Promising Recruitment and Retention Strategies

Valerie J. Bradley
Human Services Research Institute
September 2021

Statement of the Problem

Direct Support Professionals (DSPs) are the backbone and beating heart of the system of supports for people with intellectual and developmental disabilities (IDD). The size of this workforce is estimated to be 1.4 million. Across disability groups and aging services, the number grows to 4.5 million. According to the Public Homecare Institute (2018), 87% of this workforce are women, 50% are on some form of public assistance, 60% are people of color, 29% are immigrants, and the median age is 47.
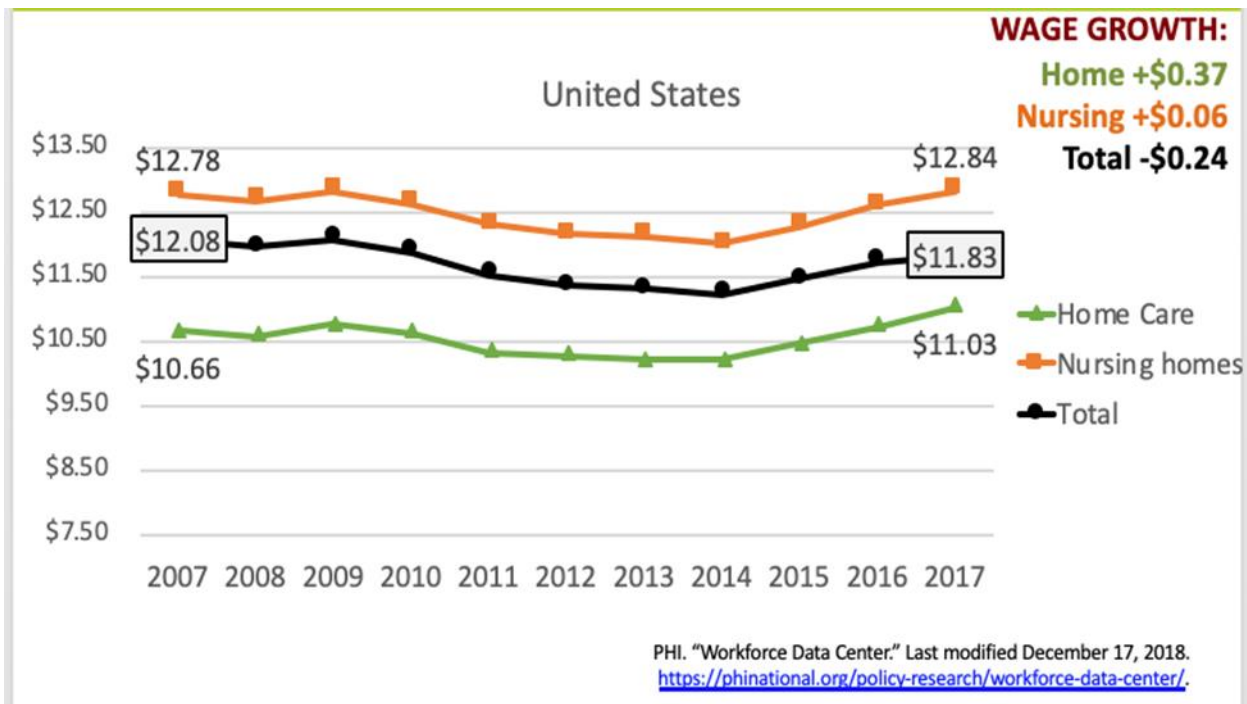
Though DSPs are essential to the well-being of people with IDD, most DSPs experience low wages equivalent to or less than an entry level retail or hospitality service job. This inequity between high skill requirements and low pay contributes to turnover within the DSP workforce. For community support systems to continue serving more people with serious and complex needs, DSPs must develop sophisticated knowledge and requisite skills. Such skills include, among others, routine delivery of complex physical health care, person-centered practices, and positive behavior supports. DSPs must also routinely demonstrate administrative and communication skills to meet the complicated documentation, coordination, and reporting tasks that accompany the direct support. To meet the demand for more sophisticated skills, direct support staff need access to training, coaching, and comprehensive curricula. At the same time, they need to work in a climate that supports the integration of all these skills on a consistent and routine basis.

