

Health Management Associates Logo


**DRAFT 12/31/21 - VERSION #1**

Note to SRC.

Please limit the review to three reviewers, who are members of SRC DEI Working Group.

Please read and review this document, provide comments and suggested changes in the margin, and edit as you desire in tracked changes. Provide review to HMA in one consolidated document by 1/10/21 by sharing with reviewers in a sequential manner across the three reviewers and add reviewer’s initials to the end, as you pass. Finally, please note that this report has not yet been received final formatting; tables will be more accessible and not embedded as they are now.

HMA will do a final edit and format after receiving comments from contact person, Inez Canada.

Suggested date of completion: 1/17/22.

**The Statewide Rehabilitation Council**

**The SRC Five-Year Roadmap to Practice and Advance Diversity, Equity, Inclusion (DEI): 2021-2025**

**December 2021**

**Prepared by and for the Statewide Rehabilitation Council (SRC), with support from Health Management Associates (HMA) and the Boston Center for Independent Living (BCIL), a member of HMA’s Independent Living and Equity Advisory Board.**

**Table of Contents[[1]](#footnote-1)**

**Acknowledgements**

**Executive Summary**

**Introduction: Prioritizing Diversity, Equity and Inclusion**

* Why Race Must Be Prioritized
* Why Employment Outcomes Must Improve

**The SRC Five-Year Roadmap to Practice and Advance DEI**

* SRC Vision and Mission
* SRC Key Goals
* SRC Dashboard
* SRC Resource Plan
* SRC DEI Toolkit
* SRC Data Collection Templates
* SRC Member Survey
* SRC Data Tables
* SRC Training Materials

**Box 1. From the Field: BCIL on Employment**

**Box 2. How to Read the SRC DEI Five-Year Roadmap**

**Appendix 1. HMA Scope of Work and Project Steps**

**Acknowledgements**

The Statewide Rehabilitation Council (SRC) would like to thank the SRC Diversity, Equity and Inclusion (DEI) Working Group for creating this roadmap, with support from Health Management Associates (HMA) and Boston Center for Independent Living (BCIL), a member of HMA’s Independent Living and Equity Advisory Board. The Massachusetts Rehabilitation Commission (MRC) provided support and funding for this project through a federal grant.

**Statewide Rehabilitation Council and SRC DEI Working Group**[[2]](#footnote-2)

The Statewide Rehabilitation Council (SRC) “partners with MRC to provide a dynamic pathway to economic self-sufficiency for people with disabilities eligible for [Vocational Rehabilitation](https://www.mass.gov/vocational-rehabilitation) Services in accordance with the [Rehabilitation Act.](https://www2.ed.gov/policy/speced/leg/rehab/rehabilitation-act-of-1973-amended-by-wioa.pdf)”

“The primary goal of the SRC is to partner with MRC to ensure that people with disabilities are provided with an equal opportunity to receive the programs, services and supports needed to gain competitive integrated employment. The SRC also provides a forum for consumer input resulting in recommendations and advice to the agency. We aim to provide a path to high quality, value-based, vocational rehabilitation services that lead to meaningful, sustainable, and competitive employment for consumers with disabilities.”

The SRC established the SRC DEI Working Group to create a five-year roadmap to practice and advance DEI. The SRC Working Group members are: Joe Bellil, Kathleen Biebel (MRC), Inez Canada, Amanda Costa (MRC), Ronaldo Fujii, Naomi Goldberg, Steve LaMaster, Lusa Lo, Cheryl Scott, Olympia Stroud, and Sarah F. Wiles. The SRC is grateful to the SRC DEI Working Group members for their dedication to creating this roadmap to raise the voices of Black and Indigenous People of Color (BIPOC) communities.

**Health Management Associates[[3]](#footnote-3)**

Health Management Associates (HMA) is a healthcare consulting firm committed to advancing independent living for persons with disabilities. The SRC hired HMA to create a roadmap for infusing DEI into the SRC vision and mission. HMA team members included Raisa Alam, Uma Ahluwalia, Ellen Breslin, Doris Tolliver, Juliet Marsala, Mary Ellen Mathis, and Michael Anderson-Nathe (former HMA staff).

**Boston Center for Independent Living (BCIL)[[4]](#footnote-4)**

BCIL is a 501(c)(3) non-profit organization that has provided services to people with disabilities since 1974, when it became the second independent living center in the country. The organization was created by people with disabilities seeking full integration into society. BCIL accomplishes this by empowering people of all ages with a wide range of disabilities with the practical skills and self-confidence to take control over their lives and become active members of the communities in which they live. BCIL team members included Taciana Ribeiro-Saab, Cecilia Nunez, Sharon King, and Mary Kate Wells.

**Executive Summary**

The Statewide Rehabilitation Council (SRC) created its first-ever roadmap, ***The SRC Five-Year Roadmap to Practice and Advance Diversity, Equity, Inclusion (DEI): 2021-2025***.

The SRC created this roadmap in response to the racial injustice, discrimination, bias, and stigma in our society towards Black and Indigenous People of Color (BIPOC) and Latinx communities, as well as people with disabilities such as mental illness and physical disabilities.

The roadmap outlines a strategic plan to infuse the SRC with DEI and to increase the SRC’s effectiveness to improve employment outcomes for Vocational Rehabilitation (VR) consumers. The SRC’s vision is to ensure that all individuals with disabilities are supported to live their best lives, through consumer-driven, meaningful, competitive and integrated employment and sustainable careers.

Employment cuts to the core of independence, integration and well-being. As of December 2021, however, only 1 in 10 persons with disabilities receiving Vocational Rehabilitation (VR) services from the Massachusetts Rehabilitation Commission received a job placement through MRC. African American or Black VR consumers fared worse than their White counterparts by 2 percentage points, underscoring the discriminatory and intersectional connection between race and disability.

During 2021, the SRC invested in creating a roadmap that makes employment for VR consumers an imperative. In 2022 and beyond, the SRC will implement the roadmap’s five key goals which are described in more detail in this report.

**The SRC’s Five Goals**

1. **Establish a diverse SRC membership.** The SRC will identify, attract and retain a diverse SRC membership to reflect Black and Indigenous People of Color (BIPOC) communities and diverse disability types.
2. **Build equity into the SRC climate.** The SRC will foster a climate of equity and shared opportunity within the SRC, with a commitment to break away from the use of Robert’s Rules
3. **Address statewide access to Vocational Rehabilitation (VR) services.** The SRC will ensure equitable statewide access to VR services across BIPOC communities and disability communities.
4. **Engage with community.** The SRC will engage with the community to deepen its understanding of consumers’ needs and the SRC’s mission.
5. **Advance employment equity.** The SRC will improve the effectiveness of MRC VR programs for VR consumers across gender, race, ethnicity, language, disability type, and geography.

**Looking Ahead**

The SRC is excited to embark on this roadmap, to pursue strategies, and to measure and monitor our progress through new qualitative and quantitative analytical methods to infuse the SRC with DEI and to improve outcomes for BIPOC and Latinx communities.

The SRC is also excited to strengthen its partnership with the Massachusetts Rehabilitation Commission. However, as an all-volunteer council, the SRC must have new resources to effectively partner with MRC. The SRC requires strategic, logistical and administrative resources stand up this partnership and to implement this roadmap.

In 2021, the SRC will work with MRC to secure the following new resources: (1) at least one staff person hired by the SRC to work for the SRC; (2) an annual budget of $50,000 to support its mission and roadmap implementation; and (3) an increase in dedicated MRC staff time.

**Introduction: Prioritizing Diversity, Equity and Inclusion**

**Why Race Must Be Prioritized**

***“race and disability are overlapping identities that are both related to systemic inequality”*** – National Disability Institute

Race, like no other characteristic, has been baked into our government and systems and has resulted in deep and persistent inequities across identities such as disability. Centuries of exclusive practices in the United States, such as redlining and employment discrimination, have resulted in a society where people of color with disabilities, especially African Americans, are at a particular disadvantage financially.[[5]](#footnote-5)

People of color with disabilities face unique systemic challenges due to their intersecting identities. Understanding the ways in which race and disability interact is critical to designing programs and approaches to ensure equitable treatment and outcomes for all persons with disabilities. Leading with race and understanding the ways in which systemic and institutional inequities are perpetuated also provides a framework that can be applied to other forms of oppression.

Race and disability are not separate sources of disadvantage, as we consider the evidence that African Americans are more likely to have a disability.[[6]](#footnote-6) This is a finding that holds true across all age groups and educational attainment levels. These findings underscore a reality that both race and disability are overlapping identities, both of which are related to systemic inequality.

African Americans are most likely to have a disability (14 percent) followed by Non-Hispanic Whites (11 percent), Latinx (8 percent) and Asians (5 percent). Disparities in the prevalence of disability by race also widens with age. At age 18-20, African Americans are slightly more likely to have a disability than Non-Hispanic Whites (7 percent compared to 6 percent). Among those 61-65, this disparity between African Americans and Non-Hispanic Whites increases by 50 percent (30 percent compared to 20 percent).[[7]](#footnote-7)

Across many measures of financial well-being, African Americans with disabilities fair worse than their Non-Hispanic White counterparts. As the data shows, disability has a greater impact on African American lives than on their white counterparts.

People of color and people with disabilities face significant barriers to education and employment that limit their earning potential, which is discussed in more detail in the next section.

* 1 in 2 or 51 percent of African Americans with disabilities and less than a high-school degree live in poverty, as compared to 39 percent of Non-Hispanic Whites with disabilities and the same level of education.[[8]](#footnote-8) [[9]](#footnote-9)
* 1 in 5 or 20 percent of African Americans with disabilities and a bachelor’s degree live in poverty, as compared to 13 percent of Non-Hispanic Whites with disabilities and the same level of education. The rate is 16 percent for persons who are Latinx and 12 percent for persons who are Asian, with disabilities and the same level of education.[[10]](#footnote-10)

These data make evident that race impacts disability outcomes. Despite this reality, services and supports for persons with disabilities have largely been designed without considering the compounding impact of the intersection of race and disability.

If we are to achieve the goal of ensuring equitable access and outcomes for persons with disabilities, we must understand the pervasive and deep disparities faced by people of color and design tools and approaches focused on their unique needs and experiences. Moreover, the tools used to address racial oppression can provide a powerful roadmap that can be applied across oppressions.

**Why Employment Outcomes Must Improve**

The disability community has fought for access to education and long-term employment for several decades. However, the data underscores that we have not yet won the battle.

According to the National Disability Institute (NDI), the national data shows that “only one in three working-age adults with disabilities are employed, as compared to 75 percent of adults without disabilities.” The situation is worse for African Americans and Blacks with disabilities, who “have the lowest employment rate, 25 percent, as compared to all other racial and ethnic groups.”[[11]](#footnote-11)

The data for the Commonwealth of Massachusetts is also concerning, where only 38 percent of persons with a disability between the ages of 18 and 64 and living in the community are employed, as compared to 80 percent of persons without a disability.[[12]](#footnote-12) To translate, there are 237,376 persons with disabilities between the ages of 18 and 64 and living in the community who are not employed, out of a total population of 384,133.

Even worse to consider, persons with disabilities who are African Americans or Black are disproportionately and negatively affected by the destructive intersection of ableism and racism. These disparities in employment levels between persons who are African American or Black and White are the result of many factors such as lack of training, ableism in hiring practices, and discriminatory practices in the workplace.

