IMAGE DESCRIPTION: A group of people posing for a photo and holding a sign with the message, "disabled and here." One person is sitting in a wheelchair.

Building a More Effective Council for State Rehabilitation Council Members and Vocational Rehabilitation Consumers: The State Rehabilitation Council's Five-Year Roadmap to Practice and Advance Diversity, Equity, Inclusion, 2021-2025

BOSTON CENTER FOR INDEPENDENT LIVING **HMA** Health Management Associates

Table of Contents

Rest of the page intentionally left blank.

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 the Boston Center for Independent Living (BCIL). BCIL is a member of HMA's Independent Living and Equity Advisory Board. The project was funded under a federal grant and with support from the Massachusetts Rehabilitation Commission (MRC).

Statewide Rehabilitation Council and SRC DEI Working Group

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 Services in accordance with the Rehabilitation Act." [1]

"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. SRC Working Group members include 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, Indigenous and People of Color (BIPOC) communities.

Health Management Associates

Health Management Associates (HMA) is a health and human services consulting firm committed to advancing equitable and sustainable policy making and practice in the field. Our consultants have extensive experience in the areas of policy, programming and delivery of services across all areas of health care, public health and human services including disability services. The SRC hired HMA to create a roadmap for infusing DEI into the SRC vision and mission. The consulting team supporting the SRC included seasoned former public officials with decades of experience in working to improve the lives of populations experiencing racism, discrimination, bias and stigma across the country. Their knowledge of equity value principles in the delivery of health care, public health and human services and in operationalizing these

---

[1] This quote refers to Section 105 of the Rehabilitation Act of 1973. Massachusetts State Rehabilitation Council | Mass.gov

values through programs including programs related to supporting independent living goals for persons with disabilities made us uniquely skilled to respond to the SRC's needs.[1]

HMA team members included Uma Ahluwalia, Raisa Alam, Ellen Breslin, Doris Tolliver, Juliet Marsala, Mary Ellen Mathis, and former HMA staff person, Michael Anderson-Nathe.

Boston Center for Independent Living (BCIL)

The Boston Center for Independent Living (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.[2] 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 Sharon King, Cecilia Nunez, Taciana Ribeiro-Saab, and Mary-Kate Wells. They are members of BCIL's anti-racism team.

---

[1] https://www.healthmanagement.com/
[2] Boston Center for Independent Living (bostoncil.org)

Forward: 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. The results are 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.[3]

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 to apply 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.[4] 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 to 50 percent, (30 percent compared to 20 percent).[5]

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

---

[3] 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

[4] 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

[5] American Community Survey, 2015, https://mn.gov/admin/demography/news/annual-statewide-summary/2015-acs-release.jsp

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 with 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.[6] [7]
- 1 in 5 or 20 percent of African Americans with disabilities with 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.[8]

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. The tools used to address racial oppression can also provide a powerful roadmap to apply 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 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."[9]

The data for the Commonwealth of Massachusetts is also concerning. Only 38 percent of persons with a disability between the ages of 18 and 64 and living in the community are

---

[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

[7] The 2021 federal poverty level was $12,880 for one person. Federal Poverty Guidelines - 2021 | Mass Legal Services

[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

[9] 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

employed, as compared to 80 percent of persons without a disability.[10] To consider the real impact on lives in the Commonwealth, there are 237,376 persons with disabilities between the ages of 18 and 64 and living in the community who are <u>not</u> 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 Statewide Rehabilitation Council (SRC) appreciates the work that lies ahead, 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 and bring necessary perspectives on how to better serve a diverse range of consumers.[11]

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.[12]

---

[10] See American Community Survey, 2019 data, download (mass.gov)

[11] 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/

[12] Many efforts are underway to educate businesses and organizations. See: Diversity Training | National Training Institute on Race and Equity

IMAGE DESCRIPTION: The following box is named: "Box 1. From the Field: BCIL on Employment for Persons with Disabilities."

