

**Massachusetts
Developmental Disabilities
Council**

State Plan

For Federal Fiscal Year 2017

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Massachusetts Developmental Disabilities Council
100 Hancock St

Quincy, MA
02171

Section I : Council Identification

PART A: State Plan Period: **October 1, 2016 through September 30, 2021**

PART B: Contact Person: **Daniel Shannon**

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PART C: Council Establishment:

(i) Date of Establishment: **1971-01-01**

(ii) Authorization: **Executive Order**

(iii) Authorization Citation: **Executive Order 512**

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

Citizen members are appointed by the Governor, and may serve a maximum of six years. Citizen appointments are staggered so one-third will expire each October. Agency representatives are appointed by their Secretaries or Commissioners, and DD network members by their directors, with one-year terms from October through September. The Council Membership Committee is responsible for member recruitment. Each September the committee develops a recruitment plan for vacancies occurring the following year. The committee targets specific categories such as age, racial and ethnic diversity, geographical diversity, etc. based on the prospective makeup of the Council. The committee conducts individual candidate interviews and submits recommendations to the Council. Those approved by the Council are recommended to the Governor for appointment. If the Council fails to endorse enough candidates to fill all vacancies, the Membership Committee selects new candidates for Council consideration.

Section II : Designated State Agency

PART A: The designated state agency is:

The Council itself.

PART B: Direct Services. [Section 125(d)(2)(A)-(B)].

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].

PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]

PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]

Section III : Comprehensive Review and Analysis [Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council.

The comprehensive review was conducted utilizing a variety of resources, including published and unpublished reports, national and state statistical data, partner and stakeholder meetings, and public surveys and comment. Council staff were primarily responsible for researching reports and data, and summarizing this information for the Council's State Plan Committee. Information was collected from the US Census, the American Community Survey, the 2105 Annual Disability Statistics Compendium, the State of the State in Developmental Disabilities, Status and Trends on Residential Services for People with DD, Institute for Community Inclusion State Data reports, state agency annual reports, non-profit research and reports, advocacy organization reports and numerous other federal and state sources.

Staff held meetings with partners and grantees to review the status of services and supports, as well as current Council initiatives, to solicit input for potential objectives. The Council also partnered with MA Advocates Standing Strong, the statewide self-advocacy organization, Arc Massachusetts, MA Families Organizing for Change, non-profit organizations serving minority groups, and our DD network partners to solicit input from people with developmental disabilities, families, providers and other advocates. Minority organizations were solicited to specifically recruit individuals to participate to ensure culturally diverse input. Meetings were also held directly with groups of self-advocates facilitating their completion the Council's Open Survey and State Plan Priority Survey. Surveys were conducted in both English and Spanish.

The State Plan Committee consisted of seven Council members and was responsible for reviewing reports and data, reviewing state plan requirements, the Council's mission and current Council activities, and identifying the key potential areas for Council deliberation. Committee staff met with state policy officials from the Executive Office for Health and Human Services, the Department of Developmental Services and other state agencies responsible for overseeing services and supports to people with developmental disabilities and families.

The committee sorted and categorized input from the open survey into a list of 16 potential issue areas to address and issued a second survey asking respondents to prioritize the list. The committee analyzed the priority survey results by multiple parameters, including overall results, respondent type, race and age. In addition to distributing the survey at various advocacy meetings, the survey was distributed through e-mail and posted on-line, and facilitation was conducted directly in meetings with self-advocates. The survey requested demographic information about the people responding, and respondents were asked to choose up to four of sixteen potential priorities for Council consideration. The sixteen areas included healthcare, self-direction, system navigation, supporting families, supporting self-advocates, leadership, community access, person-centered day opportunities, post-secondary opportunities, employment, housing, guardianship, provider support, social relationships, voting and protection from abuse. Each category was presented in an outcome

statement starting with "People can..."

The Council received 430 responses to the open survey and 304 to the priority survey. The racial demographics of priority survey respondents was consistent with demographics of the state, as 23.9% of respondents were non-white. 14.4% of respondents were people with developmental disabilities. The State Plan committee utilized the priority results from the survey along with the information gathered through research and interviews to develop a priority list of potential goals and objectives for the Council. It presented its work and findings to the full Council for deliberation, from which the Council established the goals and objectives for the plan.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	74.3%
Black or African American alone	8.3%
American Indian and Alaska Native alone	0.2%
Asian alone	6.3%
Native Hawaiian and Other Pacific Islander alone	0.1%
Some other race alone	0%
Two or more races:	2.1%
Two races including Some other race	
Two races excluding Some other race, and three or more races	
Hispanic or Latino (of any race)	10.8%

(ii) Poverty Rate: 11.60

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: 157255

Based on 2.32% of an estimated 2016 population of 6,778,250. Calculated by utilizing the increase in DD diagnosis rates over the past 15 years and adjusting up the Gollay rate of 1.8%.

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2014	502	131.000	17.000	280.000	40.000
2011	208	175.000	33.000	158.230	46.700
2009	194	160.000	34.000	225.000	32.000
2007	196	150.000	46.000	216.000	23.000
2005	190	141.000	49.000	220.000	19.000

c) Demographic Information about People with Disabilities:

People in the State with a disability	Percentage
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Population 5 to 17 years	5.2%
Population 18 - 64 years	9.3%
Population 65 years and over	32.6%

Race and Hispanic or Latino Origin of People with a disability	Percentage
White alone	11.2%
Black or African American alone	13.3%
American Indian and Alaska Native alone	1.78%
Asian alone	5.5%
Native Hawaiian and Other Pacific Islander alone	0%
Some other race alone	15.3%
Two or more races	12.7%
Hispanic or Latino (of any race)	13.6%

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	33.3%	77.4%
Not in Labor Force	58.4%	16.2%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	24.4%	7.7%
High School graduate, GED, or alternative	34.9%	24.2%
Some college or associate's degree	23.1%	24.4%
Bachelor's degree or higher	17.5%	43.9%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
\$ 1 to \$4,999 or less	32%	19.1%
\$ 5,000 to \$ 14,999	9.8%	6.4%
\$ 15,000 to \$ 24,999	13.5%	11.8%
\$ 25,000 to \$ 34,999	11.1%	11.9%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	20.8%	7.9%
100 to 149 percent of the poverty level	13.3%	4.9%
At or above 150 percent of the poverty level	65.9%	87.3%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]:

(i) Health/Healthcare:

The 2013-2014 National Core Indicators report states that 99% of adults in the Department of Developmental Services (DDS) system have a primary care doctor. Ninety-four percent had a physical exam in the previous year, including preventive screenings. 62% take at least one medication for mood disorders, anxiety, behavior challenges or psychotic disorders, compared to 55% average in other states. In 2014, one out of five adults served by DDS was over age 55. DDS' Down Syndrome population is three times more likely to have Alzheimer's disease or dementia than other adults with intellectual disabilities.

The 2013 Health Needs Assessment of People with Disabilities in Massachusetts identified top health care barriers for all people with disabilities in its statewide survey. “Interpretation of the findings from the online survey indicates that the greatest health needs are in the domains of housing, access to mental and oral health providers, access to providers who accept public health insurance, prescription medications, transportation to medical appointments, and accessible gyms. Also notable were the need for provider sensitivity to disability issues and the need for communication supports during health care visits....the qualitative component of the assessment highlights difficulties in navigating the health care system due to lack of accessible equipment, fragmented health care, communication barriers and a lack of culturally competent health care professionals.” The findings are consistent with other sources. Disparities and inequalities in healthcare faced by adults with ID/DD were reported by the Arc of Massachusetts in a 2008. The report concluded that many healthcare professionals do not possess the required knowledge and communication skills to care for individuals with ID/DD , and quality and access to healthcare for people with ID/DD is lacking, partially due to a “lack of knowledge of the healthcare system.” The report identifies the need for “formal care coordination to network between people with disabilities and healthcare professionals.”

The Massachusetts Department of Public Health collaborates with other state agencies “to implement developmental and behavioral health screenings for all children and to redesign behavioral health services for children, including addressing early identification, prevention and evidence-based interventions within both medical home and community-based services. Reducing health disparities related to race, ethnicity, or language is a priority across all programs.”

In 2013, 30,000 children with special needs ages birth to 3 years were served through the Commonwealth’s Maternal and Child Health program, administered by the DPH. A total of 125,023 children with special health care needs were served by this program in 2011. Care coordinators are located within primary care pediatric practices to promote efforts to increase access to medical homes.

DPH’s Division for Children & Youth with Special Health Needs works with families, providers, and others to support children and youth with special health needs ages birth to 22 and their families. This includes children and youth with chronic medical, physical, developmental, behavioral or emotional conditions. The goal is to promote good health and quality of life for all children and youth with special health care needs and their families.

Newborns in Massachusetts are routinely screened for 30 disorders. Over 99% of newborns receive hearing screening. Data systems ensure follow-up and identify disparities in care. Pediatricians with major insurers in Massachusetts use health and behavioral screening tools.

DPH’s Catastrophic Illness in Children Relief Fund is a payer of last resort to provide financial assistance to families with the excessive financial burdens associated with the care of children with special health care needs and disabilities. Eligible families are those whose children experience a medical condition requiring services that are not covered by a private insurer, federal or state assistance, or other financial sources.

The Kaileigh Mulligan Program allows children with severe disabilities to remain at home by providing daily complex skilled nursing services in their home that equal the level of care provided in a hospital or nursing facility.

The 2014 Annual Disabilities Statistics Compendium reported that Massachusetts had the smallest number of uninsured individuals with disabilities over the age of 18 in the country. 96.4% of adults with disabilities had health insurance. In 2013, 64.2% of people with disabilities age 18 to 64 living in the community were covered by public health insurance, and 44.2% were covered by private health insurance. As one of the thirteen wealthiest states in per-capita personal income Massachusetts receives the minimum Federal Medical Assistance Percentage (FMAP) of 50%.

MassHealth is the state's combined Medicaid and Children's Health Insurance Program. It covers services typically paid for by commercial insurance providers, along with long term services, behavioral health and non-emergency medical transportation. Over 50% of people with disabilities in Massachusetts have health care coverage under MassHealth, and children and adults with disabilities comprise 14% of MassHealth's enrollees. MassHealth also supplements other insurance plans and serves as a secondary insurer to employer-sponsored insurance, making it possible for many people with disabilities to work. MassHealth costs account for 40% of the state's budget and provides coverage for a total of 1.8 million residents.

MassHealth's CommonHealth program offers benefits to adults and children with disabilities who are not eligible for MassHealth's standard services. The One Care program was established under MassHealth in 2013. It offers health care to people with disabilities ages 21-64 who are dually eligible to receive MassHealth and Medicare and are not receiving services through waivers. The plan covers a range of services including but not limited to medical, behavioral health, dental, therapies, skilled nursing, personal care assistance and community based services. In June 2016, 13,038 people were enrolled in One Care. 29.1% of eligible residents opted out of the program.

Currently, MassHealth is primarily a fee-for-service health care system, resulting in care that is costly, fragmented and uncoordinated across providers. In 2016-17, MassHealth will transition to an integrated system to deliver health care through Accountable Care Organizations (ACOs), community partners for behavioral care and long term services and supports. Individuals will select ACOs based on their affiliation with primary care physicians. According to MassHealth, Managed Care Organizations (MCOs) will remain the insurer, pay claims, and work with ACOs to improve care delivery and linkages to social services. MassHealth is proposing significant upfront investments to improve accommodations for members with disabilities, health care work force development and non-reimbursed flexible services. Health Home services for complex care management will include care management, care coordination, health promotion, transitional care, individual and family support and referrals to social and community support.

The Executive Office of Health and Human Services' Children's Behavioral Health Initiative addresses the mental health needs of children under age 21 with serious emotional disturbance enrolled in MassHealth. Through CBHI, primary care providers offer standardized behavioral health screenings to MassHealth patients at well child visits. Child-centered, home and community-based behavioral health services are offered which respect families' values and cultural background. The Massachusetts Behavioral Health Initiative offers behavioral health care to 360,000 MassHealth recipients.

For the autistic population, Massachusetts law requires private insurers and MassHealth to provide benefits for the diagnosis and treatment of autism, including therapies, habilitative, rehabilitative, psychological and psychiatric care.

Community Health Centers provide primary care, preventative care, dental care and mental health services to patients of all ages and ethnic backgrounds. Fifty community health care organizations provide care in over 300 locations statewide to patients who are disproportionately low-income. CHCs strive to eliminate disparities in health care for culturally diverse populations.

MassHealth covers some dental care, but provider participation is low. In 2014, 35% of dentists accepted MassHealth, and only 26% billed more than \$10,000. Tufts Dental School delivers dentistry care to individuals with developmental disabilities in 8 locations around the Commonwealth, including intermediary care facilities. Pediatric dentistry is offered by Franciscan Hospital for Children. The National Core Indicators reported that 90% of respondents in the DDS system from Massachusetts had a dental exam in the previous year.

Compared to other states, Massachusetts has lower than average rates of key health care disparities among

individuals from ethnic and linguistic diverse backgrounds. However, there are disparities in disadvantaged communities due to a shortage of primary care physicians who treat patients on Medicaid.

Operation House Call (OHC), a program run by The Arc of Massachusetts, is designed to teach medical students how to provide better healthcare to individuals with intellectual and developmental disabilities. It began in 1991 at the Boston University School of Medicine and has since expanded to Tufts Medical School, Simmons School of Health Sciences, and the Yale School of Nursing. Course requirements include class time with the OHC Parent Instructor with some co-teaching by a self-advocate with developmental disabilities. Each year 177 volunteer families teach over 320 medical professionals.

(ii) Employment:

The number of people served in integrated employment has risen gradually and steadily since 1990. The integrated employment rate in MA for 2014 for state ID/DD agencies was 36% (19% nationally). Integrated employment funding for MA state ID/DD agencies decreased between 2011 and 2012. However in 2014, funding increased to \$44,606,312. In 2014, there were 5,739 participants in MA ID/DD agency- employment programs. The gap in employment between individuals with and without disabilities in 2013 was 42.1% between people with any disability and 50.2% between people with a cognitive disability.

The MA Rehabilitation Commission (MRC) and the MA Commission for the Blind (MCB) provide vocational rehabilitation (VR) services for the state. MRC's mission is to "promote equality, empowerment and independence with individuals with disabilities. These goals are achieved through enhancing and encouraging person choice and the right to succeed or fail in the pursuit of independence and employment in the community. The number of VR closures with successful employment outcomes for FY 2013 in MA for general agencies was 3,650 and 260 for agencies for the blind. The VR rate for the same year for MA general agencies was 58.5 and 73.7 for agencies for the blind, below the U.S. rate of 64.9. In 2013, the most significant change was the number of applicants for VR, decreasing by 7.5% from 10,731 (2012) to 9,925 (2013).

Within MRC, there are 2 programs that assist individuals receiving SSI and SSDI benefits: Plan for Achieving Self-Support (PASS) and Project IMPACT. PASS allows SSI beneficiaries over 15 years old to set aside funds towards a vocational goal and to have those funds be excluded from consideration during eligibility determination of benefit. Project IMPACT provides individuals benefit counseling. The purpose of this service is to assist individuals with disabilities to understand what may happen to their public benefits when they go to work or increase earnings. In addition, MRC also offers services for youth in transition. These services help guide students through their transition from High School to options of independent living and work. MRC works with the students to identify their strengths, interests, and areas they may need more support.

There are also several other job placement agencies that offer career planning and training include the Advantage Employee Network for Berkshire County , the Charles River Employment Vocational Service , and Best Buddies Jobs works to integrate individuals with ID/DD into the community through employment. WorkWithoutLimits aims to increase employment among individuals with disabilities by providing direct employment related support services to people with disabilities, among other services. The Jewish Vocational Services (JVS) offers job placement and employment services to consumers referred by MRC. Services include resume development, interview prep, job search assistance, and employment supports to assist consumers. JVS also offers a program called Transition to Work, which provides extensive training and internship program to enable young adults with disabilities to develop skills needed for employment.

In 2010, DDS adopted an Employment First Policy. Since its issuing, the Policy has "established integrated,

individual employment as a preferred service option and optional outcome for working aged adults with ID. This policy expands opportunities by prioritizing assistance and supports for integrated employment in the development of service plans and delivery". In 2014, the DDS Employment Blueprint Initiative began , and was developed under partnership among the MA Department of Developmental Services, the Association of Developmental Disabilities Providers, and the Arc of Massachusetts. The DDS Employment Blueprint Initiative seeks "to increase integrated employment opportunities for people with ID. The foundation of the plan emphasizes the deeply held values about the importance of having a job in society and the multiple benefits gained by individuals and businesses when adults with ID contribute to their communities via work. The plan sets forth a path to take the initiative to close sheltered workshops and provide supported employment in integrated settings".

(iii) Informal and informal services and supports:

Approximately 35,259 children and adults with developmental disabilities receive long term residential services or supports through the Department of Developmental Services. An estimated 19,000 live with family members, of which 8,600 are under the age of 18. Over 9,000 are adults, and about 3100 are over the age of 40. In FY13, 25% of the family caregivers were over the age of 65 . Approximately 3,300 live in Adult Family or Foster Care, and 253 are in nursing homes.

The number of individuals leaving special education and transitioning to adult services has steadily increased over the last 18 years. In FY 2016, 855 students were eligible for DDS Turning 22 services, up from 450 people in 1998. This population includes a higher number of young adults with complex support needs due to medical and behavioral challenges. Two hundred thirty seven individuals were identified by DDS as needing community-based residential services along with vocational and transportation services. The remaining 618 students continue to live at home, including 28 medically complex individuals who require special services.