The SRC appreciates that we have our work cut out for us, which is why the SRC will work on two fronts. The SRC will work to increase the diversity of the SRC to inform how we can better serve VR consumers across racial and disability groups; and to expand our efforts to improve the quality and effectiveness of VR services.

Through this process, the SRC will step up its commitment to raising the voices of young adults and their families who fear stagnation after leaving high school. School and work represent opportunities to gain skills, increase independence and responsibility, and instill a sense of personal pride. We will also strengthen our partnerships with organizations such as Independent Living Centers (ILCs), who can speak to the huge benefit to employers in hiring people with disabilities, who bring necessary perspectives on how to better in serving a diverse range of consumers.[[13]](#footnote-13)

The SRC must confront the challenges of building a more equitable community to raise the voices of people with disabilities especially disabled people of color to address the evils of the twin “isms” of ableism and racism.[[14]](#footnote-14)

**Box 1. From the Field: BCIL on Employment**

The director of the Boston Center for Independent Living (BCIL), Bill Henning, who’s been in disability advocacy and services for nearly 40 years, said, “High unemployment in the disability community remains a terribly stubborn inhibitor of independence, integration, and wellbeing. Certainly, many persons with disabilities live high-quality lives without working, but in too many instances lack of work increases social isolation and serious economic instability. It shouldn’t be this way—our staff of over fifty persons includes approximately 70 percent of persons with an extremely wide range of disabilities, as well as approximately 50 percent of persons of color—it’s a workforce foundational to our successes in service provision and advocacy.”

**The SRC Five-Year Roadmap to Practice and Advance DEI**

The SRC has created its first-ever Diversity, Equity, Inclusion (DEI) Roadmap to infuse DEI Into its mission, with the support of its partner, the Massachusetts Rehabilitation Commission (MRC).

In early summer, the SRC hired Health Management Associates (HMA) to help the SRC to create the SRC roadmap. The SRC established the SRC DEI Working Group to develop a five-year roadmap for infusing the SRC with DEI. The SRC’s DEI Working Group also included MRC staff. The team from HMA, with guidance from the Boston Center for Independent Living (BCIL), supported the DEI Working Group.

From June through December 2021, HMA worked in partnership with SRC, MRC, and BCIL to assess the SRC’s needs, challenges, and opportunities by conducting qualitative and quantitative research, holding training workshops for the SRC DEI Working Group members and all SRC members, and facilitating strategic planning sessions to develop the roadmap’s goals, objectives, and strategies. HMA’s research focus produced several key findings, which were used to inform and shape the training workshops, the strategic planning sessions, and ultimately, the roadmap’s goals and strategies.

**SRC members expressed the desire to:**

1. Strengthen the SRC’s vision and mission to advance DEI.
2. Create a more diverse SRC.
3. Improve the openness of the SRC climate.
4. Benefit from more trainings.
5. Be more effective as an SRC member.
6. Secure more resources, logistical and administrative support for SRC.
7. Establish success measures for infusing DEI into SRC’s work.

**The Roadmap’s Structure**

The roadmap includes the following components:

* **SRC Vision and Mission.** To signal its commitment to DEI, the SRC created a new vision and mission. The DEI Working Group fine-tuned this vision and mission throughout the process to develop the roadmap, to capture the evolution of its DEI commitment.
* **SRC Key Goals.** The SRC created five goals around which it created several objectives to monitor and measure the effectiveness of its strategies.
* **SRC Dashboard.** To support the SRC’s ability to measure and monitor progress towards the goals, the SRC created a dashboard with at-a-glance view of key performance indictors (KPI) for each SRC DEI goal. The dashboard may also be called a progress report.
* **SRC Resource Plan.** To support the SRC’s ability to implement the roadmap, the SRC prepared a resource request for MRC.
* **SRC DEI Toolkit.** To support the practice and advancement of DEI, the SRC has also created a toolkit for SRC members. This toolkit includes a range of materials created and presented by HMA. The following components are included in this toolkit: (1) the SRC’s data collection templates, prepared to help the SRC to track implementation of the roadmap; (2) the SRC’s member survey; (3) SRC data tables populated with SRC member data and MRC-VR consumer data; and (4) the SRC’s training materials for existing and new SRC members.

**Box 2. How to Read the SRC Five-Year Roadmap to Practice and Advance DEI**

1. **Key Goals**. The roadmap presents **five goals** which SRC will implement. All goals were developed by the SRC DEI Working Group during the strategic working sessions, informed by the research process which included all SRC members.
2. **DEI Intention**. The roadmap states the DEI intention.
3. **Goal Description**. The roadmap describes each goal and why the SRC created this goal.
4. **Objectives**. The roadmap presents a core set of objectives for each goal.
5. **Strategies to Support Progress.** The roadmap presents strategies for the SRC to pursue to support progress toward achieving each goal’s objectives.
6. **Data to Measure and Monitor Progress**. The roadmap describes the data required for SRC to measure and monitor progress in achieving each goal. The SRC will require a combination of data provided by MRC, generated by SRC activities such as community forums, and generated by SRC members. For example, collecting data on SRC members and VR consumers by gender, race, ethnicity, language, gender identity, disability status and type, and geographic location is a critical step toward infusing DEI into the SRC and ensuring equitable access for consumers statewide. For many of the goals, SRC will measure progress in achieving the goal by tracking data during Year 2 to establish a baseline against which it can measure progress and improvement during Years 3 through 5.
7. **Timeline**. The roadmap presents a timeline for implementing each goal and its objectives by year.
8. **Implementation Activities with Resource Implications**. The roadmap outlines the implementation activities that will require new resources for SRC.

**SRC Vision And Mission**

**Vision**

Ensuring that all individuals with disabilities are supported to live their best lives, through consumer-driven, meaningful, competitive and integrated employment and sustainable careers.

**Mission**

The Massachusetts State Rehabilitation Council (SRC) is a diverse, inclusive, and equitable advisory body that is committed to promoting competitive and sustainable employment for all people with disabilities, including those marginalized by inequalities.

**SRC Key Goals**

**Goal 1. Establish a Diverse SRC Membership.**

**DEI Intention**

Identify, attract and retain a diverse SRC membership to reflect BIPOC communities and diverse disability types.[[15]](#footnote-15)

**Goal Description**

“The SRC has twenty-one (21) voting members, the majority of whom must be people with disabilities, appointed by the Governor to serve staggered terms. Voting members can serve up to two consecutive-three-year terms. The Council may have up to fifteen (15) non-voting (ex officio) members.  The Federal regulations require that the Council have [representatives from specific individuals, groups, and organizations](https://www.ecfr.gov/cgi-bin/text-idx?SID=98a76e5cc699f2ff1248b0fd52461537&mc=true&node=pt34.2.361&rgn=div5).  Also, the SRC makes every effort to ensure demographic, geographic, minority and cross-disability representation within the Council's membership.” **[[16]](#footnote-16)**

The SRC wants to establish a more diverse SRC. They also want an SRC that reflects the diversity of VR consumers. The SRC does not currently view the SRC membership as a reflection of the diversity of VR consumers. In addition, the SRC acknowledges its challenges in complying with the consumer representation requirements under Section 105 of the Rehabilitation Act of 1973, due to a lengthy process of recruiting and filling vacant seats.

**Objectives**

1. Recruit three new Black Indigenous, People of Color (BIPOC) persons with diverse disabilities.
2. Recruit at least two persons who receive or have received VR services.
3. Recruit at least one person who is an owner of a small business.

**Strategies to Support Progress**

1. Identify and attend three SRC recruitment events facilitated by and hosted in BIPOC communities to identify potential SRC candidates.
2. Collaborate with community organizations such as Independent Living Centers (ILCs) to identify potential SRC candidates.
3. Partner with MRC to create and launch a targeted advertisement campaign encouraging Vocational Rehabilitation Counselors (VRCs) to identify potential SRC candidates.
4. Submit three names to the Massachusetts Boards and Commissions[[17]](#footnote-17) office for consideration and track progress in securing approval of these appointments.

**Data to Measure and Monitor Progress**

1. SRC Membership
   * Data: SRC members by race, ethnicity, language, disability type, geography, and VR consumer status
   * Source: **SRC Member Survey**, in partnership with MRC
   * Frequency: Annually
2. Community Events

* Data: list of community events and description
* Source: **SRC Community Recruitment Event Tool**
* Frequency: Annually

**Timeline**

1. By mid-Year 2, the SRC will submit three candidates to the Boards and Commissions.
2. By the end of Year 2, the SRC will recruit three new BIPOC members, at least two persons who receive or have received VR services to the SRC, and at least one person who is an owner of a small business to the SRC.

**Implementation Activities with Resource Implications**

1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal.
2. Plan and hold SRC recruitment events facilitated by and hosted in BIPOC communities to identify potential SRC candidates.
3. Collaborate with community organizations such as Independent Living Centers (ILCs) to identify potential SRC candidates.
4. Create and launch a targeted advertisement campaign encouraging VRCs to identify potential SRC candidates.

**Goal 2. Build Equity into the SRC Climate.**

**DEI Intention**

Foster a climate of equity and shared opportunity within the SRC by embedding new practices into the SRC.

**Goal Description**

The SRC wants to create an SRC that fosters SRC member engagement. SRC members want to build a climate of equity and shared opportunity. They also want to get more of serving on the SRC. They want to feel that they are valued members of the SRC and are key contributors to SRC discussions. For example, SRC currently uses Roberts Rules[[18]](#footnote-18) as a format for structuring meetings, which some SRC members consider too rigid. SRC members would like to adopt some new meeting structures and introduce some new practices to foster a climate of equity and shared opportunity.

**Objectives**

1. Start each SRC meeting with a discussion centered around equity.
2. Create a new SRC meeting format to implement a modified version of Roberts Rules putting equity at the center of SRC discussions.
3. Adopt two new processes to foster greater inclusion of members at SRC meetings.
4. Adopt a new SRC member orientation infused with DEI.
5. Offer year-round training opportunities for SRC members and MRC staff.

**Strategies to Support Progress**

1. Phase objectives in over three years.
2. Add a DEI topic relevant to the SRC to the start of each SRC meeting agenda.
3. Encourage all SRC members to prepare for SRC meetings by sharing and/or reading materials on DEI topics in advance of SRC meetings.
4. Establish a “round-robin” agenda item to collect member input at every SRC meeting.
5. Create trainings for new SRC members and existing SRC members.
6. Require all SRC members to attend at least 3 hours of trainings during the year.
7. Develop and administer a self-assessment tool administered at the start and end of the year with goals for members to achieve at 10 percent increase in documented knowledge between surveys.
8. Provide a subject matter expert (SME) at all SRC meetings to respond to SRC needs.
9. Ensure that all materials are accessible to all members.

**Data to Measure and Monitor Progress**

1. SRC Member Training
   * Data: SRC members who attended 3 training hours; members who received a 90 percent score or higher
   * Source: **SRC Member Equity Training Tool**, SRC Self-Assessment Survey
   * Frequency: Annually

**Timeline**

1. By the end of Year 2, the SRC will adopt at least three of the five objectives.
2. By the end of Year 3, the SRC will adopt all objectives.

