



Starter Kit for No Wrong Door/Single Entry Point Systems Working to Strengthen the Home and Community-Based Direct Service Workforce

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August 2013



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Summary and Overview

No Wrong Door/Single Entry Point (SEP) systems, such as Aging and Disability Resource Centers (ADRC), play a key role in helping older adults and individuals with disabilities and chronic conditions of all ages access home and community-based long-term services and supports (LTSS) that help them live successfully in their homes and communities. A number of demographic and social trends suggest that the United States will experience a dramatic increase in the number of individuals needing home and community-based LTSS over the next 30 years that will outpace the workforce available, resulting in a severe shortage of employees in the direct service workforce (DSW). Between 2010 and 2020, the demand for DSW, is expected to grow by 48%. Over the same period, the growth of women of workforce age is predicted to only be 2%. The DSW is currently overwhelmingly female resulting in a gap between the workforce needed and available.¹

Individuals with Disabilities and Support Workers Both Need:

- System Navigation
- Options Counseling
- Benefits Linkage
- Employment Supports
- Link to Services
- Advocacy and Recognition
- Quality Improvement

This summary and the following Starter Kit explore the many ways that NWD/SEPs can complement their current rebalancing, diversion and transition activities through active engagement in direct service workforce infrastructure development and improvement. They are meant to provide NWD/SEPs with basic background information about direct service workforce challenges and strategies and spur further consideration and discussion about how NWD/SEPs might get more involved in workforce development, rather than serve as all-inclusive guides.

The Starter Kit is divided into seven sections: Understanding the Direct Service Workforce (DSW); Recruitment, Retention and Marketing; Resource Databases; Training and Competencies; Modifying NWD/SEP Functions to Support the Direct Service Workforce; Funding Opportunities, and Conclusion and Summary.

Who are Direct Service Workers?	Why focus on the Direct Service Workforce?
<p>The Direct Service Workforce Resource Center has identified four broad categories of workers, each of which includes many different job titles:</p> <ul style="list-style-type: none"> ▶ Nursing facility aides ▶ Direct support professionals (DSPs) ▶ Personal and home care aides (PHCAs) ▶ Home health aides (HHAs) 	<ul style="list-style-type: none"> ▶ Increasing demand for long term services and supports ▶ Supply of workers is not growing as quickly as demand ▶ Quality of services depends on the quality and stability of the workforce ▶ Enormous cost associated with turnover ▶ Trend toward home and community-based services raises new challenges (i.e. limited supervision and peer support, more erratic schedules)

¹ "Demand for Direct-Care Workers at All-Time High but Growth in Core Female Labor Supply Stagnant." In PHI PolicyWorks. Chart Gallery. Retrieved July 22, 2013, from: <http://phinational.org/policy/chart-gallery/>

Is funding available to assist No Wrong Door/Single Entry Point (NWD/SEP) Systems with DSW Development?

The state agencies involved in administering NWD/SEPs could dedicate funding from existing programs to support these activities. NWD/SEPs should explore funding options available to them through programs such as CMS Money Follows the Person Demonstration grants, CMS Community Care Transitions Program, CMS Balancing Incentive Payment Programs, Administration on Community Living NWD/SEP funding, Lifespan Respite funds, and Veteran-Directed HCBS.

Overview of DSW Development Activities Across the Components of a Fully Functional NWD/SEP System.

Operational Components of a Fully-Functional Aging and Disability Resource Center	Related DSW Development Activities
<i>Information, Referral, and Awareness</i>	<ul style="list-style-type: none"> ▶ Offer educational opportunities ▶ Develop recognition programs to afford opportunity for individuals to honor quality work provided by workers ▶ Market (through ads, newspapers, and social media) career opportunities and the value of workers in meeting the goal of balancing and sustaining community living ▶ Connect people interested in the DSW field to realistic job previews ▶ Host job fairs, recruiting opportunities ▶ Host or link to Matching Registries
<i>Options Counseling</i>	<ul style="list-style-type: none"> ▶ Share resources and options available to support the workers in maintaining a lifestyle that is healthy and safe ▶ Develop standards and protocols for options counseling that includes workers and documents the outcomes to be tracked ▶ Provide follow-up when necessary to ensure that workers are supported to fully engage with the individual, provide quality services, and reduce unmet need
<i>Streamlined Eligibility Determination for Public Programs</i>	<ul style="list-style-type: none"> ▶ Refer to available public and private programs for support services as needed (e.g. Medicaid, SNAP) ▶ Extend training and support to independent providers within participant-directed programs
<i>Populations, Partnerships, and Stakeholder Involvement</i>	<p>Offer Employment Support</p> <ul style="list-style-type: none"> ▶ Incorporate DSW development into marketing and outreach activities. Engage home care agencies, independent providers, and family caregivers in the development of standards and protocols for DSW support ▶ Develop and maintain matching service registries to connect individuals to workers who are available and meet their needs and preferences ▶ Include and connect the workforce development sector to NWD/SEP activity, particularly the Workforce Investment Boards ▶ Hire staff that have the knowledge and experience to support workforce development ▶ Include supports for informal caregivers



Operational Components of a Fully-Functional Aging and Disability Resource Center	Related DSW Development Activities
<i>Quality Assurance & Evaluation</i>	Incorporate the quality and well-being of workers within NWD/SEP performance measurement and evaluation to insure improvement and recognition of their role in providing quality supports and services.

Introduction

No Wrong Door/Single Entry Point systems (NWD/SEPs) bring together multiple organizations in a community in a coordinated network to help older adults and individuals with disabilities and chronic conditions of all ages access the home and community-based LTSS they need to live successfully in their homes and communities. Community-based organizations such as Area Agencies on Aging, Centers for Independent Living, and intellectual and developmental services agencies are often involved in operating NWD/SEP systems. As of August 2013, over 500 NWD/SEP systems have been funded by the Aging and Disability Resource Center (ADRC) initiative, a joint effort of the Administration for Community Living and the Centers for Medicare and Medicaid Services. Many of these identify themselves publicly as ADRCs. NWD/SEPs are responsible for:

- ▶ increasing individuals' and families' awareness of the full range of home and community-based LTSS options available to them,
- ▶ providing objective information to individuals and families regarding accessing home and community-based LTSS, and
- ▶ providing counseling and assistance to individuals and families to empower them to make informed decisions about the home and community-based LTSS they receive.

Receiving home and community-based LTSS at home is the desire of most individuals looking for supports. To achieve these goals, individuals and families must have access to adequate, quality home and community-based LTSS. Access is dependent on the availability of a well-trained direct service workforce (DSW) of sufficient size.

