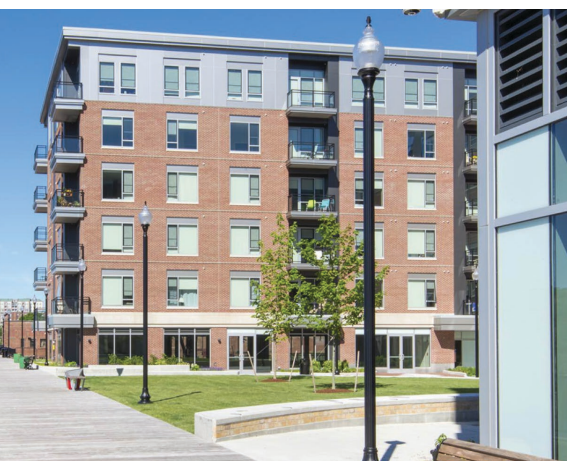


# 2018 MASSACHUSETTS

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# OLMSTEAD PLAN





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## I. Introduction

It is the policy of the Commonwealth of Massachusetts (Massachusetts, the Commonwealth, or the state) to facilitate opportunities for all people with disabilities to live their lives fully included and integrated into their chosen communities – both by increasing the movement of such persons from institutional to community settings and by preventing the unnecessary institutionalization or homelessness of such persons. People with disabilities should have access to accessible, flexible, robust, and quality systems of community-based housing and home-and-community-based long-term services and supports that, working in tandem, support their ability to live, work, and be served in their chosen communities.

Like many other states, the Commonwealth has memorialized, in what is known as an “Olmstead Plan,” its commitment to promote opportunities for persons with disabilities to live, work, and be served in community-based settings. The Commonwealth released its first Olmstead Plan in 2008. This updated Olmstead Plan tracks the progress that the Commonwealth has made towards achieving the 2008 Olmstead Plan’s goals and other Olmstead-related goals and sets forth the Commonwealth’s plan for continuing to build upon that progress.

The term “Olmstead Plan” derives from the Supreme Court’s opinion in *Olmstead v. L.C.*, 527 U.S. 581 (1999), in which the Court held that the Americans with Disabilities Act, as well as the regulations promulgated under that statute, prohibit the unjustified institutional isolation of individuals with disabilities. Specifically, the Court concluded that public entities must provide community-based services – as opposed to institutionally-based services – to persons with disabilities when:

1. The public entity’s treatment professionals determine that community-based placement is appropriate;
2. The affected persons do not oppose such treatment; and
3. The placement can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others with disabilities.

The court also signaled that public entities should develop “a comprehensive, effective working plan for placing qualified persons with ... disabilities in less restrictive settings.” As a result, the Commonwealth released its first Olmstead Plan in 2008. That plan promoted choice and opportunity for individuals with disabilities, and established goals for the development of more accessible and effective long-term support in local communities. To that end, the plan supported a shift of state support for long-term care from institutions to the community.<sup>1</sup>

Nearly ten years have passed since the Commonwealth released its 2008 plan. The Commonwealth is issuing this update to memorialize its progress over the last decade and to identify opportunities for continued progress. Through an extensive yearlong planning process that included engagement between relevant state agencies and providers, advocates, consumers, and other interested stakeholders,<sup>2</sup> the Commonwealth developed a plan that builds upon, strengthens, and broadens the foundation established

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<sup>1</sup> Please see Appendix A for more information about the 2008 Plan.

<sup>2</sup> Recognizing the large number of groups interested in the development of the updated Olmstead plan, the Commonwealth developed and administered a multi-faceted stakeholder engagement strategy that included the appointment of an Olmstead Advisory Council, four public community-based Listening Sessions, as well as an Olmstead Plan webpage to gain input from stakeholders. The plan devotes considerable attention to those areas identified by stakeholders as essential to ensuring that individuals with disabilities have the opportunity to live, work, and be served in their communities.

by the 2008 plan. While the 2008 plan was developed by EOHHS agencies with a primary focus on EOHHS programs, the development of the 2018 plan included active participation from those service-oriented agencies as well as state housing agencies, stakeholders from the affordable housing community, the Executive Office of Labor and Workforce Development, and the Massachusetts Department of Transportation (MassDOT). Thus, the updated plan continues many of the service-oriented initiatives set forth in the 2008 plan and provides heightened focus on the roles of affordable and accessible housing, workforce development, and transportation in providing people with disabilities the opportunity to live and work in their communities.

As a result, the plan takes an expansive view of the various interrelated obstacles that may limit the ability of individuals with disabilities to remain within the community, such as needs for services, housing, employment, and transportation. With the 2018 Olmstead Plan, the Commonwealth has attempted to construct a comprehensive and responsive system of services and supports that allow people with disabilities to live, work, and be served in integrated and community settings that are appropriate for their needs.

The plan continues the Commonwealth's long-standing efforts to develop and promote new systems, procedures, and funding to allow for effective and sustainable diversionary pathways for people with disabilities.

For example, Massachusetts has been at the forefront of collaborations and partnerships across multiple agencies that provide services and supports – health, transportation, employment, supportive housing, and others – to meet the needs of people with disabilities. A few examples of these collaborations have included:

- Under the state's five-year innovative 1115 Medicaid waiver, MassHealth will receive \$1.8 billion in new federal investments to restructure the current MassHealth system. A major component of this funding will be community-based health care and human service organizations who will partner with the ACOs to integrate and improve the health outcomes of approximately 60,000 MassHealth members with complex long-term medical and/or behavioral health needs. Under the Community Partner model, \$145 million over five years will be made available to Community-Based Long-Term Services and Supports (LTSS) organizations providing care coordination support for people with complex long-term services and support needs. This includes members with physical disabilities, traumatic brain injury, intellectual or developmental disabilities, and others.
- The Options Counseling program, a collaboration among the Executive Office of Elder Affairs (EOEA), MassHealth, Massachusetts Rehabilitation Commission (MRC), and a statewide consortium of partners, was designed to provide counseling and decision support to individuals at risk of nursing facility admission about the availability of community-based long-term services and supports in order to divert those individuals from unnecessary nursing facility admission.
- MassHealth sought and obtained approval from the federal government to provide an array of community-based services and supports for MassHealth members who are in, or meet level of care criteria for, nursing facilities, rehabilitation hospitals, or interim care facilities for developmental disabilities, and who want to live in the community. These waivers are administered in partnership with the EOEA, the MRC, and the Department of Developmental Services (DDS).

- EOHHS and MassDOT have jointly supported MassMobility, an initiative promoting mobility management and transportation coordination statewide. Housed in EOHHS, MassMobility works closely with MassDOT to promote existing transportation services and provide technical assistance to state agencies and partner organizations looking to expand mobility for people with disabilities and other consumers. MassMobility was developed in direct response to the Commonwealth's recognition of the connection between accessible transportation and access to health services, employment, and community participation for persons with disabilities.
- With the Supportive Housing Program, the Executive Office of Elder Affairs and the Department of Housing and Community Development (DHCD) have collaborated to facilitate partnerships between Local Housing Authorities (LHAs) operating state-funded public housing for the elderly and local service agencies to provide service-rich environments to support these residents. This initiative will help allow current and future public housing residents to age in their community.
- Massachusetts was among the first states in the nation to create a program funded through MassHealth/Medicaid to provide housing search, transition support, and housing stabilization services to chronically homeless persons with disabilities.

Throughout the planning process, the Commonwealth has been committed to developing a comprehensive, holistic, and innovative plan that builds upon the past and takes into account all of the needs of, and challenges facing, individuals with disabilities. In keeping with this vision, the Commonwealth has structured this 2018 Plan around four key Olmstead-related goals, ensuring that each of the specific initiatives that form the core of this 2018 Plan furthers at least one of these goals.

The four key goals are:

**1. Expanding Access to Affordable, Accessible Housing with Supports**

Affordable, accessible housing is one of the key elements necessary to help people with disabilities transition to and remain in the community. In 2018, an individual with a disability in Massachusetts whose sole source of income is Supplemental Security Income (SSI) has a monthly income of \$864 (\$878 if elderly), including the federal benefit of \$750 and a state supplemental payment. The 2018 average rents in Massachusetts for a one-bedroom or even an efficiency unit – \$1,204 and \$1,065, respectively – are well above the entire SSI benefit.

**2. Enhancing Community-Based Long-Term Services and Supports**

Access to a broad range of community-based services is critical to many people with disabilities coming from an institution or at risk of institutionalization. Individualized supports should be readily accessible and provided only on a voluntary basis. In addition to medical, mental health, substance use, personal care, and other services to meet individual needs, access to supports that can help individuals maintain a successful tenancy are critical.

### **3. Promoting Community-Integrated Employment of People with Disabilities**

Research suggests most people with disabilities would prefer to work<sup>3</sup>. Employment provides financial, social, and personal rewards. Providing people with disabilities with competitive employment opportunities as well as any needed supports to take advantages of these opportunities is key.

### **4. Investing in Accessible Transportation for Individuals with Disabilities**

Many people with disabilities do not drive or own a personal automobile. A disability may make securing a license or having enough funds to purchase a car and cover the ongoing costs of insurance and gasoline difficult or impossible. Thus, many people with disabilities are reliant on local or regional public transportation systems to get to their grocery store, bank, medical appointments, social engagements, volunteer, and competitive work.

Through this updated plan, the Commonwealth will continue to fulfill the promise of Olmstead, facilitating opportunities for people with disabilities to live their lives fully included and integrated into their chosen communities.

\* \* \* \*

Part II of this Plan tracks the Commonwealth's progress toward meeting the goals set forth in the 2008 Plan, as well as other Olmstead-related goals. Part III provides a summary of the plan development process. Part IV identifies goals for continued progress – the specific initiatives that form the heart of this 2018 Plan. Finally, Part V concludes with an overview of the Commonwealth's plan implementation strategy, including the Commonwealth's commitment to continuously review and monitor its progress towards achieving the goals set forth in this plan.

Embracing the Commonwealth's intention for the Olmstead Plan to be a living plan rather than a static document, we anticipate that goals and strategies will need to be adjusted and refined as implementation proceeds or circumstances warrant.

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<sup>3</sup> 2015 Kessler Foundation National Employment & Disability Survey: Overview. Retrieved July 12, 2018 from <https://kesslerfoundation.org/kfsurvey15>.

## II. Highlighted Progress from 2008 to 2017

Massachusetts has made significant progress towards meeting the goals it set forth in its initial 2008 Olmstead Plan, as well as other Olmstead-related goals. The following are some of the Commonwealth's key achievements in transitioning and diverting individuals with disabilities from institutions into the community.

### Transitioning Individuals with Disabilities to Community-Based Settings

- MassHealth, Massachusetts' Medicaid Program, applied for and was awarded a Money Follows the Person (MFP) Demonstration grant from the Centers for Medicaid and Medicare Services (CMS) in 2011. The Commonwealth and its contractors, ASAPs, and Independent Living Centers (ILCs), have transitioned over 2,150 people to community-based settings. Over half of the individuals transitioned were people with disabilities, who had resided long-term in nursing facilities and other long-stay facilities.
- Massachusetts applied for and was awarded a federal Balancing Incentive Payment Program (BIP) grant to promote rebalancing of the ratio of state spending on community-based long-term support services (LTSS) versus facility-based LTSS. Over the period of the grant, the Commonwealth **increased** its ratio of spending on community-based LTSS from 44.8 percent in 2009 to 70 percent in 2016.
- In October 2008, DDS<sup>4</sup> developed a community services expansion and facilities restructuring plan to expand the residential services available in the DDS community system and to reconfigure the Department's state facilities by placing individuals who had been served in state facilities into the community, when appropriate. At the time there were 476 residents at the Fernald, Monson, Glavin, and Templeton facilities. Since 2008, all of these facilities have closed, and their residents were transitioned to the community.
- DDS engages with individuals and families residing at Wrentham Developmental Center (WDC) and Hogan Regional Center (Hogan) who are interested in moving into the community. The most recent WDC census of 261 (June 2018) includes 11 who were admissions from the Marquardt Nursing Facility which closed in 2017. The census at Hogan is currently 106 (August 2018). DDS will provide quarterly updates for both Hogan and Wrentham as part of the outcome measures for the revised Olmstead Plan.

### Diverting Individuals from Unnecessary Institutional Placements

- The Options Counseling (OC) program has served over 33,000 elders and people with disabilities since it was first piloted in 2008. Among other things, the OC program provides individuals at risk of nursing facility admission with counseling and decision-support regarding the availability of community-based long-term services and supports.
- The Department of Mental Health (DMH) has supported the provision of Mental Health First Aid and Crisis Intervention Team (CIT) training to law enforcement personnel in more than 100 communities across Massachusetts, training 629 officers during Fiscal Year 2017. Trained law

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<sup>4</sup> In 2008 DDS was the Department of Mental Retardation (DMR).



enforcement personnel responded to over 5,000 incidents<sup>5</sup> and behavioral health crises during this same time; more than 4,000 of these were *non-criminal* incidents involving psychiatric situations, follow-ups, wellness checks, and general disturbance calls. When CIT trained officers responded to situations where persons could have been criminally charged and diversion was an option, criminal charges were diverted over 85 percent of the time.



### **He “accepts the challenge and will win.”**

In his early 50s, Deric entered a nursing facility after having a stroke. After two years, he was able to walk some distance using a cane but used a wheelchair much of the time. He was ready to return to the community, but he had no housing. While still in the facility, he met one of the Money Follows the Person Demonstration Program’s staff. She enrolled Deric in the Demonstration and started working to identify housing that would meet Deric’s accessibility needs. She assisted Deric in applying for housing vouchers and applications for many apartments in the Boston area, but they had difficulty finding an accessible, affordable unit. After several years, he found an accessible apartment with affordable rent funded through the 811 Project Rental Assistance (PRA) program.

Deric was nervous about returning to the community after having had total support in the nursing facility for five years, but he is excited to be on his own. He is happy to have more freedom, privacy and the opportunity to cook again. He “accepts the challenge and will win.”

## **Preventing and Ending Homelessness**

While not explicitly a part of the 2008 Olmstead Plan, in recent years Massachusetts has determined that addressing chronic homelessness is an integral aspect of its effort to prevent unnecessary institutional placements of individuals with disabilities.

- MassHealth developed and implemented the Community Support Program for People Experiencing Chronic Homelessness (CSPECH), a nationally-recognized program that assists MassHealth members enrolled in the Massachusetts Behavioral Health Partnership (MBHP) who are experiencing chronic homelessness to secure and maintain supportive housing.
- From 2011 to 2016, the Commonwealth reduced the number of homeless<sup>6</sup> Veterans by 25 percent; functionally ended homelessness among Veterans in the cities of Lowell and Lynn as well as in those communities that make up the “Balance of State” Continuum of Care (CoC) operated by DHCD to address service gaps in all Massachusetts cities and towns not served by another CoC; and ended chronic Veterans’ homelessness in the city of Boston.

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<sup>5</sup> Incident refers to any police encounter with an individual either as a response to a call for service or encounters initiated by police themselves while on patrol.

<sup>6</sup> Data is not available as to the proportion of these homeless Veterans who qualify as people with disabilities. However, the National Coalition for Homeless Veterans estimates that more than half of homeless Veterans are people with disabilities, with 50% suffering serious mental illness and 70% struggling with substance use disorders.

- In 2016, the DHCD, MassHousing, and EOHHS agencies invested nearly \$500,000 in the Tenancy Preservation Program (TPP) to fund an innovative upstream eviction prevention strategy in five high-need areas across the Commonwealth. Over approximately two years this new initiative has assisted 187 households of families and individuals with disabilities and prevented homelessness in 95 out of 100 closed cases.
- Through the Pay for Success Program, DHCD made 140 housing vouchers available for chronically homeless people with disabilities. DHCD's financial support through rental vouchers comprised part of a multi-agency initiative designed to shift public and private resources from institutional to community-based care. As of June 2018, 18 participating agencies working with the Pay for Success Program had collectively housed 710 people statewide with a 92 percent tenancy retention rate, clearly establishing that chronically homeless individuals with a disability can live outside of an institutionalized setting.

## **Investments in Affordable Housing and Community-Based Long-Term Services and Supports**

The progress that Massachusetts has achieved in transitioning and diverting individuals with disabilities from institutional settings has required significant state investment in two areas: affordable housing and community-based long-term services and supports.

### **Expanding Access to Affordable, Accessible Housing<sup>7</sup>**

Massachusetts recognizes that a robust system of affordable, accessible housing is essential to helping individuals with disabilities transition to, and remain in, the community. To this end, Massachusetts has made significant investments over the last eight years in housing targeted to people with disabilities, including supportive housing (SH) and permanent supportive housing (PSH)<sup>8</sup>. These investments include capital investments, such as grants and deferred payment loans, to make a housing development more affordable as well as accessible. These investments also include ongoing rental and operating assistance payments to owners to make rents affordable to people with extremely low incomes, including people whose sole source of income is SSI.

### **Capital**

- From fiscal years 2014 through 2016 the Commonwealth created over 3,500 units of PSH and SH for various target populations including people with developmental, psychiatric, and/or physical disabilities, as well as homeless families, homeless adults, Veterans, and elders. In order to achieve this goal, eighteen (18) state agencies<sup>9</sup> signed a Memorandum of Understanding with the intent of improving interagency collaboration and coordination to meet the need for PSH and SH in the Commonwealth.
- From fiscal year 2015 through fiscal year 2018, the Commonwealth's Capital Spending Plan allocated over \$149 million in state bond funds for programs that specifically fund development of PSH and SH, much of which is targeted to serving people with disabilities.

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<sup>7</sup> Note that the programs and policies described below are "cross disability," except where specific beneficiaries are indicated.

<sup>8</sup> Permanent Supportive Housing (PSH): Decent, safe, and affordable community-based housing targeted to individuals with disabilities and/or who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services. PSH assures individuals the rights of tenancy and provides voluntary and flexible supports and services based on the individual's needs and preferences. Supportive Housing: Housing with accompanying services, which includes PSH but may also include time-limited, transitional housing programs.

<sup>9</sup> Now 25 agencies.

- DHCD has allocated 100 percent of the first three years of HUD’s National Housing Trust Fund awards for the development of PSH and SH.
- Over the past five years, DHCD has expended an average of \$3.25 million per year for accessibility improvements in state-funded public housing.

#### *Rental and Operating Assistance*

- Through the DMH Rental Subsidy (DMH-RSP) program – a state-funded rental assistance program administered by DHCD for clients of DMH – 1,352 adults with serious mental illness (SMI) receive rental assistance enabling them to live in apartments in the community, as well as community-based services through DMH.
- In 2012 and 2014, DHCD was awarded Section 811 Project Rental Assistance to fund a total of 190 units of integrated housing specifically for non-elderly people with disabilities including individuals transitioning from nursing facilities.
- In DHCD’s nearly 22,000-unit statewide<sup>10</sup> Housing Choice Voucher Program, 55 percent of participants identify themselves as people with disabilities.
- In fiscal year 2014, DHCD awarded 500 state-funded Massachusetts Rental Voucher Program (MRVP) mobile vouchers to families with disabilities that were transitioning off the HomeBASE Rental Assistance benefit,<sup>11</sup> thus helping these households avoid homelessness.

#### *Policies/Incentives*

- MassHousing, a quasi-public agency that administers several of the state-funded programs to finance affordable housing development, requires owners to provide a priority for DMH/DDS clients in 3 percent of the units in most MassHousing-financed projects. Currently 1,133 units have such a preference.<sup>12</sup> Several other Massachusetts public and quasi-public agencies, including DHCD, Massachusetts Housing Partnership (MHP), and MassDevelopment, together with EOEa and the Massachusetts Rehabilitation Commission (MRC), are actively collaborating to expand the priority to cover (1) most projects that the housing agencies finance and (2) clients of MRC and EOEa in addition to clients of DMH/DDS.
- In the Low-Income Housing Tax Credit (LIHTC) Program, DHCD has made significant efforts to promote the use of architectural design features incorporating enhanced accessibility, visitability,<sup>13</sup> and universal design. The LIHTC funding competition imposes threshold accessibility requirements on all projects and also awards additional points for proposals offering greater accessibility, universal design, and or visitability. DHCD has provided training for design review

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<sup>10</sup> This program utilizes DHCD’s authority as a “Moving to Work” jurisdiction to explore innovations in the use of Housing Choice Vouchers awarded to DHCD. Many local housing authorities also receive their own allocations of Housing Choice Vouchers, in addition to the statewide program.