Massachusetts' Home and Community-Based Services (HCBS) waivers finance a number of services and supports for children and adults with developmental disabilities. The Department of Developmental Services oversees the waivers providing services for people with developmental disabilities. Services and supports are delivered through private provider organizations contracting with the state, and through facilities and community-based state operated programs.

The MA Adults Supports waiver serves adults age 22 and older with intellectual and developmental disabilities. During 2014-15 2,893 individuals received services through this waiver, including center-based day supports, group supported employment, individualized home supports, respite, day hab supplement, adult companion, assistive technology, behavioral supports and consultation, community-based day supports, family training, home modifications and adaptations, individual goods and services, individual supported employment, individualized day supports, occupational therapy, peer support, physical therapy, specialized medical equipment and supplies, speech therapy, stabilization, transportation, and vehicle modifications. The Community Living waiver provides individualized home supports that assist individuals with intellectual disabilities age 22 and older. The services include live-in caregivers and services and supports similar to those provided by the Adult Supports waiver. In 2014-15, this waiver covered 2,197 individuals. The Massachusetts Intensive Supports program provides the same services as the Community Living Waiver program plus residential habilitation, 24 hour self-directed home sharing supports, and transitional assistance services. Individuals with an intellectual disability age 22 and over are eligible for this program. During 2014-15, 8,970 individuals were served.

The Children's Autism Spectrum Disorder waiver provides community integration, expanded habilitation/education, homemaker, respite, assistive technology, behavioral supports and consultation, family

training, home modifications and adaptations, individual good and services, OT, PT, speech therapy, and vehicle modifications for Autistic children ages 0- 8 years old. During FFY 2015, 220 children with autism were served.

The Personal Care Attendant Program under MassHealth assists people with chronic long-term disabilities to live at home, providing funding to hire PCAs to help with activities of daily living. The program is consumer-directed, allowing users to hire and manage their PCA staff.

DDS contracts with 36 family support centers across the state to offer a range of family support services and activities for family members of individuals eligible for DDS services. Services to families from diverse cultural, ethnic and linguistic communities are delivered through the centers, including 9 cultural/linguistic-specific family support centers around the state for families whose first language is not English. Several of these centers also provide social services to children and families in the social services and foster care system. Seven Autism Support Centers provide parent support groups and information and referral services for families with Autistic children. Autism Housing Pathways estimates that only 12% of the Autistic population with family involvement will be prioritized for DDS community-based residential services at age 22.

The ACL-funded Massachusetts Lifespan Respite Coalition provides information, referral and access to respite for family caregivers. DDS oversees two planned facility respite centers for out-of-home overnight, weekend and vacation respite for families. On average, 115 children and families use this service each year.

Mass.Families Organizing for Change offers training for family members, including three annual Family Leadership series in different regions. The Department of Public Health Family Ties program provides parent-to-parent support, information and referral services, and workshops to ensure that parents feel confident in caring for their children with a disability. DPH's Care Coordination program assists parents of children with special health care needs. Regional care coordinators, including Spanish-speaking staff, help families obtain services, providing links to community-based resources and consultation to parents. Interpreters are available for other non-English speakers. The Massachusetts Sibling Support Network offers information and support groups for siblings of all ages who have a disabled brother or sister.

In 2014 the Executive Office of Health and Human Services launched Mass Options, a centralized information and referral service linking individuals with disabilities and family members to a broad range of community services and agencies. Partners include state human service agencies, independent living centers and the aging and disability resource consortia (ADRCs.) The Mass. Network of Information Providers, coordinated by New England Index, consists of 130 agencies that disseminate disability information and make referrals to the public.

Eleven independent living centers (ILCs) across Massachusetts empower people with disabilities to actively participate in their communities by providing peer mentoring, skills training, information and referral, advocacy and transition. Mass. Advocates Standing Strong (MASS) is a statewide self-advocacy group for people with intellectual and developmental disabilities. Its peer support groups include the Rainbow Support Group for the LGBTQ population. Peer support and mentoring is also offered by Best Buddies, Easter Seals of Massachusetts, Partners for Youth with Disabilities, and disability-specific organizations like the Autistic Self-Advocacy Network (ASAN), Asperger/Autism Network (AANE) and the Mass. Down Syndrome Congress. Jewish Family and Children's Services provides services to people with developmental disabilities, including religious programming. The Department of Transitional Services employs Client Assistance Coordinators in area offices to work with clients with disabilities.

The Arc of Massachusetts, the statewide advocacy group for individuals with intellectual and developmental disabilities, frequently offers webinars and programs to educate family members, people with disabilities and professionals about services and supports. The Arc's fee-for-service Support Broker program provides expertise in person-centered planning and navigating systems to obtain appropriate individualized supports.

Disparities in disability prevalence and service delivery exist between Caucasians and ethnic minorities, but the full extent is unknown. African Americans and Hispanics make up, respectively, 10% and 19.4% of Massachusetts residents aged 6 to 21 with disabilities, as compared with only 8.3% and 15.1% of all residents in this age range.

(iv) Interagency Initiatives:

The MA Early Intervention Interagency Coordinating Council (ICC) advises and assists in the planning, development and implementation of activities necessary to operate the statewide system of early intervention services. The ICC consists of parents, the DD Council, service providers, state legislators, and representatives from state agencies. Individuals on the ICC use their combined expertise to improve the Early Intervention system in Massachusetts.

The MA State Rehabilitation Council partners with the MRC to assist them in developing high quality vocational rehabilitation services for its clients that will result in competitive employment outcomes. Recently the focus of the SRC was to improve outreach to under-served MRC consumers and individuals not yet served by MRC. This includes individuals from culturally and linguistically diverse backgrounds.

The Governor's Commission on Intellectual Disability (GCID) was re-established in 2008. Members include self-advocates and parents. The GCID examines the services offered to individuals with intellectual disabilities and work with the Department of Developmental Services to improve its services and support implementation of the recommendations made by the Commission.

In August 2014, the Autism Omnibus bill was signed into law making the MA Autism Commission a permanent entity. Members on the Commission include representatives from state agencies, legislators, self-advocates, provider agencies as well as advocacy organizations. The Commission is charged to monitor the progress made on the Autism Commission's original recommendations and discuss other issues not detailed in the Commission's original report.

The Massachusetts state advisory council on Early Education and Care guides and supervises the Department of Early Education and Care. This council recently did a needs assessment and found that special educators require additional supports and programs to better meet the needs of children with special needs.

In March 2015, Gov. Charlie Baker signed an Executive Order that created a state task force on Persons Facing Chronically High Rates of Unemployment. The taskforce is charged with identifying the barriers to employment for populations that are chronically unemployed then forwarding a plan of action to the Governor on how to overcome these barriers. Populations that are chronically unemployed include individuals with disabilities and individuals from culturally and linguistically diverse backgrounds.

The Massachusetts Statewide Independent Living Council (MSILC) monitors the availability and type of services at Independent Living Centers across the state. The MSILC is composed of individuals who either receive services at the centers and/or are knowledgeable about the centers. The majority of the members have disabilities.

The Massachusetts's Initiative to Maximize Assistive Technology in Consumer's Hands coordinates the state's AT advisory council. Family members or consumers make up 62% of the Council. Council members are responsible for instructing MassMatch on how the needs of AT consumers can be better met through the agency.

(v) Quality Assurance:

Massachusetts has a system of procedures and safeguards to prevent abuse, neglect and exploitation and improve quality service provided to people with disabilities. The Department of Developmental Services (DDS) has a rigorous quality management system that emphasizes quality improvement. The DDS Office for Human Rights (OHR) “oversees a system of safeguards to affirm, promote and protect the human and civil rights of the people the Department supports.” The Governor’s Commission on Intellectual Disabilities examines “the quality and comprehensiveness of the Commonwealth’s program of services designed to address the wide variety of needs of people with ID/DD.”

The Disabled Persons Protection Commission (DPPC) investigates abuse of adults with DD, and it ensures that appropriate protective services are put in place when it determines that individuals are at risk for abuse. The Building Partnerships initiative is comprised of DPPC, district attorneys, State Police, and state agencies to provide protection, treatment and continuity of care for persons with disabilities who are victims of a crime, to increase awareness, and to increase communication and cooperation between law enforcement, professionals and agencies providing services to people with disabilities. MA Advocates Standing Strong (MASS), the statewide advocacy organization for people with DD, partners with DPPC to conduct Awareness and Action training on recognizing and reporting abuse for self-advocates.

Over the last 25 years, disability advocates have unsuccessfully attempted to pass legislation that bans the use of painful aversive shock therapies. Every legislative session, legislation is filed to address this issue. To date, no progress has been made.

In 2014, National Background Check legislation was signed into law. It requires a national check of candidates who apply for positions working with individuals served by DDS. This bill closed the loophole that allowed people with criminal convictions in other states to work directly with these individuals. In addition, the Real Lives Bill was signed into law to ensure individuals being served by DDS have the option to determine how to spend their allocated dollars on services and supports they need. In addition, a statewide self-determination advisory board was established to advise the department on efforts to implement, evaluate, improve and develop information regarding self-determination.

State agencies and nonprofit organizations provide training in self-advocacy and self-determination throughout the state. The Council conducts Self-Advocacy Leadership Series (SALS) across the state to both adults and students in transition. MASS conducts extensive self-advocacy across the state. In addition, MASS has created a pilot training called “Choice and Control” which trains individuals with ID/DD about self-determination and how they can direct their services.

(vi) Education/Early Intervention:

The MA Department of Public Health coordinates the Early Intervention program. In state fiscal year 2015 , 38,478 children were served in the MA EI system. In EI, specialized programs are developed and implemented for children with specific challenges including children diagnosed with autism. In 2010, data on children receiving specialty autism services were reviewed focusing on the patterns of early diagnosis in the population. The study found that infants with mothers younger than age 24, whose primary language was not English and/or were foreign born received a delayed autism diagnosis. To address this disparity, the MA Act Early Team (of which the Council is a member), created the "Considering Culture in Autism Screening" toolkit. The toolkit provides tips to doctors and other clinicians on how to perform a culturally appropriate autism screening. It includes a screening tool that has been translated into four languages. Despite improving access to an autism diagnosis, lack of money to fund interpreters and a dearth of interpreters available to assist families with understanding treatment options post-diagnosis decreases the likelihood that families who speak languages

other than English will get the same level of care English speaking families receive in MA.

The Massachusetts Department of Elementary and Secondary Education (DESE) is responsible for ensuring all students receive an appropriate education in the Commonwealth. During the 2014-2015 school year, 17% of the total student population had a disability. Between the 2010 and 2014 school years, there was a 30% increase in students with Autism while the number of students with an intellectual disability increased 13%. The number of students with a developmental disability increased slightly from 17,635 students to 17,896 students.

The Department of Elementary and Secondary Education (DESE) and Department of Developmental Services (DDS) created the DESE/DDS program to prevent residential placement of children with DD between the ages of 6 and 22 with extensive care needs who without comprehensive inhome supports would attend a residential school. This program also supports children and youth who leave residential schools and transition back into the community. The DESE funds the program while the DDS administers it. In FFY 2015 500 individuals participated in the program.

Chapter 688 is a coordinated transition planning process for special education students with severe disabilities who will not be able to work competitively post-high school and will require other services and supports. The process begins two years before an individual leaves Special Education and allows time to determine eligibility for adult services and for adult service agencies to determine the anticipated cost of services for the student in budget requests. During the 2014-2015 school year 1,763 individuals received Ch. 688 services.

In 2012, Council priority bill An Act Relative to Students with Disabilities in Post Secondary Education, Employment and Independent Living was signed into law. This law created a Transition Specialist Endorsement, allowing more educators to acquire specific knowledge and skills necessary to address the transition needs of youth with disabilities. As of September 2015, 47 educators have received the Transition Specialist Endorsement. These educators work in 140 schools with 1,800 students.

In the feedback the Council received during multiple state plan forums and the responses people provided in the Council's state plan survey, residents of Massachusetts stressed what was missing during and after the transition process to adulthood. During transition, participants stressed the need for individuals with disabilities to learn life skills such as how to take public transportation. When these skills aren't taught to students, this places a burden on the parents or guardians to teach these skills and hinders an individual's ability to live independently. It was discussed that individuals could benefit from further education and training after graduating from special education and transition into adulthood. Specifically, individuals who graduate without a diploma need guidance on how to obtain their HiSet and/or pursue other training and education options to assist them in obtaining gainful employment.

The Inclusive Concurrent Enrollment Program (ICE), is a state funded grant program that enables students with developmental disabilities to experience college while attending high school. The students who participate in ICE have intellectual disabilities, are between the ages of 18 and 22, are still eligible for special education services and are unable to pass the state standardized test. Students enrolled in the ICE program experience college both socially and academically by auditing courses in inclusive classrooms. In the Spring of 2015, five community colleges and four 4 year colleges were involved in the program and a total of 86 students were enrolled. During one of the Council's State Plan public input forums, attendees expressed concern with the lack of college credits ICE participants receive upon completion of the program. State forum participants also questioned how ICE impacts an individual's ability to gain employment especially given the fact that these same students are not receiving high school diplomas due to their inability to pass the state's standardized tests.

(vii) Housing:

In Massachusetts, there is severe lack of affordable, accessible housing stock to meet the needs of people with developmental disabilities. On average, in 2014 a Massachusetts resident with a disability receiving SSI would have to pay 121% of their monthly income to rent a one-bedroom unit. Independent Living Centers in Massachusetts receive more requests from consumers seeking housing than for any other issue.

The Massachusetts Department of Developmental Services provides residential services to some of its clients, including group homes and shared living arrangements. According to “The State of the States in Developmental Disabilities”, in FY13 a total of 13,807 people were in residential settings: 830 in nursing facilities and state institutions, 775 individuals in 7-15 person residential sites and 12,202 in supported living, shared living and other residential settings.

The Department of Housing and Community Development’s division of Public Housing and Rental Assistance provides oversight for Massachusetts’ state and federally-funded housing voucher programs. The Section 8 Housing Choice Voucher Program serves over 18,000 very low income households in Massachusetts. For HUD-subsidized households in Massachusetts (including non-disabled and elderly), 24% are African-American, 22% are Hispanic, and 7% are Asian. As of June 2016, the federal Department of Housing and Urban Development (HUD) reported a total of 8150 non-elderly, disabled households living in public housing or receiving section 8 vouchers (HUD’s data does not specify usage for the DD population.) In 2016, 3,428 Non-Elderly persons with Disabilities (NED) Section 8 Vouchers were allocated to low income households with a disabled head of household or spouse.

Due to high demand for rental vouchers, waiting lists are long and frequently closed. The 2014-15 Greater Boston Housing Report Card states, “Across the entire region, those applying for public housing or federal housing vouchers are now waiting, on average at least two full years until subsidized housing is available.... Wait times for those seeking state rental vouchers are even longer.” Centralized waiting lists for Section 8 and state-funded vouchers are used by 99 Housing Authorities.

The state-funded Alternative Housing Voucher Program (AHVP) provides vouchers to low-income individuals with disabilities under age 60 who live alone. Individuals pay 25-30% of their income for rent, and the voucher subsidizes the difference. As of March 2016, there were 439 AHVP subsidies under lease. The Massachusetts Rental Voucher Program (MRVP) provides approximately 7600 tenant- and project-based housing vouchers for families -- with and without disabled family members -- whose household income is under 50% of the Area Median Income. No data is collected about ethnic diversity or disability usage, but anecdotally a significant number of MRVP vouchers are assigned to households with disabled family members.

The Housing Options Program provides rental assistance and supportive services in greater Boston for approximately 250 disabled adults including individuals with intellectual/developmental disabilities, brain injuries and mental illness who are homeless or at risk. Collaborating state agencies on this initiative include DHCD, the Executive Office of Health and Human Services, Massachusetts Rehabilitation Commission, Department of Mental Health and Department of Public Health.

As of June 2016, the Department of Housing and Community Development has funded 309 community-based housing units for people with disabilities who are institutionalized or at risk of institutionalization and are not receiving services from the Department of Developmental Services or the Department of Mental Health. In the Money Follows the Person program, 243 individuals with acquired brain injury require but cannot access community-based housing. In May 2016, 61 people under the age of 62 and institutionalized were on the waitlist for NED 2 Section 8 vouchers. Thirty five NED 2 were allocated for individuals transitioning from nursing homes to community settings.

MassHousing is a quasi-public agency that provides financing for affordable housing in Massachusetts. It has a

program where 3% of affordable units are set aside for clients of Department of Developmental Services and Department of Mental Health. Five hundred housing units have been developed since 1978. MassHousing also provides information and resources to renters and home buyers, including favorable mortgage options. Nine Housing Consumer Education Centers across Massachusetts provide information and training for tenants, home owners and home buyers.

The Massachusetts Rehabilitation Commission's Home Modification Loan Program provides no and low interest deferred or amortized loans up to \$30,000 for home renovations for households with a disabled resident. Accessible improvements such as bathroom and bedroom renovations, widened doorways and ramps allow individuals to remain in their homes. In State Fiscal Year 2015, 148 households participated in HMLP, and 110 participated the first 9 months of SFY 2016.

The Massachusetts Accessible Housing Registry, administered by Citizens' Housing and Planning Association, is an online database of affordable and/or accessible housing units for rent or for sale in Massachusetts. Mass Access Housing Registry lists 3,000 accessible apartments; 6,243 affordable apartments; 1298 tax credit (moderate) apartments; 2045 accessible and affordable units and 417 accessible, moderate rate units. Many of the units have waitlists. The U.S. Department of Housing and Urban Development has an affordable apartment search database of subsidized rental housing with provider agencies and housing management companies.