A number of demographic and social trends suggest that the United States will experience a dramatic increase in the number of individuals needing home and community-based LTSS over the next 30 years that will outpace the workforce available, resulting in a severe shortage of employees in the DSW.

Driven by the "Baby Boom" generation, forecasts suggest the number of individuals age 65 and older will increase to 69 million in 2030 and will represent 20 percent of the US population.² Aging populations, particularly individuals age 85 and older, are more likely to develop chronic conditions, functional limitations, and disability and need LTSS.³

In general, frail elders and individuals with disabilities prefer to live and receive their services and supports in their home.⁴ Studies have shown that living at home and receiving home and community-based services (HCBS) can delay institutionalization, and improve quality of life for frail elders and individuals with disabilities; while being cost effective for federal and state governments.

In *Olmstead v. L.C.*, the Supreme Court ruled that Title II of the Americans with Disabilities Act prohibits the unnecessary institutionalization of persons with disabilities and mandated that services to persons

² U.S. Census Bureau (2010). "The Next Four Decades: The Older Population in the United States," *Current Population Reports*, http://www.aoa.gov/aoaroot/aging_statistics/future_growth/DOCS/p25-1138.pdf (accessed January 31, 2012).

³ Spillman, B., & Lubitz, J. (2002). New estimates of lifetime nursing home use: Have patterns of use changed? *Medical Care*, 40(10), 965-975.

⁴ Keenan, T. (2010). *Home and Community Preference of the 45+ Population*. AARP, November. Available at <http://assets.aarp.org/rgcenter/general/home-community-services-10.pdf>.

with disabilities be provided “in the most integrated setting possible”.⁵ In order to meet the integration mandate in Olmstead, federal, state and local governments have increased the availability of home and community-based LTSS, and thus, increased the demand for people in the DSW.

Historically, a significant amount of home and community-based LTSS has been, and continues to be provided by families, with adult daughters often being the primary caregivers of their parents. It has been suggested that the availability of family caregivers may fall over time due in part to a rise in the divorce rate, increasing childlessness and declining family sizes; and the rise in women participating in the workforce.⁶ This would increase the demand for people in the DSW.

The direct service industry also will have to compete for available workers with other industries that may offer better wages, benefits and working conditions. As a result, the overall supply of people in the DSW is projected to grow more slowly than the demand for home and community-based LTSS.

To address the imbalance between the demand for home and community-based LTSS and the available supply of trained workers, the commitment of federal and state government agencies and private employers will be required to develop and implement initiatives to improve the recruitment and retention of people in the DSW now and in the future.

Many NWD/SEPs are expanding the scope of their services to support initiatives aimed at strengthening the home and community-based LTSS infrastructure. For example, a number of NWD/SEPs are partnering with states’ Money Follows the Person (MFP) Programs to help transition individuals from institutions to community-settings. In doing so, NWD/SEPs are raising public awareness about home and community-based LTSS options, and helping states’ meet their long-term support system rebalancing goals.

Similarly, many ADRCs are partnering with VA Medical Centers to offer home and community-based LTSS using a participant-directed approach through the Veteran-Directed HCBS (VD-HCBS) Program. A goal of both the MFP and the VD-HCBS Programs is to rebalance publicly-funded LTSS from facility-based to home and community-based and provide individuals with more choice and control over their LTSS and the individuals and organizations that provide them.

NWD/SEPs also provide support to informal caregivers through programs such as the Administration for Community Living’s Lifespan Respite and National Family Caregiver Support Program. NWD/SEPs can further their mission to improve access to home and community-based LTSS by developing innovative ways to support paid people in the DSW and contributing to the development of a strong DSW. This may include helping family members, friends and neighbors to become part of the DSW as well as working directly for the individual in need of LTSS under the participant direction model. Additionally, by developing Matching Service Registries, the NWD/SEP can assist in connecting consumers and workers. This provides the individual with greater choice and control over who provides them with support and works directly for them.

As states move away from providing traditional facility-based care and towards providing home and community-based LTSS an adequate, high quality DSW is needed to ensure a successful transition to this service modality. This Starter Kit expands on the *Issue Brief: Opportunities for NWD/SEPs to Strengthen*

⁵ Olmstead v. L.C. (98-536) 527 U.S. 581 (1999) 138 F.3d 893

⁶ Johnson, Richard, W., Toohey, Desmond, and Wiener, Joshua, M.(2007). Meeting the Long Term Care Needs of Baby Boomers. How Changing Families Will Affect Paid Helpers and Institutions. Discussion Paper 07-04 in The Retirement Project series. Urban Institute, Washington, DC. Retrieved on 10/7/12 at <http://www.urban.org/url/cfm?ID=311451&renderforprint=1>.

the *Home and Community-Based Direct Service Workforce* available online at: www.dswresourcecenter.org. This issue brief provides NWD/SEPs with basic information about DSW challenges and strategies. It also presents a number of ways NWD/SEPs can engage in DSW infrastructure development and support their states' broader goals of rebalancing their LTSS system by diverting individuals from unnecessary institutionalization and transitioning them out of facility-based settings when individuals wish to do so. Hopefully, this information will not only encourage further consideration and discussion at the state and local levels about how NWD/SEPs might become more involved in DSW development, but also lead to new initiatives to expand the availability of home and community-based LTSS.

The Starter Kit is divided into seven sections:

1. **Understanding the Direct Service Workforce (DSW):** Section I discusses workforce challenges; the relationship between paid and unpaid, family and professional providers of LTSS, and explains why DSW development work is appropriate for NWD/SEPs.
2. **Recruitment, Retention and Marketing:** Section II explains how NWD/SEPs can approach direct service providers as another NWD/SEP population to serve. It explores different strategies that can be used to outreach and market to workers and the people they care for.
3. **Resource Databases:** Section III covers possible roles for NWD/SEPs in developing the DSW using tools and strategies they are already familiar with from other programs. The development and implementation of worker registries is also discussed in this section.
4. **Training and Competencies:** Section IV explores the role NWD/SEPs might play in connecting the worker to training and also discusses DSW core competency sets.
5. **Modifying NWD/SEP Functions to Support the Direct Service Workforce:** Section V explores how NWD/SEPs might choose to modify their current functions to support the worker and includes suggested modifications to Standard Operating Procedures and staff training curricula.
6. **Funding Opportunities:** Section VI discusses how NWD/SEPs might fund DSW development efforts.
7. **Conclusion and Summary:** Section VII summarizes the key information included in the Starter Kit and offers additional resources.

