



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

DMHDDSUS Advisory Committee: Direct Support  
Provider (DSP) Workforce

January 17, 2024

# Agenda

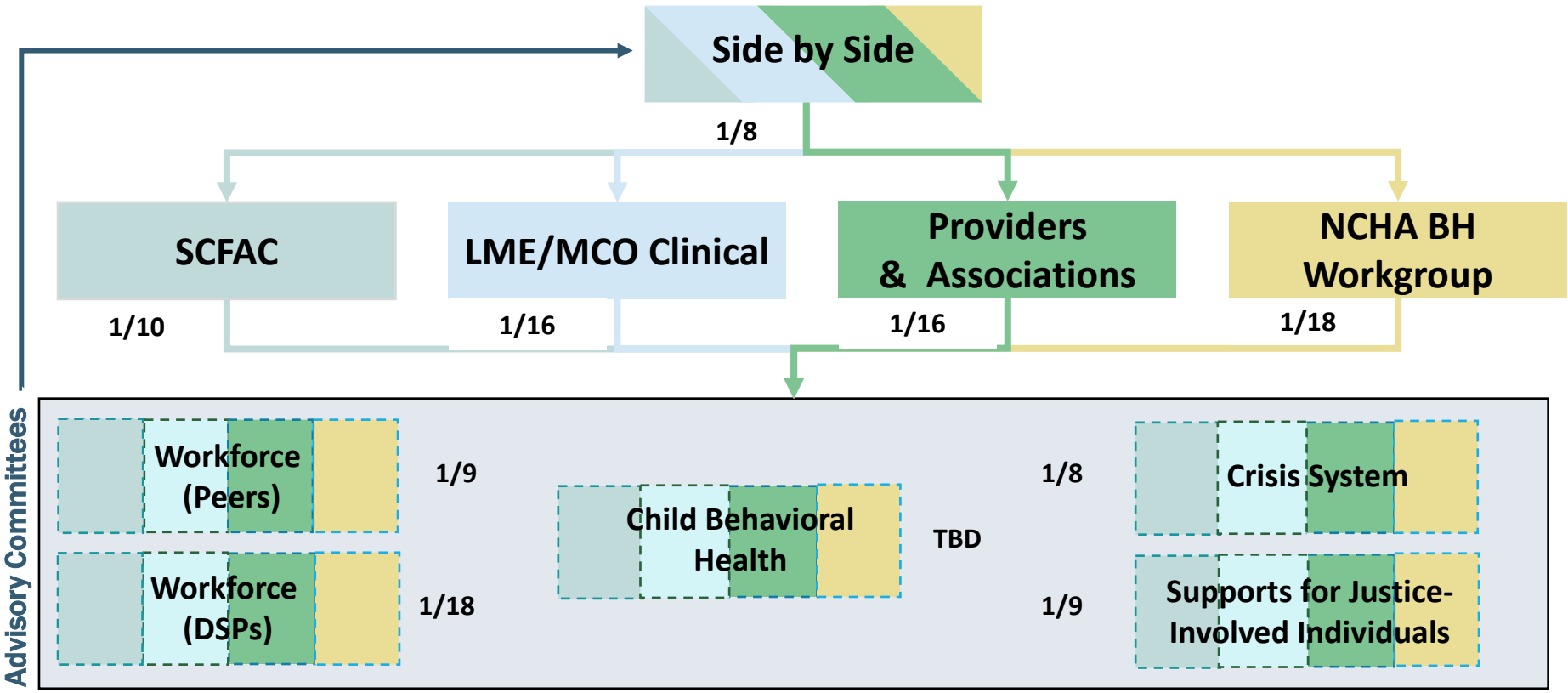
- Welcome
- Introductions and Expectations - 5 min
- (Recap) Defining Direct Support Professionals (DSP) - 5 min
- (Recap) DSPs in North Carolina: Current Situation - 5 min
- Future: Expanding High-Quality DSPs in North Carolina - 10 min
- Discussion - 30 min
- Other Considerations - 5 min

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



# January Community Collaboration

Topic: Workforce (Direct Support Professionals)



