

South Carolina

One of the ideas that SC has used is Weekend Warrior pay. They pay specifically weekend staff extra on the weekend, with the understanding that those that are working during the week cannot work the weekend shifts – and must take their much-needed time off to eliminate burn out.

The weekend folks can only work the weekends, they will earn more but they don't get benefits. So, for the many staff working 7 days with no breaks, particularly in residential settings we have found this has been helpful. During the holidays having the assurance that you could have some time with your family, was helpful.

This project came from the state for some of our facilities...but it was suggested to providers with FMAP monies, that this would be a possible support for retaining staff.

California

In CA while there is a lot of conversation about DSP shortage and the state is well aware of that, there is no consolidated effort to resolve the issue. No additional funds were made available for the organizations to pay the staff better and the DSP pay rate that the vendors can afford is a barrier to employing and retaining qualified staff especially considering COVID, the wage increase in CA and just the number of people that are ready and willing to work now.

Other than that, the state is funding the rate study that was done in 2019. The fiscal year 2021-22 budget included funding to begin a phased implementation of the new rates beginning April of 2022 and is projected to be completed by 2024. While it's nice that the rates finally are being increased it will take three years for us to get to the rates per rate study completed in 2019! We are yet to hear what the rates are going to be in April of this year (which was phase 1) and I am really hoping that the new rate will be reasonable and will allow us to pay our staff better.

All the vendors are complaining about staff shortages and the rates that don't support the current increased wage expectations of the applicants. We probably are one of the better-staffed vendors. We continued our operations throughout the pandemic and were able to maintain staff to continue providing services. The way it was accomplished: we pay attention to team building, staff satisfaction, training and working with each staff member to accommodate their preferences and work around their needs as much as it's possible; we put a lot of effort into our hiring and are being proactive in our hiring process so that we have staff available and flexible enough to accept back-up coaching assignments as needed especially now with all COVID issues. We do have a great team of DSP and I am grateful for every person we have and the work they do for our persons served.

Michigan

Michigan does pay a "premium" pay for a number of codes, not all inclusive. Each Community Mental Health agency, working under a PHIP, has discretion on how each provider receives this reimbursement which has now become somewhat of a game of losses for the provider. Depending on how the CMH

provides reimbursement. It's definitely not static throughout the state. I am currently attempting to obtain the fee schedules from as many CMH's as possible to make a comparison.

Michigan now legislatively provides \$2.35 an hour for those codes for face-to-face time. They provide additional for direct COVID exposure in group homes. As stated above, each CMH decides how that is applied.

Many programs, including us, are paying a referral bonus, sign on bonus, same day interviews, shift differentials, length of stay bonuses, PTO for part time, enhanced EAP's and we added another administrative staff member to provide more face time support and encouragement on the job.

Actually, the face time and continual positive coaching and encouragement seems to be the most effective. Positive feedback is priceless.

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