Terminology

Please note that throughout this Starter Kit, the term “direct service” is used. There is not a single unified occupational title for the work provided. Included within this overarching title are workers that might go by the term “direct support professional,” peer support specialist,” “nurse aide,” “home health aide,” “personal care assistant,” “personal assistants,” “personal care attendants,” “home-care aides,” and “home attendants.” For the purpose of this Starter Kit, direct service workers will be referred to as “workers”. The term “Direct Service Workforce (DSW)” is used within the starter kit when referring to the workforce as a labor category. The term “independent provider” also is used in the Starter Kit. This

term refers to workers who are hired by and work for individuals enrolled in participant-directed LTSS programs.

It is common to discuss the various “sectors” within the DSW.

- ▶ **Service:** The sector that represents various disability groups such as individuals with intellectual disabilities, older adults, individuals with physical disabilities and individuals with mental illness and substance use.
- ▶ **Setting:** The sector that represents the various settings in which individuals receive assistance such as homes and facilities.
- ▶ **Service Delivery Model:** The sector that represents the various ways individuals receive services such as agency-based or participant-directed.

The Starter Kit attempts to address all sectors within the larger DSW. For additional resources or to learn more about the **National Direct Service Workforce Resource Center**, please visit the website: www.dswresourcecenter.org. You also can email the Resource Center at info@dswresourcecenter.org or call 1-877-822-2647.

Section I. Understanding the Direct Service Workforce

The direct service workforce (DSW) represents a vital pool of workers throughout the United States that provide daily services and supports to a diverse population of individuals with a wide range of health and human service needs. There are four main service sectors that employ direct service workers. These include (1) aging, (2) behavioral health (e.g. mental health and substance use), (3) intellectual and developmental disabilities (IDD), and (4) physical disabilities services. It is important to note that in addition to personal care tasks, workers perform a number of duties for, and on behalf of, individuals and their families. Recent data collection has indicated that the DSW is made up of over 3.6 million workers in the United States.⁷ The workforce is comprised of both home and community-based services (HCBS) workers and facility- (i.e. nursing facility) based workers. The demand for direct service positions is projected to increase by 35 percent from 2008 to 2018, whereas overall jobs within the United States are expected to increase by only 10 percent within this timeframe.⁴ Across service sectors, the demand for direct services provided in home and community-based settings has shown the most growth in terms of size and significance.

There are a number of reasons why states should focus on the DSW. These include, but are not limited to the:

- ▶ Increasing demand for home and community-based LTSS;
- ▶ Supply of workers is not growing as quickly as the demand for home and community-based LTSS;
- ▶ Quality of home and community-based LTSS depends on the quality and stability of the DSW;
- ▶ Significant costs associated with worker turnover; and
- ▶ Trend toward the provision of home and community-based LTSS which raises new challenges (*i.e. limited supervision and peer support, more erratic work schedules, need to be able to work independently, the need for cultural diversity, the change in relationship when a worker works directly for the consumer of service*).

For 2008-2018 Projected Demand:

- Current: 3.6 million
- Projected DSW: 35% increase
- Overall U.S. Jobs: 10% increase

When states and NWD/SEPs focus on the DSW, it is important for them to be familiar with some of the challenges they may encounter when developing a DSW of sufficient size and quality. Addressing one or more of these challenges is necessary to build a strong DSW. These challenges are briefly outlined in **Table 1**. The information included in Table 1 is based on a report prepared by interdisciplinary stakeholders: *A Synthesis of Direct Service Workforce Demographics and Challenges Across Intellectual/Developmental Disabilities, Aging, Physical Disabilities, and Behavioral Health*.⁸ Unless otherwise noted, all information from the table came from this report.

⁷ PHI. (2012). *The PHI State Data Center: Comprehensive state-by-state data on the direct-care workforce*. Bronx, NY: PHI. Retrieved from <http://phinational.org/policy/states/>

⁸ Direct Service Workforce Resource Center. (2008). "A Synthesis of Direct Service Workforce Demographics and Challenges." http://dswresourcecenter.org/tiki-download_file.php?fileId=394

Table 1: Summary of Direct Service Workforce Challenges

Issue	Description
Status and image of workers	Recurrent failure to provide adequate wages, benefits, training, clear role delineation, and career pathways has reflected poorly on the public image and perception of these positions. Societal stigma associated with disabilities and aging has contributed to the stigmatization of the DSW.
Supply and demand conditions	Labor force participation of working age females, the core supply of workers, will continue to level off while the baby boom generation ages and retires. Moreover, as the age of workers increases, the availability of assistive technology to reduce physical demands of the job is becoming more essential.
Recruitment and vacancies	Difficulties in recruiting workers and filling vacant positions reflect their unattractiveness compared to other jobs based on high levels of job demands, responsibilities, and stress as well as their lower rate of compensation. As existing staff work longer hours to cover unmet need, vacancies make it more stressful for current employees.
Turnover	High rates of worker turnover are a key challenge to the delivery of quality LTSS. Consequences of the turnover of workers are significant not only on the quality and continuity of services provided but also on cost. The estimated cost of hiring and training new workers is \$4,872 per position ⁹ and worker vacancy rates can result in increased stress on the remaining workforce. ¹⁰ Factors associated with worker turnover have been broken down into three vectors: (1) personal demographic and socioeconomic characteristics, (2) reported job characteristics, and (3) other characteristics of the facility and geographic area. ¹¹
Wages and benefits	High proportions of workers' (both HCBS and facility-based) households earn under 200 percent of the federal poverty level. Moreover, an estimated 43 percent of workers rely on public assistance programs. ⁹ Only 51 percent of workers in the US are covered by employer-sponsored health insurance and trends of low contributions paid by employers and ineligibility based on part-time or on-call employment continue to persist. ¹² Across occupations, workers experience the highest incidence rates of illness and work-related injuries. Also, workers experience the highest rates of depression lasting two weeks or longer, but most do not have access to employer funded assistance and benefits that include mental health services.
Training and education	Workers receive far less training than other human service professionals, yet workers spend more time in direct contact with individuals who receive LTSS and are often working in unsupervised home settings. There are few state required or employer-based pre-service training programs for the HCBS DSW. The facility-based DSW (i.e. nursing facilities, certified home health agencies and hospice) often receives formal initial and continuing training consistent with federal regulations and reimbursement coverage requirements. Most DSW training for the HCBS sector is based on varied state regulations and mandated minimum hour requirements instead of being focused on competency development. There is a

⁹ American Network of Community Options and Resources [ANCOR]. (2001). *State of the state report*. Alexandria, VA: Author.