Attracting and retaining skilled DSPs poses an ongoing challenge to service provider agencies around the country (Hewitt et al., 2018). At the same time, the challenges faced by the workers themselves are increasing as more and more people with complex disabilities live and work in the communities and neighborhoods of their choosing. National Core Indicators (NCI) In-Person Survey data for the five survey periods from 2012-2013 through 2018-2019 show that the proportion of individuals with behavior challenges living in the community more than doubled during that span, from 15% to 31%, the proportion with anxiety disorder grew from 14% to 29%, and the proportion with a mood disorder increased from 23% to 31%. At the same time, fewer people now choose to live in large congregate settings, with most people choosing to live in small community settings (National Core Indicators, n.d.). While there are many benefits to this shift, it also results in many DSPs working in teams of two or three staff on their own, with only intermittent face-to-face interaction with supervisors or other organizational management.

Meeting the present and future needs of people with IDD with a range of functional abilities, including those who experience complex physical or behavioral health needs, requires a stable, supported and sustainable workforce. The integrity of the long-term services and supports system, and the ability to achieve positive outcomes for participants, depends on it.

The importance of a sustainable workforce was reinforced by Carli Friedman (2018) who analyzed the impact that DSP turnover has on the quality of life of the people with IDD who they support. Examining Personal Outcome Measures interviews conducted with over 1,300 people with IDD, Friedman found that DSP continuity is central to quality of life, including security, community, relationships, choice, and goals.

Despite the challenges and demands of the job, DSP compensation is low and has remained stagnant over many years. DSP wages are below those for equivalent categories, as reported by the US Department of Labor's Bureau of Labor Statistics, and less than those reported for retail workers. While wage growth for home care workers from 2007 to 2017 was slightly higher than for certified nurse assistants (CNAs), it did not make up the difference between the two occupational groups. The following chart shows the comparison between wages of nursing home staff (CNAs) and home care.

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

Purpose and Method
The purpose of this paper is to explore some strategies that providers can employ to increase recruitment and retention of DSPs. To compile this information, HSRI staff conducted a literature review, identified available data on staffing issues, and conducted key informant

interviews with national and state provider organizations as well as with individual providers known for innovative approaches to supporting people with IDD and their staff.

What Do We Know About the DSP Workforce in IDD?

The issue of recruitment and retention of DSPs in the field of intellectual and developmental disabilities reached crisis proportions well before the onset of the Covid-19 pandemic. According to the results of the 2019 National Core Indicators Staff Stability Survey (National Core Indicators, 2020), the annual turnover rate across 3,604 providers in 26 states was 42.8% and the range among states was 23.8% to 64.8%. High rates of turnover among DSPs have been linked to injuries and hospital admissions among people with intellectual and developmental disabilities (Friedman, 2021) and also contribute to job stress among staff who remain, which in turn contributes to more turnover (Hatton et al., 2001). Turnover also undermines consistent and sustainable training protocols.

With respect to salaries, data from the 2019 NCI Staff Stability Survey indicate that the median hourly wage for DSPs is $12.00, below the federal poverty level of $13.43 for a family of four. Wages also vary across states, ranging from an average of $7.25 per hour to an average of $14.88 per hour. With wages in this range, home and community-based service agencies compete with other entry-level industries (retail, hospitality) for workers. To understand the full consequences of low wages combined with high skill demands, it is important to note the vacancy rates in DSP positions. For the 3,604 provider agencies that submitted data to the 2019 NCI Staff Stability Survey, the average vacancy rate was 8.5% for full-time positions and 11.2% for part-time positions.

Given the dislocation caused by the Covid-19 pandemic, it is fair to assume that agency vacancies have increased. In the second round of a national survey of almost 9,000 DSPs conducted by the Institute on Community Integration (ICI) at the University of Minnesota and the National Association of Direct Support Professionals (NADSP) from November 2020 to January 2021, 50% of respondents said their agency is more short-staffed than prior to the pandemic (Hewitt et al., 2021).

