**State Rehabilitation Council (SRC) Executive Committee Meeting Minutes**

**March 6, 2025**

**4:00 - 6:00 pm EST**

**Attendees:**

* **Executive Committee Members:** Heather Wood (SRC Chair), Joe Bellil, Steve LaMaster
* **Additional SRC Members present**: Tay Silveira
* **MassAbility (MBY) Staff:** Kate Biebel, Sahara Defensor, Emily McCaffrey, William Noone, Amy Karr
* **Others present:** Maia Raynor (Department of Public Health DPH), Julia Zubiago (DPH)
* **Absent Executive Committee Members:** Naomi Goldberg

Please Note: This meeting was held remotely.

**The meeting was called to order at 4:04 pm by the chair.**

**Approval of Meeting Minutes:**

No minutes were approved at this meeting.

**UNFINISHED BUSINESS**

1. Membership update – Sahara Defensor

Ms. Defensor has not heard anything from the Secretariat or Governor’s office regarding individuals waiting for appointments. This does not mean that the SRC should not move forward with recruiting for other open seats. Chair Wood and Ms. Karr will meet with Ms. Defensor to discuss what seats are open and what seats have appointments pending.

For now, open meetings are still being held remotely; there have been no updates about a return to required in person meetings. There is something in the law that allows remote participation if the chair and a few others are in person but there is no need to trigger that provision as of now.

Chair Wood received her reappointment email today; she will forward it to Ms. Karr and Ms. Defensor.

**NEW BUSINESS**

1. Feedback on Title V priorities – Julia Zubiago, Maia Raynor

Ms. Zubiago shared her screen. **(See SRC\_TitleVNeedsAssessmentExternalEngagement.pptx.)** Ms. Zubiago thanked the members for this opportunity to collect some feedback. Ms. Zubiago will provide an overview of the Title V program, and a summary of why the Needs Assessment is being done. Then Ms. Raynor will discuss the draft priorities for Title V.

Overview of the Title V program

The Title V program is a Block Grant from the federal government dedicated to improving family health and well-being. How it must be used is not super specific. The Massachusetts Department of Public Health (DPH) uses that money to develop, implement, and evaluate policies and programs for people who are pregnant, caregivers, infants, children, and youth, including youth with special health needs. The program supports children from birth to age 22, and parents/caregivers of all ages.

The DPH has been using the Title V money to help build strategy to eliminate institutional and structural racism. Most of the money is used to set up the infrastructure of public health services and systems, versus directly paying for services or providers.

Title V is organized in six Life Course Domains:

1. Maternal/parental/reproductive health
2. Fetal & infant health
3. Child health
4. Adolescent health
5. Children and youth with special health needs (CYSHN)
6. Crosscutting
   * Addressing workforce/service provision challenges (Example: The formula shortage of a few years ago.)

Today we will talk about three domains: the **maternal/parental/reproductive health domain,** the **children and youth with special health needs domain**, and **cross-cutting domain**.

Why is the Needs Assessment being done

For Title V it is required that a Needs Assessment be done every five years. This is a Needs Assessment year. This means the DPH looks through data and talks to community members to understand what the current challenges and problems regarding maternal and child health are. It then identifies and develops about 7-10 priorities for improving maternal and child health. Last fall data was examined. Now the DPH is in Phase 2, engaging in planning and refinement.

Ms. Zubiago and Ms. Raynor have come to the SRC today to present the draft priorities created by the DPH and Title V team to people with lived experience of some kind of disability, or experience of caring for people with disabilities. They are also presenting elsewhere to ensure the draft priorities align with other state agencies. They are collecting feedback and will refine the priorities accordingly. Then they will submit the plan to the federal government in July and then begin working on implementing the plan.

Draft Priorities for MA Title V (2025-2030)

The priorities will be discussed by area, or domain.