¹⁰ Larson, S.A., Doljanac, R., Nord, D. K., Salmi, P., Hewitt, A.S. & O'Neil, S. (2007). *National Validation Study of Competencies For Front Line Supervisors and Direct Support Professionals: Final Report*. Minneapolis, MN: University of Minnesota, Research and Training Center on Community Integration.

¹¹ Stearns, S.C., & D'Arcy, L.P. (2008). Staying the course: Facility and profession retention among nursing assistants in nursing homes. *Journal of Gerontology*, 63B(3), S113-S121.

¹² PHI. (2012).

Issue	Description
	demand for the identification of core DSW competencies across the facility-based and HCBS sectors in order to implement consistent high quality, competency-based training programs and policies. workers frequently receive on the job training specific to the individuals they are supporting; however, broad competencies based training would help to prepare the workforce for this on the job training.
Federal and state training requirements	Federal training requirements exist for only those workers working in nursing facilities, certified home health care agencies, ICF-MR facilities and hospices that receive Medicare or Medicaid funding. In all other services and settings, states are left to set their own, if any, initial and continuing training requirements. DSW training requirements are varied based on entrenched service funding and regulation systems. In general, there are more DSW training requirements (many based on Federal regulations and implemented at the state level) in the aging and physical disabilities sectors due to trends of institutional and restrictive service delivery. Training requirements for IDD services (other than Intermediate Care Facilities for persons with Mental Retardation) are contingent on approved state plan and/or waiver policies, while there is an absence of uniform mandatory training requirements for workers in behavioral health services. Similar issues can be seen across other waiver programs.
DSW career paths	There are few established career paths guiding personnel training and development within DSW occupations. Few systemic incentives are built into current Medicaid programs, such as rate-setting methodologies that provide increased wages based on completion of initial and ongoing training, demonstration of competence, and other career path requirements. Costs associated with training for the HCBS DSW have fallen upon organizations and workers, which has resulted in low completion rates. In fact, training requirements for institutional based services in many states often differ from those associated with community-based employment which can create a financial barrier for DSW transition from one setting to the other.
Supervision of DSWs	A lack of effective supervisor training and demonstration of supervisory competencies has perpetuated high rates of DSW turnover. Several studies have indicated that workers require greater access to reliable and effective supervision in order to feel supported and provide quality supports. This is an increasing challenge within the context of service delivery in home and community-based settings in particular. It should be noted; under participant-directed service programs, the participant or his/her representative, as appropriate, is the supervisor of the workers who provide direct services to him/her. ¹³
Workplace culture and respect for workers	Common trends within workplace cultures manifest low levels of respect for workers. Conversely, job satisfaction and organizational commitment among workers are related to experiences of high morale, teamwork, participation in decision-making, and recognition of their vital role and competence. These factors influence higher retention, fewer job vacancies, and decreased turnover of workers. Several organizational processes have been cited as best practices in direct service workforce development.

The challenges described in **Table 1** highlight systemic and structural barriers that have hindered development of the DSW. These challenges also restrict the promotion of quality and sustainable LTSS

¹³ Flanagan, S. A. (2009). Chapter 7: Fiscal/Employer Agent Services, in *Developing and Implementing Self Directed Programs and Policies: A Handbook*. Prepared by the RWJ National Cash and Counseling Project Office at Boston College Graduate School of Social Work. Published by the Robert Wood Johnson Foundation, Princeton, NJ (February).

delivery. In efforts to address and resolve such challenges, the authors of the synthesis report, referenced above, recommended key strategies to increase access to training, lifelong learning, and career paths for members of the DSW through coordinated approaches at the national, state and local levels. Such a foundational strategy was deemed “critical to preparing greater numbers of workers for direct service work as well as ensuring the quality of LTSS provided to consumers.”¹⁴

The United States government historically has made considerable investments in the training and development of the DSW. Three federal agencies have primarily been responsible for this focus: (1) The U.S. Department of Education through the National Institute on Disability and Rehabilitation Research (NIDRR); (2) the Department of Health and Human Services (DHHS) funded projects through (a) Centers for Medicare & Medicaid Services (CMS), (b) Administration on Developmental Disabilities (ADD), (c) Health Resources and Services Administration (HRSA), and (d) Substance Abuse and Mental Health Services Administration (SAMHSA); and (3) the U.S. Department of Labor (DOL) through the Educational and Training Administration (ETA). Each of these federal agencies has played a significant role in the ongoing research, training and technical assistance, and development of critical workforce constructs such as competency models, skill standards, and apprenticeship programs to guide DSW initiatives.

CMS further explored the potential for supporting DSW development through a Leadership Summit on the Direct Service Workforce and Family Caregivers held September 16 and 17, 2010 in Washington, D.C. The Summit brought together leaders in the field of caregiving to identify areas of policy intersections and develop recommendations for working together to address cross-cutting issues. Invited participants included national leaders in the fields of family caregiving, DSW development and participant direction, policy makers, individuals’ receiving LTSS, caregivers, workers, and advocates. The Summit and resulting white paper capture many themes that are important to the work of the Direct Service Workforce Resource Center and intersect with many NWD/SEP goals and objectives. **Table 2** lists goals and recommendations from the Summit.

¹⁴ Direct Service Workforce Resource Center (2008).

Table 2: DSW and Family Caregiver Twelve Common Goals¹⁵

Broad Systems Change	Specific Goals for Family Caregivers and DSW
Improve Coordination and Collaboration	Improve Recruitment, Selection, and Retention of Direct Service Workers
Improve Home and Community-based LTSS Navigation and Access	Increase Economic Security of Paid and Family Caregivers and People with Disabilities
Promote Community Living, Inclusion, Employment, and Quality of Life for People with Disabilities	Raise Awareness of the Importance of Home and Community-based Direct Service Workers and Family Caregivers
Strengthen Public and Private Financing of LTSS	Integrate Caregivers in Team-Based Approaches
Expand Implementation of Participant-directed LTSS	Expand Peer Support
Focus on Quality of Care and Protection of Individuals from Abuse/Neglect When Receiving LTSS in Home and Community-based Settings	Invest in Training for Paid and Family Caregivers and for Elders and Individuals with Disabilities and their Representatives, as appropriate, as Employers

Several Summit recommendations (i.e. Improve Navigation, Access, Coordination and Collaboration) reflect the shared values of NWD/SEPs and the DSW. Ways in which these shared values can be implemented as programs are described in the rest of this Starter Kit.

