

A WORKFORCE IN CRISIS. CASE A: A CONSULTANTS DILEMMA

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A healthcare administration organization in the adults with intellectual and developmental disabilities (I/DD) field is struggling with staffing, turnover, and burnout/stress symptoms within their workforce. The organization is turning to outside consultants in an effort to develop a way to evaluate the situation and set the stage for an intervention, so that the situation can be improved.

INTRODUCTION:

On a bright March morning, Steven Strata, an Assistant Professor of Management at a medium size comprehensive State University in the Southeastern United States, sat in his office when his phone rang. On the line was Susanne Dogood, a personal friend, who works as a consultant for the State. She asked Steven if he would be interested in a workforce development project that she was made aware of through her involvement with the industry in which she worked. The project would encompass training managers in healthcare organizations that provide services to adults with Intellectual Developmental Disabilities (I/DD). Years earlier Steven created and executed a supervisor training project in a different State, for an organization where Susanne previously worked, so she knew of his expertise in this area. Knowing how vulnerable the population of adults with I/DD is in our society, Steven's interest immediately piqued. Few opportunities in the managerial consulting/training field could possibly lead to results as satisfying, because in this project Steven would really be able to help people in need.

INDUSTRY BACKGROUND:

On June 22, 1999, the United States Supreme Court held in **Olmstead v. L.C.** that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act. Deinstitutionalization is the process of replacing long-stay psychiatric hospitals and developmental centers with less isolated community mental health services for those diagnosed with a mental disorder, developmental disability, and/or other persistent mental illness.

During the process of deinstitutionalization, overseen by the US Department of Justice, the States transferred most patients with developmental disabilities to small living communities of 2 to 4 residents to a home. Three models of caregiving emerged out of this process, state owned facilities, facilities run by not-for-profit organizations, and facilities owned by for-profit businesses.

People with I/DD rely on direct support in order to enable them to live among the general population in their living communities. Children with I/DD, in most cases, have able bodied adults (parents, family caregivers) who fulfill these roles. Once these individuals become adults, the daily caregiving routines often become too difficult and demanding and the family support dwindles because the family caregivers either burn out from many years in an intense caregiving role, or become unable to continue as caregivers because of their own aging. Therefore many adults with I/DD live in community homes staffed with Direct Support Professionals, or at the very least attend day programs, so that the workload of the families are reduced.

In 2013, nationwide, of the 5 million people with I/DD, there were roughly 1.8 Million direct care recipients that receive services, with approximately 200,000 individuals on wait lists. To cope with the sheer volume and variety of demands placed upon caregivers, particularly for those individuals who require 24/7 support, the industry employs more than 1 million workers in full time as well as part time positions.

In Steven's home State there are around 14,500 direct care service recipients with I/DD. Steven's Southeastern home State is lagging behind national trends. It has not completely deinstitutionalized and wait lists for services are longer than in other States. Based on current staffing numbers/requirements of an average of 0.5 full time equivalent (FTE) per service recipient, the DSP workforce that supports individuals with I/DD in Steven's home State is 6,000 to 8,000 employees strong.

INDUSTRY WORKFORCE:

In their 2017 "Report to the President about America's Direct Support Workforce Crisis", (https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF) the Presidents Committee for People with Intellectual Disabilities (PCPID) outlined the effects this workforce crisis has on people with intellectual disabilities, families, communities, and the US economy.

People with I/DD rely on Direct Support Professionals (DSPs) for their daily activities so that they are able to live in their communities. DSPs for people with I/DD are not broken out in their industry specification, but are combined with other DSPs in the long-term services and supports (LTSS) industry which includes elder

care, care for individuals with chronic illnesses and others. According to the Centers for Medicaid & Medicare Services (CMS) “Millions of Americans, including children, adults, and seniors, need long-term care services because of disabling conditions and chronic illnesses. Medicaid is the primary payer across the nation for long-term care services. Medicaid allows for the coverage of these services through several vehicles and over a continuum of settings, ranging from institutional care to community-based long-term services and supports (LTSS).” (<https://www.medicaid.gov/medicaid/ltss/index.html>) In 2015 of the 553.8 Billion dollar Medicaid expense, over 20% was spent on long term care services.