Autism Housing Pathways provides information, support and resources for families wishing to create stable supportive housing for their adult children with developmental disabilities. Massachusetts Families Organizing for Change's website features a Housing Connector database to match family members seeking housing situations for their adult children. Specialized Housing helps people with developmental disabilities own (or co-own) their homes with staff support.

The Massachusetts Department of Developmental Services provides residential services to its clients, including group homes and shared living arrangements (refer to "Informal and Formal Services and Supports" for more information about DDS residential services and supports.)

(viii) Transportation:

Most public transportation infrastructure is concentrated in and around metropolitan Boston. In other areas of the state, 15 Regional Transit Authorities (RTAs) serve 231 cities and towns, primarily with bus and trolley service in densely populated areas. There are significant transportation gaps in less populated and rural areas. Public transportation is often limited in its routes, days and frequency of operation. Some communities, along with their RTAs, have developed local coordinated transportation plans that offer unique programs for residents, addressing local transportation challenges.

In greater Boston, the Mass. Bay Transportation Authority (MBTA) serves 176 communities and 1.3 million riders daily. It operates a subway system in the greater Boston area along with accessible bus, commuter rail and ferry service. It offers reduced fares and monthly passes for passengers with disabilities, and free passage to blind passengers. Service animals are welcome on all MBTA property. In addition, if an individual is experiencing accessibility issues using the MBTA, they can submit a request for reasonable modifications.

Due to an aging infrastructure, many subway stations and older trains are inaccessible to people with mobility impairments. Currently, there are 9 major projects under design/construction to renovate stations, modernize fare collection systems, upgrade facilities and services for buses, subways and ferries, and improving the accessibility of the entire system for people of all abilities. Customers can receive instant alerts about elevators and escalators that are out of service, and MBTA drivers are trained in customer service and transporting people

with disabilities.

THE RIDE provides door-to-door paratransit service to sixty cities and towns for eligible customers who cannot use subways, buses, or trains due to a physical, mental, or cognitive disability. Only registered RIDE customers, their Personal Care Assistants, and their guests may take advantage of the service. Passengers must reserve a ride a day or more in advance. Passengers pay a \$3 fare (advance reservations) and \$5 for same day. Personal Care Attendants ride free of charge, and guests are charged \$3/\$5. However, over the last several years, complaints have significantly increased including concerns about reliability, service area changes, and many more.

The Human Services Transportation (HST) Office works to support and increase transportation options for eligible individuals with disabilities to access health care, jobs, and community-based supports. HST manages a large brokered transportation system for over 37,000 individuals. HST manages transportation for 6 human service agencies: MassHealth- Non-emergency medical transportation; Department of Developmental Services - transportation for adults enrolled in day habilitation, day service, supported employment and residential support programs; Department of Public Health Early Intervention Program - transportation to and from EI programs for children (0 to 3 years) and families; MA Rehabilitation Commission - transportation to vocational rehabilitation services, community services and other authorized locations/programs; and MA Commission for the Blind - transportation to social, rehabilitative, and other authorized programs/services; and Department of Mental Health (DMH)- transportation to authorized locations for consumers accessing DMH services.

(ix) Child Care:

In Massachusetts, children with developmental disabilities from low-income families are eligible for some childcare services and supports. Financial support for childcare is available through the Income Eligible Child Care Subsidy program. Families who meet the Department of Early Education and Care's (DEEC) income eligibility requirements, have to be employed, disabled, in an education or job training program, or meet another activity requirement in order to be eligible for the subsidy. The DEEC also coordinates specialized childcare services for children who have special needs. A child with a developmental disability meets the service need for full-time care regardless of the parent's or guardian's ability to provide care themselves. If a child is eligible for Early Intervention, special education, and/or has been diagnosed by a physician with a disability he or she is considered to have met the service need. Childcare programs contracted with DEEC can apply for Income Eligible Flex Pool funding if a child requires accommodations in order to attend a program. This funding can be used to, train program staff, have a consultation to identify necessary supports for the child, or acquire technical assistance to meet the individual needs of the child.

The Department of Development Services (DDS) Intensive Flexible Family Support (IFFS) Program offers time-limited, goal-oriented services to families that have a child in danger of being placed outside of the home. Families eligible for IFFS, can use funds for child care. There are 19 IFFS Programs in the state that serve about 550 children ages 3-18 each year. IFFS funding was \$2 million in FY 2014.

(x) Recreation:

The Department of Conservation and Recreation's (DCR) Universal Access Program provides outdoor recreation opportunities in Massachusetts State Parks for visitors of all abilities. Accessibility to State Parks is achieved through site improvements, specialized adaptive recreation equipment, and accessible recreation programs. All 20 State Parks' swimming pools are equipped with swimming pool lifts and are free of charge. DCR also offers

resources on the Universal Access Program website to accessible activities throughout Massachusetts. Many resources exist for locating and researching recreational and accessible activities for individuals with developmental disabilities living in Massachusetts. The New England INDEX offers such resources and information on available recreational opportunities, as well as the Arc of Massachusetts through its Recreation page on its website. SPED Child & Teen Massachusetts offers a variety of social events and resources to find camps, recreation, and social events to attend.

There are many organizations providing recreational, leisure, and social opportunities in Massachusetts for individuals with developmental disabilities. To highlight a few, AccesSport America inspires higher function and fitness for children and adults of all disabilities through high-challenge sports and training. They adapt sports that most can find challenging and bring these sports to children and adults living with disabilities. CAPEable Adventures looks to improving lives of people with disabilities by providing instruction and access to adaptive sports and outdoor recreation. Special Olympics Massachusetts provides year-round sports training, athletic competition and other health-related programming for athletes with intellectual disabilities throughout the state. Partners for Youth with Disabilities provide mentoring programs that assist young people reach their full potential. The Massachusetts Down Syndrome Congress offers networking opportunities and a program called Advocates in Motion (AIM) which provides “inclusive and interactive events each month for young people with Down syndrome between the ages of 13 and 22. AIM participants develop leadership and self-advocacy skills, form meaningful relationships with peers, and build their self-confidence in an encouraging environment.” In addition, there are several performing arts and movie theaters in the state that offer Autism, sensory, and disability friendly performances.

In addition to these programs, the Council’s 2014 Gopen Fellow’s project focused on improving and accessing playgrounds for people with disabilities. The Fellow researched accessible playgrounds throughout Massachusetts, and visited over 21 playgrounds. The Fellow’s analysis showed that though playgrounds appear to be accessible, some still pose physical challenges and need improvements. The Fellow has created a guide for families and individuals with disabilities to use about these playgrounds. More work is being done throughout Massachusetts to continue opening accessible playgrounds.

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services:

People seeking state assistance must qualify for services based on the eligibility criteria of each individual agency. While an individual may meet the minimum eligibility criteria, it does not assure that the individual will receive services. For example, people who responded to our state plan survey and/or attended our information gathering forums, did not understand how the Department of Developmental Services determines who receives family support services and how much supports they will receive. Some voiced concern that some families who require more supports in the home were not receiving it while others who needed less received more supports. If services are not mandated for eligible participants, like special education services, it is agency funding and capacity that determines if individuals will receive services. Ineligibility is not the predominant factor excluding people with DD from receiving appropriate services and supports. Often, especially in the case of adult services, available state resources are insufficient to support the needs of all eligible residents.

For a child to be eligible for Early Intervention in MA, he or she will need to exhibit a 30% level of delay or 1.5 standard deviation in one developmental area for eligibility based on "established delay". The four categories of eligibility are: infants and toddlers with an established condition or conditions, infants and toddlers with Established Developmental Delay or Delays, infants and toddlers at risk for developmental delay and clinical judgment. If the child is found eligible according to these standards, an Individualized Family Service Plan will be developed and services will begin within 45 days.

In state fiscal year 2015, there was an 8% increase in the number of children enrolled in EI. This was attributed to an increase in EI referrals from the Department of Children and Families and an increase of referrals of newborn babies born exposed to prescription and illegal opiates. Between state FY 2010 to 2014 the number of children receiving EI services who were born exposed to prescription and illegal opiates doubled. Between State FY '13 and FY '14, EI referrals forwarded from DCF to EI increased 29%. Most of these referrals have complex needs which require many resources to meet. While the DPH has been able to meet these needs, it has and will continue to put a strain on the EI system.

Children are eligible for special education in Massachusetts if they are between the ages of 3 to 21, have not obtained a high school diploma or its equivalent, have been determined to have a disability and due to this disability are unable to process the general curriculum without accommodations. Despite being eligible for special education, many families still struggle to get the supports and placements their child needs in order to gain the most from their educational experience. In FY 2015, the Bureau of Special Education Appeals (BSEA) received notice of 10,280 rejected IEPs. Those families who were unable to agree on a suitable educational program or placement for the child request a due process hearing through the BSEA. Parents or guardians who can afford an attorney to represent them are more likely to receive a favorable ruling resulting in the child receiving an appropriate education. In FY 2015, 492 due process hearings were requested in MA. It is estimated that 25% of the hearing requests involved parents or guardians who were not represented by counsel. Only 18 decisions were made in these cases, 3 of which parents fully prevailed. Two of these three cases, the parents were represented by attorneys. Parents or guardians who represent themselves often become overwhelmed by the BSEA process and drop their case, resulting in an inappropriate placement for the child.

To be eligible for Vocational Rehabilitation Services at the Massachusetts Rehabilitation Commission (MRC), an individual must have a disability that interferes with his or her ability to work and will benefit from vocational rehabilitation services. In state FY 2015, 2.3% (531) of the MRC consumers were individuals with developmental disabilities. Despite being found eligible for vocational rehabilitation (VR) services, many individuals with DD struggle to have their employment needs met by the MRC. The federally funded VR services, are designed to assist individuals for a short period of time (90 days) when many individuals with developmental disabilities require ongoing on the job support. State funded Supported Employment Supports provide job-coaching and longer term supports but limited state funding makes it impossible for these supports to meet the needs of all MRC consumers with developmental disabilities.

The Department of Developmental Services is the state agency dedicated to ensuring individuals with intellectual disabilities participate fully in the community in meaningful ways. 32,000 adults and children receive services through the DDS. Eligibility for the DDS was updated in 2014 and is now separated into three categories: eligibility for children birth to age 5, eligibility for children between the ages of 5 to 21 and eligibility determination for adults ages 22 and over.

Children birth to 5 are eligible for Children's Services if he or she has a substantial developmental delay or a specific congenital or acquired condition that will most likely result in a developmental delay if services are not provided. Children between the ages of 5 to 21 years of age are eligible for the DDS if they live in Massachusetts and 1) either have a severe chronic disability due to intellectual disability, autism, Smith-Magenis Syndrome or Prader-Willi Syndrome, is likely to continue indefinitely, results in substantial functional limitations or 2) have an intellectual disability or related developmental conditions which cause substantial functional limitations.

Adults age 22 and over are eligible for Intellectual Disability Supports if he or she lives in MA and has an intellectual disability as defined in the DDS's regulations. Adults in this same age range are eligible for Developmental Services if he or she lives in MA, has Autism, Prader Willi syndrome or Smith-Magenis Syndrome as defined in the DDS regulations and does not have an intellectual disability. These updated regulations for Adult Developmental Disability services allow individuals with IQs higher than 70 and who have Autism, Prader Willi Syndrome and/or Smith-Magenis Syndrome to be eligible for services they were not eligible for before due to their high IQ. Unfortunately, individuals who do not have Autism, Prader-Willi Syndrome or Smith Magenis Syndrome and have IQ higher than 70 will still be found ineligible for Adult developmental services they may be able to benefit from.

Eligibility for services does not result in the individual receiving services through the DDS. The resources of the Department dictate what services and supports an individual will ultimately receive. Regardless, the DDS has “special eligibility” for individuals who have lived for more than 30 days at state Developmental Institutions. Individuals with special eligibility are entitled to the supports listed in their support plans.

Massachusetts has 6 Medicaid waivers that individuals with developmental disabilities may be eligible for. The Community Living waiver, the Intensive Supports waiver and the Adult Supports waiver provides services to individuals with intellectual disabilities age 22 and over. To be found eligible for the Community Living, Intensive Supports and Adult Supports waivers an individual must have an intellectual disability, be eligible for or be enrolled in MassHealth standard, be at least 22 years of age, be eligible for Intermediate Care Facility for individuals with intellectual disability, agree to receive services in the community, and require one or more waiver services. The MA Children’s Autism Spectrum Disorder waiver provides services and supports to children diagnosed with autism until age 8. To be eligible for the Autism Waiver, the child must have a confirmed autism diagnosis, is younger than 9, is a resident of MA, meets the level of care required for services in an ICF/MR, the family wants the child to receive services in the home and community, the child can be served safely in the community, the child must have a legally responsible parent or guardian who will be able to direct the supports of the waiver and the child must be eligible for MassHealth Standard. In order for the child to be eligible for MassHealth Standard, the household income must be no more than 150% of the Federal Poverty Level or \$3,032 for a family of four. At the writing of this report, 244 children were enrolled in Children’s Autism Waiver.

The MA Money Follows the Person Community Living and Residential Supports waivers provides supports to individuals with physical disabilities between the ages of 18 and 64. To be eligible for one of the MFP waivers an individual must be living in a nursing home or at a long stay hospital for at least 90 days, be over 18 and have a disability or be over age 65, be in need of MFP waiver services, be able to be served safely in the community with MFP supports, meet financial requirements to qualify for MassHealth, and can transition to an MFP qualified residence. To qualify for the Residential Services MFP waiver, the individual must meet the above requirements as well as require 24/7 supports. To qualify for either of the MFP waivers or the Community Living waiver, the Intensive Supports waiver and the Adult Supports waiver, an individual’s income must be below 300% of the SSI Federal Benefit Rate which is \$2,199 and assets must be less than or equal to \$2,000.

In order to be eligible for the Personal Care Attendant (PCA) program, an individual must first be eligible for MassHealth Standard or CommonHealth. Disabled adults are eligible for MassHealth Standard when his or her household income is no more than 133% of the Federal Poverty Level-\$1,317 a month or \$15,804 a year for a family of one. People who earn more than 133% of the Federal Poverty Level can be eligible for CommonHealth but may be required to pay a premium or meet a one-time deductible. Concern was expressed by participants at one of the Council’s state plan forums about how individuals with developmental disabilities can access the PCA benefit if they have private insurance. As eligibility stands now for the PCA program, those who have private insurance cannot benefit from the program despite the possibility that these individuals may require PCAs to live independently in the community.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:

According to the US Census estimates Massachusetts total population is 6,778,250. Men make up 48% of the population while women make up 51%. According to US Census data from 2014, 74.3% of the state’s residents are white, 8.3% of the population are Black or African American, 6.3% are Asian, and 10.8% are Hispanic or Latino.

In 2014, the DDS changed its eligibility requirements for individuals of all ages seeking services. Specifically,

eligibility criteria for adult services was adopted that no longer required adult applicants to have an IQ of 70 or lower to be eligible to receive services. This was a positive development for individuals with autism who in the past were found ineligible for adult services based on their IQ regardless of their other functional needs. Since November 2014, under the new DDS regulations, an additional 465 individuals with autism were found eligible for DDS adult services. 80% of this population were male. Many have a concurrent mental health diagnosis as well as social, emotional issues. The DDS, does not have the capacity to treat individuals with mental health diagnoses.

The Department of Mental Health (DMH) is the state agency responsible for assisting individuals with mental health issues, this includes individuals with developmental disabilities. Despite this, individuals with developmental disabilities specifically those with autism, struggle to get their mental health needs met. The second priority in the 2013 Massachusetts Autism Commission report was to, “assure those with autism and a co-occurring mental health condition have equal access to services from the Department of Mental Health”. When individuals with autism apply for the DMH’s services, they are often found ineligible because it is determined that the individual’s autism is the cause of the individual’s functional impairment and not their mental health diagnosis. The same law that updated eligibility criteria for the DDS, included a requirement for the DDS and the DMH to draft a plan on how to better meet the needs of individuals with autism and a co-occurring mental health diagnosis by December 2015. The DDS/DMH plan includes expanding training opportunities for employees of each agency on the services available at DDS and DMH and treatment options for individuals with developmental disabilities and a co-occurring mental health diagnosis. An interagency service agreement was also created between DDS and DMH to develop a plan on how to fund and implement services for those eligible for assistance from each organization. The impact of each of these activities is unknown as of the writing of this report.

The 2013 Autism Commission report detailed a number of other unmet needs of individuals with autism living in Massachusetts. Access to reliable information and referral to service options is limited for those who are eligible for state services while those who are ineligible for state services have few organizations to turn to when they need help. Individuals who responded to our state plan survey as well as those who attended our state plan forums also expressed concern for not only those with autism but individuals with any developmental disability who are ineligible for state services and lack access to reliable forms of information and referral.

To remain in the community safely, many individuals with autism require in home supports. Even when individuals are eligible for state services, supports at home are often provided by family members due to the lack of funding dedicated to family supports in the DDS’s budget. Individuals with autism who do not live with family members are often supported by staff who do not understand autism or the unique types of supports this population needs. Furthermore, even when individuals with autism have staff who are well trained, there are too few to fill the positions required to meet the needs of these individuals.

The issue of under-paid, under-prepared staff who care for individuals with developmental disabilities in group homes, day programs or in the individual’s own private residence, was noted multiple times in both the state plan survey and state plan forums. Participants in the survey and the forums stated the need for direct care staff to receive more cultural competency training. It was also stated that there are simply not enough people who are willing to care for individuals with developmental disabilities. Many thought low salaries contributed to the lack of people interested in entering this field as well as prompted high turnover rates for individuals who were already working as direct care staff. It was recognized that the low number of staff in residences for example allows for little more than the basic needs of the individuals with developmental disabilities to be met while things like community outings are looked at as luxuries that staff have little time to address. Another staff related issue occurs when direct care staff are unable to work their shifts due to illness, weather or other circumstances. Both families and individuals with developmental disabilities discussed how disruptive the lack of available caregivers to provide back-up was to their lives and often resulted in missing work, school and other events. After reviewing

these comments, it was clear that few people with developmental disabilities in Massachusetts were having all their direct care needs met.