**Implementation Activities with Resource Implications**

1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal.
2. Identify, create, and ensure access to trainings for new SRC members and existing SRC members.
3. Develop and administer a self-assessment tool administered at the start and end of the year to SRC members.
4. Secure a subject matter expert (SME) at SRC meetings, as appropriate, to respond to SRC needs.

**Goal 3. Address Statewide Access to VR Services.**

**DEI Intention**

Ensure equitable statewide access to VR services across BIPOC communities and disability communities.

**Goal Description**

The SRC and its members want to ensure equitable access to VR services. They want MRC outreach efforts to account for BIPOC status, language, disability type, and geography. SRC members want to be able to measure equitable nature of access to VR services for all VR consumers. They want to ensure that access to VR services is equitable for BIPOC populations, all disability types, and all communities geographically. SRC members offered many ideas for working with MRC to report VR service gaps for BIPOC populations, disability types and all communities across the state presented in a dashboard-like format. Relatedly, many SRC members indicated that they do not currently feel effective as SRC members and they feel that they have little impact on state policy. They want to have more impact on state policy affecting consumers.

**Objectives**

1. Increase MRC-approved SRC recommendations to support VR consumer policies.
2. Increase annual MRC-provided resources to the SRC.
3. Identify VR consumer service gaps by race and ethnicity, and specifically BIPOC status, disability type and geography; and recommend enhancements to close identified gaps.

**Strategies to Support Progress**

1. Track SRC recommendations and MRC-approved SRC recommendations.
2. Track SRC resource requests and final budget award to support SRC.
3. Report VR service gaps by race and ethnicity, and specifically BIPOC status, disability type, and geography.
4. Recommend three VR consumer service enhancements to address VR service gaps identified by race and ethnicity, and specifically BIPOC status, disability type, and geography.

**Data to Measure and Monitor Progress**

1. SRC Recommendations
   * Data: MRC-accepted recommendations, MRC-adopted recommendations
   * Source: **SRC Recommendations Tool**; SRC Annual Report
   * Frequency: Annual
2. SRC Resources
   * Data: SRC resource request, SRC final budget awards
   * Source: **SRC Resource Tool**; SRC, in partnership with MRC
   * Frequency: Annual and mid cycle if new funding sources emerge
3. VR Service Gaps
   * Data: VR service use, stratified by race and ethnicity, disability type, geography
   * Source: **SRC VR Service Use Tool; SRC VR Service Use Data Request to MRC**
   * Frequency: Semi-annual and annual
4. VR Service Enhancements
   * Data: VR service enhancements
   * Source: **SRC VR Service Use Tool**
   * Frequency: Annual

**Timeline**

1. By the end of Year 3, the SRC will adopt all objectives.

**Implementation Activities with Resource Implications**

1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal.
2. Partner with MRC to discuss VR access, gaps, and service enhancements.

**Goal 4. Engage with the Community.**

**DEI Intention**

Increase SRC community engagement to deepen its understanding of consumers’ needs and the SRC’s mission.

**Goal Description**

The SRC and its members want to build stronger relationships with consumers, and their family members, as appropriate, as well as with employers, and advocates to improve access for all persons across the Commonwealth. They want to broaden their knowledge of consumers’ needs. They especially want to understand the needs of BIPOC communities. They also want to know more about consumers’ needs across disability type and geography. They would like to increase their efforts to engage with diverse communities to ensure that solutions are tailored to these diverse needs.

**Objectives**

1. Co-host three community forums with MRC to collect consumer and employer input on VR service use and access and hear consumer-proposed strategies to improve VR services.
2. Take action on information collected by consumers, employers, and advocacy voices at community forums.

**Strategies to Support Progress**

1. Identify locations for community forums based on consumer service gaps by race and ethnicity, and specifically BIPOC status, disability type and geography.
2. Hold community forums at convenient times for consumers, families and employers to attend.
3. Publicize community forums by partnering with community organizations, disability advocacy organizations, and other organizations.
4. Identify action steps to take based on information collected at community forums.

**Data to Measure and Monitor Progress**

1. Community Forums: Forums Held
   * Data: Registration, attendance, number of participants, participants who gave input at the forums, documentation of participant input and themes
   * Source: **SRC Community Engagement Forum Tool**
   * Frequency: Three events each year
2. Community Forum: Actions Taken
   * Data: Action taken
   * Source: **SRC Community Engagement Actions Tool**
   * Frequency: Customized

**Timeline**

1. By the end of Year 3, the SRC will adopt all objectives.

**Implementation Activities with Resource Implications**

1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal.
2. Partner with community organizations.
3. Hold community forums.
4. Pay stipends to organizations and consumers, as appropriate.
5. Partner with MRC to discuss, design and plan action steps.

**Goal 5. Advance Employment Equity.**

**DEI Intention**

Improve the effectiveness of MRC VR programs for VR consumers across gender, race, ethnicity, language, disability type, and geography.

**Goal Description**

Employment outcomes vary across population groups and across the state.[[19]](#footnote-19) The SRC and its members want to increase successful employment outcomes across all VR consumers. SRC members want to examine a range of outcomes for VR consumers including retention and career progress and compare outcomes for VR consumers by gender, race, ethnicity, language, disability type, and geography. SRC would like to set benchmarks for improving these outcomes and closing any differences or gaps that may exist across VR consumer populations. SRC does not currently examine differences in outcomes for VR consumers based on gender, race, ethnicity, language, disability type, and geography.

**Objectives**

1. Assess effectiveness of various job placement services by analyzing VR consumer data.
2. Increase successful employment outcomes by investing in promising practices.

**Strategies to Support Progress**

1. Track VR employment data on placement, retention and career progression including data on VR placements and employment 6 months post placements.
2. Analyze data stratified by race, ethnicity, language, disability type, and geography to identify gaps and prioritize methods to close gaps.
3. Identify additional data collection including quantitative and qualitative data is needed to identify areas of need to capture underserved populations and communities and to
4. Make two service enhancement recommendations to MRC each year to close VR service gaps.
5. Collect employer feedback about VR placement retention.

**Data to Measure Progress**

1. VR Employment Data
   * Data: MRC-generated data and reports, disaggregated by gender, race, ethnicity, disability type, and geographic location; and VR consumer experience data
   * Source: **SRC VR Employment Tool**; MRC
   * Frequency: Semi-annual
2. VR Service Enhancements
   * Data: MRC-generated data and reports on service enhancements
   * Source: **SRC VR Service Enhancements Tool**; MRC
   * Frequency: Semi-annual

**Timeline**

1. By the end of Year 3, the SRC will adopt all objectives.

**Implementation Activities with Resource Implications**

1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal.
2. Partner with community organizations.
3. Hold community forums.
4. Pay stipends to organizations and consumers, as appropriate.
5. Partner with MRC to discuss, design and plan action steps.

**SRC Data Dashboard**

To advance the SRC’s DEI goals in the SRC’s Five-Year Roadmap for DEI, the SRC will need to collect the data need to measure and monitor progress towards the goals.

The following dashboard provides a simple overview of key performance indicators for the five goals. The key metrics are shown on the dashboard to which the SRC can add other metrics.

Using the SRC and MRC provided data, HMA established a 2021 baseline for the SRC to support goals 1, 3, and 5. There is no baseline data for goals 2 and 4, however.

1. **Goal 1. Diverse SRC Membership**. A higher percentage of SRC respondents are Black or African American than VR consumers. However, assuming that the six non-respondents from the SRC member survey are White, then the diversity of the SRC would fall below the diversity of the VR consumers.
2. **Goal 3. Access to VR Services.** A higher percentage of VR consumers who are White access VR services than who are Black or African American and non-White VR consumers.
3. **Goal 5. Employment Equity**.

* A higher percentage of VR consumers with a job placement are White than VR consumers who are Black or African American.
* A higher percentage of VR consumers with an intellectual and/or developmental disability secure a job placement; however, a much higher percentage of this population are no longer in these jobs after three months as compared to other VR consumers with other disability types and conditions.



**SRC Resource Plan**

It is imperative that the SRC secures new resources to implement the roadmap’s five goals and to infuse DEI into its mission. Achieving each goal will require increased resources for this all-volunteer council. For example, new resources are needed to meaningfully partner with MRC, to collect and analyze qualitative and quantitative data, and to hold community forums to listen and learn from consumers, advocacy organizations, and business leaders.

During our engagement with HMA, the SRC learned more about the resources secured by other all-volunteer councils. HMA prepared two case examples to demonstrate how these resources provided valuable support to the Pennsylvania’s Statewide Rehabilitation Council (SRC) and the Massachusetts’ One Care Implementation Council in fulfilling their consumer-focused missions. Both councils currently receive resources from their state agency partners. See Appendix X to learn more about the way in which Pennsylvania and Massachusetts, respectively, currently support their missions by providing funding and in-kind resources.

Inspired by these two case studies, the SRC asked HMA to prepare a summary of the high-level tasks that the SRC will be required to operationalize the five goals, and a corresponding estimate of the resources required to perform these tasks.

**The task summary is outlined below, followed by the SRC’s resource request to MRC.**

| **DEI Goal** | **SRC Tasks Required to Achieve DEI Goals** |
| --- | --- |
| **Goal 1. Establish a Diverse SRC Membership** | 1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal. 2. Plan and hold SRC recruitment events facilitated by and hosted in BIPOC communities to identify potential SRC candidates. 3. Collaborate with community organizations such as Independent Living Centers (ILCs) to identify potential SRC candidates. 4. Create and launch a targeted advertisement campaign encouraging VRCs to identify potential SRC candidates. |
| **Goal 2. Build Equity into the SRC Climate** | 1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal. 2. Identify, create, and ensure access to trainings for new SRC members and existing SRC members. 3. Develop and administer a self-assessment tool administered at the start and end of the year to SRC members. 4. Secure a subject matter expert (SME) at SRC meetings, as appropriate, to respond to SRC needs. |
| **Goal 3. Address Statewide Access to VR Services** | 1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal. 2. Partner with MRC to discuss VR access, gaps, and service enhancements. |
| **Goal 4. Engage with the Community** | 1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal. 2. Partner with community organizations. 3. Hold community forums. 4. Pay stipends to organizations and consumers, as appropriate. 5. Partner with MRC to discuss, design and plan action steps. |
| **Goal 5. Advance Employment Equity** | 1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal. 2. Partner with community organizations. 3. Hold community forums. 4. Pay stipends to organizations and consumers, as appropriate. 5. Make two service enhancement recommendations to MRC each year to close VR service gaps. 6. Collect employer feedback about VR placement retention. 7. Partner with MRC to discuss, design and plan action steps. |

**Based on the SRC’s plan to operationalize DEI, the SRC requires the following new resources:**

|  | **Resource Request** | **Resource Justification** |
| --- | --- | --- |
| **1** | **SRC Staff** | Funding to hire at least one full-time equivalent position to support the SRC around implementation. |
| **2** | **SRC Budget** | Funding in the amount $50,000 on an annual basis to support all tasks including paying consumers and/or community organizations and launching an advertising campaign. |
| **3** | **MRC Staff** | In-kind support from MRC staff time; estimated need for 8 hours per month to hold weekly meetings with new SRC staff, to plan community events, to design service enhancements, and to collect and analyze qualitative and quantitative data. |

