

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

Date of meeting: Thursday, July 13, 2023

Start time: 10am to 11am

Location: Virtual Meeting (Zoom)

| Members Participating Remotely | |
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| 1 | Angela Ortiz (Chair) – Director of Operations, Partners for Youth with Disabilities |
| 2 | Andrew Levrault – Deputy General Counsel, Disabled Persons Protection Commission |
| 3 | Representative Kay Khan – Massachusetts House of Representatives |
| Members Not Present | |
| 4 | Chris White – CEO & President, Road to Responsibility, Inc. |

| Action Items | | Person Responsible |
|--------------|--|--------------------|
| 1 | Thanking our panelists | Angela |
| 2 | Follow up with DLC and ADDP for data sharing | Angela and Imene |

Welcome, Roll Calls, and Introductions

- Members and panelists welcomed each other.
- Panelists introduced themselves:
 - Ellen Attaliades, CEO Association of Developmental Disabilities Providers
 - Michael Weekes and Bill Yelenak, CEO Providers' Council
 - Barbara L'Italien, Executive Director Disability Law Center; Rick Glassman, Director of Advocacy; Hillary Stanisz, Senior Attorney
 - Mary McGeown, Undersecretary of Human Services Executive Office of Health and Human Services

Takeaways from panelists on the Workforce Crisis

Scope of the Problem and Impact

- Current number/percentage of vacancies?
Disability Law Center Barbara, Rick and Hillary:
 - Barbara: People understand day to day impact of calls we receive because they qualify for their entitlements but are not receiving them.
 - Individuals are frustrated because they are approved and yet aren't accessing their services.

- Rick: Based on our survey results, we found almost half of respondents said they couldn't return to day habilitation. 13% of them were told that everyone is being treated equally. People were either told they can't return because their supports are too high or because their disabilities are too complex.
- Survey also asked about the conditions they were experiencing, 73% boredom, anxiety over 50%, depression 32%, behavioral challenges 53%, loss of skills managing activities of daily living 50%. This is critical those are skills we have helped people build on our own investment.
- Hillary: Look at big picture, day habilitation looked critical before covid. Covid didn't cause the workforce crisis, just safety net services are at risk. This isn't a new issue.
- DLC issued a report on November 2021 focused on different issues related to day habilitation.
- DDS doesn't have a program to help someone who have higher level of needs in day hab.
- Historically rates of mass funded day hab have not been consistently same rate of payment for contracted services.
- As programs started opening back up, there are a number of day hab (20) that permanently close as they were operating in the red pre covid.
- As others have reopened, there is still very significant staffing challenges, highest level of needs individuals aren't taken back.
- Providers saying taking back 6 people instead of 1 person who require higher ratio (for reimbursement, this makes sense).
- However, higher needs individuals are being discriminated as a law perspective and as a policy perspective, this isn't equitable.
- They continue to be deprived of social opportunities, isolation (already exacerbated issue), regression, ambulation issues, living with families excluding from day hab. Day hab is a state entitlement they are being deprived of.
- This is unsustainable: they live with single mothers, no jobs, financial distress, mortgage payment, physical burnout, sleep disturbance and sleep disorders caregivers to provide for their family members.
- There is a lack of cross agency work between MassHealth and DDS, 3 cases with minimal to no support from DDS.
- PCA rate is a very difficult rate for an adult with high needs. Guardians can't get PCAs. Respite money lets them pay someone at a higher rate.

Ellen:

- ADDP developed inaugural metrics survey in March and will share data with the Commission.
- 100 out of 134 responded to the survey: Vacancy rate 28% operating, LPNs 37%, RN 15%, clinician 13%.
- Geographically the highest overall vacancy rates are occurring in the Northeast region at a 29% vacancy rate.
- Impact: due to the inability to hire staff, we are finding what is very consistent with what Hillary from DLC just spoke about: People with especially complex medical conditions or behavioral challenges remain at home or residential support

system. Families have had to leave the workforce and stay home with them. Tremendous loss of skills.

- Workforce survey indicated that 3,887 people with IDD services on day services wait list, 1,472 on DDS list waitlist, 546 for supported employment 546, 1,869 people on waitlist for MassHealth day hab waitlist. These numbers include people who attended day programs prior to the pandemic and also people who are newly eligible for service.
- We don't represent total number of members that provide day hab or DDS services.
- As of July 1st, 2023, there has been 25 day hab program closures since the pandemic started. There are 149 programs that are open.
- The other big concern is the lack of transportation. We understand EOHHS is working with DDS on that issue. There are day hab programs that are ready to take some individuals back (up to 150 individuals) but transportation remains a barrier.
- Concerned that some of these programs will close in the next few years, there are operating at about a 80%. During the pandemic, there were enhanced rates and enhanced funding to keep these programs open, but these enhancements have stopped.
- EOHHS made a huge investment in the budget of \$200 million dollars to increase rates and utilization in day hab programs. It needs to be more.

