

# Direct Support Professionals (DSP) Advisory Committee Meeting

April 15, 2024

2:00 – 3:00 pm

**Tina Lanier Barrett, MA, LPA, HSP-PA**

Division of Mental Health, Developmental Disabilities, and  
Substance Use Services

# Agenda

- DMH/DD/SUS Community Collaboration Model
- DSP Survey Update
- DSP Initiatives Design Discussion
  - Recruitment and Training Pilot
  - Wraparound Supports
  - Longevity Bonus

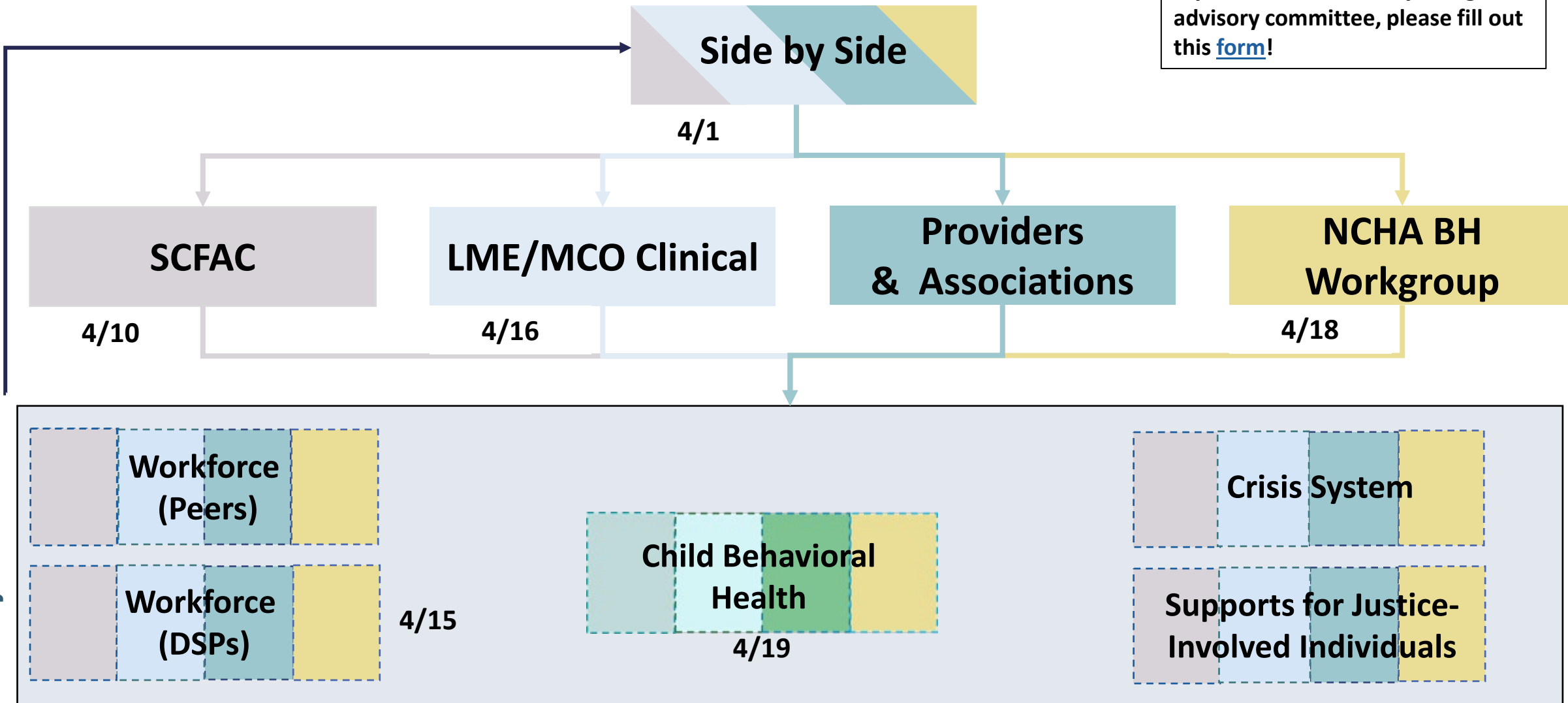
**DMH/DD/SUS  
Community Collaboration Model**