**SRC DEI TOOLKIT**

**The SRC DEI toolkit includes four components to support implementation of the roadmap:**

* Component 1. SRC Data Collection Templates
* Component 2. SRC Member Survey
* Component 3. SRC Data Tables
* Component 4. SRC Training Materials

**SRC DEI Toolkit - Component 1:** SRC Data Collection Templates

* **Tool Name: SRC Community Recruitment Event Tool**
* **Tool Application:** Goal 1. Establish a SRC Diverse Membership

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Event Purpose** | **Event Partner or Facilitator** | **Event Date** | **Event Location** | **Attendees (#)** | **Outcome Related to Goal** |
| **Recruitment events with BIPOC communities** | | | | | | |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| **Recruitment events with Independent Living Centers (ILCs)** | | | | | | |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| **Recruitment events with community organizations** | | | | | | |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

**SRC DEI Toolkit - Component 1:** SRC Data Collection Templates

* **Tool Name: SRC Member Equity Training Tool**
* **Tool Application:** Goal 2. Build Equity into the SRC Climate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **SRC Member**  **(Name optional)** | **Attended Training** | **Number of Training Hours (Goal: 3 hours)** | **Self-Assessment Knowledge: Start of the Year** | **Self-Assessment Knowledge: End of the Year (Goal: Score of 90%)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**SRC DEI Toolkit - Component 1:** SRC Data Collection Templates

* **Tool Name: SRC Recommendation and SRC Resource Request Tool**
* **Tool Application:** Goal 3. Address Statewide Access to VR Services

|  |  |  |
| --- | --- | --- |
| **#** | **SRC Recommendations** | **MRC Approved Recommendation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| **#** | **SRC Resource Request** | **MRC Approved Request** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |

**SRC DEI Toolkit - Component 1:** SRC Data Collection Templates

* **Tool Name: VR Consumer Service Enhancements Tool**
* **Tool Application:** Goal 3. Address Statewide Access to VR Services

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Identified Gap in VR Consumer Services** | **SRC Recommendation: VR Consumer Service Enhancement** | **Race and/or Ethnicity** | **Disability Type** | **Geography** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**SRC DEI Toolkit - Component 2:** SRC Member Survey

* **Tool Application:** Goal 1. Establish a SRC Diverse Membership

**Survey Purpose**

To advance the Diversity, Equity, and Inclusion (DEI) goals in the SRC’s Five-Year Roadmap for DEI, we must collect baseline demographic data on the SRC membership in an objective, confidential, and sustainable way. This survey will be used to collect standardized data each year to objectively measure whether the SRC membership reflects the diversity of vocational rehabilitation (VR) consumers.

The SRC member survey consists of eight questions and should take approximately 5 minutes to complete. Any data collected will remain **confidential**. Data will be grouped and will not contain personal identifiers.

The SRC will only use these data for promoting and measuring the SRC’s DEI goals as outlined in the SRC’s Five-Year Roadmap (2021-2025). The SRC is aware that members may feel uneasy about the collection of data related to their identity, including gender, race, ethnicity, language, and disability status. However, to ensure that the demographics of SRC members reflect VR consumer demographics, the SRC needs you to participate in this survey.

We hope that the community of sharing and support (i.e., the affinity space) that we have created among our SRC members will put you at ease and encourage you to take this survey. We consider this affinity space to be a place where we can trust that anything we share will be protected and will not be misused.

Thank you in advance,

**SRC Executive Team**

**Data Needs**

The SRC is committed to collecting the least amount of data needed to achieve its goal to be a more diverse Council that reflects the diversity of VR consumers.

To measure the diversity of the SRC, the following SRC member data are needed:

1. SRC members by gender
2. SRC members by race
3. SRC members by ethnicity
4. SRC members by preferred written language
5. SRC members by preferred spoken language
6. SRC members by disability status and disability type
7. SRC members by geographic location
8. SRC members by VR consumer status (current or former)

**Data Collection Process**

First collection year (December 2021) – baseline data

1. In year 1, HMA will present the final version of the survey to the SRC at the Quarterly meeting on **Thursday, December 16, 2021**. HMA will put the Survey Monkey link in the chat and give everyone 5 minutes to complete the survey during the meeting.
2. HMA will also distribute the survey immediately after the meeting for members unable to attend. HMA will ask any members who did not complete the survey during the meeting to complete it by **Sunday, December 19, 2021**. It is important that all members complete the survey by the deadline, so HMA can submit its final report to the SRC by the end of December.

Subsequent collection years (2022 and thereafter)

1. In years 2 and after, the MRC Analytics and Quality Assurance (AQA) Team will support the SRC’s data collection on an annual basis. The MRC AQA Team would follow the same objectivity and confidentiality protocols used to protect sensitive consumer data.
2. MRC will collect the SRC member demographic data and provide the data to SRC on an annual basis. At that time, the SRC will decide whether there is a need to modify the current survey, so the questions can mirror questions used by MRC to collect demographic data on VR consumers. Mirroring MRC questions may enable the SRC to make an exact comparison between SRC members and VR consumers accessing services.

**Questions and Answers**

Question 1. How will I take the survey?

Answer: During the December 16, 2021, SRC Meeting, HMA will put a link in the chat and ask that gubernatorially-appointed SRC members complete the survey at that time. SRC members will also receive an email with the link to the survey immediately following the December 16, 2021 SRC Quarterly meeting. SRC members who were unable to complete the survey during the meeting should use this link. Please do not complete the survey more than one time. We will use an online survey platform called SurveyMonkey. Please check your Spam or Junk folder if you do not find the email in your Inbox.

Question 2. What if I did not receive the email with the survey link?

Answer: Please contact Raisa Alam at: [ralam@healthmanagement.com](mailto:ralam@healthmanagement.com)

Raisa Alam is a Research Associate (RA) in HMA’s Boston office. Raisa is required to keep the information confidential.

Question 3. Who will summarize the survey data?

Answer: HMA will summarize the survey data.

Question 4. Will SRC member data be confidential?

Answer: Yes. HMA will summarize the data for the SRC’s Five-Year Roadmap (2021-2025) by grouping it to remove any person-level responses.

Question 5: Will you report the data out at the person level?

Answer: No, we will report the numbers summarized in six separate ways. We will also report out data on SRC members to compare to VR consumer data as reported by MRC.

1. Table 1. SRC Members by Gender
2. Table 2. SRC Members by Race and/or Ethnicity
3. Table 3. SRC Members by Language (Preferred Written and/or Spoken Language)
4. Table 4. SRC Members by Disability Status/Disability Type
5. Table 5. SRC Members by Geographic Location
6. Table 6. SRC Members by Consumer Status (Current or Former)

Question 6: What should I do if I have any problems in completing the survey or if I did not receive the email with the survey link?

Answer: Please contact Raisa Alam at: [ralam@healthmanagement.com](mailto:ralam@healthmanagement.com)

Question 7: Who should I contact if I have questions about the survey?

Answer: Please contact Raisa Alam at: [ralam@healthmanagement.com](mailto:ralam@healthmanagement.com)

**SRC Survey Questions**

Identifier: Please provide your first name to ensure that we do not receive duplicate responses. Your name WILL NOT be used in the report. (Raisa Alam from HMA will be the only person to see your name.)

Your First Name:

Q.1. Gender

1. Man
2. Woman
3. Trans Man
4. Trans Woman
5. Genderqueer, agender, or another non-binary identity
6. Other, please describe below

TEXT BOX

Q.2. Race

1. White
2. Black or African American (includes Black Caribbean and African immigrant)
3. Native American/American Indian/Alaskan Native
4. Asian
5. Pacific Islander
6. Hispanic or Latinx
7. Multi-racial/bi-racial, please describe below
8. Other, please describe below

Q.3. Ethnicity

Are you a person of Hispanic, Latinx, or Spanish Origin?

1. No, not of Hispanic, Latinx or Spanish origin
2. Yes, Mexican, Mexican Am, Chicano/a/x
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, another Hispanic, Latino/a/x, or Spanish origin (Salvadoran, Dominican, Colombian, Spaniard, Ecuadorian etc.)
6. Other, please describe below

Q.4. Preferred written language

1. English
2. Spanish
3. Portuguese
4. Traditional Chinese
5. Simplified Chinese
6. Khmer
7. Haitian Creole
8. French
9. American Sign Language
10. Other, please specify below

Q.5. Preferred spoken language

1. English
2. Spanish
3. Portuguese
4. Cantonese
5. Mandarin
6. Khmer
7. Haitian
8. French
9. American Sign language
10. Other, please specify below

Q.6. Disability: Please select one or more of the disabilities you experience using the list below

1. Mental health diagnosis/es
2. Intellectual or developmental disability
3. Severe/physical disability
4. Brain injury
5. Substance use disorder (SUD)
6. Vision Impairment
7. Deaf or hard of hearing
8. Autism spectrum disorder
9. Chronic or terminal health condition
10. No disability
11. Other (please describe below)

Q.7. Geographic Location

Please select the region of the state in which you reside.

1. Greater Boston
2. Northern
3. Central
4. Southern
5. Western
6. If you are unsure, please enter your zip code
7. Other (please describe below)

Q.8. Vocational Rehabilitation Service Use

Are you receiving or have you ever received vocational rehabilitation (VR) services?

1. Yes
2. No
3. I am not sure

**SRC DEI Toolkit - Component 3:** SRC Data Tables

* **Tool Application:** Goal 1. Establish a SRC Diverse Membership
* **Tool Application:** Goal 3. Address Statewide Access to VR Services
* **Tool Application:** Goal 5. Advance Employment Equity

**Data Highlights and Key Findings From SRC-Generated and MRC-Provided Data**

To support the development of the roadmap, HMA collected data on SRC members through the SRC Member Survey and on VR consumers from MRC. HMA analyzed the data and summarized the data in several tables that are available to the SRC in an excel file. For this report, HMA summarized a selection of the key findings on SRC members and VR consumers.

It is critical to note that the SRC member data is incomplete. First, the SRC has 21 gubernatorially-appointed positions; however, only 19 positions are currently filled. Second. HMA received SRC member survey responses from only 13 of the 19 SRC members. The key results described below are based on a 68 percent response rate.



**Goal 1. Establish a Diverse SRC Membership.**

To support this goal, HMA compared the SRC diversity to the diversity of MRC VR consumers. HMA compared the distribution of SRC survey respondents to the distribution of the 21,320 VR consumers, across many factors including across many demographic factors such as gender, ethnicity, and race. Key results are described below.

Table 1. SRC Members by Gender, as Compared to VR Consumers, 2021

* 77 percent of SRC respondents are women, as compared to 45 percent of VR consumers.
* SRC respondents include men, women, and genderqueer, agender, or another non-binary identity, as do VR consumers.

Table 2.A. SRC Members by Ethnicity, as Compared to VR Consumers, 2021

* 92 percent of SRC respondents answered: “No, not of Hispanic, Latinx or Spanish origin,” as compared to 86 percent of VR consumers.

Table 2.B. SRC Members by Race, as Compared to VR Consumers, 2021

* SRC respondents: 69 percent White, 23 percent Black or African American, and 8 percent multi-racial/bi-racial, as compared to VR consumers, who are: 77 percent White, 16 percent Black or African American, 3 percent Asian, 2 percent multi-racial/bi-racial and 1 percent other.