# Describing Our Community Collaboration Model

- We are building a structure for collaboration where information cascades across three levels of engagement. Presenting ideas, receiving feedback, and collaborating on policy priorities, we will use this structure to work “side by side.”
- **Level 1:** Large scale public engagement. We use our Side By Side webinar to provide important updates to the public, proactively communicate key policy priorities, and answer questions from participants.
- **Level 2:** Focused engagement across a range of topics with key community partners. Our SCFAC meeting is an example.
- **Level 3:** Collaboration with advisory committees that are dedicated to a single topic. Advisory committees are made up of representatives from each of our key community partners. Advisory committees are being developed to discuss four key priority areas: crisis system, supports for justice-involved individuals, peer workforce, and direct support professional workforce. Input from advisory committees informs DMHDDSUS’ policy development and future conversations.

# Introductions and Expectations

# DSP Workforce Advisory Committee Membership (1 of 5)

Name	Organization
<b>Providers</b>	
Devon Cornett	Abound Health
Sherrell Gales	Abound Health
Stephanie Walker	AHEC
Monica Long	Alpha Management Community Services, Inc.
Luwanda Smith Daniels	Alternative Behavioral Solutions Inc.
Jennifer Street	Animo Sano Psychiatry
Kerri Erb	Autism Society of NC
Kelly Husn	BAYADA Home Health Care
Tara Fields	Benchmarks
Margaret Mason	CBCare
Richard Edwards	CBCare
Tracy Smith	CBCare
Linda Campbell	CFAC
Carson Ojamaa	Children's Hope Alliance
Kevin Anders	Children's Hope Alliance
Krista Zappia	Children's Hope Alliance
Corye Dunn	Disability Rights NC
Michael Ganley	DSOHF
Katherine Fields	Employee of Record
Pamela Clark	Employee of Record
Chris Faulkner	Family Solutions

# DSP Workforce Advisory Committee Membership (2 of 5)

Name	Organization
<i>Providers</i>	
Janet Price-Ferrell	FIRST
Betsy MacMichael	First in Families of NC
Pam Clark	FIRSTwnc
Richard Anderson	Horizons Residential Care Center
Garcia Lourdes	Justice Services Department
Terri Bernhardt	Monarch NC
Marisa Kathard	N/A
Poonam Pande	N/A
Velma Gaye	N/A
Sherri McGimsey	NAMI
Nicholas Galvez	NC Office of Rural Health
Martha Turner-Quest	NC Psychological Association
Talley Wells	NCCDD
Julia Adams-Scheurich	Oak City Government Relations, LLC
Lorraine LaPointe	Orange County - CFAC Member
Carol Conway	PACID
Lisa Carroll	Partners-CFAC Member
Sandra Johnson	Primary Health Choice
Maria McLaughlin	Rainbow 66 Storehouse
Brandi Baker	Residential Services Inc.
Bryan Dooley	Solutions for Independence



# DSP Workforce Advisory Committee Membership (3 of 5)

Name	Organization
<b><i>Providers</i></b>	
Corie Passmore	Tammy Lynn Center
Holly Watkins	The Arc of North Carolina
John Nash	The Arc of North Carolina
Joel Maynard	The North Carolina Provider Council & The Developmental Disabilities Facilities Association
Jemma Grindstaff	UNC TEACCH Autism Program
Ray Hemachandra	Vaya CFAC
Laura Radulescu	Wake Enterprises

# DSP Workforce Advisory Committee Membership (4 of 5)

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

Name	Organization
<b>LME/MCOs</b>	
Aimee Izawa	Alliance Health
Brian Perkins	Alliance Health
Claudette Johnson	Alliance Health
Emily Kerley	Alliance Health
Jocelyn Stephens	Alliance Health
Sandhya Gopal	Alliance Health
Sara Wilson	Alliance Health
Cindy Ehlers	Trillium Health Resources

# DSP Workforce Advisory Committee Membership (5 of 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
Karen Wade	Office of the Secretary
Rhian Carreker-Ford	Accenture

# DSP Workforce Advisory Committee Draft Charter

The DSP Workforce Advisory Committee will advise and inform DMH/DD/SUS on key aspects of the design, implementation, and evolution of North Carolina's DSP workforce.