<sup>11</sup> The HomeBASE program, created to assist homeless families with children to exit the state’s “emergency assistance” shelter program, originally included both a time-limited rental assistance program and a program of flexible household assistance that could be used to fund moving costs, utility costs, first month’s rent/security deposit, furnishings, etc. or help in the transition to paying rent. Currently, HomeBASE is limited to the flexible household assistance program.

<sup>12</sup> There are other DDS and DMH clients in MassHousing units, but they did not access their units through this preference.

<sup>13</sup> A unit is considered visitable if it has an accessible entrance and doorways wide enough for a person in a wheelchair to maneuver (32 inches of clear passage space), with an accessible bathroom on the main floor.

architects to better ensure that accessibility is compliant, usable, and meets the needs of the tenants.

### *Expanding Access*

Massachusetts has focused efforts on expanding access to a wide array of services and supports that help individuals successfully transition to, and remain in, community-integrated settings. These efforts included strategies geared toward increasing federal and state resources for community-based LTSS and transforming community-based systems of care.

- As part of its Money Follows the Person Demonstration grant from CMS, the Commonwealth developed two new 1915(c) Home and Community-Based Services (HCBS) waivers targeted to provide HCBS to individuals with disabilities who transition from a nursing facility or hospital: the MFP-Community Living waiver, and the MFP-Residential Supports waiver. Massachusetts has committed to continuing and expanding capacity in these waivers, recently renamed Moving Forward Plan waivers after the end of the MFP Demonstration. The two MFP waivers currently serve over 600 participants in the community.
- Massachusetts received CMS approval of its 1115 Demonstration Waiver Renewal request to include CSPECH as a Medicaid covered benefit; MassHealth also recently made CSPECH a covered service in its Senior Care Options (SCO) program. Combined, these efforts offer the potential to expand services beyond the more than 600 MassHealth members enrolled in the Massachusetts Behavioral Health Partnership (MBHP) to the estimated 1500 adults who meet the definition of chronically homeless.
- One of 56 federally-funded statewide Assistive Technology (AT) initiatives in the US, MassMATCH (Mass. Initiative to Maximize AT in Consumers' Hands) funds a number of statewide services to promote the use of AT by individuals with disabilities by supporting programs that help make AT affordable and available. In addition, MassMATCH provides training and technical assistance on how AT can assist individuals to make the transition from institution to community living or from school to work (or continued education).
- Since 1973, EOEa has operated the Home Care Program, which currently maintains, on a monthly basis, approximately 45,000 eligible elders aged 60 and over in the community through a variety of services and supports provided in the home, helping to prevent unnecessary institutionalization. On average approximately 1,460 individuals enrolled in the program receive services through consumer-directed care.
- The Commonwealth's approved fiscal year 2018 budget appropriates \$23.1 million to fully fund the DDS 'Turning 22' initiative. With these funds, DDS will provide services to assist more than 1,000 young people with disabilities to transition to the adult services system in fiscal year 2018.
- Massachusetts allocates \$16 million in state general funds annually for the Statewide Head Injury Program, providing community-based services and housing for individuals with an externally-caused traumatic brain injury.

### *Increasing the Capacity and Quality of Services*

In addition to pursuing funding strategies to increase support for community-based services, the following examples highlight efforts of Massachusetts' state agencies to transform their systems of care to better support the integration of individuals with disabilities into their communities.

- DDS developed and issued a home and community-based settings policy in September 2014. Currently DDS serves 9,641 individuals in 24/7 residential home-and community-based settings, as well as 3,651 individuals in their own living environment, 1,186 in Shared Living arrangements, and 104 supported via the MassHousing 3% Priority Program.
- In 2009, DMH transitioned its adult mental health system to Community-Based Flexible Supports (CBFS), individualized services and supports that assist approximately 11,000 individuals with long-term SMI per year in managing psychiatric symptoms in the community, restoring or maintaining independent living, promoting wellness, managing medical conditions, and securing and maintaining employment.
- MassHealth SCO plans provide integrated, high quality care to approximately 50,000 MassHealth members 65 and older, including those with disabilities. While more than 67 percent of SCO participants are clinically eligible for a nursing facility level of care, 57 percent of SCO participants receive care, services, and supports in the community, as opposed to a nursing facility or other institutional setting. SCO plans consistently earn high Medicare quality performance ratings and deliver better health care outcomes for their enrollees than the traditional fee-for-service delivery system. A recent study found that SCO enrollees spent 12 percent fewer months living in a nursing facility, and had a 17 percent lower risk of death, than members not enrolled in SCO.<sup>14</sup>
- DHCD and MassHousing will continue to make PHAs and private management companies aware of reasonable accommodation training provided regularly by MassHousing. MassHousing will ensure the training includes awareness of reasonable accommodations that may be needed by people who are deaf or hard of hearing.

### *Promoting Awareness of Community-Based Options*

- Through its BIP grant, the Commonwealth created MassOptions, a free resource that links elders, individuals with disabilities, and their families and caregivers to services that can help sustain independent living, furthering the Commonwealth's "No Wrong Door" approach for accessing information about LTSS.
- DDS has promoted Self-Direction, a way of providing supports that allows an individual/family to design and direct their own services. DDS posts informational materials about Self-Direction on its website and includes such materials in letters confirming eligibility for waiver services. The website identifies more than 160 provider agencies that collectively sponsor over 560 programs that support individuals with intellectual and developmental disabilities (I/DD) in Massachusetts.

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<sup>14</sup> Massachusetts SCO Evaluation, Nursing Facility Residency and Mortality Summary Report, JEN Associates, Inc., November 23, 2015.



### **“I’m very happy now”**

Mary was homeless until her disability grew worse and she was admitted to a nursing facility in 2015. Early on, she started working with the Northeast Independent Living Program (NILP) to plan her transition and start a housing search. One of Mary’s biggest challenges was finding housing that she could afford. When 811 Project Rental Assistance units became available at Duck Mill apartments, her Money Follows the Person Demonstration Program Case Manager and her Transition Coordinator assisted Mary in submitting the appropriate documentation. She was selected for one of the units and prepared to move in March 2017. Through a Medicaid waiver, she receives services such as an individual support worker, adult companion, and homemaker. Additionally, she has a Personal Emergency Response System in case of emergencies.

After being in the apartment for a few months, Mary says, “I’m happy being in my own apartment now. I get to come and go as I please. I’m not stuck in my room all day. I even got to go out with my sister a couple of weekends ago. She brought my niece, her husband and my nephew. I wasn’t expecting them and they surprised me with a ride. It was so fun. I would have never done that in the facility. It felt so good. Now I’m going to try and get them to take me to the beach. I’m very happy now.”

### **Community-Integrated Employment and Workforce Development Supports**

In addition to the state’s progress in transitioning and diverting individuals with disabilities from institutional settings, the Commonwealth has also made significant progress since 2008 in improving access to gainful employment and employment support services and increasing access to vocational rehabilitation services and career planning for individuals with disabilities, helping to ensure that such individuals are truly integrated into their communities.

By June 2016, DDS terminated its sheltered workshop contracts, closed all 32 Workshop Programs, and now provides community employment through 106 Group Supported Employment settings and 194 Individual Supported Employment settings. DDS continues to contract with two providers that offer specialized community-based day services (CBDS), which may include subcontract work, allowing participation for a limited number of individuals with specific forensic issues that may implicate public safety, while alternative programming is under development. Given the magnitude of the change, DDS will actively monitor the transition from center-based employment activities to integrated community employment.

- In fiscal year 2017, MRC successfully placed 3,973 people with disabilities into competitive employment based on their choices, interests, needs, and skills, a 12 percent increase since 2013. Of those individuals placed, 40.1 percent had a psychiatric disability, well above the national average for competitive placements.
- The Executive Office of Labor and Workforce Development (EOLWD) has focused on breaking down barriers and challenges to employment for individuals with disabilities, including those who are homeless, Veterans, and/or re-entering the community from incarceration, through federal grants that support employment for special populations. Since 2008, EOLWD received three Disability Employment Initiative grants for a total of \$9.8 million.

- Additionally, EOEa has entered into a new partnership with EOLWD to provide greater assistance to older job seekers entering through the One Stop Career Centers. A series of trainings and resources for front-line One Stop staff and other WIOA partners have been designed to enhance access and opportunities for older job seekers.

## **Investment in Accessible Transportation Infrastructure and Services for Individuals with Disabilities**

The Massachusetts Department of Transportation (MassDOT) has long recognized that accessible, affordable, and reliable transportation infrastructure is essential to ensuring that families and individuals with disabilities can access integrated support services and stay in their communities of choice. MassDOT, in collaboration with the Massachusetts Bay Transit Authority (MBTA), transit service providers in the Commonwealth, the Human Service Transportation Office at EOHHS (HST) and its MassMobility initiative and other stakeholders, has consistently collaborated to assess unmet needs, provide investments to fill gaps in service, and make the physical transportation infrastructure more accessible. For example:

- Since 2013, MassDOT has distributed about \$9.5 million per year of federal (sec. 5310) and state (Mobility Assistance Program/MAP) funding for purchasing capital equipment (e.g. accessible vehicles) and operating services. Priority populations under § 5310 and MAP include individuals with disabilities of any age. These grant programs help regional transit authorities and local nonprofit service providers, such as Councils on Aging, acquire about 150 accessible vehicles each year.
- As a result of the MBTA Boston Center for Independent Living (BCIL) settlement of 2006, the MBTA established System-Wide Accessibility (SWA) as a department directly reporting to the General Manager and has transformed its approach to providing accessible service. Today, all front-line staff are trained on best practices for assisting seniors and customers with disabilities. The MBTA's elevators are operational 99.5 percent of the time on average; the bus fleet has 100 percent low-floor vehicles; and long-term plans are under development for a fully accessible system.
- Executive Order 530, signed in 2011, mandated the assessment of accessibility, availability, eligibility, and service quality of paratransit and other demand responsive community transportation services, and provided recommendations for improvement. MassDOT and EOHHS created an institutional framework for service improvement:
  - MassDOT and EOHHS set up a Statewide Coordinating Council of Community Transportation (SCCCT) with participation of a large number of diverse stakeholders. The goal of this Council was to advise the Secretaries of Transportation and Health and Human Services in matters of transportation policy affecting seniors, Veterans, individuals with disabilities, homeless, and low-income individuals. From 2013 to 2015, stakeholders, including human service agencies, community organizations, transit providers, planning agencies, and representatives of the workforce development community came together twice a year to discuss developments in community transportation.
  - MassDOT, in collaboration with MassMobility and local stakeholder agencies, helped usher in Regional Coordinating Councils on Transportation (RCC). RCCs are locally formed and led voluntary transportation groups that meet periodically. Their roles can include

discussing local unmet needs, articulating regional transportation priorities, coordinating existing services to serve more people, increasing sustainability of service, and providing a forum for peer information sharing at the local level. As of January 2018, there were 11 RCCs in operation throughout the Commonwealth. MassDOT and MassMobility provide technical assistance to the RCCs.

- The Commonwealth has implemented innovative services to improve access, availability, and quality of transportation services to historically disadvantaged populations throughout Massachusetts.
  - In 2017, MassDOT celebrated the statewide launch of Ride Match, an online, searchable inventory of fixed route and demand response services throughout the Commonwealth. Originally developed by the Greater Attleboro Taunton Regional Transit Authority for Southeastern Mass, Ride Match was so successful that MassDOT funded its statewide expansion. This tool helps individuals as well as agency staff find needed services for individuals with disabilities and will be updated continuously as new services are established.
  - In October 2016, the MBTA's ADA paratransit service, the RIDE, introduced an on-demand paratransit pilot to improve customer flexibility of travel, enhance individual mobility, provide equal or better service at a lower cost, test how to convert trips from the RIDE to on-demand options, and identify the financial and operational feasibility of the model. On demand services are provided by Uber and Lyft through trip reservation via smartphone apps or a telephonic concierge. As of January 2018, there were over 800 active customers of the service, taking more than 8,500 trips on Uber and Lyft each month, with an average decline of these customers' RIDE usage by over 40 percent.

*The above represents a high-level summary of the Commonwealth's key achievements transitioning and diverting individuals with disabilities from institutions into the community since 2008. Please refer to Appendix B for additional examples of the Commonwealth's progress between 2008 and 2017.*

### III. Olmstead Planning Process and Structure

In 2016, the [Committee on Housing and Services for People with Disabilities](#) of the Interagency Council on Housing and Homelessness decided to update the existing Olmstead Plan. This committee established an **Olmstead Planning Committee**, consisting of representatives from most EOHHS agencies, DHCD, EOLWD, DOC, DOT, and Mass Housing, to ensure that the updated plan reflects the input of all state agencies with missions and expertise that align with the Commonwealth's Olmstead-related goals. The list of Planning Committee Members can be found in Appendix C: *List of Olmstead Planning Committee Members*.

Key Responsibilities of the Olmstead Planning Committee have included:

- Contributing to plan development and review of plan content
- Providing information for the Plan specific to each agency (data collection, strategic planning, stakeholder feedback, etc.)
- Updating individual agency leadership as the plan developed and working to ensure the final Plan is supported by individual agency leaders.

The active representation of senior-level agency designees on the Olmstead Planning Committee demonstrated the Commonwealth's commitment to this important initiative and ongoing collaboration. Each state entity involved in the Olmstead Planning Committee played a significant role in fulfilling the Commonwealth's commitment to facilitating opportunities for people with disabilities to live their lives fully included and integrated into their chosen communities by supporting access to accessible, flexible, robust and quality systems of community-based housing, long-term services and supports, transportation, and employment services.

In addition, the Commonwealth recognized that soliciting stakeholder participation was important for consensus building and for providing support for Plan implementation. The Olmstead Planning Committee established multiple opportunities for stakeholder input:

- An Olmstead Advisory Council, selected through a state-issued procurement process, represented a balance of experience, expertise, geography, roles within the system, disabilities, and age groups, to assist in developing the Plan. The Council provided input into the development of the updated Plan, reviewed and suggested edits to the draft, identified gaps and challenges in draft Plans, and provided recommendations. The list of Olmstead Advisory Council members can be found in Appendix C: *List of Olmstead Advisory Council Members*.
- Initial Community-based public 'listening sessions' were held in Boston and Springfield in June 2017 to provide state agency leadership with opportunities to hear directly from constituents concerning strengths of the existing system that promote community integration; barriers to accessing housing, services, and supports; and recommended improvements to systems of housing, services, and supports and means to promote opportunities for community inclusion. Both sessions had Communication Access Real-time Translation (CART) and American Sign Language (ASL) services available for stakeholders in attendance.
  - In total, more than 100 individuals presented verbal and written testimony during the pre-plan development stage of the plan development process.
- A second round of public listening sessions were held in Roxbury and Springfield in late March and early April 2018, affording stakeholders the opportunity to provide state agency leadership

with comments on the initial draft of the Olmstead Plan. Both sessions had CART and ISL services available for stakeholders in attendance.

- An [Olmstead Plan webpage](#) was created to gain input from constituents and stakeholders who were unable to attend meetings in person. Hosted on the EOHHS website, the webpage provided Plan development updates including Listening Session announcements, other public meeting announcements (as needed), as well as the ability for the public to submit comments on posted materials.
  - Over 50 individuals signed up for the Olmstead Planning listserv that was used to update interested parties on various elements of the planning process, including alerts when materials were posted for comments.

### Draft Plan Public Review and Comment

- On February 13, 2018, an initial draft of this Plan was posted on the Commonwealth's Olmstead webpage for public review and comment. This draft plan review process intended to articulate the Commonwealth's overarching goals and to identify the initiatives, activities, strategies, and funding needs to meet those goals. Interested parties who reviewed the draft plan were able to provide feedback through an online submission to several questions presented and to provide separate written comments if desired. The public comment period ended on April 13th. Many stakeholders provided extensive feedback on the initial draft plan. All comments and recommendations throughout the public comment period were reviewed and considered for inclusion in the final draft of the plan.
- The Planning Committee was pleased to have received significant feedback from stakeholders through the various feedback mechanisms established. While each suggestion and comment was reviewed by the Planning Committee and the appropriate agency, not all suggestions and comments were able to be included in the final Plan.



### There's Nothing Like Being Home

When Robert met his father for lunch at The Daily Grind in North Adams, Massachusetts, it was the first time he had been in his hometown in five years, and the first reunion of father and son outside of institutional walls in more than seven. "It was nice seeing him again," Robert says in his typically understated way. "He's turning 87 soon, so it's hard for him to get down and see me as much as he'd like."

Since his stroke in 2005, Robert had managed to get back to North Adams three or four times, but not since medical complications had confined him to nursing homes and hospitals. In September 2015, he was approved for Medicaid waiver services, allowing Robert the supports needed to transition back to the community. Now Robert lives in a bright and tidy one-bedroom accessible apartment in West Springfield. With the assistance of an agency providing transportation and access to community services and supports, Robert's life has turned around "There's nothing like being home," he says with satisfaction and a gentle smile.



## IV. Goals for Continued Progress

As described in Part II, Massachusetts' investments in affordable housing, community-based services, community-integrated employment, workforce development, and accessible transportation between 2008 and 2017 have considerably expanded the Commonwealth's ability to discharge individuals with disabilities from institutional settings, prevent the unnecessary institutionalization of such individuals, and expand the ability of such individuals to live, work, and be served in the communities of their choice. This 2018 Olmstead Plan will guide the Commonwealth to continue, build upon, and expand this progress.

While the initiatives that follow are the Commonwealth's primary strategies to achieve these goals, they are subject to the availability of state and federal funds, and the continued operation of the state and federal programs that are the vehicles through which the Commonwealth will enact these strategies. That said, the accomplishments of 2008-2017 reflect the state's continuing willingness to apply available state funds to Olmstead goals and to seek out new federal resources that can help the state move forward.

*Due to specific requirements of various funding streams (i.e., grant requirements and budget allocations), individual agency mission, and regulatory or statutory mandates, the individual initiatives that follow will be organized and led at the agency level. This will provide clear lines of accountability for status updates, and ultimately, successful execution. The Plan's goals that follow are organized within several distinct topic areas: access to affordable, accessible housing supports; access to community-based long-term services and supports; community-integrated employment supports; and accessible transportation. While the responsibility of implementation is attributed to individual agencies, these Plan goals will be achieved only through continued cross-agency collaboration and coordination. The organization of this Plan notwithstanding, the Commonwealth recognizes that it must consider all of the needs of individuals with disabilities – such as housing, LTSS, employment, or transportation – in a holistic fashion. Thus, these initiatives are designed to work in an interrelated fashion that meets all of the needs of individuals with disabilities.*

As illustrated by the examples above, the Commonwealth has been, and will continue to be, committed to pursuing the goals of Olmstead through a person-centered approach to the provision of services and supports that is designed to ensure that people with disabilities have access to the housing, long-term services and supports, transportation, and opportunities for employment that they need to live their lives fully included and integrated into their chosen communities. In implementing the 2018 Plan, the Commonwealth will continue to ensure that persons with disabilities are partners in the planning and prioritizing of new models of housing and services designed to enhance their ability to live, work, and be served in the community. (See Part V, Conclusion.)

A few examples of goals that demonstrate the Commonwealth's continuing commitment to collaboration and coordination across various Secretariats and agencies are as follows:

- **Affordable, Accessible Housing:** DHCD, MassHousing, and EOHHS agencies will work to expand TPP with the Housing Court to previously unserved jurisdictions, including Norfolk County, southern Middlesex County, Suffolk County outside of Boston, and the Cape and Islands. In addition, DHCD, MassHousing, and EOHHS agencies will work to continue support for the TPP upstream prevention initiative begun in 2016.
- **Affordable, Accessible Housing, Serving Identified Under-served Populations:** DDS, DHCD, and the Community Economic Development Assistance Corporation (CEDAC) will collaborate to

explore opportunities to increase accessible housing opportunities for all persons with disabilities, particularly underserved populations. For example, DDS, DHCD, and CEDAC will consult with the executive director of the Autism Commission to identify housing design features most frequently needed by individuals with Autism and how to incorporate those in existing, rehabilitated, and new affordable and supportive housing units. Identification of design features required by additional underserved populations will be informed by ongoing agency and stakeholder input.

