

March 25, 2022

Marylou Sudders, Secretary  
Executive Office of Health and Human Services  
One Ashburton Place  
Boston, MA 02108

Dear Secretary Sudders:

The Children's League of Massachusetts (CLM) writes today regarding the proposed rates for **101 CMR 411.00— Rates for Certain Placement, Support, and Shared Living Services**. CLM is a statewide non-profit association of private and public organizations and individuals that collectively advocate for public policies and quality services that are in the best interest of the Commonwealth's children, youth, and families. It is through public education and advocacy that CLM promotes the availability, accessibility, and quality of these needed services.

Our members, who comprise providers, advocates, and regulators of services, know first-hand the struggles that children and their families face in the Commonwealth. Throughout Massachusetts, we strive to ensure availability of services and accessibility of support for all families in need.

Most importantly, CLM represents the majority of contracted Intensive Foster Care providers in the Commonwealth and has gathered input from these providers to share their top concerns with these proposed rates. We appreciate the opportunity to comment on these proposed rates and hope that you find this input both helpful and constructive.

#### Rate methodology

The proposed rate uses the median (50<sup>th</sup> percentile) of the 2020 MA Bureau of Labor Statistics benchmark to set these rates, resulting in a small increase that does not adequately address the reality of operational costs nor the commitment we ask Intensive Foster Parents to make to these children, for whom the Commonwealth has assumed responsibility of care.

- CLM requests the Administration use the **75<sup>th</sup> percentile of the MA BLS** as the benchmark against which to set rates, as this level more accurately reflects the current labor market as well as the cost of living in Massachusetts.
- Given the current state of inflation and its effect on wages and purchasing power, we request the state use the "**pessimistic**" inflation for **Consumer Price Index** which will result in about 4% Cost Inflation Factor.
- Finally, we request that rates be adjusted accordingly as soon as **2021 BLS** data becomes available to reflect the most current economic conditions and set adequate funding for the coming two years.

### Foster parent stipend

Under the proposed rates, the foster parent stipend for IFC One is increasing by only \$4.50 and for IFC Two by \$4.75. This is problematic for two reasons: our current foster parents, but specifically IFC foster parents, deserve more; and, in order to recruit high quality foster parents, we need to provide meaningful incentive.

As a Commonwealth, we ask our citizens to open their hearts and their homes to help children who suffer from severe trauma and have some of the most complicated needs in our child welfare system. Caring for them is a full-time job involving intensive care, supervision, and therapeutic/medical attention for a child with severe needs, in addition to the standard requirements of foster care involving school support, court visits, social worker visits, bio parent connections, and more. IFC foster parents care for these highly complex children and youth as their own, on behalf of the Commonwealth. Retention of these foster parents is critical so that providers can ensure that the children in their care are in loving and stable homes, without the turnover that exacerbates a child's trauma. This rate does not reflect the type of support that is needed nor the respect for the job we ask IFC parents to do.

Furthermore, the high degree of turnover and the heightened acuity of children's needs resulting from pandemic conditions means we need to attract and recruit new quality foster parents to open their homes and take on this difficult, but rewarding, task.

### Staffing and operational costs

The reality of staffing and operational challenges demonstrate that the need far exceeds the valuation by the state in the proposed rate.

IFC providers face an uphill battle in recruiting and retaining staff for three reasons:

1. Despite the job descriptions for IFC and DCF workers being almost identical, **the rate perpetuates significant disparities in salaries**. These staff have the same qualifications, licensure and training requirements, yet the singular and glaring difference is compensation, especially when provider staff are required to go above and beyond the standard job description, providing after hours and weekend support, and participating in on-call response. The rates must support salaries that are comparable to the equivalent jobs at the DCF. For example, a Social Worker I at DCF starts with an annual salary at \$57,885, while the proposed 50<sup>th</sup> percentile of 2020 BLS for Chapter 257 funds this position at \$45,375. Providers simply can't compete at these levels.
2. These disparities result in IFC providers experiencing **significant increases in staff turnover**, as IFC workers routinely leave for higher-paying equivalent DCF jobs. This increased turnover adds time and costs related to advertising, hiring, and onboarding new staff which are not accounted for in the operational rate.
3. The rate is **not reflective of the work** that employees are actually doing. Case workers are the eyes and ears of staff for children on their caseload. A case worker, according to the current contract, must have at least a Bachelor's degree (preferably in a human service related field) and must obtain licensure. The

salary set by the proposed rate for a case worker is unreasonably and artificially low, especially compared to the same role at the state or in the private sector. While some larger providers have fungible funds to boost compensation using other revenue, this option is not sustainable nor available to all providers. The state's contracts should not perpetuate below-market salaries and an inability to properly incentivize quality employees.