The Summit and resulting white paper emphasized how informal (unpaid family members and friends) and formal (paid) caregivers are interrelated. People frequently receive services from both types of caregivers. The groups are not always clearly differentiated especially in participant-directed LTSS through which individuals frequently choose to hire a friend or family member.¹⁶ Programs and efforts to support one group can be expanded and adapted to serve people across the continuum of unpaid family caregivers and professional workers that provide home and community-based LTSS. Supporting the full continuum of caregivers and the DSW is crucial to ensuring an adequate supply of home and community-based LTSS. NWD/SEPs work with family caregivers and in many cases specifically offer caregiver support services. This Starter Kit will explain how these programs can be expanded or adapted to build and support the general DSW.

¹⁵ Direct Service Workforce Resource Center (2011). "Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce: Common Goals and Policy Recommendations Emerging from the CMS Leadership Summit on the Direct Service Workforce and Family Caregivers." http://dswresourcecenter.org/tiki-download_file.php?fileId=409

¹⁶ Direct Service Workforce Resource Center (2011).

Section II. DSW Recruitment, Retention and Marketing Strategies through NWD/SEPs

NWD/SEP programs raise public awareness of the full range of LTSS options available through comprehensive information, referral, and awareness systems. NWD/SEPs frequently have robust outreach and marketing plans, drawing on the resources of a large network of organizations. These plans address individualized outreach specific to populations the NWD/SEP serves.

To effectively serve workers and make them aware of services available at their local NWD/SEPs:

- ▶ Add direct service workers as a target “population”
- ▶ Collaborate with home care agencies when trying to market to workers.

Additionally, NWD/SEPs can use their marketing plans as a way to directly build the DSW.

- ▶ Include information about career opportunities in public service announcements, fliers, posters, radio and newspaper ads, and community presentations targeted to workers.
- ▶ Develop and provide marketing materials and resources to use in recruiting for the DSW through partnerships with Workforce Investment Boards, or other organizations that provide career guidance and supports.

A unique marketing and retention tool that states and organizations have success with is *Realistic Job Previews (RJPs)*. RJPs come in many forms but all seek to provide people interested in becoming workers with honest, unbiased information about the job before a job offer is made resulting in marketing to the “right workers” and those more likely to remain employed as direct service workers long term. RJPs also can be specific to the individual seeking support. States have developed RJP videos and resources to use in marketing and recruiting. These videos present positive and negative aspects of the career to help potential providers make informed decisions. By presenting people with more information, there is a strong likelihood that people entering the DSW will be more likely to stay. In January 2012, the DSW-RC held a webinar on [Recruitment with a Focus on RJPs](#). The [Texas Department of Aging and Disability Services](#) and the [North Dakota Department of Human Services](#) encourage the use of RJPs and have information on them on their websites.

The low status of and lack of respect for direct service work remains a key challenge to recruitment and retention. Efforts to build awareness of the importance and enhance the status of the DSW can improve recruitment efforts.¹⁷ Informing people about the contributions the DSW makes to our communities and the lives of people they serve can help to address this challenge. Since 2008, “Direct Support Professional Recognition Week” has been celebrated nationally in September. NWD/SEPs could participate in this and other efforts that encourage respect and recognition of formal and informal caregivers.

- ▶ Recognize stellar service through award ceremonies
- ▶ Allow individuals to share their stories of direct service workers
- ▶ Publicize to increase awareness of “Direct Support Professional Recognition Week”

¹⁷ Direct Service Workforce Resource Center (2008).



For more information on recruitment, retention and marketing, especially social marketing, please see this ADRC Technical Exchange Issue Brief on [Marketing to External Audiences](#).

Section III. DSW Resource Database Support through NWD/SEPs

Fully functioning NWD/SEPs offer resource databases to older adults and individuals with disabilities either directly or through NWD/SEP staff. These databases usually contain information on local services and supports that are available. In addition, they also may contain educational materials and pamphlets on aging or disabilities. These databases are regularly updated and carefully maintained through standardized protocols. Frequently, NWD/SEPs have invested significant resources in creating a usable, accessible, and comprehensive database. This puts NWD/SEPs in a unique position to either expand existing databases or replicate their systems to create new databases that are resources for individuals attempting to find workers as well as resources that help support and develop the worker.

NWD/SEPs core operating organizations and their partner organizations¹⁸ work to link individuals with the services they need. Many do this through Information, Assistance and Referral staff and also by utilizing searchable databases and directories. In some cases, these directories of providers and services can be accessed by the public online. This role and these databases and directories ideally position NWD/SEPs as candidates to help individuals seeking LTSS to connect with available workers. One possible approach for NWD/SEPs to address this need is developing and implementing a publicly-funded Matching Service Registry (MSR). These registries help both independent providers¹⁹ and individuals by facilitating connections between independent providers and individuals who self-direct their LTSS.

Matching Service Registries connect independent providers to the jobs they need and self-directing individuals to the professionals they need helping both groups.

MSRs provide an informative platform to help individuals and independent providers to connect. They do this by gathering detailed information about the individual's needs and preferences and the independent provider's availability, skills, and preferences. After searching the registry, individuals can then screen and interview the candidates they feel will best be able to provide them with the services they need. MSRs also can assist individuals find respite or back-up staff when their regular independent providers are unavailable.²⁰

Why should State NWD/SEPs develop MSRs instead of other community organizations?

- ▶ Capacity and knowledge to develop MSRs into their existing resource database infrastructures
- ▶ Existing protocols to continue to implement and manage the system on an ongoing basis
- ▶ Well positioned to market MSRs to individuals and independent providers

¹⁸ These organizations commonly include Area Agencies on Aging, Centers for Independent Living, State Units on Aging, 2-1-1, Veterans Organizations, Other Disability Services Organizations, Other Aging Services Organizations, State or Local Medicaid Agencies, and others

¹⁹ Independent provider is a term used to refer to workers that are hired directly by individuals who self-direct their LTSS.

²⁰ It should be noted that the majority of participant-directed service programs require individuals and their representative, as appropriate, to develop and implement a back-up plan that identifies back-up staff that would provide services in the absence of the individual's regular independent provider(s). Individuals and representatives could use a MSR to identify this staff for hire.

- ▶ MSRs aligned with NWD/SEPs could serve as a tool for core NWD/SEP functions such as information, referral and awareness and options counseling.
- ▶ A NWD/SEP may wish to partner with an existing MSR rather than develop and implement one on its own.

For more information on how NWD/SEPs can become involved with Matching Service Registries for workers, and in particular, independent providers, please see the DSW Resource Center (DSW RC) *Issue Brief: The Potential of ADRCs as Hosts for Publicly-Funded Matching Service Registries* available online at: www.dswresourcecenter.org.