Two issues that affect many individuals with developmental disabilities that were also addressed in our state plan survey and public forums were the lack of accessible recreation and affordable and reliable transportation. The need for integrated, age appropriate and accessible community activities for adults with developmental disabilities was identified as a huge need that was not being met. People discussed their frustrations with the community activities that are available and seem to be designed for younger individuals. Many times, if there are community activities that individuals are interested in attending, staff are not available to take them. Individuals who live in group settings are often at a disadvantage-if not enough residents want to attend an activity, individuals in the group settings will not be transported.

Affordable and reliable transportation also prohibits individuals from participating in their communities. The ability to get from place to place for many individuals with developmental disabilities depends on the availability and willingness of a staff person, companion or family member to transport the individual. At the Council's state plan forums, it was discussed how much stress this places on family members who are often the only people who are willing and able to take individuals into the community. Relying on family members also negatively impacts an individual's autonomy.

The "Ride" in the Boston area and other Paratransit services across the state provide a means of transportation for individuals with developmental disabilities who are unable to use nearby fixed route bus, subway or train systems. Individuals are required to schedule Paratransit pick-ups a day in advance. State plan survey respondents and forum participants discussed issues with pick-up times stating that often passengers must wait excessive amounts of time for Paratransit. It was also discussed that the limited schedule for pick-ups and drop-offs hinders an individual's ability to work early or late shifts.

Individuals can be public transportation savvy but if the availability of this transportation is minimal knowing how to use this service is useless. Companies such as Uber are present in the Boston area and often offer an affordable alternative to public transportation. Unfortunately, many Uber drivers do not have accessible vehicles for those who have mobility challenges or are in a wheelchair. Some individuals have said that Uber drivers have refused to give them a ride if they had a service animal with them. Furthermore the lack of background checks on Uber drivers makes many individuals with developmental disabilities uneasy about the service for safety reasons.

According to the Department of Justice, in 2013, individuals with disabilities including individuals with developmental disabilities experienced violent victimization at twice the rate of those who do not have disabilities.

In Massachusetts, the Disabled Persons Protection Commission (DPPC) is the state agency charged, "to protect adults with disabilities from the abusive acts or omissions of their caregivers through investigation, oversight, public awareness and prevention." Instances of abuse can be reported to the DPPC for individuals with disabilities both receiving services through state agencies and not receiving services. Individuals with developmental disabilities, their parents or guardians and caretakers are encouraged to contact the DPPC if they have experienced abuse. In state fiscal year 2014, the DPPC received 9,018 reports of abuse.

The DPPC's mission, "to protect adults with disabilities from the abusive acts or omissions of their caregivers..." is not always fulfilled due to the agencies inability to investigate all abuse complaints in a timely manner. According to a 2015 audit of the DPPC performed by the State Auditor's office, a randomized sample of the DPPC's investigations revealed that only 29% had the "Initial Response report" completed within the 10 day required timeframe; 69% of investigations were completed after the 10 day period. The "Investigation Report" during which the site of the abuse is visited and the alleged victim is interviewed, only 29% of these cases were completed during the 30 day required time period; 65% were completed more than 30 days after the instance of

abuse. The Initial Response Report and Investigation Report are the first steps that must be completed before any issues a victim/survivor are facing are addressed in an action plan. These plans not only protect the victim/survivor but also protect future individuals who may be susceptible to abuse. The DPPC cited that the lack of adequate staffing and resources hinders their ability to perform investigations in a timely manner. Between FY 2010 and FY 2014, the number of reports of abuse to DPPC increased 31% while staffing levels remained static during the same time period.

(iii) The availability of assistive technology:

There are many programs in MA providing assistive technology to people with disabilities. The Assistive Technology Program was created in 1999 to enable individuals with severe disabilities to access devices and training. Those with vocational or work goals are provided services through the MA Rehabilitation Commission (MRC). Individuals with disabilities who are eligible to receive services from other agencies are referred to those agencies for assistive technology services. School age children with disabilities eligible for Chapter 766 services must apply through the Local Education Agency for school related assistive technology equipment needs. Assistive technology regional centers offer people with disabilities the opportunity to trial devices for up to four weeks free of charge.

MassMATCH is funded by the U.S. Department of Education under the Assistive Technology Act of 1998 and amended in 2004, and is one of 56 state-level assistive technology initiatives in the United States. Through partnerships with community-based organizations, MassMATCH is currently creating new assistive technology programs and working to coordinate services throughout the Commonwealth. MassMATCH provides information on various loan programs funded by public and private sources that are available for purchasing assistive technology, durable medical equipment, home modifications, vehicles and vehicle modifications. MassMATCH also provides listings to connect individuals to assistive technology vendors. A total of 523 participated in the program and 864 devices were loaned in 2014. The regional centers also invite individuals with disabilities, family members, educators, and service providers to product demonstrations. MassMATCH responds to requests for trainings and information directly through its Assistive Technology Regional centers. During 2014, 1307 individuals received information and assistance.

The MA AT Loan Program is a state funded initiative that gives people with disabilities and their families access to low interest loans to purchase assistive technology. In 2014, the AT Loan Program loaned \$526,921 to 39 borrowers, with 64% approval rate,. 70% of the approved loans were made to applicants with income of \$30,000 or less.

The Commonwealth operates the Home Modification Loan Program to provide low interest and no interest loans for people with disabilities who need safety modifications such as ramps to their permanent residence. The state-funded Home Modification Loan Program provides loans to make modifications to the primary, permanent residence of elders, adults with disabilities, and families with children with disabilities. Such modifications allow people to remain in their homes and live more independently in their communities. There are six agencies throughout the state that administer the program for MA Rehabilitation Council (MRC). Based on the income guidelines, from \$1,000 up to \$30,000 (inclusive of all costs) may be borrowed in either a deferred payment loan (DPL) or an amortized loan, which is secured by a promissory note and a mortgage lien, except in cases of loans that are under \$2,500 which are only secured by the promissory note. An HMLP loan may be obtained only one time per property. Borrowers may not come back for more funding for the same property once their project is complete.

Homeowners eligible for a 0% deferred payment loan will not have to repay the loan until the property is sold or has its title transferred. 0% and 3% amortizing loans must be repaid in 5 to 15 years, depending on the amount

of the loan, and require monthly payment schedules.

Easter Seals of Massachusetts provides a variety of assistive technology programs and services for children and adults with developmental disabilities. The Assistive Technology Regional Center (ATRC) helps people with disabilities in Eastern Massachusetts make informed decisions about assistive technology they can use to increase their independence at home, on the job or in school. Individuals and groups can explore hundreds of high- and low-tech devices that can meet a variety of needs. They are also allowed to bring some of the devices home to test them out. This free program is funded by the Rehabilitation Service Administration (RSA) of the U.S. Department of Education under the Assistive Technology Act.

The Perkins School for the Blind offers training, equipment demonstrations, technology assessments for education, evaluations of people with low vision and other disabilities, software testing, and consulting for making websites accessible. The Assistive Technology Exchange of New England serves as a classified resource that brings buyers and sellers of assistive technology together. There is no cost to post an item on the exchange. People will often post assistive technology items that are available at no cost.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop.	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2014	67.780	35259	520.200		0.000	0.000
2011	66.000	32044	485.500		0.000	0.000
2009	65.940	31065	471.110		0.000	0.000
2007	65.480	30747	469.560		0.000	0.000
2005	63.980	29787	465.510		0.000	0.000

b. Entity who collects and maintains wait-list data in the State:

- State Agencies

c. A state-wide standardized data collection system is in place:

- No

d. Individuals on the wait list are receiving:

- Only case management services
- Inadequate services
- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities,

institutions, or large group homes waiting for HCBS)

e. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

The State keeps no formal wait list data. The state's responsibility to serve all eligible individuals in appropriate community settings was memorialized as part of the settlement agreements under Rolland vs. Cellucci (Nursing home - 1999) and Boulet vs. Romney (Waiting list - 2001). The state acknowledges that there are individuals with developmental disabilities being served who are waiting for more appropriate services but does not consider that data to constitute an active waiting list. Efforts are being made to require the state to keep comprehensive waiting list data on individuals who are not receiving the level of services and supports identified in their needs assessments (under served).

f. To the extent possible, provide information about how the State selects individuals to be on the wait list:

All individuals eligible for services are required to receive some level of support.

Other services:

Other services description(s):

Many individuals receive only minimal support services.

g. Individuals on the wait list have gone through an eligibility and needs assessment:

- Yes

Use space below to provide any information or data related to the response above:

All individuals go through an eligibility and needs assessment. This information is used to determine the level and type of services the individual requires and to prioritize the services and supports offered. Individuals receive information about options that are available or may be available in the future.

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

- Yes

i. Specify any other data or information related to wait lists:

j. Summary of waiting list Issues and Challenges:

The requirement to serve all eligible individuals has created a tiered approach to services where those with the lowest priority receive only minimal support . According to a conducted by Arc Massachusetts, there are 3,000 people awaiting family supports, 600 awaiting residential services and 360 individuals awaiting Day/Employment services. Efforts are being made to require the state to keep comprehensive waiting list data on individuals who are not receiving the level of services and supports identified in their needs assessments.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

Towards the end of finalizing the FY 17 state budget, it was determined that the state made \$750 million less in tax revenue than was originally projected requiring state legislators to reduce spending in a number of budget line items. Some line items that fund services for individuals with developmental disabilities actually received slight increases. But, these increases were applied to programs and services that were already underfunded. The Special Education circuit breaker that funds services for children with severe disabilities in public schools, was increased by 2% from FY 2016. The circuit breaker is still approximately \$4 million under-funded.

The trend of funding being increased for programs and services that are already underfunded was common for many programs and services. In 2016, although 18,000 individuals with developmental disabilities were eligible for Family Support and Respite services through the Department of Developmental Services (DDS) only 10,000 individuals received assistance due to funding limitations. As of July 2016, it was projected that Family Support and Respite Services were going to receive a \$7 million increase , the first significant increase in funding for these services in about two decades. This increase will fail to provide the funding needed to fully support and serve the other 8,000 individuals with developmental disabilities who are eligible to receive Family Support and Respite services.

The Department of Elementary and Secondary Education/Department of Developmental Services (DESE/DDS) program provides extensive in home supports to children and youth at risk for residential school placement. In FY 16, the DESE/DDS program was funded at \$6.5million and served 449 children and youth with developmental disabilities. It is projected that the program will be funded at the same level in FY 17. 96% of the individuals who enter the DESE/DDS program remain until they exit the school system. Due to its high retention rate, level funding for the program will result in few of the 600 individuals on the “interest list” for the program being offered services.

The Autism Waiver provides intensive services to children with autism living at home between the ages of 0 to 9. In FY16 the Autism Waiver was funded at \$6,085,431, served 278 children and had 749 individuals on an “interest list”. In FY 17, it is projected the program will be funded at \$6,482,000. This will allow for some additional children to be served but not all who are eligible for the program.

The number of youth transitioning from special education services to the DDS’s adult service programs nearly doubled from 450 in FY 98 to 855 in FY16. In FY 17 the Arc of MA is projecting that 950 individuals with developmental disabilities from the special education system will be eligible for adult services. The turning 22 line item funds the services and supports these individuals require for their first year receiving adult services through the DDS. In FY 17 it is projected that this account will be funded at \$7 million, a small increase from FY16. A large percentage of this money will go towards funding residential services, leaving little financial support available to the hundreds of young adults living at home with caregivers who require employment and/or other day supports.

The passing of the Workforce Innovation and Opportunity Act at the federal level caused the Massachusetts

Rehabilitation Commission (MRC) to alter their service structure in order to focus 15% of their financial and employee resources to assist transition age youth to find employment. No additional money will be provided from the federal government to implement this policy change. In FY 16, the MRC was able to serve all individuals who applied for support from the agency. Due to the new focus on transition age youth, the MRC is unsure if they will have the financial resources to continue to serve everyone who applies for services, prioritizing according to need may have to be implemented in the future.

The DDS closed all sheltered workshops in 2016. The closure of the workshops required the DDS to transition individuals to individual or group employment opportunities or other community based day services. It was projected at the beginning of the planning process that it would cost the state an additional \$13.35 million to no longer serve individuals in sheltered workshops. The DDS received an increase in funding for its Community Day and Work programs for FY 17. Despite this increase, day and work providers' contracts were 5% lower than last year.

In 2016, Massachusetts was ranked as the seventh most expensive to state live in requiring an individual making the state's minimum wage of \$10 an hour to work 104 hours a week in order to afford the rent in a two bedroom apartment. State programs that allow individuals with developmental disabilities to afford housing have been under-funded for a number of years. Since 1995, the Alternative Housing Voucher Program (AHVP) has provided rental assistance to low-income individuals with disabilities. In December 2015, 554 vouchers were available statewide, 246 less than were available in 1996. It is projected that the AHVP will receive approximately \$1million more in FY17, this is not enough to restore the program to its original levels or provide vouchers to all of the 2,000 individuals on the program's waiting list.

The 2015 U.S. Labor Department requirement to pay personal care attendants (pcas) overtime for working more than 40 hours a week prompted MassHealth, the agency that funds the PCA program, to restrict the number of hours a week that one PCA could work to 40 hours. MassHealth projected that this proposed cap would save their agency \$57million. This new regulation is expected to go into effect on September 1, 2016 and will affect upwards of 7,300 individuals who have PCAs who work overtime for them. Individuals with disabilities will be forced to find other PCAs to care for them when they require more than 40 hours a week of support. Many individuals struggle to find one PCA and are having difficulty finding other PCAs to fill in their support hours. This has the potential to significantly hinder the ability of individuals with disabilities to live independently in the community.

The Ride, the paratransit service for individuals with disabilities living in the Boston area, has had its share of financial troubles in the past few years. In 2012, fares were doubled from \$2 to \$4 for transportation one way. The fare was decreased to \$3 for one way service in 2013 but as of July 1, 2016 was increased to \$3.15. Increases in the cost of paratransit places stress on the financial wellbeing of many individuals with developmental disabilities who already struggle to have their basic needs met. Every trip on paratransit costs the MA Bay Transportation Authority (MBTA) \$46 while rides on other forms of transportation are subsidized at rates as low as \$0.61. The amount of money the MBTA invests in paratransit will continue to urge the state of MA to evaluate how to cut costs associated with the paratransit program.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

In 2009 the Department of Developmental Services began implementation of the Community Services Expansion and Facilities Restructuring Plan to reconfigure the state facilities and to expand services available in the community system. The plan targeted closing four of the six developmental and regional centers between FY

2010 and the end of FY 2013.

Since FY2012, four Intermediary Care Facilities in Massachusetts have closed down. Monson Developmental Center closed in 2012, Glavin Developmental Center closed in 2013 and Templeton closed in 2015. In November 2014, the Fernald Developmental School closed its doors after its last remaining resident moved into the community. Fernald was the first institution in the U.S. for people with disabilities, opening its doors in 1848.

The Wrentham Developmental Center remains open indefinitely to serve individuals in the closed facilities that choose to remain in an intermediate care facility. A decision on the future of the Hogan Regional Center has been deferred.

There are three pediatric nursing homes in Massachusetts: Seven Hills Pediatric Center, Plymouth Rehabilitation & Health Care Center and New England Pediatric. Approximately 50 other nursing homes each have 1-2 DDS clients in their facilities. DDS uses established Preadmission Screening and Resident Review (PSARR) protocols to ensure that individuals are not inappropriately placed in nursing homes.

Due to the level of court involvement over the past few decades the standard of services to individuals in facilities is consistently monitored and measured for quality. Based on the level of satisfaction among individuals and their guardians services are considered to be very good. This level of quality is often cited by facility advocates as a primary reason for maintaining institutional settings. It must be noted that this perceived level of quality is primarily based on an expectation of care as opposed to independence or inclusion. For individuals residing in residences licensed by the Department of Developmental Services, written protocols are put in place for staff to administer medication, follow physician orders re treatments, monitor health conditions, etc.

Data shows that over 98% of DDS consumers surveyed through licensure and certification receive annual physical exams. The rate for individuals in facilities is 100%. Licensure and certification findings found that 97% of the individuals reviewed had had at least an annual dental exam. Concerning healthy lifestyles, NCI data for Massachusetts shows an inactivity rate of 21% for people with disabilities, compared to only 10% for the general population. Over the past five years almost all individuals reviewed during Survey and Certification reviews have been found to be receiving necessary support to promote a healthier lifestyle.

There have been improvements in the percentage of people with both annual physical (medical) exams and dental exams over time, and the disparity seen in earlier years between dental and medical exams has been substantially reduced. In FY 2008 there was only a 1% difference between physical exams and dental exams, compared to a 5% difference in FY 2004. This suggests that individuals in facilities are able to access basic dental and medical care at the same level as those in the community.

Research in Massachusetts indicates that every month one out of every 10 nursing home residents suffers from a medication related injury. Within DDS programs, data indicates that about one out of every 1,400 people receiving medication experience a serious occurrence per month. Very few of those result in an actual injury. Almost 3 out of every 4 were due to a medication being administered at the wrong time (within an hour before or an hour after the scheduled time). Most of these "wrong time" occurrences were related to an omission (i.e., the medication was not administered).