- **Community-Based Long-Term Services and Supports:** EOHHS agencies and the Massachusetts Operational Services Division (OSD) will convene a workgroup to develop new protocols that will ensure that agencies and institutions receiving funding from the Commonwealth must make all legally supportable efforts to ensure that individuals are not discharged to the streets or shelters.
- **Community-Integrated Employment Supports:** DTA and MRC will launch an interagency initiative of co-case management designed to provide vocational and employment services and supports to DTA clients with disabilities, enhancing their ability to achieve economic self-sufficiency.
- **Accessible Community-Integrated Employment Supports:** EOHHS and Executive Office of Labor and Workforce Development (EOLWD) will partner with Career Centers to promote further access and enhance their capacities to create employment opportunities for individuals with disabilities. Mass Office of Disability (MOD) will continue to collaborate with EOLWD to ensure One-Stop Centers are accessible.

The following outlines the Commonwealth's commitment to continue to provide its citizens who have disabilities with accessible, flexible, robust, and quality systems of community-based housing and home- and community-based long-term services and supports that, working in tandem, support their ability to live, work, and be served in their chosen communities. Please refer to Part V for a description of the Accountability Benchmark Document, attached at Appendix E, that contains objective metrics by which the Commonwealth will assess its ongoing progress.

### **He met relatives he had never met before.**

At seven years old, Will was admitted to Seven Hills Pediatric Center. Will has multiple developmental disabilities including a profound intellectual disability and cerebral palsy. Will communicates using facial expression, eye gaze, vocalizations, gestures and a voice output communication aide. Recently, Will moved out of the nursing home into the community. His family is ecstatic about the move. For the first time since he was three years old he saw 4th of July fireworks. Will hosted a Father's Day BBQ at his home and was able to celebrate Easter there with family and friends. Since his move into the community, Will went to a family reunion and met relatives that he had never met before.

## GOAL 1: Expanding Access to Affordable, Accessible Housing with Supports

The Commonwealth will continue to work to expand the availability of affordable, accessible housing for people with disabilities. While there is need across age and disability, the Commonwealth has identified programs such as the Facilities Consolidation Fund (FCF), Community Based Housing (CBH)<sup>15</sup> program, 811 Project Rental Assistance (PRA), MassHousing 3% Priority Program, and DMH Rental Subsidy Program (DMH-RSP) as disability population-targeted programs that are critical to serving the needs of populations at particular risk for institutionalization at this time. The Commonwealth will continue to target additional resources, including rental assistance for the populations served under these and other programs serving persons with disabilities, when they are available in order to expand opportunities for people with disabilities to live in integrated housing in the community. Increased collaboration between EOEa and DHCD with respect to state-aided public housing serving increasingly frail elders as well as other people with disabilities also offers a promising model to help ensure that people with disabilities can continue to live stably in their community notwithstanding a range of service needs.

The FY19 Massachusetts budget includes a significant increase of nearly \$17 million for housing programs that will promote opportunities for people with disabilities to move into or remain in the community.<sup>16</sup> Specific budget increases are noted in relevant program sections below.

The Commonwealth will revisit its approach to prioritizing these resources on a regular basis to identify additional target populations and/or target populations that are no longer at higher risk of institutionalization.

The following outlines the commitment of capital, rental assistance, and collaboration to continue to create and to maximize the use of existing affordable housing targeted to vulnerable people with disabilities.

### 1A. Capital Assistance for Housing Development

The Administration will continue to support new bond bills to provide authorization for supportive and affordable housing programs.

- The Administration sponsored an Act Financing the Production and Preservation of Housing for Low- and Moderate-Income Residents, recently signed into law as Chapter 99 of the Acts of 2018, which will provide approximately \$1.8 billion in capital authorization for affordable and supportive housing programs.

The Administration currently has developed a five-year capital plan that provides over \$1.1 billion for affordable housing programs including those that specifically support the development of SH and PSH.

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<sup>15</sup> Created in 1993, the Facilities Consolidation Fund (FCF) supports the development of community-based housing for Department of Mental Health and Department of Developmental Services clients. The legislature established the Community Based Housing (CBH) Program in 1995 to ensure that people with other types of disabilities also had access to community-based housing.

<sup>16</sup> As the Administration just received the FY19 budget, the benchmarks in Exhibit E do not include new programs and funding amounts. The new programs will take some time to develop; benchmarks will be added, and the chart updated when this information is available.

- For fiscal year 2018, the Administration has allocated the following bond cap to housing programs critical to the development of supportive and permanent supportive housing programs.<sup>17</sup>
  - Community-Based Housing \$5 million
  - Facilities Consolidation Fund \$12 million
  - Housing Innovation Fund \$12 million
  - Supportive Housing (Multiple Sources) \$8 million

As a result of these investments, the Administration has established goals for housing production specifically serving people with disabilities:

**1A.1** Based on recent years' production, the Community-Based Housing and Facilities Consolidation Funds are expected to produce an estimated 150 units for people with disabilities annually.

**1A.2** Based on recent years' production, other capital resources such as the Housing Trust Fund are expected to produce an estimated 150 supportive housing units annually, of which approximately 20-30 are expected to provide permanent supportive housing for people with disabilities.

## **1B. Rental Assistance**

Agencies will employ the following strategies to support people with disabilities to live in community-based housing of their choice by subsidizing rents to a more affordable level.

**1B.1** DMH and DHCD collectively received an additional \$2 million increase for this program in the FY19 state budget. DMH will include an additional \$1 million per year in fiscal year 2020 and fiscal year 2021 budget requests to expand DMH-RSP in order to increase community-integrated housing opportunities, estimated to support at least an additional 87<sup>18</sup> individuals with SMI each year, promoting movement within the continuum of DMH residential services.

**1B.2** DHCD will continue to make Housing Choice Voucher (HCV) or Massachusetts Rental Voucher Program (MRVP) assistance available for supportive housing units receiving capital funds through DHCD's rental funding rounds. The exact commitment of funds available (and estimated number of units funded) is dependent on the needs of the specific projects selected for capital funds, but estimated targets are described in the Accountability Benchmark Document.

**1B.3** DHCD and EOHHS will utilize HUD 811 Project Rental Assistance to transition MassHealth members from long-stay facilities to the community and to address the housing needs of other priority populations, with long-term services and supports from MassHealth, MRC, and other EOHHS agencies.

**1B.4** DHCD will continue to apply for new Mainstream (Section 811) Vouchers. If awarded, vouchers will be issued to non-elderly persons with disabilities who are: transitioning from institutional or other segregated settings to community living; at serious risk of institutionalization; homeless; or at risk of becoming homeless.

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<sup>17</sup> Other programs administered by DHCD that support housing development, including bond-financed capital programs and both federal and state low income housing tax credits, also finance projects serving elders, people with disabilities, and homeless individuals and families, but are not limited to serving those populations.

<sup>18</sup> This reflects a \$1 million increase. The benchmark will be updated as DMH and DHCD put the FY19 program in place.

## **1C. Policy Initiatives**

The Commonwealth will seek to initiate and apply policies that guide the use of resources to support people with disabilities to live in community-based housing of their choice. In addition, DHCD will convene an advisory council to seek input regarding DHCD's Analysis of Impediments to Fair Housing Choice ("AI"), which will examine a variety of issues impacting housing choice for persons with disabilities in Massachusetts. The Olmstead Plan will be used to inform the AI, and the AI in turn will be used to inform ongoing review and implementation of the Olmstead Plan.

**1C.1** The Commonwealth of Massachusetts has announced a Housing Choice Initiative to provide incentives, rewards, technical assistance, and targeted legislative reform to encourage and empower municipalities to plan and build a diverse housing stock, including affordable units. Elements include:

- New and better coordinated technical assistance, including coordination by the Housing Choice Program Director at DHCD as well as \$2 million in planning assistance from MassHousing to help cities and towns achieve their affordable housing goals.
- Tracking progress toward a goal of adding 135,000 new housing units statewide by 2025, or about 17,000 units per year.
- Legislation, filed as an Act to Promote Housing Choices, that would change state law to reduce the required vote from a 2/3 "supermajority" to a simple majority vote for zoning changes that eliminate barriers to building new housing and improving land use.
- Offering communities that achieve "Housing Choice" designation extra points in scoring of a wide variety of competitively awarded state capital grants as incentive to build housing and to adopt housing production best practices.
- Providing Housing Choice designated municipalities exclusive access to a new state grant program that will make grants for local capital projects as a reward for housing production.

**1C.2** DHCD, MassHousing, and other state public and quasi-public housing agencies are actively working to expand the MassHousing 3% Priority Program, currently serving DMH and DDS clients, to housing financed by other state housing funders/lenders such as MassDevelopment and MassHousing Partnership and to other populations impacted by Olmstead issues, including clients of EOE and MRC.

- An analysis conducted by the MHP estimates that – assuming future production is at the same level as it has been over the past 3 years – over 100 new preference units would be added each year via projects funded by DHCD, MassHousing, MassDevelopment, and MHP.

**1C.3** DHCD, MassHousing, and EOHHS agencies will work to expand TPP with the Housing Court to previously unserved jurisdictions, including Norfolk County, southern Middlesex County, Suffolk County outside of Boston, and the Cape and Islands; and continue support for the TPP upstream prevention initiative begun in 2016. The FY19 state budget provides an \$800,000 increase for the TPP and TPP upstream programs; funds will assist the program to expand.

**1C.4** EOHHS and DHCD will develop strategies to enhance utilization by people with disabilities of vouchers provided under programs such as the Section 811 PRA program, and the Alternative Housing Voucher Program. The Section 811 PRA Program will continue to be used to transition MassHealth members from long-stay facilities to the community and to address the housing needs of other priority populations, with long-term services and supports from MassHealth, MRC, and other EOHHS agencies. Enhancing utilization for the 811 PRA Program will be supported by expansion of priority populations who are now eligible for both Section 811 rental assistance and by providing priority in access to affordable housing through expansion of the 3% Priority Program.



- The 811 PRA Program is expected to add 50 deeply affordable, subsidized units annually for the next three years.

**1C.5** DHCD plans to deploy a centralized statewide electronic portal for applications for the state-funded public housing program to allow applicants to apply to any one or more of the 240 local housing authorities in the Commonwealth through submission of a single application. The majority of state-funded public housing units serve elders and people with disabilities.

**1C.6** EOEA will work with Continuums of Care to explore implementation of a homeless preference in privately-owned senior housing developments developed under the HUD 202 program. This preference would increase access to permanent affordable housing for homeless elders with disabilities.

**1C.7** DHCD will continue to support funding for Housing Consumer Education Centers (HCEC) that can provide affordable housing navigation as well as homelessness prevention across the state. The FY19 state budget provides an increase of nearly \$800,000 to support the HCECs' work.

## **1D. Interagency Collaboration and Program Coordination**

Agencies will continue collaborative work to address the housing needs of vulnerable populations with disabilities, including chronically homeless individuals and families experiencing homelessness, exploring new opportunities for collaboration and program coordination.

**1D.1** DHCD and EOHHS will pilot joint procurements to address the housing and service needs of vulnerable populations with disabilities, including elders and individuals and families experiencing homelessness, through supportive housing with dedicated services. DHCD is exploring ways in which newly available targeted funds in the FY19 budget may further efforts to rapidly transition homeless individuals into sustainable permanent housing.

**1D.2** DHCD and EOHHS will develop goals for production necessary to increase housing inventory for vulnerable populations in need of targeted services, including people with disabilities.

**1D.3** EOHHS and EOEA will collaborate with localities and continuums of care to explore partnerships with health care systems and medical facilities serving high utilizers of medical and/or behavioral health services who are homeless or unstably housed in order to identify resources to invest in expanding respite care and PSH capacity.

**1D.4** EOHHS and DHCD will evaluate community integration programs, including through a survey of providers of PSH funded under DHCD supportive housing rounds, to ensure that SH and PSH programs, including those intended as "low threshold," are serving their intended target populations.

## **1E. Accessibility**

In addition to affordability, some people with disabilities also need accessible design features in their homes. Examples of accessible design features might be ramps and flashers. DHCD has also made significant efforts to make the existing affordable housing stock as well as new affordable housing more accessible for people with disabilities. This has included a financial investment to create accessibility as well as policy development, including incentives to encourage private owners of market-rate housing to create enhanced accessibility for those persons who have tenant-based rental assistance. DHCD policy favoring maximum universal design and visitability is embedded in guidance across programs.

The following outlines the commitment of resources to continue to expand the pool of housing with accessibility features appropriate to the needs of people with disabilities.

**1E.1** DHCD, CEDAC, EOHHS, MassHousing, Mass Development, and MHP will staff a working group to evaluate the successful use and continued functionality of state-funded supportive housing projects supported by Chapter 689, FCF, CBH, HIF, and other state funding sources, in order to better manage and monitor the utilization of this important affordable and accessible housing portfolio, and to improve the quality and accessibility of the portfolio over time.

**1E.2** DHCD and MassHousing will provide reasonable accommodation training regularly to PHAs and private management companies. Training shall include awareness of reasonable accommodations that may be needed by people who are deaf or hard of hearing.

**1E.3** Subject to availability of public housing capital funds, DHCD will continue to target capital funding of at least \$1-2 million annually to increase accessibility in DHCD's state-aided public housing, including funding to assist LHAs in responding to requests for reasonable modifications to state-aided public housing. DHCD is committed to the goal of having at least 5 percent fully accessible units across the entire state-aided portfolio.

**1E.4** DHCD will continue to provide Home Modification Loan Program (HMLP) funds for access improvements. Historically this program has provided loans or grants to assist homeowners or tenants with a household member with blindness or severe disabilities in making modifications to their primary residence to improve accessibility and enable them to live independently in the community. With active Administration support, Chapter 99 of the Acts of 2018 expanded the scope of this program to also support creation of accessory dwelling units for a person with disabilities or an elder needing assistance with activities of daily living and also allowed up to 10 percent of the funding to be used for grants to assist landlords seeking to make modifications for a current or prospective tenant with disabilities who, without such a grant, would be unable to maintain or secure permanent housing. The Administration has committed up to \$6.5 million annually (subject to capital plan approval) in capital bond funds through 2022 for HMLP.

**1E.5** In collaboration with the Autism Commission's Housing subcommittee, DDS, DHCD, and the Community Economic Development Assistance Corporation will explore opportunities to increase housing options for people with Autism, including identification of housing design features most frequently needed by individuals with Autism and how to incorporate and integrate those in existing, rehabilitated, and new affordable and supportive housing units, and develop a plan of action to address the need for affordable supportive housing that is inclusive of individuals with ASD who will become adults in the coming decades.

**1E.6** DHCD, EOHHS, and CEDAC will review current design guidelines for FCF and CBH and convene a working group to refine and update these guidelines to address the geographic and environmental diversity of rural, suburban, and urban constraints and influences.

**1E.7<sup>19</sup>** The FY19 state budget provides \$2.7 million for a new Affordable Housing Accessibility Grants program. The legislature indicated these funds are for capital grants to improve or create accessible affordable housing units for persons with disabilities. The budget requires DHCD to prioritize capital projects that include units that accommodate or will accommodate voucher recipients under the alternative housing voucher program. Projects funded may include, but not be limited to, the widening of

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<sup>19</sup> This is not included in the benchmarks chart at this time as it is a new line item for a new program. Benchmarks will be added when the program is put in place.

entrance ways, the installation of ramps, the renovation of kitchen or bathing facilities, the installation of signage in compliance with the Americans with Disabilities Act and the implementation of assistive technologies.

## **GOAL 2: Enhancing Community-Based Long-Term Services and Supports**

Massachusetts plans to continue its key initiatives that have contributed towards the progress made since 2008 in enhancing community-based long-term services and supports, as well as develop new key initiatives that will help to expand and reinforce the partnership between housing and services by employing the following strategies.

### **2A. Expanding Access to Community-Based Services**

**2A.1** As part of its Medicaid 1115 Waiver Renewal, Massachusetts will invest \$1.8 billion over the next five years to support the transition toward Accountable Care Organizations (ACOs). ACOs will be held contractually responsible for the quality and coordination of members' care.

- Massachusetts' approach will focus on improving the integration and delivery of care for members with behavioral health needs, including those with co-occurring diagnoses of substance use and mental health disorders, as well as the integration of long-term services and supports (LTSS) and health-related social services.
- ACOs will be required to contract with designated community partners comprised of community-based health care and human service organizations that will partner with ACOs to integrate and improve health outcomes of MassHealth members with complex long term medical and/or behavioral health needs.

**2A.2** MassHealth is expanding coverage for substance use disorder (SUD) and co-occurring disorder (COD) treatment to include a continuum of 24-hour community-based rehabilitation services, care coordination, and recovery services, including the evidence-based practices of Medication Assisted Therapy and Critical Time Intervention services and supports that help to reduce, and facilitate transitions from, homelessness, hospitalizations, and incarcerations. This will result in an increase in spending of \$200 million over the course of the next five years.

### **2B. Promoting Services That Facilitate Transitions from Institutional Settings**

**2B.1** MassHealth will increase capacity in two Moving Forward Plan (MFP; formerly Money Follows the Person) HCBS waivers and two Acquired Brain Injury (ABI) HCBS waivers over the course of the five-year renewal periods.

**2B.2** DMH will enhance efforts to transition from State Hospital continuing-care beds individuals with serious and persistent mental illness that are determined discharge ready and able to safely move into community-based living opportunities with appropriate supports.

- DMH will establish a State Hospital Discharge Review Team that provides Peer-to-Peer case consultation to facilitate discharge planning for individuals with challenging needs, to review

policies and procedures pertaining to state hospital discharge planning, and to identify best practices and promote consistency across facilities.

**2B.3** DDS will continue to assess and divert nursing facility placements when appropriate for individuals with ID/DD by ensuring that people admitted to nursing facilities are determined to need that particular level of service, and when nursing facility level of care is no longer needed, are transitioned to the community.

**2B.4** MRC will explore expansion of funding for the Supported Living Program in order to serve more individuals.

## **2C. Promoting Services That Support People with Disabilities to Remain in their Homes and Community-Based Settings**

**2C.1** Committed to the policy of self-determination, DDS will advance self-determination through the organization including:

- Engaging in internal strategic planning to expand self-direction throughout DDS.
- Encouraging self-direction participants and family members to share their self-direction experiences;
- Providing opportunities for support brokers, participants, families, and providers to gather on a regular basis to discuss the self-direction model by hosting at least monthly support broker/service coordinator forums in each region, holding an annual support broker conference and exploring ways to establish a web-based support network for participants and families; and
- Improving training materials for participants, families, and support brokers and simplifying the self-direction process.

DDS will increase the overall participation in both the Agency with Choice (AWC) and Participant Directed Program (PDP).

**2C.2** EOHHS will continue efforts to increase the supply and quality of Personal Care Attendants (PCAs) by improving the online registry to connect PCAs and consumers in the self-directed program and increasing outreach and marketing efforts to attract individuals to work as PCAs.

**2C.3** The PCA Workforce Council has committed to increasing the current PCA wage to \$15/hour effective July 1, 2018, as part of a continued effort to attract and maintain individuals to work as PCAs.

**2C.4** MassHealth will continue initiatives designed to improve the supply and quality of Continuous Skilled Nursing (CSN) services in the community and increasing annual MassHealth spending on CSN services.

- These initiatives supplement the recent increases in the MassHealth payment rates for CSN that are projected to result in an increase of \$15.67 million in annual MassHealth spending on CSN services.

**2C.5** MRC will explore expansion of funding for the Assistive Technology (AT) Independent living program, a key program that provides AT to hundreds of people a year who are otherwise unable to obtain the assistance, to help reduce the current waiting list.

**2C.6** MRC will seek additional funding to expand the REquipment program, which redistributes over 1,000 AT devices annually.

**2C.7** MRC will use this increased funding to improve statewide coverage and expedite access to redistributed AT devices, which can facilitate timely discharge from a nursing facility, improve health outcomes, and increase work productivity or school attendance.

**2C.8** EOEa will partner with the Mass Healthy Aging Collaborative to support and increase the number of communities pursuing Age Friendly and/or Dementia Friendly designations or certifications and support Massachusetts in becoming an Age Friendly State.