# April Community Collaboration

Topic: Tailored Plans

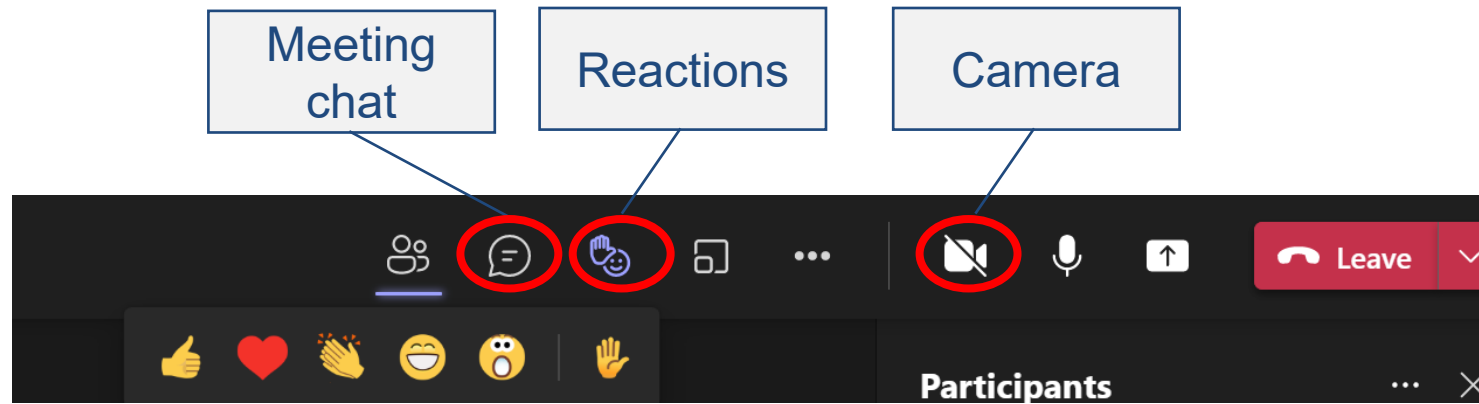
If you are interested in joining an advisory committee, please fill out [this form!](#)



Advisory Committees

# Housekeeping

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



# Key Takeaways from March's DSP Advisory Committee

During the March meeting, DMH/DD/SUS received feedback from stakeholders on program content to incorporate into the recruitment and training pilot.

## Feedback from the Advisory Group

### Suggestions for Core Competency and Certificate Program Content

- Trauma-informed care, trauma-informed supervision, and addressing DSPs own trauma
- Basic Sign Language
- Supporting individuals with dual diagnoses (I/DD and TBI)
- Assistive, enabling, and smart technologies (including how to work with non-verbal individuals)
- Member rights and guardianship/alternatives to guardianship
- FASD diagnosis and other "lesser known" developmental disabilities
- Motivational intervention
- Healthy sexuality, healthy boundaries, and self-care
- Verbal deceleration
- Informed decision making, presumption of competence, and self-determination
- Providing safe mobility supports

### Wake Tech Pilot Recruitment

- The Department should engage with entities that work with clinical professionals and students
- Stakeholders were interested in the status of reducing the age requirement for DSPs to 17 to increase recruitment into the field.

# DSP Survey Update

**DMH/DD/SUS is asking North Carolina's DSPs to fill out a short survey so that we can better understand the issues impacting our DSPs today and support future opportunities for career growth, training, recruitment, and retention. The survey is now live and open until April 26<sup>th</sup>.**

## As of 04/12/2024

- 400+ respondents to survey
- Respondents represent a mix of education, years of employment, location.
  - Survey has been distributed to:
    - LME/MCOs
    - Provider agencies
    - DSP Workgroup Advisory Committee
    - DMH/DD/SUS community partners email listserv
    - State and Local CFCAs

[Click here for DSP Survey](#)

**Next Steps:** DMH/DD/SUS will share survey results with this advisory committee during the May 20<sup>th</sup> meeting and work to assemble focus groups of DSPs to collect more in-depth feedback.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health,  
Developmental Disabilities and  
Substance Use Services

## 2024 Direct Support Professional Survey

### Instructions:

- Please answer every question in the survey
- Please only complete one survey
- Your responses will be anonymous
- Your answers will be shared with the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services

Thank you for your participation!

