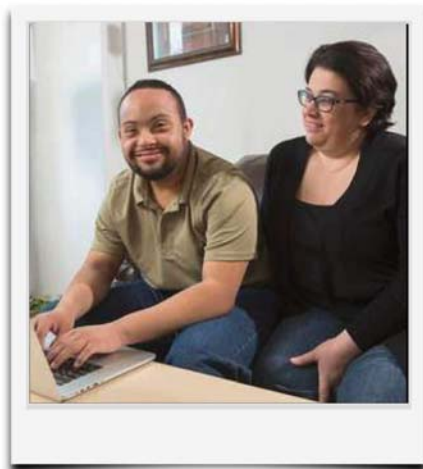




Massachusetts Department of Developmental Services (DDS) Position Paper on Social Inclusion

The ultimate goal of the service system is to have communities that embrace the gifts, talents and capacities of ALL of its citizens.



July 2017



A collaboration between
the Massachusetts Department of Developmental Services and
the Center for Developmental Disabilities Evaluation and Research (CDDER)
at the University of Massachusetts Medical School



Massachusetts Department of Developmental Services

Position Paper on Social Inclusion

July, 2017

All supports offered by the Department of Developmental Services shall be provided in a manner that enhances opportunities for individuals to become fully engaged members of the community. Supports should actively work to ensure that people are not just “in” the community but “of” it in ways that result in a true sense of belonging. This includes providing opportunities for individuals to have a variety of friendships and relationships with people from all walks of life, not only with paid staff, family members and others receiving supports. The ultimate goal of the service system is to have communities that embrace the gifts, talents and capacities of ALL of its citizens.

Every effort should be made within available resources to seek out and creatively make use of the possibilities for social inclusion that exist in every community while encouraging the use of natural supports whenever possible and appropriate. Implementation requires effort on the part of all parties involved including DDS, providers, families, guardians, advocates and people with intellectual and developmental disabilities. DDS will measure progress on social inclusion through use of its Licensing and Certification process which was updated to assure compliance with new Federal requirements regarding social integration. In addition, other on-going monitoring methods will be employed such as reviews of individual specific information and trends contained in the risk management system, service coordination periodic review of Individual Service Plans and Area Office program monitoring.

The Department will work in partnership with all of its stakeholders on the following items as we move forward on system change implementation:

- 1** It is the Department’s commitment that each individual, irrespective of their challenges, is expected to participate in the community. DDS acknowledges that creative approaches are needed to respond to the challenges presented by a range of people including, among others, those with complex medical conditions, those with autism, and those with other disabilities such as deafness or vision loss. Engagement by individuals in community activities will be based on the individual’s interests as expressed through their person centered planning process (ISP or PCP) and continuous opportunities to explore potential new interests will be made available.
- 2** DDS will work together with stakeholders to establish procedures that will help balance risk with opportunities for growth when considering activities that are

pursued with and for individuals. Potential risks should be acknowledged and reasonable safeguards should be put in place in a way that does not overly limit life experiences. In alignment with the HCBS Community Rule, restrictions to modes of communication including phone, mail and internet (including email and social networks) may only be implemented if there is a justified person-specific risk that is outlined in the person's ISP, agreed to by the ISP team and reviewed by the appropriate human rights committee. Such restrictions must be reviewed regularly to evaluate if they are still needed and to pursue strategies that may resolve the original issues. Ongoing communication among DDS, providers, families, guardians, and between day and home programs is necessary to make adjustments that reflect changing circumstances relative to potential risk.

- 3** Training will be made available, by both DDS and providers, to support staff to become better community connectors and to understand the communities in which they work. In addition, consultation will be made available to programs to explore creative practices that enhance relationship development and community engagement, e.g. recruiting, matching and supporting volunteers to share in everyday interests they have in common with individuals. The DDS web site has a dedicated "Social Inclusion" component that provides bulletins, resources, best practices and a story log that illustrates individual success.
- 4** Organizations will review personnel policies and practices to ensure that the responsibilities of staff include supporting individuals to develop friendships with community members. This may be done through voluntary participation in a variety of social activities of mutual interest. These activities may include such things as being invited to share in a holiday dinner or going to a concert or sporting event where connections with others is likely to occur.
- 5** Organizations should explore ways for individuals to maintain relationships with staff who leave employment and have a social connection with an individual whenever feasible.
- 6** DDS regulations, provider policies and other "rules" will be reviewed periodically and altered as needed to promote social inclusion and prevent unnecessary restrictions.
- 7** DDS and providers will pursue new strategies to enhance the availability of transportation for individuals to become more mobile in their communities, especially during hours typical for social engagement.

This Position Paper will be followed up with a variety of events and/or information sharing activities that will serve to support implementation of this initiative so that it becomes a "live" document. The Department looks forward to working with all involved to create conditions that will lead to individuals being truly "of" their community.