



Division of Mental Health, Developmental Disabilities and Substance Use Services

DMHDDSUS Advisory Committee: Direct Support Provider (DSP) Workforce

December 6, 2023

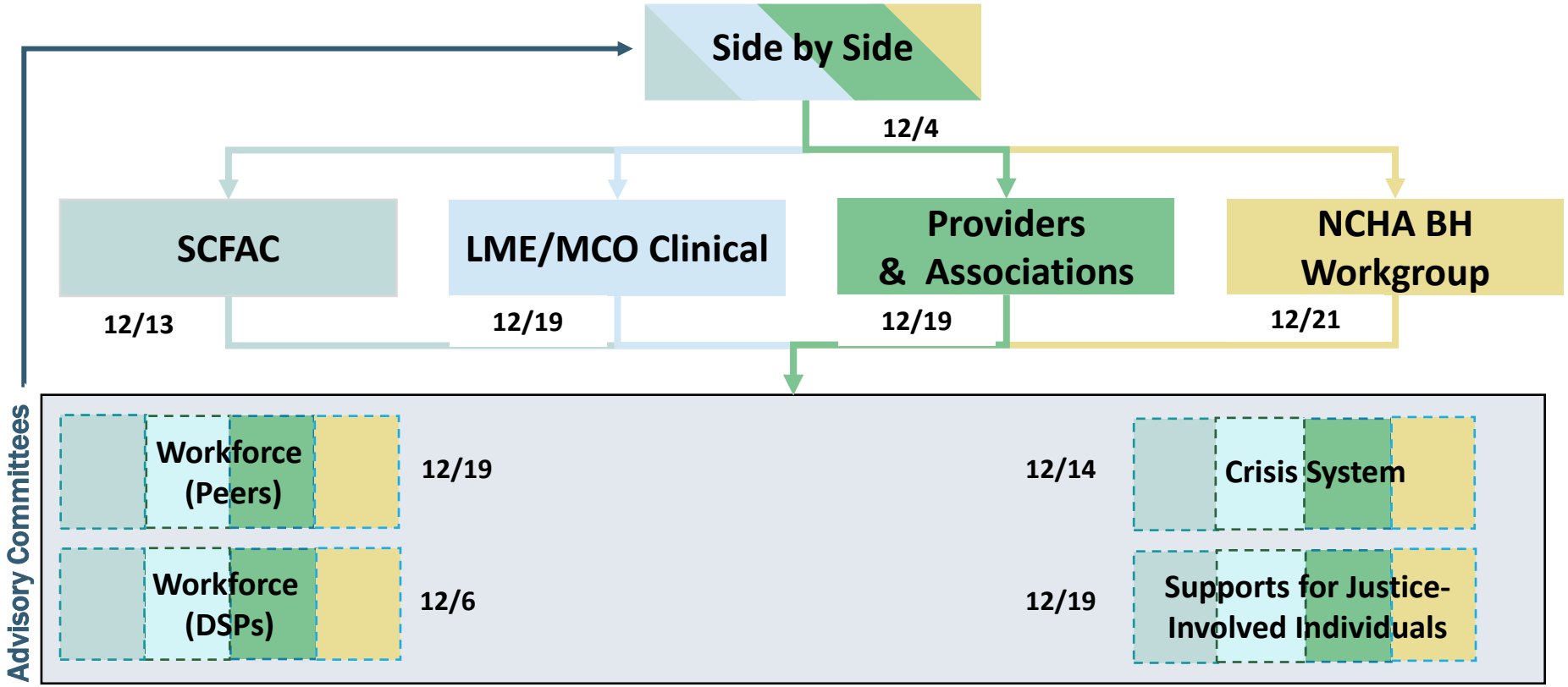
Agenda

- Introductions and Expectations
- Defining Direct Support Professionals (DSP)
- DSPs in North Carolina: Current Situation
- Future: Expanding High-Quality DSPs in North Carolina
- Discussion

DMH/DD/SUS
Community Collaboration Model

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

December Community Collaboration



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 2)