The State of the State in Developmental Disabilities reports that for FY 2013 Medicaid ICF/ID funds comprised 9.5% of total I/DD services and supports spending in Massachusetts. A total of 290 individuals with intellectual/developmental disabilities resided in nursing facilities and 540 in state institution settings with more than 16 people. The population in these facilities decreased from 1,744 to 830 individuals over 5 years. Data was not

provided for individuals residing in private Intermediary Care Facilities or public ICFs housing fewer than 16 people.

The Judge Rotenberg Center, based in Canton, is the only institution in the U.S to provide painful aversive therapy via electrical stimulation devices (ESDs) which deliver electric shocks via remote devices controlled by staff. The Food and Drug Administration (FDA) has proposed banning the devices because they pose an “unreasonable and substantial risk” to public health. According to the FDA, about 50 JRC residents receive aversive treatment. Side effects of the ESDs can include tissue damage, anxiety, depression, burns, psychosis and post-traumatic stress disorder. Prior to the FDA’s intervention, disability advocates, policy makers and government agencies were unsuccessful in terminating use of the devices, in practice at JRC for 28 years.

Tufts Dental Facilities provides dental care on-site at Wrentham Development Center, the Hogan Regional Center and the Seven Hills Pediatric Center.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

The goal of the Massachusetts home and community based waivers is to provide adequate support to individuals to participate in the community and reside in their homes. On average, the number of people with IDD and people living in ICF/IDDs receive \$39,426 per person in Medicaid waiver funding per year. Massachusetts has several waivers in place, described in detail below. There are approximately 32,000 people in MA receiving services under the Medicaid Waiver programs in Massachusetts.

The Children's Autism Home and Community-Based Services Waiver Program provides services for Medicaid eligible children diagnosed with autism spectrum disorder. The program serves children, birth through age 8, with an autism spectrum disorder. The Autism Division of the Massachusetts Department of Developmental Services is responsible for the management of this waiver. The program enables children with autism to remain in their homes and actively participate in their families and communities. The waiver provides one-to-one interventions to help children with autism who exhibit severe behavior, social and communication problems through a service called Expanded Habilitation, Education (intensive in-home services and supports). This service occurs in the child's home or other natural settings under the supervision of trained clinical staff and is available for a total of three years. The waiver also provides related support services such as community integration activities and respite. At the conclusion of the three years of intensive services, a child may access supplemental services that meet the child’s needs and help with the transition out of the intensive Autism Waiver Program - until the child’s 9th birthday. Enrollment during the waiver year 2014 (most recent available data) was 233 children, with a \$25,000 limit on annual spending. The maximum potential enrollment anticipated for waiver year 2017 is 325.

The Adult Residential Waiver (intensive supports waiver) has no cap and is utilized for individuals who need a residential placement that has supervision and staffing, 24 hours a day, seven days a week. It contains comprehensive service options including Residential Habilitation, Respite, Behavioral Supports and Consultation, Home Modifications and Adaptations, Individual Goods and Services, Occupational Therapy, Supported Employment, Day Habilitation Supplement, Transportation, Group or Center Based Day Services, Individualized Day Supports, Physical Therapy, Residential Family Training, Residential Peer Support, Self-Directed 24 Hour Supports, Speech Therapy, Stabilization and Transitional Assistance Services. In 2014, 8,447 people with ID/DD ages 22 and over were serviced. The number served is predicted to increase to 9,218 in 2017. The Community Living Waiver has a \$70,000 cap and is utilized for individuals who can live in their family homes

or in the home of someone else or their own home and do not need supervision 24 hours a day and seven days a week. Services options include Homemaker, Individualized Home Supports, Supported Employment, Day Habilitation Supplement, Transportation, Group or Center Based Day Services, Individualized Day Supports, Live-in Caregiver, Respite, Adult Companion, Assistive Technology, Behavioral Supports and Consultation, Community Peer Support, Home Modifications and Adaptations, Individual Goods and Services, Occupational Therapy, Physical Therapy, Specialized Medical Equipment and Supplies, Speech Therapy, Stabilization, Transitional Assistance Services and Vehicle Modification. Through the coordination of supports, individuals are able to live successfully in the community. In 2014, 1,758 individuals with DD/DD were served through this waiver. This number is predicted to increase to 2,447 in 2017.

The Adult Supports Waiver has a \$40,000 limit on annual waiver spending and is utilized for individuals who can live in their own home or apartment or their family home. Service options include Individual Support and Community Habilitation, Supported Employment, Day Habilitation Supplement, Family Support Navigation, Individualized Day Supports, Transportation and Group or Center Based Day Supports. In 2014, the waiver supported 2,980 individuals with DD/IDD. This number is predicted to increase to 2980 in 2017.

MassHealth operates the Frail Elderly Waiver specifically to help residents who require nursing home level care to receive health care and ongoing support services in their homes or community living residences instead of in a nursing home. Eligibility for this waiver depends on the age, location, functional ability and financial status of the applicants. Candidates must be a minimum of 60 years of age. They must require the level of care provided in nursing homes, yet they should be willing to receive the care at home. The cost to provide that care cannot exceed what it would cost in a nursing home. To be eligible, the individual must be financially qualified for MassHealth Medicaid. For 2016, the income limits are \$2199 per month for an individual or \$3300 per month for a couple. If only one spouse is applying, the income for the other spouse is treated separately. Fortunately, Massachusetts also maintains an alternative method to qualify if you are over the income limit. Individuals who have very high medical expenses qualify through the Medically Needy provisions for MassHealth. Medicaid planning advisers or elder law attorneys can assist individuals who have a relatively small excess income into a special type of trust so that the applicant will become eligible. MassHealth also considers one's countable assets, or savings. The limits for an individual and couple respectively are \$2,000 and \$3,000. There is flexibility with in this program regarding income limits. When only one spouse of a married couple is applying, the asset limit for the other spouse is \$119,220. Their home, if owner-occupied, is considered exempt up to a value of approximately \$802,000. There are also other exempt assets, such as a vehicle, funeral trusts, and personal valuables.

The Acquired Brain Injury Waiver Program enables eligible brain injury survivors to move from nursing homes, chronic care or rehabilitation hospitals into the community. The Massachusetts Rehabilitation Commission and MassHealth, in conjunction with UMass Medical School, offer two home and community-based services waivers to help Medicaid-eligible persons with acquired brain injury (ABI) move to the community and obtain community-based services. The two waivers are the ABI Waiver with Residential Habilitation (ABI-RH) for individuals who need supervision and staffing 24 hours a day, seven days a week in a provider-operated residence; and the ABI Waiver with No Residential Habilitation (ABI-N) - for individuals who can move to their own home or apartment or to the home of someone else.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]:

The Council used four primary criteria to establish goals; the greatest areas of need, needs prioritized by the public, a clear and specific role for the Council and long term impact. The State Plan Committee compared input

from state agencies and other organizations with the needs identified through the public input process, and reviewed current and past activities to determine whether continuation is warranted. Sixteen potential issue areas were identified through this process. Recognizing that the Council cannot address all issue areas, public input was the critical determinant in prioritizing goals for the new five-year plan.

The Council established four major priority categories for the plan; Advocacy and Leadership, Supporting Families, Inclusive Communities and Exercising Rights. The priority areas identified through public input are included under each of these categories. For people with developmental disabilities top areas included engaging in leadership opportunities, exercising the right to vote and developing self-advocacy skills. For family members (excluding siblings) top areas included receiving needed levels of supports, obtaining affordable/accessible housing, and participating in meaningful and accessible community activities. For siblings top areas included preparation for suitable employment and protection from abuse. For advocates and professionals top areas included receiving needed levels of supports, building social relationships and support networks, and supported decision making.

Under Advocacy and Leadership, the level of available training in these areas remains insufficient to meet to the demand. Despite attempts to expand efforts with other advocacy organizations to increase training and opportunities, the Council and the statewide self-advocacy organization remain the primary entities providing these opportunities. The Council will continue to partner with MA Advocates Standing Strong to conduct advocacy skill building, and provide opportunities to engage in advocacy and leadership activities. The Council will also continue the network collaboration to support the Gopen and Crocker Fellowships.

The Council analyzed the priority survey responses by race and concluded that the priorities chosen by respondents were mostly consistent across race. The data also showed that the top three choices by non-white respondents were developing self-advocacy skills, engaging in leadership opportunities and supporting families. A review of previous Council sponsored initiatives in self-advocacy and leadership indicated that a very low number of participants were individuals from minority urban communities. The Council will undertake efforts to address this by partnering with Boston Public Schools to provide self-advocacy and leadership training to minority students in high school and transition. The Council will also target training education to families from culturally diverse communities.

Under Supporting Families, a disturbing trend that has resulted from budget cuts is a counter-intuitive reduction in family support. Family supports are the most cost-effective way to support those who are under-served, and an expansion would assist the state while it struggles to meet an ever expanding need. The Council will undertake initiatives to address this, including activities related to community resources that can assist families to support their family members with developmental disabilities.

Inclusive Communities encompasses many aspects of life for people with DD. The Council's analysis concluded that the lack of affordable and accessible housing remains the major barrier to independence and will undertake initiatives to educate families and support their pursuit of alternative housing options. Despite the level of availability of competitive and integrated employment opportunities for people with developmental disabilities, the Council has identified preparation for employment as a prerequisite need area to be addressed. Programs like the Inclusive Concurrent Enrollment program have opened the door for many individuals to participate in college classes. However for most individuals the door to post-secondary education closes when they age out of the program. The Council will focus on employment skill development, and will implement a pilot program to support students who left high school without a diploma to pass an equivalency exam. Also, concurrent with initiatives under Family Supports to access community resources, the Council will undertake an initiative to support people with developmental disabilities to join in meaningful, integrated and accessible community activities.

The second highest priority identified by people with developmental disabilities was exercising their right to vote.

Under Exercising Rights, the Council will partner with the Disability Law Center (P&A) and other organizations to increase the number of people with disabilities who are registered and exercise their right to vote. The Council will also partner with MA Advocates Standing Strong to educate individuals on human rights and safety, as well as training caregivers and others on how to promote the safety of individuals, particularly those with no or minimal communication skills. The overuse of full guardianships has been identified as a major deterrent to supported decision making. The Council will undertake an initiative to support alternatives to full guardianship and education activities around supported decision making and other less restrictive options to full guardianship.

PART E: 5-YEAR GOALS [Section 124(4); Section 125(c)(5)]

Goal 1 - Advocacy and Leadership

2017	2018	2019	2020	2021
Yes	Yes	Yes	Yes	Yes

People with developmental disabilities and family members will engage in self-advocacy, systems advocacy and leadership.

Expected Goal Outcomes:

- People will develop self-advocacy skills.
- People will engage in self-advocacy.
- People will develop systems advocacy skills.
- People will engage in systems advocacy.
- People will develop leadership skills.
- People will engage in leadership activities.

Objective 1.1

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 100 youth with developmental disabilities will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Objective 1.2

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 200 adults with developmental disabilities will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Objective 1.3

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 100 minority students with developmental disabilities and family members will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Objective 1.4

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 50 people with developmental disabilities and family members will become leaders in disability advocacy by September 30, 2021.

Objective 1.5

Planned for years: 2017, 2018, 2019, 2020, 2021

Massachusetts Advocates Standing Strong will maintain a strong disability advocacy presence and continue to develop self-advocate leaders through September 30, 2021.

Goal 2 - Supporting Families

2017	2018	2019	2020	2021
Yes	Yes	Yes	Yes	Yes

Families will have access to the supports they need to ensure fulfilling lives for their family members in the community.

Expected Goal Outcomes:

Families will attain needed levels of supports.

Families will access community resources to support them and their family member with a developmental disability.

Objective 2.1

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum 100 families will attain needed levels of individualized family supports to support them and their family member with developmental disabilities by September 30, 2021.

Objective 2.2

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 200 families will pursue the community resources available to support them and their family members with developmental disabilities by September 30, 2021.

Goal 3 - Inclusive Communities

2017	2018	2019	2020	2021
Yes	Yes	Yes	Yes	Yes

People with developmental disabilities will enjoy meaningful and inclusive lives in their communities.

Expected Goal Outcomes:

People will pursue better housing options.

People will develop the skills needed for employment.

People will participate in meaningful and accessible community activities.

Objective 3.1

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 50 people with developmental disabilities and their families will pursue affordable, integrated housing options by September 30, 2021.

Objective 3.2

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 100 people with developmental disabilities will develop the skills needed to obtain competitive, integrated employment by September 30, 2021.

Objective 3.3

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 50 people with developmental disabilities will be supported to join in meaningful, integrated and accessible community activities by September 30, 2021.

Goal 4 - Exercising Rights

2017	2018	2019	2020	2021
Yes	Yes	Yes	Yes	Yes

People with developmental disabilities will exercise their rights and be safer in their homes and communities.

Expected Goal Outcomes:

People will understand their rights and protect themselves from abuse.

People will be supported to live safely in the community.

People with developmental disabilities will have the opportunity to vote for the first time.

People will pursue alternatives to full guardianship.

Objective 4.1

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 250 people with developmental disabilities will understand their rights and will be supported to live safely in the community by September 30, 2021.

Objective 4.2

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 500 people with developmental disabilities will have the opportunity to vote for the first time by September 30, 2021.

Objective 4.3

Planned for years: 2017, 2018, 2019, 2020, 2021

A minimum of 50 family members and people with developmental disabilities will pursue alternatives to full guardianship by September 30, 2021.

Work Plan Year 1 (2017)

Goal 1: Advocacy and Leadership

People with developmental disabilities and family members will engage in self-advocacy, systems advocacy and leadership.

Expected Outcome:

- People will develop self-advocacy skills.
- People will engage in self-advocacy.
- People will develop systems advocacy skills.
- People will engage in systems advocacy.
- People will develop leadership skills.
- People will engage in leadership activities.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention

Activities to be used in achieving this Goal:

- Outreach
- Supporting and Educating Communities
- Barrier Elimination
- Informing Policymakers
- Training
- Interagency Collaboration and Coordination
- Coalition Development and Citizen Participation

This Goal Addresses:

- Individual / Family Advocacy
- Targeted Disparity
- Self-Advocacy Requirement
- DD Network Collaboration

Collaborators Planned for this Goal:

- State Protection and Advocacy System
- State DD Agency
- University Center(s)

Other Collaborators

MA Advocates Standing Strong

Boston Public Schools

Higher Education Programs

Objective 1.1

A minimum of 100 youth with developmental disabilities will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Major Activities:

Conduct youth skills trainings through the self-advocacy leadership series.

Provide opportunities for systems advocacy through the Council's annual State House Reception, and partner systems advocacy events.

Implement networking and social media strategies to connect youth with developmental disabilities to advocacy opportunities.

Expected Outputs:

4 Youth SALS Classes will be held

32 students will participate in SALS

4 opportunities for systems advocacy are provided

10 social media posts on Twitter and Facebook

Expected Outcomes:

Increased knowledge about self-advocacy, improved advocacy skills.

Increased # of individuals interacting with legislators and policy makers and networking with others.

Data Evaluation & Measurement:

Pre training surveys

Post training surveys

Pre Legislative Reception survey/partner event surveys

Post Legislative Survey/partner event surveys

Analyze attendance records from legislative reception

Facebook and Twitter data metrics (use "posts reached, "reactions, comments, shared" information from Facebook; use "impressions" data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Log info given out at conferences/networking events and how many adults receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	25
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.2

A minimum of 200 adults with developmental disabilities will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Major Activities:

Conduct adult skills trainings through the self-advocacy leadership series.

Conduct adult skills trainings through the Independence College initiative.

Provide opportunities for systems advocacy through the Council's annual State House Reception, and partner systems advocacy events.

Implement networking and social media strategies to connect adults with developmental disabilities and family members to advocacy opportunities.

Expected Outputs:

2 adult SALS Classes will be held

20 Students will participate in SALS

16 Independence College classes will be held (2 of each)

25 Students will participate in Independence College

20 Students will complete the Independence College practicum.
 4 opportunities for systems advocacy will be provided.
 10 social media posts on Twitter and Facebook

Expected Outcomes:

Increased knowledge about self-advocacy, improved advocacy skills.
 Increased knowledge about self-direction and systems advocacy.
 Increased # of individuals interacting with legislators and policy makers and networking with others.

Data Evaluation & Measurement:

Pre training surveys
 Post training surveys
 Pre Legislative Reception survey/partner event surveys
 Post Legislative Survey/partner event surveys
 Analyze attendance records from legislative reception
 Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)
 Log info given out at conferences/networking events and how many adults receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	50
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.3

A minimum of 100 minority students with developmental disabilities and family members will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Major Activities:

Partner with Boston Public Schools to recruit youth from underserved communities to participate in skills training.

Conduct youth skills trainings through the self-advocacy leadership series.

Issue a grant to conduct IEP trainings to families and transition aged youth to actively participate in their IEP goals and meetings.

Implement networking and social media strategies to engage more African American and Latino students with developmental disabilities and families to engage in disability advocacy.

Expected Outputs:

2 Youth SALS Classes will be held

20 students will participate in SALS

4 opportunities for systems advocacy are provided

1 IEP training project developed and grant awarded

20 minority students and family members trained in the IEP and education rights.

10 social media posts on Twitter and Facebook

Expected Outcomes:

Increased knowledge about self-advocacy, improved advocacy skills.

Increased # of individuals interacting with legislators and policy makers and networking with others.

Increased # family members effectively advocate for services in their child's IEP.

Data Evaluation & Measurement:

Pre training surveys

Post training surveys

Review grant applications for ability to educate youth and families

Pre IEP training surveys

Post IEP training surveys

Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Log info given out at conferences/networking events and how many youth/families receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	30
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	10
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.4

A minimum of 50 people with developmental disabilities and family members will become leaders in disability advocacy by September 30, 2021.

