



*Annual Report 2007*

*Massachusetts Rehabilitation Commission*



## ***Massachusetts Rehabilitation Commission Mission Statement***

The vision of the MRC is to promote equality, empowerment and productive independence of individuals with disabilities. These goals are achieved through organizational innovation committed to creating options that enhance and encourage personal choice and risk taking toward independence and employment.

The purpose of the Massachusetts Rehabilitation Commission is to provide comprehensive services to people with disabilities that will maximize their quality of life and economic self-sufficiency in the community.

This is accomplished through multiple programs in the MRC: the Community Services Program the Vocational, Rehabilitation Services Program, and the Disability Determination Services Program.

Our jobs are diverse. Whether we're determining SSI or SSDI eligibility or working on creative ways to develop programs and services that assist individuals with disabilities to live in the community outside of institutions, we all have one mission. Together we work in unison to ensure every citizen with a disability in Massachusetts has the best possible supports, services and staff to empower them with the choices and opportunities needed to live the highest quality of life in the community possible.

## **Executive Management Team**

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## LETTER FROM FORMER COMMISSIONER ELMER C. BARTELS



Elmer C. Bartels

As of July 31, 2007, I spent the last 30½ years as Commissioner of the MRC. I look back on those years with a great sense of accomplishment, especially for people who have been served by the Rehabilitation Commission. With the support of six governors and the disability constituency, I have been able to be an advocate for people with disabilities in state government through the development of new programs and services to meet the contemporary needs to live independently and go to work. Both of these goals support a policy of independence as well as the personal goals of the individuals being served at the Rehabilitation Commission.

The Public Vocational Rehabilitation program has been the flagship program of the agency over all these years and has created more than 120,000 workers with disabilities who also pay taxes in the Commonwealth. At the same time we have modernized our sheltered workshop program by transforming it into a more integrated work program providing ongoing supports and increased wages for those participants.

Of equal import is the development of 11 Independent Living Centers across the state which represent the desires and expectations of people with disabilities to live in their communities and be contributing citizens. Eight of the 11 ILCs were opened during my tenure with a combination of state and federal dollars.

It is important to acknowledge the support of state legislators and the Congressional delegation who have supported the purpose of various MRC services and the needs of people with disabilities to live independently and go to work.

In leaving after these many years of service, I see the great work and potential of the MRC to increase its impact on the economic viability of VR consumers and the agency assisting more people to avoid living in institutions. It has been both an honor and a pleasure to serve as Commissioner of the MRC and I look forward to seeing the agency grow and prosper in the years ahead under the leadership of my successor, Commissioner Charles Carr. He is a beneficiary of the MRC service delivery system and, as such, I know he will provide the inspired stewardship and leadership the agency needs and deserves.

A handwritten signature in blue ink that reads "Elmer C. Bartels". The signature is stylized and cursive.

Elmer C. Bartels

Commissioner: 1977-2007

## LETTER FROM COMMISSIONER CHARLES CARR



Commissioner Carr

Looking back at the accomplishments of the Massachusetts Rehabilitation Commission prior to my appointment as Commissioner and in the first nine months as Commissioner of the MRC, I am impressed with what has been accomplished for people with disabilities. It is through the efforts and commitment of the Commission staff that people with disabilities receive the services needed to live independently in the community and find meaningful employment. Much has been accomplished and so much more needs to be done in its three divisions: Community Services (CS), Vocational Rehabilitation (VR), and Disability Determination Services (DDS).

Although my knowledge of the agency over the years as a consumer, employee and provider agency executive gave me a pretty thorough understanding of the MRC, I set out to challenge my assumptions by learning how the entire organization works from the ground up. I visited every VR and DDS office in the state, spoke with staff and listened to them. Listening was key because I learned what needs to be done to improve their work environment, business practices and morale so consumers with disabilities will receive the best competitive mainstreamed employment opportunities in the Commonwealth.

It became increasingly apparent that the divisions within the MRC will need to work more cooperatively to accomplish the agency mission to promote equality, empowerment and productive independence of people with disabilities. To that end, I have restructured my senior management team to facilitate transparency and communication throughout the agency. I started a monthly e-newsletter for all staff to learn about what each division is doing, what special projects may be going on and of course, a topical piece from me. In the weeks to come, we'll be implementing cross divisional working teams on best practices we've identified that will have the full benefit of our combined agency's workforce and talent to benefit our consumers. This major piece of work will constantly be revisited until it becomes standard operating procedure.

The MRC has consistently been known as the VR agency. In today's climate, a significant realignment is needed. The agency is undergoing a paradigm shift that emphasizes the MRC as an agency that is the portal to community living for anyone with a disability of any age. We are growing our CS division in leaps and bounds. It stands to reason that before a person with a disability can meaningfully get and hold a job, they must have appropriate independent living/community-based long-term supports firmly in place. This past year we have been working closely with the Executive Office of Health and Human Services in building out the MRC to support individuals with disabili-

ties under the age of 60 to live in the community outside of an institution through the administration's Community First 1115 waiver.

Integral to this shift is strengthening the Vocational Rehabilitation division. The MRC is co-lead for Governor Patrick's Economic Growth and Job Creation goal for all the EOHHS agencies that have an employment component. We've worked to develop strategies to target people with significant disabilities to work cooperatively across the Secretariat to provide more job opportunities with better wages in high-growth job sectors such as biotechnology, clean energy and health care. The MRC is working closely with the Executive Office of Labor and Workforce Development to collaborate with them at the highest level in opening up job opportunities for people with disabilities as they roll out their workforce agenda.

The Disability Determination Services division continues to lead the way nationally in determining eligibility for people with disabilities in the Supplemental Security Income and Social Security Disability Insurance programs. We have one of the highest acceptance rates in the country which means our examiners spend the time and effort needed to look at all the nuances of the law to ensure applicants don't get screened out. The DDS has received accolades this year for its homeless initiative where staff outreaches to homeless people by placing workers in shelters on a scheduled basis to work with them to determine if they are eligible for assistance.

The MRC is building on the past and leading the way in this new millennium as the leader for social and economic independence for its citizens with disabilities and with your ongoing support and assistance, we'll get there.

Sincerely,

A handwritten signature in blue ink, appearing to read "Charles Carr".

Charles Carr  
Commissioner

## CONSUMER SERVICES

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**T**he MRC has a staff member working within the Commissioner's Office in the agency's Consumer Relations Department. This staff member is an Ombudsperson who serves as a customer liaison, primarily to address consumer concerns regarding delivery of services and to answer a variety of disability-related questions. People who typically contact the Ombudsperson include consumers, family members, advocates, legislators and their aides, other state government personnel and MRC staff members.

The Ombudsperson frequently provides information and referral services and assists callers to better understand the services offered by the MRC. If a complaint is brought forward, the Ombudsperson promptly reviews the matter and works with consumers and MRC staff to find a solution. If this type of intervention does not bring about resolution, there is a formal appeal process and mediation available to MRC-VR consumers.

The Ombudsperson assists consumers across all service programs and may be contacted by telephone at (617) 204-3602 or (800) 245-6543 (voice and TTY), through the agency website at [www.mass.gov/mrc](http://www.mass.gov/mrc) or by writing the MRC Administrative Office in Boston.

## ADAPTING A HOUSE AND MAKING IT A HOME

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**A**s the Coordinator for the MRC's Adaptive Housing Program for the last 15 years, Steve Scarano has seen it all! But what keeps him coming back each day is the knowledge that the people he works with can live better, easier lives because of his efforts.

The goal of the MRC's Adaptive Housing Program is to remove not just barriers that prevent people from occupying their homes but barriers that impair them from achieving their employment goals. The program provides evaluations, architectural services, housing modifications and equipment installation to the private residences of people with disabilities. With all the modifications that are made there is a strong focus on supporting the consumer's vocational goals and helping them get back to work.

This focus is reinforced in the referral system used to identify consumers who work with Steve. They are all referred by the MRC's Vocational Rehabilitation Counselors (VRC). The VRCs confirm the consumer's disability and their need for financial support to pay for the modifications. Likewise they reiterate the connection between the work to be done and the person's functional limitations.

When the referral is made, Steve visits every consumer within two weeks, usually with an architect. Steve uses architects from around the state who have developed an expertise in housing adaptations for people with disabilities. Getting the input of the consumer is also key to the success of each project. "Sometimes they have been exploring the Internet and found some recent item that's perfect for their needs. We're always glad to learn about something new," says Steve. If during the visit to the consumer's home they run into an unusual situation, they are quick to call in an Occupational Therapist for suggestions.

There is a huge range of services, modifications and equipment that can make a major difference in a person's life at home. Higher toilets and roll-in showers ease personal hygiene. Major renovations like widening doorways, building ramps, lowering counters and sinks can make a disabled person's life easier and safer. Even the addition of minor items like door openers, grab bars and handrails can be important improvements. Modifications can be made on rental units as well as owned property as long as the landlord approves the changes. But, in either case, it must be the primary residence of the person with a disability.

After a thorough discussion with the consumer and reviewing the work to be done, the architect draws up a plan for the project. At that time, the possibility of the consumer's changing or declining health situation is also taken into consideration. The plan is then shown to the consumer for



their input on options and colors. They are always striving to make the design blend in with other features in the home.

For the consumer, there is the peace of mind that someone with Steve's expertise and experience is there to handle the entire process. From the design decisions through the final inspection of the finished product, Steve is responsible for everything. This includes the bidding process, the selection of the contractor and monitoring the progress of the project, as well as handling any problems that may arise. Steve even handles paying the bills. Finally, after the work passes inspection, it's guaranteed for one year.