\* 1. How long have you been working as a Direct Support Professional?

Less than 1 year

1-2 years

-

# Discussion: Proposed Design of the DSP Focus Groups

Building on survey findings, the DSP focus groups will aim to advance Department learnings about the DSP role and what DSPs need/want. The focus group format will allow for more nuanced information and dialogue between the Department and this critical workforce.

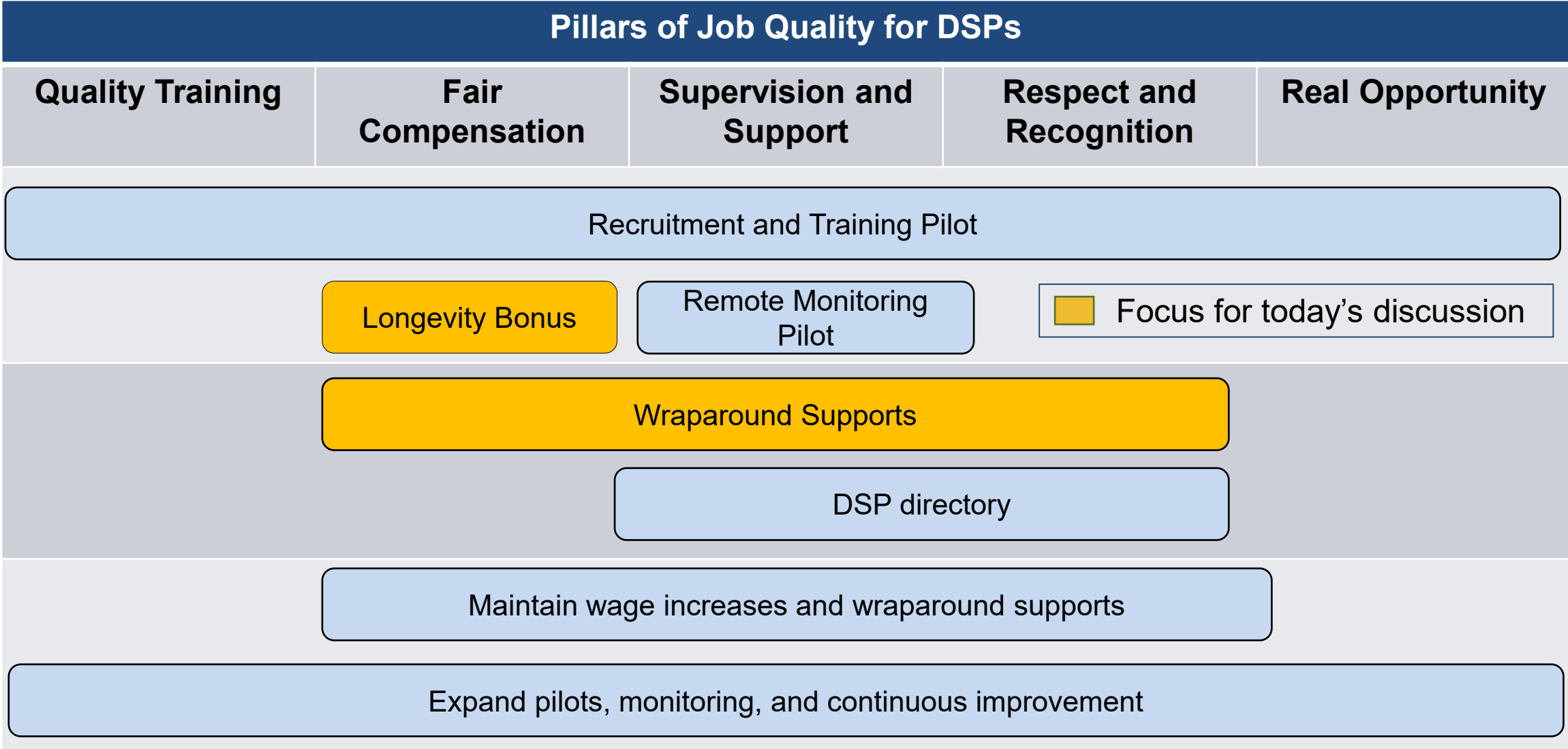
## Proposed Format of Focus Groups

- 90-minute sessions
- Convened virtually
- Quarterly cadence
- Size and total number of groups will be dependent on survey response, size of the groups should remain small to allow for open conversation
- Mix of DSPs by location, new hire vs legacy, work setting
- To be facilitated by DMH program staff
- The focus groups will include current DSPs, but DMH/DD/SUS may consider convening a meeting with former DSPs who have since moved into other roles.



# DSP Initiatives Design Discussion

# Ongoing DSP Initiatives Are Aimed at Addressing the Pillars of DSP Job Quality



# **Updates on Year 1 Design Initiatives: Recruitment and Training Pilot**

# Community College Recruitment and Training Pilot

The Department is partnering with a community college to pilot a recruitment and training program with three complementary components: (1) an awareness and recruitment campaign, (2) a core competency curriculum, and (3) a certificate program with practicum. The apprenticeship was removed based on this group's feedback.

## Recent Department Activities on Pilot Design and Implementation

- The Department is:
  - Working on implementation requirements and processes for funding DSP participation in the core competency curriculum and the certificate program.
  - Developing guidelines and criteria for curriculum development, which will be done by the community college.
  - Working with LME/MCOs on approaches for operationalizing a wage differential tied to the pilot.
- The Department has also begun conversations with additional community colleges on potential expansion of the pilot.