While insufficient wages will continue to contribute to instability in the workforce for the near future, additional factors contribute to the revolving door of people in and out of these positions. Technology, communications, social expectations and other cultural factors impact the stability of today's workforce. In its 2017 Report to the President, the President's Committee on People with Intellectual Disabilities (2017) focused on the workforce challenges in the IDD field. In addition to low compensation and meager benefits, the Committee also highlighted a high rate of injury due to the physical demands of their positions, sanctions for the consequences of their actions, isolation from other workers and supervisors given the decentralized nature of the system, the lack of a career ladder, and insufficient training and professional development.

Finally, on the cusp of the pandemic, ANCOR (2021) surveyed providers of community based IDD services to determine the impact of the workforce crisis on their programs and on their ability to deliver quality supports to people in need in their communities. The survey took place for a five-week period beginning in February 2020 and generated 805 responses. Findings included:

- 66% of providers turned away new referrals, particularly those with higher staffing needs
- 34% of providers are discontinuing programs and services, and waiting lists are increasing
- 65% of providers are delaying the launch of new programs or services
- 69% of providers are struggling to achieve quality standards, including complying with the settings rule
- Short staffing mean people have limited choice of who they live with and where
- 40% of providers are seeing **higher frequencies of reportable incidents**
- The average provider spends an additional $904,000 annually to fill vacancies and train new staff

Impact of the Pandemic

The challenges faced by the DSP workforce worsened during the pandemic. Staff shortages increased, people's routines were disrupted during lockdowns, staff and the people they served confronted new hygiene protocols, DSPs were deployed to unfamiliar settings, and personal protective equipment (PPE) was in short supply. Many DSPs left their jobs to care for children out of school and family members. The first round of the ICI/NADSP DSP survey (Hewitt et al., 2020) conducted in April and May of 2020 documented the impact of the pandemic in the early months of the spread of the disease. Using a convenience sample and with the help of allies around the country, ICI was able to generate a response of 9,000 workers.

Among the respondents:

- 73.9% are primary wage earners

- Median wage was $13.54 on 1/1/20

- 76% were not getting paid more during Covid-19

Of those getting paid more

- 18.8% received $1 per hour more

- 44.8% received $1.01 – $2.00 per hour more

- 15% received $2.01 – $3.00 per hour more

- 21.5% received $3.01+ per hour more

Of those who worked extra hours per week

- 29.1% worked 1-15 hours more

- 10.4% worked 16-30 hours more

- 15.4% worked 31+ hours more

Additionally, 29.8% worked different shifts and 29.2% worked in different settings. With respect to the availability of staff, 25% of respondents said that they were more short-staffed than they were before the pandemic. To underscore the last point, 42% of respondents knew a DSP who had left their job due to Covid-19 (e.g., because of a childcare issue, fear of becoming infected, etc.). With respect to PPE, less than half of the respondents reported that they had medical grade face masks.

Finally, a survey of state Medicaid agencies, completed by the Kaiser Family Foundation (Watts et al., 2021) in July 2021, documented that impact of staff shortages on agencies providing HCBS services and supports:

> The Medicaid HCBS provider infrastructure declined during the pandemic, with two-thirds of responding states reporting a permanent closure of at least one provider. Most of these states reported permanent closures among more than one HCBS provider type. States most frequently cited workforce shortages as the pandemic's primary impact on in-home and group home services, while closures due to social distancing measures was the most frequently reported primary impact on adult day health and supported employment programs.

What Have We Learned About Recruitment and Retention of DSPs
Over the years, a consensus has developed among those who have examined workforce issues in home and community-based services (HCBS) regarding aspects of service provision—in addition to increased wages—that contribute to recruitment and retention (see: Stone and Bryan, n.d., for a detailed review of factors needed to assure a competent and stable workforce).

- *Realistic job previews* – As noted above, providing supports to people with IDD can prove challenging and requires an understanding of the needs, personalities, and preferences of the participants in the program (for information on a job preview toolkit, visit: https://www.ancor.org/toolkit/employers/realistic-job-preview). To ensure that potential staff (or reassigned staff) understand the nature of the job and the participants they will meet, it is important to provide a realistic job preview during hiring. Some providers have even developed videos to introduce staff to their program. Such a realistic preview gives people the ability to assess whether this is a job they want to take. Previews can minimize disruption caused by early staff exits caused by a misunderstanding of the job.