**2C.9** Massachusetts Commission for the Blind (MCB) will seek to increase the number of individuals who are legally blind who receive blindness critical specialized wrap-around services (Orientation and Mobility, Rehabilitation Teaching & Assistive Technology), leading to productive independence and full community participation.

**2C.10** DPH will promote the inclusion of training for DPH Community Health Workers, in both their core competency training and continuing education, the topics of hearing health, aural rehabilitation, vision rehabilitation, use of available technology solutions, and a patient long-term support plan incorporating group interventions to improve hearing care treatment and vision rehabilitation (including services available from the Massachusetts Commission for the Blind), thereby increasing independence and reducing admissions to institutional settings.

**2C.11** DMH will continue and expand its Jail/Arrest Diversion Grant Program, which funds local communities/municipalities to train law enforcement and other public safety personnel to: (1) recognize the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbance (SED); (2) identify person(s) with a mental disorder and employ crisis de-escalation techniques; (3) learn about resources that are available in the community for individuals with a mental disorder; (4) establish linkages with schools and community-based mental health agencies; and to (5) refer individuals with the signs or symptoms of mental illness to appropriate services.

**2C.12** DMH will continue to fund: one Forensic Assertive Community Treatment (ACT) Team with peer support staff; and a Forensic Transition Team (specialty care management service for individuals being released from jails/prisons).

## **2D. Improving the Capacity and Quality of Services**

**2D.1** DDS and MRC will bring settings of residential and other site-based services subject to the HCBS final rule into compliance with the HCBS final rule by the federal deadline for transition (March 2022), and ensure compliance of new settings, as appropriate.

**2D.2** DMH will invest \$83 million to re-design and strengthen DMH's largest adult community service program to better meet the needs of the approximately 11,000 adults with long-term, serious mental illness enrolled in the program annually. Adult Community Clinical Services will provide:

- Clinical services provided by an integrated team 24/7/365;
- Individualized care that focuses on Peer Support, includes treatment for SUD as needed, and responds to individuals' needs as they change across the age continuum; and
- Focus on achieving greater self-sufficiency, including job placement and education completion.

**2D.3** EOHHS and EOEa will explore strategies to address challenges in attracting and retaining high quality/highly skilled staff across provider agencies, improving training opportunities for staff and/or job



applicants to enhance their skills and knowledge, and equipping them to successfully serve and support high acuity/high need populations (EOHHS and EOEa).

**2D.4** EOHHS, EOHHS agencies, and Massachusetts Operational Services Division will continue to support homeless prevention and more effective discharge planning efforts across populations by convening a workgroup to develop new protocols to help ensure that agencies and institutions receiving funding from the Commonwealth must make all legally supportable efforts to ensure that individuals are not discharged to the streets or shelters.

## **2E. Promoting Awareness of Community-Based Services**

**2E.1** EOEa will continue optimizing the means by which people with disabilities access community-integrated services, including self-directed care and other supports, and supports of their choice throughout Massachusetts through person-centered, decision-support options counseling services that honor choice and independence throughout Massachusetts.

**2E.2** DDS will continue optimizing the means by which people with disabilities access community-integrated services, including Self-Directed Care, Person-Centered Planning and other tools (as allowed by Chapter 255 of the Acts of 2014; *An Act Relative to Real Lives*, as determined by DDS), to honor choice and independence throughout Massachusetts through person-centered, decision-support options counseling services.

**2E.3** DDS will educate families of individuals with I/DD, including ASD, about newly established “Memory Cafés,” drop-in centers where individuals with memory loss can socialize with their caregivers and friends in a setting outside the home and establish relationships with persons in similar circumstances.

**2E.4** MOD will continue to work with the Massachusetts Educational Financing Authority and Fidelity to build and foster relationships within the disability community as well as identify opportunities to present and/or promote Attainable Savings Plans amongst the community.

**2E.5** Educate state agencies and community-based organizations providing community-based care and housing supports regarding the prevalence of hearing loss and visual impairment across the population and direct agencies and CBOs to the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) and/or the Massachusetts Commission for the Blind for technical assistance.

**2E.6** Information on community care options and housing supports will be provided to Deaf and Hard of Hearing Independent Living Services (DHILS) programs, Independent Living programs, Long-term Care Ombudsmen programs, and Aging and Disability Resource Centers.

**2E.7** Written information about community care options and housing supports will be available as a VLOG in American Sign Language (ASL) and via audio and Braille for people who are blind or have low vision.

**2E.8** MassMobility will educate EOHHS agency staff and provider organizations on the range of community transportation services that may be available to their consumers.

## **2F. Promoting Successful Community Reentry from Incarceration**

**2F.1** The Department of Corrections (DOC), the Veterans' Administration, and the state Department of Veterans' Services identified, developed, and will implement a comprehensive strategy to increase the number of Veteran Offenders receiving in-reach reentry planning,<sup>20</sup> community-based referrals, and post-release services.

- The initiative involves: a seamless exchange of reentry plans to ensure that individual Veterans work with the most appropriate agency and therefore receive the level of care and reentry planning responsive to their individual needs; efforts to enroll both VA eligible and non-VA eligible Veterans in benefits; and offering peer support to navigate federal and state systems and access housing resources upon release.

**2F.2** Pilot informational presentations in two DOC facilities with the largest number of incarcerated Veterans twice per year in 2018. There will be an evaluation of the presentations by the Veteran inmates to determine the value and efficacy for expansion to other DOC facilities as well as ongoing bi-annual presentations and workshops.

**2F.3** The Department of Corrections (DOC) will continue to focus on reentry programs, including counseling individuals with disabilities leaving incarceration and enrolling them as permitted by the inmate in all benefit programs to which they may be entitled including MassHealth, SSI, SSDI, VA benefits and services provided by DMH and DPH, as well as DTA cash assistance.

**2F.4** MassHealth, based on recommendations from the Council of State Governments,<sup>21</sup> is developing a model for identifying and providing specialized behavioral health and coordination services for justice-involved individuals with serious mental health and addiction needs, ensuring access to services to improve health outcomes. The project intends to initially serve 200-250 individuals on Probation or Parole, and/or exiting a House of Corrections or the Department of Corrections.

**2F.5** To improve eligibility and enrollment for the justice-involved population, MassHealth is developing a systematic process to suspend rather than terminate MassHealth benefits for individuals who are incarcerated and sentenced, and upon release either automatically reset to status prior to incarceration (if incarcerated for up to a year) or reassess if incarcerated for over a year.

- Post release enrollments in MassHealth Plans will be processed daily to expedite access to health care coverage.
- MassHealth eligibility history will remain in the system for future analysis of health outcomes and utilization.

**2F.6** DOC will continue to establish partnerships with other agencies in the community, both public and private, to promote the successful community reintegration of high risk/high need populations released from incarceration.

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<sup>20</sup> Refers to outside providers or DVS staff working within the facility to engage and do re-entry planning prior to discharge.

<sup>21</sup> The Council of State Governments Justice Center, "Justice Reinvestment in Massachusetts Policy Framework," February 2017. [https://csgjusticecenter.org/wp-content/uploads/2017/03/FINAL\\_JC\\_Justice-Reinvestment-in-Massachusetts\\_3.21.17.pdf](https://csgjusticecenter.org/wp-content/uploads/2017/03/FINAL_JC_Justice-Reinvestment-in-Massachusetts_3.21.17.pdf)

**2F.7** DPH and EOEa will increase awareness of SUD within the EOEa target population through training for elder care providers in order to identify SUD and community resources and to develop models of SUD services targeting EOEa populations.

### **GOAL 3: Promoting Community-Integrated Employment of People with Disabilities**

Massachusetts intends to continue efforts that have resulted in progress since 2008, as well as to pursue new initiatives that will enhance community-integrated employment opportunities for individuals with disabilities by employing the following strategies.

#### **3A. Improving Access to Gainful Employment and Employment Support**

**3A.1** The Department of Transitional Assistance (DTA) and MRC are launching an interagency initiative of co-case management designed to provide vocational and employment services and supports to DTA clients with disabilities, enhancing their ability to achieve economic self-sufficiency.

**3A.2** EOHHS, the Executive Office of Labor and Workforce Development (EOLWD) and the Mass Office of Disability (MOD) will collaborate with Career Centers to promote further access and enhance their capacities to create employment opportunities for individuals with disabilities and to ensure One-Stop Centers are accessible.

**3A.3** EOEa will continue to support low-income seniors with barriers to employment through the Senior Community Service Employment Program. SCSEP matches older adults with part-time jobs at community service assignments.

#### **3B. Increasing Access to Vocational Rehabilitation Services and Career Planning**

**3B.1** MRC will develop a customized employment and peer support model in collaboration with Vocational Rehabilitation and Independent Living Center programs to address the high rate of unemployment amongst individuals with disabilities and to reduce the number of individuals that rely on public benefits.

**3B.2** Led by the Autism Commission, MRC, DDS, and the Federation for Children with Special Needs will work to develop additional materials and trainings regarding the employment training needs and supported employment opportunities needed by individuals with ASD.

**3B.3** DPH will continue to promote the employment of persons in recovery and peers in the community through Recovery Coaching programming and existing federal grants.

## **GOAL 4: Investing in Accessible Transportation for Individuals with Disabilities**

**4A.** MassDOT will continue to help build the capacity of the Massachusetts community transportation network through distribution of funds available for capital and operating enhancements to meet mobility needs of seniors and people with Disabilities.

**4B.** MassMobility will build the capacity of the Massachusetts community transportation network by raising awareness of existing services, fostering collaboration, sharing best practices, and addressing gaps in transportation for people with disabilities.

## V. Conclusion

### Infrastructure to Support Plan Implementation

While this report provides the foundation, the Commonwealth of Massachusetts' commitment to develop a comprehensive, effective working plan for placing qualified persons with disabilities in less restrictive settings and to administer programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities, must include effective and regular oversight in order to protect the rights of persons with disabilities to live in the community on an ongoing basis. This report identifies specific actions state agencies responsible for providing services and supports to people with disabilities will take to serve people with disabilities in the most integrated setting.

In order to ensure this is a "living plan" that guides the Commonwealth going forward, the Commonwealth will establish the following internal staffing structure:

- A Steering Committee consisting of representatives of EOHHS and DHCD will monitor the Commonwealth's progress in achieving its 2018 Olmstead Plan goals. The Steering Committee will be co-chaired by EOHHS and DHCD designees.
- The Olmstead Planning Committee will transform into the Agency Implementation Committee, to assist the Steering Committee in monitoring progress on the Commonwealth's 2018 Olmstead Plan goals. Representatives of all agencies impacted including EOHHS, DHCD, MADOT, EOLWD, and others will be assigned to the Implementation Committee.

The Steering Committee has developed and will maintain an Olmstead Accountability Benchmark Document to monitor Olmstead progress against this Plan. For each Olmstead initiative identified in this Plan, the Olmstead Accountability Benchmark Document contains objective metrics by which the Commonwealth will measure each agency's progress towards implementing those initiatives. By this means, the Commonwealth will have objective criteria by which it can measure its efforts in serving people with disabilities in the most integrated setting. Please refer to Appendix E for the Accountability Benchmark Document.

In addition to its internal structure, the Commonwealth is committed to continued transparency on its progress in achieving its 2018 Olmstead Plan goals and recognizes that ongoing stakeholder participation is key. To this end, the Commonwealth will continue to support the Olmstead Advisory Committee and secure its services to provide feedback regarding the Commonwealth's progress in achieving its 2018 Olmstead Plan goals.

### Plan Implementation, Ongoing Review, and Updating

The Commonwealth proposes that, following issuance of the 2018 Plan, the Advisory Committee will meet with the Agency Implementation Committee on a semi-annual basis to provide ongoing and substantive input for Plan oversight. The Advisory Council will assist with developing meeting agendas, reviewing progress reports, assisting with evaluation, and providing input for future goals and benchmarks. All proposed activities and strategies are subject to the availability of state and federal funds, and the continued operation of the state and federal programs that are the vehicles through which the Commonwealth will enact these strategies.

Embracing the Commonwealth's intention for the Olmstead Plan to be a living plan rather than a static document, we anticipate that goals and strategies will need to be adjusted and refined as implementation proceeds.

## Appendix A. Community First Plan

### Brief description of the 2008 Community First Olmstead Plan

The Commonwealth established the Community First Olmstead Plan in 2008, using the People's Olmstead Plan produced by a group of consumer advocates in 2002, as the foundation. The 2008 plan embraced a vision of choice and opportunity that required the development of more accessible and effective long-term support in local communities. Thus, the plan supported a shift of long-term care financing from institutions to the community. Similar to our current approach, the 2008 planning process included significant input from a broad array of internal and external stakeholders.

### Goals and Principles

The Community First Plan identified six goals that provided the framework for achieving a vision of community integration for individuals with disabilities and elders, each with strategic short-term objectives setting forth a course of action involving regulatory, fiscal, and program development. In addition, the Plan identified seven primary principles that informed its development:

- i. People with disabilities and elders should have access to community living opportunities;
- ii. The principle of "community first" should shape state elder and disability policy development and funding decisions;
- iii. A full range of long-term supports, including home and community-based care, housing, employment opportunities, as well as nursing facility services are needed;
- iv. Choice, accessibility, quality, and person-centered planning should be the goals in developing long-term supports;
- v. Systems of community-based care and support must be strengthened, expanded, and integrated to ensure access and efficiency;
- vi. Public and private mechanisms of financing long-term care and support must be expanded;
- vii. Long-term supports developed under the Plan must address the diversity of individuals with disabilities and elders in terms of race, ethnicity, language, ability to communicate, sexual orientation, and geography.

The 2017-2018 Olmstead Steering Committee decided early on to reflect these goals and principles in the Plan update.



## Appendix B. Additional Progress Between 2008 to 2017

In addition to the examples of key achievements in transitioning and diverting individuals with disabilities from institutions into the community that are highlighted in Section II of this report, the following are further indicators of the Commonwealth's progress toward meeting its Olmstead goals.

### Transitioning and Diverting Individuals from Institutional Placement

- MassHealth's Acquired Brain Injury (ABI) and Money Follows the Person Demonstration (MFP) waivers currently support close to a thousand participants, all of whom transitioned from long-stay facilities, with community-based services and supports in programs operated by both MRC and the Department of Developmental Services (DDS).
- The Massachusetts Commission for the Blind (MBC) providers conduct Orientation and Mobility training under the MFP waiver.
- In fiscal year 2015, The Department of Mental Health (DMH) was appropriated funding associated with the Balancing Incentive Program (BIP) for community service system expansion targeted to assist with the discharge of at least 160 individuals out of DMH Continuing Inpatient Hospitals into the community.
- DMH discharged 1,383 individuals from state-operated psychiatric inpatient care beds between 1/1/2016 to 12/31/2016.
- Massachusetts' Aging Services Access Points (ASAPs) assisted 2,883 nursing facility residents to re-enter the community in fiscal year 2017 through the Comprehensive Screening and Services Model (CSSM) program.
- The Department of Developmental Services (DDS), MRC, and DMH continually work with individuals, promoting the opportunity to leave a nursing facility.
- The Home Care Assistance Program (HCAP) estimates that, between July 1, 2016 through February 2017, just shy of 1,150 individuals were appropriately diverted from nursing facilities utilizing HCAP services.
- Over 9 million meals are provided to approximately 75,000 seniors a year: 75 percent are home-delivered meals provided to frail elders, and 25 percent are congregate meals, provided at 325 congregate sites. In a 2016 survey, 86 percent of home-delivered recipients and 74 percent of congregate meal respondents reported that the meals help them to maintain independent living.
- The Department of Transitional Assistance (DTA) is the state agency responsible for administering multiple public assistance and employment support programs to low-income families and individuals, including individuals who are homeless and people with disabilities. DTA serves one in eight residents of the Commonwealth with direct economic assistance (cash benefits) and food assistance (SNAP benefits), as well as employment, education, and training services to help clients become self-sufficient. DTA programs are essential to helping people with disabilities pay basic living expenses, remain housed, live, and work in the communities of their choice, as well as avoiding unnecessary institutional placement and homelessness.

- In November of 2017, DTA's economic assistance programs provided cash benefits to more than 15,600 people with disabilities, including those awaiting SSI benefits to begin, individuals receiving services from MRC, and persons required to care for individuals who would otherwise be institutionalized.
- DTA collaborates with outreach partners, including EOE, to identify shared clients for outreach and assistance with Supplemental Nutrition Assistance Program (SNAP) eligibility and maximization of benefits. As of December 2017, individuals with disabilities represented over 35 percent of the Commonwealth's SNAP program, supporting them to remain housed in the communities of their choice, as well as to avoid unnecessary institutional placement.
- DMH appropriately diverted 207 State Hospital admissions between 1/31/16 and 12/31/17, utilizing individualized services and supports.
- The Commonwealth's network of ILCs have played a key role in assisting people with disabilities to transition from nursing facilities and to remain in the community. In one quarter in fiscal year 2016, ILCs provided skills training services to 730 consumers and peer counseling to 644 consumers.

## **Expanding Access to Affordable, Accessible Housing**

### **Capital**

- Massachusetts is one of only a few states boasting a state-funded public housing program. This program includes over 1,890 units specifically for people with disabilities (Chapter 689 Program) and over 30,000 units for elders and people with disabilities under age 60 (Chapter 667 Program). The Commonwealth provides capital funding to all LHAs for state-aided public housing units and provides operating subsidy to LHAs that operate at a deficit based on program rules.
- Since 2007, the Commonwealth's Affordable Housing Trust has funded 1,250 units for people experiencing homelessness. The administration continues to allocate bond capital for this program annually.
- MassHousing's Center for Community Recovery Innovations has funded 1,310 units of sober or recovery housing since 2007.

### **Rental and Operating Assistance**

- The more than 460-unit state-funded Alternative Housing Voucher Program (AHVP) provides rental assistance to people with disabilities under age 60; the program received increased funding in fiscal year 2015 and fiscal year 2016. The FY19 state budget provides an additional \$1.5 million for this program<sup>22</sup>.

### **Policies/Incentives**

- By offering policy and financial incentives (e.g. rental assistance, targeted grants, and deferred payment loans), DHCD has leveraged developer interest in the state and federal Low-Income Housing Tax Credit programs to create affordable housing targeted to people with disabilities, Veterans, and people experiencing homelessness.

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<sup>22</sup> Benchmarks will be adjusted when DHCD determines how the funds will be used to expand the program.

## Accessibility

- Home Modification Loans Program (HMLP) provides loans to make homes more accessible for people with disabilities. From fiscal year 2014 to fiscal year 2017, MRC provided HMLP assistance of up to \$30,000 to an average of 200 households annually.
- Through the MFP Demonstration as well as the MFP and ABI waivers, the Commonwealth has provided funds for 459 home modification projects.
- The Community Economic Development Assistance Corporation (CEDAC) developed design guidance for the CBH and FCF programs.
- A Memorandum of Understanding between the Massachusetts Office on Disability (MOD) and DHCD requires communities requesting Community Development Block Grant funds from DHCD to have ADA/Section 504 self-evaluation/transition plans in place or to commit to put such in place within five years.
- DHCD provides owner incentives to increase accessible units in the Housing Choice Voucher program.

## Community-Based Long-Term Services and Supports

### Expanding Access

- The Commonwealth requested and received demonstration authority from the Center for Medicare and Medicaid Services (CMS) to create a fully integrated care option for dually eligible individuals between the ages of 18 and 64. The One Care program provides enhanced care coordination and expanded access to community-based long-term services and supports.
- DDS currently provides Family Support to over 13,000 families, allowing them to care for a child or adult family member with I/DD at home.
- Massachusetts has increased the amount of state funding to support individuals in the community, as well as the reimbursement for services critical to support community integration for individuals with disabilities:
  - DMH augments federal grants to fund a variety of services that provide outreach, screening, engagement, stabilization, shelter, and referral services for approximately 4,000 individuals annually who are homeless and mentally ill.
  - The Department of Public Health (DPH), through HIV Services, provides HIV Medical Case Management and Housing Search and Advocacy and Rental Assistance, often enabling individuals who might otherwise be institutionalized to live in community-based settings including housing of their choice.
  - The Department of Public Health (DPH), through substance addiction services, provides supportive case management services focused on housing stability, recovery support, and homelessness prevention to individuals and families in permanent and transitional housing settings, including low threshold settings.
- In fiscal year 2017 the Assistive Technology Independent Living Program, a state-funded program providing assistive technology (AT) devices, training, and support to individuals with severe disabilities to achieve independent living goals, helped close to 400 individuals with a disability

gain control over their environment and achieve greater independence carrying out activities in their lives.