# **Updates on Year 1 Design Initiatives: Longevity/Retention Bonuses**

# Background: Longevity/Retention Bonuses

North Carolina issued one-time \$2,000 bonuses to ~61,6000 direct care workers and support staff in 2022. Other states have implemented similar programs aimed at improving retention among DSPs. Each of these examples were time-limited (1-2 year programs).

Design Component	DC	New York	Ohio
<b>Tenure Requirements</b>	Employed by the same provider for 12 months.	Employed by the same provider for 90 days.	No tenure requirement.
<b>Eligible DSPs</b>	DSPs employed by agencies delivering 1915(c) covered services.	DSPs employed by an agency, certified family care providers,* and DSPs employed by an Employer of Record (EOR).	DSPs employed by agencies and independent providers that deliver specific 1915(c) waiver services.
<b>Bonus Amount and Timing</b>	\$1500 (2020-2021)	\$1000 (2020 to 2021)	Bonus amount per DSP varied, bonus was equal to 6% of provider payments (2022 to 2023)
<b>Bonus Frequency</b>	Annual (maximum of two payments)	One-Time	Quarterly
<b>Reporting and Attestation Requirements</b>	Grantees must submit detailed financial reports with details on individual payments made to workers.	Providers must complete an attestation that all funds will be distributed to eligible DSPs and family care providers.	Providers must report on their total number of DSPs and total wages paid to DSPs.
<b>Source of Funding</b>	American Rescue Plan Act Home and Community Based Services Federal Medical Assistance Percentage Increase (One-Time Funding)		

\*Family care providers are DSPs who house individuals with I/DD in their home in exchange for a monthly payment ([NY Office of People with Disabilities](#)).

Sources: [PHI DCW Pay Report](#); [NY Retention Payment](#); [NY ARPA HCBS Plan](#); [NC Info Sheet](#), [Ohio Retention Payment](#), [DC RFA](#)

# Discussion: Longevity/Retention Bonuses

DMH/DD/SUS is interested in your feedback on the impact and structure of a potential bonus program for DSPs.

## Discussion Questions

### 2022 Bonus Program

- What worked and did not work about how DSP bonuses were provided in 2022?

### Considerations for Future Initiatives

- Do you feel the following example approach would have a meaningful impact on recruitment and retention? If not, what would you change (e.g., amount, eligibility criteria)?

