stakeholders who agreed to the curriculum. Volunteers reviewed the courses. It was recommended by stakeholders as a good program, so it was placed as an item in the state budget from the beginning.		
3	Strengths of CDS?	Quality of content, real world scenarios, best practices, kept updated - 90 % approval rating from staff in pilot.	Current and up to date, developed by national experts, flexible, can use with different populations.	Common language, 24/7, standardized curriculum, would be difficult to replicate. Use across disciplines.		
4	Weaknesses of CDS?	Have not heard any negative feedback from users of curriculum. Generic information, but can make specific via footnotes or links.	Hasn't heard any weaknesses.	Not a weakness of CDS, but a weakness in implementation: all lessons and classes were assigned to be completed in 6 months.		
5	Experience sharing concerns with CDS?	Pre- and post-test used to have exactly same questions in same order. Shared this as concern and now there is a pool of 30-40 questions that don't appear in same order.	Has not had to share any concerns with CDS.	Have had many opportunities to share concerns including suggestions about additional classes/courses that should be offered.		

	COLLEGE OF DIRECT SUPPORT – STATE IMPRESSIONS MATRIX					
	IMPRESSIONS	VIRGINIA India Ridout	KANSAS Kathy Olson	PENNSYLVANIA Jackie Epstein		
6	How did state decide to use CDS?	Offered 24/7, up to date training, best practices, respected authors, validated curriculum, DSPs feel respected, pilot program with 90% approval rating helped a lot.	State wanted something that was flexible, and people like the curriculum.	Concerns have been well received. Decided it would be one way to help with recruitment/retention, common language, available 24/7, positive comments from people who used CDS. Costly to replicate tech support.		
7	Cost of CDS?	\$2800 administrative fee on a yearly basis. Virginia is serving over 10,000 people at \$35 per person.	\$203,000 per year, which may be low because CDS is giving them a special deal. Some agencies pay admin fee and some don't.	Cannot say as CDS asked them to keep this private. They may be paying a different amount because of early sign-on.		
8	Is CDS worth the cost?	Yes. Very well received in Virginia. Dept. of Social Services and Rehab Services have been considering using the CDS. No problems using the CDS across disciplines. There is a way to crosswalk into different disciplines within the curriculum. Don't know where you would get such value for the cost.	Yes. It would be expensive to develop something like this on your own. Received very well in the Kansas. Stable funding is important because people at agencies are hesitant to make changes if there is a chance funding will be gone.	Yes. It creates a way to ensure standard information in training. Agencies pay \$2800 administration fee. Buying license for the program makes it cheaper. Also having state administrator makes it cheaper.		
9	How is CDS paid for?	Grants are used for private agencies and local community boards. The General Assembly and the Governor pay for state facilities. There are funds	Paid for with a grant from the DD council in the beginning. It is now in the Kansas state budget.	Has been in state budget from the beginning. Can supplement state dollars with FFP dollars if there are waivers		
10	Impact of CDS on DSPs, agencies, etc.?	built into the VA budget. Retention has improved, as DSPs feel more valued. Senior DSPs appreciate the ongoing trainings that are specific to their job as opposed to having only mandatory trainings.	People like the ethics aspect of CDS. They are making more professional decisions and feel like professionals	involved. Has heard many positive comments about people feeling like they belong more to a profession and excited that there is a program made for them.		

COLLEGE OF DIRECT SUPPORT – STATE IMPRESSIONS MATRIX						
	IMPRESSIONS	VIRGINIA India Ridout	KANSAS Kathy Olson	PENNSYLVANIA Jackie Epstein		
		Cheaper for agencies because cost is based on consumer, not staff, so turnover of staff isn't as costly.	more than they used to. One of the agencies using it has lower turnover. Staff stay on top of their colleagues who aren't performing well.			
11	CDS Technical Support?	24/7, very responsive, program never down.	It's good; there are a few people available.	Two levels of tech support, positive experiences.		
12	Is CDS mandatory?	No	No	No		
13	Is CDS used with classroom training?	Staff have choice of CDS or classroom training.	Some agencies use both, some just CDS, it depends.	Most agencies use both; some use more CDS than classroom.		
14	Percentage of eligible employees who have actually used CDS?	47%	1,116 learners on CDS, out of 10,000 eligible to use CDS.	Not sure - 21,000 learners currently using CDS.		
15	Number of people who have used CDS?	3,000 DSPs and over 1,000 case managers, LPNs, etc. currently using. 16 facilities using CDS.	Takes a while for agencies to catch on. 10 out of 89 agencies are using it full strength.	500 new learners per month. About 72 providers use CDS.		
16	How does CDS work with people with ESL?	Text/narration is good. Will never be in Spanish because documentation needs to be in English.	Hasn't been a problem. There are definitions for big words. Not hard to learn, not complicated.	Most people know English b/c that is expectation. Use translator for families.		

