CHILDREN'S LEAGUE OF MASSACHUSETTS

PROMOTING THE WELFARE OF CHILDREN AND THEIR FAMILIES THROUGH PUBLIC POLICY

September 25, 2025

The Honorable Robyn K. Kennedy
Senate Chair, Joint Committee on Children, Families, and Persons with Disabilities

The Honorable Jay D. Livingstone
House Chair, Joint Committee on Children, Families, and Persons with Disabilities

Dear Chair Kennedy, Chair Livingstone, Vice Chairs, and Committee members,

The Children's League of Massachusetts (CLM) is a statewide non-profit association of 60 providers of children and family services advocating for the availability, accessibility, and quality of services that are in the best interest of the Commonwealth's children, youth, and families. We are writing today **in support of "an act relative to a livable wage for human services workers"** (S.130 / H.223).

While state government is the sole purchaser of human services from community-based human services nonprofits, the budgets created by the state agencies for human services programs contain salaries that are far lower than what the state pays its employees for the same or similar positions. Our League's member organizations are responsible for staffing over 15,000 employees across the child and family services sector, which has been historically underfunded, and are unable to recruit and retain the staffing required to adequately support children and families with the highest possible quality. Providers' inability to recruit and retain qualified staff significantly jeopardizes the safety and well-being of clients, especially children, that we are committed to serving. Ongoing shortages result in waitlists for critical services for children and families in crisis. The pay disparity also undermines our collective efforts toward racial and gender pay equity in Massachusetts.

Low and noncompetitive wages are the cornerstone of our human services workforce crisis, which has long predated the pandemic but has only become worse in recent years. For example, a simple search online this week found a CLM service provider in the Boston-area advertising for a Social Worker position at a starting salary of $50,000 to $51,000, while DCF is recruiting for Boston-area Social Workers starting of $67,093.26 up to-$91,637.26 yearly. CLM members have relayed that pay disparities are a leading force behind employees leaving these essential jobs.

The many impacts of low wages are clear and concerning:

- Vacancy rates are estimated at almost 36% for nursing, 21% for clinical positions and 19% for direct care staff - far greater than the 4.9% vacancy rate for all jobs in Massachusetts. These challenges are even more dire in rural areas.

- Turnover remains high largely due to pay. Clinical staff leave community-based programs for the same work in school systems and other state funded settings that can pay a higher wage.

- Providers must rely on expensive temporary staff to fill critical vacancies and maintain required staffing ratios, driving up the overall cost of services and undermining efficient use of funds.

- With unfilled positions due to vacancy rates and high turnover, this can mean moving administrators into direct care roles numerous times per week and/or utilizing staff for many extra hours, which can result in staff members grappling with physical and mental exhaustion. Consequently, we fear a significant decline in their effectiveness and overall performance.

- Staff turnover degrades program effectiveness. Children and families, many of whom suffer from trauma and abandonment issues, face more trauma when they lose (or never even get a chance to create) stable, consistent relationships with staff, which research shows is needed for effective services. Some providers see a correlation between staff turnover and loss of clients. For example, in young parenting programs, clients have left when the staff left with whom they started forming bonds.

- Numerous providers have reported they cannot fulfill their contracted capacities - meaning they have open beds that cannot be utilized due to staffing shortages. Sometimes they have to close programs and reduce their service offerings, which is how waitlists grow, and harmful circumstances escalate for families and children.

- As children wait for placement in a program, families are overburdened with caretaking that they often are not trained or educated to handle, and the severity of the children's needs grows. Consequently, a child who could have originally been served with a lower level of care, may end up needing more intensive services after experiencing months of waiting and/or having been mismatched to whatever services were available.

- Children can end up stuck in a care setting too intensive while they wait to step down, such as Emergency Department boarding, which is costly, ineffective, and potentially traumatizing, or placed in a care setting where their more intensive needs are not met and their behaviors are

dangerous at worst and at a minimum detract from the service model, which also harms other clients' treatment and staff retention.

- Providers are often forced to pay more than reimbursement rates at the cost of organizational financial stability. Several members report paying direct care wages more than what they are funded for in order to compete with other opportunities for hourly wage workers that are less stressful, such as retail sales.

- Staff that stay are overburdened. Lean administrative staff grapple with the stress and time involved with additional hiring attempts, onboarding, training, and mentoring – while also being asked to help cover direct care shifts.

- Human service workers often rely on other state support programs to address issues like housing and food insecurity, because they cannot support themselves with their low salaries. One in six human service workers are classified as low-income, which means that they earn less than 200% of the federal poverty level, unable to sustain a household on a community-based salary.[1]

- Finally, 80% of the human services workforce is female and 36% are people of color, compared to 43% and 25% in other industries, respectfully.[2] Thus, a leading benefit of this bill is its ability to address the pervasive and persistent pay disparities of low-income individuals, including working women and people of color.

Community-based staff take on the hardest cases and provide care 24/7 to the Commonwealth's most vulnerable children, youth, and families. The state sets their rates, assigns their cases, and competes for their workers. Without a solution to the workforce pay imbalance, an increasing number of local, community-based jobs will go unfilled and programs risk closing. We cannot afford to see any further reduction in the quality and availability of mental health, behavioral health, residential care, and other critical services for vulnerable Massachusetts residents.

To combat the workforce crisis and unfair practices, it is critical to eliminate the existing pay disparity between the salaries of human services workers employed by community-based human service

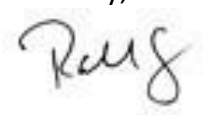
[1] Essential or Not? The Critical Need for Human Services Workers, http://providers.org/assets/2023/05/EssentialOrNot.pdfThe Human Services Providers Charitable Foundation, Inc., May 3, 2023

[2] Ibid.

providers and state employees performing the same or similar work. CLM and our members believe this bill's gradual implementation presents a commonsense solution to our ongoing workforce crisis.

We respectfully ask that the Committee vote this bill favorably and urge your fellow legislators to join you in passing it with urgency.

Sincerely,



Rachel Gwaltney
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Children's League of Massachusetts