#### Example Approaches

- ***Full-time DSPs employed for one year or more would receive a \$750 bonus every six months.***
  - ***Part-time DSPs employed for one year or more would receive a \$375 bonus every six months.***
- Has your organization tested wage differentials or recurring bonuses for DSPs based on their length of service or are you aware of an organization that has? If yes, what outcomes have you seen from this model? Are there key lessons learned that DMH/DD/SUS should be made aware of?

# **Updates on Year 2 Design Initiatives: Wraparound Supports for DSPs**



# Current State: Employee Benefits and Wraparound Supports for DSPs in NC

The 2022 *State of the Workforce* [report](#) from National Core Indicators I/DD surveyed 145 provider agencies\* in North Carolina offering direct supports to people with I/DD. The report offers insights into the level of benefits and wraparound supports currently being offered to DSPs in the state.



## Employee Benefits

- **58% offered some kind of paid time off**
  - National average: 75%
- **50% offered health insurance**
  - National average: 61.7%
- **44% offered a retirement plan**
  - National average: 55%
- *Note: Many providers tied benefits to specific conditions including being a full-time employee or being employed for a minimum length of time*



## Wraparound Supports

- **6% offered transportation supports**
  - National average: 13% average
- **2.5% offered childcare supports**
  - National average: 3.6%
- **28% offered an employee assistance program**
  - National average: 35%
- **18% offered post-secondary education support (PTO, reimbursement, etc.); 58% offered job-related training**
  - National average: 22%, 65%, respectively

# Background: Wraparound Supports in Other States

Wraparound supports programs for DSPs have been implemented in other states (primarily through ARPA funding) across several areas including transportation, child/dependent/senior care, food supports, and paid time off.

Supports Category	Supports Examples
<b>Transportation</b>	<ul style="list-style-type: none"><li>• Financial assistance for obtaining a driver's license (<a href="#">MD</a>)</li><li>• Transportation subsidies for rideshare services and/or public transportation (<a href="#">MA</a>, <a href="#">MD</a>, <a href="#">RI</a>, <a href="#">IN</a>)</li><li>• Travel allowance for mileage (<a href="#">MD</a>)</li><li>• Financial assistance for car maintenance (<a href="#">MA</a>)</li></ul>
<b>Child/Senior/Dependent Care</b>	<ul style="list-style-type: none"><li>• Childcare, dependent, and elder care subsidies (<a href="#">IN</a>, <a href="#">MA</a>, <a href="#">MD</a>, <a href="#">MT</a>, <a href="#">RI</a>)<ul style="list-style-type: none"><li>• Could include full-time child or dependent care, or emergency care</li></ul></li></ul>
<b>Food Supports</b>	<ul style="list-style-type: none"><li>• Meal vouchers (<a href="#">MA</a>, <a href="#">RI</a>)</li></ul>
<b>Paid Time Off</b>	<ul style="list-style-type: none"><li>• Set number of paid leave days, inclusive of sick time and personal time off (<a href="#">RI</a>)</li></ul>

Priority supports identified by DMH/DD/SUS

# State Case Study: Maryland's Direct Care Worker Innovation Fund

## Program Overview

**Background:** In 2021, the Maryland General Assembly created a fund to provide matching grants to entities that create and expand upon successful recruitment and retention strategies for DCWs.

**Program Eligibility:** Non-profits, labor organizations, and direct care employers can apply for the grant.

### Eligible Wraparound Services:

- **Assistance Obtaining a Driver's License** – Payment for driver's education or the cost of getting the driver's license card.
- **Transportation Assistance** – Up to \$50 per day for transportation.
- **Uniforms, Tools, and Related Equipment.**
- **Child or Dependent Care** – State child or dependent care subsidy used with a state-approved childcare provider.
- **Clothing for Interviews and Job Fairs** – Up to \$100 (one-time payment only).

### Application Requirements:

- Applicants must describe how they will consult with direct care workers and the families of individuals assisted by direct care workers throughout the project.
- Applicants must provide data to demonstrate the need for workforce investments in their area/region.