Implementation Phase

The College of Direct Support curriculum supports the goals identified by the Governor's Commission on Community-Based Alternatives for the reasons identified in the table below.

Identified Training Priorities for Delaware Workforce	Meets Priority	College of Direct Support
Provide uniform standardized core competencies and professional standards across the divisions of Delaware's Department Health and Social Services (DDDS, DSAMH, DSAAPD, DMMA).		Works across disciplines/disabilities; can be tailored to the identified needs of the state and/or participating organizations.
Curriculum can be used by DSPs for a potential state recognized certification or national credential for professional organization.		This curriculum can be used by DSPs, supervisors, with training available for the following people: Direct Support Professionals Frontline Management and Supervisors Families Foster Care Providers Caregivers Volunteers Board Members State Personnel Executive Management and Leadership
Provide DSPs with a portable professional credential and/or training portfolio.	✓	Provides the opportunity for DSPs to receive a national professional credential from National Alliance of Direct Support Professionals.
Support and translate competencies to support, facilitate and encourage continuing education and professional development.	✓	Completion of modules offers continuing education units, potential to translate into pre-requisites of college courses at local community colleges.

Additionally, the College of Direct Support offers human resource management, administrative functions to support case management, and quality assurance and accountability.

Appendix C The College of Direct Support Overview

The College of Direct Support (CDS) and the College of Frontline Management and Supervision curricula are nationally recognized and adopted approaches that provide carefully designed training programs in the areas that have been identified as most important in the work done by Direct Support Professionals across disabilities in Delaware. The curricula are self-paced and have been developed and edited by leaders in the disabilities field nationwide. The CDS is currently in use statewide in over thirty-five states and affords Delaware a cost effective way to access the benefits of several million dollars worth of development and validation. All of the high-quality instructional training is available on the Internet, 24 hours a day, seven days a week – it is accessible anytime, anywhere. Learners participate in the training at the times and places that are best suited for them.

The CDS curriculum is based on a careful analysis of the knowledge, skills and attitudes required of direct support staff in their daily work in community-based settings. The CDS helps DSPs understand and apply these important competencies and ethical practices through timely, innovative, engaging and interesting training. The table on the next page illustrates how the CDS curriculum supports the goals identified by the Governor's Commission on Community-Based Alternatives for Individuals with Disabilities.

Critical to the utilization of College Direct Support curriculum is a participating organization's readiness and capability to institute an effective training plan to support its administration. Agencies must begin to develop strategies that will support, encourage, and foster a culture of respect, appreciation, and open communication. Otherwise, the curriculum cannot be effective and will not support individuals with disabilities, Direct Support Professionals, executive and frontline management, and/or other identified constituents, will not promote or support systems change and/or impact workforce recruitment/retention without a deliberate plan for its implementation.

Additional information about the College of Direct Support is available on its Web site: http://info.collegeofdirectsupport.com.

Appendix D Acronyms for organizations and terms

CCAW	Credentialing Curriculum Advisory Workgroup
CCBA	Commission on Community-Based Alternatives for Individuals with Disabilities
CDS	University of Delaware Center for Disabilities Studies
CDS	College of Direct Support (Use begins in Appendix B)
DD	Development Disabilities
DDDS	Division of Developmental Disabilities Services
DHSS	Department Health and Social Services
DMMA	Division of Medicaid & Medical Assistance
DSAMH	Division of Substance Abuse and Mental Health
DSAAPD	Division of Services to the Aging and Adults with Physical Disabilities
DSP	Direct Support Professional
DSPs	Direct Support Professionals
ESL	English as a Second Language
OJT	On the job training