- The Advisory Committee is chaired by DMH/DD/SUS and will consist of a group of representatives from consumer and family advisory committees, provider groups, the North Carolina Healthcare Association, and LME-MCOs.
- Members will serve a one-year term, with an optional second year.
- The Advisory Committee will advise on FY23 – FY24 budget investments under development that will inform the longer-term strategy/redesign of the DSP workforce system.
- Recommendations are advisory only.
- The Advisory Committee may create ad-hoc technical groups (“subcommittees”), as needed, to develop recommendations on specific, high priority topics.

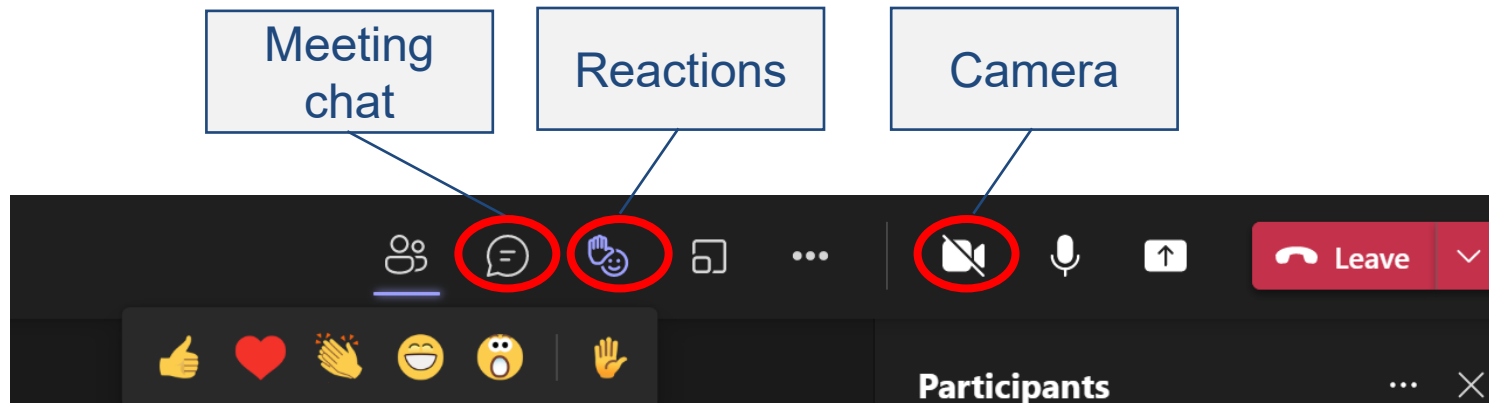
# Meeting Logistics

Each Advisory Committee meeting will introduce key topics for discussion related to the DSP workforce; initial meetings will set expectations regarding the nature and scope of issues to be addressed.

- The Advisory Committee will meet approximately once per month
- DMH/DD/SUS will seek to circulate agendas and materials with membership up to a week in advance of a meeting and post publicly.
- Members are expected to:
  - Regularly attend meetings, whether in-person or virtually.
  - Actively participate in conversations on key policy and design issues and provide meaningful feedback. For virtual meetings, please turn on cameras (if able), use reactions in Teams to share opinions on topics discussed, and share questions in the chat.
  - Bring issues raised during meetings back to their organizations to promote dialogue and communication between the Advisory Committee and a broader group of stakeholders.

# Increasing Engagement

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.



# North Carolina's DSP Workforce, Part 1

# The Role of DSPs (1 of 2)

- The Department of Labor describes DSPs as “caregiving... and supporting people with disabilities to participate fully in their communities, live in integrated settings, and seek competitive integrated employment (CIE).”
- DSPs perform a range of **non-clinical activities** including:
  - Provide caregiving and support with activities of daily living
  - Provide job coaching, employment support, and transportation
  - Assist with communication
  - Help ensure safety, choices are available, and independent or supported decision making
  - Use creative thinking to help people with I/DD be more independent
  - Advocate for rights and services
  - Provide emotional support



# The Role of DSPs (2 of 2)

In North Carolina, DSPs perform a range of functions in a variety of settings, including:

