Fall 2016

Direct Support Professional Turnover

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Teresa Edwards  MPA 2016 Candidate

The Problem
I began collecting vacancy trend data in 2008 to determine if there was an overall trend in the timing of vacancies, this would allow us to begin recruiting prior to increased staffing vacancies. There seemed to be an overall increase in staffing vacancies in April and a recovery in July. However, 2015 staffing trends became increasingly more problematic in a sense that we did not recover from the staffing shortage like we usually do and the turnover rate to date has reached a historic high.

The Human Resource Department provided me with turnover data for the past 18 months. Analysis of this data demonstrates an overall concern with Department turnover data for the past 18 months. The Human Resource Department provided me with the turnover data for the past 18 months. Analysis of this data demonstrates an overall concern with Department turnover data for the past 18 months.

The Residential Services Program strives to provide individuals with a safe, clean home with well-balanced meals, and the opportunity to develop independent living skills. Individuals are offered the opportunity for meaningful and enjoyable recreational activities in the evenings and on weekends. Trained staff provide 24 hour supervision, care and guidance. The Arc of Madison Cortland residential staff will take residents to their doctors’ appointments, shopping, movies, and much more.

Unfortunately, these staffing vacancies often affect the daily operations of each residence, as planned activities and medical appointments must be canceled. Additionally, the individuals we support are required to relocate to a residential site that has an adequate staffing pattern for the day.

Turnover Costs
In 2015 Bogenschutz, Nord and Hewitt note that workforce stability in organizations serving people with Intellectual and Developmental Disabilities (IDD) becomes a more critical concern when turnover rates are greatest within six months of hire, causing more instability for individuals living in long term care facilities. The cost of replacing a single DSP has been estimated between an astonishing $2413 and $4872, as it can be difficult to estimate the indirect costs such as a trainer’s time.

In addition to the financial impact on the program, a more critical impact is on the quality of services provided and individuals’ outcomes.

What Did I Do?
I analyzed limited turnover data collected by the Human Resources Department along with DSP turnover trends that I compiled since 2008. Focus groups were used as an additional method to determine turnover factors. My literature review consisted of studies conducted whereby DSP workforce turnover had been reduced.

What Does the Research Say?
Studies have been conducted that support the effect of Competency-Based Training on DSP turnover. Competency-based training methods can be used to strengthen DSP skill sets and provide a more stable DSP workforce for people with Intellectual and Developmental Disabilities (IDD) by reducing the rate of turnover.

Lessons Learned
Staffing vacancies prove difficult to achieve the agency’s mission and to maintain CQL accreditation. Turnover costs can be reallocated to implement a competency based staff training program, reducing the rate of turnover. My literature review revealed the following additional recommendations:
- Grants are available that can be applied to training improvements.
- Staff education can be used to develop skills in leadership, communication, conflict management, consensus and change management. Training must be focused on skill set improvement and should be ongoing.
- Implementation of a New Hire Support Program, consisting of more frequent and lengthier mentoring with a Program Trainer, where additional support for training and knowledge sharing to new hires is provided.
- Reinstatement of the exit interview whereby the agency can gain information related to the cause of turnover.

The Council of Quality and Leadership (CQL)
The Arc of Madison Cortland received accreditation by The Council of Quality and Leadership (CQL) in 2014. CQL integrates staff stability and qualifications into their key factors in person-centered supports. DSP staffing instability further complicates our ability to maintain CQL accreditation, as it becomes increasingly more difficult to provide individuals with the supports they require when DSPs are required to work with individuals they are not familiar with.

Personal Outcome Measures (POMs) are designed to measure if the person is supported in a way that achieves the outcomes that are important to them.

My Self
1. People have the best possible health
2. People exercise rights
3. People experience continuity and security

My World
1. People choose where and with whom to live
2. People use their environment
3. People choose services

My Dreams
1. People choose personal goals
2. People participate in the life of the community
3. People are respected

As you think about these measures, it becomes evident how each of these outcomes can possibly be met when medical appointments are being canceled and individuals are not given much choice in relocating to another residence for the day.

Acknowledgment:
Thank you, Dr. David Campbell for your insight and support. I appreciate your encouragement that kept me motivated to complete this challenging project.

References
- Acknowledgment:

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The Arc of Madison Cortland
NYARC, Inc.