Steve has seen a lot of changes since he started this work. Needless to say the costs for modification projects have increased. For instance, 15 years ago a bathroom could be remodeled and made accessible for \$5–7,000. Now the costs are closer to \$15–20,000. Installation of a permanent ramp was \$2–4,000, but now costs between \$8–10,000. He does admit that while costs have increased there are now more and better products to choose from. This can be critical when finding the most suitable product to meet a consumer's needs.

There is a limit of \$15,000 per project. Fortunately there are a variety of funding sources for this work. Referrals from the MRC's Independent Living Program or the Statewide Head Injury Program (SHIP) can often obtain money to cover the costs of a project. In addition to the grants used to pay for referrals from the VRCs, loans are available from the Home Modification Loan Program and the Massachusetts Assistive Technology Loan Program for the purchase of some equipment.

Last year Steve handled roughly 32 cases involving major renovations with a goal of completing 20 of them: He completed 29! Steve enjoys the fact that each of these cases is distinct and poses its own challenges. Most of all he appreciates the fact that he can see the difference these modifications make in the quality of people's lives. Now that is job satisfaction!

## SAFE AT HOME—AGAIN!

**O**n June 20, 2003, a speeding, drunk driver slammed into 31-year-old Noreen Marsters' car and changed her life forever. Noreen, recently married and on her way home from the beauty salon she owned, was looking forward to a rare few days off. After the accident she spent two weeks in the hospital's Intensive Care Unit and another two months in rehabilitation before coming home. The accident left her unable to walk and with limited use of her arms.

Soon after her return home to Mashpee, Noreen was referred to the MRC in Hyannis for services. When Senior Vocational Rehabilitation Counselor Diane DaCruz-Pocknett met her in September, 2003 she knew Noreen was a "spitfire." Although she was still in the midst of physical, occupational and speech therapy, as well as making the emotional adjustments required by her disabilities, Noreen wanted to begin to focus on her dream of returning to work in her shop. Diane was quick to realize, however, that one of their first goals must be making changes to Noreen's home before she would be able to begin working again.

At one level Noreen was fortunate: Her family made modifications to the bathroom on the first floor of her home before she returned from the hospital and the doorways were already wide enough to accommodate her wheelchair. But Diane easily identified several other accommodations that needed to be made to improve her independence and her safety.



Steve Scarano

For example, Noreen could not access her second floor bedroom and she was becoming increasingly frustrated (and harmed!) by her efforts to prepare meals in her kitchen. The need for changes became painfully obvious when Noreen was badly burned while trying to cook dinner. Because of the paralysis, Noreen was unable to feel the scalding water that spilled onto her legs. And this hadn't been the first accident...Noreen had been pushing herself with little success.

Diane arranged for a visit with Steve Scarano, the Adaptive Housing Coordinator for the MRC's Rehabilitation Technology Program. He was accom-

panied by an architect. They quickly identified several modifications to Noreen's home that would help her to function on a more independent, productive and safe level.

After the architect reviewed the kitchen and Noreen's needs, he prepared designs to make the necessary modifications. With Noreen's input and Steve's assistance, they agreed on the final plans. From that point forward, Steve took over as "general contractor" for the project, much to the relief of Noreen!

Within a few weeks, the builder had cut six inches off the bottom of her cabinets, lowering them to a level she could more easily reach. They replaced her stove with a lower, more suitable one with more safety features and reworked the cabinet under the sink. This let her slide her wheelchair in under the sink to use it. Now Noreen's kitchen is safer and more functional and, she isn't as exhausted from preparing her meals.

Noreen also faced other access issues. During the years since the accident Noreen has been sleeping in her dining room, unable to safely get up the stairs to her bedroom. While her family had installed a chair lift for her to use, she would fall off if someone wasn't there to hold onto her during the ascent. Fortunately, she did not reinjure herself during any of these mishaps. She simply gave up and resigned herself to sleeping downstairs. It became more and more obvious she needed a better system to access her bedroom. This became an important part of regaining her sense of pride and independence.

To address the issue of accessing the upper floor, Steve, working with Diane and Noreen, agreed to help with the installation of a mini-elevator in a newly constructed entry in the garage. This lets her access her own bedroom once again. Noreen was fortunate that her family had the financial resources to pay for constructing the ramp and entry room within the garage that was needed to accommodate the lift's installation while the MRC covered the cost of the installation of the lift. When problems developed with the vendor doing the installation, Steve stepped right in and took care of solving them. While the installation was delayed a few weeks, Noreen was very understanding—she knew the wait was worth it.

Diane has done a lot of vocational counseling with Noreen and knows her tenacity and strong work ethic will pay off as she is retrained to use her many untapped skills. She can also see that having the independence to safely move around her own home has done a lot to restore Noreen's self-confidence and her will to move forward with her life and her employment goals.

# ASSISTIVE TECHNOLOGY LOAN PROGRAM: LEADING THE COMMONWEALTH AND THE NATION

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Once again, Massachusetts is a national leader in services designed to help people with disabilities. This time it is in the realm of alternative financing with the success of the Massachusetts Assistive Technology Loan Program (ATLP). Established less than three years ago, independent studies have consistently found that the Massachusetts program is the fastest-growing of its kind across the country, and has statistically higher loan approval ratings than all but the most established, older programs.

These are pretty impressive assertions, especially when you consider there are 33 other states with Alternative Financing Programs. These programs allow consumers of assistive devices and services greater access to low-interest financing, without which these necessary devices could be cost-prohibitive. This program's goal is to increase the independence of people with disabilities. Private insurance doesn't always pay for what people want or need.

The Massachusetts Assistive Technology Loan Program—the only one of its kind in the state—is a public private partnership between the MRC, Easter Seals Massachusetts and Sovereign Bank. Funded by a federal grant, the MRC is responsible for monitoring the program closely and making sure the funds are invested properly and used appropriately. Easter Seals manages the day-to-day operation of the program and Sovereign Bank provides the actual loans. Working together, this partnership has aggressively marketed the program, which is one reason for its rapid growth and success.

From January 2005, when the program was launched, through September 2007, over \$3 million has been loaned out to Massachusetts residents with disabilities and their family members. Massachusetts' ATLP processes an average of ten applicants a month, the national average is four. The state's approval rate is 79% while the national rate is 65%.

The reasons behind this success can be seen in the work done by Easter Seals' trained specialists who help fill out the necessary paperwork, gather the documents needed and submit the loan. Easter Seals can usually determine eligibility the same day an application is submitted. If they find the person eligible, just the financial pieces of the loan application are sent to Sovereign so the details of a person's disability are kept private. The bank usually makes a decision within two days. They are able to provide this kind of quick turn-around because of the work done by Easter Seals to pre-screen applicants and help prepare a better quality loan application. The entire process can be a lot smoother than the traditional bank application process.

Karen Langley, Director of Independent Living and Assistive Technology Services at the MRC agrees that having Easter Seals as their partner in this program is one of the reasons for its success. “Easter Seals has proven to be a wonderful organization with which to work because of their commitment to improving the lives of people with disabilities and their focus on assistive technology to do so. The MRC knows the program is in good hands with Easter Seals conducting the day-to-day operations,” adds Langley.

Most of this \$3 million has been used to purchase modified vehicles that can accommodate wheelchairs and the special transportation needs of people with disabilities. Other loans bought computers and software, stair lifts, wheelchair lifts for vans, medical equipment, Braille displays, electric wheelchairs, scooters, ramps and hearing aids. In addition, the MA ATLP offers funding for assistive technology services that help people determine which device may be right for them. These services also help people locate and purchase the items, training on their use and provide maintenance and repair. At this point the smallest loan amount is \$500 but there is no upper limit. The size of the loan is based on the devices or services being purchased and the person’s ability to repay the loan.

The MA ATLP offers lower interest rates than traditional bank loans, with repayment lengths based on the expected useful life of the device purchased. Most loans for computers are repaid in three years, for example, while vehicle and home modification loans can be stretched out for up to a 10-year period, lowering monthly payments. In some cases, the program “guarantees” the repayment of the loan in the event an applicant has no credit history or a weak credit rating. For instance, a college student with learning and memory difficulties caused by a recent car accident needed desperately to purchase a laptop so she could continue her studies. With no credit history and no income, she couldn’t borrow the money needed to buy a computer. The ATLP was able to help her obtain the loan she needed and she is well on her way to successfully completing her college education.

Assistive technology, be it a service or a device, is changing the lives of so many people with disabilities. With the financial help of Massachusetts’ ATLP many more will be able to benefit from this technology. They will be able to do what they are able to do, better and longer.



## ***FINDING A PLACE TO LIVE HAS GOTTEN A WHOLE LOT EASIER!***

**L**ess than a dozen years ago, a person with disabilities trying to find a place to rent faced a difficult, if not impossible, process. First, units with the necessary accommodations were few in number. Second, the entire process of locating vacant properties in your price range and community meant days and days of searching through newspaper ads, calling landlords and visiting every potential housing option. Ironically, property managers and landlords who had accessible units also complained. They were having trouble finding people to rent these units and they remained vacant.

Today, finding an accessible, adaptable or ground floor unit is a whole lot easier because of the MRC's Mass Access Housing Registry. This database helps to match available housing with people requiring various access features. And the best part—it's free and available to anyone at any time at [www.massaccesshousingregistry.org](http://www.massaccesshousingregistry.org) on the Internet!

Administered for the MRC by Citizens' Housing and Planning Association (CHAPA), the registry currently lists over 198,000 units across Massachusetts. The number of accessible units included in the registry has increased by 6% from the previous year. Roughly 70% of the vacant units reported to Mass Access in 2006 were fully accessible and an additional 17% are barrier-free. Obviously most of these units are not vacant at any one time, but the listings give potential renters critical contact information about the location of accessible units. They can then follow-up with property managers and get their names on waiting lists. A search on Mass Access will also help find subsidized housing, public housing and private, market-rate apartments. Other search criteria include number of bedrooms, rent, location, vacancy status, accessible features and neighborhood amenities like distance to public transportation or medical centers.

