Empowering People: Providers Shaping Policies

We applaud the Governor for his leadership during the pandemic. Vaccine hesitancy is one of our most urgent public health problems. As a community we are threatened by our own beliefs and now face a pandemic of the unvaccinated.

*Reopening is not a matter of relaxation but of vigilance*

We understand that one of the triggers for the inclusion of DD congregate settings in Executive Order 252 was an uptick of 14 newly positive cases of individuals, 9 of which were in Somerset County for the week ending 7/25/21. We note that this was the largest uptick since the 8 in mid-June and 22 in mid-May. The next 2 weeks totals went down to 3 and 5, respectively. Since April 11, 2021, the overall fatality rate in licensed settings has remained at 1.4%, and since May 30, 2021, for those living in their own homes (many of whom are now participating in our day programs), 0.46%. We had a serious uptick, and the State and all those involved doubled down while everyone else around the state remained on high alert. This is a success. The protocols established by DHS in coordination with DOH and our dogged oversight are working. It is not perfect, but it is good.

*The current policy outlined in Executive Order 252 will bring great risk to the DD community.*

We face two concurrent crises which are COVID and a critical labor shortage. COVID is dangerous, but so are the situations we may face because of a strained and overburdened workforce who care for people who depend on them.

For months agencies have been working unceasingly in their efforts to hire and retain staff. Regrettably their herculean efforts have borne little fruit and with the implementation of the Executive Order for the safety of the individuals placed in their charge, many will assume the worst-case scenario; that current or enough staff will continue to refuse to be vaccinated, will not or cannot afford to get tested, and will not or cannot travel to the agency’s administrative office for testing. For many of these providers, because of 24/7 staffing, twice weekly their employees will be deployed to and administer tests in up to 1955 licensed facilities across the state. For an agency with 70 homes, it is estimated that between 7-9 additional staff will be needed to test, track, and report. Day programs will have a slightly easier time only because employees are localized. Statewide, this could mean over 200 additional/repurposed people agencies don’t have. Insurance will not pay for all testing because it is regulatory, not statutory. In addition, we estimate that at minimum, 10,000 test kits per week will be needed at a price of $75/$80 each. To reduce the risk to the individuals they serve by preventing the loss of staff, providers must take these prudent measures, the resources for which they do not have.

Vaccine hesitancy is dangerous, but so is the current circumstance of an overburdened labor force who serve a vulnerable population.

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