

Renaissance Community Homes
Direct Support Professional Crisis for Residential
Services for Individuals in the Public Mental Health
System



**MICHIGAN HOUSE OF REPRESENTATIVES
HEALTH POLICY COMMITTEE
INFORMATION SHEETS**

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Renaissance Community Homes
Overview of Residential Services and
the Role of Direct Support Professionals

Direct Support Professional Job Duties

- Provide & Support all aspects of the Social Determinants of Health
 - ❖ Food assistance
 - ❖ SSI/SSB benefit applications
 - ❖ Medicaid/Medicare paperwork
 - ❖ Transportation benefits
 - ❖ Housing assistance
 - ❖ Medical appts and follow-ups
 - ❖ Mental Health Service appts. & follow-up care
 - ❖ Pharmacy benefits and needs
 - ❖ Work Rehab & supports
 - ❖ Social Supports
 - ❖ Recovery (Substance Use & Mental Health)Resources & Supports
 - ❖ Secure Legal ID and other documents
 - ❖ Navigation with the Court System
- Provide Monitoring & assistance as outlined in the IPOS
- Provide support for all aspects of life including self care, goals and activities

Overview of Residential Services and the Role of Direct Support Professionals cont...

- Administer Medications
- Provide Transportation
- Ensure a clean, healthy living environment
- Monitor and encourage healthy food choices and good nutrition
- Encourage adherence to dietary restrictions
- Accompany individuals on all Medical appts. and manage treatment as outlined
- Follow all Policies and procedures in addressing unusual occurrences and problems as they arise
- Respond to health and environmental emergencies
- Document all services provided in an accurate manner
- Be aware of all individuals whereabouts and actions throughout shift
- Manage the Confidentiality of all written & verbal communication while adhering to the strict, limited disclosure regulations
- Manage the signing and updating of specific releases

Categories of Service

Specialized Licensed Residential:

An operation that provides **personal care, supervision and protection** in addition to **room and board** to 3 to 20 unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks. These services are billed based on per diem rates.

Unlicensed Congregate Settings:

An unlicensed home with a capacity of 4 or less persons that only serves community mental health (CMH) served individuals that CMH monitors through contracted provider services. These services are billed in 15 minute increments with modifiers based on the service provided & who is present.

Community Living Services:

These services are outlined in the IPOS and administered in short prescribed time frames in individual homes/apartments. Staff come and go from the site and persons served tend to navigate the community independently. These services are billed in 15 minute increments with modifiers based on the service provided & who is present.

Elements that Constitute Direct Service:

Personal care means personal assistance with dressing, personal hygiene, grooming, maintenance of a medication schedule, or the development of those personal and social skills required to live in the least restrictive environment.

Supervision means guidance of a person in the activities of daily living, including reminders of important activities and appointments and to take medication, and being aware of a person's general whereabouts even if the person may travel independently in the community.

Protection means actions taken to insure the health, safety, and well-being of a person, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation.

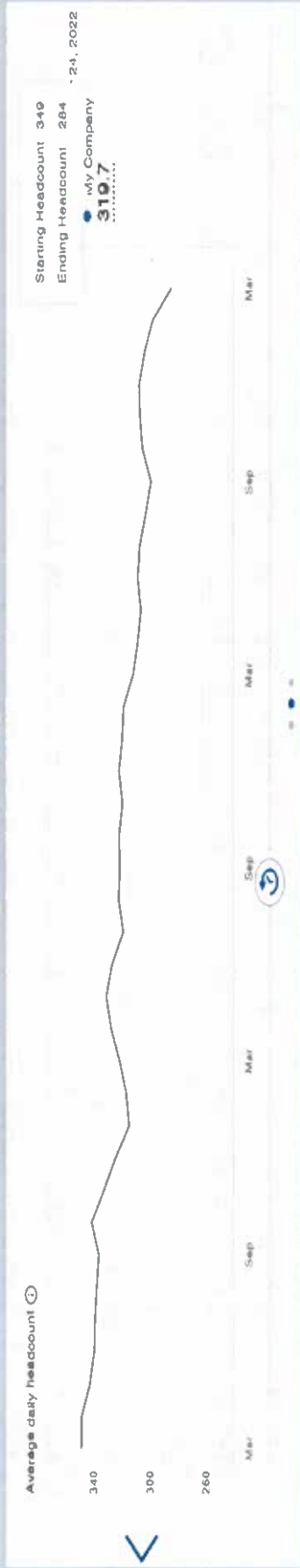
Supervised personal care means guidance (cuing, prompting, reminding) or assistance with eating, toileting, bathing, grooming, dressing, transferring, mobility, medication management, reminders of important activities to be carried out, assisting with keeping appointments, supporting a person's personal and social needs, and being aware of general whereabouts even if the person is capable of independent travel about the community.