Each month, there are approximately 70 vacancies listed and an average of 4,000 visitors to the web site. In FY 2007, 335 vacancies were filled. Like the ads in newspapers, the listings are not an endorsement or an assurance that the unit is code compliant or a perfect match for your needs. But the registry does provide a centralized location that facilitates the search for accessible housing, making a difficult process much less complicated.

The roots of Mass Access can be found in state legislation passed in 1990. At that time, Massachusetts was one of the first states to recognize the value of housing registries and the first to actually design and launch a database in 1995. The Housing Bill of Rights for Persons with Disabilities, not only directed the MRC to develop the registry it also requires owners of accessible or adaptable units to report vacancies to a "central registry." This mandate gives the housing registry entrée to a source of solid data on accessible vacancies and is unlike requirements in most other states.

But you won't hear any complaints from property managers. Mass Access provides them with a simple way to comply with the law while marketing their units for free. The result—accessible units are rented more quickly to people who really need these design features. This has proven to be a “win/win” proposition for all concerned.

During the initial design phase of the registry, the MRC wisely built a partnership with CHAPA. Their expertise in the entire Massachusetts housing market has been critical throughout the history of the registry. At first, it was a computer-based listing that only Independent Living Centers had access to. All that changed in 2000 when it went “on-line.” Having a web-based system that allows access to the data by everyone is not a feature you will find on similar housing registries in other states.

The centralized and easily accessible location of these listings saves important, sometimes critical, time. One MRC staff person told the story of a man with disabilities whose living conditions had deteriorated to a point where he needed to move for his own safety. His situation had been reported to the MRC's Protective Services Program and they immediately went on the registry website to help him find a new place to live. He had told his counselor he wanted to stay in the area so he could continue to easily make his doctors' appointments. He was able to find an accessible, one bedroom apartment in his community and moved within a few weeks.

The MRC and CHAPA continue to look for ways to improve the process. For instance, in 2004 the registry launched search options in Spanish to expand access. In addition, while the registry's focus has been on rentals, you can now find market-rate, accessible housing to buy on the *What's New* page of the site. They hope to expand these listings in the future.

In addition, the Federal Housing Transformation and Long-Term Supports Grant is supporting the MRC's lead role in an interagency group of housing experts who are looking for ways to make other improvements. Much of the focus is on increasing the registry's use among other government and non-profit agencies and making them aware of what it can do for their consumers. Today, Mass Access is considered a model for other states looking to design an effective housing registry. The MRC is proud to lead the way!

## EARLY INTERVENTIONS PAVE A PATH TO SUCCESS

If you have a child in high school who has a physical, mental, emotional or learning disability you spend a lot of time on the day-to-day tasks necessary to keep your student in school. If you are lucky, you have connected with service providers who support this effort and, if you are VERY lucky, you have people like Kelli Collomb or MaryEllen MacRae in your student's life who can help them plan for their future after school or after they turn 22 years old, when many of their services will end.

Kelli Collomb is a Vocational Rehabilitation Counselor (VRC) for the MRC in the Malden office and MaryEllen MacRae is the Turning 22 Services Coordinator for the MRC's Community Services Program in Boston. Their jobs are different and yet they frequently work together and refer consumers to one another's programs or other applicable MRC services.

These two people and many others at the MRC work every day to help young people with disabilities make the necessary transition from childhood to adulthood. They know the value of early intervention as well as the need to have options that lead to independence and self-satisfaction. During this last year, the Commission has been successful in increasing their outreach to youth so they can take advantage of MRC services as soon as possible.

As a VRC, Kelli Collomb regularly works with special education students, their teachers, physical or occupational therapists and counselors at Malden High School, helping them consider their future vocational options. She is one of many VRCs assigned to work with specific high schools across the state. Some, like Kelli, have their own experience managing life as a person with a disability and she takes those insights and puts them to good use with the young people with whom she works. Regular interactions with counselors and teachers have improved the quality of referrals to the MRC and have made for more creative problem-solving for all concerned. For instance, working with occupational therapists they might identify some assistive technology that not only improves a student's school life, but can also open a door for future employment.



Kelli Collomb and MaryEllen MacRae

Kelli and other VRCs who work with students know they have multilayer needs and while they may not currently be able to work, they also know the MRC's vocational counseling, guidance and evaluation services can help out these students on the track toward success. That's an important shift in direction for many when you consider data that suggests 80% of youth who have a disability and do not have a job or any vocational experience before they graduate from high school will never be employed. This is a statistic the MRC is determined to change.

As a cross-disability agency, the MRC often receives referrals for students whose needs extend beyond vocational rehabilitation services. In those cases, the Community Services Division has programs that might be helpful. Specifically, the Turning 22 Independent Living (T22) program offers transitional services for young people who have severe physical disabilities with mobility impairment. Most will likely need community supports after high school graduation or when turning 22. The program is based on the independent living philosophy that empowers consumers to make their own decisions about their lives based on informed choice. Jim Durant, the T22 Program Coordinator, says, "The possibilities for this program are tremendous in terms of intervening in the life of a student with disabilities at a time when their potential and independence can be nurtured and they can be put on a path toward personal success."

As you can imagine, finding affordable, accessible housing is critical for these young people. Assistance with this endeavor is provided by their case coordinator, and once suitable housing is identified, they receive the necessary supports that will enable them to live independently in their own home, on their own, or sometimes with a roommate or live-in Personal Care Attendant (PCA).

Some students receiving supported living services go to college under this program. The MRC will help if they stay in state or refer the consumer to another state's agency for services. A college student with disabilities still needs case management to help coordinate supports with the school, hire a PCA and get them organized in a new environment away from home. These services increase the odds of succeeding at school and graduating. As one college student in the program asserts, "It would have been so much harder if I had done this on my own. I don't know if I could have made it through my first year."

One of Jim Durant's biggest priorities is to increase awareness about the T22 Independent Living program. He is determined to see it grow. He is working with various consortiums and allies in the disability community to get the word out about options available under the program.

## FROM ISOLATION TO INDEPENDENCE

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Like all young adults, Ryan Levia is concerned about paying his bills, making friends and managing his own life with a minimum of parental interference. Unlike most other young adults, Ryan has disabilities that severely impair his mobility but they don't stop him from living independently.

A few years ago, however, Ryan would not have anticipated this independence. He lived with his family in Grafton, attending local schools. He was born with Cerebral Palsy and uses a wheelchair. While in high school, Ryan began to really feel the impact of his mobility impairments as more and more of his friends headed off to events that he was unable to attend. Understandably, he became more isolated and depressed. Although he had completed his requirements for graduation from Grafton High School, he left before graduating. He had a lot of uncertainties about his future. Fortunately, while still at Grafton High, Ryan connected with the Transition to Adulthood Program (TAP.)

This program came at just the right time in Ryan's life, when he was especially anxious about his options. TAP provides early intervention to students with disabilities, regardless of the type of disability. Ryan also worked with the Center for Living and Working in Worcester where his counselor encouraged him to enroll in the Massachusetts Hospital School (MHS) in Canton. At first he was reluctant to move to an institution having lived his entire life with the help of his mother at home. Eventually, he agreed he might benefit from learning more independent living skills as well as being with other people with disabilities.

He was right on both counts! Although skills training, advocacy and information and referral are essential parts of TAP, it is the adult peer role models that often provide the key to the program's success. Most of his first six months at MHS involved peer counseling. It was during that time he met MaryEllen MacRae, the MRC's T22 Services Coordinator, who uses a motorized scooter to move about. He was impressed with MaryEllen and her success living on her own and holding down a good job. Ryan is quick to admit that his work with MaryEllen and other peer counselors got him to seriously consider a more independent lifestyle.

TAP is based on the independent living model and informed choice. TAP meetings are run and controlled by consumers and there is a strong focus on decision-making skills. Ryan acknowledges he was stuck in "hospital mode" where others make your decisions for you—what and when you eat, when and if you take your medications—providing all your care. But the message he kept getting from his peers at TAP was, "You can do it. You can live independently!" Finally he gained the self-confidence to make the transition to the Independent Living Program at MHS.



At first they completed a supported living intake and created an Individual Transition Plan specifically geared toward Ryan and his needs and wishes. Skills training taught him how to hire and manage a Personal Care Assistant (PCA), how to pay his bills and handle his financial affairs, how to make his own doctor's appointments, and arrange his transportation, among other things.

While he was still at MHS he lived in the Student Independent Living Experience which helped his transition. He began implementing his skills training by taking on more and more responsibilities for his own life. This included interviewing and selecting his own case manager from Network Supported Living as well as his PCA.

Eventually Ryan worked with the Canton Housing Authority to find a home. He decided to stay in Canton because it was within the RIDE community and this would facilitate making transportation arrangements. Ryan knew how important it was for him to be able to get out often if he was going to live independently.

Today Ryan lives in an apartment in Canton just down the street from the MHS. He has lived there over a year and shares the place with another former MHS student and a PCA. He has begun utilizing the MRC's Vocational Rehabilitation services and has enrolled in a liberal arts program at a nearby community college. As Ryan says, "I like living on my own, paying my own bills and making my own decisions about my life. I am grateful to the TAP for giving me the skills and encouragement I needed to find my own path to independence." Ryan has come a long way from his days as an isolated and lonely teen in Grafton and he can point with pride to his own persistence in the process.



Ryan Levia

## HOME CARE ASSISTANCE PROGRAM— SOMETIMES IT'S THE LITTLE THINGS

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**T**he Home Care Assistance Program (HCAP) is a lot more than a house cleaning service! Ask Angie Hoskins, Intake Coordinator for HCAP, and she will tell you in no uncertain terms why. Maintaining independence and dignity is the critical difference between a house cleaner and a Home Care Assistant (HCA). While HCAP does provide direct assistance with homemaking tasks, which help enhance the self-sufficiency of individuals with disabilities and prevents injury and unnecessary hospitalizations...that's a lot more than mopping the floors!