* **Maternal/parental/reproductive health domain**

Existing needs and challenges in this domain include:

* + Very limited alternative birth settings outside of hospitals in Massachusetts
  + 66% of substance use-related pregnancy associated deaths are attributed to opioids
  + People in rural areas less likely to have access to adequate prenatal care

Draft priority:

Ensure all Massachusetts pregnant and birthing people and their families live the healthiest life possible, supported by a strong public health infrastructure and healthcare delivery system

There are five possible focus areas:

1. Ensuring that both low risk and high-risk people receive the appropriate level of care. (Low risk people receiving care at hospitals have increased risk of mortality.)
2. Expanding postpartum home visiting programs to be statewide. At the visits the baby and birthing person are checked, and mood screenings are done. Those who receive these services are less likely to have mood disorders and are less likely to need referrals to services.
3. Make sure contraception and abortion are available across statewide.
4. Improve access to a variety of mental health services options so the mother does not need to leave the infant.
5. Expand knowledge of paid family and medical leave (PFML) because people taking such leave just before and after birth have better outcomes.

Questions/Comments

People from all sorts of abilities/disabilities give birth. Ms. Raynor asked if there is anything from a disability perspective that they have not considered. Members mentioned the lack of accessibility in medical offices, particularly for wheelchair users. Many offices do not have wheelchair scales and examining tables are not wheelchair accessible. This is important because a pregnant person gets weighed a lot. Doctors need to be aware of the potential impacts of the person’s disability but also be able to look beyond the disability.

MassHealth now covers doula services. A doula helps a pregnant person know what to expect and can be an advocate for the person at the hospital. Ms. Zubiago shared this link in the chat: <https://www.plannedparenthood.org/blog/what-is-a-doula>

People with mental health conditions who present with physical complaints are often ignored. They also often lack supportive care regarding their children. There is always a fear their children will be removed. Until recently, they were removed. This causes trauma for both the children and adults. There is a need to educate people about the increase in the prevalence of mental health conditions. And a need to shift from a punitive response to a public health response. There have been some such policy changes, such as a change regarding mandatory immediate reporting if a child is born substance exposed.

* **Children & youth with special healthcare needs domain (up to age 22)**

Special healthcare needs (SHN) are broadly defined. These children and youth can have mobility needs, intellectual and developmental needs, and behavioral health challenges.

Existing needs and challenges in this domain include:

* + One in five children have SHN in Massachusetts.
  + Around 90% of these children are not receiving services that meet their needs.
  + Around 10,000 children in Massachusetts live with medical complexities, with a subset experiencing life-limiting conditions.
  + Over half of the children with SHN feel that they do not belong in school.

Draft priority:

Strengthen systems of care for children and youth with special health needs and their families

There are five possible focus areas:

1. Strengthen pediatric care for those who care for children and youth with special healthcare needs (CYSHN) and medical complexity.
2. Improve service coordination and evaluation for further quality improvement of services for children with autism spectrum disorder and their families.

There has been an increase in children diagnosed with autism spectrum disorder. Families and young people are finding it difficult navigating the available services and ensuring the services they receive are high quality. We would like more community health workers and care coordinators specifically to support families right after diagnosis and beyond.

1. Supporting smooth transition from pediatric to adult health care.
2. Improving access to mental health supports and services for CYSHN,
3. Fill gaps in access and services for CYSHN and their families, because availability of services is not spread equally throughout the state.

Questions/comments:

MassAbility often sees adults who were not evaluated and/or diagnosed as youth and not eligible for certain services. Ms. Raynor said DPH provides a community support line. Parents can contact and get help finding out what their children may actually be eligible for, despite what the parents may have been told. It was also suggested that resources be provided in different languages and formats, such as American Sign Language (ASL) and technology. Ms. Raynor said that language access and equitable family engagement are overarching values in Title V. We want to make sure family leadership can be involved so these are focuses in their program design and evaluation, not an afterthought.

* **Crosscutting Domain**

These include health-related social needs, the things that make it harder for people to live the lives that they want to live.

Existing needs and challenges in this domain include:

* + One in ten children under age 5 live below the poverty level in Massachusetts.
  + Over 24,000 children in Massachusetts public schools are experiencing homelessness.

Maternal and child health (MCH) Workforce draft priority:

Strengthen the maternal and child health workforce to ensure families and communities are supported by high quality, diverse, culturally responsive providers across the maternal and child health ecosystem.