Major Activities:

Collaborate with DD Network partners and provide grant funds to support the Gopen and Crocker Fellowships.

Support youth to participate in the annual Youth Leadership Forum.

Solicit and support Council members to engage in disability and systems advocacy activities.

Solicit people with developmental disabilities to apply for council membership and to serve on the MASS board.

Encourage participation and support people with developmental disabilities and family members to join DD Network advisory boards, community boards, local government disability commissions, and state advisory groups.

Implement networking and social media strategies to promote leadership opportunities.

Expected Outputs:

1 Fellowship grant awarded

- 1 Gopen Fellowship completed
- 1 Crocker Fellowship completed
- 4 Council and partner advocacy events
- 5 board, workgroup and other leadership opportunities
- 10 leaders participating in advocacy and on boards, etc.
- 10 social media posts on Twitter and Facebook

Expected Outcomes:

- improved systems advocacy skills;
- Increased # of individuals people advocating with legislators and other policy makers
- Increased number of people participating as leaders on boards, committees, work groups, etc.

Data Evaluation & Measurement:

- Review applicants for Gopen and Crocker fellowships ensuring projects promote the individuals' ability to become leaders in disability policy.
- Survey former Gopen and Crocker fellows and see if they are using skills they learned
- Document support to the Youth Leadership Forum
- Survey people on what types of supports they will need before joining boards, commissions and advisory groups
- Survey participants about the experience on boards, commissions and advisory groups,
- Facebook and Twitter data metrics (use "posts reached", "reactions, comments, shared" information from Facebook; use "impressions" data on Twitter including engagement rate, click on link rate, retweet rates, likes)
- Log info given out at conferences/networking events and how many PWDD and families receive info on leadership opportunities including participating on the MASS board

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	24
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	10
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0

IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.5

Massachusetts Advocates Standing Strong will maintain a strong disability advocacy presence and continue to develop self-advocate leaders through September 30, 2021.

Major Activities:

Provide grant funding to MASS to employ people with developmental disabilities and support opportunities for leaders with developmental disabilities to provide leadership training to other individuals.

Provide grant funding to MASS to support the Council's skills training initiatives and provide opportunities for disability advocacy.

Assist MASS in their efforts to diversify and expand funding sources.

Support the participation of MASS self-advocates on cross-disability and culturally diverse leadership coalitions.

Implement networking and social media strategies to promote MASS and its efforts on behalf of people with developmental disabilities.

Expected Outputs:

1 grant issued

4 people with developmental disabilities employed by MASS as trainers

8 opportunities for PWDD to provide trainings to other PWDD

25 people trained

4 opportunities for disability advocacy provided

6 MASS trainings to support Council's skills training initiatives

20 hours dedicated to assisting MASS to diversify funding sources

10 hours dedicated to supporting MASS self-advocates on cross-disability and culturally diverse leadership coalitions

10 social media posts on Twitter and Facebook

Expected Outcomes:

MASS maintains a disability advocacy presence

Increased number of new self-advocate leaders

Increased support to self-advocate leaders

Increased awareness of MASS

Increased funding opportunities for MASS

Data Evaluation & Measurement:

Pre and post surveys individuals who are trained by MASS trainers

Pre and post surveys of individuals who take MASS skill trainings

Pre and post surveys of disability advocacy events

Document meetings with MASS to determine the best plan of action for diversifying funding sources

Document MASS efforts to diversify funding sources

Survey MASS participants on cross-disability and culturally diverse leadership coalitions

Facebook and Twitter data metrics (use "posts reached", "reactions, comments, shared" information from Facebook; use "impressions" data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Log info given out at conferences/networking events about MASS and how many individuals receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	30
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	60
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Goal 2: Supporting Families

Families will have access to the supports they need to ensure fulfilling lives for their family members in the community.

Expected Outcome:

Families will attain needed levels of supports.

Families will access community resources to support them and their family member with a developmental disability.

Area(s) of Emphasis:

- Quality Assurance
- Transportation
- Formal and Informal Community Supports
- Health
- Recreation

Activities to be used in achieving this Goal:

- Outreach
- Supporting and Educating Communities
- Coalition Development and Citizen Participation
- Training
- Barrier Elimination
- Informing Policymakers

This Goal Addresses:

- Individual / Family Advocacy
- Targeted Disparity
- System Change

Collaborators Planned for this Goal:

- State DD Agency

Other Collaborators

MA Lifespan Respite Coalition
MA Sibling Support Network
Local Community Action Agencies

Objective 2.1

A minimum 100 families will attain needed levels of individualized family supports to support them and their family member with developmental disabilities by September 30, 2021.

Major Activities:

Participate on and support initiatives that enhance opportunities to increase access to family support options.
Educate policymakers on the cost-effectiveness and benefits to family support services.
Utilize networking and social media strategies to increase awareness of family support.

Expected Outputs:

2 initiatives to enhance opportunities to increase access to family supports
3 Council staff and Council members participating in initiative
25 families participating in initiatives
1 policy advocated for that will improve access to family supports
200 policy makers educated
4 legislative networking events
12 social media posts on Twitter and Facebook

Expected Outcomes:

Increased knowledge of families about family supports.
Increased knowledge of policymakers about supports.

Data Evaluation & Measurement:

Document meetings and follow-up with policy makers
Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)
Log info given out at legislative networking events about Family supports and how many legislators and policymakers receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	0
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	25
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	0
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	0
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	1
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	200
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	1
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 2.2

A minimum of 200 families will pursue the community resources available to support them and their family members with developmental disabilities by September 30, 2021.

Major Activities:

Educate families about respite services, sibling support and other system support networks.

Educate underserved families from minority communities about MassHealth and Autism insurance.

Educate families about fuel/food assistance, and other generic community resources.

Utilize networking and social media strategies to connect families to resources.

Expected Outputs:

100 families educated about respite services, sibling support and other system support networks.

1 grant awarded to educate underserved culturally diverse family members about Autism insurance and MassHealth

50 family members from minority communities educated.

1 resource document on community resources created.

100 family members educated about fuel/food assistance, and other generic community resources.
 12 social media posts on Twitter and Facebook

Expected Outcomes:

Family members have Increased knowledge about system support networks and availability.
 Family members from underserved communities have increased knowledge about and access to Autism insurance and Medicaid.
 Family members have increased knowledge and access to generic community resources.

Data Evaluation & Measurement:

Pre and post surveys about respite services, sibling support and other system support networks
 Pre and post surveys about MassHealth and Autism Insurance.
 Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)
 Log info given out at conferences/networking events and how many individuals receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	0
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	150
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	0
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	0
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Goal 3: Inclusive Communities

People with developmental disabilities will enjoy meaningful and inclusive lives in their communities.

Expected Outcome:

People will pursue better housing options.

People will develop the skills needed for employment.

People will participate in meaningful and accessible community activities.

Area(s) of Emphasis:

- Employment
- Formal and Informal Community Supports
- Housing

Activities to be used in achieving this Goal:

- Outreach
- Interagency Collaboration and Coordination
- Informing Policymakers
- Training
- Coordination with related Councils, Committees and Programs
- Demonstration of New Approaches to Services and Supports

Projects with start dates, demonstrating new approaches to Services and Supports

The Council will implement a pilot program to support students who left high school without a diploma to pass a high school equivalency exam (GED). In collaboration with the Boston work force development initiative 'near miss' students will be identified and recruited to participate. The project will be implemented through 2021 and focus on identifying and establishing the supports needed for success. A report will be completed and utilized to establish mechanisms for schools to implement with students 18 - 22 in transition.

This Goal Addresses:

- Individual / Family Advocacy
- DD Network Collaboration
- System Change

Collaborators Planned for this Goal:

- University Center(s)
- State DD Agency

Other Collaborators

Objective 3.1

A minimum of 50 people with developmental disabilities and their families will pursue affordable, integrated housing options by September 30, 2021.

Major Activities:

Promote the best practices and strategies identified in the Autism Housing Think Tank summit.

Support initiatives that promote affordable, accessible housing.

Educate individuals and families about housing options, support services and systems advocacy around housing.

Utilize networking and social media to provide opportunities for families to network about housing options.

Expected Outputs:

2 initiatives supported

2 meetings attended

1 grant awarded to educate families about housing options

10 individuals educated

40 family members educated

25 PWDD and family members engaged in advocacy around housing

200 policymakers educated about best practices

10 social media posts through Twitter and Facebook

Expected Outcomes:

Policymakers have an increased awareness of best practices in housing.

Individuals and family members have Increased knowledge of housing options.

Increased opportunities for individuals and family members to pursue affordable, integrated housing options.

Data Evaluation & Measurement:

Conduct pre and post surveys administered to families and individuals with developmental disabilities about

their knowledge about affordable and integrated housing options

Tally the number of families and individuals who received information at the Autism Housing Think Tank Summit

Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	10
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	40
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	2
SC 1.1.1	The number of policy and/or procedures created or changed.	2
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	1
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0

SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	200
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	2
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 3.2

A minimum of 100 people with developmental disabilities will develop the skills needed to obtain competitive, integrated employment by September 30, 2021.

Major Activities:

Conduct employment skills trainings through the Independence College initiative.

Support initiatives that improve higher education opportunities for people with developmental disabilities.

Support statewide initiatives that increase employment opportunities (Employment First Massachusetts, PIE/Mass Careers/Model Employer, MRC advisory group).

Develop a pilot grant program to support individuals with developmental disabilities without a high school diploma to pursue and pass an equivalency exam.

Utilize networking and social media strategies to conduct higher education and employment awareness activities.

Expected Outputs:

- 2 employment classes conducted through Independence College
- 25 students with developmental disabilities complete employment classes
- 8 statewide employment related committee meetings attended
- 1 grant awarded to develop pilot GED (HI Set) program
- 200 policy makers educated about the impact of higher education for people with developmental disabilities.
- 20 social media posts on Twitter and Facebook

Expected Outcomes:

- Increased number of PWDD develop employment related skills
- Increased number of PWDD are aware of post-secondary opportunities
- GED (HI Set) pilot project initiated
- Policymakers have an increased awareness of the importance of post-secondary education and employment of PWDD.

Data Evaluation & Measurement:

- Administer pre and post surveys to students enrolled in employment classes in Independence College.
- Evaluate the employment courses available to students in Independence College and adjust curriculum as needed.
- Evaluate grant proposal strategies and work plans to implement the pilot project
- Track the number of policymakers educated about the impact of employment and higher education after educational Council briefings.
- Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	25
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	1
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	200
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 3.3

A minimum of 50 people with developmental disabilities will be supported to join in meaningful, integrated and accessible community activities by September 30, 2021.

Major Activities:

Establish collaborations with transportation groups, Personal Assistance Services Coalition, and Independent Living Centers to identify opportunities for participating in community activities.

Identify, develop and distribute resources on developing social contacts, support networks, and volunteer opportunities.

Utilize networking and social media strategies to facilitate information on community events and opportunities.

Expected Outputs:

3 coalitions established

10 partners identified

4 legislative networking events held

200 policy makers educated
 1 resource document completed
 200 resource documents distributed to PWDD and families
 10 social media posts on Twitter and Facebook

Expected Outcomes:

Improved collaboration around community inclusion advocacy
 Increased awareness of opportunities for integrated and accessible community activities.
 Increased awareness of policymakers.

Data Evaluation & Measurement:

Administer pre survey about the availability of accessible transportation for PWDD
 Administer pre survey about the availability of integrated community activities for PWDD
 Conduct focus group(s) that includes collaborators and people with developmental disabilities biannually to track improvement
 Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	50
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	50
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	1
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	1
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Goal 4: Exercising Rights

People with developmental disabilities will exercise their rights and be safer in their homes and communities.

Expected Outcome:

People will understand their rights and protect themselves from abuse.

People will be supported to live safely in the community.

People with developmental disabilities will have the opportunity to vote for the first time.

People will pursue alternatives to full guardianship.

Area(s) of Emphasis:

- Quality Assurance
- Formal and Informal Community Supports

Activities to be used in achieving this Goal:

- Outreach
- Supporting and Educating Communities
- Barrier Elimination
- Informing Policymakers
- Training
- Interagency Collaboration and Coordination
- Systems Design and Redesign

This Goal Addresses:

- Individual / Family Advocacy
- DD Network Collaboration
- System Change

Collaborators Planned for this Goal:

- State Protection and Advocacy System

Other Collaborators

MA Advocates Standing Strong

MA Guardianship Workgroup

MA Probate Court System

Objective 4.1

A minimum of 250 people with developmental disabilities will understand their rights and will be supported to

live safely in the community by September 30, 2021.

Major Activities:

Support trainings related to safety and protecting human rights for individuals with developmental disabilities
Train family members, guardians and caretakers of individuals with developmental disabilities on how to promote the safety and well-being of individuals with no/minimal communication skills.
Utilize networking and social media strategies to conduct safety awareness activities and inform the general public.

Expected Outputs:

1 grant issued (MASS) to conduct training awareness and action training for PWDD
50 PWDD trained
1 grant issued to conduct training with family members, guardians, and caretakers on promoting safety and rights
50 family members, guardians, and caretakers trained
12 social media posts on Twitter and Facebook

Expected Outcomes:

Increased number of PWDD developing awareness and safety skills
Increased number of people understand and can promote safety and rights

Data Evaluation & Measurement:

Grantee data on pre and post surveys of people with developmental disabilities enrolled in trainings.
Grantee data on pre and post surveys of family members, guardians, and caretakers enrolled in trainings.
Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	50
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	50
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 4.2

A minimum of 500 people with developmental disabilities will have the opportunity to vote for the first time by September 30, 2021.

Major Activities:

Partner with the Disability Law Center, REV Up, and other advocacy organizations to increase the number of individuals with developmental disabilities who are registered to vote.

Utilize networking and social media strategies to educate people with developmental disabilities about poll locations, accessibility, transportation and other important voting related information.

Expected Outputs:

12 Rev Up initiative partners

1 Rev Up voting web page developed

6 Rev Up voter registration events held

12 Rev Up e-blasts

150 PWDD join the voting initiative through the Rev Up web page.

100 PWDD register to vote
 50 PWDD vote for the first time
 20 policymakers educated
 10 social media posts on Twitter and Facebook
 1 effort initiated to amend voting legislation

Expected Outcomes:

Improved collaboration to increase voting of people with developmental disabilities
 Increased awareness of policymakers about disability voting issues.
 Increased number of people with developmental disabilities registered to vote
 Increased number of people with developmental disabilities voting for the first time.

Data Evaluation & Measurement:

Track the number of sign ups to the Rev Up webpage
 Track the number of Rev Up e-blasts
 Track the number of pledge cards completed by PWDD
 Track the number of PWDD registered to vote through Rev Up events
 Track the number of PWDD signed up with Rev Up who vote
 Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	150
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0

IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	20
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	1
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 4.3

A minimum of 50 family members and people with developmental disabilities will pursue alternatives to full guardianship by September 30, 2021.

Major Activities:

Convene a Guardianship working group of advocates, guardians, providers, attorneys and others to develop strategies to address full guardianship issues and supported decision making.

Educate individuals and families about supported decision making and other less restrictive options to full guardianship.

Support initiatives that enhance opportunities to pursue better alternatives to unsatisfactory guardianship arrangements.

Utilize networking and social media strategies to increase knowledge of supported decision making and other alternatives to guardianship

Expected Outputs:

12 members collaborating on Guardianship Work Group

6 Guardianship Work Group meetings held

1 focus group held

1 new partnership established with another guardianship advocacy entity

1 informational document on supported decision-making and alternatives to guardianship produced and disseminated

1 policy/practice developed

20 policymakers educated.

6 social media posts on Twitter and Facebook

Expected Outcomes:

Improved collaboration on guardianship advocacy for PWDD

Increased knowledge of PWDD and family members about alternatives to full guardianship.

Increased policymaker awareness of guardianship issues.

Improved court practice in guardianship proceedings

Data Evaluation & Measurement:

Track number of work group meetings

Document information from focus group of family members of people with developmental disabilities and individuals with developmental disabilities

Track dissemination of Informational document

Track development and completion of policy/practice

Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	10
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	20
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	1
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	20
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	2
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Work Plan Year 2 (2018)

Goal 1: Advocacy and Leadership

People with developmental disabilities and family members will engage in self-advocacy, systems advocacy and leadership.

Expected Outcome:

- People will develop self-advocacy skills.
- People will engage in self-advocacy.
- People will develop systems advocacy skills.
- People will engage in systems advocacy.
- People will develop leadership skills.
- People will engage in leadership activities.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention

Activities to be used in achieving this Goal:

- Outreach
- Supporting and Educating Communities
- Barrier Elimination
- Informing Policymakers
- Training
- Interagency Collaboration and Coordination
- Coalition Development and Citizen Participation

This Goal Addresses:

- Individual / Family Advocacy
- Targeted Disparity
- Self-Advocacy Requirement
- DD Network Collaboration

Collaborators Planned for this Goal:

- State Protection and Advocacy System
- State DD Agency
- University Center(s)

Other Collaborators

MA Advocates Standing Strong

Boston Public Schools

Higher Education Programs

Objective 1.1

A minimum of 100 youth with developmental disabilities will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Major Activities:

Conduct youth skills trainings through the self-advocacy leadership series.

Provide opportunities for systems advocacy through the Council's annual State House Reception, and partner systems advocacy events.

Implement networking and social media strategies to connect youth with developmental disabilities to advocacy opportunities.

Expected Outputs:

4 Youth SALS Classes will be held

32 students will participate in SALS

4 opportunities for systems advocacy are provided

10 social media posts on Twitter and Facebook

Expected Outcomes:

Increased knowledge about self-advocacy, improved advocacy skills.

Increased # of individuals interacting with legislators and policy makers and networking with others.