Section IV. Training and Competencies

Peer-to-peer sharing and learning and on the job training are valuable resources; however, more formalized training is invaluable. Training and credentialing programs create opportunities for advancement and help workers to view their position as part of a career pathway. This provides them with the knowledge and skills to provide quality care while also improving retention.²¹

NWD/SEPs can help to connect both formal and informal caregivers with training and continuing education opportunities.

These will vary from state to state. The [College of Direct Support](#) is a respected set of web-based courses designed for workers who support people with disabilities. NWD/SEPs also can connect workers to U.S. Department of Labor apprenticeship programs.

NWD/SEPs that are developing Matching Service Registries (MSRs) can include information on training in their listings. Tracking, recording, and listing training and education in this way allows workers to receive recognition for their training even when they change agencies or work as independent providers. It also empowers individuals to choose trained workers and helps to emphasize the importance of training programs.

NWD/SEPs also may consider working with their partners to build their own training or certification programs. NWD/SEPs that are actively engaged in connecting individuals with disabilities to employment trainings and opportunities are especially well positioned to pursue this. Increasingly, trainings and curricula are focused around competency sets.

Core Competencies

Competency standards constitute a foundation in key processes of DSW development, including recruitment, curriculum development, training, apprenticeship programs, credentialing and certification systems, performance evaluation, and ongoing staff development. Additionally, they influence the foci of LTSS and therefore, quality outcomes.

There is not a single nationally recognized and validated competency set to guide the training and development of the entire DSW. Each sector has identified training needs and competency sets but the application and influence of these standards in the field has been limited. With little interdisciplinary research and dialogue, the existing competency sets represent varied practice concepts due to the orthodoxies of service models and sectors. The competency sets also reflect vast inconsistencies due to contrasting methods of conceptualization, validation, structure, and operationalization of competency standards.

The Direct Service Workforce Resource Center (DSW-RC) is engaged in a multi-stage process to address the need for a core competency set. The [DSW Competency Road Map Phases 1 and 2](#) is available. It provides an inventory and overview of competency sets used across and within LTSS sectors. The development and application of competency sets within DSW development efforts is identified in Phase

²¹ Direct Service Workforce Resource Center (2008).

I. Phase II of the Road Map of Core Competencies consists of analysis of worker competencies, including further discussion of application.

The DSW-RC collected feedback and input from a broad base of stakeholders on an initial set of core competencies based on the research in Phase II. The final, revised list will be available in the Summer of 2013. If funding allows, there are plans to test and validate this core competency set. Some states, such as Ohio, also are working independently on competency sets for the DSW.

Section V. Modifying NWD/SEP Functions to Support the Direct Service Workforce

NWD/SEPs already offer services and supports that could be useful to workers. However, NWD/SEP staff may not be prepared to work with workers directly because they are more familiar with, and have been trained to work with older adults and individuals with disabilities. Additional training can help to overcome related challenges. Some NWD/SEP functions, with slight modifications, can support and develop the DSW. This section highlights some key NWD/SEP functions that lend themselves to being adapted to work with the DSW. It also explores how NWD/SEPs might revise their operating procedures and training curricula to formalize and sustain these efforts.

Improve Coordination and Collaboration across Stakeholders

Consistent with NWD/SEP goals to develop a network of partners, NWD/SEPs can begin to include and connect with the workforce development agencies and organizations in their communities, particularly the Workforce Investment Boards (WIBs). Doing so will result in greater collaboration between NWD/SEPs and their partners and possibly joint training for workers. WIBs are a source of funding for NWD/SEPs that choose to focus their attention on workers. The ability to negotiate and partner with workforce partners will require NWD/SEP staff to acquire the knowledge and skillset to support workforce development. Some NWD/SEPs already partner with local WIBs and One-Stop Career Centers for their role in employment support for people with disabilities. These partnerships can be expanded to also include DSW efforts.

Currently, CMS is encouraging states to consider pursuing DSW development through the receipt and use of Money Follows the Person (MFP) funding. NWD/SEP and MFP share the same vision of person-centered services and supports; choice, control and independence; access to a full range of services and supports; trusted and transparent service delivery, and a system that is flexible to serve all people of all ages and all disabilities/conditions.²² These goals cannot be met without an adequate DSW. Thirty-nine states received supplemental funding to enhance NWD/SEP-MFP collaboration. NWD/SEP staff should become familiar with workforce development efforts being considered or implemented by their MFP partners. The state NWD/SEP could consider sending a representative to join MFP-sponsored workgroups. In states where MFP programs are not supporting DSW development, NWD/SEPs may be able to encourage such efforts through their partnership. The [ADRC Technical Assistance Exchange](#) has resources available for these partnerships including the [ADRC MFP Collaborative Partnership Toolkit](#).

Veteran Directed Home and Community Based Services grants and partnerships with VA Medical Centers are other opportunities through which NWD/SEPs may be able to encourage DSW development. These grants allow Veterans to purchase and/or hire and direct their own services and supports. In many cases, Veterans choose to hire family members or friends to provide their direct care services. NWD/SEPs can help to ensure these individuals are adequately prepared and supported to provide quality services. In some cases, these individuals may eventually choose to become career workers and provide services to others.

²² The Lewin Group (2011). "ADRC MFP Collaborative Partnership Toolkit." http://www.adrc-tae.org/tiki-download_file.php?fileId=31510

Improve Home and Community-based LTSS Navigation and Access

The LTSS system can be complicated and confusing for individuals in need of direct care services and families. Through Information and Referral/Assistance (I&R/A) and Options Counseling, NWD/SEPs can help individuals and their families access needed LTSS and arrange for their delivery including the hiring of independent providers. The ADRC Options Counseling Workgroup²³ has discussed the importance of including caregivers in the options counseling process. Paid workers, informal caregivers and individuals receiving LTSS often need help navigating the LTSS system for the person they support as well as for themselves. For example, workers may need information about what benefits they may be eligible for or may need information about available training and support programs.

A number of state NWD/SEPs' have included caregivers in the options counseling process. For example, California and Arkansas have developed scripts and protocols specifically for providing options counseling to caregivers. New York Connects, the NWD/SEP in New York, places a heavy focus on providing I&R/A to caregivers along with other supports.

A major obstacle in building and retaining a quality DSW is the combination of low wages and lack of employment benefits such as health insurance. Difficulty in recruiting workers and/or high turnover negatively affects the delivery of LTSS. Depending on the state and program, individuals who choose to self-direct their care may not be able to offer employment benefit packages within their Medicaid waiver budget.²⁴ However, there are options for workers to access benefits through other programs (i.e. case assistance, SNAP).