- *Match between individual skills and the person's need for support* – According to providers interviewed, involving participants in screening and hiring staff makes it possible to match staff with participants based on interests, skills, culture, and personality. Including the participant in the hiring decision minimizes conflicts that may result in termination down the line. Parsons et al. (2016) found that a positive relationship with a participant as well as familiarity with the person increases the success of behavior management especially among people with autism.

- *Competent and supportive supervision* – Studies over the years have shown that the presence of a supportive supervisor is important to staff retention. This factor was reinforced by a recent study by Relias for ANCOR (2021):

  > Regarding supervision, we found that DSPs who were satisfied with their supervisors were significantly more likely to report that they enjoy working at their current organizations and were also more likely to report having a safe avenue to provide feedback.

- *Organizational culture* – Interviews for this paper reinforced the importance of a positive and inclusive organizational culture to maintaining a stable workforce. One aspect of a supportive organizational culture is the opportunity for DSPs to participate in governance of the organization, to provide feedback for quality enhancement, and to be empowered to innovate and be creative in the ways in which they provide support.

- *Respect, recognition and career ladders* – Another important factor in recruitment and retention is the extent to which the provider respects the DSP staff and recognizes their value and accomplishments. DSP respondents to the Relias survey emphasized the importance of recognition:

  > . . . DSPs who were satisfied with how their organizations showed support were happier with their organizations overall, and thus "much more likely" to stay with that organization.

  One way of recognizing DSP performance is by creating career ladders within the organization so that the workforce can see that their contributions are recognized. DSP respondents to the Relias survey also responded to this issue:

  > . . . respondents reported that career advancement opportunities, including funding for education or certification programs and viable paths to leadership positions, were extremely important . . . 40% of DSPs said they would be much more likely to stay at their organization if provided strong career advancement opportunities

- *Training and credentialling* – Competency-based training is important to ensure the workforce has the skills to provide quality supports. Bogenschutz et al. (2015) found

that provider investment in competency-based training resulted in a decrease in annual turnover. The randomized study found that:

> . . . a better skilled and supported workforce is more likely to remain in their jobs . . . this results in few turnovers, and a reduction in recruitment and pre-service training costs.

In a study of credentialling in New York (Research and Training Center, NYSACRA, New York Rehabilitation Association, 2018) researchers found that individuals who received services from trained DSPs experienced more improvement in outcomes such as employment, social relationships, inclusion, and health and safety than peers supported by DSPs who did not receive the comprehensive training. Further, in a report to Congress in 2006 (United States Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 2006), five studies were identified that demonstrated that what DSPs know and do on the job has a direct effect on outcomes in the areas of challenging behavior, communication, treatment success, and the success of moves to community living arrangements.

A 2015 study (Qian et al.) found that staff competence improved the social engagement of people with IDD:

> It was found that individuals with greater adaptive skills who were supported with more competent staff at the house level had significantly higher levels of social engagement. These results suggest that strategies that increase staff competencies may be able to effect change in outcomes for people with ID. (p. 503)

Credentialling is also linked to higher wages. According to Carnevale et al. (2012), certificate holders on average earn 20% more than high school graduates—about $240,000 over a high school diploma in lifetime earnings. Finally, Smith, Macbeth and Bailey (2019) argue that the implementation of credentialing will result in DSP wage stabilization, increased tenure, and enhanced quality of support.

- *Pay and benefits* – While it goes without saying that increasing the pay and benefits of DSPs is the right thing to do in recognition of the importance of the work they do, increased pay and the presence of benefits (specifically, payments for higher education tuition, paid job training, and credentialing) have also been shown to increase the tenure of DSPs. A study recently released by the Oregon University Center for Excellence in Developmental Disabilities and the Oregon Office of Developmental Disabilities Services—using NCI staff stability data for the state—showed a correlation between higher wages and the availability of benefits including tuition payments:

With respect to wages: We found a significant negative correlation between average hourly wages of DSPs working in residential settings and overall turnover rate (r= -0.25, p=0.013). As average hourly pay increased, the turnover rate decreased

With respect to benefits: We found that employer paid job-related training, financial assistance with pursuing post-secondary education, and support with obtaining credentials were each significantly associated with lower turnover.