According to the PCPID report “The pipeline for people entering the direct support profession is not keeping pace with the number of DSPs needed by Americans with ID and their families. Low wages, scant benefits, limited training and lack of career advancement opportunities have led over the past 30 years to the following results:

- Average DSP wages of \$10.72 per hour
- Average DSP wages below the federal poverty level for a family of four
- Half of DSPs relying on government-funded and means-tested benefits
- Most DSPs working two or three jobs
- Average annual DSP turnover rates of 45 percent (range 18-76 percent)
- Average vacancy rates of 9 percent

This currently untenable crisis stems from the following factors:

- High staff turnover
- Growing demand for services due to the growth and aging of the US population in general
- Increased survival rates for people with ID
- Demographic shifts resulting in fewer people moving into the DSP workforce
- Persistently non-competitive aspects of direct support employment, including low wages, poor access to healthcare, and lack of paid time off (PTO) and other benefits;
- High stress and demands of direct support employment, including round-the-clock, seven-days-a-week work;
- Insufficient training and preparation for DSP roles accompanied by a lack of resources provided; and
- Lack of professional recognition and status for skilled DSPs.”

Adequate staffing and supervision of the primary caretakers in the houses has proven difficult for the organizations. This, in turn, results in the common experience of burnout by DSPs, the prevalent experience of role overload and role

ambiguity by DSPs accompanied by a lack of resources and perceptions of poor organizational support by the DSPs (see, for example, Hastings and Horne, 2004). In other words the workforce is in a crisis.

Upon digging into research done on the industry, Steven quickly discovered that the job of the DSP requires an extensive skill set. For example, Taylor, Bradley, and Warren (1996) developed an inventory of the skills utilized by DSPs in the performance of their job, outlining twelve broad areas of competence and 144 distinct skills. Steven knew that the combination of high skills demand and low pay was a recipe for high turnover. However, given Steven's relative inexperience with the kind of work done by DSPs, providing direct training or support to the DSPs was beyond his abilities.

As he continued his exploration of research into the industry, Steven came across other findings that pointed to ways in which he might be able to use his skills as a management professor to address the workforce crisis within the industry. For example, He came across several studies that found that poor supervisory support is a leading indicator of turnover among health and human service workers (Bogenschutz, Nord, & Hewitt, 2015; Kim & Stoner, 2008; Mittal, Rosen, & Leana, 2009; Nissly, Mor Barak, & Levin, 2005), a finding typical of research from organizational behavior. Further, Maertz, Griffeth, Campbell, and Allen (2007) found that support from a supervisor can weaken effects of low perceived organizational support and perceptions of low supervisory support can exacerbate the effects of low organizational support.

Steven began to sense that his real contribution to the I/DD industry might be to develop interventions that help organizations train and develop their supervisors, a conclusion that was really cemented in his mind when he came across the work of the Research and Training Center on Community Living, part of the Institute on Community Integration at the University of Minnesota. The group there had done extensive research into the role that Frontline Supervisors (FLS) played in the performance of organizations that provided care to individuals with I/DD. As stated by Sedlezkey, Reinke, Larson, and Hewitt (2013):

“A competent FLS workforce is critical in building and maintaining a competent DSP workforce; with more effective supervision, the quality of work performance by DSPs will lead to improved service provision and, ultimately, improved quality of life for the individuals supported”. (p. 2)

Now Steven was genuinely excited! But his excitement was quickly followed by a sense of urgency when he read that the state of the workforce among FLS was quite similar to the condition of the DSPs in the industry. The turnover rate among FLS (24%) was lower than for DSPs, but not by much. Further, the vacancy rate for

FLS was at 6% - also similar to the vacancy rate for DSPs (Sedlezky, Reinke, Larson, & Hewitt, 2013). Given that the costs to replace a single DSP was estimated to be \$4, 872 (ANCOR, 2010), Steven knew that the financial costs due to turnover at both the DSP and FLS levels had to be significant to organizations within the LTSS industry.

