



Roadmap for Health Equity Review Initiative: Department of Developmental Services

Executive Summary

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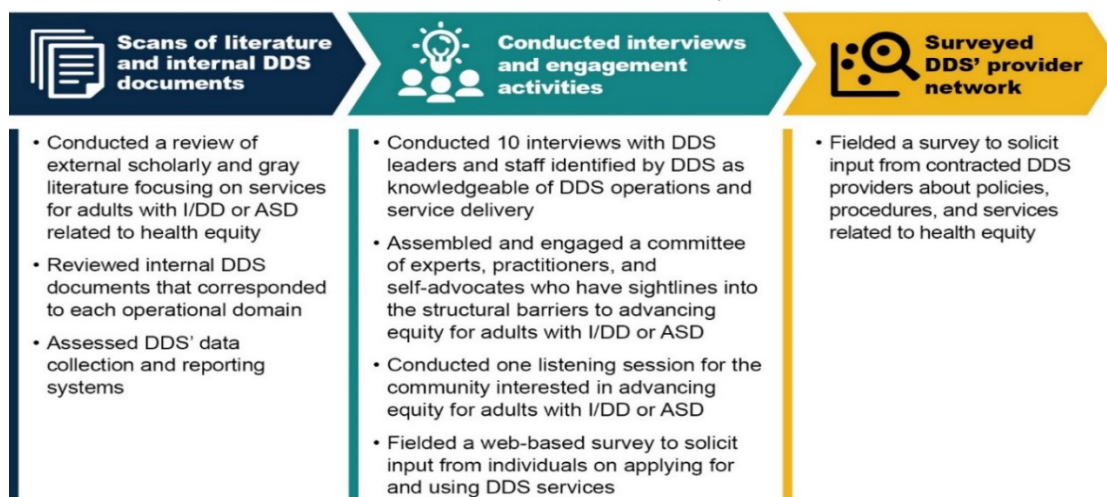
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Executive Summary

The Massachusetts Department of Developmental Services wanted a review of health equity in its programs to identify and address the systemic and structural inequities that affect people with intellectual and developmental disabilities or autism spectrum disorder. The primary objectives of this health equity review are to identify these barriers and present a preliminary set of options and strategies for dismantling them, recognizing that this will require a firm commitment and investment of time, resources, and effort. By focusing on innovative, best-practice approaches, the initiative aims to ensure that services provided are equitable, accessible, and culturally and linguistically appropriate for all the people they might serve. This initiative underscores the department's commitment to fostering an inclusive and supportive environment that addresses the needs of this population. Mathematica conducted the review, which was designed to explore and identify potential inequities within the department's service system. The following learning questions guided this work:

1. What are the structural and systemic barriers to advancing health equity in the Department of Developmental Services' system?
2. What historical, societal, and policy contextual factors help explain these disparities?
3. What activities has the department engaged in to advance health equity for adults with intellectual and developmental disabilities or autism spectrum disorder in each of the department's four operation areas? What are areas of improvement?
4. How does the department measure its progress in advancing health equity for adults with intellectual and developmental disabilities or autism spectrum disorder?
5. What are the gaps in its data collection and reporting?
6. What trainings does the department currently offer to advance health equity and promote cultural competence? What training do department employees need?
7. What other health equity best practices could the department implement to create a healthier and more equitable service delivery system?

Exhibit ES.1. Methods Used in the Review for Health Equity



ASD = autism spectrum disorder; DDS = Department of Developmental Services; I/DD = intellectual and developmental disabilities.

Exhibit ES.2. Findings and Recommendations by Operation Area



SERVICE AWARENESS AND ENROLLMENT (CH. III)

There can be inequity in service awareness and enrollment when people cannot easily access information about program availability and eligibility requirements and when the application becomes a burden.

Key findings

- Social inequities that favor people who have more resources (such as time, financial stability, English fluency, and strong social networks) affect the level of service awareness.
- Although the Department of Developmental Services has helpful resources about how participants can transition and enroll in programs, it is difficult for many participants to learn about services and navigate enrollment processes.
- The level of knowledge and work style of a participant's service coordinator has a high degree of influence on the participant's awareness and enrollment in services, which allows for inequitable access to services.