The callers who speak with Angie every day are, for the most part, disabled adults who have trouble meeting some of their own day-to-day needs. They are looking for help with meal preparation, grocery shopping, laundry and medication pick-up. Many also need help maintaining a clean and safe home so seek assistance with light housekeeping chores like dusting, changing linens, vacuuming and kitchen and bathroom clean-up. With the help of a Home Care Assistant, they can continue to live on their own and even go out to work.

The growing number of calls to HCAP is a testament to the success of the program and to the HCAs who provide these services. Until a few years ago, these calls were being handled by case managers and were taking valuable time away from their efforts to connect MRC consumers with services. So, the MRC created the Intake Coordinator position. Angie Hoskins is the fourth person to hold the job and it's one she loves. Her colleagues, and the hundreds of callers she deals with every month, will tell you she's terrific at her job. Equal parts patient listener, saint and thorough administrator, Angie is the critical connection between case managers, administrative staff and consumers.

Angie's efforts are a reflection of the work done by everyone associated with the Home Care Assistance Program but she remains the visible conduit for getting the right services to eligible adults... not always an easy job. For example, Angie talks with 200 to 250 people each month. Half of them are consumers themselves and the other half are caregivers, other agencies, MRC counselors or staff from the Visiting Nurses Association, Department of Mental Health or Department of Mental Retardation. If the caller speaks Spanish, Angie immediately gets one of her Spanish-speaking colleagues on the phone to help. If they speak another language, they are encouraged to call back when they can find a person to translate for them. Every effort is made to facilitate communication with the consumer.

This first step in the process is the most important for many. During these initial intake calls, which usually last 20 minutes or more, Angie is able to learn a lot about the caller's needs. By her own admission she lets people talk, tell their story and even cry if that helps ease their frustration.

Many of the callers don't know where else to go for help. Some are in need of transportation, personal care services, companionship or exterior home maintenance. Angie must explain that HCAP does not provide that type of service but she will often spend time trying to determine if there are other resources that may exist in the caller's community which might benefit them. (Are there neighbors, churches or information on the Internet which could be helpful?) Helping them brainstorm solutions to their situation can be empowering. She also encourages them to be self-advocates with their doctors about their needs, concerns and questions. Having determined what services a person may already have and what their disability is, Angie will describe the HCA program to see if it matches their needs.

If Angie determines the caller passes the preliminary criteria for the HCA program she begins the application process. The criteria includes being an adult under the age of 60, having less than \$2,552 in monthly income, and not living with a caregiver like a spouse or parent. After this initial screening, a packet containing consent forms, verification of living situation and financial determination forms are sent to the applicant. Angie's job doesn't end there. Applicants are asked to return their completed applications within 30 days. Angie sends reminder letters to people who have submitted incomplete applications, highlighting the specific documents still needed or even makes follow-up calls. She has also been known to visit an applicant if they cannot read or write. When the referral has come from another agency, she will also follow-up with them.

Each month an average of 90 to 125 applications for service are received. Many of the 200+ calls Angie handles have been referred to other more appropriate programs during the intake process. Some may never become consumers because they are not eligible or because their situation may change before the waiting list gets to their name. When a complete application is received, the consumer is referred to a HCAP Case Manager based on where they live. All ten case managers work out of the Boston office which gives them the opportunity for direct follow-up with Angie. This interaction has strengthened the entire HCA program.

Angela Cipriano-Getsick, Angie's supervisor, says, "She is a very skilled listener. Her clinical phone skills are critical to her success and the thoroughness of her intake saves everyone's time. She goes the extra mile, does the extra digging. If the paperwork that is returned disqualifies a consumer from HCA she may even follow-up with a phone call to determine if it's the most up-to-date info."



Angie Hoskins and her Supervisor Angela Cipriano-Getsick

## THE NEXT STEP

Jodi Watson is one of the ten Case Managers in the Home Care Assistance Program. She has been with the MRC for almost seven years and has a caseload of roughly 175 consumers. As the Case Manager for Plymouth, Barnstable and parts of Bristol Counties, Jodi is frequently on the road visiting potential consumers and checking in with individuals already on her caseload. It's the personal contact that she enjoys most about her job.

When she or one of her colleagues receives a referral for services, they evaluate the individual's needs and conduct an in-house assessment of the services required before determining eligibility. On average, consumers receive three to five hours of service a week from an outside vendor. The real "beauty" of this program for the consumer is not just that the costs are covered by the MRC but that these homemaking agencies are pre-screened and have performance contracts with the Commission. These agencies are expected to conduct reference and background checks before hiring a Home Care Assistant and are required to train and supervise each one. This type of oversight is very helpful to the consumer.

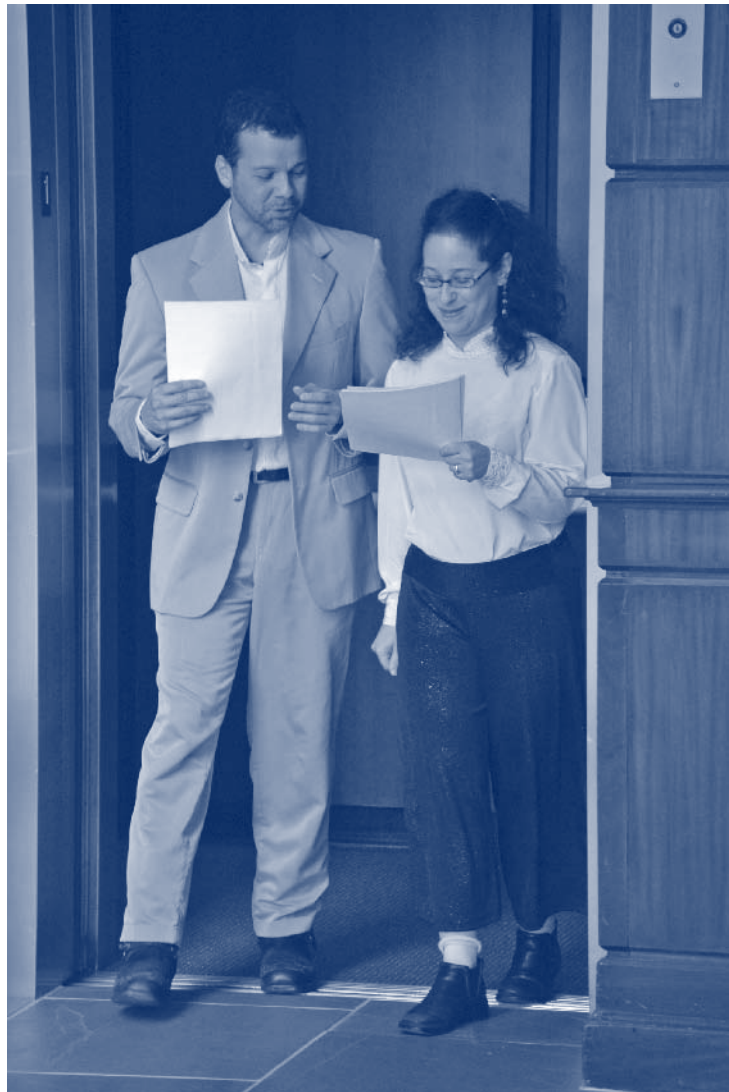
After the Case Manager determines eligibility, the specific services needed and the number of authorized hours, they refer the consumer to a homemaking agency or an approved HCA that is available in their area. If working with an agency, the vendor will contact the consumer to arrange a schedule and assign an HCA. At that point, the consumer takes over managing their HCA, helping to orient them to their homes, providing the necessary supplies and signing their time sheets. If issues arise between the HCA and the consumer, a case manager from the homemaking agency

### RESOURCES LEAD TO CONTINUED INDEPENDENCE:

To illustrate the value of HCA services to MRC consumers, Jodie Watson works with a man who was diagnosed with Huntington's Disease (HD) several years ago. HD has meant progressive degeneration in his brain cells which has meant a decrease in his cognitive function and motor control. Yet he still lives at home. At one point, his mother provided some of the help he needed, but when she passed away Jodi stepped in and re-evaluated his situation. As his need for personal care increased, Jodi arranged referrals to the Personal Care Assistance program and to Supported Living. At this point, this consumer receives HCAP help with laundry, shopping, meal preparation and medication pick-up. "It is a testament to HCAP that he has been able to remain at home as long as he has. He gets the help he needs and referrals are made as those needs change," says Jodi.

or the HCAP Case Manager can be contacted to see if the matter can be resolved. The consumer and the HCA are encouraged to manage their own working relationship. But the HCAP Case Manager keeps in contact with the consumer monitoring any change in their needs or problems. As Jodi says, “If they need my help, then I’m there.”

Angie Hoskins, Jodi Watson, and their Supervisor Felix Jordan are part of a team at HCAP committed to enhancing consumer independence and maintaining consumer dignity. From all accounts, it’s a team effort that’s working.



Jodi Watson and her Supervisor Felix Jordan



## SOMEONE IN YOUR CORNER

“There is a certain kind of bonding that happens when you are working with someone that has had the same experience as you,” states Paula Callanan about the peer counseling model. As an independent living specialist for seven years at the Northeast Independent Living Program (NILP), Paula knows first-hand why this model has worked so well.

Karen Bureau, Director of Programs and Services, has been at the NILP for 14 years. She elaborates that the center does not use a medical model to provide services to the roughly 1,500 people that visit the center each year. Their staff of over 25 people includes many individuals with disabilities of all types, mirroring the community they aim to serve.

