

Commission on the Status of Persons with Disabilities
Workforce Supports Subcommittee Meeting
Meeting Minutes

Date of Meeting: Thursday, November 13, 2025

Time: 11:00 AM – 12:00 PM

Virtual

This is a meeting of the **Workforce Supports Subcommittee** of the permanent Commission on the Status of Persons with Disabilities. This subcommittee will collect data and analyze initiatives that address the workforce crisis for people who provide services to individuals with disabilities.

Members Participating Remotely	
1	Andrew Levrault (Chair) – Disabled Persons Protection Commission
2	Chris White – Road to Responsibility, Inc
3	Rachel Kaprielian – Triangle, Inc.
4	Leo Sarkissian – The Arc of Massachusetts
Members Not Present	
5	Angela Ortiz – MA Health Council
6	Representative Vanna Howard – House of Representatives
Additional Commissioners Present	
7	Hon. Denise Garlick – Commission Chair
8	Nancy Garr-Colzie – Worcester Disability Commission; Center for Living and Working
9	Lexi Semanchik – Treasurer’s Office

Action items	Person responsible
1 Reach out to ADDP for 2025 Workforce Metrics Survey Presentation	Imene
2 Lurie Disability Center nationwide direct care workers survey results and findings (spring 2026)	Imene

1. Welcome and Roll Call
 - Motion to approve minutes
 - Motion approved
2. Presentation from Amy Doyle, MSW, MPH, Director of the Behavioral Health Workforce Center at the [Massachusetts Health Policy Commission](#)
 - Key takeaways:
 - The Behavioral Health Workforce Center (BHW) was established in partnership with the Executive Office of Health and Human Services to strengthen the Commonwealth's ability to identify and respond to behavioral health workforce needs.
 - The BHW's purpose is to support statewide efforts through cross-sector partnerships and evidence-based strategies focused on workforce pipelines, diversity, professional pathways, and retention.
 - BHW's work is organized around four pillars: recruitment and retention, capacity building, diversity, equity, and inclusion, and sustainability.
 - Massachusetts is experiencing increasing demand for behavioral health services alongside declining access, with a significant number of residents reporting unmet behavioral health needs.
 - Workforce shortages are most acute in lower-paid health care sectors and behavioral health settings that are less adaptable to telehealth, including inpatient, residential, and intensive outpatient care.
 - Data presented showed high levels of turnover, burnout, and early retirement among nurses and behavioral health workers, with work environment challenges cited more frequently than lack of trained workers.
 - Limited precepting capacity and shortages of experienced staff were identified as constraints on training and onboarding new workers.
 - Direct care roles were described as disproportionately low-wage, with high turnover and limited opportunities for advancement, contributing to recruitment and retention challenges.
 - The high cost of living in Massachusetts was identified as a significant challenge for lower-wage health care workers, many of whom rely on public assistance or hold multiple jobs.
 - Behavioral health workforce challenges were linked to the cost and length of training, uncompensated clinical hours, student debt, and lower compensation in outpatient settings.
 - Employment trends vary by setting, with growth in telehealth-adaptable roles and continued staffing shortages in inpatient and residential behavioral health care.
 - Workforce diversity was identified as an important factor in care quality and patient experience, with data showing underrepresentation of Black, Hispanic, Native American, and disabled clinicians relative to the population.

- Barriers to workforce diversity were noted across both training pipelines and employment, including lack of mentorship, inaccessible training environments, and workplace bias.
- The BHWG is conducting and planning multiple research efforts, including legislatively mandated studies on behavioral health payment rates, workforce supply and demand, licensure processes, and workforce data infrastructure.
- Future work includes developing data-informed policy recommendations, convening stakeholders, tracking legislative activity, and publishing reports and briefs to inform workforce supports and sustainability.

Discussion:

- Subcommittee members asked whether data collection focuses only on licensed clinicians and whether programs such as clubhouses and DMH residential programs are included.
 - It was shared that the behavioral health workforce is being defined broadly. There is currently limited comprehensive data on non-licensed workforce roles. The needs assessment process is intended to address this gap and will focus on non-licensed roles, children and families (including in-home supports and after-school programs), and organizational leadership in order to better understand workforce pipelines. At present, qualitative data is being used while work continues toward developing quantitative data. The needs assessment is expected to be completed in the spring.
- Members noted that the workforce has not returned to pre-COVID levels and that home health care services have continued to decline.
- Members asked whether workers supporting people with intellectual/developmental disabilities and physical disabilities are included in the workforce statistics presented, particularly in relation to residential programs. It was clarified that residential program workforce numbers are not included in the referenced slides and that the data likely does not capture the full workforce supporting the populations being discussed.
 - It was shared that a study will be published with data and tables intended to increase transparency across workforce types and payer sources, including the commercial payer market, Medicaid, and Medicare. Ongoing stakeholder engagement was noted as important for accurately capturing and framing findings and for building relationships.
- Members expressed interest in continuing the conversation and maintaining engagement on these issues.
- Members asked whether policy recommendations under the four pillars already exist or are still in development. It was clarified that no recommendations have been published yet, and that rate reports will include recommendations. The four pillars are intended to capture workforce needs across those areas.
- A follow-up conversation was requested.

3. Adjournment

Next meeting dates:

- January 29, 2026
- February 26, 2026
- April 30, 2026
- May 21, 2026
- * Monday, August 31st 2pm-3pm
- November 19, 2026

Meeting Materials:

- [August 2025 minutes](#)
- [Housing Navigator MA Presentation](#)