Further, a study in New York (Mir et al., 2020) of the variables associated with tenure of DSPs found that lower turnover was associated with:

Higher wages (we controlled for annual increments and minimum wage)
Flexible spending accounts
At least one bonus per year
Post-secondary education assistance
Disability insurance

- *Ratio of supervisors to DSPs* – The same New York study also found that the ratio of supervisors to DSPs also influenced the length of tenure. Specifically, the ratios of 10 DSPs to one supervisor or less was associated with longer tenure.

What Are Agencies Doing to Attract and Retain Staff
The following initiatives to increase recruitment and retention were described by providers interviewed for this paper:

- Signing bonuses and referral bonuses are given at 3 months and 6 months
- Welcome packages that include a description of benefits are given to new staff
- Outreach to immigrant communities
- Working with high schools and community colleges
- Developing standardized curricula and credentialling strategies
- Advertising on all social media with engaging ads, great pictures, and good taglines
- Producing radio spots
- Giving all staff recruitment business cards to hand out to someone who they witness giving great customer service, which basically says, you are great, and you should work here
- Reviewing contributions to pensions to reallocate to DSP salaries
- Providing staff with more control—over jobs and decisions in the organization
- Reassess management structure to find ways to reallocate resources to frontline staff

Additional Thoughts

- *Employee Resource Networks (ERN)* – Employee Resource Networks are private-public consortia whose purpose is improved workforce retention through employee support and training. The ERN approach recognizes the importance of providing support not only to program participants but also to workers. Most DSPs around the country are low-income wage earners. As such, they can face the same challenges in their daily lives as low-income people generally. That means that if a car fails, or childcare is unavailable, the DSP may not be able to come to work. A group of providers in Ohio, recognizing this fact, joined together to hire a "success coach." The success coach is responsible for responding to issues faced by DSPs and to assist in finding solutions. For instance, with the need for car repairs, the success coach arranged with a local repair shop to fix cars at a discount. As part of the program, one provider also made short-term loans available with payments deducted from the wage. Managers also recognize that DSPs have real issues and need help problem solving. If a staff member can't come to work, managers make direct contact to help identify ways to solve the problem of childcare, a flat tire and no money, or other personal life challenges. The effort is beginning to build trust and respect between managers and direct care staff.

  Another ERN interviewed for this paper is based in Schenectady, New York at the Schenectady Arc. Staff at the Arc coordinate the network, which includes other IDD agencies as well local businesses that employ low-income individuals such as a regional newspaper and a health organization. The network supports success coaches who, like the coach in Ohio, work to help staff get access to food pantries, benefits, housing, and car repairs as well as helping with problems such as issues with utility companies. Costs are assessed based on the number of hours of the success coach that each member of the network uses. Costs range from $12,000 per year to $15,000 per year for an average of four hours per week. More recently, the Schenectady ERN has negotiated with a local credit union to offer low interest loans.

  The two individuals interviewed stressed that the two keys to the effectiveness of the success coaches was training and finding the right people—particularly those with some business or human resources experience. With respect to impact on turnover, the turnover rate among the approximately 20% of staff that worked with success coaches was only 10%-15% over 18 months. Finally, the cost of becoming a member of the ERN is included in their administrative cost and is therefore included in their rate.

- *Self-Direction* – During the pandemic, anecdotal evidence suggests that people who were self-directing were better able to adjust and accommodate to the changing circumstances. People who are self-directing may be able to attract staff from their

social networks who would otherwise not be in the labor pool for DSPs (Bradley et al., 2021).

- *Paying families and friends* – During the pandemic, many states requested emergency waiver changes through the Appendix K mechanism. Some of those changes included the ability to pay family members to provide supports. While it may not always be advisable to pay family members, given the dramatic crisis in the availability of support staff, family members can fill an important role assuming the individual family situation is assessed ahead of time.

- *Online systems to match participants and staff* – One of the providers interviewed for this paper has created an online system to match staff with participants who are either self-directing or in provider-managed services. Providers in Massachusetts have also developed an online system for people who are self-directing; the system makes the process of hiring staff more efficient since it narrows the pool of potential staff to those individuals whose interests coincide with the participant's.