INDUSTRY PARTNER

Given the state of the workforce as a whole in this industry, there is clearly a need for workforce development training nationwide. Of course as a single individual Steven knew his impact must start somewhere small. With his managerial background he could not train the DSPs, because he did not have the expertise to do so. He was hopeful that he would be able to leave an impact by improving the management of the DSPs, so that their work in the organization could be adequately supported by the organization. He figured that the DSP's job itself is stressful enough, so if the managerial support can reduce stress and conflict it should be assistance to reduce the perceived level of stress, discontent, workplace problems, deviant workplace behavior and most importantly the staff turnover rate of the organization.

Steven would not be able to train on a large scale immediately. He needed to develop a pilot project for one organization at first. He turned to Susanne to see if she could find an adequate partner to approach for this consulting project. On the State level there were two types of organizations, for-profit businesses and not-for profit organizations. Together they decided to choose one of the largest not-for profit providers in the State, which could greatly benefit from the managerial training initiative. The organization "Impact for Tomorrow" (IFT) is a multi-state provider that operates in Steven's home State.

IFT is a comprehensive service organization offering a wide range of supports for people living with many intellectual and developmental disabilities, including cerebral palsy, autism spectrum disorder, Down syndrome, spina bifida, traumatic brain injury, physical and intellectual disabilities. Today, IFT serves over 500 individuals and families daily, offering customized supports designed to enable individuals to maximize their potential, and discover talents and skills to achieve personal goals. The organization spends 89 cents of every dollar they receive directly on community services, making them one of the most cost-efficient providers of this type in the nation. It operates fifty-six single family community homes throughout the State. These two to four-person residences enable individuals to live in their desired communities with peers in single family homes located in stable, safe neighborhoods. In addition the organization runs several day programs, supports individuals living on their own, as well as host homes that take care of people with I/DD in the setting of an established family home.

“PARTNERS IN CRIME”

During a dinner with Christian Micra, a friend and co-worker, the two researchers shared their current projects with one another. Christian, also a management professor, was immediately hooked on the idea when Steven presented and outlined the project to him. When Steven asked if Christian could help, the answer was an immediate and resounding yes. Christian is an organizational psychologist with an extensive background in manufacturing, operations, and project management from his time before he joined academia.

Even though he is also new to the LTSS industry, he is able to bring a lot of expertise to the project. The evening then turned into a brainstorming session in how they could help together. The two decided that the best option was to develop a First Line Supervisor training for the organization, because the First Line Supervisor is the first level of management the DSPs have direct contact with, supervisors and DSPs work closely with one another, and generally the supervisors are former DSPs without any formal management training.

As in most organizations, the supervisors in the LTSS industry are most often recruited from the “line” workers – the DSPs (Sedlezkey, Reinke, Larson, & Hewitt, 2013). Once a line worker has a certain amount of experience, education, and displayed reliability and an ability to work with others, they are promotable to “Foreman”, or First Line Supervisor to manage the operations of a small unit within the organization. In most organizations the First Line Supervisors do not receive any formal managerial training to go along with their expanded responsibilities and a pretty much left to “figure it out” on their own. They can of course draw from a wealth of experience as machine operator (in this case DSP), but many find that managing people is a new dimension. The lack of formal training adds to their feeling of ambiguity about the job and leads to higher levels of perceived job stress. Steven and Christian were well aware of the general conditions surrounding this phenomenon in organizations, but they wondered how they could customize their training better to the organization, and most importantly how they could determine what the impact of their work was.

DETERMINING THE NEED FOR THE ORGANIZATION

The researchers had several interactions with the top management of the organization and knew the organization’s leadership was in full support of their workforce improvement ideas. Nevertheless, Steven and Christian had to figure out how to assess the needs of this particular organization. One of the skill sets in Christian’s repertoire is the development of survey instruments to assess organizational abilities. Like Steven, Christian also began by reviewing the literature to see what had already been done and on which they might build in their

quest to identify where they might be of the greatest help. He quickly found a comprehensive set of supervisory competencies that had been developed by the group at the University of Minnesota. Hewitt, Larson, O’Neill, Sauer, and Sedlezky (1998) developed an expert-based assessment of supervisory skills for the Minnesota Department of Human Services, the Minnesota Frontline Supervisor Competencies and Performance Indicators (MFSCPI). This skills inventory contains 14 broad competency areas (see Table 1), each accompanied by as many as 26 competency statements. For each competency statement, there is an accompanying recommendation for the method that should be used in its evaluation. These evaluation methods include, for example, direct observation, document review, discussion, peer reports, and demonstration among others.