### Improving the Capacity and Quality of Services

In addition to pursuing funding strategies to increase support for community-based services, the following examples highlight efforts of Massachusetts' state agencies to transform their systems of care to better support community integration for individuals with disabilities.

- Through CBFS, DMH:
  - Established community-based evidence-based practices such as Assertive Community Treatment (PACT) Teams and Peer Support Specialists, including a peer-run respite program in Western Massachusetts that serves as inpatient diversion.
  - Supports just short of 15,000 individuals with SMI in the community as a result of CBFS, PACT, Clubhouse participation, the Aggressive Treatment and Relapse Prevention program, Safe Havens, and Respite.
- Currently, over 90 percent of individuals served by DMH receive all or most of their services in the community.
- Massachusetts Commission for the Deaf and Hard of Hearing provided technical assistance and subject matter expertise regarding hearing loss and aging to the Massachusetts Councils on Aging (MCOA) resulting in 39 Councils on Aging (11 percent of the 349 COAs) purchasing Assistive Listening Systems to better respond to the growing number of people who are losing their hearing later in life.
- DTA introduced a new *SNAP Application for Seniors* to facilitate access and opened a fully dedicated and centralized Senior Assistance Office to streamline application, certification, and business processes cited as barriers to SNAP participation by elders. Seniors identified navigation of the IVR system and the burden and complexity of the SNAP application and renewal processes as barriers to participation. The new application was designed to improve readability by seniors such as enlarging the font and simplifying the complexity of SNAP processes.
- HIV/HCV Correctional Linkage Services provide short-term, intensive services that help individuals who are incarcerated and who are newly diagnosed or chronically infected with HIV and/or hepatitis C to successfully link to medical care and other essential health supports in the community, as well as resources to access housing assistance, after they are released from State Department of Corrections or county houses of correction.
- EOHHS and the Massachusetts Department of Transportation (MassDOT) have partnered to implement the statewide mobility management initiative to increase mobility for seniors, people with disabilities, Veterans, low-income commuters, and others who lack transportation access. The initiative is helping to build the capacity of the Massachusetts community transportation network by raising awareness of existing services, fostering collaboration, and sharing best practices.
- In 2011 DPH began issuing Principles of Care and Practice Guidelines to improve the quality and consistency of SUD treatment services.

## Expanding the Necessary Infrastructure to Support Community-Based Services

Massachusetts' state agencies have increased, as well as re-deployed, staffing to strengthen oversight and administration of community-based systems of care, as evidenced by the following examples:

- Since August 2014, DDS has increased its infrastructure by hiring twenty-three (23) Autism Service Coordinators, four (4) Eligibility Specialists, additional psychologists, legal counsel, and program coordinators. DDS has also expanded the capacity of its seven (7) Autism Support Centers and its Family Support Centers to meet the additional needs of adults with Autism who have become eligible for services as a result of the Autism Omnibus Law. Under this new framework 1,463 individuals have been deemed eligible for DDS services.
- DDS has established a Statewide Self-determination Advisory Board and in fiscal year 2015, added four regional positions to focus entirely on expanding the participation in self-direction. These four regional managers work together to provide consistent leadership, coordination, management, and oversight in the effort to develop and expand the use of self-direction and play a key role in working with Area Offices and provider agency staff to identify and encourage individuals who want to explore the self-direction options available.
- MassHealth supported the development of two groups of eligibility specialists to promote and facilitate MassHealth enrollment for individuals with disabilities. In 2015, using BIP funding, MassHealth expanded the Community Eligibility Unit, which reviews members transitioning from facilities to confirm their continued eligibility in the community, and created a cadre of eligibility specialists co-located in ADRCs across the Commonwealth who have improved the speed and accuracy of eligibility determinations for elders and individuals with disabilities.

## Promoting Awareness of Community-Based Options

- MassHealth has promoted expanded compliance by nursing facilities with MDS 3.0 Section Q rules, which require that such facilities ask residents about their interest in transitioning out of the facility to community settings.

## Promoting Community-Integrated Employment of People with Disabilities

- The Executive Office of Labor and Workforce Development (EOLWD) has focused on breaking down barriers and challenges to employment for individuals with disabilities, including those who are homeless, Veterans, and/or re-entering from incarceration, through:
  - Establishing Workforce Innovation and Opportunity Act (WIOA) Memorandum of Understanding (MOUs) between mandated WIOA partners to integrate services for WIOA priority populations. WIOA Partners on each MOU include the Department of Unemployment Assistance, MRC, Massachusetts Commission for the Blind (MBC), Adult Ed (DESE), Department of Transitional Assistance (DTA), EOEA, Department of Veterans Services (DVS), housing partners, regional homeless shelters and Career Centers, and more.
  - The *Disability Employment Initiative* project, issued in 2016, intends to improve job placement outcomes for upwards of 350 young people with disabilities, ages 14 – 24, through the use of career pathways strategies that prepare and support them for employment success through access to credential-based education and training. The Commonwealth administers the Disability Employment Initiative (DEI) grants through the local One Stop Career Centers. In all three DEI grants, Massachusetts has partnered with Work Without Limits, Institute for Community Inclusion, the Commonwealth's disability agencies, and community-based organizations and employers. Each

participating One Stop Career Center hired a Disability Resource Coordinator to assist individuals with disabilities to navigate the Commonwealth's workforce development system to receiving training, support, and employment.

Population FY2017	Number of Individuals Enrolled at Career Center	Number of Individuals Who Enrolled in Training
All Customers	146,782	6,207
Individuals with a disability	9,225	827
Veterans	6,849	180
Veterans with a disability	1,506	47
Homeless/Runaway Individual**	2,006	159
Ex-Offender**	3,378	83
DEI V / DEI VII (subset of disability)	221	152

- Between 2014 and 2016, more than 500 individuals with visual impairment receiving vocational supports through the MCB secured competitive employment, working on average 32 hours per week and earning on average \$23 per hour.
- Effective October 3, 2016, MCB expanded services to include qualified individuals who have low vision. Under this new guideline, individuals with low vision who are ages 14 and older are eligible to receive Vision Rehabilitation services to help them obtain and maintain employment.
- MCB's summer internship program is a long-established job preparation model that supports traditional college-age students, as well as mature consumers, all of whom are legally blind, to acquire work experience. In 2016, the program reached its 13th year, and involved 85 participants. More than half of the participants who have graduated from school have achieved employment with an 88 percent job retention rate.
- Since 2013, DMH established 37 Clubhouses, providing as of 1/31/17 more than 1,200 individuals with serious mental illness (SMI) a range of career counseling, job search, training, support, and placement services for obtaining and maintaining permanent, supported, and transitional employment. In fiscal year 2017, the Commonwealth exceeded its target goal for competitive employment for individuals with SMI (22 percent vs 18 percent).
- In July 2010, DDS issued an Employment First Policy, emphasizing integrated employment opportunities in the community.



## Increasing Access to Vocational Rehabilitation Services and Career Planning

- In fiscal year 2017, MRC's Vocational Rehabilitation Program enrolled 17,685 consumers in training/education programs.
- In fiscal year 2017, MRC's Adaptive Assistance program provided assistive technology devices and services to close to 600 individuals eligible for vocational rehabilitation services who required such assistance to achieve an employment outcome or education-related task.
- MRC's Vehicle Modification Program provides driving evaluations, vehicle modifications, and equipment installation for privately owned vehicles of individuals with disabilities eligible for vocational rehabilitation services to enable them to achieve an employment outcome, or participants of the Moving Forward Plan or Acquired Brain Injury Waivers who need such services to attain or maintain independence outside an institution.

## Investment in Accessible Transportation Infrastructure and Services for Individuals with Disabilities

Growth of community transportation coordination efforts

- In 2009, UMass Medical School's Work Without Limits initiative sponsored a transportation coordination institute that brought national experts from the Community Transportation Association of America to Massachusetts and facilitated the development of nine cross-sector, regional teams promoting increased mobility in regions across the state. From 2009 through 2014, Work Without Limits and the EOHHS Human Service Transportation (HST) Office provided ongoing technical support to the teams.
- In 2011, the HST Office – with funding from MassDOT – launched the MassMobility initiative to support mobility management and transportation coordination statewide. Since 2011, MassMobility has worked to promote existing transportation services and provide technical assistance to partners looking to expand mobility through developing and maintaining an online information hub on the mass.gov website,<sup>23</sup> conducting outreach to EOHHS staff and partner agencies across the state, partnering with MassDOT on an annual community transportation conference,<sup>24</sup> writing and publishing a monthly newsletter detailing new developments in community transportation,<sup>25</sup> researching and disseminating best practices and promising approaches, and more.
- As the result of Executive Order 530:
  - MassDOT hired a Statewide Mobility Manager in 2013.
  - In 2014, MassDOT, MassMobility, and local stakeholders launched Regional Coordinating Councils on community transportation. Many of these were built on the ongoing work of the transportation coordination teams from the 2009 institute. MassMobility and MassDOT provide ongoing technical assistance to RCC projects.
  - Since 2014, MassDOT has provided technical assistance to recipients of Workforce Training Fund and Workforce Competitiveness Trust Fund grants to facilitate employment transportation.

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<sup>23</sup> [www.mass.gov/orgs/massmobility](http://www.mass.gov/orgs/massmobility)

<sup>24</sup> <https://www.mass.gov/ma-community-transportation-coordination-conference>

<sup>25</sup> <https://www.mass.gov/massmobility-newsletter>

- Growth of travel instruction programs
  - Travel instruction is the professional activity of teaching a person with a disability or senior the information and skills they need to ride fixed-route public transit independently and safely. It may take place in group instruction or through an individualized, one-on-one process.
  - MassMobility has supported travel trainers across the state through a peer network – the Massachusetts Travel Instruction Network – since 2013.
  - Since 2014, MassDOT has provided funding for expert travel trainers to offer three-day introductory and two-day intermediate workshops to build the capacity of human service agency staff, transit staff, and educators to offer travel instruction.
  - In September 2016, the MBTA contracted with Innovative Paradigms, Inc. to provide group and individual travel training services to individuals with disabilities. Travel training is a professional activity that teaches people how to ride the bus, subway, commuter rail, and boat safely and independently. To date, more than 300 individuals attended system orientation trainings and 70 received individual instruction.
  - Over half of all transit authorities in Massachusetts currently have a full or part-time travel trainer on staff, up from only a few prior to 2012. Additional transit authorities have begun exploring options for offering travel instruction as well.
- Innovative services to improve access, availability, and quality of service
  - In 2017, the RIDE consolidated its call center in 2017 to improve reservation and trip experience of RIDE customers, improve performance and accountability of its service providers, and provide savings to the agency.
  - In August 2017, the MBTA streamlined its Transit Access Pass (TAP) application procedure, making it faster and easier for clients of MRC, DMH, and DDS to apply for reduced fare passes.
  - Since 2016, CrossTown Connect, a Transportation Management Association covering the northwestern suburbs of Boston – Acton, Boxborough, Littleton, Westford, Concord, and Maynard – coordinates COA service across towns via central dispatch operations. In collaboration with three regional transit authorities, shuttles cross RTA boundaries and provide more trips and extended reservation and service hours to town residents with disabilities. COA vehicles are also used in employment transportation, connecting residents to two commuter rail stations in the region. COA service carried about 1,500 passengers, including individuals with disabilities, per month in 2017.
  - The Quaboag Connector was established in February 2017 in the rural area of south-central Massachusetts, covering nine towns including the town of Ware where the demand responsive service is dispatched from. In collaboration with the local Community Development Corporation, the Ware COA, Mary Lane Hospital, and the Holyoke Community College, this service is a lifeline to work, education, social services, and local trips of any purpose. This region received very limited bus service before. Currently 700 rides are provided monthly.

## Appendix C: List of Olmstead Advisory Council Members

- Kimberly Babbs, Executive Director, ***Laurel Ridge Senior Living Residence***
- Anna Bellows, General Counsel, ***Elder Services of the Merrimack Valley***
- Christian Beres, Healthcare Policy Analyst, ***Easterseals***
- Laila Bernstein, Advisor to the Mayor for the Initiative to End Chronic Homelessness, City of Boston, ***Mayor's Office for the Initiative to End Chronic Homelessness***
- Barbara Chandler, Senior Advisor on Civil Rights and Fair Housing, ***Metropolitan Boston Housing Partnership***
- Lucie Chansky, Special Education Advocate, ***Private citizen***
- Deborah Chausse, Executive Director, ***House of Hope, Inc.***
- Jennifer Clarke, Deputy Director, Planning & Community Development, ***City of New Bedford***
- Andrew Cohen, Staff Attorney, Project Director, ***Health Law Advocates***
- Kelley Cronin, Executive Director, ***Acton Housing Authority***
- Vijay Dalal, Vice President, Operations, ***Dare Family Services, Inc.***
- Karen Dexter, Program Director, ***Arlington Continuum***
- Marc Fenton, Former Principal, ***Public Consulting Group***
- Joe Finn, President and Executive Director, ***Massachusetts Housing and Shelter Alliance***
- Nicole Godaire, Executive Director, ***Brain Injury of Massachusetts***
- Lisa Maria Gurgone, Executive Director, ***Home Care Aide Council***
- Bill Henning, Executive Director, ***Boston Center for Independent Living***
- Emery Hughes, Director, ***BAYADA Home Health Care***
- Julie Jediny, Resident Services Coordinator, ***Meredith Management***
- George Kent, Development Officer, ***Special Olympics Massachusetts***
- Shaun Kinsella, Statewide Director, ***Massachusetts Association for the Blind and Visually Impaired***
- Jennifer Lee, Systems Advocate for Change, ***Stavros Center for Independent Living***
- Stacey Leibowitz, Director, Developmental Disabilities and Rehabilitative Services, ***The Bridge of Central MA***
- Bradley Marshall, Outreach/SHINE/CAC Worker, ***Rehoboth Council on Aging***
- David Matteodo, Executive Director, ***MA Association of Behavioral Health Systems***
- Danna Mauch, President and CEO, ***MA Association for Mental Health***
- Kristen McCosh, Disability Commissioner, ***City of Boston***
- Zobeida Medero, Case Manager/Assistant Coordinator, ***Boston Public Health Commission***
- Mignonne Murray, Director of Western Council on Aging, ***Town of Weston, Council on Aging***

- Caitlin Parton, Staff Attorney, ***Disability Law Center***
- Nicole Rodriguez, Advocate/Peer Counselor, ***Stavros Center for Independent Living***
- Karen Rudd, Executive Director, ***Bridgewater Housing Authority***
- Tom Sannicandro, Director, Senior Research Fellow, ***Institute of Community Inclusion, UMass Boston***
- Paul Spooner, Executive Director, ***MetroWest Center for Independent Living***
- Judith Ursitti, Director State Government Affairs – Autism Speaks, ***Advocates for Autism of Massachusetts (AFAM)***
- Susan White, Director of Affordable Housing, ***Vinfen Corporation***
- Megan Wiechnik, Resource Helpline Director, ***NAMI***
- John Winske, Legal Advocate, ***Disability Policy Consortium***

## Appendix D: Olmstead Planning Committee

- Evan Bjorklund, General Counsel, **OHA**
- Brett Blank, Assistant General Counsel, **EOHHS**
- Catherine Brown, Director of Disability Access, **DTA**
- Janelle Chan, Undersecretary, **Housing and Community Development**
- Emily Cooper, Chief Housing Officer, **EOEA**
- David D’Arcangelo, Director, Massachusetts Office on Disability, **OHA**
- Christine Devore, Program Management Coordinator, **OCD**
- David Eng, Strategic Partnership/Program Development Specialist, **MassHousing**
- Katherine Fichter, Assistant Secretary for Policy Coordination, **DOT**
- Naomi Goldberg, Advocate, Client Services Program, **OHA**
- Ayana Gonzalez, Manager of Supported Housing & Special Projects, **OCD**
- Brendan Goodwin, Director of Rental Assistance, **OCD**
- Michele Goody, Director, Cross Agency Integration, **EOHHS**
- Victor Hernandez, Deputy Assistant Commissioner, **DDS**
- Jennifer James, Undersecretary, Workforce Development, **EOLWD**
- Cheryl Kennedy-Perez, BSAS, Director of Housing and Homeless Services, **DPH**
- Claire Kilawee-Corsini, Director of Reentry Services, **DOC**
- Margaux LeClair, Counsel/Fair Housing Specialist, **OCD**
- Courtenay Loiselle, Strategic Housing Partnership Coordinator, **MRC**
- Patti Mackin, Undersecretary of Human Services, **EOHHS**
- Claire Makrinikolas, Director, Housing and Outreach Services, **DVS**
- Carole Malone, Assistant Secretary, Executive Office of Elder Affairs, **EOEA**
- Joanne McKenna, Senior Housing Specialist, **OCD**
- Roberta Rubin, Chief Counsel, **OCD**
- Linn Torto, Executive Director, **ICHH**
- Joseph Vallely, Housing & Homeless Specialist, **DMH**





## Appendix E: Olmstead Accountability Benchmark Document

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>1A. Capital Assistance for Housing Development</b>			
<b>1A.1 Develop new housing units for persons with disabilities and new supportive housing units utilizing state capital funding.</b>	Number of units produced under Community Based Housing (CBH) and Facilities Consolidation Fund (FCF) programs (estimated 150 units).	Number of units produced under the CBH and FCF programs (estimated 150 units annually) as well as units.	CBH and FCF funds to produce an estimated 150 units for people with disabilities annually.
<b>1A.2 Develop new housing units for persons with disabilities and new supportive housing units utilizing other capital funding.</b>	Number of supportive housing units produced with other capital resources such as Housing Trust Fund (estimated 150 units annually).	Number of supportive housing units produced with other capital resources such as Housing Trust Fund (estimated 150 units annually).	Other state-administered capital resources to produce an estimated minimum of 150 additional supportive housing units annually (assuming continued HUD Housing Trust Fund awards).
<b>1B. Rental Assistance</b>			
<b>1B.1 Include \$1 million per year in DMH FY2019, FY2020, and FY2021 budget requests to expand DMH-RSP in order to increase community-integrated housing opportunities, estimated to support an additional 87 individuals with SMI each year, promoting movement within the continuum of DMH residential services.</b>	Allocate to the field estimated 87 subsidy vouchers for leasing.	Allocate to the field estimated 170+ subsidy vouchers for leasing.	Expand DMH-RSP to increase housing opportunities and promote movement within the system with predictable allocation of subsidy vouchers. (approx. 260 over 3 yrs.)
<b>1B.2 Utilize Housing Choice Voucher (HCV) or Mass Rental Voucher Program (MRVP) for supportive using units receiving capital funds through DHCD rental funding rounds. The exact commitment of funds (and estimated number of units funded) is dependent on the</b>	Estimated 100 project-based vouchers tied to supportive housing units, plus an estimated 20-30 project-based vouchers tied to units targeting persons with disabilities, funded annually.	Estimated 100 project-based vouchers tied to supportive housing units, plus an estimated 20-30 project-based vouchers tied to units targeting persons with disabilities, funded annually.	Estimated 100 project-based vouchers tied to supportive housing units, plus an estimated 20-30 project-based vouchers tied to units targeting persons with disabilities, funded annually.