Recommendations

- Overhaul the Department of Developmental Services' website to feature a roadmap tool and list of all available services. [Ready initiative^a]
- Streamline the enrollment process to reduce barriers to enter the department's services. [Ready initiative^a]
- Enhance transition resources with an easily understood roadmap. [Ready initiative^a]
- Broaden outreach efforts to expand awareness and reach of the department's services. [Ready initiative^a]



ASSESSMENT AND AUTHORIZATION OF SERVICES (CH. IV)

Implicit bias, which is an internal attitude that can affect how we treat people without us knowing it is happening, can be built into service assessment and authorization in a way that can lead to inequities in who is eligible.

Key findings

- The Department of Developmental Services has made recent strides integrating equity considerations into its current and future service assessment process; in particular, the agency is transitioning to a new more equitable person-centered assessment tool.
- The current design of the department's service assessment and authorization processes is a barrier to providing equitable care, especially for those who need more support to become educated about available services.
- The department is improving its data collection and measurement efforts, but there are opportunities for it to better monitor health equity data and reporting.

Recommendations

- Create an onboarding coordinator position to support transparency and equity in onboarding. [Long-term development^d]
- Develop guidance on the Massachusetts Comprehensive Assessment Process to include on the department's public-facing website. [Ready initiative^a]
- Adopt a formal person-centered planning approach to conducting level of care and needs assessment evaluations. [Strategic investment^b]
- Invest resources in a single management system for disability services to help coordinate equitable care for people with intellectual and developmental disabilities or autism spectrum disorder. [Strategic investment^b]
- Develop a peer self-advocate training program to provide more support for people with intellectual and developmental disabilities or autism spectrum disorder. [Long-term development^d]
- Engage with people who are eligible for the department's services but not currently being served as part of health equity initiatives. [Ready initiative^a]
- Make funding approval rationale transparent to increase accountability and build trust, and make sure that when funding is denied, it is done rightfully (especially for self-directed program applicants). [Ready initiative^a]

- Collect personal information equitably and inclusively. [Ready initiative^a]
- Collect data elements related to health equity to align data collection efforts with the federal reporting guidance. [Strategic investment^b]
- Bolster data collection and analysis of disaggregated data and share with the DDS provider network. [Strategic investment^b]
- Fully leverage data on the quality of services collected from the National Core Indicators survey. [Ready initiative^a]



PROVIDER NETWORK (CH. V)

There can be inequities in provider availability from policies that relate to network adequacy; reimbursement rates; and provider investments, trainings, and supports.

Key findings

- There are reportedly not enough health care providers willing to serve people with intellectual and developmental disabilities or autism spectrum disorder because of structural factors, such as low reimbursement rates.
- Health care providers would reportedly benefit from training on effectively serving people with intellectual and developmental disabilities or autism spectrum disorder and their families.
- People with intellectual and developmental disabilities or autism spectrum disorder reportedly face inadequate access to services and supports through the Department of Developmental Services and its network partly because of staffing shortages.
- Service coordinators and contracted providers reportedly would benefit from additional skill-building trainings to effectively support people with intellectual and developmental disabilities or autism spectrum disorder and their families.
- Continuing to hire and support staff from diverse backgrounds would help improve people's access to culturally concordant care, which can lead to better health outcomes.