Workers' whose incomes are below the poverty line are likely to be eligible for Federal assistance through programs such as Medicaid and the Federal Supplemental Nutrition Assistance Program (SNAP). In addition, they also may be eligible to receive health care insurance through federal or state exchanges with premiums that are subsidized under the federal Affordable Care Act. According to the PHI State Data Center, 43 percent of direct service workers households relied on public assistance in 2009. NWD/SEPs are experienced in connecting individuals to public programs and home and community-based waivers and can easily adapt their operations to connect workers to needed benefits. As NWD/SEPs expand their services in this way, it is important that NWD/SEPs also market to the larger DSW to ensure that all know that the NWD/SEP can provide this service and related information. Encouraging individuals who receive services from the NWD/SEP to include their workers when consulting the NWD/SEP is one way to reach the DSW.

Offer Networking and Supports to Paid Workers

Workers often cannot find the formal and/or informal employment supports that allow them to grow as professionals and help them through the challenges of their work. Furthermore, workers may work in isolation without the benefit of frequent interaction with peers or supervisors. As mentioned earlier

²³ The ADRC Options Counseling Workgroup consists of the 2010 Options Counseling Grantee States. They assisted ACL in developing the Draft National Options Counseling Standards.

²⁴ It should be noted that the independent evaluation of the Robert Wood Johnson Cash and Counseling Demonstration Project conducted by Mathematica Policy Research found that individuals self-directing their care paid their workers the same or more than traditional agency-based direct care service providers.

NWD/SEPs already provide caregiver supports to family and other informal caregivers and these supports can be useful to paid workers as well. Support can include education, information, counseling, support, respite, and training.

Respite care is a key service that allows family caregivers necessary time away from the people they care for. A NWD/SEP that is connected to the local DSW is better able to connect individuals and their families with in-home respite care. Similarly, knowing there is a resource where short-term care alternatives can be found allows workers opportunities to take time off resulting in greater satisfaction for the worker and more consistent and reliable care for the individual.

Some NWD/SEPs have started support groups for family caregivers. These groups break down the isolation that many caregivers feel and provide an opportunity for people to share experiences, frustrations, and solutions. For paid members of the DSW, NWD/SEPs can facilitate professional networking opportunities and groups. They can do this independently or in partnership with a DSW association if one exists in the area. In addition, peer support networks may exist that NWD/SEPs can connect workers with. These networks of support, like the family caregiver support groups, allow participants to develop by learning from each other. They empower formal and informal caregivers and help them to feel less alone and more respected. In some cases, workers begin providing direct care services as family caregivers. Creating a group or forum where workers and informal caregivers can talk to each other to share experiences and challenges is one useful step. Providing workers with education and support helps to improve retention and quality.

Engage Direct Service Workers in Care Transitions and Person-centered Planning Efforts

Many NWD/SEPs are expanding to develop and implement evidence-based care transitions programs. Care transitions programs have identified common ways that individuals can transition from one care setting to another and provide assistance to individuals in navigating the various critical pathways available. Reducing hospital readmissions is one possible outcome of using this approach. These programs support an individual's desire to remain in the community while preventing avoidable hospital readmissions. The NWD/SEPs role in care transitions is as a key hospital or critical pathway partner, acting as an extension of the hospital into the community and identifying LTSS needs to support individuals at home. The CMS Community Care Transitions Program (CCTP) is one example of this. Care transition programs empower individuals and their families to monitor their own health. This includes following post-discharge instructions for medication and self-care, recognizing symptoms that signify potential complications, and making and keeping necessary follow-up appointments with health care professionals.

Many evidence-based care transitions models, such as the Care Transitions Intervention (or the Coleman Model), place an emphasis on meeting with individuals and their caregivers. There also is a focus on family caregivers. In some cases workers are part of an individual's care team, however this should occur only after the individual's consent is obtained.

DSPs are in a unique position to facilitate communication between individuals and other healthcare providers and ensure health care providers' instructions are followed and to support continued empowerment.

Inclusion of the worker in the person-centered planning process, along with family caregivers and primary care physicians, is a natural expansion of NWD/SEP care transitions efforts. Additionally, involving workers will result in a more meaningful role within the care team providing opportunity for workers to share perceptions and observations resulting in improved service coordination and higher quality care.

Operating Procedures and Staff Training

Fully functional NWD/SEPs are required to have written standard operating procedures. It is important to modify a NWD/SEP's standard operating procedures to reflect any new DSW development efforts, such as connecting DSPs to training opportunities. This ensures that the DSW efforts will remain a focus and be carried out consistently.

Standard operating procedures typically include a section defining the populations served by the NWD/SEP. When possible, workers should be added as a population group. Another option is to document that the NWD/SEP serves the formal and informal caregivers that support the current population of the NWD/SEP. Some NWD/SEP's operating procedures include broad goals about enabling individuals to have more choices or access to home and community-based services. NWD/SEPs should consider adding language about the importance of ensuring an adequate home and community-based DSW to meet such goals. Language about supporting family caregivers also should be reviewed to see where it is appropriate to also include language about supporting workers. NWD/SEPs also should review any memorandums of understanding or other agreements with partners necessary to engage DSW development efforts.

Standard operating procedures often include staff training guidelines. Changes to staff training will vary depending on how a NWD/SEP plans to build DSW support. In some cases, NWD/SEPs may wish to hire staff with workforce development knowledge and experience.

NWD/SEPs may consider modifying existing trainings. For example, a NWD/SEP may wish to modify its training curriculum for Benefits Counselors or Options Counselors to include services provided by the NWD/SEP to workers when found eligible. It will be important for Benefits Counselors and Options Counselors to know which services are and are not available to workers as opposed to people with disabilities or older adults. It should be noted that workers also may have disabilities and/or be older adults.

NWD/SEP staff should be made aware of the challenges facing the DSW as a whole as well as the stresses and strains individual workers are likely to encounter. All training related to providing services to workers should emphasize treating this workforce with respect and as professionals. NWD/SEPs also may wish to explain how DSW development and support efforts tie into larger program goals.

Section VI. Funding Opportunities

State agencies responsible for administering NWD/SEP programs will need to identify financial support for those programs independent of their state budgets. Many state programs have had success funding operations through the CMS Money Follows the Person (MFP) Demonstration grants, CMS Community Care Transitions Program (CCTP), CMS Balancing Incentive Payment Program, Administration on Community Living ADRC and Enhanced Options Counseling funding, Lifespan Respite funds, and the Veteran Directed HCBS (VD-HCBS) Program. As elaborated on in the Modifying NWD/SEP Functions section of this Starter Kit, MFP, VD-HCBS, and CCTP are all promising programs for both financial support and other resources through the partnerships they require between NWD/SEPs and other organizations.