### Reporting:

- Grantees must report on the number of individuals who accessed services, DCW satisfaction, and employer satisfaction.

# Discussion Questions

## For Discussion:

- **Are there specific providers or other organizations you would recommend we speak with** to learn more about DSP wraparound supports currently available in NC?
- Which types of wraparound supports would you expect to have the **greatest impact on DSP recruitment and retention?**
- What are the key barriers that need to be addressed to **ensure wraparound supports are accessible** for different DSP populations (e.g., those working in urban v. rural setting)?

# Looking Ahead-Next Steps

- **Advancing the design of the wraparound supports and longevity bonus initiatives.**
- **Begin design work for the DSP directory.**
- **Share the results of the DSP survey with the advisory committee.**

# Appendix

# Introductions

# Direct Support Professionals (DSP) Advisory Committee Membership (1/5)

Name	Organization
<b>Providers</b>	
Alicia Barfield	North Carolina Healthcare Association
Amy Miller	OE Enterprises, Inc.
Anita Daniels	actualities limited & Union Baptist Church
Baines Jamil	Archmade LLC
Barry Dixon	Dixon Social Interactive Services Inc.
Betsy MacMichael	First in Families of NC
Brandi Baker	Residential Services Inc.
Brittney Peters-Barnes	NC START
Bryan Dooley	Solutions for Independence
Carson Ojamaa	Children's Hope Alliance
Chris Faulkner	Family Solutions
Corie Passmore	Tammy Lynn Center
Corye Dunn	Disability Rights NC
Darlene Norton	Gaston Residential Services
Devon Cornett	Abound Health
Eileen Slade	NC START Central
English Albertson	Primary Health Choice, Inc
Erika Taylor	Brody School of Medicine at East Carolina University, Dept. of Family Medicine
Garcia Lourdes	Justice Services Department
Gerald Bernard	Charles Lea Center Inc.

Name	Organization
<b>Providers</b>	
Herb Whitesell	Davidson, Holland, Whitesell & Co., PLLC
Holly Richard	The Arc of North Carolina
Holly Watkins	The Arc of North Carolina
Jamie Tutor	All Ways Caring HomeCare
Janet Price-Ferrell	FIRST
Jemma Grindstaff	UNC TEACCH Autism Program
Jen Greveling	BAYADA Habilitation
Jennifer Street	Animo Sano Psychiatry
Joel Maynard	The North Carolina Provider Council & The Developmental Disabilities Facilities Association
John Nash	The Arc of North Carolina
Joseph Horrigan	Duke University
Joyce Harper	Freedom House Recovery Center, Inc.
Julia Adams-Scheurich	Oak City Government Relations, LLC
Karen McLeod	Benchmarks
Karin McDaniel	Adult Life Programs, Inc.
Kelly Husn	BAYADA Habilitation
Kelsey Parker	Carolina Outreach, LLC
Kelvin Barnhill SR	Flovi Services
Kerri Erb	Autism Society of NC
Kevin Anders	Children's Hope Alliance



# Direct Support Professionals (DSP) Advisory Committee Membership (2/5)

Name	Organization
<b>Providers</b>	
Kimberly Mitchell	Boundless Miracles, LLC
Krista Zappia	Children's Hope Alliance
Laura McRae	Pinnacle Family Services
Leonard Shinhoster	Alexander Youth Network
Lisa Poteat	The Arc of NC
Luke McDonald	Novant Health
Luwanda Smith Daniels	Alternative Behavioral Solutions Inc.
Margaret Mason	CBCare
Margery Sved	self
Maria McLaughlin	Rainbow 66 Storehouse
Mary Butts	Carobell Inc
Mary Jones	El Futuro
Mebane Boyd	NC Partnership for Children
Michael Maybee	Watauga Opportunities Inc.
Michelle, Klutz	NC START East/West
Mike Chapman	UNC TEACCH Autism Program
Monica Long	Alpha Management Community Services, Inc.
Pablo Puente	ServiceSource
Pam Clark	FIRSTwnc
Richard Anderson	Horizons Residential Care Center
Richard Edwards	CBCare