“We are coming to meet you at a peer level,” Karen says, “I know what it is like to be a young person living in elder housing.” The focus on peer modeling at NILP is just one of the unique features of the center. There are eleven independent living centers in Massachusetts, and while they all provide key, core services to help people with disabilities to live independently, each center has their own culture, approach and individual strengths.

Peer modeling and strong advocacy make this the “go-to” organization for people with disabilities in need of a support network. People looking to transition from a nursing home to a more independent environment have a knowledgeable and passionate team ready to make things happen.

The Northeast Independent Living Program has been helping people for the past 27 years and has been steadily growing and expanding services over the years. They started with modest funding and three staff members. They now have multiple funding sources, including the MRC, and coordinate numerous programs and services for the disability



Kevin Farrell, Karen Bureau, and Paula Callanan

community of Greater Lawrence. Assisting people transition from nursing homes to more appropriate and independent living situations is one important way the NILP contributes to the independence of the disability community, but there are a number of other supports and resources available.

All programs include four basic core services—peer counseling, skills training, advocacy, and information and referral. Services are available to any person with a disability in the 30 cities and towns in their service area. But many of the programs are tailored to the needs of a specific population within the disability community.

A Smoother Transition, for example, is a program that helps adolescents with disabilities and their families transition from the youth services system into the adult human service system. Young staff members with disabilities lead peer groups, sharing their knowledge, facilitating conversations about critical issues and speaking from personal experience.

The Independent Living/Vocational Rehabilitation Program provides assessment, information and referral, advocacy and skills training to MRC consumers, as well as money management, benefits counseling and housing services, to ensure potential barriers to success are anticipated and minimized.

Consumers with psychiatric disabilities receive core services, again tailored to their specific needs, receiving peer counseling and advocacy from people who may have encountered similar obstacles and injustices in their own lives. The L.O.V.E. group or Lawrence Organizing Voices of Empowerment is a unique feature of the psychiatric services of the NILP. L.O.V.E. is a group of mental health consumers and psychiatric survivors who have come together to advocate on behalf of people with psychiatric disabilities. Their aim is to change the mental health system in their community so it is more responsive to the needs of the people they serve.

When asked how consumers manage to find their way to the center, Karen Bureau highlights the relationships they have built in the community over the years and points to the value of word-of-mouth marketing. Consumers talk positively about the services they receive at the NILP, and their strong partnership in the Massachusetts Rehabilitation Commission's network of programs, advocates and service providers. They have earned a reputation for superior service that brings new consumers through the door every day.

# STOPPING THE ABUSE, TALKING ABOUT THE UNTHINKABLE

**59 - 69 - 79**—This series of numbers appears on the PowerPoint presentation and the viewer assumes these might be Case ID numbers, or perhaps increases in caseloads. In fact, these numbers reflect the weights of three people with disabilities when the MRC's Protective Services Program (PSP) began investigating allegations of their abuse.

Certainly most of the cases investigated by the MRC's Protective Services Program are not as extreme as these but they could be, if the program wasn't doing its job so well. This fact provides some solace to Sabrina Cazeau-Class, Director of PSP and her nine employees...that, and the knowledge that their efforts are succeeding in identifying more people with disabilities in unsafe situations. During FY 2007, Sabrina and her staff investigated a record-high 319 cases. PSP is not sure if abuse of people with disabilities is growing but they are certain of one fact, the more people report suspected abuse, the more chances there are that help can be given to the alleged victims and their caregivers.

Massachusetts takes any allegation of abuse of a person with disabilities VERY seriously. There is a long list of Mandated Reporters who must (by law) report any suspected abuse to the Disabled Persons Protection Commission (DPPC). They are the first to receive these reports. Once the DPPC intake coordinator determines whether or not a person is in any immediate danger, they refer the case to the appropriate state agency for investigation. All of this happens within hours of a call and is coordinated with a State Police unit assigned to DPPC. If there is any indication that criminal activity occurred, a report is also immediately sent to the local police and District Attorney's office. In addition to the MRC, the Department of Retardation, the Department of Mental Health and other agencies under the Executive Office of Health and Human Services also receive DPPC referrals.

PSP staff are responsible for promptly conducting investigations



Sabrina Cazeau-Class

of these complaints and are proud of their record. The MRC unit works on cases of alleged abuse of individuals with disabilities ages 18 to 59 that occurred in homes, day programs, independent and group living situations or at a relative's home. (Allegations of abuse in a nursing home or hospital facility are conducted by the Department of Public Health.) In addition to these investigations, another 850+ cases receive administrative review by PSP.

Every investigation is different but each is handled with finesse, creative problem-solving, persistence, diplomacy and an extensive knowledge of what is and isn't abuse. Abusive situations can be physical, sexual or emotional or involve financial exploitation. Neglect can also put a person with disabilities in danger. PSP investigators have seen it all.

Sabrina noted, "Our investigators are able to provide a fresh view of the situation. We begin our work with no opinions about anyone involved. We conduct interviews and gather all the facts before making any recommendations. While that may sound like a straightforward process, it rarely is." For instance, interviews are usually done with doctors, nurses, family members, personal care attendants, social workers and any other person who may be aware of the possible abusive situation, including the alleged abuser. More importantly, the alleged victim is talked with extensively. Their input is critical to the investigation and their integrity and point of view are respected.

Time spent with the person with disabilities also provides invaluable information on their environment and their physical condition. Even if they are not able or are unwilling to share their stories with an investigator, a lot can be learned from visiting them. Any evidence of bruises, burns, cuts, poor hygiene, malnutrition or dehydration, outdated medications, incontinence or a lack of needed hearing aids, glasses or walkers can point to abuse. Evidence of mental cruelty is more difficult to spot but these trained professionals know what to watch for. They look for signs of decompensation, i.e., depression, changes in the person's affect or loss of appetite—all can point to emotional injury.

If risks are identified and substantiated, then the options are made clear to the victim and their caregiver. For instance, preventive measures can be put into place that provide additional support like arranging for Visiting Nurse Association care, counseling, homecare services or enrollment in day programs. Sometimes adaptive equipment can be provided that will ease the role of caregivers and eliminate cases of unintended neglect. If necessary, the alleged abuser is removed from the home, law enforcement is notified and legal services are provided. If an alternative placement or temporary shelter is needed, then PSP can help make those arrangements too.

Staff recount a story that describes a situation they frequently find. This case was about a husband with young children and a wife who had a deteriorating disability. The husband became completely responsible for patient care, his children, the house, his job and their deteriorating family finances.

The result—he became completely overwhelmed and seriously neglected his wife. This story has a happy ending, however. PSP staff worked with the wife and husband, advising them of other services that are available which can provide the supports they need. Like so many caregivers, this family was unaware of these options. Together they came up with a service plan that got the wife the care she needed.

In order to effectively eliminate an abusive situation the PSP must educate consumers about their options so they won't fall prey to other abusers. It is important to empower people to get the services they need. Like every program at the MRC, Protective Services provides consumers with choices and information so they can take back control of their lives. A key question asked every alleged victim is "What do you need us to do?" For the most part, PSP provides short-term services (roughly six months) which is usually enough time to get the consumer into a better situation.

Of the 319 cases investigated in FY 2007, 111 cases of abuse were substantiated. Some of the remaining 208 unsubstantiated reports involved malicious accusations, or it was discovered the victim either did not have a disability or was not dependent on the alleged abuser. Some of those cases can also be referred to other authorities for potential services. But there were also 19 alleged victims who refused to talk with an investigator and they're the ones who Sabrina and her staff worry about most.

These possible victims, and the cases that are not reported, are the ones that really haunt the PSP staff. They are concerned about those who are unable to explain or report their abuse because of their disability, those who have intense feelings of shame, fear or guilt or still others who are dependent on their caregiver and can't imagine a change might be possible. Some are scared of being rejected or sent away from their homes or family. One way PSP is working to change this situation is to build more partnerships with other entities such as the District Attorneys' offices, local law enforcement and Independent Living Centers around the state. These officials often know about victims that may be completely unaware of PSP and other resources available to keep them safe. This outreach paid off in FY 2007. An additional 262 people contacted DPPC because of these efforts.

There remain victims who stay silent for fear of further harm or retaliation, but PSP will not be silenced nor will it stop trying to help.



## **SUPPORTED EMPLOYMENT PROGRAM (SEP) THROUGH COMMUNITY BASED EMPLOYMENT SERVICES (CBES)**

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**T**he Massachusetts Rehabilitation Commission has always realized that “one size does not fit all” as stated by James Fratolillo, Director of the Statewide Employment Services Program, and they have used that knowledge to design programs that help meet the needs of people who don’t neatly fall within a limited criteria or aren’t easily served through traditional services. They developed the Supported Employment Program (SEP) on the premise that flexibility is important in providing services and that extended supports are critical components for success. And, like everything at the MRC, it is firmly committed to supporting consumer choice.

The Supported Employment Program (SEP) is funded through the Community Based Employment Services (CBES) model and managed by the MRC’s Statewide Employment Services Department (SES). SEP provides services to individuals who have very significant disabilities, enabling them to choose, obtain and retain meaningful employment. Program components include assessment, placement, initial employment support services and additional, flexible and extended support services. With the counseling and guidance of Program Coordinators, individual consumers choose a Community Rehabilitation Provider (CRP) and the type of services they want, or don’t want, to utilize. This approach has proven to be especially empowering—and successful—for a population frequently marginalized by society. The foundation of the MRC’s informed choice model is making certain the consumer fully understands the benefits and risks of their actions and then has a real choice to access those services.

