

## EEC Residential and Placement Programs Town Hall with EEC Commissioner

5.6.20

Thanks and appreciation to all from Commissioner

Want to keep lines of communication open and id any barriers, update with new info and answer your questions

Last call Gov had just signed Exec order to prioritize health and safety criteria over general regs

Also allowed to help you create COVID specific sites that were not specifically licensed for this use

Since then have opened 11 sites with 73 total beds. Thank you to all who have gone through this approval process.

Spoke last time about operational grants, COVID site open up process creates additional costs, working with EHS and DESE to determine how and where to best distribute funds; providers of cong care and foster care rec. 10% extra for March April and 25% for May June; res ed providers not eligible for these payments, EEC will work with our funds to fill in that gap

In addition sent out some FAQ's specifically for placement agencies, up on website, working now on revising and clarifying minimal requirements for COVID specific sites and updated health and safety guidance we are putting together for you re. most up to date CDC recs

Urgent background record checks- going through at a pretty quick rate

Working through Dr. Franklin Perkins to process urgent relief staff pool, working with funding purchasing agencies, using 4 diff agencies for emergency staffing, more providers in last week -10 days

Questions:

Add guidance April 16 guidance asks whether individual or household has had contact in prev 14 days; staff asymptomatic able to work? Guidance diff for workers vs for clients?

Yes. It is different. This is addressed in updated health and safety guidance with new CDC and DPH. Updated guidance coming out tomorrow. Expert- Joy Cohen: question re screening protocols around exposure for staff vs clients. For staff, essentially we are looking at the same thing with regard to exposure, however when there are staffing shortages if a staff member is not symptomatic but has been exposed, we are aligning with CDC guidance which says that asymptomatic staff who have been exposed can return with daily screening, mask at all times for 14 days after first date of exposure, restricted from working with those in high risk category (immune compromised, pregnant, etc.). Must leave if become symptomatic.

Follow up: concern that EEC requires 14 days and DPH changed to 7 days. Diff betw DPH and EEC.

When there is a suspected exposure with no symptoms, want to wait 10-14 days. 7 days was to return following being asymptomatic. Not aware that quarantine for 14 days have changed. Initially could discontinue isolation at least 72 hours fever free and 7 days have passed. Has increased to be 10 days, but 14 days for quarantine is still applicable. Please bring concerns or inconsistencies to trade reps or to us so we can reconcile.

Several folks still saying there is discrepancy.

Send to trade orgs- there are a number of them, we are in touch with them regularly, will reconcile as quickly as possible.

How to contact re. staff relief pool.

Michael Ames at Dr. Franklin Perkins. Can ask him to share his contact info with this group.

Tim- connecting through network specialist with DCF. DCF then in contact with Michael Ames, but if direct info is available should provide that as well? Yes, DCF contact monitor processes that request.

Can PPP's qualify for the relief pool?

I believe so. Any residential program should qualify for that if they have a need.

Rate increases- have to go to staff salaries specifically?

Contact your purchasing agency directly. Not positive about the terms of those contracts.

Masks- have to be N95 mask?

In some cases, in COVID positive sites, a couple of different kinds. Commonwealth reserving N95 for where we know there is exposure/positive cases. Aside from that, masks on a daily basis, face coverings fabric or other materials.

Follow up: In reference to potentially exposed staff continuing to work.

Understanding is that would be face coverings, not N95.

Can staff get tested at a drive in site if they are asymptomatic but potentially exposed?

HHS has been working on defining the specifics on the testing protocols. Trade orgs have been working closely with HHS on that to make sure testing is available as needed. Cong care sites should be able to get tested at the drive in sites.

EEC have any info about how programs can access testing for their students on site?

Don't have info but could look into with HHS. Not sure how that's coordinated, will try to get an FAQ on that.

From chat: DCF does have mobile testing information. According to somebody else staff can get tested at drive in sites and HHS working on mobile testing right now.

We can help you problem solve that through your licensor.

Where are the FAQ's posted?

On our site- main site, banner [mass.gov/eec](https://www.mass.gov/eec) EEC specific COVID updates, takes you to emergency website. Kept all of our info contained on that emergency site. Some things dispersed across our site, trying to keep these updates consolidated.

June date for gen early childhood closure?

Early childhood and some DESE summer programs, looking at June 29. Working now with reopening advisory board to figure out exactly what we will look for in the interim, being driven by public health and safety criteria. We know some things might open before June 29, emergency child care feasible to flex and pivot to help meet initial stages of reopening. Before opening the system at scale we couldn't do this manual guidance and intervention at scale. Have to work on that data to help drive full scale reopening. We know there are a lot of critical components; health and safety guidance around ratios will have a big impact on agencies. Need to think about operational impact and not have to see closures down the road.

In the meantime, if you have child care programs operating or if you're having difficulty finding childcare for your employees reach out to us- your staff are essential employees. Some are having EEC supported on site childcare for employees. Reason why group child care was closed was to minimize all group settings for all individuals as much as possible. Encouraging people to use group care settings as a last resort to minimize risk for all.

Will EEC funding support include out of state youth?

Working now to reconcile numbers.

A lot of folks typing that they don't know how to access testing.

Start with your funding agency- DCF is mobilizing mobile testing. Go to your licensor and that will be escalated to us.

Specific guidance for residents who have to share bedrooms?

Guidance around when a potential exposure or positive test cases have to be not in shared bedrooms. Otherwise work with licensor to accommodate any changes to your licensed program

As larger agencies start to reopen can human services staff continue to access emergency child care?

We will not have a disruption in child care. We will continue to make sure your staff has access to child care. As additional come on line, 12-18 months of fluctuating phase of public health reality, will make sure your staff has access to child care as essential employees.

If health inspection expires, have to request extension in writing?

We will be flexible with you. Not the only area. Working as much as possible to make sure not only are you not penalized but also you will have the time when we come back to get those services. Talk to your licensor about your specifics. Being as flexible as possible and accommodating around services you couldn't access.

Are there discussions with other state agencies re. social distancing and programming going forward?

Encouraging you to look at our health and safety guidance, social distancing, quarantine and isolation protocols, thinking about what will happen when programs come back on and will release details as they become solid

Questions about rate increases address with your purchasing agency, re specifics of contracts. Bring it up to your licensor if we need to support collaboration to get answer.

CBAT's are eligible and received the rate increases.

Difficulty freeing up staff for monthly trainings.

If you have any challenges meeting regs around minimum requirements please bring it up to your licenser. We do not intend to penalize anyone for something they can't do during state of emergency.

Info on the EEC grants is coming. Thank you for your patience. We are thrilled to be able to fill in the gaps.

Again, want to say I know this is not a world I come from (res/placement background) have been intrigued and impressed, trying to dig in and understand the structures and systems, blown away by commitment and creativity given the multiple vulnerable populations. Thank you for collaboration and support. Will continue to do these town halls. Working to build and maintain communication.