The specific position of **Family Resource Worker** illustrates these challenges – a position that is identical for DCF and for contracted providers. Regulations require that staff who work as “family resource support” must have a Bachelor's or higher degree, preferably in a human service field, and must also be licensed. The regulations also require 1 Family Resource Worker (FRW) for each 25 foster homes. Activities of the FRW include at minimum the following:

- Recruitment and screening of prospective foster parents, including an assessment of whether a family is a better fit for IFC One or a Departmental home;
- Providing or arranging for foster parent training, including professional development training;
- Developing and maintaining a pool of foster homes to allow for successful matches based on cultural diversity, language, religion, ethnic background, and racial and sexual preference and orientation;
- Promoting the use of strength-based, trauma informed interventions;
- Conformity with the Multi Ethnic Placement Act (MEPA);
- Community engagement in supporting foster families;
- Monthly visits to foster homes;
- Compliance with fingerprint background record check (BRC) regulations and policy;
- Providing support and oversight to each home;
- Training foster parents in MAPP; PAYA; treatment issues specific to children referred to IFC One; trauma and grief; transition issues; and emergency first aid. Each IFC One home is expected to complete at least 20 hours of additional training each year.

The breadth of responsibility given to this position cannot be understated, and each of these tasks is extremely time-intensive, adding up to hours and hours of work for each family. Multiply that by 25 families, and you have a position that is critical to each of these agencies and is in extremely high demand. Due to the complexity of the role and the needs of the families they support, it can take a solid year to cultivate an effective family resource worker. Yet the disparity between the provider rate and the DCF salary means that by the time they are fully operational, they leave for the same role at DCF. While this alone is frustrating, the regular turnover also puts an enormous amount of pressure on the remaining staff, including supervisors and program directors, who must often take on the responsibilities of the critical family resource position.

#### Additional operational costs

In addition to staff direct costs, IFC providers carry additional and new operating costs not adequately accounted for in the proposed operational rate.

- **Training costs and costs related to licensing staff.** Providers have been shouldering these costs since the licensure requirements were amended. To make this problem worse, these costs are often for naught because provider staff frequently leave employment, once they are trained and licensed, for a more

lucrative position with DCF. The licensing requirements, which were not in force when the current rates went into effect, have created expenses that could not have been expected when the rates were calculated, and the proposed increase would not appear to cover the costs associated with these additional licensure requirements. Related costs include:

- Fingerprinting interns
- Getting Family Resource Workers and foster parents trained in Massachusetts Approach to Partnerships in Parenting (MAPP)
- CPR training
- Ongoing training for provider staff to attain continuing education credits, which are not required for DCF staff
- **Dramatically increased costs for foster care liability insurance** - a national trend based on insurance claims and large liability payouts in other states.
  - Additional mandates associated with stricter liability policies but not covered by provider contracts, including:
    - changes in the manner of recruiting and qualifying new foster homes
    - a requirement by the insurance company to hire a Quality Assurance Manager, adding an additional salary to the program. (\$65,000 base salary plus tax and fringe)
    - the need to complete more visits to foster homes than required by the state, requiring additional time burdens and overtime costs not accounted for by state rates
- **Increased costs for on-call response staff**
- **Increased time spent by staff in emergency rooms** with youth awaiting placement or treatment
- **Increased costs for recruitment**, advertising and outreach due to high staff turnover

Finally, operational rates fail to reflect that IFC agencies must fund in-house all of the other activities related to foster care that DCF has separate staff or departments to do. These include: foster parent recruitment and retention, ongoing foster parent and staff training, and regular respite for foster parents. Furthermore, the ripple effect of staffing shortages and higher youth acuity creates greater burden on existing staff, including supervisors and other qualified administrative staff, who spend more time on direct care and less time performing these necessary administrative functions or responding to anything beyond the day to day on a regular basis.