Steven and Christian consulted with the Chief Executive Officer and Chief Operating Officer of the organization, sharing the MFSCPI Competency areas. In their discussion, they selected Staff Relations, Direct Support, Program Planning and Monitoring, Personnel Management, Training and Staff Development, and Health and Safety Issues as the Competency Areas about which they were most concerned and interested in evaluating within across the organization.

TABLE 1
List Of MFSCPI Broad Competency Areas

C1 – Staff Relations*	C8 – Maintenance
C2 – Direct Support*	C9 – Health and Safety Issues*
C3 – Consumer Support Networks	C10 – Financial Activities
C4 – Program Planning and Monitoring*	C11 – Scheduling and Payroll
C5 – Personnel Management*	C12 – Coordinating Vocational Supports
C6 – Training and Staff Development Activities*	C13 – Coordinating Policies, Procedures, and Rule Compliance
C7 – Public Relations	C14 – Office Work

**Selected by the Pilot Organization as the Competency Areas of Greatest Concern*

The researchers realized that they could not utilize this instrument in its intended form. The researchers would be required to observe all the supervisors on the job and evaluate what they actually observe. Given the time, expense, and level of expertise required to implement the MFSCPI evaluation as originally intended, Steven and Christian proposed developing a survey instrument that might be used to collect perspectives from individuals across the organization on the content included in each of the competency statements associated with the broad

competency areas selected by the organization. The organizational representatives readily agreed to this proposal, and Christian set about developing the corresponding survey questions.

In addition to the competency areas, Steven and Christian also felt that it would be worthwhile to gather information on a number of other attitudes in the organization given the findings that they read in the research. They included scales used by other researchers to evaluate the extent to which the employees of the pilot organization experienced such things as burnout, role overload, role ambiguity, stress, etc. The additional scales included in the survey are provided in Table 2.

TABLE 2
Additional Survey Scales

Cognitive Weariness - C	Resiliency - R
Emotional Exhaustion - EE	Role Ambiguity - RA
Intent to Leave the Organization - ILO	Role Conflict - RC
Job Satisfaction - JS	Role Overload- RO
Job Tension/Strain - JT	Staff Positive Contributions
Physical Fatigue - P	Questionnaire - SPCQ

SURVEY ADMINISTRATION AND RESULTS

After receiving some general input from the pilot organization and after reviewing the literature, Christian set to work developing the survey instrument. Each of the competency statements for each of the six MFSCPI evaluation included were rewritten as individual survey items. In many cases, these competency statements were multi-dimensional and resulted in several survey items. All of the survey items were written such that they used a 7-point, Likert type scale, with response categories ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). Scores on the survey scales were determined by calculating the average rating of all of the items included in the scale after all items had been rescaled so that the scale score indicated the desirable direction. This involved reverse scoring items that were negatively worded. For example, one item on the Physical Fatigue scale was worded, “I feel tired”. The responses on this scale were reverse-scored, for example, so that an original score of 7 (“Very strongly agree) was reassigned a score of 1, a score of 6 (“Strongly Agree”) was reassigned a score of 2, etc. This resulted in the desirable responses had consistently higher scores than undesirable responses for all items.

The first draft included 194 items covering the six areas from the MFSCPI and the additional scales that Christian and Steven decided to include. They showed the survey to the organizational representatives with whom they had been collaborating, and they were able to remove 38 items that were not applicable. For example, this included items from the Personnel Management Competency Area of the MFSCPI related to the interviewing and hiring of personnel. In the Pilot organization, these activities were not ever conducted by their FLSs, but instead were done by the Human Resources department.

In total, the survey contained questions pertaining to 17 different scales. Six of these scales were derived from the MFSCPI (see the scales in Table 1 that are followed by an asterisk). Each of the items in these scales contained questions pertaining to a specific skill or task performed by FLSs, so the responses were all evaluations of supervisory skill levels. The wording asked respondents to evaluate Frontline supervisors as a group (for example, “Frontline supervisors attend and actively participate in agency planning meetings.”), rather than asking each individual for an evaluation of their specific supervisor’s performance on the item in question, which would have been the case if the item had instead been worded, “MY SUPERVISOR attends and actively participates in agency planning meetings.” The remaining 11 scales all contained items for which individuals self-reported their own experience. For example, one of the items in the Physical Fatigue Scale was worded, “I feel tired.”

