Autism Commission Sub-Committee for Workforce Development Meeting Minutes

August 22, 2016, 9:30am-11:30am

Autism Alliance

1881 Worcester Road, Framingham, MA 01701

Attendees: Co-Chairs: Dr. Patricia Gentile, Dr. Patricia Marshall: Members: Sue Houle, Katherine Johnson, Jeff Keilson, Dr. Carolyn Langer, Liz Martineau, Mike Moloney, Steve Sullivan and Susan Senator; Exec. Director Commission: Carolyn Kain. There were no members participating remotely at this meeting.

Dr. Carolyn Langer provided an update of the environmental scan, and explained the updated information on the direct care worker lattice. Jeff Keilson added that respite workers are needed by various organizations that work with individuals DMH, elder affairs and that the family is the one that typically provides the training and is considered the employer. The individual is also considered the employer for PCA services that are provided through Medicaid funding, and the consumer is responsible for processing the paperwork for employees to get paid. Jeff mentioned the new issue of overtime pay for any respite or PCA worker performing more than 40 hours a week and hat also pertains to a provider working for more than one individual and the combined hours also triggered when overtime was required.

The other positions also mentioned were homemakers, peer specialist and the fact that there are many types of workers providing either direct care or support services to individuals with ASD. Dr. Langer mentioned that MassHealth is moving toward Accountable Care Organization (ACOs) wherein a bundle payment would be made to providers for an entire population and their responsibilities would be expanded.

The issue of union v. non-union positions was discussed and how this depends on the type of staff. The group discussed that while PCA employees work for the individual they are part of the SEIU union. The information presented on the lattice was base salaries and did not include fringe benefits.

Dr. Langer said that the group needed to look at what type of staff are involved in an emergency response team, mobile crisis intervention. DDS and DMH workers are provided with crisis training. Jeff sat that Advocates is an emergency service provider and they have mobile crisis clinicians that are available through their autism support center. Jeff said that families may contact them directly, the emergency room personnel may contact Advocates and that they provide behaviorally based and psychiatric services for emergency room boarding cases.

Dr. Langer agreed to provide more information on the Mobile Crisis intervention and Jeff Keilson agreed to provide more information on the emergency service providers available through Advocates.

The training that is provided to medical students through “operation house call” was also raised and how that program has been able to sensitize future physicians on the disability impact issues on the individual and the family. Carolyn Kain said that she recently received a description of this program from Maura Sullivan and would ask her permission to share it with the group. The group said they would like to see shared living providers and direct care workers also be able to access this type of program to better understand individuals and their families’ needs.

Dr. Gentile talked about the need for a focus on educational progression, adding certifications to existing trainings and bundling trainings and courses toward a degree and making it into a career pathway. She said that connecting the jobs on the lattices people could see how they can expand and grow their career and not feel that a direct care position was a dead-end job.

Mike Moloney said that is the type of work he was working on with the community colleges, RBT training for direct care workers. Jeff said that there needs to be a registry of respite workers and that DDS does trainings for respite workers. Mike said that DDS does a global autism training for direct support staff and it is competency based. There is a dual need for both human services and healthcare services and that we need to work on creating pathways with mobility up and across for people to advance and be sustained in the workforce. SLP also needed to be added to the lattice.

Katherine J. provided a chart on BCBAs, BCaBAs and ABA therapists and their pay based on the type of employee. The group reviewed the chart and discussed the variation in salaries based on the type of employer.

Susan Senator asked if ABA was losing its popularity. Carolyn Kain said that the demand has resulted in some poor ABA being provided and that she believed that many parents are not as happy with it because it is not being done with the fidelity that needs to occur and that providers do not have the level of training, experience and supervision that needs to exist for ABA to be done correctly. Ms. Kain talked about schools using paraprofessionals to do ABA with minimal supervision. Ms. Johnson said that insurers do not want to pay for the number of supervisory hours recommended. Liz Martineau said that providers are trying to address the fact that bad ABA is occurring and that is adversely impacting people’s perceptions of the services.

The group discussed look at comparable salaries. Carolyn K. mentioned that there will be constant turn over with this workforce because is it very hard work. Katherine Johnson said that currently 90% of the workers are female between the ages of 24-28 years old, they are young and enthusiastic but keeping them for years without advancement was unrealistic.

Mike Moloney said that staff can access a tuition remission program through the providers’ council.

Katherine Johnson said she was working on a workforce training grant.

Carolyn Kain will reach out to the department of labor and workforce development and ask about the number of individuals working in the categories of positions to see the number of workers.

There being no further business, upon motion duly made, seconded and approved, the Chairs Dr. Gentile and Dr. Marshall adjourned the meeting at about 11:30am.