- Intermediate Care Facilities (ICF)
  - *Community based ICFs, Specialized facilities, State Developmental Centers*
- Non-ICF Settings
  - *Group homes*
  - *Alternative Family Living (AFL)*
  - *In the person's home*
  - *In the person's family's home*
  - *Vocational and day programs*
  - *Community settings including Competitive Integrated Employment,*

# Why Do We Need a Strategy?

- Without changes, by 2030 North Carolina is projected to have a total of **182,400** direct care job openings
- In 2021 the average turnover rate among DSPs was **43%**
- Of I/DD providers surveyed:
  - **66%** turned away new referrals
  - **34%** discontinued services
  - **40%** see higher frequencies of reportable incidents

# Behavioral Health Budget Provisions (\$785M)

Workforce

Provision	FY24	FY25
Crisis System (e.g. mobile, FBCs)	\$30M	\$50M
Crisis Stabilization (short-term shelter)	~\$3M	~\$7M
Non-Law Enforcement Transportation Pilot Program	\$10M	\$10M
BH SCAN	\$10M	\$10M
Justice-Involved Programs	\$29M	\$70M
Behavioral Health Workforce Training <ul style="list-style-type: none"> <li>Establish a workforce training center that would provide no-cost training to public sector BH providers</li> <li>Administer grants to community colleges to enhance BH workforce training programs</li> </ul>	~\$8M	\$10M
NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
Behavioral Health Rate Increases	\$165M	\$220M
State Facility Workforce Investment	\$20M	\$20M
Electronic Health Records for State Facilities		\$25M
Child Welfare and Family Well-Being	\$20M	\$60M
	<b>\$299M</b>	<b>\$486M</b>

# Guiding Principles for Identifying Investments

## Year 1

- Fund infrastructure to allow current DMH/DD/SUS programs producing positive outcomes to expand their reach
- Leverage data and community input to prioritize projects based on need

## Year 2

- Fund innovative programs that require additional research and design
- Change existing programs to improve service quality and/or build path for long-term sustainability

# Challenges

Problem Statement: North Carolina is facing a shortage of DSPs who provide home and community-based services, which impacts the ability for individuals with I/DD to live and receive services in their homes and/or communities.



## Low Compensation

DSP wages are often under \$15/hr and do not reflect the complexity and importance of their role in supporting individuals with disabilities.



## Lack of Professional Development Options or DSP Career Path

Training and certifications options are limited (often only available through providers).



## Multiple Jobs

Due to low compensation, DSPs often need to work for multiple providers or hold multiple jobs to make a living wage, which can lead to burnout and high turnover rates



## Fewer Benefits as Part-Time Employees

Providers encourage DSPs to work as part-time employees to reduce overhead costs associated. DSPs have limited access to additional benefits typical with full-time employment

## Other Contributing Factors:

- **Provider Billing v. Independent Billing:** DSPs work as provider employees, which may limit their ability to bill directly to Medicaid at a higher rate independently
- **Lack of Professional classification:** There is no defined career path for DSPs. Professions with similar educational requirements (CNA, Nurse's Aid) offer certification, DSP does not



Impacted by recent wage increases (see next slide)

# Recent Updates Impacting DSP Compensation

## I/DD & TBI Budget Provisions

Provision	FY24	FY25
350 new Innovations slots	\$29.33M	\$29.33M
Innovations Direct Support Professional Wage increases	\$176M	\$176M
Competitive Integrated Employment	\$5M	\$5M
Personal Care Service (PCS) Rate Increases	\$176M	\$176M
Authority to expand TBI waiver statewide		

## BH Rate Increases

- The rate increases represent an **approximate ~20% increase in overall Medicaid funding** for behavioral health across all impacted services
- Rate increases should:
  - Recruit more BH providers into the public BH system
  - Improve access to inpatient psychiatric care in community hospitals
- Support DSPs who provide 1915i and b3 services
- Medicaid rate increases will be effective for services provided on or after **1/1/2024**

[Innovations Waiver Provider Rate Increase](#)

[Behavioral Health Reimbursement Rates Increased for the First Time in a Decade](#)

## Direct Support Professional (Innovations Waiver) Rate Increases

Link: [Innovations Rate Increases for DSPs](#)

The NC General Assembly appropriated \$176 million in state and federal recurring funding to raise NC Medicaid Innovations waiver services rates for DSPs.