Bottom Line

While this paper includes steps that individual providers can take to increase recruitment and retention, it will require collective action on the part of providers, people with IDD and their families, and other advocates to press for systemwide reforms. First and foremost, there should be a strong push for increased wages, benefits, competency-based training and credentialing. However, to make a significant change to the wage and benefit structure will require changes to IDD rate structures to accommodate the increased costs. Further, the presence of robust training and credentialing by providers should be part of any value-based purchasing initiative (Friedman & Rizzolo, 2021). Finally, it will be important to monitor the impact of turnover and high vacancy rates on the health and welfare of program participants. Without collective action, the IDD system will continue to be weakened by the workforce crisis.

References and Resources

Administration for Community Living (n.d.). *ACL Seeks Inventive Solutions to Address the Direct Support Professional Crisis.* https://acl.gov/DSPchallenge

ANCOR (2021) *The State of America's Direct Support Workforce.* issue_brief_the_state_of_americas_direct_support_workforce.pdf (ancor.org)

ANCOR (n.d.). *Realistic job preview.* https://www.ancor.org/toolkit/employers/realistic-job-preview

Bogenshutz, M., Nord, D., & Hewitt, A. (2015). *Competency-Based training and worker turnover in community supports for people with IDD: Results from a group of randomized controlled study.*

Bureau of Labor Statistics. (2018, May). *Occupational employment statistics.* https://www.bls.gov/oes/

Carnevale, A. P., Rose, S. J., Hanson, A. R., & Georgetown University, C. W. (2012*). Certificates: Gateway to gainful employment and college degrees. Executive Summary*. Georgetown University Center on Education and the Workforce. https://repository.library.georgetown.edu/handle/10822/559297

Friedman, C. (2018). *Direct support professionals and quality of life of people with intellectual and developmental disabilities*. Intellectual and Developmental Disabilities. Vol. 56, (4), pp. 234-250.

Friedman C. (2021). *The impact of direct support professional turnover on the health and safety of people with intellectual and developmental disabilities*. Inclusion (Washington, D.C.), 2021-03-01, Vol.9 (1), p.63-73; Advance online publication downloaded from: https://www.researchgate.net/publication/341734880_The_impact_of_direct_support_professional_turnover_on_the_health_and_safety_of_people_wit

Friedman, C. & Rizzolo, M.C. (2021). *Value-based payments: Intellectual and developmental disabilities quality indicators associated with bill expenditures.* Intellectual and Developmental Disabilities. Vol. 59(4), pp. 295-314.

Galindo, N., Valdes, E., & Arlene Bridges (2021). *2021 Relias DSP Survey Report.* https://www.relias.com/resource/dsp-survey-report?aliId=0

Hatton, C., Emerson, E., Rivers, M., Mason, R., Swarbrick, L., Mason, C., Kiernan, C., Reeves, D., & Alborz, A. (2001). *Factors associated with intended staff turnover and job search behavior in services for people with intellectual disability.* Journal of Intellectual Disability Research. Vol 45 (3), pp. 258-270.

Hewitt, A., Macbeth, J., Merrill, B., and Kleist, B. (2018). *The direct support workforce crisis: A systemic failure.* Impact. Vol 32 (1).

Hewitt, A., Pettingell, S., Kramme, J., Smith, J., Dean, K., & Kleist, B. (2020). *The direct support workforce and covid-19: National survey report 2020*. Minneapolis: Institute on Community Integration, University of Minnesota.

Hewitt, A., Pettingell, S., Kramme, J., Smith, J., Dean, K., Kleist, B., Sanders, M., & Bershadsky, J. (2021). D*irect support workforce and covid-19 national report: Six-month follow-up.* Minneapolis: Institute on Community Integration, University of Minnesota.

Mir, H., Rosca, O., Liu, O., & Blakeslee, E. (2020) *Factors that influence the tenure of direct support professionals in the intellectual and developmental disabilities field.* Poster: APA.