Name	Organization
<b>Providers</b>	
Richard Walker	Carobell, Inc.
Sandra Johnson	Primary Health Choice
Sherrell Gales	Abound Health
Talley Wells	NCCDD
Terri Bernhardt	Monarch NC
Therese Garrett	WellCare NC
Tom O'Brien	Industrial, Opportunities, Inc.
Tracy Smith	CBCare
Venkata Ravi Chivukula	Novant Health
Wendy Briggs	Ralph Scott Lifeservices, Inc.
Yasmin Gay	Atrium Health Wake Forest Baptist/ Wake Forest University School of Medicine

# Direct Support Professionals (DSP) Advisory Committee Membership (3/5)

Name	Organization
<b>Consumers/Family Members</b>	
Amie T Brendle	CFAC and Advocacy / Advisory Groups and Committees
Angela-Christine, Rainear	Employer of Record
annika jeffries	MHA
Beth Field	LAND (Leadership Alliance for Neurodevelopmental Disabilities)
Carol Conway	PACID
Crystal White	Easterseals UCP
Katherine Fields	Employee of Record
Laura Radulescu	Wake Enterprises
Linda Campbell	CFAC
Lisa Carroll	Partners-CFAC Member
Lisa Roberson	EOR
Lorraine LaPointe	Orange County - CFAC Member
Marisa Kathard	N/A
Pamela Clark	Employee of Record
Poonam Pande	N/A
Ray Hemachandra	Vaya CFAC
Sarah Potter	PCFAC, MTN, NC WAT
Sherri McGimsey	NAMI
Velma Gaye	N/A
Zondra Moss	Abound Health

Name	Organization
<b>Consumers/Family Members</b>	
Angela-Christine Rainear	SCFAC
Annette Smith	SCFAC
Crystal Foster	SCFAC
Janet Breeding	SCFAC
Johnnie Thomas	SCFAC
Lilly Parker	SCFAC

# Direct Support Professionals (DSP) Advisory Committee Membership (4/5)

Name	Organization
<b>Community Partners</b>	
Alicia Brunelli	NC Harm Reduction Coalition
Anna Ward	Carolina Institute for Developmental Disabilities
Betsey Zook	Forsyth Tech Community College
Debra Barnette	Community Care of the Lower Cape Fear
Ellen Carroll	NCHA
Jessica Aguilar	SCFAC
Lisa Jackman	NC START West
Martha Turner-Quest	NC Psychological Association
Michael Chapman	UNC TEACCH Autism Program
Robin Zeigler	Division of Public Health, Oral Health Section
Stephanie Walker	AHEC
Suresh Nagarajan	PCG
Tara Fields	Benchmarks
Tim Gallagher	Individual
Tracie Potee	Soar Parenting and Life Wellness Coaching Services Inc.
Troy Manns	CHPD/CHT Crisis Unit
William Edwards	Transitional Services Center, inc

Name	Organization
<b>LME/MCOs</b>	
Aimee Izawa	Alliance Health
Dr. Uzama Price	Alliance
Brian Perkins	Alliance Health
Claudette Johnson	Alliance Health
Emily Kerley	Alliance Health
Jocelyn Stephens	Alliance Health
Sandhya Gopal	Alliance Health
Sara Wilson	Alliance Health
Ann Gluf	Partners
Allison Crotty	Partners Health Management
Amilcar Blake	Partners Health Management
Doug Gallion	Partners Health Management
Michelle Stroebel	Partners Health Management
Cindy Ehlers	Trillium Health Resources

# Direct Support Professionals (DSP) Advisory Committee Membership (4/5)

Name	Organization
<i>Internal</i>	
Tina Barrett- Lead	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Saarah Waleed	DMHDDSUS
Ginger Yarbrough	DMHDDSUS
Elliot Krause	DMHDDSUS
Keith McCoy	DMHDDSUS
Betty Vines	DMHDDSUS
Karen Wade	Office of the Secretary
Michael Ganley	DSOHF
Nicholas Galvez	NC Office of Rural Health
Holly Riddle	Office of the Secretary - Olmstead/TCL
Melissa Swartz	NC Council on Developmental Disabilities