Table 3A. SRC Members by Preferred Written Language, as Compared to VR Consumers, 2021

* 100 percent of SRC respondents prefer English as their written language, as compared to 92 percent of VR consumers, who prefer a range of languages including Spanish (2%) and not specified (4%).

Table 3B. SRC Members by Preferred Spoken Language, as Compared to VR Consumers, 2021

* 100 percent of SRC respondents prefer English as their spoken language, as compared to 92 percent of VR consumers.

Table 4. SRC Members by Disability Status and Disability type, as Compared to VR Consumers, 2021

* 54 percent of SRC respondents report having a disability, as compared to 100 percent of VR consumers.
* 29 percent of SRC respondents with a disability report a mental health diagnosis/es as compared to 57 percent of VR consumers.
* 57 percent of SRC respondents with a disability report a severe/physical disability as compared to 11 percent of VR consumers.

Table 5. SRC Members by Geographic Location, as Compared to VR Consumers, 2021

* Due to inconsistency in data collection categories and definitions, data is not currently comparable.

Table 6. SRC Members by VR Consumer Status (Current or Former), as Compared to VR Consumers, 2021

* 38 percent of SRC respondents are either current or former VR consumers, as compared to 100 percent of VR consumers.

**Goal 3. Address Statewide Access to VR Services.**

To support this goal, HMA examined access to three services for the 21,320 consumers who use VR services. HMA found that 100 percent of VR consumers receive career counseling, 89 percent receive VR services, and 22 percent receive benefit planning services.

Key results are described below.

Table 1. Consumer Access to Three VR Services Used the Most by MRC Consumers, by Ethnicity, 2021

* 89 percent of VR consumers use the VR Consumers Placement Services; the rate is the same for “No, not of Hispanic, Latinx or Spanish origin” and “Hispanic, Latinx, or Spanish origin.”
* 100 percent of VR consumers use the VR Consumers Career Counseling.
* 22 percent of VR consumers who are not of Hispanic, Latinx or Spanish origin, as compared to 19 percent use the VR Consumers Benefit Planning.

Table 2. Consumer Access to Three VR Services Used the Most by MRC Consumers, by Race, 2021

* 90 percent of VR consumers who are White use the VR Consumers Placement Services, as compared to 88 percent of Black or African American and 88 percent of Native American/American Indian/Alaskan Native.



Table 3. Consumer Access to Three VR Services Used the Most by MRC Consumers, by Disability Type, 2021

* 91 percent of VR consumers with a mental health condition use the VR Consumers Placement Services, as compared to 82 percent with an intellectual or developmental disability or 89 percent with a severe/physical disability.

Table 4. Consumer Access to Three VR Services Used the Most by MRC Consumers, by Geographic Location, 2021

* 95 percent of VR consumers in the Northern region use VR Consumers Placement Services, as compared to 86 percent in the Southern region and 88 percent in the Western region.

**Goal 5. Advance Employment Equity.**

To support this goal, HMA examined the number and percent of VR consumers, deemed “Status 22” in MRC’s data base, at one month, and at three months.[[20]](#footnote-20)

Overall, MRC has 21,320 VR consumers; however, only 3,216 persons or 15 percent of all VR consumers received a job placement at one month. At three months, the percent of all VR consumers falls to 13 percent. These findings are consistent with MRC’s Annual Report in 2020.[[21]](#footnote-21) Given that the VR consumers with a job placement falls by 500 persons from 3,216 in month 1 to 2,727 in month three, the rate of placement declines by 15 percent.

HMA also compared the placement rate across all demographic factors.

HMA requested data for VR consumers at six months, but this data was not available from MRC.

HMA requested data for VR consumers at six months, but MRC was not able to provide us with information on the number and percent of VR consumers with employment at 6 months. This is a significant data limitation around which the SRC plans to partner with MRC to address to measure employment equity across all demographic factors including race, ethnicity, disability type, and geography.

Key results are described below.

Table 1. VR Consumer Placements by Ethnicity, 2021

* 15 percent of VR consumers who are non-Hispanic secure a job placement, as compared to 14 percent of VR consumers who are “Hispanic, Latinx, or Spanish origin.”
* 14 percent of VR consumers who are White secure a job placement for three months, as compared to 12 percent of VR consumers who are Black or African American.

Table 2. VR Consumer Placements by Race, 2021

* 16 percent of VR consumers who are White secure a job placement, as compared to 13 percent of VR consumers who are Black or African American.
* 13 percent of VR consumers who are White secure a job placement for three months, as compared to 11 percent of VR consumers who are Black or African American.



Table 3. VR Consumer Placements by Disability Type, 2021

* 57 percent of VR consumers have a mental health diagnosis; 15 percent of this group has a placement at one month, which falls to 13 percent at three months.
* 3 percent of VR consumers have an intellectual and/or development disability; 16 percent of this group has a placement at one month, which falls 5 percentage points to 11 percent at three months.



Table 4. VR Consumer Placements by Geographic Location, 2021

* 37 percent of VR consumers reside in the Southern MRC region.
* VR consumers residing in the Southern region have the lowest VR placements at one month and at three months, relative to the other two regions.



**SRC DEI Toolkit - Component 4:** SRC Training Materials

**Tool Application:** Goal 1.

Throughout the project, HMA created several training tools for the SRC DEI Working Group to build DEI capacity within the SRC to prepare the SRC for the strategic planning process. HMA incorporated these training tools into the three training workshops and three strategic planning sessions. Key training materials are included in this component of the toolkit for SRC members to use as needed to refresh their skills and/or to welcome new SRC members.

* Tool 1. The Four Principles of Purpose-Driven Leadership
* Tool 2. Case Examples
* Tool 3. DEI-Centered Rules
* Tool 4. A Racial Equity Impact Analysis
* Tool 5. Infusing Our Culture with DEI

**Additional SRC resources may be available in the SRC archives and/or online, available at:**

[MA Statewide Rehabilitation Council 2021 Meetings | Mass.gov](https://www.mass.gov/service-details/ma-statewide-rehabilitation-council-2021-meetings)

[SRC Meeting Minutes | Mass.gov](https://www.mass.gov/src-meeting-minutes)

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Date** | **HMA Deliverables and Training Materials** | **The following tools are embedded in these minute meetings and/or presentations.** |
| 1 | June 17 | Project Launch: Meeting with the SRC | [download (mass.gov)](https://www.mass.gov/doc/src-june-meeting-minutes/download) |
| 2 | July 23 | Assessment and Findings |  |
| 3 | August 5 | Workshop #1 |  |
| 4 | September 2 | Workshop #2 |  |
| 5 | September 23 | Workshop #3: Meeting with the SRC | [download (mass.gov)](https://www.mass.gov/doc/src-september-meeting-minutes-0/download) |
| 6 | September 17 | Strategic Planning Session #1 |  |
| 7 | October 12 | Strategic Planning Session #2 |  |
| 8 | November 4 | Strategic Planning Session #3 |  |
| 9 | December 16 | Final Presentation: Meeting with the SRC | *Not yet posted 1/1/2022* |

**Tool 1. The Four Principles of Purpose-Driven Leadership**

**Workshop #1 Material**

**In support of Workshop #1, HMA engaged SRC members on the four principles of purpose-driven leadership. These principles can be found in this article.**

Source: Stanford Social Innovation Review. Anne Wallestad, March 10, 2021. https://ssir.org/articles/entry/the\_four\_principles\_of\_purpose\_driven\_board\_leadership

“In the face of increasingly pressing systemic inequities, nonprofit boards must change the traditional ways they have worked and instead prioritize an organization's purpose, show respect for the ecosystem in which they operate, commit to equity, and recognize that power must be authorized by the people they're aiming to help.”

**Other Materials Provided to SRC Members to Read Before Workshop #1**

1. White Supremacy Culture From Dismantling Racism: A Workbook for Social Change Groups, by Kenneth Jones and Tema Okun, ChangeWork, 2001. “This is a list of characteristics of white supremacy culture which show up in our organizations. Culture is powerful precisely because it is so present and at the same time so very difficult to name or identify. The characteristics listed below are damaging because they are used as norms and standards without being pro-actively named or chosen by the group. They are damaging because they promote white supremacy thinking. They are damaging to both people of color and to white people. Organizations that are people of color led or a majority people of color can also demonstrate many damaging characteristics of white supremacy culture.” Source: [White\_Supremacy\_Culture.pdf (texas.gov)](https://www.thc.texas.gov/public/upload/preserve/museums/files/White_Supremacy_Culture.pdf)
2. Fist to Five “cheat sheet.[” https://www.ncfp.org/knowledge/fist-to-five-voting-and-consensus/](https://www.ncfp.org/knowledge/fist-to-five-voting-and-consensus/)
3. DEI and TIC best practices: <https://traumainformedoregon.org/trauma-informed-care-our-diversity-equity-and-inclusion-efforts/>
4. Consensus decision-making model video and “cheat sheet”

[Group Decison Making That Works - Bing video](https://www.bing.com/videos/search?q=consensus+decisionmakingmodel+video&&view=detail&mid=EEF8D87363B92954EEBFEEF8D87363B92954EEBF&&FORM=VDRVSR)

**Tool 2. Case Examples**

**Workshop #1 Material**

**In support of Workshop #1, HMA prepared two case examples for the Massachusetts SRC to consider in answering two key questions: (1) How do other entities practice DEI? (2) What can we learn from other entities to become a more effective SRC.**

It is our intent to provide you with two examples to demonstrate the application of DEI and leadership. Several important concepts are discussed in these examples including member recruitment, member engagement, power sharing between the council and state, and state resource support.

To prepare these case examples, HMA conducted interviews with key sources from Massachusetts and Pennsylvania. We are very appreciative of the following individuals: Dennis Heaphy, One Care Implementation Council Chair, and Crystal Evans, Co-Chair, One Care Implementation Council; Daniel Cohen, EOHHS Deputy Director, Integrated Care Programs; and, Juliet Marsala, PA SRC Board Member.[[22]](#footnote-22) HMA also reviewed published materials.

**Workshop: Discussion Questions for SRC Members**

1. Do you think these approaches would work for your council, why or why not?
2. Would you like to learn more about these two examples?

**Case Example: Pennsylvania**

**About the Statewide Rehabilitation Council**

The mission of the Pennsylvania Rehabilitation Council (PaRC) is to: “inform and advise the Office of Vocational Rehabilitation (OVR), the State Board of Vocational Rehabilitation, the Legislature, and the Governor on the diverse issues affecting employment of people with disabilities.[[23]](#footnote-23)”

Our functions are to “**partner** with the State Workforce Development Board, Pennsylvania State Board of Vocational Rehabilitation and the Governor in accordance with the Rehabilitation Act, as amended by WIOA of 2014. The scope of the Council’s responsibilities includes matters of general policy development, implementation, administration of the OVR State Plan, and the efforts of any other state unit or contracted program which addresses the vocational training and employment needs of persons with disabilities.

Pennsylvania has a combined state agency and a single Rehabilitation Council that also represents and serves persons who are blind or who have visual impairments.

Our responsibility is to: “Review, analyze, and advise the Office of Vocational Rehabilitation (OVR) regarding the performance of its responsibilities, particularly those related to eligibility (including order of selection); the extent, and scope and effectiveness of services provided; and the functions performed by State agencies that affect the ability of individuals with disabilities in achieving employment outcomes under Vocational Rehabilitation (VR) services.”