National Core Indicators. (2020). *National Core Indicators 2019 Staff Stability Survey Report* https://www.nationalcoreindicators.org/upload/core-indicators/2019StaffStabilitySurveyReport_FINAL_1_6_21.pdf

National Core Indicators. (n.d.). *National Core Indicators: About*. Overview. https://www.nationalcoreindicators.org/about/

National Core Indicators. (n.d.). *National Core Indicators: Reports.* https://www.nationalcoreindicators.org/resources/reports/

Oregon University Center for Excellence in Developmental Disabilities and the Oregon Office of Developmental Disabilities Services (2020). S*tability of the direct support professional workforce providing residential supports to adults with intellectual and developmental disabilities in Oregon.* https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/DataReports/Staff-Stability-UCEDD-ODDS-Report-2020.pdf

Parsons, M.B., Bentley, E., Solari, T., and Reid, D.H. (2016). *Familiarizing new staff for working with adults with severe disabilities: a case for relationship building.* Behavior Analysis Practice. Vol (6), pp. 211-222. DOI 10.1007/s40617-016-0129-9.

President's Committee on People with Intellectual Disabilities. (2017). *Report to the president 2017. America's direct support workforce crisis: effects on people with intellectual disabilities, families, communities and the us economy.* https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF

Public Homecare Institute (2018). *The direct care workforce: Year in review.* https://phinational.org/wp-content/uploads/2018/12/Direct-Care-Workforce-Year-in-Review-2018-PHI.pdf

Qian, X., Ticha, R., Larson, S.A., Stancliffe, R.J., & Wuorio, A. (2015). *The impact of individual and organizational factors on engagement of individuals with intellectual disability living in community group homes: a multilevel model.* Journal of Intellectual Disability Research. Vol (59), 6, pp. 493-505.

Research and Training Center on Community Living, University of Minnesota; NYSACRA; & New York State Rehabilitation Association (2018). *Implementing direct support professional credentialing in New York: Final technical report*. http://www.workforcetransformation.org/wp-content/uploads/2017/03/Report-Implementing-DSP-Credentialling-in-NY.pdf

Rizzolo, M.K. (2021). Programs that directly address the DSP workforce crisis. Council on Quality and Leadership. Programs That Directly Address The DSP Workforce Crisis - The Council on Quality and Leadership (c-q-l.org)

Smith, D., Macbeth, J. & Bailey, C. (2019). *Moving from crisis to stabilization: The case for professionalizing the direct support workforce through credentialing*. https://nadsp.org/moving-from-crisis-to-stabilization/

Stone, R.I. & Bryant, N. (2021*). Feeling valued because they are valued: A vision for professionalizing the caregiving workforce in the field of long-term services and supports*. LeadingAge LTSS Center@UMASS Boston. https://leadingage.org/sites/default/files/Workforce%20Vision%20Paper_FINAL.pdf

Watts, M.O., Musumeci, M.B., & Ammula, M. (2021). *State Medicaid Home & Community-Based Services (HCBS) programs respond to COVID-19: Early findings from a 50-state survey.* Kaiser Family Foundation. State Medicaid Home & Community-Based Services (HCBS) Programs Respond to COVID-19: Early Findings from a 50-State Survey | KFF

United States Bureau of Labor Statistics. (2017a). *Current employment statistics* — CES (national): *Employment, hours, and earnings*. National analysis by PHI (October 4, 2017).

United States Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. (2006). *The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress. Executive Summary.* https://aspe.hhs.gov/reports/supply-direct-support-professionals-serving-individuals-intellectual-disabilities-other.

U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy (2006). T*he supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: Report to Congress. Full report.*

Interviews

Ann Hardiman, Chief Innovation Officer, New York Alliance for Inclusion and Innovation. (June 10, 2021).

Barbara Merrill, Executive Director, ANCOR (June 7, 2021),

Kirk Lewis, Executive Director, Schenectady Arc & Nathan Mandsager, Director Schenectady
ERN, Schenectady, NY (August 20, 2021)

Lynne Seagle, Executive Director, Hope House, Norfolk Virginia (June 7, 2021)

Marian Saulino, Founder and Executive Director, Values in Action, Media, Pennsylvania (June
10, 2021)

Matt Henry, Vice President Human Resources, Sunshine Services, Maumee, Ohio (June 9, 2021)