The final survey included 156 items – still a lengthy survey! In order to optimize response rates, the pilot organization agreed to distribute the surveys to personnel at each of their six regional offices, and to pay each employee for the time that it took them to complete the survey. Each employee was given a copy of the survey, along with a postage-paid, envelope addressed to Steven and Christian at their University so that the employee could complete the survey, place it into the envelope, seal it, and drop it in the mail box. Employees were told verbally and via written instructions provided with the surveys that they were NOT to include their names or any other information that might make it possible to identify which person had completed the survey.

Surveys were distributed through the four regional offices of the Pilot Organization, situated around the state. In total, 69 completed surveys were returned. The vast majority of the employees of the Pilot Organization are female, a fact that was reflected in the survey responses (60 females, 5 males, 4 gender not specified). 46 of the survey respondents were DSPs, 12 were FLSs, and 7 were other management roles, and 4 respondents did not indicate their employment position. 35% of the respondents indicated that they intended to leave the organization within the next year. Christian then identified the items that provided statistically significant results

of differences between groups (Table 3) and the ones that did not (Table 4). In addition Christian reviewed the survey averages for the items the organization outlined as most important for them (Table 5).

TABLE 3
Non-MFSCPI Survey Scale Averages With Statistically Significant Differences Between Positions*

	Cognitive Weariness	Job Tension	Physical Fatigue	Resiliency	Role Overload
FLSs	4.74	3.56	3.33	4.45	3.06
DSPs	5.66	4.66	4.69	5.52	4.75

**All survey items were recoded/rescored as necessary so that a higher scale score indicates a more desirable response. E.g., the scale average of 5.66 for DSPs indicates a LOWER level of Cognitive Weariness than a scale average of 4.74 (out of a possible seven points) for FLSs*

TABLE 4
Non-MFSCPI Survey Scale Averages That Failed To Reach Statistically Significant Difference Between Positions*

	Emotional Exhaustion	Intent to Leave	Job Satisfaction	Role Ambiguity	Role Conflict	Staff Positive Contribution
FLSs	5.42	4.18	4.90	4.71	3.85	5.54
DSPs	5.04	4.37	5.19	5.21	4.61	5.52

**As above, all survey items were recoded/rescored as necessary so that a higher scale score indicates a more desirable response. E.g., the scale average of 5.42 for FLSs indicates a LOWER level of Emotional Exhaustion than a scale average of 5.04 (out of a possible seven points) for DSPs*

TABLE 5
Survey Averages For All MFSCPI Scales

	Staff Relations	Direct Support	Progr. Plan.	Personnel Mgmt.	Training and Staff Development	Health & Safety
FLSs	4.98	5.45	5.27	4.95	5.21	5.21
DSPs	4.52	4.82	5.11	4.64	4.71	4.95

** As above, all survey items were recoded/rescored as necessary so that a higher scale score indicates a more desirable response. E.g., the scale average of 5.45 for FLSs indicates a HIGHER level of Direct Support than a scale average of 4.82 (out of a possible seven points) for DSPs. None of the differences between positions on these scales reached statistical significance.*

Further, Christian ran correlations between the scales to see what key relationships might be uncovered (see Tables 6-8). Steven and Christian hoped that this exercise might help them identify key leverage areas that they might address in their training.