“The Council is mandated by statute with informing and advising the Office of Vocational Rehabilitation, the State Board of Vocational Rehabilitation, the Legislature, and the Governor in PA on the diverse issues affecting employment of people with disabilities.”[[24]](#footnote-24)

Meeting Structure and Robert’s Rules

The PaRC holds four full member meetings annually that are determined and publicly published annually via the website to ensure that all members and the public can make arrangements to attend. The Executive Committee establishes the agenda for each Full Council meeting.

The PaRC has subcommittees and establishes ad-hoc committees when the need arises. Each committee develops annual goals and receives a budget allocation with which to carry out the goals of the committee. The following are the current subcommittees:

* Legislative and Public Awareness Committee
* OVR Policy/State Plan/Customer Satisfaction Committee
* Transition and Educational Services Committee
* CareerLink/WIOA Committee
* Social Media/Outreach Committee

The subcommittees meet at times and schedules determined by each committee. Some meet monthly, bi-monthly or on a quarterly basis.

While there are named committee members, meetings are open to anyone who wishes to participate, though only committee member have voting responsibilities. OVR staff attend all committee meetings.

The PaRC has established a decision-making matrix by which to conduct PaRC business activities and Roberts Rules are followed during full member and committee meetings to record formal decision-making processes.

The PaRC is effective in carrying out its duties in large part due to its active participation and interactions with the Governor and Legislative bodies of the Commonwealth and strength in advocacy.

Council Members

The PaRC currently has twenty of the twenty-one member positions filled. The Workforce Board Representative position is the member position that the PaRC has had historic difficulty filling. In the absence of a named representative, the PaRC receives quarterly reports from the Workforce Board prior to all Full Council Meetings. This position is pending the Governor’s appointment.

The PaRC convenes an ad-hoc member recruitment committee when there are vacancies needing to be filled and member applications to be evaluated. The ad-hoc member recruitment committee formation allows for all members of the PaRC to participate and decentralizes the power from the Executive Committee. The PaRC member recruitment takes care to ensure there is representation from all areas of the Commonwealth – urban, rural, east, west and central as well as diversity in background. The PaRC does not intentionally track diversity in new members at the present time.

State Support and Resources for the Council

The PaRC has an independent contractor providing all the PaRC support needs separate from the OVR staff. There is a member team involving three to four members that supports the needs of the PaRC and oversees all the logistics for meetings, agenda preparation, scheduling of speakers, scheduling of legislative visits, and preparation of reports including tracking of federal and state policy of interest to the PaRC. The PaRC has independent evaluation of the contracted support staff and the support staff are directed by the council for the work performed. Direct day to day supervision and management of the staff are overseen by the contracting agency.

In addition to the budget for support staff, the PaRC has a separate operating budget to carry out its functions such as holding meetings, coordinating with other state agencies, conducting educational activities, developing and maintaining a separate website presence, participating in local citizen advocacy committees, conducting legislative visits, and attending conferences to further the expertise and learning of the PaRC members.

**Questions & Answers**

Does the state provide resources to support the council?

Yes, through the allocation of funds that the PaRC controls.

Who controls the agenda?

The council sets the agenda. There is a decision-making matrix that the council follows.

Is the state neutral?

Yes.

**Observations About PaRC and Diversity, Equity, Inclusion (DEI) Commitment**

While the PaRC has a diverse representation and strives to ensure that all members of the representing disabilities populations are persons with lived experiences and the majority members of the PaRC are always people with disabilities. The PaRC does not have an intentional DEI commitment embedded into its structure.

**Case Example: Massachusetts**

**About the One Care Implementation Council[[25]](#footnote-25)**

The One Care Implementation Council was the brainchild of the disability community. The council created the council, with the support of the Centers for Medicare and Medicaid and the Massachusetts Executive Office of Health and Human Services (EOHHS). It was not the state’s brainchild; it was not a federal mandate. Its origins are important to underscore, since this was not a top-down creation, but a bottom-up creation.

Community Catalyst prepared a robust case study about the One Care Implementation Council in 2018 as a “notable example of effectively engaging consumers and their advocates in policy and program change.” All information about upcoming meetings, and download materials from previous meetings are available on-line.[[26]](#footnote-26) As Community Catalyst wrote:

*“A One Care Implementation Council was established in 2013 to ensure stakeholders assume an active role in the implementation of Massachusetts’ Financial Alignment Initiative known as One Care: MassHealth plus Medicare (One Care). The Council represents diverse stakeholder perspectives, including MassHealth members with disabilities, their family members and guardians, representatives from community-based organizations, advocacy organizations, unions and providers. Supported by the Executive Office of Health and Human Services (EOHHS), the Council is an innovative body that was the brainchild of Massachusetts disability advocates.”[[27]](#footnote-27)*

What is the One Care Program?

One Care is a program for consumers between the ages of 21-64 and is designed to combine Mass Health and Medicare to provide health care that is coordinated, effective, and directed by the consumer.[[28]](#footnote-28) It is also known as the Massachusetts Financial Alignment Initiative.

Meeting Structure and Robert’s Rules

The One Care IC holds monthly meetings. An example of a recent (April 2021) agenda: <https://www.mass.gov/doc/implementation-council-agenda-4-13-21-0/download>

The One Care IC also meets frequently with UMass. Meetings include the three chairs, and another council member representing providers. In these meetings, the group decides upon priorities, workplan, preparation and creation of agendas. UMass sets up interviews, presentations from outside experts. For example, different experts come in to talk about quality measurement or care coordination, all relevant to implementation of the One Care program. The UMass “lead” sets up the scope of the presentation, and the “ask” to the state and helps the council stay in line with its mission.

Example of recent (April 2021) presentation bringing in experts to help the council members improve quality: <https://www.mass.gov/doc/implementation-council-task-force-presentation-4-13-21-0/download>

According to the One Care IC Chair and Co-Chair, there is power sharing but that it often varies based on the subject. That said, the state staff are completely invested in the success of the council.

It is important to note that priorities can shift with a change in administrations. For example, key One Care council members were a part of the procurement process for the One Care program, but the recommendations were not binding. They do believe that the state will take between 75-80% of the council’s recommendations.

The One Care IC does not have subcommittees today. However, they started out with many subcommittees but eventually abandoned that structure. They now have specific work groups for topics. For instance, they have a work group to address plan communication to individuals who are deaf with a purpose and timeline.

Overtime the One Care IC has shifted away from Robert’s Rules. The council now works by consensus, using a round-robin framework. The Chair might raise a question, and everyone has a chance to speak on the council. This is then opened for state input, and then CMS input. The culture is also supportive. As described by EOHHS, the One Care IC has a culture of allowing people to take a pass or ask for more time.

To carry out its role to oversee the implement the One Care program, the council’s workplan includes asking experts to present to bring knowledge to the council and asking health plans to present on their plan approaches.

Council Members

At present, there are 7 consumer members and 6 non-consumer members. Consumers represent the majority. There is currently only one African American person on the council.

There are two kinds of council members: 1) members who are consumers or members who are consumer family members; and 2) members representing advocacy and industry groups. Consumers receive a stipend if they are not representing an advocacy organization.

Members are recruited through a formal request for response process, also known as a procurement process. Members are selected by a selection committee. The procurement process is managed by EOHHS. The procurement process is well publicized; the invitation is distributed to the One Care plans to share with their enrollees. The council also distributes to Independent Living Centers (ILCs) and Recovery Learning Communities (RLCs).

The council notes that they tend to recruit people who are already invested and engaged in advocacy and in the community including persons who are already vocal about how they are affected by the healthcare and the delivery system.

The state and the IC Chairs want to make some improvements in the recruitment process around reaching out to new places, instead of reaching out to old places, to expand diversity. They need to do better in diversifying the council membership by race and by geography. It is very difficult to recruit from Cape Cod and the Islands, and Western Massachusetts but need to fill that gap. Otherwise, they are reasonably representative of the One Care population, based on consideration of age, gender, disability type, gender identity sexual orientation.

State Support and Resources for the Council

The state provides formal support to the council through a contract with the University of Massachusetts (UMass). To note, the council receives significant support from UMass to support oversight for this very significant Medicare and MassHealth program.[[29]](#footnote-29)

UMass has established a team to support the council, with responsibilities to help with the following:

Logistics including invitations, meetings, virtual zoom, paying for rooms for public meetings, managing the attendee list

Consumer access to meetings, including escort, uber, transportation costs

Accessibility including translating materials into an accessible format, arranging for live interpreters, recording

Translators serving as the bridge between the council’s creativity and the government response; UMass will often serve as the entity that helps the council members translate the policy goals and desires into tangible and concrete recommendations specific to the One Care program contract

Pre-meetings between UMass and the council Chairs about two weeks prior to a monthly meeting to review the agenda, discuss operations, healthcare policy trends, etc.

Quotes: Council chair reflects on resources

“One Care as a council would not succeed at all if not for the commitment of MassHealth to having a very robust and invested council. The folks we have at UMass do the lion’s share of work, part of what they do is to translate advocacy speak into bureaucracy speak And act as a conduit between us and MassHealth. And if they (MassHealth) were not committed to us, they could have shut it down. UMass is critical to our role.” (One Care IC Chair)

**Questions & Answers**

Does the state provide resources to support the council?

The state provides “hundreds of thousands of dollars” for the One Care IC to cover work provided by UMass, covers full-time equivalent employees, covers prep meeting with the council Chairs, meetings outside the council meetings, creation of materials, meeting minutes, follow-up meetings.

Who controls the agenda?

The council sets the agenda, MassHealth reviews the agenda.

Is the state neutral?

Yes, UMass staff play a neutral role; staff work for the council.

**Observations About One Care IC and Diversity, Equity, Inclusion (DEI) Commitment**

Quotes: DEI reflections

“Our priority as a council is to have a diverse council representing different races, ethnicities, gender identities, etc.” (One Care IC Chair)

“We created a pecking order for our round robins, to make sure that everyone can speak.” (One Care IC Chair)

“We give consumers the chance to speak first, rather than the chairs, let them speak equally.” (One Care IC Co-Chair)

“We shifted in between council meetings; we have smaller planning councils comprised of consumers and in those meetings, there is a lot of planning, prepping, educating folks about issues coming up. We try to support empowerment.” (One Care IC Chair)

“We have our richest conversations when we have a variety of voices.” (EOHHS)

Member recruitment

The intent is to select members to reflect the population enrolled in the One Care program for dually eligible individuals with lived experience of disability. The population is very diverse in all ways, including in disability type and in chronic conditions. During the recruitment process, interviewers ask a variety of questions, and ask about race, gender, family, geography, disability type. The council’s plan is to ask the state to recruit new council members in 2022 and to make sure that we invite people of color into that process. The plan is to actively recruit persons with disabilities.

Council Workplan

*As shared by the state and the council Chairs:*

The Council develops an annual workplan, applying a DEI lens.

Within the One Care program, the council is also focused on health equity and ensuring that plans can be held accountable for equity based on measuring health disparities. During the year, data analysis is conducted by breaking data down by race and ethnicity. Council meetings provide more time for consumers based on disability needs.

Additional Information

To note, there is another council in Rhode Island (like the One Care IC).