Transportation means the direct provision of or securing required transportation in the community as outlined in the IPOS.

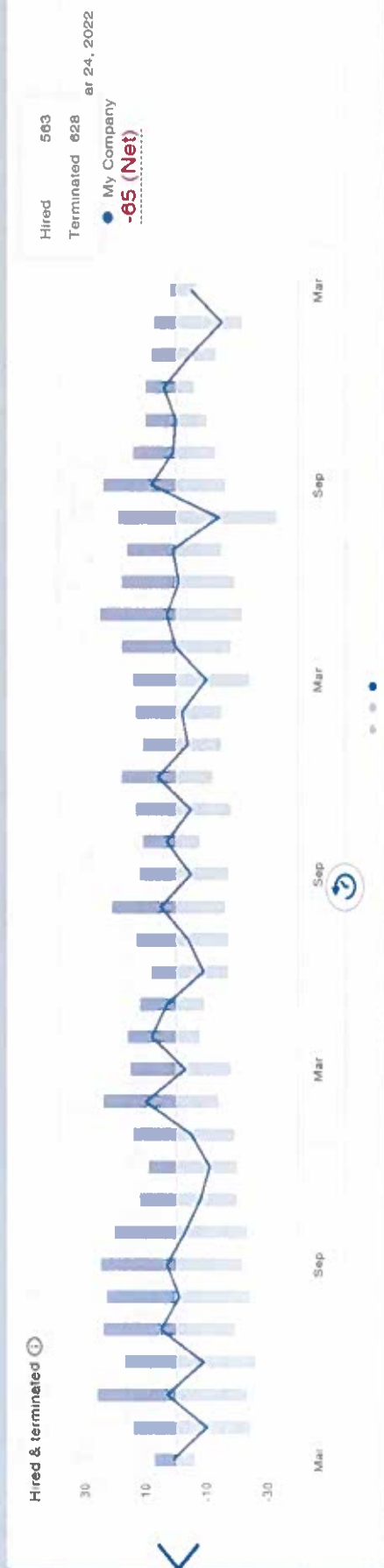
Room and board means the provision of housing and meals. Under this definition, a "room" could be a bedroom, an apartment, a suite, etc. Board means any involvement in the purchase or preparation of meals.

Renaissance Community Homes, cont...

3/2019 to 3/2022



*** Only 1 out of every 10 employees that leave Renaissance are initiated by Renaissance**



Renaissance Community Homes, cont...

Notes for Renaissance Programs:

- Current average pay rate for scheduled caregivers is \$15.38/hour
- Overtime rate (average \$23.07/hour)
- Started employer match 401K on 1/1/2021
- Increased employee referral and sign on Bonuses to \$500 (\$500 for the new staff and \$500 for the current employee who made the referral = \$1,000/new employee that stays with us at least 90 days)
- Closed out five 24 hour CLS sites since 2017
- Closed out several low intensity CLS sites since 2017
- After the first quarter of fiscal 21/22, Renaissance is running a deficit of **(\$235,091)**.
- 12% of hours staffed are paid at the Overtime Rate.

Recruiting Challenges

Issues/Struggles

- Reimbursement Rates
- Scheduling Challenges
- Overtime costs
- Training/Supervision Issues
- Individuals served have a higher level of acuity
- Staff burnout

What we have tried

- Flexible Scheduling
- Job Share
- Signing Bonus/referral pay
- Contributions to 401k
- Increase contribution to Health Insurance

Premium Pay Does (and Does not do):

- Has allowed us to maintain a percentage of our core staff and keep most of our sites open.
- Without the premium pay, we would have to promptly shut down all operations.
- Does not cover overtime cost
- Has not increased recruiting/job interest
- The temporary nature of Premium Pay revenue effects recruiting and employee retention.

What has helped?

- ❖ More online trainings available
- ❖ Movement with Training reciprocity across the State
- ❖ \$2.25/hour premium pay
- ❖ More attention to the work we due and the populations we serve
- ❖ DSP premium pay must be permanent

CALL TO ACTION

A CRISIS can be a time for opportunity. That time has passed!
An EMERGENCY is a time for action. This is an emergency!