There are seven possible focus areas:

* + 1. Community birth workforce, such as doulas, midwives, lactation consultants
    2. Child-care workforce - Massachusetts has the highest childcare cost in the nation
    3. Behavioral health workforce – Making sure the licensing process is reasonable, with fewer barriers
    4. Primary care workforce – People are waiting to get their physical. Because of the way we pay for primary care people are disincentivized from becoming primary care providers. We also would like an ability to incorporate community health workers and family navigators into primary care, which means having mechanisms for reimbursing for those services.
    5. Home visiting workforce - To make postpartum home visiting available statewide, we need more providers. Is a bachelor’s degree in nursing required, or would an associate’s degree suffice?
    6. CYSHN and caregiver workforce – We are also looking at barriers such as degrees required for this workforce and also want to ensure that these services are available across the state, not just concentrated in certain areas.
    7. Strengthening the MCH workforce through intentional recruitment and retention of Black, Indigenous, and People of Color (BIPOC) individuals, fostering a healthcare system where every patient can find providers who share their background or possess deep cultural understanding

Questions/comments

When a MassAbility participant is working with a vendor, MassAbility needs to know if the vendor is providing the expected quality of service. Are organizations communicating with each other? If there is a problem, how is it communicated so the problem can be addressed quickly?

As was brought up earlier, when a person with a mental health condition presents with a physical complaint providers, including primary care providers, often ignore it or treat it as a mental health symptom. The peer workforce could be a great support for new parents with mental conditions, particularly when peers are parents with lived experience of mental health conditions. The DPH is promoting such things as recovery coaches.

Emergency preparedness draft priority:

Strengthen MA state approach of including MCH needs within emergency preparedness and response efforts and embedding a preparedness lens within MCH programs.

There have been several emergencies over the past few years, such as COVID-19 and the formula shortage. Often the needs of families are not prioritized. For example, if the caregiver of a child with medical complexity got COVID, someone needs to care for that child.

There are three possible focus areas:

* + 1. Establish a Massachusetts Title V Emergency Planning and Preparedness workgroup, one that is solely focused on maternal and child health
    2. Integrated approach in response to the housing crisis
    3. Establish MCH standards for Local and Regional Health, not just at the state level

Comments/questions

The Executive Office of Housing and Livable Communities just put out their 45-page strategic plan about how they are going to try to expand housing. Ms. McCaffrey previously asked them to talk to the Disability Forum about how housing and disability intersect and suggested that it might be another area for some feedback. Ms. Raynor will follow up with Ms. McCaffrey about this.

Ms. Raynor concluded the presentation of their draft plan and thanked everyone for their helpful feedback. She asked that anyone with additional questions, comments or ideas should reach out to her and Ms. Zubiago. They will continue to develop the plan and would like to return to the SRC to share the final plan so everyone can see how the feedback has been incorporated helped us get to a more equitable and integrated space.

1. Planning for the SRC March Quarterly Meeting – Heather Wood

The presentation about trends seen by CAP and the Ombuds, that has been discussed at previous meetings, was added under New Business.

It was requested that Commissioner Wolf talk about MassAbility’s initiatives, so that SRC recommendations can be more relevant to them. Commissioner Wolf has stated that she would like more collaboration between the SRC and MassAbility.

1. Committee Reports

* **State Plan Committee – Joe Bellil**

The committee last met on February 19th.

At that meeting the committee discussed the FY25 recommendations and the draft schedule for the Annual Report and FY26 recommendations. (See SRC State Plan Committee- Schedule for State Plan and Annual Reports draft 2-19-25.docx.) He also noted that the combined MassAbility SRC Annual Report was posted.

Cindy Walker will be posting a request for recommendations in the MassAbility spring newsletter. Mr. Bellil is looking forward to Commissioner Wolf discussing MassAbility priorities at the upcoming March Quarterly meeting.

The committee will next meet on April 16th at 11:00 am.

* Business and Employment Opportunity (BEO) Committee – Steve LaMaster

Met last week February 27th. The meeting had to be rescheduled to two weeks later than its original date, which may have affected attendance. Data was shared about self-employment. Of the 39 individuals with self-employment as their goal at closure, 38 had a successful closure, which is about 95%. It’s more unusual to seek self-employment than regular employment. Mr. LaMaster is interested in identifying the key elements that led to successful case closures. The committee explored strategies to gain further insight into the factors contributing to positive case outcomes.