Innovations waiver services providers must document their commitment to and use of the rate increases “to the benefit of its Innovations direct care workers, including in the form of an increase in hourly wage, benefits, or associated payroll costs.”

Services with an increase:

- Residential Supports
- Supported Employment
- Respite Care
- Community Living and Supports
- Day Supports
- Supported Living

# Certification & Training

- **Direct care worker training leaves many of them without the skills, knowledge, and confidence to succeed in their roles**
- Many training programs are topic-based and duration-based, instead of taking a competency-based approach that emphasizes workers' acquisition of the right knowledge, skills, and abilities
- Certification and core competency training would allow:
  - Enhance professional credibility, recognize achievement, and foster respect
  - Support DSPs by clarifying professional roles and responsibilities, increasing understanding of expectations, and provide clear pathways to professional advancement
  - Improve quality of care by ensuring the attainment of necessary skills and competencies
  - Transferability will decrease the cost to the provider of training staff

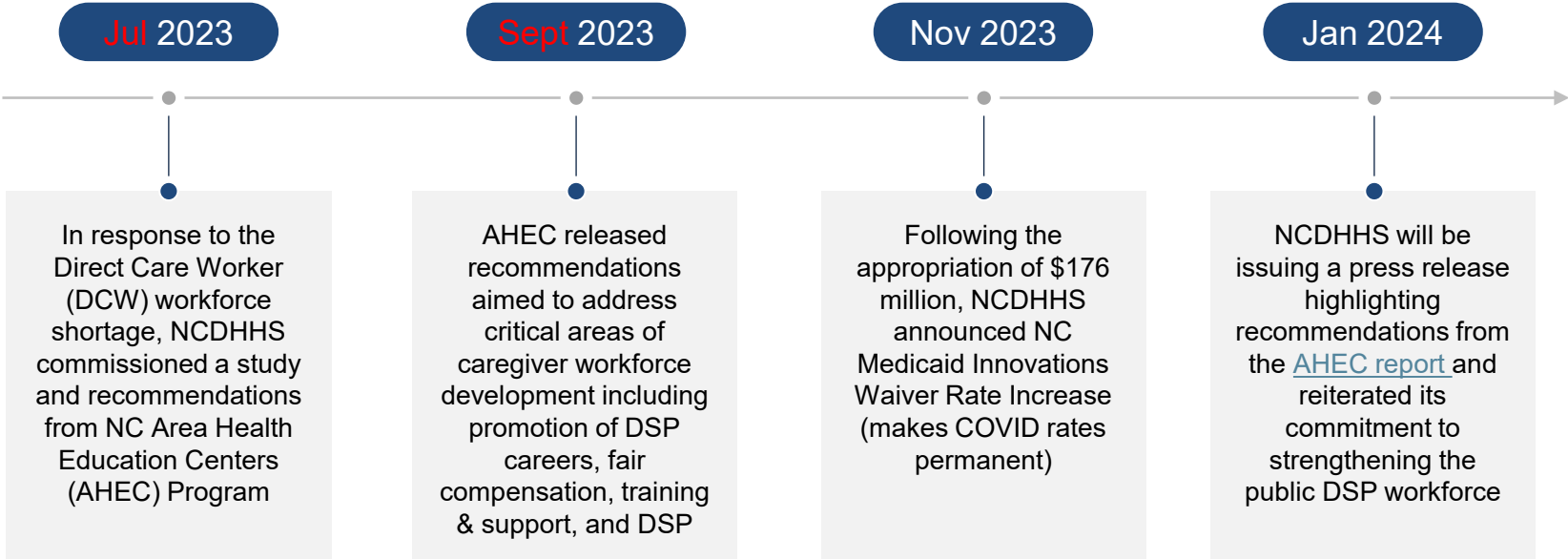


# Related Efforts in the DSP Space

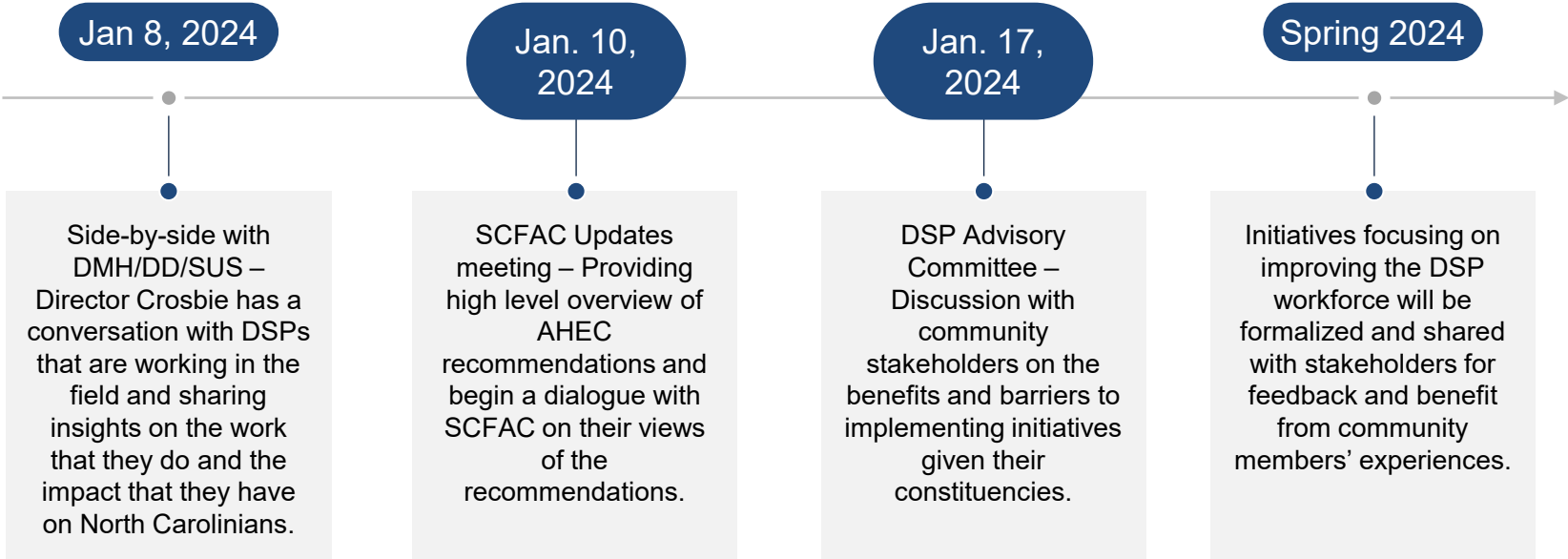
DMHDDSUS is aware of and coordinating with these other efforts.