We want to help, but we NEED YOU to support our Direct Care Workforce

KEY NEEDS OF Our Direct Care Workforce/Provider Network:

- **RECOGNIZE:** This is the workforce of our future. There are not enough Direct Care Workers in any setting to cover the needs of an aging population and individuals with intellectual/developmental needs, other behavioral health needs and those with medical needs.
- **WAGES:** Living Wages need to be permanent with mandatory spending which considers inflation and cost of living.
- **EFFICIENT AND FLEXIBLE:** Our public behavioral health system (State, Region, CMH) needs to provide additional flexibility to providers that maintain accountability while improving efficiencies, e.g. time between application to first day able to work, due to long mandated training requirements and timelines, etc.
- **PUBLIC BENEFITS:** Our Direct Care Workers should not lose public benefits (health care) if they work in our system.

Why Should You Care:

- You or someone you care about will need the assistance of a Direct Care Worker at some point in your life. That is a guarantee!
- The vision of our country and state is to promote independence. Direct Care Workers are the lifeline to that outcome!
- Direct Care Workers provide a sense of safety, security, independence that promotes and supports independent living and necessary care in their own community.
- If we do not have a high quality Direct Care Workforce, individuals will be at more risk of harm.

What Can You Do?

- **Dust off the Section 1009 Report that was done in 2016!** There were some great immediate actions and long-term goals to improve and stabilize our workforce. Please do not create another workgroup who spends more time that we do not have. **Refine and ACT on that report!**
https://www.michigan.gov/documents/mdhhs/DRAFT_final_report_to_Workgroup_members_March_11_2016_531553_7.pdf
- **Invest permanently in our Direct Care Workforce** by increasing pay to a competitive wage now with annual increases versus temporary increases that de-stabilize and de-value the Direct Care Workforce.
- **Create a career pathway to support Direct Care Worker training programs, educational opportunities, certification programs, etc.**
- **We appreciate your efforts** to increase the wage by \$2.25, but it is not a competitive wage and will not attract a large enough workforce. e.g. Walmart pays \$20 dollars an hour.

This document was developed by Livingston County Direct Care Worker Emergency Wraparound Team. The membership of this team consists of the Executive Director of Livingston County CMH, The Arc Livingston Executive Director, three family members from Livingston County impacted by this crisis, three staff from Livingston Co. CMH, two providers; Renaissance Homes Executive Director and Work Skills Chief Operating Officer. For additional information, please contact Connie Conklin at cconklin@cmhliv.org or Anne Richardson at arichardson@arclivingston.org.

Call to Action!

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KEY FACTS about the strengths of our workforce:

- Our Direct Care workforce and Provider Agencies that support them are true heroes in our system.
- Direct Care Workers do this work because they are passionate about the people they serve.
- Direct Care Workers are committed and dedicated and could be doing something else for better pay.
- Direct Care Workers do not make a livable wage, cannot afford health insurance, and still work in this field because of their caring hearts.
- Direct Care Workers and the Provider Agencies are courageous in their response to the COVID-19 outbreaks. They put those they serve first before their own families by providing care 24-7 care when the individual they serve tests positive for COVID-19.
- Direct Care Workers are essential to our public behavioral health system. They provide care for those they serve up to 24 hours, 7 days a week, 365 days a year so they can live their most independent life.
- Providers have exhausted their own resources (human and otherwise) to sustain our community-based system of care.

The Direct Care Emergency has impacted our families in the following ways:

- **FINANCIAL:** We do not have Direct Care Workers, we will need to sell our son's mobile home and move him back in with us, since we are paying for a home he is not able to live in. We cannot rent the extra rooms, because the roommate also needs direct care (which was to be shared).
- In order to meet the support needs of my son, who is an adult with autism and an intellectual disability, I am leaving my job of 19 years, due to the Direct Care Worker Emergency.
- **PHYSICAL:** My body is wearing out from the constant strain of lifting and moving my son. I need physical therapy rehab at least once a year for back problems, and will have shoulder surgery in a couple of weeks for right shoulder rotator cuff tearing, and will need left shoulder repaired next. The cost to me, and the insurance company, is significant. There will come a point where I can no longer physically care for my son.
- **MENTAL:** My son is happiest in his own home, which is part of his future life plan. It is a huge step backward in his long-term independence to move back in with aging parents. When we are gone, what happens? Our mental health is also suffering from the stress of the situation. Stress = no sleep = health problems, also a financial strain to health system.

ADDITIONAL IMPACTS:

- Livingston CMH has had to close a group home because of the lack of Direct Care Workers. This means individuals that called this home had to be moved to other "places" that are not their home.
- The De-institutional movement in the 80's and 90's was the right thing to do conceptually, But Michigan has not stepped up to provide the necessary funding and infrastructure needed to support quality community based care.
- Many individuals living in their own homes were forced to move to more restrictive care settings, outside of their community, due to this Direct Care Workforce Emergency.

Call to Action!