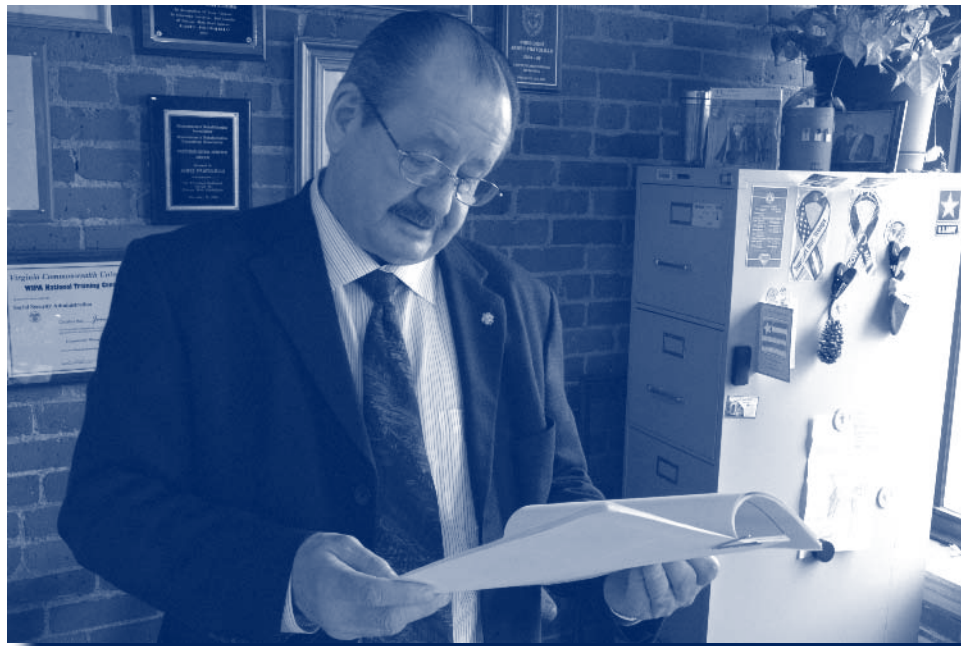
At the core of these programs are statewide, interagency initiatives and collaborations that are not restricted by disability group or program model. This has meant identifying and using non-traditional alternatives that support consumer choice at every level of the employment process. At the same time, it has meant creating a method of purchasing vocational rehabilitation services—CBES—that is performance-based reimbursement, accountable and considered one of the best in the country. It is designed to increase employment opportunities through flexibility in contracting and promoting real choice for the consumer.

What does this mean to consumers and taxpayers? It means the MRC has developed a better model for effective and efficient use of its resources. Through qualified CRP’s it obtains “experts” that provide quality services and support to its consumers in their own communities. The program is cost-effective because CRP’s are reimbursed based on outcomes and closely monitored by Program Coordinators who are always evaluating the quality of services provided.

Another important initiative of SES is the conversion of funding from Extended Employment Pro-

gram (EEP) sheltered workshops to integrated, community-based employment for people with developmental disabilities. In 1990, there were over 1,800 participants in the EEP and currently there are 765 people in EEP-funded sheltered workshops. With a stronger emphasis on giving consumers accessible and understandable information, i.e., public benefit counseling and real choices, more are moving out of segregated work environments and into their own place in the workforce.

During this last fiscal year, 907 individuals were served through the CBES program and 302 began working in the community. In addition, 357 individuals that had been placed on the job in prior years continue to receive extended supports. The success of these placements in community-based jobs has meant taking the time to find the right job that is a good match with the person's abilities. In some cases jobs needed to be customized to meet the skills of the individuals as well as meet the needs of the employer. Likewise, providing individualized extended services to consumers has also proven essential to maintaining employment. Whenever possible, extended supports after stabilization are provided by the appropriate state agency, i.e., Department of Mental Health or Department of Mental Retardation. These collaborative agreements are a key factor in the success of the program.



James Fratolillo oversees the SES department

## NEW OPTIONS PROVIDE MORE OPPORTUNITIES FOR LOCAL ARTISAN

A well-known and respected member of the Wampanoag Tribe of Gay Head/Aquinnah, Diamond “Ellie” Vanderhoop, is a life long resident of Martha’s Vineyard. She became interested in making handcrafted, authentic tribal jewelry several years ago while participating in a weekly crafting circle in her community. Many family members of Ellie’s are established tribal artisans and have contributed to her interest and skills in this area.

As a 34-year old woman with developmental disabilities, Ellie has benefited from her family’s assistance her entire life. Now she has acquired the skills needed to live with minimal supports in her own home in Aquinnah and travels throughout the island independently via public transportation. With ongoing job supports provided by the MRC, Ellie has also worked part-time at a famous confectionery for several years.

But part-time income is not enough for Ellie so she is pursuing something she loves to do and something she clearly has a talent for—the art of jewelry-making. Ellie became interested in self-employment after attending some early informational discussions held at the tribe’s social hall. The presentations were made by the Martha’s Vineyard Self-Employment Demonstration Project.

Managed by the MRC’s Statewide Employment Services department, this project is geared toward developing self-employment opportunities for people with disabilities. In addition, it provides outreach to historically underserved populations in rural areas of the Commonwealth, especially Native Americans. After first presenting the idea to the elders of the tribe and getting their input and approval, SES wisely turned to Theresa Manning, an experienced Vineyard business woman and entrepreneur, for help. Theresa works on cultural issues for the tribe and is the MRC’s liaison for the project.



Diamond “Ellie” Vanderhoop

The Vineyard Project is providing Ellie with counseling and guidance, and actively assisting her in the selection of her business concept. This has included defining and refining her goals over time, evaluation of natural supports, business planning and developing milestones as Ellie’s individual plan for employment is being implemented. Also, a Community Rehabilitation Provider, Co-Operative Productions, was retained to help develop a business plan, as well as specifically outline the action steps needed

to accomplish each component. With a more refined business concept, Ellie has begun testing markets on and off the island, studying supply and tool needs and establishing production goals and schedules. Practically speaking, the MRC has paid for some of Ellie's supplies including looms, seed beads and needles.

Today, Ellie is busy selecting necessary beads and materials, obtaining more input from tribal members and artists on her designs and exploring many alternative marketing methods. Her mother is helping to manage her financial affairs, and a cousin works with Ellie on her jewelry and has offered consignment space within her popular retail outlet. The fact that Ellie's designs and materials will have important cultural connections to the Wampanoag tribal history and culture is sure to appeal to many fashion conscious buyers.

It is hoped that by next year, Ellie's original jewelry will be popular fashion "musts" from Martha's Vineyard to Rodeo Drive.

### **An Alternative to that 9-to-5 Job!**

**S**elf-employment has always been a viable option for MRC consumers. As opportunities to start your own business have increased across the country, so has interest in this type of employment among workers of all abilities. During FY 2007, the SES undertook an effort to update their policies to better promote this option for consumers.

In an effort to assist consumers who wish to obtain self-employment, the SES, with the assistance of Commonwealth Corporation, through a grant funded by the UMass Medical School's Institute for Community Inclusion, has developed an electronic resource manual on self-employment for Vocational Rehabilitation Counselors (VRC) and offered statewide trainings in conjunction with its release. This accessible tool is used by VRCs as they assist their consumers evaluate this option and demystify self-employment. Likewise, this resource will help counselors and consumers conduct critical market research as well as determine when and how to develop a business plan.

The MRC recognizes there are others who may be better able to support a consumer's self-employment goal and are building collaborations with additional agencies to help promote this alternative. Utilizing the successful Community Based Services outcomes-based model, the MRC can purchase services to support a consumer's self-employment goals when necessary. This performance reimbursement system has succeeded in putting assessments and employment supports in place using highly qualified vendors in the community and is now being used to purchase additional services geared toward the self-employed.



## VETERANS GET THE HELP THEY NEED AND DESERVE

Newspapers and television are full of stories of soldiers returning from combat in Iraq or Afghanistan. Most of them are able to return to families and friends, jobs and hobbies left on hold while they served their country...many are not.

The military reports that roughly 60% of soldiers who survive external injuries from bomb blasts may have sustained a Traumatic Brain Injury (TBI). Called the “signature wound” of this war, TBI can occur from a wide variety of causes including improvised explosive devices (IED’s.) This can result in a range of impairments to speech, vision, reasoning, memory, behavior and other functions. Many have no visible signs of injury or have other severe physical injuries requiring more immediate treatment for survival.

As injured veterans began returning to Massachusetts, the Massachusetts Rehabilitation Commission anticipated increasing numbers of service men and women and their families seeking services. This was especially true for the Commission’s Brain Injury and Statewide Specialized Community Services Program (BISSCS). The BISSCS program identifies, cultivates and develops resources and assistance for Massachusetts residents who have sustained a traumatic brain injury. The key to BISSCS’ success has been its community-based system of services built on a network of supports that assists individuals in maintaining or increasing their level of independence at home, work and



Veterans with TBI Project Staff



in their communities. Despite this record of success and the documented need for these services, the number of veteran referrals to BISSCS programs remains unexpectedly small.

In 2006, Massachusetts had over 200 wounded veterans who returned home from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). That number has now doubled. If 60% of them sustained a TBI (the percentage put forth by Walter Reed Army Medical Center) it would account for minimally an additional 96 new TBI survivors in the state since 2005. As of January 2006, however, the BISSCS had received only six applications from veterans of this war.

Knowing that many returning soldiers have experienced a TBI and could benefit from the system of services they offer, especially if they are provided in conjunction with other resources such as the Veterans Health Administration, BISSCS applied for a three-year federal grant to design an outreach and service delivery model that will better meet the needs of veterans returning from Iraq and Afghanistan with a TBI. Their strong track record and a national reputation in the field helped them win the grant, making Massachusetts the first state to receive such funding.

The purpose of the Veterans with TBI project is to identify areas for systems change that will improve access and availability of needed services for these soldiers and their families. During the grant, pilot projects will implement specific changes within multiple systems to determine whether they positively impact the lives of these soldiers. This will include maximizing existing resources and identifying barriers, duplication and gaps in services that are unique to this population. The project also has a goal of creating a blueprint to enhance and improve systems of care where necessary. Initially the program will focus on veterans in northeast Massachusetts with the goal of replicating it throughout the state, and eventually the nation.