Short-Term Strategies

Michael:

- We work with a number of providers providing a range of services to people who are vulnerable.
- It is important to recognize that a person may come in for multiple needs including mental health needs, substance use, people don't live in silos.
- This isn't new, we have had these issues pre covid.
- We did a report about 15 years ago on the workforce shortage because MA is aging, the working age population is shrinking. We are competing with other industries. Working age population is shrinking.
- Report with UMass institute "Essential or Not?": <https://providers.org/report/essential-or-not-the-critical-need-for-human-services-workers/>
- There are about 160,000 jobs in this sector, 80% are women, 36% are People of Color.
- The median income of human service workers in the state is about \$34,000 compared to the median income of all workers in MA at \$49,750. That's a \$15,000 difference.
- How do you compete with high salaries?
- There are a number of ways working with supporters, legislature and administration in resolving this issue. We can reimburse and help support essential workers.
- Looking at more doable at job description: Staff is looking at job descriptions that are more doable, reduce some of the requirements and responsibilities, negotiate, how to hire people quicker, how do we speed up the process (recruitment, retaining), bonuses,

attracting high school and community colleges students to make a career in health and human services and create that pipeline.

- We also need work on federal side: look at immigration. Foreign born folks make our biggest staff, they're having trouble getting in the door, mentorship.
- Even if we get people in the door, we can't retain them unless they are making a livable wage, especially with the housing needs.

Mary:

- Workforce crisis has been exacerbated because of covid but this issue already existed.
- This only works if individuals can enter this field and have a living wage, issue of rates needs to be constantly rates.
- Thanked Ellen for acknowledging the efforts the administration is making on these rates.
- Recognize that there's only a finite amount of money- how do we structure our services a community-based organizations? What other ways can we collaborate differently, so money goes to wages?
- Acknowledge the idea that we are all competing for the same workforce. It isn't unusual to see someone enter the workforce and then come to state government.
- Within our own industry, people jumping from one industry to another.
- Acknowledge that there's more to this than rates. It's a long-term gain, its hard and important work.
- Promoting a campaign on why people may want to come into health and human services and promoting it, people want to be a part bigger than themselves, encourage folks to enter this field.
- Recently she's been in central MA with group of folks working on grant with HS kids bootcamp in Worcester learning about the field of health and human services, what this might look like as a career. Cultivate and answer questions on what it's like to go to school for this field. Working with people under employed, some HS or college kids with some credit.
- Immigration community- hundreds of folks coming to our state, work authorization is not an easy process, we are able to get work authorization within 4 months, work with them on language, skill development, career paths. I.E. Doctor in their home country working as amazon warehouse worker.
- At EOHHS, we navigate and assess who's coming to our country, what their skills are and how we match job opportunities.
- DLC is right – there is a disconnect with rates contracted rates versus what MassHealth pays. We have ability to look at this in the back end.
- Don't want to discount how tech can and is able to support. There are different ways to provide services, telehealth, behavioral health services, support to families in the context of children, youth.
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Comments and questions from Commissioners:

- Rep. Khan shared legislation she petitioned for: [H.191 An Act relative to a livable wage for human service workers](#)
- Any committee cross collaborations you're working on right now? MA transportation, what other avenues can we use.

- Mary- looking at job descriptions and tap into individuals with lived experience and recognizing there's a level of support and supervision.
- EOHSS meets regularly with ADDP, Providers Council, ADH, Child's Advocate, Children's League for cross collaboration.
- We are looking at other avenues we can help with regarding transportation.
- Any short term solutions authorized by the State during covid that worked during that time that stopped with the lift of the pandemic emergency?
 - Michael- Waivers associated with the Medical Administration Program (MAP) was one of the strategies that help with nursing requirements.
 - Ellen- DPH underwent a consultative process with MAP, recommendations were keep using pre-packaged meds, reduced errors, with MassHealth using LPN level when only RNs supervision was required, several regulatory reliefs were looked at.
 - Innovative pilots like in the Cape for housing vouchers, Worcester is looking into that housing voucher program. Living wage is critical.
 - We are advocating 75% tile, entry level direct service chapter 257 put that at \$19.53/hour.
 - Wrap around services like childcare and transportation to help people that want to work in this space.
- Andrew- is there any program with the state, like a career ladder to take a class to become a LPN for example?
- Ellen- ADDP work with different schools for discounted tuitions. We have a commitment from EOHHS, livable wages are important.
- Rep Khan shared that Ellen piqued her interest sharing about the Cape. There is a nursing home offering housing for folks working with that population.
- Hillary- We shouldn't rely only on parents, it's short sided, there are people struggling and needing money. However, family care providers should be paid, families are doing a lot of work unpaid. Covid flexibility as home health aide. There is legislation that would allow parents/guardians as paid as PCA: [S775/H1232 "An Act Relative to Family Members Serving as Caregivers"](#)

Adjournment

Next Meetings

- September 7, 2023 10am-11am
- November 9, 2023 10am-11am