HMA suggestions:

1. Invite the One Care IC Chairs to speak to the SRC; they offered to do so.
2. Reach out to Independent Living Centers (ILCs) such as BCIL and Recovery Learning Communities (RLCs) to help recruit SRC members.[[30]](#footnote-30) [[31]](#footnote-31)
3. Examine the workplans developed by the One Care IC to get ideas about calling in guest speakers and experts to learn more about the topics they oversee.
4. Review the One Care Implementation Council has maintained well-organized files and documents, which are all available on-line.

**Frequently Asked Questions about the Implementation Council[[32]](#footnote-32)**

**What is the Duals Demonstration?**

The Executive Office of Health and Human Services (EOHHS) is the state agency responsible for the Massachusetts Medicaid program, which is known as MassHealth. EOHHS has developed a program to integrate the delivery and financing of Medicare and Medicaid services for adults ages 21 through 64 who are eligible for both Medicare and Medicaid (Dual Eligibles). The purpose of this three-year Duals Demonstration, which currently runs through December 2016, is to improve quality of care and reduce health disparities, improve health and functional outcomes, and contain health care costs for Dual Eligibles.

**What is the Implementation Council?**The Implementation Council is a working committee convened by EOHHS to operate during the Duals Demonstration. The Implementation Council plays a key role in monitoring access to health care and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency.

**How many members are on the Implementation Council?**Fifteen members currently serve on the Implementation Council. EOHHS seeks to select up to six individuals for a maximum of 21 Council members. At least four of the individuals selected will be MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities.

**Who are the Implementation Council members?**Implementation Council members represent the diverse communities affected by the Duals Demonstration. At least half of all Implementation Council members are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities. Membership also includes advocates and peers from community-based organizations, consumer advocacy organizations, service providers, trade organizations, and unions.

**What does the Implementation Council do?**The roles and responsibilities may include advising EOHHS; soliciting input from stakeholders; examiningquality in One Care, reviewing issues raised through the grievances and appeals process and One Care Ombudsperson reports, examining access to services (medical, behavioral health, and Long-Term Services and Supports), and participating in the development of public education and outreach campaigns.

The Implementation Council selected a consumer representative to serve as its chair. The chairman develops agendas; facilitates the meeting; and ensures completion of work plan deliverables and the annual report.

EOHHS supports the Council by providing administrative support to coordinate meetings, accommodations and logistics; as well as produce meeting materials; and support the consumer chair, as requested. EOHHS staff attends all meetings to exchange information with the Implementation Council. The meetings are open to the public. The Implementation Council is also required to prepare an annual report of its activities for submission to the Assistant Secretary for MassHealth and the Secretary of EOHHS.

**How often do they meet?**EOHHS anticipates that the Implementation Council will meet monthly or bimonthly through December 2016. Based on experience since the beginning of the Demonstration period, full Council meetings have been held on a monthly basis, with additional ad hoc subcommittee meetings.

**What supports are available to Implementation Council members?**

Supports, including accommodations and optional relevant trainings, will be available for Implementation Council members who need them.

**Will members of the Implementation Council be paid?**

Stipends and travel reimbursements will be available for MassHealth members with disabilities and family members or guardians of MassHealth members with disabilities who are not paid by a community-based or consumer advocacy organization, provider/trade association, union or another organization/affiliate to represent them. Receipt of a stipend is optional and the amount may be reduced upon request of the Implementation Council member.

Stipends will be $50 per meeting and $25 for pre-meeting preparation work. Travel will be reimbursed at $0.575 per mile (updated annually), plus reimbursement for the cost of tolls and parking or the cost of transportation. If requested, options for pre-paid transportation will be explored.

**What commitment is required from Implementation Council members?**

Members will serve through December 2016. Members are expected to be available to devote the time needed to perform the roles and responsibilities of the Implementation Council, review all meeting materials in advance of meetings, attend and participate in all meetings, participate in the development of work plan deliverables, and provide advice and guidance to EOHHS. Members should possess strong analytic skills, critical reading skills, good interpersonal and communication skills, be a resident of Massachusetts, and not be employed by an Integrated Care Organization. The Secretary of EOHHS may remove members who are not meeting these obligations or not qualified and appoint new members, as needed.

**How can I apply?**Interested individuals are required to complete a nomination form and provide a letter of reference. Self-nominations are permitted. Nominations to the Implementation Council must be submitted electronically (preferred) or received by EOHHS by postal mail no later than Friday, June 26, 2015, at 5:00 PM. Any responses received after the deadline will not be accepted. The form is available online at [www.mass.gov/masshealth/duals](http://www.mass.gov/masshealth/duals) under Related Information or on COMMBUYS (www.commbuys.com) by searching the Bid Description field for keyword Implementation. Email Melissa.Morrison@state.ma.us or call Melissa Morrison at (617) 573-1611 if you need the form mailed to you or would like to request a reasonable accommodation, such as the information in an alternative format.

Please note that applicants selected to participate on the Implementation Council will be required to sign contracts that include the following forms as required by the Commonwealth: Standard Contract Form, Commonwealth Terms & Conditions Form; and W-9 Form (Request for Verification of Taxation Reporting Information). *Applicants are not required to submit these forms with their nomination form.*

**What is the selection process?**

EOHHS will convene a team of state agency staff familiar with the Duals Demonstration to evaluate all completed applications. The evaluation team will recommend members to the Assistant Secretary for MassHealth and Secretary of EOHHS based on the selection criteria listed below. The Secretary of EOHHS or her designee will make the final decisions on the appointment of Implementation Council members. EOHHS reserves the right to contact the applicant or reference during the evaluation process to request written or oral clarification of his or her submission or otherwise discuss the response.

**What are the selection criteria?**

Submitted applications will be evaluated on:

* the strength, clarity, appropriateness and comprehensiveness of the applicant’s response
* understanding of the goals, roles and responsibilities of the Implementation Council
* the applicant’s qualifications, including stated interest, knowledge, skills and experience
* the applicant’s geographic location
* the applicant’s status as an individual or organizational representative and
* the applicant’s letter of reference.

At least half of all Implementation Council members must be MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities. It is the goal of the evaluation team to select a panel of members that with the current members, includes, at a minimum, the following individuals or affiliations:

* At least one representative from each Duals Demonstration population:
  + Adults with physical disabilities
  + Adults with intellectual/developmental disabilities
  + Adults with serious mental illness
  + Adults with substance use disorders
  + Adults with disabilities with multiple chronic illnesses or functional and cognitive limitations
  + Adults with disabilities who are homeless
* Representatives from community-based or consumer advocacy organizations serving each of the Duals Demonstration populations (approximately six representatives)
* Provider or trade association representatives for each of the following Duals Demonstration service types: medical, behavioral health, and long-term services and supports (approximately three representatives); and
* One union representative.

EOHHS is only seeking representatives to fill vacancies on the Council for up to six vacant positions. For information regarding the current Implementation Council members, please see the One Care Implementation Council Current Membership document available online at [www.mass.gov/masshealth/duals](http://www.mass.gov/masshealth/duals) under Related Information or on COMMBUYS (www.commbuys.com) by searching the Bid Description field for keyword Implementation.

**Public Records Notice**

Please be aware that any information contained within a submitted nomination form, including voluntary self-identification as a recipient of MassHealth or Medicare coverage, may be made public. All responses and information submitted in response to this nomination form are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G.L. c. 4, § 7, subsection 26.

**Tool 3. DEI-Centered Rules**

**Workshop #1 Material**

**In support of Workshop #1, HMA engaged the SRC in a discussion focused on centering the SRC in DEI.**

As the decision-making body at the highest level of organizational leadership, boards play a critical role in creating an organization that prioritizes, supports, and invests in diversity, inclusion, and equity.

1. Diverse: the individual leaders who compose the board are a reflection of an organization’s values and beliefs about who should be empowered and entrusted with its most important decisions
2. Inclusive: The most effective boards work to build a culture of trust, candor and respect. An inclusive board culture welcomes and celebrates differences and ensures that all board members are engaged and invested, sharing power and responsibility, for the organization’s mission
3. Equity-focused: An awareness of systemic inequities that affects our society and those an organization served enables to avoid blind spots and avoid flawed strategies. It is a powerful opportunity to deepen the organization’s impact, relevance and advancement of public good.

**Source:** [*Diversity, Inclusion, & Equity - BoardSource*](https://boardsource.org/research-critical-issues/diversity-equity-inclusion/)

https://boardsource.org/research-critical-issues/diversity-equity-inclusion/

**The key goal is to build a more DEI infused council and to create a more effective meeting model that is both flexible and reflective of a democratic organization.**

What are Robert’s Rules? According to *Robert’s Rules of Order*, parliamentary procedure is based on the consideration of the rights: of the majority, of the minority (especially a large minority greater than one-third), of individual members, of absentee members, of all of these groups taken together.

Robert’s Rules, anchored in:

1. Military precision
2. Procedural Formality
3. Clearly defined structure for meetings
4. Debate
5. Simple Majority Rule

Antithesis of Robert’s Rules, anchored in:

1. Simpler and friendlier model
2. Informality
3. Dialogue
4. Decision-making options to capture both majority and minority voices and provide rationale for decision-making

**Tool 4. A Racial Equity Impact Analysis**

**Workshop #2 Material**

**In support of Workshop #2, HMA introduced the SRC to a racial equity impact analysis process.**

**When to Use:**

Using a Racial Equity Impact Analysis (REIA) process and tool can **help organizations assess the actual or anticipated impact** of policies, practices, programs, plans and budgetary decisions.

**Questions to Consider:**

* 1. For this policy/program/practice, **what results are desired**, and how will **each racial/ethnic group** in your area **be affected**?
  2. Are all **racial and ethnic groups** that are affected by the policy, practice or decision **at the table**?
  3. How will the proposed policy, practice or decision be **perceived by each group**?
  4. Is this approach **realistic and adequately funded**, with mechanisms in place to ensure successful implementation?
  5. Based on what you now know, **what revisions are needed** in the policy, practice or decision under discussion?