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>needs of the specific projects selected for capital funds.</b>		persons with disabilities, funded annually.	
<b>1B.3 Utilize HUD 811 Project Rental Assistance to transition MassHealth members from long-stay facilities to the community and to address the housing needs of other priority populations, with long-term services and supports from MassHealth, MRC and other EOHHS agencies.</b>	Lease-up all FY 12 PRA grant-funded units. The state must lease all units from the FY12 grant by 9/30/2020.	Lease-up all FY 13 PRA grant-funded units. The state must lease all units from the FY13 grant by 9/30/2021.	Continue lease-up of FY12 and FY13 PRA units as needed.
<b>1B.4 Apply for new Mainstream (Section 811) Vouchers in response to HUD's 2018 NOFA to serve non-elderly persons with disabilities who are: transitioning from institutional or other segregated settings to community living; at serious risk of institutionalization; homeless; or at risk of becoming homeless.</b>	If awarded, begin implementation of grant (number of vouchers depends on award amount).	Apply for new vouchers for non-elderly persons with disabilities as they become available in the future, should the agency be eligible and determine it would benefit the Commonwealth's citizens with disabilities.	Continue to apply for new vouchers for non-elderly persons with disabilities as they become available in the future, should the agency be eligible and determine it would benefit the Commonwealth's citizens with disabilities.
<b>1C. Policy Initiatives</b>			
<b>1C.1 Facilitate the construction and supply of new housing units to increase housing supply and choice. Elements include:</b> <ul style="list-style-type: none"> <li>• New and better coordinated technical assistance, including coordination by the Housing Choice Program Director at DHCD as well as \$2 million in planning assistance from MassHousing to help cities and towns achieve their affordable housing goals.</li> <li>• Tracking progress toward a goal of adding 135,000 new housing units statewide by 2025, or about 17,000 units per year.</li> </ul>	<p>Support Housing Choice legislation modifying state zoning laws to make it easier for municipalities to zone for growth.</p> <p>Implement Housing Choice grant program (DHCD), providing grants to municipalities with high rates of housing production, particularly those that have adopted housing best practices designed to support housing production (~\$4 million in Y1).</p>	<p>Implement Housing Choice legislation if passed, through regulations and/or guidance.</p> <p>Continue and expand Housing Choice grant program, subject to funding availability.</p> <p>Provide additional planning assistance to help cities and towns achieve their affordable housing goals through</p>	<p>Continue and expand Housing Choice grant program, subject to funding availability.</p> <p>Provide additional planning assistance to help cities and towns achieve their affordable housing goals through</p> <p>MassHousing "Planning for Production" program. Report on progress toward production goal.</p>

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<ul style="list-style-type: none"> <li>• Legislation, filed as an Act to Promote Housing Choices, that would change state law to reduce the required vote from a 2/3 “supermajority” to a simple majority vote for zoning changes that eliminate barriers to building new housing and improving land use.</li> <li>• Offering communities that achieve “Housing Choice” designation extra points on a wide variety of state capital grants as incentive to build housing and to adopt housing production best practices.</li> <li>• Providing Housing Choice designated municipalities exclusive access to a new state grant program that will make grants for local capital projects as a reward for housing production.</li> </ul>	<p>Provide \$2 million in planning assistance to help cities and towns achieve their affordable housing goals through MassHousing “Planning for Production” program.</p> <p>Establish “one-stop shopping” coordination for information about technical assistance and related grants for local governments (DHCD). Implement systems to track progress toward production goal.</p>	<p>MassHousing “Planning for Production” program.</p> <p>Track progress toward production goal.</p>	
<b>1C.2 Expand the MassHousing 3% Priority Program, currently serving DMH and DDS clients, to housing financed by other state housing funders/lenders such as MassDevelopment and Mass Housing Partnership and to other populations impacted by Olmstead issues, including clients of EOEA and MRC.</b>	<p>Execute Memorandum of Understanding among State Housing and EOHHS Agencies, Publish an Operations Manual. Implement requirement for future funding rounds. Implement a web-based system for unit notification.</p>	<p>Agencies sign agreements with Owners/Developers for an estimated 100 new 3% Priority Program units annually. Utilization (by populations eligible for the preference) also anticipated to increase due to expanded eligible populations.</p>	<p>Agencies sign agreements with Owners/Developers for an estimated 100 new 3% Priority Program units annually. Utilization, anticipated to increase based on the expanded population eligible for the preference, and operations will be evaluated by a steering committee.</p>

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>1C.3 Expand TPP with the Housing Court to previously unserved jurisdictions, including Norfolk County, southern Middlesex County, Suffolk County outside of Boston, the Cape and Islands, and continue support for the TPP upstream prevention initiative begun in 2016.</b>	<p>90% of households receiving TPP support will have tenancy preserved by remaining in place or moving to other housing, with 70% remaining in place.</p> <p>An estimated 95% of households receiving TPP upstream prevention support will have tenancy preserved, with 85% remaining in place.</p>	<p>Maintain tenancy preservation for at least 90% of households receiving TPP support, with 70% remaining in place.</p> <p>Maintain tenancy preservation for at least an estimated 95% of households receiving TPP upstream prevention support, with 85% remaining in place.</p>	<p>Maintain tenancy preservation for at least 90% of households receiving TPP support, with 70% remaining in place.</p> <p>Maintain tenancy preservation for at least an estimated 95% of households receiving TPP upstream prevention support, with 85% remaining in place.</p>
<b>1C.4 Develop strategies to enhance utilization by people with disabilities of vouchers provided under programs such as the Section 811 PRA program, and the Alternative Housing Voucher Program.</b>	<p>Number of units created under 811 Project Rental Assistance program (estimated 50 units).</p> <p>Raise AHVP ceiling rents to 90% of FMR.</p>	<p>Number of units created under 811 Project Rental Assistance program (estimated 50 units annually).</p> <p>Evaluate utilization of AVHP vouchers.</p>	<p>Continue to apply for HUD 811 PRA program funding when available. Once AHVP vouchers are fully utilized, consider appropriate goals relating to the growth of the program in a future plan update.</p>

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>1C.5 Deploy a centralized statewide electronic portal for applications for the state-funded public housing program to allow applicants to apply to any one or more of the 240 local housing authorities in the Commonwealth through submission of a single application.</b>	Portal to be made available to LHAs in the summer of 2018 and to housing applicants by January of 2019.	Provide ongoing maintenance and evaluation of portal.	Evaluate feasibility of expansion of portal to rental assistance programs.
<b>1C.6 EOEa will work with Continuums of Care to explore implementation of a homeless preference in privately owned senior housing developments developed under the HUD 202 program.</b>	At least 5 properties will decide to implement a new waiting list preference for homeless elders.	At least 10 properties will decide to implement a new waiting list preference for homeless elders.	At least 15 properties will decide to implement a new waiting list preference for homeless elders.
<b>1C.7 Continue to support funding for Housing Consumer Education Centers (HCEC) that can provide affordable housing navigation as well as homelessness prevention across the state.</b>	Over \$2 million anticipated in funding for HCECs annually (subject to appropriation).	Over \$2 million anticipated in funding for HCECs annually (subject to appropriation).	Over \$2 million anticipated in funding for HCECs annually (subject to appropriation).
<b>1D. Interagency Collaboration and Program Coordination</b>			
<b>1D.1 Pilot joint DHCD/EOHHS procurements to address the housing and service needs of vulnerable populations with disabilities, including elders and individuals and families experiencing homelessness through supportive housing with dedicated services.</b>	ICHH Supportive Housing Production committee will identify specific opportunities to test at least three joint procurements to address housing and service needs in supportive housing.	Conduct initial joint procurements in year 2.	Explore possibility of expanding joint procurements by at least three in year 3.

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>1D.2 The ICHH Committee for Supportive Housing Production and Services is working to develop goals for production necessary to increase housing inventory for vulnerable populations in need of targeted services.</b>	Develop table of goals for creating housing opportunities for subpopulations – veterans, elders, families, youth, persons with disabilities.	Annually measure progress in addressing housing needs of identified populations.	<p>Annually measure progress in addressing housing needs of identified populations.</p> <p>Annual Report by Interagency Council on Housing and Homelessness (ICHH) will provide production progress.</p>
<b>1D.3 Led by EOHHS and EOE, explore partnerships with healthcare systems and medical facilities serving high utilizers of medical and/or behavioral health services who are homeless or unstably housed in order to identify resources to invest in expanding respite care and PSH capacity.</b>	Issue NOFA and award funds for Special Section 811 PRA Pilot for chronically homeless high utilizers of health care requiring investment from health care entities.	Measure impact of pilot on healthcare utilization and residential stability of tenants.	<p>Continue to measure impact of pilot on healthcare utilization and residential stability of tenants.</p> <p>Annual Report by Interagency Council on Housing and Homelessness (ICHH) will provide status of high utilizers pilot.</p>
<b>1D.4 Evaluate community integration programs, including through a survey of providers of PSH funded under DHCD supportive housing rounds, to ensure that SH and PSH programs, including those intended as “low threshold,” are serving their intended target populations.</b>	Review outcome measurement of survey responses from owners of PSH funded through DHCD supportive housing rounds (for an estimated 6-10 projects annually in addition to the 35 projects previously surveyed) Evaluate survey responses.	Review outcome measurement of survey responses from owners of PSH funded through DHCD supportive housing rounds (for an estimated additional 6-10 projects annually). Evaluate survey responses.	<p>Develop strategies to coordinate housing and services funding to more efficiently expand SH and PSH programs.</p> <p>Review outcome measurement of survey responses from owners of PSH funded through DHCD supportive housing rounds (for an estimated additional 6-10 projects annually).</p> <p>Conduct ongoing evaluation of community integration programs and whether SH and PSH programs are serving their intended target populations.</p>



GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>1E. Accessibility</b>			
<b>1E.1 Evaluate the successful use and continued functionality of state-funded supportive housing projects supported by Chapter 689, FCF, CBH, HIF and other state funding sources, in order to better manage and monitor the utilization of this important affordable and accessible housing portfolio, and to improve the quality and accessibility of the portfolio over time. Evaluate community integration programs, including through a developed survey of providers of PSH funded under DHCD supportive housing rounds, to ensure that SH and PSH programs, including those intended as “low threshold,” are serving their intended target populations.</b>	Assemble inventory of properties and develop checklist for evaluation of status.	Evaluate status of properties in state-funded supportive housing and develop strategies and identify funding sources for disposition or renovation/ re-programming, as needed of subsidized portfolio.	<p>Publish results of DHCD, CEDAC, EOHHS, MassHousing, Mass Development and MHP working group to evaluate and plan the successful use and continued functionality of state-funded supportive housing.</p> <p>Outcome measurement review of survey responses from owners of PSH funded through DHCD supportive housing rounds. Ongoing evaluation of community integration programs and whether SH and PSH programs are serving their intended target populations.</p>
<b>1E.2 Provide reasonable accommodation training regularly to PHAs and private management companies. Training to include awareness of reasonable accommodations that may be needed by people who are deaf or hard of hearing.</b>	MassHousing will offer six Fair Housing and Reasonable Accommodation-related trainings, which will include info on accommodations needed by people who are deaf or hard of hearing. MassNAHRO & NEAHMA share MassHousing’s training schedule with their members.	MassHousing will offer 12 Fair Housing and Reasonable Accommodation-related trainings, which will include info on accommodations needed by people who are deaf or hard of hearing. MassNAHRO & NEAHMA share MassHousing’s training schedule with their members.	Continue providing at least six annual trainings for PHAs and private management companies to expand awareness of reasonable accommodations that may be needed by people who are deaf or hard of hearing.

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>1E.3 As public housing capital funds permit, continue to target capital funding of at least \$1-2 million annually to increase accessibility in DHCD's state-aided public housing, including funding to assist LHAs in responding to requests for reasonable modifications to state-aided public housing. DHCD is committed to the goal of having 5% fully accessible units across the entire state-aided portfolio.</b>	Continue to target capital funding to assist LHAs in responding to reasonable modification requests and accessibility requirements relating to capital improvements (exceeds at least \$1 million annually).	Continue to target capital funding to assist LHAs in responding to reasonable modification requests and accessibility requirements relating to capital improvements (exceeds at least \$1 million annually). Prepare/launch next accessible unit initiative funding round.	Track DHCD's progress towards its goal of having 5% fully accessible units across the entire state-aided portfolio. Launch additional accessible unit initiative funding rounds.
<b>1E.4 Provide Home Modification Loan Program (HMLP) funds for access improvements. The Administration has committed up to \$6.5 million annually (subject to capital plan approval) in capital bond funds through 2022 for HMLP, including up to 10% of funding program. The bond bill includes administration-proposed program modifications to make HMLP a resource for landlords to make rental housing accessibility improvements.</b>	Update guidelines for expanded use of HMLP.	Conduct outreach to landlords and families to facilitate use of funds for this purpose – increase projects funded by 10 per year.	Track administration-proposed program modifications to make HMLP a source of funding for landlords to make rental housing accessibility improvements.
<b>1E.5 Explore how best to increase access to housing options for people with Autism, including identification of housing design features most frequently needed by individuals with Autism and how to incorporate and integrate those in existing, rehabilitated, and new affordable and supportive housing units.</b>	Identify the different types of low-cost housing potentially available for individuals with disabilities, including for individuals with autism, such as subsidized rental housing and public housing.	Examine the accommodations and modifications that can help individuals with ASD access housing and maintain tenancy.	Update Report on efforts to increase accessible housing options for people with Autism, including identification of housing design features most frequently needed by individuals with Autism and mechanisms to incorporate and integrate those in existing, rehabilitated, and new affordable and supportive housing units.

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>1E.6 Review, refine and update current design guidelines for FCF and CBH and convene a working group to refine and update these guidelines to address the geographic and environmental diversity of rural, suburban and urban constraints and influences. DHCD, EOHHS and CEDAC will convene such working group to review the guidelines.</b>	Assemble working group, identify funding and engage consultants to assist with new guideline development. Complete updated CBH Design Guidelines.	Draft and disseminate new guidelines, provide outreach and training to developers and managers on new guidelines. Complete amendment of FCF guidelines to include housing design for persons with Autism.	Update of CBH and FCF guidelines as needed.

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>2A. Expanding Access to Community Based Services</b>			
<b>2A.1 As part of its Medicaid 1115 Waiver Renewal, Massachusetts will invest \$1.8 billion over the next five years to support the transition toward Accountable Care Organizations (ACOs). ACOs that will be held contractually responsible for the quality, coordination and total cost of members' care. ACOs will contract with designated Community Partners, community-based health care and human service organizations that will partner with ACOs to integrate and improve health outcomes of MassHealth members with complex long term medical and/or behavioral health needs</b>	Contract with Community Partners effective June 1, 2018. In state fiscal year 2019, the State will invest \$60 million in the community partners program.	In state fiscal years 2020 and 2021, the State will invest a total of \$217 million in the community partners program.	Evaluate the impact of investments in Community Partners on improvement of health outcomes for MassHealth members with complex long term medical and/or behavioral health needs.
<b>2A.2 Expand MassHealth coverage for substance use disorder (SUD) and co-occurring disorder (COD) treatment to include a continuum of 24-hour community-based rehabilitation services, care coordination and recovery services, including the evidence-based practices of Medication Assisted Therapy and Critical Time Intervention.</b>	Assess MassHealth spending for SUD and COD treatment.	Assess MassHealth spending for SUD and COD treatment.	Increase in spending of \$200 million over the course of the next five years for substance use disorder (SUD) and co-occurring disorder treatment.
<b>2B. Promoting Services That Facilitate Transitions from Institutional Settings</b>			
<b>2B.1 Increase capacity in two Moving Forward Plan (MFP; formerly Money Follows the Person) HCBS waivers and two Acquired Brain Injury (ABI) HCBS waivers over the course of the five-year renewal period.</b>	Increase total unduplicated member slots as follows: <ul style="list-style-type: none"> <li>ABI-Nonresidential Habilitation: 120 slots per year (increased from 110 slots in the prior waiver year)</li> <li>ABI-Residential Habilitation:</li> </ul>	Increase total unduplicated member slots as follows: <ul style="list-style-type: none"> <li>ABI-Residential Habilitation:</li> </ul>	Issue written update on renewal status of two Moving Forward Plan (MFP; formerly Money Follows the Person) HCBS waivers and two Acquired Brain Injury (ABI) HCBS waivers and increased capacity over

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
	<p>Yr 1 (5/1/18-4/30/19) – 596 slots (increased from 513 slots in the prior waiver year)</p> <ul style="list-style-type: none"> <li>• MFP-Community Living: Yr 1 (4/1/18-3/31/19) – 843 slots (increased from 729 slots in the prior waiver year)</li> <li>• MFP-Residential Supports: Yr 1 (4/1/18-3/31/19) – 364 slots (increased from 304 slots in the prior waiver year)</li> </ul>	<p>Yr 2 – 636 slots (increased from 596 slots in the prior waiver year)</p> <p>Yr 3 – 676 slots (increased from 636 slots in the prior waiver year)</p> <ul style="list-style-type: none"> <li>• MFP-Community Living: Yr 2 – 943 slots (increased from 843 slots in the prior waiver year)</li> <li>Yr 3 – 1043 slots (increased from 943 slots in the prior waiver year)</li> <li>• MFP-Residential Supports: Yr 2 – 424 slots (increased from 364 slots in the prior waiver year)</li> <li>Yr 3 – 484 slots (increased from 424 slots in the prior waiver year)</li> </ul>	<p>the course of the five-year renewal period.</p> <ul style="list-style-type: none"> <li>• ABI-Residential Habilitation: Yr 4 – 706 slots (increased from 676 slots in the prior waiver year)</li> <li>Yr 5 – 736 slots (increased from 706 slots in the prior waiver year)</li> <li>• MFP-Community Living: Yr 4 – 1118 slots, (increased from 1043 slots in the prior waiver year)</li> <li>Yr 5 – 1193 slots (increased from 1118 slots in the prior waiver year)</li> <li>• MFP-Residential Supports: Yr 4 – 529 slots (increased from 484 slots in the prior waiver year)</li> <li>Yr 5 – 574 slots (increased from 529 slots in the prior waiver year)</li> </ul>
<b>2B.2 Enhance efforts to transition from State Hospital continuing-care beds individuals with serious and persistent mental illness that are determined discharge ready and able to safely move into community-based living opportunities with appropriate supports. Establish a DMH State Hospital Discharge Review Team that provides Peer-to-Peer case consultation to facilitate discharge planning.</b>	<p>DMH to organize resources and training to initiate implementation of 20% annual target.</p> <p>Develop standard definitions, data collection system and evaluate data integrity.</p>	<p>Transition each year 20% of the discharge ready population into the community.</p> <p>Align community system to be more consistent and predict service needs and demand.</p>	<p>20% of the discharge ready population will move in any one year into community-based living opportunities as a result of expanded DMHRSP and other housing resources.</p> <p>Deploy DMH State Hospital Discharge Review Team to provide Peer-to-Peer case consultation to facilitate discharge planning for individuals with challenging needs.</p>

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>2B.3 Ensure that people admitted to nursing facilities meet the level of care, and when nursing facility level of care is no longer needed, are transitioned to the community.</b>	<p>100% of individuals with ID/DD admitted to a nursing facility have a PASRR evaluation indicating NH level of care.</p> <p>Implement 90-day PASRR approvals to allow for short-term nursing facility admissions.</p> <p>Track 100% of individuals receiving a PASRR evaluation through a statewide database.</p> <p>Assure federal compliance through administrative case management processes.</p>	<p>100% of individuals with ID/DD admitted to a nursing facility have a PASRR evaluation indicating NH level of care.</p> <p>Continue utilizing 90-day PASRR approvals to allow for short-term nursing facility admissions.</p> <p>Track 100% of individuals receiving a PASRR evaluation through a statewide database.</p> <p>Continue to assure federal compliance through administrative case management processes.</p>	<p>100% of individuals with ID/DD admitted to a nursing facility have a PASRR evaluation indicating NH level of care.</p> <p>Continue utilizing 90-day PASRR approvals to allow for short-term nursing facility admissions.</p> <p>Continue tracking 100% of individuals receiving a PASRR evaluation through a statewide database.</p> <p>Continue to assure federal compliance through administrative case management processes.</p>
<b>2B.4 Explore expansion of funding for the MRC Supported Living Program in order to serve more individuals.</b>	Explore feasibility and costs for expansion. Develop budget request for increased funds based on findings.	If funds are granted, establish expansion and begin service delivery depending on funding and resources.	Fully implement expansion of Supported Living and provide report on outcome measurement including number of individuals served and number of individuals transitioned from long-term care facilities.
2C. Promoting Services That Support People with Disabilities to Remain in their Homes and Community-Based Settings			
<b>2C.1 Advance self-determination through expanding self-direction outreach and encouragement to share self-direction experiences, developing opportunities for stakeholders to gather on a regular basis to discuss the self-direction model, continuing to</b>	Increase participation in both the Agency with Choice (AWC) and Participant Directed Program (PDP) by a combined total of 120 individuals annually.	Increase participation in both the Agency with Choice (AWC) and Participant Directed Program (PDP) by a combined total of 120 individuals annually.	Increase participation in both the Agency with Choice (AWC) and Participant Directed Program (PDP) by a combined total of 120 individuals annually.