Data Evaluation & Measurement:

Pre training surveys

Post training surveys

Pre Legislative Reception survey/partner event surveys

Post Legislative Survey/partner event surveys

Analyze attendance records from legislative reception

Facebook and Twitter data metrics (use "posts reached, "reactions, comments, shared" information from Facebook; use "impressions" data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Log info given out at conferences/networking events and how many adults receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	25
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.2

A minimum of 200 adults with developmental disabilities will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Major Activities:

Conduct adult skills trainings through the self-advocacy leadership series.

Conduct adult skills trainings through the Independence College initiative.

Provide opportunities for systems advocacy through the Council's annual State House Reception, and partner systems advocacy events.

Implement networking and social media strategies to connect adults with developmental disabilities and family members to advocacy opportunities.

Expected Outputs:

2 adult SALS Classes will be held

20 Students will participate in SALS

16 Independence College classes will be held (2 of each)

25 Students will participate in Independence College

20 Students will complete the Independence College practicum.
 4 opportunities for systems advocacy will be provided.
 10 social media posts on Twitter and Facebook

Expected Outcomes:

Increased knowledge about self-advocacy, improved advocacy skills.
 Increased knowledge about self-direction and systems advocacy.
 Increased # of individuals interacting with legislators and policy makers and networking with others.

Data Evaluation & Measurement:

Pre training surveys
 Post training surveys
 Pre Legislative Reception survey/partner event surveys
 Post Legislative Survey/partner event surveys
 Analyze attendance records from legislative reception
 Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)
 Log info given out at conferences/networking events and how many adults receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	50
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.3

A minimum of 100 minority students with developmental disabilities and family members will develop advocacy skills and engage in disability advocacy by September 30, 2021.

Major Activities:

- Partner with Boston Public Schools to recruit youth from underserved communities to participate in skills training.
- Conduct youth skills trainings through the self-advocacy leadership series.
- Issue a grant to conduct IEP trainings to families and transition aged youth to actively participate in their IEP goals and meetings.
- Implement networking and social media strategies to engage more African American and Latino students with developmental disabilities and families to engage in disability advocacy.

Expected Outputs:

- 2 Youth SALS Classes will be held
- 20 students will participate in SALS
- 4 opportunities for systems advocacy are provided
- 1 IEP training project developed and grant awarded
- 20 minority students and family members trained in the IEP and education rights.
- 10 social media posts on Twitter and Facebook

Expected Outcomes:

- Increased knowledge about self-advocacy, improved advocacy skills.
- Increased # of individuals interacting with legislators and policy makers and networking with others.
- Increased # family members effectively advocate for services in their child's IEP.

Data Evaluation & Measurement:

- Pre training surveys
- Post training surveys
- Review grant applications for ability to educate youth and families
- Pre IEP training surveys
- Post IEP training surveys
- Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)
- Log info given out at conferences/networking events and how many youth/families receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	30
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	10
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.4

A minimum of 50 people with developmental disabilities and family members will become leaders in disability advocacy by September 30, 2021.

Major Activities:

Collaborate with DD Network partners and provide grant funds to support the Gopen and Crocker Fellowships.

Support youth to participate in the annual Youth Leadership Forum.

Solicit and support Council members to engage in disability and systems advocacy activities.

Solicit people with developmental disabilities to apply for council membership and to serve on the MASS board.

Encourage participation and support people with developmental disabilities and family members to join DD Network advisory boards, community boards, local government disability commissions, and state advisory groups.

Implement networking and social media strategies to promote leadership opportunities.

Expected Outputs:

1 Fellowship grant awarded

- 1 Gopen Fellowship completed
- 1 Crocker Fellowship completed
- 4 Council and partner advocacy events
- 5 board, workgroup and other leadership opportunities
- 10 leaders participating in advocacy and on boards, etc.
- 10 social media posts on Twitter and Facebook

Expected Outcomes:

- improved systems advocacy skills;
- Increased # of individuals people advocating with legislators and other policy makers
- Increased number of people participating as leaders on boards, committees, work groups, etc.

Data Evaluation & Measurement:

- Review applicants for Gopen and Crocker fellowships ensuring projects promote the individuals' ability to become leaders in disability policy.
- Survey former Gopen and Crocker fellows and see if they are using skills they learned
- Document support to the Youth Leadership Forum
- Survey people on what types of supports they will need before joining boards, commissions and advisory groups
- Survey participants about the experience on boards, commissions and advisory groups,
- Facebook and Twitter data metrics (use "posts reached", "reactions, comments, shared" information from Facebook; use "impressions" data on Twitter including engagement rate, click on link rate, retweet rates, likes)
- Log info given out at conferences/networking events and how many PWDD and families receive info on leadership opportunities including participating on the MASS board

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	24
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	10
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0

IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 1.5

Massachusetts Advocates Standing Strong will maintain a strong disability advocacy presence and continue to develop self-advocate leaders through September 30, 2021.

Major Activities:

Provide grant funding to MASS to employ people with developmental disabilities and support opportunities for leaders with developmental disabilities to provide leadership training to other individuals.

Provide grant funding to MASS to support the Council's skills training initiatives and provide opportunities for disability advocacy.

Assist MASS in their efforts to diversify and expand funding sources.

Support the participation of MASS self-advocates on cross-disability and culturally diverse leadership coalitions.

Implement networking and social media strategies to promote MASS and its efforts on behalf of people with developmental disabilities.

Expected Outputs:

1 grant issued

4 people with developmental disabilities employed by MASS as trainers

8 opportunities for PWDD to provide trainings to other PWDD

25 people trained

4 opportunities for disability advocacy provided

6 MASS trainings to support Council's skills training initiatives

20 hours dedicated to assisting MASS to diversify funding sources

10 hours dedicated to supporting MASS self-advocates on cross-disability and culturally diverse leadership coalitions

10 social media posts on Twitter and Facebook

Expected Outcomes:

MASS maintains a disability advocacy presence

Increased number of new self-advocate leaders

Increased support to self-advocate leaders

Increased awareness of MASS

Increased funding opportunities for MASS

Data Evaluation & Measurement:

Pre and post surveys individuals who are trained by MASS trainers

Pre and post surveys of individuals who take MASS skill trainings

Pre and post surveys of disability advocacy events

Document meetings with MASS to determine the best plan of action for diversifying funding sources

Document MASS efforts to diversify funding sources

Survey MASS participants on cross-disability and culturally diverse leadership coalitions

Facebook and Twitter data metrics (use "posts reached", "reactions, comments, shared" information from Facebook; use "impressions" data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Log info given out at conferences/networking events about MASS and how many individuals receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	30
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	60
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Goal 2: Supporting Families

Families will have access to the supports they need to ensure fulfilling lives for their family members in the community.

Expected Outcome:

Families will attain needed levels of supports.

Families will access community resources to support them and their family member with a developmental disability.

Area(s) of Emphasis:

- Quality Assurance
- Transportation
- Formal and Informal Community Supports
- Health
- Recreation

Activities to be used in achieving this Goal:

- Outreach
- Supporting and Educating Communities
- Coalition Development and Citizen Participation
- Training
- Barrier Elimination
- Informing Policymakers

This Goal Addresses:

- Individual / Family Advocacy
- Targeted Disparity
- System Change

Collaborators Planned for this Goal:

- State DD Agency

Other Collaborators

MA Lifespan Respite Coalition
MA Sibling Support Network
Local Community Action Agencies

Objective 2.1

A minimum 100 families will attain needed levels of individualized family supports to support them and their family member with developmental disabilities by September 30, 2021.

Major Activities:

Participate on and support initiatives that enhance opportunities to increase access to family support options.
Educate policymakers on the cost-effectiveness and benefits to family support services.
Utilize networking and social media strategies to increase awareness of family support.

Expected Outputs:

2 initiatives to enhance opportunities to increase access to family supports
3 Council staff and Council members participating in initiative
25 families participating in initiatives
1 policy advocated for that will improve access to family supports
200 policy makers educated
4 legislative networking events
12 social media posts on Twitter and Facebook

Expected Outcomes:

Increased knowledge of families about family supports.
Increased knowledge of policymakers about supports.

Data Evaluation & Measurement:

Document meetings and follow-up with policy makers
Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)
Log info given out at legislative networking events about Family supports and how many legislators and policymakers receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	0
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	25
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	0
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	0
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	1
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	200
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	1
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 2.2

A minimum of 200 families will pursue the community resources available to support them and their family members with developmental disabilities by September 30, 2021.

Major Activities:

Educate families about respite services, sibling support and other system support networks.

Educate underserved families from minority communities about MassHealth and Autism insurance.

Educate families about fuel/food assistance, and other generic community resources.

Utilize networking and social media strategies to connect families to resources.

Expected Outputs:

100 families educated about respite services, sibling support and other system support networks.

1 grant awarded to educate underserved culturally diverse family members about Autism insurance and MassHealth

50 family members from minority communities educated.

1 resource document on community resources created.

100 family members educated about fuel/food assistance, and other generic community resources.
 12 social media posts on Twitter and Facebook

Expected Outcomes:

Family members have Increased knowledge about system support networks and availability.
 Family members from underserved communities have increased knowledge about and access to Autism insurance and Medicaid.
 Family members have increased knowledge and access to generic community resources.

Data Evaluation & Measurement:

Pre and post surveys about respite services, sibling support and other system support networks
 Pre and post surveys about MassHealth and Autism Insurance.
 Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)
 Log info given out at conferences/networking events and how many individuals receive the info

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	0
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	150
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	0
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	0
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Goal 3: Inclusive Communities

People with developmental disabilities will enjoy meaningful and inclusive lives in their communities.

Expected Outcome:

People will pursue better housing options.

People will develop the skills needed for employment.

People will participate in meaningful and accessible community activities.

Area(s) of Emphasis:

- Employment
- Formal and Informal Community Supports
- Housing

Activities to be used in achieving this Goal:

- Outreach
- Interagency Collaboration and Coordination
- Informing Policymakers
- Training
- Coordination with related Councils, Committees and Programs
- Demonstration of New Approaches to Services and Supports

Projects with start dates, demonstrating new approaches to Services and Supports

The Council will implement a pilot program to support students who left high school without a diploma to pass a high school equivalency exam (GED). In collaboration with the Boston work force development initiative 'near miss' students will be identified and recruited to participate. The project will be implemented through 2021 and focus on identifying and establishing the supports needed for success. A report will be completed and utilized to establish mechanisms for schools to implement with students 18 - 22 in transition.

This Goal Addresses:

- Individual / Family Advocacy
- DD Network Collaboration
- System Change

Collaborators Planned for this Goal:

- University Center(s)
- State DD Agency

Other Collaborators

Objective 3.1

A minimum of 50 people with developmental disabilities and their families will pursue affordable, integrated housing options by September 30, 2021.

Major Activities:

Promote the best practices and strategies identified in the Autism Housing Think Tank summit.

Support initiatives that promote affordable, accessible housing.

Educate individuals and families about housing options, support services and systems advocacy around housing.

Utilize networking and social media to provide opportunities for families to network about housing options.

Expected Outputs:

2 initiatives supported

2 meetings attended

1 grant awarded to educate families about housing options

10 individuals educated

40 family members educated

25 PWDD and family members engaged in advocacy around housing

200 policymakers educated about best practices

10 social media posts through Twitter and Facebook

Expected Outcomes:

Policymakers have an increased awareness of best practices in housing.

Individuals and family members have Increased knowledge of housing options.

Increased opportunities for individuals and family members to pursue affordable, integrated housing options.

Data Evaluation & Measurement:

Conduct pre and post surveys administered to families and individuals with developmental disabilities about

their knowledge about affordable and integrated housing options

Tally the number of families and individuals who received information at the Autism Housing Think Tank Summit

Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	10
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	40
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	2
SC 1.1.1	The number of policy and/or procedures created or changed.	2
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	1
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0

SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	200
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	2
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 3.2

A minimum of 100 people with developmental disabilities will develop the skills needed to obtain competitive, integrated employment by September 30, 2021.

Major Activities:

Conduct employment skills trainings through the Independence College initiative.

Support initiatives that improve higher education opportunities for people with developmental disabilities.

Support statewide initiatives that increase employment opportunities (Employment First Massachusetts, PIE/Mass Careers/Model Employer, MRC advisory group).

Develop a pilot grant program to support individuals with developmental disabilities without a high school diploma to pursue and pass an equivalency exam.

Utilize networking and social media strategies to conduct higher education and employment awareness activities.

Expected Outputs:

- 2 employment classes conducted through Independence College
- 25 students with developmental disabilities complete employment classes
- 8 statewide employment related committee meetings attended
- 1 grant awarded to develop pilot GED (HI Set) program
- 200 policy makers educated about the impact of higher education for people with developmental disabilities.
- 20 social media posts on Twitter and Facebook

Expected Outcomes:

- Increased number of PWDD develop employment related skills
- Increased number of PWDD are aware of post-secondary opportunities
- GED (HI Set) pilot project initiated
- Policymakers have an increased awareness of the importance of post-secondary education and employment of PWDD.

Data Evaluation & Measurement:

- Administer pre and post surveys to students enrolled in employment classes in Independence College.
- Evaluate the employment courses available to students in Independence College and adjust curriculum as needed.
- Evaluate grant proposal strategies and work plans to implement the pilot project
- Track the number of policymakers educated about the impact of employment and higher education after educational Council briefings.
- Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	25
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	1
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	200
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 3.3

A minimum of 50 people with developmental disabilities will be supported to join in meaningful, integrated and accessible community activities by September 30, 2021.

Major Activities:

Establish collaborations with transportation groups, Personal Assistance Services Coalition, and Independent Living Centers to identify opportunities for participating in community activities.

Identify, develop and distribute resources on developing social contacts, support networks, and volunteer opportunities.

Utilize networking and social media strategies to facilitate information on community events and opportunities.

Expected Outputs:

3 coalitions established

10 partners identified

4 legislative networking events held

200 policy makers educated
 1 resource document completed
 200 resource documents distributed to PWDD and families
 10 social media posts on Twitter and Facebook

Expected Outcomes:

Improved collaboration around community inclusion advocacy
 Increased awareness of opportunities for integrated and accessible community activities.
 Increased awareness of policymakers.

Data Evaluation & Measurement:

Administer pre survey about the availability of accessible transportation for PWDD
 Administer pre survey about the availability of integrated community activities for PWDD
 Conduct focus group(s) that includes collaborators and people with developmental disabilities biannually to track improvement
 Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	50
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	50
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	1
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	1
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Goal 4: Exercising Rights

People with developmental disabilities will exercise their rights and be safer in their homes and communities.

Expected Outcome:

People will understand their rights and protect themselves from abuse.

People will be supported to live safely in the community.

People with developmental disabilities will have the opportunity to vote for the first time.

People will pursue alternatives to full guardianship.

Area(s) of Emphasis:

- Quality Assurance
- Formal and Informal Community Supports

Activities to be used in achieving this Goal:

- Outreach
- Supporting and Educating Communities
- Barrier Elimination
- Informing Policymakers
- Training
- Interagency Collaboration and Coordination
- Systems Design and Redesign

This Goal Addresses:

- Individual / Family Advocacy
- DD Network Collaboration
- System Change

Collaborators Planned for this Goal:

- State Protection and Advocacy System

Other Collaborators

MA Advocates Standing Strong

MA Guardianship Workgroup

MA Probate Court System

Objective 4.1

A minimum of 250 people with developmental disabilities will understand their rights and will be supported to

live safely in the community by September 30, 2021.

Major Activities:

Support trainings related to safety and protecting human rights for individuals with developmental disabilities
Train family members, guardians and caretakers of individuals with developmental disabilities on how to promote the safety and well-being of individuals with no/minimal communication skills.
Utilize networking and social media strategies to conduct safety awareness activities and inform the general public.

Expected Outputs:

1 grant issued (MASS) to conduct training awareness and action training for PWDD
50 PWDD trained
1 grant issued to conduct training with family members, guardians, and caretakers on promoting safety and rights
50 family members, guardians, and caretakers trained
12 social media posts on Twitter and Facebook

Expected Outcomes:

Increased number of PWDD developing awareness and safety skills
Increased number of people understand and can promote safety and rights

Data Evaluation & Measurement:

Grantee data on pre and post surveys of people with developmental disabilities enrolled in trainings.
Grantee data on pre and post surveys of family members, guardians, and caretakers enrolled in trainings.
Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	50
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	50
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	0
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	0
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 4.2

A minimum of 500 people with developmental disabilities will have the opportunity to vote for the first time by September 30, 2021.

Major Activities:

Partner with the Disability Law Center, REV Up, and other advocacy organizations to increase the number of individuals with developmental disabilities who are registered to vote.

Utilize networking and social media strategies to educate people with developmental disabilities about poll locations, accessibility, transportation and other important voting related information.

Expected Outputs:

12 Rev Up initiative partners

1 Rev Up voting web page developed

6 Rev Up voter registration events held

12 Rev Up e-blasts

150 PWDD join the voting initiative through the Rev Up web page.

- 100 PWDD register to vote
- 50 PWDD vote for the first time
- 20 policymakers educated
- 10 social media posts on Twitter and Facebook
- 1 effort initiated to amend voting legislation

Expected Outcomes:

- Improved collaboration to increase voting of people with developmental disabilities
- Increased awareness of policymakers about disability voting issues.
- Increased number of people with developmental disabilities registered to vote
- Increased number of people with developmental disabilities voting for the first time.