TABLE 6
Correlations Between Additional Survey Scales and MFSCPI Scales

	C1	C2	C4	C5	C6	C9
Cognitive Weariness - C	-.046	.059	.140	.152	.012	-.028
Emotional Exhaustion - EE	-.196	-.067	-.196	-.012	-.063	-.191
Intent to Leave Organization - ILO	.365**	.329**	.422**	.369**	.342**	.377**
Job Satisfaction - JS	.460**	.535**	.370**	.475**	.563**	.504**
Job Tension/Strain - JT	.109	.084	.139	.124	.082	.078
Physical Fatigue - P	.082	.008	.131	.163	.010	-.003
Resiliency - R	.375**	.344**	.320*	.514**	.407**	.321*
Role Ambiguity - RA	.798**	.689**	.695**	.776**	.767**	.758**
Role Conflict - RC	0	-.006	.080	.117	.007	-.023
Role Overload - RO	.305*	.187	.166	.256*	.224	.281*
Staff Positive Contributions Questionnaire - SPCQ	.601**	.664**	.542**	.694**	.686**	.682**

C1 – Staff Relations, C2 – Direct Support, C4 – Program Planning and Monitoring, C5 – Personnel Management, C6 – Training and Staff Development, C9 – Health and Safety Issues. As above, all survey items were recoded/rescored as necessary so that a higher scale score indicates a more desirable response.

** Indicates that the correlation is significant at the $p < .05$ level*

*** Indicates that the correlation is significant at the $p < .01$ level*

TABLE 7
Interscale Correlations For Additional Scales

	C	EE	ILO	JS	JT	P
Cognitive Weariness - C	1	.520**	.248*	.300*	.116	.713**
Emotional Exhaustion - EE	.520**	1	.231*	.571**	.290*	.643**
Intent to Leave Organization - ILO	.248*	.231*	1	.494**	.257*	.656**
Job Satisfaction - JS	.300*	.571**	.494**	1	.464**	.387**
Job Tension/Strain - JT	.116	.290*	.257*	.464**	1	.816**
Physical Fatigue - P	.713**	.643**	.656**	.387**	.816**	1
Resiliency - R	.616**	.272*	.151*	.292*	.304*	.358**
Role Ambiguity - RA	-.055	-.068	.282*	.484**	.122	.203
Role Conflict - RC	.670**	.632**	.520**	.304**	.704**	.712**
Role Overload - RO	.273*	.080	.577**	.521**	.717**	.698**
Staff Positive Contributions Questionnaire - SPCQ	.131	.096	.100	.392**	-.010	-.049

TABLE 8
Interscale Correlations for Additional Scales (Continued)

	R	RA	RC	RO	SPCQ
Cognitive Weariness - C	.616**	-.055	.670**	.273*	.131
Emotional Exhaustion - EE	.272*	-.068	.632**	.080	.096
Intent to Leave Organization - ILO	.151*	.282*	.520**	.577**	.100
Job Satisfaction - JS	.292*	.484**	.340**	.521**	.392**
Job Tension/Strain - JT	.304*	.122	.704**	.717**	-.010
Physical Fatigue - P	.358**	.203	.712**	.698**	-.049
Resiliency - R	1	.450**	.341**	.367**	.394**
Role Ambiguity - RA	.450**	1	.039	.441**	.753**
Role Conflict - RC	.341**	.039	1	.490**	.041
Role Overload - RO	.367**	.441**	.490**	1	.170
Staff Positive Contributions Questionnaire - SPCQ	.394**	.753**	.041	.170	1

FOR Tables 7 and 8: As above, all survey items were recoded/rescored as necessary so that a higher scale score indicates a more desirable response.

** Indicates that the correlation is significant at the $p < .05$ level*

*** Indicates that the correlation is significant at the $p < .01$ level*

As Steven and Christian poured over the data that had come back from the Pilot Organization, they pondered what their recommendations should be for the next steps of the Pilot Organization, and for themselves. How could they best be of help in contributing to the improvement of the Organization. Could they even develop some intervention(s) that might be generally applicable to even more organizations serving the LTSS industry?

CONCLUSION

Christian and Steven realized they needed to develop some sort of intervention in an attempt to help the organization. They tried to wrap their minds around the most important skill sets a manager should have, and how to communicate them to employees with High School level education in a relatively short amount of time. IFT provided them with full day training sessions, but the researchers were aware that the attention span of the trainees would be limited, and there was a whole lot of ground to cover. The researchers also realized that they needed to merge the specific training needs of the organization with the general managerial skills a first line supervisor needs. This was a tall order and a lot of work lay ahead of them, but Steven and Christian were ready for the task and ready to roll up their sleeves to develop the managerial training for the organization.

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