**White Supremacy Values it Addresses:**

* 1. Sense of Urgency
  2. Quantity over Quality

Source: Racial Justice Impact Assessment at: <https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf>

**Creating Inclusive Meeting Spaces: An Alternative To Robert’s Rules**

1. Ground Meetings in Equity: Use 10-15 minutes prior to formal business to discuss an equity topic (for example, this week in history)
2. Share Leadership: Rotate facilitators (maybe quarterly) instead of having a chair that holds all the power
3. Consensus decision-making: Use some sort of consensus process for decision-making and group discussion practices; then use voting just to document
4. Get everyone in on the action: Proactively give less-dominant participants the floor by calling on them individually. On remote calls, regularly check if remote participants can follow the conversation and contribute.
5. Interrupt interruptions: Lead by example and call out when you see someone being inadvertently silenced in a discussion. Encourage others to do the same. Come equipped with phrases like, "Hang on a sec, Sarah – I want to make sure I understand Aniket's point before we add on to it." If anyone is a repeat offender, take them aside for a moment after the meeting and point it out to them. Assume they're totally oblivious to their behaviors – people rarely act this way on purpose.
6. **Give credit where credit's due:** When someone makes a good point, acknowledge their contribution and give public attribution to their ideas. Don't let hijackers get away with appropriation and highlight when value has been added.
7. **Use the power of the pen:** If one person is dominating, ask them to be the notetaker. This intrinsically tasks them with listening and creates a space for others.
8. **Write and share:** Give everyone time to process the question, jot down thoughts on paper, and share what they've come up with. This gives less-vocal participants time to gather their thoughts and ensures they'll be heard.
9. **Clean up as you go:** At the end of each agenda topic, pause to agree on next steps and establish specific commitments with clear deadlines. Assign Directly Responsible Individuals (DRI) and rotate the DRI role to ensure the loudest person doesn't receive all action items.
10. **Group agenda setting:** Before closing the meeting, open floor for agenda topics to engage all in giving input to agenda setting

**White Supremacy Values it Addresses:**

Fear of Open Conflict

Power Hoarding

Source: Creating Equitable Meetings Tip Sheet at: <https://ydekc.org/wp-content/uploads/2018/03/Tip-Sheet-Equitable-Meetings.pdf>

**Materials Provided Before the Workshop for SRC Members to Read**

1. White Supremacy Culture and antidotes, follow the link: <https://www.thc.texas.gov/public/upload/preserve/museums/files/White_Supremacy_Culture.pdf>
2. NAO Equity Lens Guide, follow the link: <https://nonprofitoregon.org/sites/default/files/NAO-Equity-Lens-Guide-2019.pdf>
3. Equitable Decision-making, follow the link: <https://www.clark.edu/about/governance/shared-governance/EquitableDecisionMakingTool.pdf>
4. Racial Equity Impact Decision-Making Tool, follow the link: <https://www.shorelineschools.org/cms/lib/WA02217114/Centricity/Domain/1090/FINAL%20AND%20APPROVED%20Shoreline%20race%20and%20equity%20tool.pdf>
5. Racial Justice Impact Assessment, follow the link: <https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf>
6. Creating Equitable Meetings Tip Sheet, follow the link: <https://ydekc.org/wp-content/uploads/2018/03/Tip-Sheet-Equitable-Meetings.pdf>

**Tool 5. Infusing Our Culture with DEI**

**Workshop #3 Material**

**In support of Workshop #4, HMA facilitated the following discussion with SRC members.**

Question: What values do you think should be prioritized to make the SRC a more welcoming and collaborative space for all people?

1. Accessibility. Ensuring language access and translation services, as an antidote to “worship of the written word”
2. Authentic engagement. Having authentic engagement with key policy leaders and the community to address important issues for VR customers and to call out institutional racism on behalf of BIPOC VR consumers
3. Quality over quantity. Prioritizing topics instead of trying to tackle everything all at once to serve as an antidote to volume over substance
4. Right to failure: Allowing members to be uncomfortable to support shared learning, an antidote to perfectionism
5. Uphold inclusivity: Ensuring that all members feel included and able to participate in the process

Question: What suggestions do you have to make SRC meetings more inclusive? What is working well? What can be better?

1. Be attentive as members of the SRC to each other and use a light version of Robert’s Rules; bring back teamwork and human element; use the chat function on zoom
2. Allow time for networking at SRC meetings for members
3. Identify more accessible and flexible meeting time, a task already underway
4. Read the mission statement at the start of every meeting
5. Collect race/ethnicity and other data to examine composition of SRC members and for consumers and to identify differences or inequities in baseline, to educate on existing disparities, to set targets for improvement, and to measure change

Question: What are the best strategies to recruit SRC members that truly reflect the diversity of voices and experiences of VR consumers throughout the Commonwealth of Massachusetts?

1. Flexible and longer meeting times to ensure that people with diverse and unique experiences can participate
2. Effective outreach and education across the state about the MRC’s and SRC’s mission, work, and desired outcomes
3. Recognizes that “one size does not fit all” and alternate avenues are needed to outreach potential members
4. Provide access to BIPOC and immigrant families with need for language diversity and translatable terms in other languages
5. Onboard new members to help with framing an equitable agenda and retaining diverse membership

**Appendix 1. HMA Scope of Work and Project Steps**

**Scope of Work**

In accordance with the contract between Health Management Associates (HMA) and the Massachusetts Rehabilitation Council (MRC), HMA partnered with the Statewide Rehabilitation Council (SRC) and the SRC DEI Working Group to create the SRC’s Five-Year Roadmap to Practice and Advance DEI: 2021-2025.

**Project Steps**

HMA’s project tasks included conducting research, holding training workshops and strategic planning sessions, presenting to the SRC and its DEI Working Group, meeting with the SRC Chair and MRC staff to review and discuss project management, and engaging HMA’s Independent Living and Equity Advisory Board for guidance. HMA’s IL and Equity Advisory Board was comprised of members of the anti-racism team at the Boston Center for Independent Living (BCIL).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Project**  **Tasks** | **HMA Meetings with SRC** | **Dates (2021)** | **SRC DEI Working Group** | **SRC Full Board** |
| 1 | Kick-off | Project Launch | June 17 |  |  |
| 2 | Task 1 | Assessment and Findings | July 23 |  |  |
| 3 | Task 2 & 3 | Workshop #1 | August 5 |  |  |
| 4 | Task 2 & 3 | Workshop #2 | September 2 |  |  |
| 5 | Task 2 & 3 | Workshop #3 | September 23 |  |  |
| 6 | Task 4 | Strategic Planning Session #1 | September 17 |  |  |
| 7 | Task 4 | Strategic Planning Session #2 | October 12 |  |  |
| 8 | Task 4 | Strategic Planning Session #3 | November 4 |  |  |
| 9 | Task 5 | Final Presentation and Report | December 16 |  |  |

|  |  |  |
| --- | --- | --- |
| **#** | **HMA IL & Equity Advisory Board Meetings** | **Dates** |
| 1 | Review interview guides | May 19, 2021 |
| 2 | Review interview notes and findings | June 14, 2021 |
| 3 | Develop approach for trainings and workshops | August 5, 2021 |
| 4 | Launch trainings and workshops | August 17, 2021 |
| 5 | Develop approach for strategic planning | September 8, 2021 |
| 6 | Launch strategic planning | October 6, 2021 |
| 7 | Draft outline and content | November 12, 2021 |
| 8 | Prepare final report | December 8, 2021 |

1. Note about the table of contents (TOC). The final TOC will look more like this TOC, see: https://www.healthmanagement.com/wp-content/uploads/07.14.21-Dual-Integration-Brief-3-Final.pdf [↑](#footnote-ref-1)
2. [Massachusetts State Rehabilitation Council | Mass.gov](https://www.mass.gov/orgs/massachusetts-state-rehabilitation-council) [↑](#footnote-ref-2)
3. https://www.healthmanagement.com/ [↑](#footnote-ref-3)
4. [Boston Center for Independent Living (bostoncil.org)](https://bostoncil.org/) [↑](#footnote-ref-4)
5. Race, Ethnicity, and Disability: The Financial Impact of Systemic Inequality and Intersectionality, National Disability Institute, August 2020, https://www.nationaldisabilityinstitute.org/wp-content/uploads/2020/08/race-ethnicity-and-disability-financial-impact.pdf [↑](#footnote-ref-5)
6. Goodman, Nanette, et al. “Financial Inequality: Disability, Race and Poverty in America,” National Disability Institute, February 2019, <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf> [↑](#footnote-ref-6)
7. American Community Survey, 2015, https://mn.gov/admin/demography/news/annual-statewide-summary/2015-acs-release.jsp [↑](#footnote-ref-7)
8. Goodman, Nanette, et al. “Financial Inequality: Disability, Race and Poverty in America,” National Disability Institute, February 2019, <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf> [↑](#footnote-ref-8)
9. The 2021 federal poverty level was $12,880 for one person. [Federal Poverty Guidelines - 2021 | Mass Legal Services](https://www.masslegalservices.org/content/federal-poverty-guidelines-2021) [↑](#footnote-ref-9)
10. Goodman, Nanette, et al. “Financial Inequality: Disability, Race and Poverty in America,” National Disability Institute, February 2019, <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf> [↑](#footnote-ref-10)
11. Id. [↑](#footnote-ref-11)
12. See American Community Survey, 2019 data, [download (mass.gov)](https://www.mass.gov/doc/massachusetts-and-us-disability-facts-statistics-2019/download) [↑](#footnote-ref-12)
13. For more insight into the benefits and need for increased support by employers for employees with disabilities, see this article by Google manager and disability advocate Aubrie Lee <https://disabilityvisibilityproject.com/2021/10/12/20-questions-for-disability-inclusive-employers/> [↑](#footnote-ref-13)
14. Many efforts are underway to educate businesses and organizations. See: [Diversity Training | National Training Institute on Race and Equity](https://www.national.training/) [↑](#footnote-ref-14)
15. The acronym BIPOC stands for Black Indigenous, and People of Color (BIPOC). [↑](#footnote-ref-15)
16. [Massachusetts State Rehabilitation Council (MA SRC) | Mass.gov](https://www.mass.gov/service-details/massachusetts-state-rehabilitation-council-ma-src) [↑](#footnote-ref-16)
17. For more information, see: https://appointments.state.ma.us/ [↑](#footnote-ref-17)
18. For more information, see: https://robertsrules.com/ [↑](#footnote-ref-18)
19. See MRC data on job placement for VR consumers. [↑](#footnote-ref-19)
20. A “Status 22” is MRC’s code for identifying: “VR Consumers Placement: First Day of Employment.” [↑](#footnote-ref-20)
21. [download (mass.gov)](https://www.mass.gov/doc/mrc-2020-annual-report/download) [↑](#footnote-ref-21)
22. Note: One Care Implementation Council Co-Chair Paul Styczko was not able to attend the interview. [↑](#footnote-ref-22)
23. [www.parac.org](http://www.parac.org) [↑](#footnote-ref-23)
24. <http://parac.org/reports/2020AnnualReport.pdf> [↑](#footnote-ref-24)
25. [One Care Implementation Council | Mass.gov](https://www.mass.gov/service-details/one-care-implementation-council) [↑](#footnote-ref-25)
26. <https://www.mass.gov/service-details/one-care-implementation-council> [↑](#footnote-ref-26)
27. <https://www.healthinnovation.org/resources/publications/body/One-Care-Implementation-Council-Review-June-2018-1.pdf> [↑](#footnote-ref-27)
28. <https://bostoncil.org/community-living-and-participation/one-care/> [↑](#footnote-ref-28)
29. <https://www.healthmanagement.com/knowledge-share/webinars/unpacking-the-masshealth-one-care-procurement-databook-key-considerations-for-strengthening-the-program-advancing-health-equity/>

    <https://www.healthmanagement.com/wp-content/uploads/07-16-19-HMA-One-Care-Webinar.pdf> [↑](#footnote-ref-29)
30. [Recovery Learning Communities | Mass.gov](https://www.mass.gov/service-details/recovery-learning-communities) [↑](#footnote-ref-30)
31. [Independent Living Centers | Mass.gov](https://www.mass.gov/independent-living-centers) [↑](#footnote-ref-31)
32. This document was prepared by the Massachusetts Executive Office of Health and Human Services (EOHHS) to learn more about the One Care Implementation Council.

    <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwit77fu_oPyAhXUVs0KHX6EANoQFjAFegQIDBAD&url=https%3A%2F%2Fslidetodoc.com%2Fone-care-implementation-council-meeting-executive-office-of%2F&usg=AOvVaw0a4No5CCc-IaUS5KieA6nb> [↑](#footnote-ref-32)