The National Direct Service Workforce (DSW) Resource Center provides guidance for state agencies searching for potential funding. The online [Funding Sources Tool](#) provides information about effective funding options for DSW initiatives and advice for locating financial resources for future initiatives. Organizations can use this information to sustain current activities or to launch new projects. Federal grants, including several joint grants between federal agencies and private foundations are traditionally key funding sources. In addition to those funding sources, the National DSW Resource Center website provides information about how states have successfully utilized legislative appropriations and civil monetary penalties to finance DSW programs.

Because most of these revenue sources are temporary grants, state administrators must continually search for new financing streams. The online [Funding Sources Tool](#) was built to help administrators identify which grants other states have successfully won in the past and look forward to potential sources available in the future. Federal and state government and private funds all have contributed to DSW initiatives. The particular mix of financial resources available to a state program will depend on timing, location, and subject matter, among other things.

Section VII. Conclusion

Aging and Disability Resource Centers serve a key role in helping individuals and communities navigate and overcome LTSS challenges. As the portion of the population needing services increases with the aging of the baby boomers and more individuals are afforded the opportunity for community living, the role of the NWD/SEP will become increasingly important. NWD/SEPs will be able to provide access to the LTSS individuals need and in the settings they wish to receive them if the DSW grows in quality and numbers.

NWD/SEP expertise, position in the community, and partnerships position them to support DSW development. NWD/SEPs can market to workers and individuals who may be interested in becoming workers to enhance recruitment and encourage workers to use NWD/SEP services. By modifying existing services (i.e. options counseling or resource databases) and exploring new services (i.e. training NWD/SEP staff) NWD/SEPs have the opportunity to make a positive impact on this DSW and LTSS.

Table 3 provides a summary of potential DSW development activities and how these activities relate to components of a fully functional NWD/SEP system. Developing the DSW infrastructure can, and will, position NWD/SEPs as a robust no wrong door system to all persons in need of LTSS.

Table 3: Including Services Related to the Direct Service Workforce into a Fully-Functional NWD/SEP System

Operational Components of a Fully-Functional Aging and Disability Resource Center	Potential DSW Development Activities
<i>Information, Referral, and Awareness</i>	<p>Market to and Support Workers</p> <ul style="list-style-type: none"> ▶ Offer educational opportunities to DSPs ▶ Develop recognition programs to afford opportunity for individuals to honor quality work provided by workers ▶ Market (through ads, newspapers, and social media) career opportunities and the value of workers in meeting the goal of balancing and sustaining community living ▶ Connect people interested in the DSW field to realistic job previews ▶ Host job fairs, recruiting opportunities ▶ Host or link to Matching Registries
<i>Options Counseling</i>	<p>Provide System Navigation to Workers, when eligible for NWD/SEP services</p> <ul style="list-style-type: none"> ▶ Share resources and options available to support the workers in maintaining a lifestyle that is healthy and safe ▶ Develop standards and protocols for options counseling that includes workers and document that outcomes to be tracked ▶ Provide follow-up when necessary to ensure that workers are supported to fully engage with the individual, provide quality services, and reduce unmet need

Operational Components of a Fully-Functional Aging and Disability Resource Center	Potential DSW Development Activities
<p><i>Streamlined Eligibility Determination for Public Programs</i></p>	<p>Link Workers to Benefits</p> <ul style="list-style-type: none"> ▶ Refer to available public and private programs for support services as needed (e.g. Medicaid, SNAP) ▶ Extend training and support to independent providers within participant-directed programs
<p><i>Populations, Partnerships, and Stakeholder Involvement</i></p>	<p>Offer Employment Support</p> <ul style="list-style-type: none"> ▶ Incorporate DSW development into marketing and outreach activities. Engage home care agencies, independent providers, and family caregivers in the development of standards and protocols for DSW support ▶ Develop and maintain matching service registries to connect individuals to workers who are available and meet their needs and preferences ▶ Potentially link workers to multiple providers or individuals who self-direct their supports to secure more hours of employment ▶ Include and connect the workforce development sector to NWD/SEP activity, particularly the Workforce Investment Boards ▶ Hire staff that have the knowledge and experience to support workforce development ▶ Include supports for informal caregivers
<p><i>Quality Assurance & Evaluation</i></p>	<p>Incorporate the quality and well-being of workers within NWD/SEP performance measurement and evaluation</p>



For More Information

National Direct Service Workforce Resource Center

www.dswresourcecenter.org

<mailto:info@dswresourcecenter.org>

1-877-822-2647

Additional Resources

The National Direct Service Workforce Resource Center produces and gathers relevant resources across different topic areas related to DSW development. The following list contains resources that NWD/SEP staff and stakeholders may wish to consult.

DSW RC Issue Brief: Opportunities for NWD/SEPs to Strengthen the Home and Community-Based Direct Service Workforce

This Issue Brief explores a number of ways NWD/SEPs can engage in DSW infrastructure development that would support their states' broader goals of diverting people from unnecessary institutionalization and transitioning people out of institutional settings who want to live in the community.

www.dswresourcecenter.org

October 31, 2012

DSW RC Issue Brief: The Potential of NWD/SEPs as Hosts for Publicly-Funded Matching Service Registries

This Issue Brief examines how NWD/SEPs can support DSW development through developing and implementing or partnering with Matching Service Registries that facilitate connections between qualified independent providers and individuals who self-direct their in-home services and supports.

www.dswresourcecenter.org

October 31, 2012

DSW RC Starter Kit: Design considerations for publicly-funded Matching Service Registries for home and community services

This starter kit examines design considerations of Matching Registry Services for NWD/SEPs interested in facilitating connections between qualified independent providers and individuals who self-direct their in-home services and supports.

www.dswresourcecenter.org

August 30, 2013

Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce

This report summarizes the common goals and policy recommendations emerging from the CMS Leadership Summit on the DSW and Family Caregivers, held in Washington, DC in September 2010.

www.dswresourcecenter.org

April 28, 2011

Strategies for Improving DSW Recruitment, Retention, and Quality: What We Know about What Works, What Doesn't, and Research Gaps

This report provides examples of efforts that have demonstrated positive impacts on recruitment, retention, and quality of services. It also summarizes key findings from several national studies that reviewed the research on efforts to strengthen the DSW.

www.dswresourcecenter.org

November 9, 2009

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