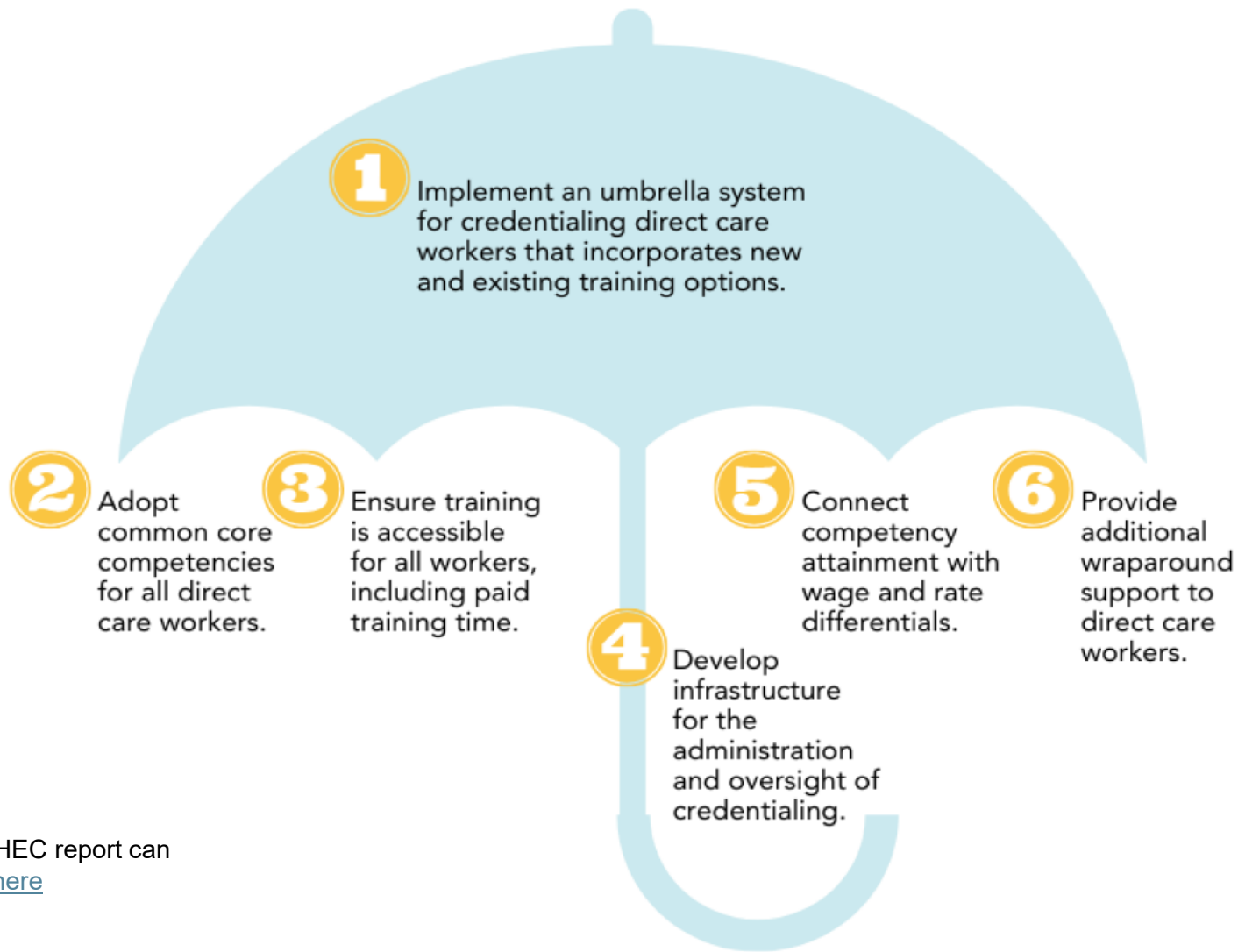
- The **Caregiving Workforce Strategic Leadership Council** is a joint effort between NC DHHS and NC Department of Commerce focusing on direct care, nursing, and BH provider labor force shortages
  - Recommendations will be posted soon
- **NC AHEC** has developed a report for DHHS with recommendations pertaining to DSP workforce certification
  - [AHEC Recommendations for HCBS Worker Certification](#)
- NCDDD, The Arc, and other entities are also exploring DSP system supports

**NCDHHS is working with a variety of stakeholders, including AHEC, to develop a strong, well-trained workforce of Direct Support Professionals (DSPs) to provide high-quality services in the homes and communities of North Carolinians.**



**NCDHHS will continue to engage with stakeholders at various levels and gather input and feedback on proposed initiatives related to the Direct Support Professionals (DSPs) workforce.**





The full AHEC report can be found [here](#)

# DSP INITIATIVE OVERVIEW

Program	Investment Focus	Investment Description
<b>Direct Support Professionals</b>	<b>Core Competency Curriculum</b>	<b>Adoption of a common core competency curriculum that is validated and administered by an external entity. The curriculum will be determined and periodically by the state. clients.</b>
	<b>Badging and Credentialing Authority</b>	<b>Investment in an authority that will administer and provide infrastructure for badging and credentialing for DSPs in the state of North Carolina. This authority would track certifications, status and monitor good standing.</b>
	<b>Direct Support Professional Directory</b>	<b>An interactive directory for anyone that is seeking a DSP’s services. This landing page will allow DSPs to connect with individuals and families seeking their services, track certifications, connect with other DSPs to share best practices and post their availability when seeking (or not seeking) new clients.</b>

# INVESTMENT FOCUS: Core Competency Curriculum

## Description

Adoption of a common core competency curriculum that is validated and administered by an external entity. The curriculum will be determined and periodically updated by the state to reflect the latest updates in standards and state and local compliance.

