Introduction
The Direct Service Workforce is expected to grow by approximately 23 percent between 2008 and 2016 which is much faster than many occupations in the U.S. largely due to an aging population and increased behavioral health demand.\(^1\) As long term services and supports initiatives move toward greater community living, the demand for a flexible and trained workforce becomes increasingly important and critical. Not only is capacity a critical issue, but direct service workers continue to have low wages, high turnover, and little training to adequately meet the health and welfare needs of persons who are elderly and/or have disabilities.\(^2\) This issue brief provides helpful tips to state MFP programs to advance efforts to improve recruitment and retention of direct service workers who help people with disabilities and older adults to live independently and with dignity.

Top Ten Ways to Use MFP to Develop your State’s Direct Service Workforce

MFP provides an opportunity to strategically invest small amounts of policy and fiscal resources to gain sustainable system change!

1. **Partnerships.** Use MFP to form new cross-sector partnerships, and/or strengthen existing cross-sector partnerships, with state agencies and local workforce stakeholders. Consider using MFP to develop coalitions to implement state-level workforce development plans. Additionally, use MFP leadership to engage stakeholders (including employers) in the review and alignment of state policies and programs to enhance and grow a quality direct service workforce. Use MFP fiscal resources to hold a summit with employers, direct service workers, and key stakeholders across sectors\(^1\) (e.g., aging, behavioral health, developmental disabilities), to develop a strategy, to conduct a gap analysis, and to inform research needs.

2. **Leadership.** Use MFP as a lead in the development of a health and human service workforce strategy to meet the current and future demands across acute and long term care positioning your state for implementation of health care reform provisions, to meet the demands for community living, and to provide a foundation for self-direction efforts (e.g., tools to hire and train workers). Establish Memoranda of Understanding with key state and local partners to clearly define the roles and responsibilities within your state’s workforce strategy. Explore funding resources that could support your State’s overall workforce strategy including WIA Title I, II, and IV, Wagner-Peyser Act Funds, Carl Perkins Act Funds, TANF funds, State funding, Private Foundations, and Employers. Visit [http://www.dswresourcecenter.org/tiki-index.php?page=funding%20Sources](http://www.dswresourcecenter.org/tiki-index.php?page=funding%20Sources) for more information on workforce funding sources and/or review the “Better Jobs Better Care” Issue Brief released in January 2006\(^4\) for strategies to engage the public workforce development system.

3. **Training and Credentialing.** Use MFP as a fiscal resource to develop and/or reform training and credentialing systems. Partner with State Adult Basic Education Programs, Community and Technical Colleges, State Colleges and Universities, Workforce Investment Boards, and Human Service Agencies with expertise in health and human services issues as well as workforce strategies to develop ‘road-maps’ of education and employment pathways and increase access to training, lifelong learning, and career pathway development across sectors (e.g., behavioral health, physical disabilities). Keep in mind that one core goal of MFP is long term services and supports system change resulting in the need to strengthen the direct service workforce system beyond the support needed for MFP participants.

4. **Registries.** Use MFP as a fiscal resource to develop direct service worker registries. A Matching Services Project is underway by PHI Policy Works funded with support from the National Institute on Disability and Rehabilitation Research through the Center for Personal Care Assistance Services. Visit [http://phinational.org/policy/the-phi-matching-services-project/](http://phinational.org/policy/the-phi-matching-services-project/) for more information including a state by state map of matching services.

5. **Recognition.** Use MFP to establish a direct service workforce recognition system aimed at improving the value of the direct service workforce short and long term. Consider using MFP resources to establish a marketing and awareness campaign to inform citizens of the contributions of DSWs. Develop materials and resources for providers to help with recruitment from workforce centers, K-12 education and other community based educational sites where people seek career guidance.
6. **Payment Reform.** MFP is a resource to inform long term services and supports policy and payment reform. Establish a ‘pay for performance’ community living system that provides enhanced reimbursement to direct service workers with credentials and specialized training and raises the ‘value’ of the direct service workforce in the market place.

7. **Wages and Benefits.** Use MFP as a resource to inform direct service workforce wage and benefit policy. Use MFP to provide the foundation for direct service workforce employers to pool resources in order to offer health insurance to direct service workers.

8. **Innovation.** Use MFP as a resource to develop and test innovative policies, practices, and payment methods aimed to improve retention, provide self-sustaining wage and benefit packages, and increase the quality of the direct service workforce. Examples include engagement with apprenticeship programs, development of rural cooperatives, shared training costs between workforce investment act programs, One-Stop Career Centers, employers and/or State Medicaid programs, establishing wage add-ons or pass-throughs to trained direct service workers and/or minimum benchmark standards for employers to participate in public programs.

9. **Research and Evaluation.** Use MFP as a resource to establish a cross-sector state and national research and evaluation agenda on direct service workforce issues. Establish minimum data collection standards across sectors and support the development of national job quality/workforce indicators for direct service occupations.

10. **Behavioral Health Capacity.** Use MFP to enhance the behavioral health competencies of the existing workforce, to develop stronger relationships with behavioral health providers in local communities, to recruit and retain more individuals with behavioral health skills and cross train direct service workers to work more effectively with mental and substance use conditions in a range of settings and across diagnoses and population groups.

MFP provides assistance to States to balance their long-term services and supports systems through innovative supplemental/demonstration services, enhanced federal match for services used by transition participants (which generates the “savings reinvestment” fund), full reimbursement for specific administrative costs, and national technical assistance. MFP states are encouraged to include direct service infrastructure development within State balancing efforts. Balancing long-term services and supports is not possible without an adequately trained, qualified, and valued direct service workforce across settings. As States plan to address direct service workforce issues, the CMS National Direct Service Workforce Resource Center encourages the use of MFP as a tool for infrastructure development and offers assistance to MFP States in these efforts.

Please visit the DSW Resource Center [http://www.dswresourcecenter.org/tiki-index.php?page=Key+MFP+Resources](http://www.dswresourcecenter.org/tiki-index.php?page=Key+MFP+Resources) for resources to help you as you engage in system reform through MFP. If you have any questions, need technical assistance, or if you would like information about the workforce development initiatives the MFP program in your state is involved with, please send an e-mail to info@dswresourcecenter.org or call 1-877-822-2647.

(Endnotes)