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>improve training materials and simplifying the self-direction process.</b>	Introduce self-direction to participants and families prior to transition to DDS adult services.	Continue Introducing self-direction to participants and families prior to transition to DDS adult services.	Accelerate the introduction of self-direction to participants and families prior to transition to DDS adult services.
	Make self-direction materials available to families and individuals at the annual ISP.	Continue making self-direction materials available to families and individuals at the annual ISP.	Promote self-direction materials to families and individuals at the annual ISP.
	Add at least five new speakers in the Self-Direction Speakers Bureau.	Add at least five new speakers in the Self-Direction Speakers Bureau.	Assess the need for additional Speakers in the Self-Direction Speakers Bureau.
	Host at least monthly support broker/service coordinator forums in each region and an annual statewide support broker conference.	Continue hosting at least monthly support broker/service coordinator forums in each region and an annual statewide support broker conference.	Continue hosting at least monthly support broker/service coordinator forums in each region and an annual statewide support broker conference.
	Issue guidance on how participants can utilize Flexible Spending allocations.	Monitor need for ongoing guidance on how participants can utilize Flexible Spending allocations and re-issue as needed.	Monitor need for ongoing guidance on how participants can utilize Flexible Spending allocations and re-issue as needed.
	Continue to work with the financial management services vendor to improve the process of managing the self-direction model through the online portal and call centers.	Monitor the need for ongoing improvement of the process of managing the self-direction model through the online portal and call centers.	Monitor the need for ongoing improvement of the process of managing the self-direction model through the online portal and call centers.



GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>2C.2 Increase the supply and quality of Personal Care Attendants (PCAs) by improving the online registry to connect PCAs and consumers in the self-directed program and increasing outreach and marketing efforts to attract individuals to work as PCAs.</b>	<p>Launch upgraded online registry that will include new and enhanced features, such as accessibility through smart phones and other devices, email alerts.</p> <p>PCA workforce council takes steps to recruit new PCAs to participate in the program, such as organizing informal meet-and-greets between consumers and potential PCAs.</p>		Increase in the supply and quality of Personal Care Attendants (PCAs) through an improvement in the online registry and increasing outreach and marketing efforts.
<b>2C.3 Increase the current PCA wage to \$15/hour effective July 1, 2018, as part of its continued effort to attract and maintain individuals to work as PCAs.</b>	Implement wage increase.	Assess the availability of PCA services for MassHealth members.	Continue to assess the availability of PCA services for MassHealth members and the need for additional efforts to attract and maintain individuals to work as PCAs.
<b>2C.4 Expand MassHealth initiatives to improve to the supply and quality of Continuous Skilled Nursing (CSN) services in the community and increasing annual MassHealth spending on CSN services.</b>	<p>In 2018, MassHealth, in partnership with UMMS's Community Case Management (CCM) program, will host a training on Inpatient Facility Discharge Planning for CCM members.</p> <p>MassHealth also proposes to increase the scope of CCM to include more case management activities. These enhancements will partially be reflected in the UMMS-MassHealth 2018 ISA.</p>	CCM member case management activities will be streamlined between CCM and ACO/MCO models.	<p>MassHealth is actively engaging with the CSN stakeholder community to identify and develop potential enhancements to the CCM Program. Specifically, MassHealth is looking to address the topics of co-vending, program integrity for the Independent Nurse Program, data sharing, nurse trainings, and matching nurses to members.</p> <p>Initiatives to address these topics are currently being identified by MassHealth and the CSN stakeholder community. Long term goals are focused on improving coordination</p>

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
			between MassHealth, CCM, home health agencies, independent nurses, and members to increase the ability for members and their families to identify available nursing hours.
<b>2C.5 Explore expansion of funding for the Assistive Technology (AT) Independent living program.</b>	Explore feasibility and costs for expansion, and create budget request based on serving 475 individuals per year.	Establish expansion and beginning of service depending on funds and resources available.	Fully implement and report on outcome measurements including number of people served.
<b>2C.6 Seek additional funding to expand the REquipment program, which redistributes over 1,000 AT devices annually.</b>	Explore feasibility and costs for expansion and create a budget request based on identified need.	Establish expansion and beginning of service depending on outcomes found in feasibility study and funds available.	Fully implement and report on outcome measurements.
<b>2C.7 Improve statewide coverage and expedite access to redistributed AT devices.</b>	Explore feasibility and costs for expansion and create a budget request based on identified need. Feasibility will be determined using a study of types of AT devices that lend themselves to being refurbished and a survey of the potential of expansion for the program and potential program models.	Conduct feasibility, needs study.	Establish expansion and beginning of service depending on outcomes found in feasibility study and funds available. Identify the amount of resources and a proposed budget.  Improve statewide coverage and expedite access to redistributed AT devices.
<b>2C.8 Partner with the Mass Healthy Aging Collaborative to support and increase the number of communities pursuing Age Friendly and/or Dementia Friendly designations or certifications. and to support Massachusetts in becoming an Age Friendly State.</b>	Continue to build age friendly movement in MA.  Deepen capacity building at local level.  Embed access, equity and cultural inclusion in age friendly work.	Continue to build age friendly movement in MA.  Continue to deepen capacity building at local level.	Make Massachusetts an age friendly commonwealth, with age and dementia initiatives in all regions and most cities/towns, consistent with statewide plan for AARP designation.

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
		Embed access, equity and cultural inclusion in age friendly work.	
<b>2C.9 Increase the number of individuals who are legally blind that receive blindness critical specialized wrap-around services (Orientation and Mobility, Rehabilitation Teaching &amp; Assistive Technology), leading to productive independence and full community participation</b>	Increase the number of individuals who are legally blind that receive blindness critical specialized wrap-around services by 3%.	Increase the number of individuals who are legally blind that receive blindness critical specialized wrap-around services by an additional 3%.	Increase the number of individuals who are legally blind that receive blindness critical specialized wrap-around services by a total of 10%.
<b>2C.10 Promote the inclusion of training for DPH Community Health Workers, in both their core competency training and continuing education, the topics of hearing health, aural rehabilitation, vision rehabilitation, use of available technology solutions and a patient long-term support plan incorporating group interventions to improve hearing care treatment, and vision rehabilitation (including services available from the Massachusetts Commission for the Blind, thereby increasing independence and reducing admissions to institutional settings.</b>			DPH will present the request for enhanced training to the Board of Community Health Workers in order to obtain approval and the funding needed to support.
<b>2C.11 Continue and expand DMH Jail/Arrest Diversion Grant Program, which funds local communities/municipalities to train law enforcement and other public safety personnel to: (1) recognize the sign and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious</b>	Expand participation to impact over 75 communities.	Expand participation to 100 communities (Yr.2) and 125 communities (Yr.3).  Track number persons served and the outcomes to identify best practices.	Expand jail diversion grant participation to 300 local communities.  Track number persons served and the outcomes to identify best practices.

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
emotional disturbance (SED); (2) identify person with a mental disorder and employ crisis de-escalation techniques; (3) learn about resources that are available in the community for individuals with a mental disorder; (4) establish linkages with schools, community-based mental health agencies, and to (5) refer individuals with the signs or symptoms of mental illness to appropriate services.			
2C.12 Continue DMH provision of funding for: one Forensic Assertive Community Treatment (ACT) Team with Peer support staff; and a Forensic Transition Team (specialty care management service for individuals being release from jails/prisons).	Serve 850 individuals with MH disorders and criminal justice involvement annually.	Serve 850 individuals with MH disorders and criminal justice involvement annually.	Serve 850 individuals with MH disorders and criminal justice involvement annually.
<b>2D. Improving the Capacity and Quality of Services</b>			
2D.1 Bring settings of DDS and MRC residential and other site-based services into compliance with the HCBS final rule by the federal deadline for transition (March 2022), and ensure compliance of new settings, as appropriate.	<p>Work with challenged providers on individual transition plans.</p> <p>Work with day providers on enhancing services.</p> <p>Continue surveying providers with strengthened tool to evaluate and ensure compliance.</p>	Continue work with providers to complete 50% of the milestones necessary to come into compliance with the final rule.	Settings of residential and other site-based services in compliance with the HCBS final rule by the federal deadline for transition (March 2022).

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>2D.2 Invest \$83 million to re-design and strengthen DMH's largest adult community service program to better meet the needs of the approximately 11,000 adults with long-term, serious mental illness enrolled in the program annually. Adult Community Clinical Services will provide:</b> <ul style="list-style-type: none"> <li>Clinical services provided by an integrated team 24/7/365;</li> <li>Individualized care that focuses on Peer Support, includes treatment for SUD as needed and responds to individuals' needs as they change across the age continuum; and</li> <li>Focus on achieving greater self-sufficiency, including job placement and education completion.</li> </ul>	New contracts go into effect on July 1, 2018; implement new delivery system, assure adherence to standard implementation tools for all data collection, monitoring and review.	Implement Level of Care Review including housing and community services; develop standard measure of demand & need for affordable housing; Monitor length of stay in Service Types.	Complete re-design of DMH largest adult community service program through clinical services provided by an integrated team 24/7/365, individualized care that focuses on Peer Support and outcomes of greater self-sufficiency, including job placement and education completion.
<b>2D.3 Explore strategies to address challenges in attracting and retaining high quality/highly skilled staff across provider agencies, improving training opportunities for staff and/or job applicants to enhance their skills and knowledge, equipping them to successfully serve and support high acuity/high need populations.</b>	Conduct an online survey of provider agencies, including direct care workers, to obtain input on recruitment strategies and need for enhanced training.	Based on survey results: <ul style="list-style-type: none"> <li>Explore feasibility of implementing at least one recruitment strategy.</li> <li>Work with program agencies to enhance provider training for direct care staff.</li> </ul>	Assess impact of recruitment strategy(s) and enhanced training to attract and retain staff. Develop further strategies and training enhancements as needed.

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>2D.4 To support homeless prevention and more effective discharge planning efforts across populations develop new protocols to help ensure that agencies and institutions receiving funding from the Commonwealth must make all legally supportable efforts to ensure that individuals are not discharged to the streets or shelters.</b>	Convene working group, identify relevant agencies, and develop outline of contract language required.	Begin requiring use of new contract language and provide training and guidance for agencies and providers.	Expand proportion of agencies and institutions receiving funding from the Commonwealth covered by new contracts with required language.
<b>2E. Promoting Awareness of Community-Based Services</b>			
<b>2E.1 EOHHS and EOEA will continue to inform people with disabilities about the opportunities available to them to receive care in the community, including through Self-Directed Care.</b>	93% of consumers (including elders and individuals with disabilities) receiving options counseling services rate the encounter as enabling them to make a more informed choice.	94% of consumers receiving options counseling services rate the encounter as enabling them to make a more informed choice.	95% of consumers receiving options counseling services rate the encounter as enabling them to make a more informed choice.
<b>2E.2 Continue optimizing the means by which people with disabilities access community-integrated services, including Self-Directed Care and other supports, and supports of their choice throughout Massachusetts through person-centered, decision-support options counseling services that honor choice and independence throughout Massachusetts.</b>	DDS has contracted with the Human Services Research Institute to conduct an evaluation and review of the "Real Lives Participant Directed Program." DDS will publish the results of the evaluation in 2018.	Increase the number of new individuals and families enrolled in self-directed care by 120 per year.	Continue to increase the number of new individuals and families enrolled in self-directed care by 120 per year.
<b>2E.3 Support and expand awareness of newly established "Memory Cafés," drop-in centers where individuals with memory loss can socialize with their caregivers and friends in a setting outside the home and establish relationships with persons in similar circumstances.</b>	Continue funding the 11 existing DDS Memory Cafes.  Coordinate with ADRCs, MCOA, Area Offices and Regional Offices to publicize the inclusive Memory Cafes.	Continue funding the 11 existing DDS Memory Cafes.  Ensure that inclusive Memory Cafes are listed in all Alzheimer's resources, Memory Cafe Directory and Elder resource lists.	Continue funding the 11 existing DDS Memory Cafes.  Explore creating a webinar related to dementia and socialization opportunities, including Memory Cafes for direct staff and family members.

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
			Increase education of public regarding newly established “Memory Cafés,” drop-in centers for families of individuals with I/DD, including those with ASD.
<b>2E.4 Build and foster relationships between the disability community and as well as identify opportunities for them to present and/or promote Attainable Savings Plans amongst the community.</b>	<p>Expand awareness of the ABLE Savings Plan (known as Attainable Savings Plan in MA).</p> <p>Conduct quarterly stakeholder trainings and a minimum of three public events per month across the state.</p>	<p>Expand awareness by developing a “train the trainer model” designed to empower community-based organizations (CBOs) to advise individuals with disabilities in the local community.</p> <p>Conduct webinars and trainings to support initiative.</p>	<p>Conduct surveys to assess the Attainable Savings Plan’s value to the financial well-being of individuals with disabilities.</p> <p>Evaluate utilization rates, desirability of program features, marketing reach, etc.</p>
<b>2E.5 Educate state agencies and community-based organizations providing community-based care and housing supports regarding the prevalence of hearing loss and visual impairment across the population and be directed agencies and CBOs to the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) and/or the Massachusetts Commission for the Blind for technical assistance.</b>			
<b>2E.6 Provide information on community care options and housing supports to Deaf and Hard of Hearing Independent Living Services (DHILS) programs, Independent Living programs, Long-term Care Ombudsmen programs and Aging and Disability Resource Centers.</b>			



GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>2E.7 Provide written information about community care options and housing supports as a VLOG in American Sign Language (ASL) and via audio and Braille for people who are blind or have low vision.</b>			
<b>2E.8 Educate EOHHS agency staff and provider organizations on the range of community transportation services that may be available to their consumers.</b>	Offer at least 12 presentations (in-person or by webinar).	Aim to offer 20 presentations for Year 2, pending requests/invitations for training.	Evaluate the impact of training on staff knowledge about available transportation services and the ability to meet consumers' transportation needs.
<b>2F. Promoting Successful Community Reentry from Incarceration</b>			
<b>2F.1 The Department of Corrections (DOC), the Veterans' Administration, and the state Department of Veterans' Services identified and developed a comprehensive strategy to increase the number of Veteran Offenders receiving in-reach reentry planning<sup>26</sup>, community-based referrals, and post release services.</b>	Increase by 5% the number of Veteran Offenders who are aware of and access available resources.	Increase from 5 – 10% the number of Veteran Offenders who are aware of and access available resources.	Increase from 10 to 20% the number of Veteran Offenders who are aware of and access in-reach reentry planning, community-based referrals, and post release services.
<b>2F.2 Pilot informational presentations in two DOC facilities with the largest number of incarcerated veterans twice per year in 2018. There will be an evaluation of the presentations by the veteran inmates to determine the value and efficacy for expansion to other DOC facilities as well as on-going bi-annual presentations and workshops.</b>	Pilot a Veterans Partnership Reentry focused presentation and Q&A sessions at 4 State Correctional facilities.  Track percent of invitees that attend.	Continue offering Veterans Reentry presentations at 4 State Correctional facilities each year.  Modify content based on participants' requested needs and feedback from previous sessions.	Continue assessing veteran inmates' opinions and feedback, modifying content to reflect participants requested needs and feedback from previous sessions.  Rotation to begin again in 2022 at the initial pilot sites.

<sup>26</sup> Refers to outside providers or DVS staff working within the facility to engage and do re-entry planning prior to discharge

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
	Assess Veteran's inmates opinions and feedback regarding utility of information presented.	Track percent of invitees that attend.	
<b>2F.3 Enhance Department of Corrections (DOC) reentry programs, including counseling individuals with disabilities leaving incarceration and enrolling them as permitted by the inmate in all benefit programs to which they may be entitled including MassHealth, SSI, SSDI, VA benefits and services provided by DMH and DPH as well as DTA cash assistance.</b>	<p>Decrease refusals for Medical and Mental Health Appointments in the community from 17% to 10% and 23% to 15% respectively.</p> <p>Continue to monitor MassHealth Applications and status at release and develop strategies to decrease pending applications from 5% to 2%.</p>	<p>Monitor refusals for Medical and Mental Health appointments in the community to be sure that levels do not exceed 10% and 15% respectively.</p> <p>Continue to monitor MassHealth Applications and status at release and maintain level of pending applications at no more than 2%.</p>	<p>Continue monitoring refusals for Medical and Mental Health appointments in the community to be sure that levels do not exceed 10% and 15% respectively.</p> <p>Continue to monitor MassHealth Applications and status at release and maintain level of pending applications at no more than 2%.</p>
<b>2F.4 Develop model for identifying and providing specialized behavioral health and coordination services for justice-involved individuals with serious mental health and addiction needs, ensuring access to services to improve health outcomes.</b>	Measure the number of justice-involved MassHealth members served during Project Year 1, the variety of correctional institutions served, (DOC and HoC), the level of supervision received, and early findings on various member outcome rates (such as housing, employment, recidivism, engagement in treatment, sobriety, and health care utilization).	Measure the number of justice-involved MassHealth members served during Project Year 2, the number of counties served, the variety of correctional institutions served (DOC and HoC), the level of supervision received (Probation and/or Parole), and early findings on various member outcome rates (such as housing, employment, recidivism, engagement in	Serve 200-250 individuals on Probation or Parole, and/or exiting a House of Corrections or the Department of Corrections through a new model aimed at identifying and providing specialized behavioral health and coordination services for justice-involved individuals with serious mental health and addiction needs.

GOAL #2: Enhancing Community-Based Long-Term Services and Supports			
Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
		treatment, sobriety, and health care utilization).	
<b>2F.5 Develop and implement a systematic process to suspend MassHealth benefits for individuals who are incarcerated and sentenced, and upon release reset to status prior to incarceration or reassessed if incarcerated for over a year.</b>	Enter into data use agreements with correctional institutions.	Measure the number of individuals tracked and analyze MassHealth health care utilization for tracked individuals.	Increase MassHealth enrollment, after release, to expedite healthcare coverage.
<b>2F.6 Continue to establish partnerships between DOC and other agencies in the community, both public and private, to promote the successful community reintegration of high risk/high need populations released from incarceration.</b>	Develop and implement an approval process for each State Correctional facility to identify and track the # of external partners/agencies providing in-reach services to high risk/high need populations.	Analyze Yr. 1 data, identify gaps in partner agencies providing in-reach services and foster relationships to address those gaps at each facility.	Maintain ongoing partnerships necessary to ensure that the high risk/high need populations have access to in-reach services in order to promote successful community reintegration.
<b>2F.7 Increase awareness of Substance Use Disorder (SUD) within the EOEA target population through training for elder care providers to identify SUD and community resources and to develop models of SUD services targeting EOEA population.</b>	Identify training needs and curriculum.	Integrate cross-system training within the "Aging with Dignity" conference in 2020 for over 200 attendees from elder services, statewide community centers on aging, substance use treatment and prevention programs, and other professionals.	Evaluate the efficacy of the training program on identifying elders with SUD and connecting them with age-appropriate service models /resources.

