

# DSW Resource Center Newsletter

Centers for Medicare and Medicaid Services

Spring 2007

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## Greetings!

This quarterly newsletter provides updates on the work of the [National Direct Service Workforce Resource Center](#) as well as links to resources and information about workforce improvement activities and initiatives.

## *2008 Intensive TA Application*

The application for the 2008 round of in-depth technical assistance will be available on the DSW-RC website on August 1, 2007. The purpose of this TA is to help states develop or implement initiatives that strengthen the workforce that supports individuals with disabilities who live in home and community based settings in their states. State Medicaid Agencies and their partners are encouraged to apply.

Applications will be due August 31, 2007. To learn more about the Intensive TA Application process, please visit the [DSW Resource Center Intensive TA webpage](#).

## *Demonstration to Improve the Direct Service Community Workforce: An Update*

The Centers for Medicare and Medicaid Services initiated the Demonstration to Improve the Direct Service Community Workforce to test the effectiveness of different workforce interventions on the retention and recruitment of direct service workers, including direct support professionals, personal assistance providers, home health aids and others. Part of the New Freedom Initiative, this demonstration is one of several CMS grant programs designed to help states strengthen and improve the quality of their home and



community based long term care service systems. Five grants were awarded in October 2003 for projects being implemented in Delaware, Louisiana, Maine, New Mexico and North Carolina. In May 2004, an additional five grants were awarded for projects in Arkansas, Indiana, Kentucky, Virginia and Washington. While each of the grant projects focused on improving the quality of the direct care workforce, the grantees implemented different workforce interventions in different kinds of settings.

Five of the grantees provided some kind of health care coverage or helped workers to enroll in a state sponsored health insurance program to test the impact of such a benefit on worker satisfaction, retention and recruitment. The grants also tested the impact of several other kinds of workforce interventions such as enhanced recruitment, training, realistic job previews, orientation, and peer mentorship. For example, Kentucky developed a worker association and tested the impact of interventions such as a pre-service orientation across several participating agencies. In their demonstration that originated in Louisiana, the Volunteers of America developed a worker training curriculum and they are now testing the effectiveness of this training when offered online versus traditional classroom settings. ArcBRIDGES, Inc. in Gary, Indiana worked with a local community college to develop and fund an 18 month certificate program that 35 workers have successfully completed. Based on ArcBRIDGES success with this program, the state of Indiana is planning to support 9 additional agencies across the state to implement a similar program. Arkansas and Washington developed web-based registries to match independent providers with consumers looking for supports and services.

As of April 2007, over 10,000 workers had participated in at least one intervention across the ten grantees and many participated in more than one. Another 13,000 individuals, including supervisors, family members, job candidates and consumers, also participated across the ten grantees. Most of the grant activities will conclude in 2007 and grantees are wrapping up interventions and working on their final evaluations. As they are still ongoing, the full impact of these demonstration strategies on retention and recruitment is not yet known. However, preliminary data indicate that the interventions are having a positive effect in some cases. For example, the Kentucky grantee has documented a dramatic decrease in worker turnover among the participating agencies - from 62 to 27 percent - and in North Carolina, 75 percent of the workers surveyed who received health insurance had reported that it had increased their likelihood to stay with their employer.

Follow this link for more detailed updates about each of the [DSW Demonstration Grants](#).

## *Key Federal Partners Focusing on DSW: SAMHSA*



The recruitment and retention of staff, managers and leaders in the behavioral health workforce are vexing issues that have taken center stage as a program priority at SAMHSA and as a defined action step in the Federal Action Agenda, a SAMHSA-led collaborative of the U.S.

Department of Health and Human Services, 8 other departments, and the Social Security Administration. The promise of recovery is an empty promise if there is not an available workforce, large enough and with sufficient competencies, to address mental health and substance use disorders. It is with this mandate that SAMHSA is working to transform the behavioral health workforce by creating an initiative that will be implemented in collaboration with other Federal partners, provider organizations, states, counties, universities and other stakeholders.

The SAMHSA Workforce Development Initiative is funded by all three of SAMHSA's Centers (CMHS, CSAT, and CSAP) and the Office of the Administrator (OA), to address issues that cut across the disciplines of mental health services, substance abuse treatment, and substance abuse prevention. The Contractor for this Initiative is Advocates for Human Potential, which has national expertise on behavioral health workforce activities. As a first step in this project, SAMHSA is identifying existing workforce development activities and needs within behavioral health. This inventory will take into account stakeholder perspectives, successful recruitment and retention strategies, and currently available behavioral health training and education resources. Through a brief literature review, a summary of stakeholder interviews at the national and community agency level, and an analysis of surveys conducted by stakeholder organizations, SAMHSA will be able to clarify stakeholders' perception of needs and workforce priorities and help reach agreement on a collaborative approach to system transformation. In addition to identifying successful recruitment and retention strategies, other outcomes of the inventory task include:

- A report identifying career path models highlighting effective strategies for addressing the supply and distribution of health professionals, and recommending ways that SAMHSA can facilitate and replicate these strategies;
- Inventory of current behavioral health training and education programs and curricula with a specific focus on BH resources from tribal colleges, historically Black colleges, and colleges principally serving Hispanic students; and
- Dissemination of existing recruitment tools through new avenues such as websites, meetings, and other venues.

Another priority of this initiative is the development of substance abuse and mental health core competencies. In addition to researching and producing a compendium of core competencies, SAMHSA will develop a set of core competency principles that can be applied to specific workforce categories, and include language about recovery,

resiliency, consumer-directed care, and evidence based practices. SAMHSA will also work with others to develop core competencies for Allied Health professionals (addressing mental health and substance abuse issues) and for one segment of prevention workers. By reaching out to stakeholders, the project will additionally determine which segments of the workforce should be the focus of future efforts to develop specific core competencies and how these competencies should be used. Finally, a Core Competency Implementation Toolkit and diffusion model will also be developed to guide dissemination activities.

In the years ahead, SAMHSA will review standards of key behavioral health accreditation and credentialing bodies and create strategies to promote the spread of these accreditation standards. A new SAMHSA Workforce Development website will be developed that will include a searchable repository of workforce development information and resources, and provide access to new products developed through this initiative.

### *Supreme Court Rules Against Overtime Pay for Home Care Workers*

In a 9-0 decision, the Supreme Court ruled that federal minimum wage and overtime laws do not apply to home care workers. For more information on this decision, please see this [Kaiser Daily Health Policy Report](#).

### *DSW Webinar on Online Training Programs: July 19*



The DSW Resource Center hosts periodic webinars and conference calls on topics of interest to states and providers working on DSW initiatives. Our next call will be on Thursday, July 19 at 1:00 p.m. Eastern and will feature a demonstration of three online training tools for direct support professionals: the Volunteers of America's online training program, the Alzheimer's Association's online training programs, and the College of Direct Support. Reserve your Webinar seat now at: <https://www.gotomeeting.com/register/659986503>

An archive of the April DSW Webinar on Data Collection and other call resources are now available on the [DSW Resource Center website](#).

## *Funding Sources Resource Collection... Coming Soon!*

The staff at the DSW Resource Center are in the final stages of developing an online tool that will detail the range of funding sources available to State Medicaid agencies and other agencies and stakeholders to support the development of a high quality direct service labor force. This online collection of resources will explore existing and potential funding sources for DSW initiatives, from both public and private sources.



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