Soon after the grant was awarded, the MRC set up a consortium to direct and drive all the goals and objectives of the project. The group includes representatives from the Department of Veterans Affairs, the VA hospitals, state and federally-funded providers of Veterans' services, Veteran's organizations, the Brain Injury Association of Massachusetts, state-funded community providers for people with TBI and most importantly, veterans themselves. Inviting veterans with head injuries, their family members or caregivers to the table was a "natural" for the folks at BISSCS who know the real value of having the stakeholders at the table to guide the process. This consortium also creates linkages which are essential in cross-training other members of the group. In turn, this fosters understanding of what is presently available in our systems, provides a roadmap to services and clarifies terms and language used by each of the consortium's members.

In this same vein, Debra Kamen, BISSCS's director, hired Janet Golas-Shah as Coordinator of the Veterans with TBI Project. Janet is retired from active duty having served in the military in several locations around the world. Although she is now retired, you can tell from her comments about

this program that the well-being of her fellow service men and women is not far from her mind. “TBI is a terrible injury that is having an unimagined impact on so many of our veterans from Iraq and Afghanistan. It is great to be part of something so focused on delivering them the specific services they need” says Janet. “But our biggest problem is identifying those vets with TBI,” she adds.

With this in mind, the TBI Project began an intense outreach campaign to find OIF/OEF veterans. Billboards were prepared, public service announcements were run on radio and local television stations, flyers and postcards were circulated and interviews were run in area newspapers all geared to identifying any veterans of the Middle East conflict who might have a TBI. Ironically, the very public injury and recovery of TV journalist, Bob Woodward, has also helped people better understand this injury—its symptoms and its treatment. These efforts are resulting in a gradual increase in referrals for BISSCS’s services.

The MRC is pleased to once again be at the forefront of a program design process that saves tax dollars by maximizing the use of public funds and minimizing duplication. More importantly they know the TBI program will help veterans and their families become productive members of their community again and that’s all the reward they need.

# VOCATIONAL REHABILITATION: DIGNITY THROUGH EMPLOYMENT

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**T**he Massachusetts Rehabilitation Commission remains at the forefront of similar agencies around the country in part, because of the success of its Vocational Rehabilitation Services (VRS) program and dedicated staff. From the agency's beginning, the MRC understood the value of work and has promoted independence for individuals with disabilities. After fifty one years, they have seen this connection borne out time and again.

The MRC's Vocational Rehabilitation Services program has a two prong approach: First, they assist people with physical, psychiatric and/or learning disabilities who would like to find or return to work. Second, they work closely with employers in the community to help create job openings and increase employer awareness regarding the benefits of diversity in the workplace. As a result, the MRC has been very successful in assisting the people they serve become tax paying citizens, reducing their reliance on entitlement programs.

During the last four fiscal years, the number of consumers receiving vocational rehabilitation services has increased by 5,000 to 15,776 in FY07. These numbers represent more than \$70 million in taxable income. Vocational rehabilitation services have resulted in 3,829 people finding employment in the past year, earning an hourly wage averaging \$12.50 and over 92% of them have health insurance coverage. Hundreds of other consumers continue to work toward their goal of employment by utilizing one or more MRC programs.

These MRC programs include a wide variety of vocational rehabilitation services. The range of programs far exceeds those found in a standard job training program. None of the MRC consumers who receive VR services get exactly the same combination of help. Each works in cooperation with a vocational rehabilitation counselor (VRC) dedicated to helping them map out a plan matching their particular needs with their abilities and vocational goals. It is this attention to the planning process that accounts for much of the MRC's vocational success. The VRCs provide many, many hours of planning, evaluation and training before a person is even ready for a job interview.

VRCs work with each consumer to develop an Individual Plan for Employment (IPE). This effort can include establishing an individual's personal goals, surveying career interests, providing trial work experiences and conducting labor market research to assess what careers have the most potential for employment. After gathering relevant information, the consumer and the counselor decide on a realistic, time limited vocational goal and employment plan. The following are examples of typical resources available at VR offices during a job search: resume preparation, job seeking skills training, interview skills training, job leads and job placement assistance. The MRC's VR

program even provides support, advocacy and follow-up services for at least 90 days after a consumer enters employment. In some cases a consumer may be eligible to receive post-employment services after they are placed in a job and their case is closed.

At times the MRC may provide funds for college or vocational training, or will assess a potential worksite and recommend and/or pay for needed accommodations or assistive technology such as customized computer interfaces for people with physical or sensory disabilities. They may also assist a person returning to the workplace after adjusting to a new disabling condition by providing job counseling and other needed services. Some consumers may even receive help paying for transportation to work or child care while engaged in job training. Counselors are very good at creatively meeting the needs of the consumer if it means facilitating an opportunity to work.

Vocational Rehabilitation Services staff is constantly developing ongoing relationships with employers across the Commonwealth. This has resulted in a significant reduction in, or removal of, barriers to employment for many people with disabilities in Massachusetts. By educating employers about the Americans with Disabilities Act and then providing them with highly qualified and job-ready candidates, MRC vocational rehabilitation counselors have earned a reputation for understanding the needs of employers—and their future employees!

## BACK ON HIS FEET AND STAYING THERE

When Patricio Allende-Lopez came to Boston in 1999 from Puerto Rico, he was 31, had a high school diploma, experience working in construction and was optimistic about finding work. But his English skills were limited and work was difficult to find. Patricio fell in with the wrong crowd and began abusing drugs. Then he developed a side-effect to medication which left him unable to use his legs and forced him to use a wheelchair. Eventually Patricio began to turn his life around and successfully completed a drug rehabilitation program at Casa Esperanza (CE) in Boston. While there, his friends encouraged him and helped with long arduous hours of physical therapy. With their help, and his own determination, he literally got “back on his feet.”

Although Patricio was able to walk again he continued to receive therapy for his medical issues from the Latino Health Institute. In 2005, his therapist referred him to the MRC and he began working with Maritza Berrios-Rosado, a Latina vocational rehabilitation counselor in the Brookline office. She immediately recognized his determination and commitment. Initially she focused on counseling and guidance services and then helped Patricio formulate a vocational plan aimed at achieving his goals of independence and self-sufficiency. She referred Patricio to MRC vendor Morgan Memorial for an assessment of his skills and vocational abilities. They quickly acknowledged his “people skills” and enrolled him in a Retail Training program.

Clean and sober, Patricio maintained his relationship with Casa Esperanza. CE’s Executive Director at the time, Francisco Barrientos, noted the progress Patricio was making toward finding and maintaining a job. But even Patricio was surprised when Mr. Barrientos called him and offered him a job as a House Manager at CE. Since joining the CE staff Patricio has been trained as an outreach worker and peer leader helping others in the Latino community deal with substance abuse. All this has piqued his interest in pursuing this type of work.



Patricio Allende-Lopez

Patricio will quickly acknowledge that work is an essential part of his recovery. “The MRC was able to open doors that prepared and motivated me to keep moving forward and stay positive,” he said. Patricio and Maritza continue to work together on post employment services to help him achieve his next two goals: Getting off SSI benefits and becoming a substance abuse and HIV counselor. He is beginning ESL classes soon and will enroll in an Addictions Counseling program offered by the Hispanic Office of Planning and Evaluation—all with the MRC’s support!



# COMMUNITY SERVICES PROGRAM

## SERVICE DELIVERY REPORT FISCAL YEAR 2007

<b>IL Center Services</b>	<b>Total</b>	<b>Supported Living Services</b>	<b>Total</b>
# of consumers who received services	15,690	# of consumers who received services	109
# of information and referral calls	13,238	# of consumers on waiting list	41
\$ Expended (State/Federal)	\$5,529,391	# of new applications	34
		\$ Expended	\$1,034,586
<b>Turning 22 Services</b>		<b>Head Injury Services</b>	<b>Total</b>
# of consumers who received services	256	# of consumers who received services	1,441
# of consumers in Supported Living	60	# of new applicants	420
# of new Individual Transition Plans	6	# of services purchased for consumers	128
# of new referrals	8	\$ Expended	\$19,696,000
\$ Expended	\$4,274,693		
<b>Assistive Technology</b>		<b>Home Care Services</b>	
# of consumers who received services	380	# of consumers served	1,861
# of consumers on the waiting list	46	# of new cases opened	249
\$ Expended	\$949,293	# of hours of services provided	213,731
		\$ Expended	\$5,500,000
<b>Housing Registry</b>		<b>Protective Services</b>	
# of vacancies	267	# of consumers who received services	319
# of vacancies filled	279	# of new service plans	131
# of visits to website	53,975	# of consumers provided paid services	80
\$ Expended	\$88,888	# of investigations	319
		\$ Expended	\$685,934

# DISABILITY DETERMINATION SERVICES

## SERVICE DELIVERY REPORT FISCAL YEAR 2007

### DDS Facts and Figures FY07 (October 1, 2006–September 30, 2007)

Total Receipt of Cases:	65,886
Total Dispositions of Cases:	65,919
Initial Claims Filed:	50,523
% Allowed:	45.6%
CDR Receipts:	3,375
CDR Dispositions:	3,606
Consultative Examinations Purchased:	20,850
Consultative Examination Rate:	30.2%
Medical Evidence of Record Purchased:	59,388
Medical Evidence of Record Rate:	86.1%
Total Medical Costs:	\$5,970,788
Total Budget:	\$37,114,525
Cost Per Case:	\$538.26
Accuracy of Decisions:	93%
Total MA Population:	6.5M

The Disability Determination Services Advisory Committee was formally established in the early 1980s. It functions as a communication bridge between the DDS staff and consumers of its services, the disability communities and their advocates.