### Equity

Child welfare providers sit at the heart of conversations about equity, and the rates proposed for services should reflect the Commonwealth's desire to make meaningful progress toward a more equitable society. Our providers are acting on this commitment and the state should be acting in partnership to support these efforts. One of our members illustrates the proactive efforts providers are making internally to dismantle systemic racism and move toward equity<sup>1</sup>:

### ***Diverse staff and leadership reflect the communities we serve***

- *Approximately half of our social workers identify as BIPOC and mirror the communities they serve.*

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<sup>1</sup> These data points are provided by HopeWell but reflect the experiences of the provider sector

- *We are one of only a handful of human service organizations in MA led by a person of color*
- *Three of our Board members, a member of our executive leadership team and many throughout our organization have lived experience in foster care*
- *36% of our staff identify as Black or African-American and 13% identify as Hispanic or Latinx*

#### ***A diverse population of youth and families***

- *31% of the people we serve identify as Hispanic or Latinx and 16% identify as Black or African-American*
- *Our My First Place™ program provides life skills training for some of MA's youth living in the most vulnerable circumstances*
  - *75% of the youth in My First Place™ identify as BIPOC*
  - *40% of My First Place™ youth identify as part of the LGBTQ+ community*

However, the proposed rates undermine efforts toward equity in two ways:

1. They **sustain a permanent disparity** between state (DCF) jobs and the exact same jobs at contracted provider agencies. This means that providers bear the costs of recruiting and training, only to see skilled workers move over to the same jobs at DCF or schools for a higher wage that providers are unable to match, especially smaller providers with fewer sources of fungible income.
2. They **artificially hold wages at provider agencies below market value** for similarly skilled workers not only compared to the state but also in the general marketplace. A person who would earn the proposed hourly rate of \$16.79 for Direct Care I at a provider could make at least three to five dollars more per hour at Amazon, Target, or many other retail jobs with similar qualifications. People who care about human services in their community are therefore forced to earn less than a living wage, calculated by the MIT Living Wage Calculator at \$17.74 for a single adult with no children.<sup>2</sup>

#### Insufficient rates mean children suffer

The cost of this staffing instability and inadequacy is ultimately borne by children and families. The relationship, the trust, and the knowledge between a case worker, a family, and a youth is something that takes time to develop. When staff come and go, those benefits are lost and the instability exacerbates what is already a traumatic situation. With every turnover in staff, children have to expose their histories and themselves, yet again, to a new case manager. This cycle replicates the splintered relationships, abandonment and rejection that each child in care has already experienced in their lives. It thereby creates additional instability, which is re-traumatizing, and is in direct opposition to the very core of our shared responsibility and the very definition of foster care—providing safety and stability to our children in care.

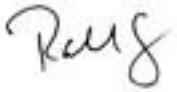
DCF is sending out multiple referrals every day for IFC placements, but without adequate compensation agencies just don't have the homes to take them. It is very clear that DCF wants a certain level of care, but the state isn't funding that care in a way that is viable. DCF and its sister provider agencies share the same goal of ensuring our system-involved youth are in safe, loving and happy homes. By providing increased rates to meet the needs of providers and foster families, we can successfully reach this goal together. Thank you for this opportunity to

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<sup>2</sup> [Living Wage Calculator - Living Wage Calculation for Massachusetts \(mit.edu\)](https://livingwage.mit.edu/)

submit our concerns and recommendations as you consider the proposed rates for foster families and providers in the Commonwealth.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Gwaltney".

Rachel Gwaltney  
Interim Executive Director  
Children's League of Massachusetts

**Endorsing Members of the CLM Intensive Foster Care Task Force:**

- 18 Degrees
- Ascentria Care Alliance
- Bridges Homeward
- Communities for People
- HopeWell
- Justice Resource Institute (JRI)
- Kennedy-Donovan Center, Inc.
- LUK Inc.
- Plummer Youth Promise