Recommendations

- Enhance reimbursement rates for serving people with intellectual and developmental disabilities or autism spectrum disorder through legislative action or build an increase into the Medicaid state plan. [Strategic investment^b]
- Add contracts with specific health care providers to serve people with intellectual and developmental disabilities or autism spectrum disorder to five-year state plans. [Strategic investment^b]
- Adopt a multi-pronged justice-oriented marketing and outreach approach to raise awareness and recruit more health care providers to serve people with intellectual and developmental disabilities or autism spectrum disorder. [Improvement tactics^c]
- Maintain an online directory of health care providers, such as dentists, physicians, and therapists, that accept MassHealth and are skilled at serving people with intellectual and developmental disabilities or autism spectrum disorder. [Improvement tactics^c]
- Build provider pipelines by collaborating with colleges and universities to offer educational opportunities to students. [Strategic investment^b]
- Increase the number of health care providers and support staff trained to serve people with intellectual and developmental disabilities or autism spectrum disorder. [Strategic investment^b]
- Increase wages and establish the expectation that staff will serve in a role for at least six months, with incremental bonuses tied to tenure starting at the six-month mark. [Strategic investment^b]
- Adopt a competency-based training approach for certification processes in which people need to demonstrate skills and tie trainings or educational attainment to wage increases. [Strategic investment^b]
- Create a pipeline to the Department of Developmental Services from high schools, community colleges, and state universities. [Strategic investment^b]
- Consider alternative staffing models and review the responsibilities of staff to identify tasks that could be given to others or streamlined. [Strategic investment^b]

- Seek input from direct support professionals to learn the most effective ways to address the staffing shortage. [Improvement tactics^c]
- Pay guardians, parents, and other family members to be caregivers. [Strategic investment^b]
- Create dashboards and other tools to provide prospective staff and individuals and their families with information about providers' performance to help them with decision making and promote accountability among providers. [Long-term development^d]
- Develop and execute a strategy to recruit, hire, and retain a more diverse workforce. [Strategic investment^b]
- Develop a no-tolerance policy regarding racism toward staff by families. [Strategic investment^b]



DESIGN AND PROVISION OF MEDICAID HOME AND COMMUNITY-BASED SERVICES (CH. VI)

When designing programs for home and community-based services, there can be inequities from policies that establish who is eligible for these programs, where programs are available, and what services the program offers. There can also be inequities when providing home and community-based services if the needs and lived experiences of service recipients are not built into the accessibility of services and the way we measure the quality of services they receive.

Key findings

- Agency culture can sometimes present barriers to the agency's progress toward equity.
- Challenges accessing reliable transportation are a universal barrier to getting necessary care.
- Some health care providers do not understand the needs of people with intellectual and developmental disabilities, which affects service delivery and health outcomes.
- Home and community-based services are inequitably provided to eligible people with intellectual and developmental disabilities or autism spectrum disorder.
- Individual health-related social needs, such as living arrangement in the community, geography, and language spoken, affect how home and community-based services are provided.
- Services provided to some adults with intellectual and developmental disabilities or autism spectrum disorder are reportedly not designed to be person-centered; people want individualized services and more agency in their lives.

Recommendations

- Coordinate transportation services to address barriers and access to reliable transportation. [Strategic investment^b]
- Develop a robust cultural competency curriculum and train DDS staff and contracted providers on systemic racism, implicit bias, and the social determinants of health. [Strategic investment^b]
- Embed person-centered principles throughout service delivery to enhance shared decision making and autonomy for people with I/DD or ASD. [Strategic investment^b]
- Use technology and teach digital literacy to promote independence among people with I/DD or ASD. [Strategic investment^b]
- Redesign waivers so services and supports are more individualized and responsive to the needs of people with I/DD or ASD. [Strategic investment^b]
- Modify DDS leaders' decision-making processes to adopt an integrative decision-making approach, as opposed to a consensus-obtaining approach, to help implement changes that can advance equity. [Strategic investment^b]
- Pursue opportunities to standardize key processes and practices across area offices. [Strategic investment^b]
- Systematically collect and apply participant feedback to service design. [Ready initiative^a]

Note: All operation area definitions are from Christ, A. and N. Kean. "An Equity Framework for Evaluating and Improving Medicaid Home and Community-Based Services." Justice in Aging, June 2023.

^a Ready initiatives are high-value strategies and options that can be implemented relatively easily with existing resources.

^b Strategic investments are transformative strategies and options requiring a large number of resources but offering substantial equity advancements.

^c Improvement tactics are easily achievable changes that provide incremental progress toward equity goals.

^d Long-term development are complex strategies and options that build foundational capacity for future equity advancements.

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