Sarah Anderson, Boston  
 Inta Hall, Hingham  
 Chris Czernik, Lynn  
 Linda Landry, Boston  
 Shirley Dopson, Jamaica Plain  
 Gail Havelick, Boston  
 Barbara Seigel, Boston  
 Joanne Shulman, Framingham (Chairperson)

# VOCATIONAL REHABILITATION SERVICES

## SERVICE DELIVERY REPORT FISCAL YEAR 2007

Outcome			Competitive Employment
<b>Vocational Rehabilitation Program</b>			
# of consumers in active participation	15,766		
# of new consumers with an IPE	7,621		
# of consumers successfully employed for 90 days or more			3,829
# of consumers satisfied with services	80.3%		
# of consumers employed with medical insurance	92.3%		
Average hourly wage	\$12.50		
Average hours worked	28.3		
	Integrated Independent Employment		Competitive Employment
<b>Community Based Employment Program</b>	<i>Goal</i>	<i>Total</i>	
# of consumers served	575	599	
# of consumers who were placed in employment	207	232	
# of consumers who successfully maintained employment	200	204	204
# of consumers in extended services	325	357	
\$ Expended	<b>\$204,340.17</b>		
	Integrated Employment with Support		Competitive Employment
<b>Supported Employment Program</b>	<i>Goal</i>	<i>Total</i>	
# of consumers served	275	308	
# of consumers who completed program	60	70	70
\$ Expended	<b>\$370,000</b>		
	Facility Based Employment		Competitive Employment
<b>Extended Employment Program</b>	<i>Goal</i>	<i>Total</i>	
# of consumers who received services	786	763	
# of consumers who were placed in employment	35	12	12
\$ Expended	<b>\$4,902,817.40</b>		
<b>Total Consumers Placed/Retained in Employment</b>			<b>4,115</b>

# MRC STATE FUNDED SERVICES FISCAL YEAR 2007

Approp	Approp Name	CATEGORY	FY2005 Authorized	FY2005 Expended	FY2006 Authorized	FY2006 Expended	FY2007 Authorized	FY2007 Expended
41201000	ADMINISTRATION for STATE PROGRAMS		\$409,264	\$403,122	\$573,716	\$521,406	\$579,515	\$552,791
41202000	VOCATIONAL REHABILITATION		\$7,459,207	\$7,363,266	\$7,476,987	\$7,101,264	\$7,826,911	\$7,806,002
		Allocated Out				\$255,000		\$-
41203000	EMPLOYMENT ASSISTANCE SERVICES		\$7,886,816		\$7,984,952		\$8,475,684	
		Personnel Costs		\$515,183		\$565,570		\$590,059
		Extended Employment Program		\$5,060,156		\$5,046,505		\$4,992,783
		Supported Work		\$1,809,000		\$1,903,448		\$2,379,002
		Allocated Out		\$405,000		\$404,886		\$400,000
		Other Costs		\$48,818		\$46,933		\$96,418
41204000	INDEPENDENT LIVING SERVICES		\$7,520,512		\$8,067,733		\$10,612,613	
		Personnel Costs		\$578,854		\$667,552		\$874,533
		Independent Living Ctrs.		\$3,396,329		\$3,619,748		\$4,492,391
		Turning 22 Services		\$1,786,112		\$1,876,149		\$1,293,621
		Assistive Technology		\$607,100		\$618,847		\$749,074
		Head Injured		\$-		\$-		\$740,122
		Supported Living		\$770,403		\$856,147		\$1,034,586
		Protective Services		\$62,602		\$66,095		\$44,091
		Social/Recreational Prog.				\$25,000		\$22,917
		Tac Assigned Cases		\$-		\$-		\$691,799
		Allocated Out		\$8,531		\$8,531		\$8,531
		Other Costs		\$75,268		\$142,719		\$155,904
41204001	HOUSING REGISTRY		\$83,754	\$83,754	\$83,754	\$83,754	\$83,754	\$83,754
41204010	TURNING 22 SERVICES		\$1,065,000	\$959,937	\$712,550	\$583,455	\$749,145	\$600,935
41204051	ASSISTIVE TECH. LOAN PROGRAM		\$565,000	\$565,000	\$-	\$-	\$-	\$-
41205000	HOME CARE SERVICES		\$4,339,768		\$4,446,945		\$5,537,245	
		Personnel Costs		\$690,509		\$774,129		\$880,098
		Direct Services		\$3,379,527		\$3,464,883		\$4,427,689
		Other Costs		\$94,945		\$115,559		\$180,513
41205050	MEDICAID RETAINED REVENUE		\$2,000,000	\$1,665,683	\$1,900,000	\$1,642,491	\$330,000	\$311,554
41206000	HEAD INJURED SERVICES		\$6,000,568		\$8,139,160		\$9,068,730	
		Personnel Costs		\$792,608		\$863,845		\$883,096
		Direct Services		\$5,016,871		\$6,983,629		\$7,920,609
		Allocated Out		\$85,710		\$60,000		\$-
		Other Costs		\$77,902		\$100,752		\$173,689
41206002	HEAD INJURED TRUST FUND		\$6,644,794	\$6,644,794	\$6,751,105	\$6,751,105	\$8,481,049	\$8,481,049
Allocations	DMR ALLOCATION - ROLLAND		\$4,595,041	\$4,595,041	\$5,728,190	\$5,728,190	\$6,843,326	\$6,843,326
Allocations	Other Allocations		\$130,674	\$130,674	\$245,047	\$245,047	\$688,068	\$688,068
TOTAL			\$48,700,398	\$47,672,699	\$52,110,139	\$51,122,639	\$59,276,040	\$58,399,004

## MRC STATE FUNDS EXPENDED FY '07

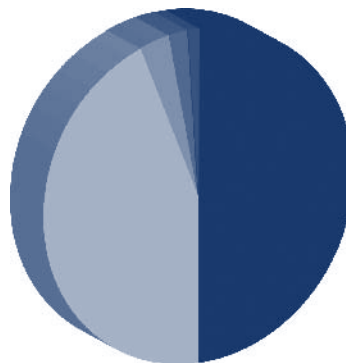
Appropriation Name	FY2007
Vocational Rehabilitation (VR/EEP)	16,264,264
Community Services - All Other	25,944,297
DMR Allocation - Rolland Case	6,843,326
Other Allocations	866,068
Head Injury Trust Fund	8,481,049
<b>Total State Funds Expended</b>	<b>58,399,004</b>



- Community Services-All Other 44%
- Vocational Rehabilitation (VR/EEP) 28%
- Head Injury Trust Fund 15%
- DMR Allocation-Rolland Case 12%
- Other Allocations 1%

## MRC FEDERAL FUNDS EXPENDED FY '07

Appropriation Name	FY2007
Vocational Rehabilitation/Federal	40,856,860
Vocational Rehabilitation/SSA	2,892,696
Supported Employment	405,738
Disability Determination Services	36,708,824
Independent Living Services	1,607,187
Other Federal Spending	1,222,283
<b>Total Federal Funds Expended</b>	<b>83,693,588</b>



- Vocational Rehabilitation/Federal 50%
- Disability Determination Services 44%
- Vocational Rehabilitation/SSA 3%
- Independent Living Services 2%
- Other Federal Spending 1%
- Support Employment >1%

## STATE REHABILITATION COUNCIL FISCAL YEAR 2007

The mission of the MRC State Rehabilitation Council (SRC) is to advise the Public Vocational Rehabilitation Services agency in the delivery of effective rehabilitation services which lead to employment and to advance the use of resources necessary to promote the independence of people with disabilities (except those with blindness) in Massachusetts. Official members are appointed by and serve at the pleasure of the Governor. The membership reflects a representation of persons with disabilities and disability advocacy groups, current and former consumers of vocational rehabilitation and independent living services, people in business and industry, the medical profession, education and community rehabilitation programs. Members of the MRC State Rehabilitation Council are volunteers who donate their time to fulfill the mission of the SRC.

Appointees	Ex-Officio Members	
Francis Barresi, Halifax	Maryan Amaral, Newtonville	Terri McLaughlin, Boston
John Beach, Hyannis	Andrea Bader, Boston	Ann Marie Paulson, Lakeville
Youcef "Joe" Bellil, Shrewsbury	Andrea Bengtson, Cambridge	Ventura Pereira, N. Dartmouth
William Doherty, Arlington	Lisa Chiango, Billerica	Carol Perlino, Lynn
Owen Doonan, Duxbury	Lori Gonzalez, Allston	Katherine Piccard, Charlestown
Mr. Toby Fisher, Woburn	Kevin Goodwin, Wayland	Doris Richardson, Mattapan
Brooke Heraty, Boston	Anne Guterman, W. Newton	Angelica Sawyer, Cambridge
Lusa Lo, Braintree	June Hailer, Pittsfield	John Stokes, Waltham
Barbara Lybarger, Boston	Inta Hall, Hingham	Barry Sumner, Onset
Warren Magee, Dorchester	Betty J. King, Boston	Susan Ventura, Carlisle
Mary M. Moore, Salem	Jenna Knight, Worcester	Francis Verville, Fall River
Mark Murphy, Dartmouth	Julie Langbort, Ashland	Kevin Wreghitt, Andover
Serena Powell, Boston	Hang Lee, Milton	
Stephen Reynolds, Gloucester	Alex Malvers, Bradford	
Patricia Sheely, Pittsfield	Lisa Matrundola, DOL/WIB	
Karin Williams, Boston	Representative	



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[www.mass.gov/mrc](http://www.mass.gov/mrc)

**Deval L. Patrick**  
Governor

**Timothy P. Murray**  
Lieutenant Governor

**Dr. JudyAnn Bigby**  
Executive Office of Health and Human Services

**Charles Carr**  
Commissioner

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