### GOAL #3: Promoting Community-Integrated Employment of People with Disabilities

Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>3A. Improving Access to Gainful Employment and Employment Support</b>			
<b>3A.1 Launch interagency initiative of co-case management between Department of Transitional Assistance (DTA) and MRC designed to provide vocational and employment services to DTA clients with disabilities, enhancing their ability to achieve economic self-sufficiency.</b>	<p>MRC will fully implement the MRC/DTA employment initiative in select offices. MRC to track number DTA clients:</p> <ul style="list-style-type: none"> <li>• Referred to MRC</li> <li>• Eligible for Voc Rehab</li> <li>• Employed</li> </ul>	MRC and DTA will evaluate the success of the program, and if successful, will determine feasibility to expand to additional offices.	DTA and MRC are working to expand employment services for people with disabilities receiving economic assistance.
<b>3A.2 Collaborate with Career Centers to promote further access and enhance their capacities to create employment opportunities for individuals with disabilities and to ensure One-Stop Centers are accessible.</b>	<p>Local Boards and Career Centers establish a plan with goals and benchmarks for WIOA Section 188 accessibility.</p> <p>MOD will continue to partner with EOLWD in addressing accessibility issues as they arise.</p>	<p>Local Boards and Career Centers demonstrate measurable progress in WIOA Section 188 accessibility.</p> <p>MOD will continue to partner with EOLWD in addressing accessibility issues as they arise.</p>	Continue to assess the portfolio of one-stop career center throughout the state.
<b>3A.3 EOEA will continue to support low income seniors with barriers to employment through the Senior Community Service Employment Program. SCSEP matches older adults with part-time jobs at community service assignments.</b>	EOEA will support an estimated 150 older adults with employment barriers in obtaining part-time employment.	Pending the continued availability of federal funding, annually EOEA will support an estimated 150 older adults with employment barriers in obtaining part-time employment.	Pending the continued availability of federal funding, annually EOEA will support an estimated 150 older adults with employment barriers in obtaining part-time employment.
<b>3B. Increasing Access to Vocational Rehabilitation Services and Career Planning</b>			
<b>3B.1 Develop a customized MRC employment and peer support model in collaboration between Vocational Rehabilitation and</b>	As grant ends in December 2018, MRC will build in lessons learned from the	Lessons learned, and new practices will be further applied	Evaluate impact of training on employment outcomes for individuals with disabilities.

**GOAL #3: Promoting Community-Integrated Employment of People with Disabilities**

Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>Independent Living Center programs to address the high rate of unemployment amongst individuals with disabilities and to reduce the number of individuals that rely on public benefits.</b>	grant to assist people with disabilities to live and work in the community.	and implemented as part of MRC staff/counselors training.	
<b>3B.2 Led by Autism Commission, develop additional materials and trainings regarding the employment training needs and supported employment opportunities needed by individuals with ASD.</b>	Develop training for providers of employment training.	Assess the impact of the training, as measured by providers reported increase in knowledge on the range of needs of individuals with ASD to prepare them for employment opportunities and maintaining employment.	Continue to assess the effectiveness of training and update as needed to improve train service providers' awareness of the employment training needs of individuals with ASD.
<b>3B.3 Continue to promote the employment of persons in recovery and peers in the community through Recovery Coaching programming and existing federal grants.</b>	Document peer recovery workforce to determine employment and skill building needs.	Develop and implement models for accessing employment resources.	<p>Recovery Coaching programs will routinely promote employment for people with SUD.</p> <p>DPH will increase the number of times recovery coaches (RC) are deployed to speak to individuals in the emergency department (ED) in the five participating Recovery Coach in ED pilot programs by recording more than 4,500 events per year and will continuing to train a peer recovery workforce by holding 12 Recovery Coach Academies a year (2 in each region).</p>

**GOAL #4: Investing in Accessible Transportation for Individuals with Disabilities**

Activity	Year 1 Measure	Year 2-3 Measure	Long-Term Outcome (>3 Yrs)
<b>4A. Continue to help build the capacity of the Massachusetts community transportation network.</b>	Distribute an estimated \$10 million in Community Transit Grant Program (CTGP) funds available for capital and operating enhancements to meet mobility needs of seniors and people with Disabilities.	Distribute an additional estimated \$10 million (total of \$20 million) in Community Transit Grant Program (CTGP) funds available for capital and operating enhancements to meet mobility needs of seniors and people with Disabilities.	Distribute over the next five years an estimated total of \$50 million in Community Transit Grant Program (CTGP) funds available to meet mobility needs of seniors and people with Disabilities.
<b>4B. Help build the capacity of the Massachusetts community transportation network by sharing best practices and addressing gaps in transportation for people with disabilities</b>	<p>Publish 2 reports highlighting best practices and/or opportunities to improve mobility.</p> <p>Update MassMobility website to ensure information is accurate and comprehensive.</p> <p>Create a set of train-the-trainer tools to help human service agencies institutionalize an understanding of how to help consumers find and use community transportation services.</p> <p>Highlight best practices in the monthly MassMobility newsletter; increase subscribers by 5% annually.</p> <p>Provide technical assistance as requested to help state agencies such as MRC or DDS or provider organizations improve mobility and access for people with disabilities.</p>	<p>Pilot, revise, and disseminate train-the-trainer tools to help human service agencies better assist consumers in finding and using community transportation.</p> <p>Highlight best practices in the monthly MassMobility newsletter; increase subscribers by 5% annually.</p> <p>Provide technical assistance as requested to help agencies and provider organizations improve mobility and access for people with disabilities.</p>	<p>Highlight best practices in the monthly MassMobility newsletter; increase subscribers by 5% annually.</p> <p>Develop and disseminate other tools and resources related to best practices in community transportation as needs arise.</p> <p>Provide technical assistance as requested to help agencies and provider organizations improve mobility and access for people with disabilities.</p>

## Appendix F. Glossary of Terms

### **Accessibility, Visitability, and Universal Design:**

*Accessibility* - The design of products, devices, services, or environments for people with disabilities or who have special needs.

*Visitability* - An approach to design that integrates basic accessibility features, including an accessible entrance and doorways wide enough for a person in a wheelchair to maneuver (32 inches of clear passage space), with an accessible bathroom on the main floor.

*Universal Design* - An approach to design that works to ensure products and buildings can be used by virtually everyone, regardless of their level of ability or disability.

**Accountable Care Organization (ACO):** Networks of physicians, hospitals, and other community-based health/behavioral health care providers that work together to coordinate care and are financially accountable for the cost, quality, and experience of care for over 850,000 MassHealth members.

**Affordable Housing:** Housing which is deemed affordable to those with a household income at a specified percentage of the median household income for the applicable geographic area. A commonly used measure of affordability is whether a household would pay roughly 30 percent of income for rent, often taking a utility allowance into account. Various forms of affordable housing are designed to be affordable to households with incomes up to 80 percent, 60 percent, 50 percent, or 30 percent of area median.

**Affordable Housing Trust Fund (AHTF):** A state-funded program providing resources to create or preserve affordable housing for households with incomes  $\leq$  110 percent AMI.

**Age Friendly State:** Recognition by the AARP that a state's elected leadership is preparing for the rapid aging of its population by paying increased attention to the environmental, economic, and social factors that influence the health and well-being of older adult residents. Recognition is based on a state's action plan that addresses the World Health Organization's eight Domains of Livability – Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Respect and Social Inclusion, Civic Participation and Employment, Communication and Information, and Community and Health Services.

**Aging Services Access Points (ASAPs):** Twenty-six (26) private, nonprofit agencies with targeted geographic responsibility to provide services to elders including: Information and Referral; interdisciplinary case management - intake, assessment, development and implementation of service plans; monitoring of service plans; reassessment of needs; and Protective Services investigations of abuse and neglect.

**Alternative Housing Voucher Program (AHVP):** State-funded rental vouchers specifically for persons with disabilities.

**Annual Homeless Assessment Report (AHAR):** An annual homeless assessment report from HUD to Congress that provides nationwide estimates of homelessness, including information about demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons, based primarily on HMIS data.



**Area Median Income (AMI):** For a particular jurisdiction, the median household income, adjusted for household size. For purposes of both federal and Massachusetts housing programs, area median income is based on “metropolitan survey areas” rather than municipality by municipality.

**Balancing Incentive Program (BIP):** Awarded federal incentives to states, between October 2011 and September 2015, to increase nursing facility diversions and access to non-institutional long-term services and supports (LTSS) in keeping with the integration mandate of the Americans with Disabilities Act (ADA), as required by the Olmstead decision.

**Capital Improvement and Preservation Fund (CIPF):** A state-funded program providing funds for the preservation as affordable housing of properties with expiring use restrictions or expiring project-based rental assistance contracts.

**Chronically Homeless:** Under HUD definition, to qualify as "chronically homeless" an individual must be currently homeless and living in a place not meant for human habitation, a safe haven, or an emergency shelter, must have been homeless and residing in such a place continuously for at least one year or on at least four separate occasions in the last three years, and can be diagnosed with one or more disabling conditions.

**Community Based Housing (CBH):** A state-funded program that provides funding for the development of integrated housing for people with disabilities, with priority for individuals who are in institutions or nursing facilities or at risk of institutionalization, but not including individuals who are eligible for FCF housing.

**Community Development Block Grant (CDBG):** Created under the Housing and Community Development Act of 1974, this program provides grant funds to local and state governments to develop viable urban communities by providing decent housing with a suitable living environment and expanding economic opportunities to assist persons with low- and moderate-income.

**Chapter 689:** A particular type of state-aided public housing for people with disabilities.

**Community Economic Development Assistance Corporation (CEDAC):** A quasi-public agency that provides seed money and acquisition financing for affordable housing and also administers several of the Commonwealth-funded programs supporting construction, rehabilitation, and preservation of affordable housing. CEDAC has also played a leadership role in the interagency supportive housing working group, now a committee of the ICHH.

**Community Scale Housing Initiative (CSHI):** A joint initiative of DHCD and MassHousing, providing funding for small-scale projects (up to 20 units) in municipalities with a population of no more than 200,000.

**Community Support for People Experiencing Chronic Homelessness (CSPECH):** Provides non-clinical support services to adults diagnosed with a mental illness who have experienced chronic homelessness and are now entering into a Housing First placement, with the goal of increasing housing stability and preventing avoidable hospitalizations. Staff assist individuals with accessing community resources, including transportation services, food pantries, day programs, public entitlements, and therapeutic services.

**Consolidated Plan (ConPlan):** A document written by a state or local government describing the housing needs of the low- and moderate-income residents, outlining strategies to meet these needs, and listing

all resources available to implement the strategies. This document is required in order to receive some formula-funded HUD Community Planning and Development funds.

**Consumer Directed Care:** An alternative to traditionally delivered and managed services, such as an agency delivery model, self-direction of services allows participants to have the responsibility for managing all aspects of their service delivery in a person-centered planning process.

**Continuum of Care (CoC):** A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, rapid rehousing, and permanent supportive housing and other service resources to address the various needs of people experiencing homelessness. HUD also refers to the group of agencies involved in the decision-making processes as the "Continuum of Care."

**Department of Mental Health – Rental Assistance Program (DMH-RSP):** Rental assistance specifically for clients of the Department of Mental Health.

**Disability:** A physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.<sup>27</sup>

**Facilities Consolidation Fund (FCF):** A state-funded program for nonprofit developers and their affiliates to create and preserve affordable housing for individuals eligible for assistance through the Department of Mental Health and the Department of Developmental Services.

**Home and Community Based Services (HCBS):** Opportunities and supports that allow Medicaid recipients to receive services in their own home or a community setting rather than in an institution or other isolated setting.

**HomeBASE:** A time-limited financial benefit for families exiting the Commonwealth's emergency shelter system.

**Home Investment Partnerships Program (HOME):** A federal program that provides formula grants to states and localities that communities use — often in partnership with local nonprofit groups — to fund a wide range of affordable housing activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people.

**Homeless Management Information System (HMIS):** An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area and include several Continuums of Care. The HMIS can provide data on client characteristics and service utilization.

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<sup>27</sup> 42 U.S.C. § 12102

**Housing Choice Voucher Program:** This federal program provides rental assistance to assist very low-income families, the elderly, and people with disabilities to afford decent, safe, and quality housing in the private market. It is sometimes referred to as “Section 8.”

**Housing First:** An approach to ending homelessness that centers on providing homeless people with housing quickly and then providing services as needed. What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing.

**Housing Innovations Fund (HIF):** A state-funded program for nonprofit developers to create and preserve affordable housing for special needs populations.

**Housing Stabilization Fund:** A state-funded program for municipalities, nonprofit, or for-profit developers to support affordable rental housing production and rehabilitation.

**Home and Healthy for Good:** A program operated by the Massachusetts Housing and Shelter Alliance, Inc. to reduce the incidence of chronic homelessness by placing chronically homeless adults into low-threshold PSH, tracking results to show savings in health care costs.

**Home Modification Loan Program (HMLP):** A state-funded program administered by CEDAC to provide financial assistance to homeowners and landowners to make home modifications to enable persons with disabilities to remain housed in the community.

**HUD:** The U.S. Department of Housing and Urban Development (HUD) was established in 1965. HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. HUD funds and oversees most federal housing assistance programs, including the HOME program, the Housing Choice Voucher Program, and federally assisted public housing.

**Individual Housing Transition Services:** Services that support an individual's ability to prepare for and transition to housing. Transition costs may include security deposits for an apartment or utilities, first month's rent and utilities, basic kitchen supplies, and other necessities required for transition from an institution.

**Individual Housing & Tenancy Sustaining Services:** Services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy. Examples may include services, such as education/training on the role, rights, and responsibilities of the tenant and landlord, coaching on developing/maintaining relationships with landlords/property managers, or continuing training on being a good tenant and lease compliance.

**Long-Term Services and Supports (LTSS):** An array of medical services and personal care assistance that individuals may need for an extended period of time when they experience difficulty completing self-care tasks as a result of aging, a chronic illness, or a disability.

**Low-Income Housing Tax Credit (LIHTC):** A tax incentive intended to increase the availability of affordable housing. Through state allocating agencies (in Massachusetts, DHCD), the federal LIHTC program provides an income tax credit to developers for new construction or rehabilitation of low-income rental housing projects. Massachusetts is one of several states that offer a state low-income housing tax credit in addition to administering the federal LIHTC.

**Low Threshold Housing:** A housing model that recognizes that a person's disabilities may limit them from entering the traditional, linear service delivery system, which often entails complex clinical-based service plans, compliance-based housing placements, and the acknowledgment on the part of the tenant to accept certain labels and diagnoses. By removing the barriers to housing, individuals are given an opportunity to deal with the complex health and life issues they face as tenants, rather than as clients of a prescribed system of care.<sup>28</sup>

**Massachusetts Development Finance Agency:** A quasi-public agency that is authorized to issue tax-exempt bonds accompanied by LIHTC (subject to LIHTC allocation by DHCD).

**MassHealth:** The Massachusetts Medicaid and Children's Health Insurance Program that provides health care coverage to 1.3 million of the Commonwealth's neediest, most vulnerable citizens.

**MassHousing:** A quasi-public agency that administers several of the Commonwealth-funded programs supporting construction, rehabilitation, and preservation of affordable housing and that is authorized to issue tax-exempt bonds accompanied by LIHTC (subject to LIHTC allocation by DHCD).

**MassHousing Priority Program:** A program by which MassHousing has for many years required owners of housing financed under most MassHousing programs to give priority in admissions in 3 percent of units (on a project-by-project basis) to DMH and DDS clients. Discussions have been ongoing to expand this priority to Elder Affairs and MRC clients, and to expand to housing developments receiving funding under other state and federal housing assistance programs.

**Massachusetts Housing Partnership (MHP):** A quasi-public agency that provides long-term financing for affordable housing.

**Massachusetts Rental Voucher Program (MRVP):** State-funded rental voucher for income-eligible households. Most MRVP are mobile vouchers, although some are project-based.

**McKinney-Vento Homelessness Assistance Act of 1987:** A federal law that provides funding for homelessness assistance programs, including emergency shelter, rapid re-housing, permanent supportive housing, and related services.

**Medicaid Waiver:** An agreement between a state and the federal government that outlines how Medicaid services and/or payment will be delivered apart from the approved Medicaid State Plan. A waiver may establish an alternative setting for services (such as in the community versus an institution), limit eligible providers, limit implementation to a part or parts of a state, target services for a population(s) to be served, and/or identify alternative payment approaches to fee-for-service reimbursement such as managed care.

**Olmstead Plan:** In 1999, the Supreme Court ruled that the Americans with Disabilities Act (ADA) required states to provide services in the most integrated settings appropriate to the needs of individuals with

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<sup>28</sup> <http://www.mhsa.net/PSH>

disabilities. An Olmstead Plan is a state's document describing what strategies that state will employ within targeted timeframes to achieve this goal.

**Moving to Work (MTW):** A designation for certain public agencies administering federal public housing and/or rental assistance, allowing fungibility in expenditures between operating and capital costs and between public housing and rental assistance administered by the same agency. Currently, DHCD and the Cambridge Housing Authority are the only MTW agencies in Massachusetts.

**National Housing Trust Fund:** A new Federal program providing capital assistance for housing development. DHCD has utilized NHTF funds exclusively for creation of supportive housing units.

**Non-Elderly Disabled (NED) Vouchers:** Designated housing choice vouchers to enable non-elderly persons or families with disabilities to access affordable housing on the private market and/or to enable non-elderly persons with disabilities currently residing in institutional settings to transition into the community. Massachusetts administers up to 800 NED vouchers throughout the Commonwealth.

**Pay for Success:** An initiative focusing on providing low-threshold PSH to chronically homeless individuals, leveraging philanthropic funding and private investor capital as well as MRVP, with repayment for investors based on achievement of measurable goals.

**Permanent Supportive Housing (PSH):** Decent, safe, and affordable community-based housing targeted to individuals with disabilities and/or who are homeless or otherwise unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services. PSH assures individuals the rights of tenancy and provides voluntary and flexible supports and services based on the individual's needs and preferences. As the name suggests, it is intended to be permanent housing, not temporary or transitional.

**Project-Based Rental Assistance:** This term refers to a series of state and federal programs that provide rental assistance that is tied to a specific property to support the development and management of subsidized housing. Typically, tenants at units receiving project-based rental assistance pay rent based on a percentage of household income for so long as they remain in those units but cannot take the rental assistance with them if they leave. The term is used to differentiate between rental assistance that is tied to a specific property, versus tenant-based rental assistance (see below).

**Point in Time (PIT):** The annual count of homeless population(s) conducted by the CoCs.

**Public Housing Agency (PHA):** Any state, county, municipality, or other governmental entity or public body, or agency or instrumentality of these entities, that is authorized to engage or assist in the development or operation of low-income housing under the U.S. Housing Act of 1937. In Massachusetts, a PHA is sometimes referred to as an LHA or Local Housing Authority, and many LHAs also (or exclusively) operate public housing that is entirely state-funded (capital and operating).

**Qualified Allocation Plan (QAP):** A Qualified Allocation Plan is the mechanism by which a state allocating agency promulgates the criteria by which it will select to whom it will award tax credits. Each state must develop a QAP. The QAP also lists all deadlines, application fees, restrictions, standards, and requirements.

**Section 811 Project Rental Assistance (PRA):** A federal rental assistance program specifically for persons with disabilities that provides project-based assistance.

**Senior Care Options (SCO):** A voluntary managed care program for individuals 65 and older that covers the comprehensive array of services normally paid for through Medicare and MassHealth. In addition, SCO provides coordinated care and specialized geriatric support services, along with respite care for families and caregivers. Unlike fee-for-service, SCO members are not assessed a co-pay for services.

**SMI:** Serious mental illness.

**SUD:** Substance Use Disorder.

**Supported Employment (SE):** Services and supports that assist individuals with a variety of disabilities to access and maintain competitive jobs paid at competitive wages.

**Supportive Housing:** Housing with accompanying services, which includes PSH but may also include time-limited, transitional housing programs.

**Tenant-Based Rental Assistance (TBRA):** Housing assistance that pays to the property owner the difference between a specified percentage of the tenant household's income and what the owner charges for rent, subject to a ceiling rent or payment standard. In some programs, the calculation of the tenant payment takes into account a reasonable allowance for utilities that the tenant is required to pay. The Housing Choice Voucher Program (see above) is one example of a tenant-based program. In contrast to project-based rental assistance, which is tied to a specific property, a program participant can move their tenant-based rental assistance to a different property.

**Tenancy Preservation Program (TPP):** A homelessness prevention program for individuals and families with disabilities facing eviction because of behaviors related to their disability. TPP focuses clinical services specifically on the housing problem, providing short-term intensive case management and addressing the underlying issues threatening the tenancy.

**Veterans Affairs Supportive Housing (VASH):** A federally-funded program combining Section 8 HCV rental assistance for homeless Veterans with case management and clinical services provided by the Federal Department of Veterans Affairs.

**Workforce Innovation and Opportunity Act (WIOA):** Signed into law in July 2014, WIOA is designed to help jobseekers access employment, education, training, and support services to succeed in the labor market by bringing together core federal programs. A goal of WIOA is to ensure that people with disabilities have access to high quality workforce services that prepare them for competitive employment.