The next committee meeting is on April 17th at 1:00 pm.

* **CSNAC -Heather Wood**

The committee last met on January 27th. There has been no update since the February Executive Committee meeting.

The next meeting is on March 17th at 5:00 pm.

* **Diversity, Equity, Inclusion, and Accessibility (DEIA) Council – Doug Mason**

Mr. Mason was not present at this meeting, so no council update was provided.

1. Discussion of possible committee restructuring and Ad Hoc Membership Committee – Heather Wood

We will hold off discussing possible committee restructuring now.

Chair Wood has met with Ms. Goldberg; they will set a date for a meeting of the Ad Hoc Membership Committee.

1. American Sign Language (ASL) and Communication Access Realtime Translation (CART) services – Kate Biebel

For the past several years we have provided ASL and CART for the SRC Quarterly meetings. However, during that time no meeting attendee has ever needed this. In a perfect world we would always make it available. However, it is a limited resource. We need to decide whether to continue providing these services at every Quarterly meeting going forward.

Members were in favor of not continuing to regularly provide the services. Perhaps if resources become more available the topic can be revisited.

If the SRC did recruit a person who needed these services, or if there was a recommendation to increase the participation of people who are deaf and hard of hearing, these services would be regularly available. In the past the SRC has tried to do targeted recruitment of individuals who are deaf and hard of hearing without much success.

While instantaneous ASL interpreters are available, MassAbility would be hesitant about choosing someone randomly online. Almost of the interpreters MassAbility does use are in the Career Services space.

If it is decided to only provide these services upon request, instructions about how to make such a request in advance will need to be very visible on the SRC website.

The Zoom platform can provide captions. However, written English can be a challenge for some in the deaf population.

No final decision was made at this meeting.

1. Collaboration with the Massachusetts Council on the Blind (MCB) – Heather Wood

At the January Executive Committee meeting Commissioner Wolf brought up the possibility of collaboration with the advisory councils of MCB and the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). Chair Wood has met with the chair of the MCB Rehabilitation Council. Tomorrow, March 7, she will meet with him, Commissioner Wolf, and the chair of MCDHH’s Statewide Advisory Council.

1. MassAbility Update – Kate Biebel

* Federal Landscape: Linda McMahon has been confirmed as the Secretary of Education today. Ms. Biebel shared this in the chat:

**Healey-Driscoll Administration Education**

**Governor Maura Healey:**   
"Massachusetts is home to the first public school in the United States, and we have the #1 schools in the country. Donald Trump, Elon Musk and Linda McMahon’s plan to dismantle the Department of Education means students and schools would lose out on $2 billion in federal funding for our schools. That means bigger class sizes, fewer reading specialists and support for students with IEPs, less funding for poorer and rural school districts, and an end to after school programs. What Donald Trump, Elon Musk and Linda McMahon are doing is bad for children, bad for schools, and bad for our communities. Congress cannot let this happen."

We only know what is on the news, on X, etc.

Areas of concern with the changing federal landscape:

* Next Gen grant: This is discretionary, not mandated. It makes sense that discretionary money might be stopped first.
* Reallotment dollars: Unspent federal money that is redistributed for onetime uses, but could also be used to manage salary increases. We are not expecting to see these funds again.

MassAbility is slowing down its hiring but not stopping. We want to have a better sense of what will be happening.

MassAbility is thinking and talking a lot about Order of Selection.

1. Open Mic

A member recently lost her job based at a high school, which was funded by a grant through the American Institutes for Research (AIR) and the University of Kansas. Due to recent cuts in federal funding for educational research, the program was shut down immediately, without advance notice. Students who had been participating were becoming engaged in the activities and were disappointed by the sudden end. The member is saddened and disappointed by the loss of a program that was likely to improve post-secondary outcomes for students with disabilities. She remains employed but has been reassigned to a different role, covering classes for a colleague currently on family medical leave.

The next Executive Committee meeting will be on April 3rd from 4:00 to 6:00 pm.

The meeting was adjourned at 6:02 pm