Name	Organization
Providers	
Betsy MacMichael	First in Families of NC
Chris Faulkner	Family Solutions
Corie Passmore	TLC
Devon Cornett	Abound Health
Jennifer Street	Animo Sano Psychiatry
Joel Maynard	The North Carolina Provider Council & The Developmental Disabilities Facilities Association
John Nash	The Arc of North Carolina
Julia Adams-Scheurich	Oak City Government Relations, LLC
Kelly Husn	BAYADA Home Health Care
Kerri Erb	Autism Society of NC
Kevin Anders	Children's Hope Alliance
Luwanda Smith Daniels	Alternative Behavioral Solutions Inc.
Margaret Mason	CBCare
Maria McLaughlin	Rainbow 66 Storehouse
Monica Long	Alpha Management Community Services, Inc.
Richard Anderson	Horizons Residential Care Center
Richard Edwards	CBCare
Stephanie Walker	AHEC
Talley Wells	NCCDD
Terri Bernhardt	Monarch NC
Tracy Smith	CBCare

DSP Workforce Advisory Committee Membership (2 of 2)

Name	Organization
Consumers	
Crystal Foster	SCFAC
Annette Smith	SCFAC
Jessica Aguilar	SCFAC
Angela-Christine Rainear	SCFAC

Name	Organization
LME/MCOs	
Brian Perkins	Alliance Health
Cindy Ehlers	Trillium Health
Sandhya Gopal	Alliance Health
Sara Wilson	Alliance Health

Name	Organization
Internal	
Tina Barrett- Lead	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Saarah Waleed	DMHDDSUS
Ginger Yarbrough	DMHDDSUS
Elliot Krause	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.

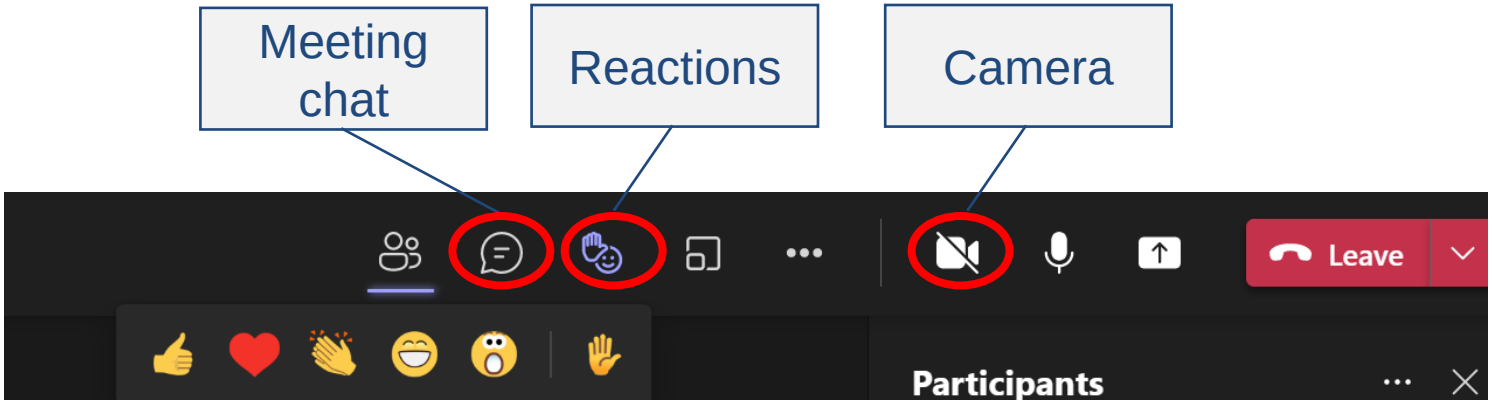
Meeting Logistics

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

https://www.dol.gov/agencies/odep/program-areas/individuals/DSP

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)

	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
Workforce	Behavioral Health Workforce Training • Establish a workforce training center that would provide no-cost training to public sector BH providers • Administer grants to community colleges to enhance BH workforce training programs	~$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
		$299M	**$486M**

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
  - Report will be posted soon

- NCDDD, The Arc, and other entities are also exploring DSP system supports

Questions

- What are your pain points in NC's DSP system?
- What is working well?
- Would a state-sponsored credentialing and training program help? Why or why not?
- What other factors should this advisory group be looking at?