Data Evaluation & Measurement:

- Track the number of sign ups to the Rev Up webpage
- Track the number of Rev Up e-blasts
- Track the number of pledge cards completed by PWDD
- Track the number of PWDD registered to vote through Rev Up events
- Track the number of PWDD signed up with Rev Up who vote
- Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	150
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	0
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	0
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0

IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	0

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	1
SC 1.1.1	The number of policy and/or procedures created or changed.	0
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	20
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	1
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0
SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Objective 4.3

A minimum of 50 family members and people with developmental disabilities will pursue alternatives to full guardianship by September 30, 2021.

Major Activities:

Convene a Guardianship working group of advocates, guardians, providers, attorneys and others to develop strategies to address full guardianship issues and supported decision making.

Educate individuals and families about supported decision making and other less restrictive options to full guardianship.

Support initiatives that enhance opportunities to pursue better alternatives to unsatisfactory guardianship arrangements.

Utilize networking and social media strategies to increase knowledge of supported decision making and other alternatives to guardianship

Expected Outputs:

12 members collaborating on Guardianship Work Group

6 Guardianship Work Group meetings held

1 focus group held

1 new partnership established with another guardianship advocacy entity

1 informational document on supported decision-making and alternatives to guardianship produced and disseminated

1 policy/practice developed

20 policymakers educated.

6 social media posts on Twitter and Facebook

Expected Outcomes:

Improved collaboration on guardianship advocacy for PWDD

Increased knowledge of PWDD and family members about alternatives to full guardianship.

Increased policymaker awareness of guardianship issues.

Improved court practice in guardianship proceedings

Data Evaluation & Measurement:

Track number of work group meetings

Document information from focus group of family members of people with developmental disabilities and individuals with developmental disabilities

Track dissemination of Informational document

Track development and completion of policy/practice

Facebook and Twitter data metrics (use “posts reached”, “reactions, comments, shared” information from Facebook; use “impressions” data on Twitter including engagement rate, click on link rate, retweet rates, likes)

Projected Performance Measure Targets for this Objective:

Individual and Family Advocacy (IFA):

IFA Code	Description	Target Value
IFA 1.1	The number of people with developmental disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.	10
IFA 1.2	The number of family members who participated in Council supported in activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems.	20
IFA 2.1	After participation in Council supported activities, the number of people with developmental disabilities who report increasing their advocacy as a result of Council work.	50
IFA 2.2	After participation in Council supported activities, the number of family members who report increasing their advocacy as a result of Council work.	50
IFA 2.2.1	The number of people who are better able to say what they want or say what services and supports they want or say what is important to them.	0
IFA 2.2.2	The number of people who are participating now in advocacy activities.	0
IFA 2.2.3	The number of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.	0
IFA 3.1	The number of people with developmental disabilities satisfied with a project activity.	90
IFA 3.2	The number of family members satisfied with a project activity.	90

System Change (SC):

SC Code	Description	Target Value
SC 1	The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.	0
SC 1.1.1	The number of policy and/or procedures created or changed.	1
SC 1.2.1	The number of statute and/or regulations created or changed.	0
SC 1.3.1	The number of promising practices created.	0
SC 1.3.2	The number of promising practices supported through Council activities.	0
SC 1.3.3	The number of best practices created.	0
SC 1.3.4	The number of best practices supported through Council activities.	0
SC 1.4.1	The number of people trained or educated through Council systemic change initiatives.	20
SC 1.5.1	The number of Council supported systems change activities with organizations actively involved.	2
SC 2.1 (*)	The number of Council efforts that led to the improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3).	0

SC 2.2 (**)	The number of Council efforts that were implemented to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. (sub-measures 2.1.2; 2.1.4).	0
SC 2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change.	0
SC 2.1.2	The number of policy, procedure, statute, or regulation changes implemented.	0
SC 2.1.3	The number of promising and/or best practices improved as a result of systems change activities.	0
SC 2.1.4	The number of promising and/or best practices that were implemented.	0

(*) SC 2.1 = 2.1.1 + 2.1.3

(**) SC 2.2 = 2.1.2 + 2.1.4

Individual and Family Advocacy (IFA) Notes:

System Change (SC) Notes:

Targeted Disparity

The Council analyzed the priority survey responses by race and concluded that the priorities chosen by respondents were mostly consistent across race. The data also showed that the top three choices by non-white respondents were developing self-advocacy skills, engaging in leadership opportunities and supporting families. A review of previous Council sponsored initiatives in self-advocacy and leadership indicated that a very low number of participants were individuals from minority urban communities. The Council will undertake efforts to address this by partnering with Boston Public Schools to provide self-advocacy and leadership training to minority students in high school and transition. The Council will also target education training to families from culturally diverse communities.

Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

The Massachusetts DD Network developed its first network collaboration plan in 2006. The plan has served as the blueprint for maintaining successful network collaboration, and is updated on an ongoing basis to respond to changing needs and priorities of the partners. The following network activities have been identified for FFY 2017 - 2021:

Each member of the network will address employment as a priority in their plans (State Plan objective 3.2). The Council will focus its efforts on preparing students for employment through skills training to prepare for the working world. The UCEDDs will focus on working with post-secondary institutions on enhancing opportunities for people with developmental disabilities to participate in post-secondary education and experience college life. The P&A will focus on protecting and expanding the rights of people in work settings.

The network members will continue their partnership to offer the Gopen and Crocker Fellowships (State Plan objective 1.3). These fellowship fosters the leadership capability of an individual (Gopen) and family member (Crocker) by supporting individual projects related to advocacy and leadership, by enhancing general understanding of how the system of disability services works both in the Commonwealth and on the federal level, and by building the capacity of the Fellow's personal leadership skills.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

In developing goals and objectives for the State Plan the Council has engaged with network partners both individually and as a group to identify areas of collaboration to be included in the Plan.

The Council will collaborate with the UCEDDs to assist them in developing opportunities for people with intellectual and developmental disabilities to participate in the Shriver and ICI LEND programs (State Plan objective 1.3). The Council will undertake a partnership with the P&A to increase the participation of people with disabilities in the election and voting process (State Plan objective 4.2). In addition, the Council and P&A will

work collaboratively on policy issues related to guardianship (State Plan objective 4.3), and as partners on the MA21 Coalition, working to enhance self-directed community-based supports and services for individuals with disabilities and family members (State Plan objectives 2.1, 2.2 and 3.3).

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

The DD Network collaborates with other entities throughout the Commonwealth. In partnership with the Department of Developmental Services the network established the DD Funders Group to support the efforts of Massachusetts Advocates Standing Strong (MASS), the statewide self-advocacy organization for people with developmental disabilities. In addition to coordinating resources, the group meets with the MASS board on an ongoing basis to provide support to assist them in meeting their annual goals. This collaboration will continue in the next State Plan. The network also takes a leadership role in working with Commonwealth agencies to enhance and expand employment opportunities for people with disabilities, through initiatives such as Employment First Massachusetts, PIE, Mass Careers, Model Employer, and Rehabilitation Advisory Council (State Plan objective 3.2). The Council and P&A will work in partnership with the Independent Living Centers and other voting advocacy groups to implement the RevUp Massachusetts voting initiative.

October 1, 2016 through September 30, 2021 - State Plan Logic Model

Inputs	Activities	Outputs	Short Term Outcomes	Long Term Outcomes	Impact
AIDD funding Council staff, infrastructure Council members & Council committees DD Network (DLC, ICI, Shriver) Sub-grantees The Lurie Center, Brandeis University Laws, Policies, guidelines DD Suite (data management system) Website Policymakers/Legislators	Conduct and support trainings (SALS, IC, IEP, YLF) Support disability leadership fellowships (Crocker, Gopen) Provide opportunities to engage in systems advocacy and sit on boards/coalitions Support Statewide Disability Advocacy Org. Educate policy makers and family members Support initiatives that improve public policies Create pilot program, conduct employment skill trainings Identify and distribute resource information Issue grant to support human rights trainings Convene workgroups Educate public through networking and using social media	#s SALS, IC, IEP trainings, # people trained # Fellows, # projects developed, # partners participating # Council events # attendees, # partner advocacy events, # attendees, # Boards, workgroups, etc. and # participants # grants # policymakers and families educated # initiatives supported, # meetings attended HiSet curriculum, # students participating, # classes # resources identified # grants, # trainings, # people reached # workgroups (Revup, guardianship group), # people involved # Soc. Media posts, # networking events, # reached	Increased knowledge about self-advocacy, education rights, improved advocacy skills; Increased # of individuals interacting with legislators and policy makers and networking with others; Increased awareness of MASS, increased options for MASS funding; Increased knowledge of Policymakers and families about supports; Increased # of public policies that impact PWDD; Increased # of PWDD who earn HS diploma and/or learn employment skills; Increased # of people who know about community activities; Increased # of PWDD who know about rights/ safety; Increased # of caretakers who know about rights/safety; Increased # of PWDD who register to vote; Increased # of people who know about alternatives to guardianship	By 9/30/2021 :400 youth, adults, family members develop advocacy skills and are engaged in disability advocacy, 100 will be Latino or African American students or family members; Of above, at least 50 Latino or African American family members are actively participating in their IEP team; 10 Gopen and Crocker fellows and 40 PWDD or family members are engaged in community leadership; MASS has expanded funding-diversified funding sources; 100 families have attained needed supports; 200 families have pursued needed community resources; 50 people have pursued preferred housing options; 100 have developed employment skills; 50 have been supported and joined community activities; 250 understand their rights; 500 will have the opportunity to vote; 50 have pursued an alternative to guardianship.	More people w/DD and family members will engage in self-advocacy, systems advocacy and leadership. More families will have access to the supports they need to ensure fulfilling lives for their family members in the community. More people w/DD will enjoy meaningful and inclusive lives in their communities. More people w/DD will exercise their rights and be safer in their homes and communities.

Section IV : Evaluation Plan [Section 125(c)(3) and (7)]

- Outline how the Council will examine the progress made in achieving the goals of the State Plan.
- Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.
- Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.
- Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

In preparation for the 2017 – 2021 five-year State Plan, in December 2015 the Council contracted with the Lurie Institute for Disability Policy at Brandeis University to conduct an analysis of the Council's evaluation process and provide recommendations for improving the Council's ability to effectively measure and report progress towards achieving State Plan goals.

The project included four basic objectives: 1. Determine if the procedures and data collection methods used by the MDDC were effective to accurately measure results; 2. Determine if the outputs and outcomes used by the MDDC were effective indicators; 3. Determine if the results obtained were consistent with the expectations of individuals with developmental disabilities and families; and 4. Provide recommendations for improving the MDDC's ability to effectively measure and report progress towards achieving State Plan goals and objectives. To this end, the Institute conducted a thorough review of all internal MDDC documents and the logic model; Conducted 20 interviews with key informants/stakeholders; and analyzed surveys completed by MDDC partners, including grantees.

The evaluation showed that the MDDC possesses significant strengths, including committed and expert staff and Council members, strong relationships, both internally and with policymakers and the community at large, and versatility and adaptability, which allows the MDDC to accomplish a lot despite limited resources. The Institute identified areas for improvement to further strengthen the MDDC's ability to effectively measure progress against goals. Recommendations focused on identifying easily measured and quantified outputs and outcomes, and creating formal channels for collecting, tracking, managing and communicating about data to ensure continuous evaluation and improvement. The report suggested several methods for maximizing the logic model's effectiveness and usefulness to the MDDC. Specifically, adding evaluation activities and tracking methods to the logic model and focusing on selecting quantifiable, measureable indicators will help the MDDC more effectively track and communicate its successes.

The Council utilizes the following terms to define the work that it engages in to meet DD Act requirements. Advocacy is the active support of policies and practices that promote self-determination and inclusion in the community for individuals with developmental disabilities and families, and related efforts that support self-advocacy activities toward the same end. Capacity Building is a process of activities that lead to improving the ability of individuals with developmental disabilities and their families to enhance self-determination, independence, productivity and inclusion, and/or enhance the capacity of the system of services and supports to enhance opportunities for them to do so. Systems Change is a process that fundamentally alters the way that a government, organization or community provides services and/or allocates resources in supporting citizens with developmental disabilities and their families.

All of the Council's State Plan Objectives have identified milestones to be accomplished. The logic model for the State Plan is attached. In addition, the Council will utilize a mechanism to gather qualitative feedback from our

partners and individuals with developmental disabilities, families, advocates and others. This data and information will be used to confirm the achievement of our intended outcomes, to adjust strategies that have been ineffective and to share results and lessons learned. The Council will also utilize ongoing satisfaction surveys to track whether achievement of milestones is having the intended positive effect on the lives of individuals with developmental disabilities and families.

The Council uses multiple strategies for determining if needs are being met and results achieved. Our success is determined by our ability to effectively achieve milestones toward the targeted outcomes in a timely manner. It is critical that activities are monitored on a consistent basis. The Council utilizes the DD Suite Data Management system to develop the framework for all projects, including the State Plan goals and objectives each project targets, the specifications for project implementation and the specific target populations and resources dedicated to the project. The DD Suite also provides a mechanism for reporting progress toward achieving short and long-term outcomes, and the measures that will be utilized to determine success in achieving targeted outcomes.

All projects and activities entered into the DD Suite are directly linked to the State Plan goals and objectives. This provides a continuous mechanism for reviewing the status of activities and milestones toward addressing and achieving any objective at any time.

Council members and staff are also engaged in a variety of activities that support achievement of our goals and objectives. Much of the work delineated in the State Plan relies on the efforts of members and staff engaged in research, developing reports, partnership building and advocacy. This work involves many inter-agency and collaborative endeavors and public education efforts. In addition, the Council often works in the role of convener, bringing diverse groups together toward a common objective. All Council member and staff (non-grant) activities addressing State Plan goals and objectives are also managed and monitored in the DD Suite. These projects utilize similar methodologies for reporting progress toward achieving short and long-term outcomes and the measures that will be utilized to determine success.

Satisfaction surveys and focus groups are utilized to support whether the milestones and targeted outcomes have actually led to the intended positive effect on the lives of individuals with developmental disabilities and families. Surveys are collected on an ongoing basis and focus groups convened with partners and other interested parties as appropriate.

The State Plan Committee has primary responsibility for reviewing the measures of success and qualitative feedback, and recommending changes in goals, objectives and strategies to the Council. The DD Suite generates status reports on all Council projects and is used as the basis for committee review and deliberation. This information is combined with feedback from satisfaction surveys and focus groups to provide the committee with both quantitative and qualitative information.

The Council considers the State Plan to be a working document that is subject to change as circumstances change. Staff reports the status of grant projects addressing the State Plan objectives at all Council meetings. In addition, wherever possible Council members are matched with grant projects that are consistent with their interests and provide status reports to the membership. Council member and staff activities addressing the State Plan objectives are reported by the individual with primary responsibility for the activity. This information is used by the Council to identify any potential changes to the goals and objectives that projects target, changes in specifications for project implementation or resource allocations to projects.

The Council conducts a complete review of all projects and activities to determine progress toward meeting the goals and objectives. This review is conducted on an ongoing basis throughout the year. State Plan Committee meetings, reports at all Council meetings, grantee evaluations and stakeholder feedback all contribute to a continuous evaluation process.

In January the Council reviews and analyzes the results from the previous year's Annual Program Performance Report. In March each year the Council initiates a review of new and updated research, reports and data, completes a mid-year review of satisfaction surveys and solicits input from policymakers. The State Plan Committee reviews all input and develops recommendations for potential amendments to the State Plan. These recommendations are distributed for public input and then deliberated at the June Council meeting. Amendments to the state plan goals and objectives approved by the Council for the next fiscal year are distributed for additional public comment, after the June meeting.

Section V : Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B \$	Other(s) \$	Total
1. Advocacy and Leadership	269,979	73,980	343,959
2. Supporting Families	202,927	55,606	258,533
3. Inclusive Communities	273,996	75,081	349,077
4. Exercising Rights	207,284	56,800	264,084
5. General Management (Personnel, Budget, Finance, Reporting)	398,513	109,201	507,714
6. Functions of the DSA	0	0	0
Total	1,352,699	370,668	1,723,367

Section VI : Assurances [Section 124(c)(5)(A)-(N)]

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124(c)(5)(A-N) in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

- Assurances have been submitted

Approving Officials for Assurances

For the Council (Chairperson, if Council is DSA):

- Council Chairperson is an approving official for assurances

For the State or Territory (DSA is to assist the DD Council in obtaining assurances):

Section VII : Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council utilized a four-step process to solicit input and feedback into developing the 2017 – 2021 State Plan. A State Plan Committee was formed in the spring of 2015, with a mandate to develop a set of recommendations and prioritized goals and objectives for the June 2016 Council meeting. In the summer of 2015 the committee conducted an open survey, asking respondents to provide information on needs, issues and barriers to inclusion. 430 people responded to the survey. In addition the committee held two public forums, one each in eastern and western Massachusetts. The committee sorted and categorized the input into a list of 16 potential issue areas to address and in early 2016 issued another survey asking respondents to prioritize the list. 304 people responded to the survey.

The committee analyzed the priority survey results by multiple parameters, including overall results, respondent type, race and age. The committee then established goals and objectives based on the highest overall priorities, the priorities for people with developmental disabilities and the priorities for parents. These goals and objectives were presented to the Council at the June 2016 Council meeting, where the final goals and objectives were developed.

All surveys were conducted in English and Spanish and could be completed on line or submitted by fax, mail or email. Notices were published to the Council's website, through Facebook and Twitter, and through the extensive Council, DD Network, grantee and advocacy partner e-mail distribution lists. In addition, hard copies of the goals and objectives with information on providing comments were distributed at coalition and other meetings.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

The committee issued the goals and objectives established at the June Council meeting for public review and comment. The 29 responses from public comment were reviewed by the State Plan Committee. The responses were consistently supportive. No respondents indicated that any objectives should be eliminated or changed. A few respondents had suggestions for rewording objectives, which, though considered, were not made.