## Funding will support:

- The consolidation of core competency curriculum into one managed list overseen by the Division.
- Vendor costs for validating the curriculum and administering the courses.
- Support administrative costs associated with the program (including incentives, et al.)

## Outcomes

Developing the Core Competency Curriculum will allow the team to:

- Better track DSPs in the state
- Track training and standards compliance

## Stakeholder Workgroup Engaged

DSP Stakeholder Workgroup

Secretary Priority

Making BH Services more available

Building Strong Systems to Support People in Crisis

## Short-Term Funding and Implementation Plan

- We are still gathering data needed to determine the funding necessary to establish a Core Competency Curriculum. This is highly dependent on your input.

## Long-Term Considerations

- Long-term sustainability considerations are being thought out and we would appreciate your input in their development.

## Recommendation: Core Competency Curriculum



- The establishment of a core competency curriculum is in line with the AHEC recommendation to adopt common core competencies for all direct care workers (DSPs).
- What are your thoughts on the benefits of a core competency curriculum?
- What are some things to consider when implementing a core competency curriculum?
- In addition to the core competencies outlined in statute and service definitions, what are some areas of specialization that should be included in the curriculum?

# INVESTMENT FOCUS: Badging and Credentialing Authority

## Description

Investment in an authority that will administer and provide infrastructure for badging and credentialing for DSPs in the state of North Carolina. This authority would track certifications, status and monitor good standing.

## Funding will support:

- Cost for infrastructure development for a badging and credentialing system.
- Administrative costs for certification, re-certification and compliance with standards.

## Outcomes

Improved infrastructure and administration will allow the team to:

- Better track and monitor certifications.
- Support a state-wide implementation of badging and credentialing.
- Allow for certification portability across multiple providers, authorities and other entities.

## Stakeholder Workgroup Engaged

DSP Stakeholder Workgroup

Secretary Priority

Making BH Services more available

Building Strong Systems to Support People in Crisis

## Short-Term Funding and Implementation Plan

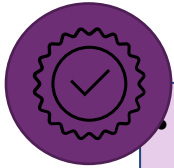
- We are still gathering data needed to determine the funding necessary to establish a Badging and Credentialing Authority. This is highly dependent on your input.

## Long-Term Considerations

- Long-term sustainability considerations are being thought out and we would appreciate your input in their development.



## Recommendation: Badging and Credentialing Authority



- The establishment of a badging and credentialing authority curriculum is in line with the AHEC recommendation to a.) implement an umbrella system for credentialing DCWs that incorporates new and existing training options and b.) develop infrastructure for the administration and oversight of credentialing.
- What are your thoughts on the benefits of a badging and credentialing authority?
- What are some things to consider when implementing a credentialing and badging authority?
- What specializations should be offered in badging/credentialing?

# INVESTMENT FOCUS: Direct Support Professional Directory

## Description

An interactive directory for anyone that is seeking a DSP's services. This landing page will allow DSPs to connect with individuals and families seeking their services, track certifications, connect with other DSPs to share best practices and post their availability when seeking (or not seeking) new clients.

## Funding will support:

- Product Development.
- Infrastructure staffing.
- Communication and Education.

## Outcomes

### This investment will:

- Improve the connections between DSPs, providers and individuals seeking DSP services.
- Decrease the turn-over rate for DSPs

## Stakeholder Workgroup Engaged

### DSP Stakeholder Workgroup

Secretary Priority

Making BH Services more available

Building Strong Systems to Support People in Crisis

## Short-Term Funding and Implementation Plan

- We are still gathering data needed to determine the funding necessary to establish a DSP Directory. This is highly dependent on your input.

## Long-Term Considerations

- Long-term sustainability considerations are being thought out and we would appreciate your input in their development.

## Recommendation: Direct Support Professional Directory



- The proposal for an interactive DSP website will allow DSPs to manage their availability, network and connect with individuals seeking DSP services
- What are your thoughts on the benefits of a DSP Directory?
- What do you think should be considered in developing a DSP Directory?