Box 1. From the Field:

BCIL on Employment for Persons with Disabilities

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."

IMAGE DESCRIPTION: The meeting room at BCIL where several persons including those with and without disabilities are working at a long rectangular-shaped conference table.

IMAGE DESCRIPTION: The following three graphs provide the following information:

The first graph reads: "Figure 1. Disability Prevalence by Race for the United States. From left to right, the five vertical bars show data on disability prevalence. From left to right, the disability prevalence across the five vertical bars read: 11 percent for Non-Hispanic White, 14 percent for Black or African American, 8 percent for Hispanic/Latinx, 5 percent for Asian, and 11 percent for the total.

The second graph reads: "Figure 2. MRC VR Consumers with Placement at Month 3 as a % of MRC VR Consumers, by Race for Massachusetts. From left to right, the eight vertical bars read: 13 percent for White, 11 percent for Black or African American, 4 percent for Native American/American Indian/Alaskan Native, 12 percent for Asian, 7 percent Pacific Islander, 9 percent for Multi-racial/bi-racial, 10 percent for other, and 13 percent for the total.

The third graph reads: "Figure 3. VR Consumers with Placement at Month 3 as a % of VR Consumers, by Disability Type/Condition for Massachusetts. From left to right, the 11 vertical bars read: 13 percent for mental health diagnosis/es, 11 percent for intellectual and development disabilities, 11 percent for severe physical disability, 13 percent for brain injury, 10 percent for substance use disorder, 6 percent for vision impairment, 24 percent for deaf or hard of hearing, 12 percent for autism spectrum disorder, 11 percent for chronic or terminal health, 17 percent for other, and 13 percent for the total.
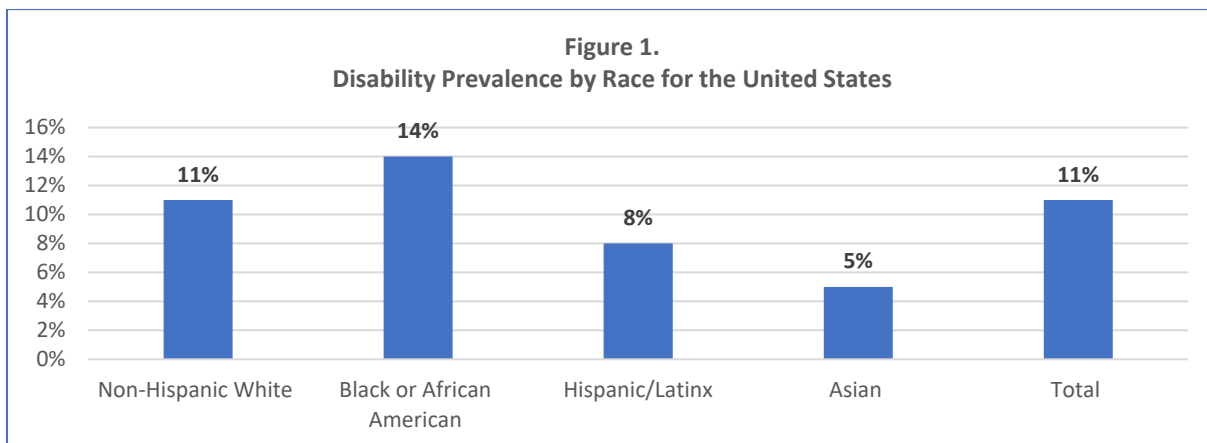
Figure 1.
Disability Prevalence by Race for the United States

Figure 2.
MRC VR Consumers with Placement at Month 3 as a % of MRC VR Consumers, by Race for Massachusetts

Race	Percentage
White	13%
Black or African American	11%
Native American/A.I./A.N.	4%
Asian	12%
Pacific Islander	7%
Multi-racial/bi-racial	9%
Other	10%
Total	13%
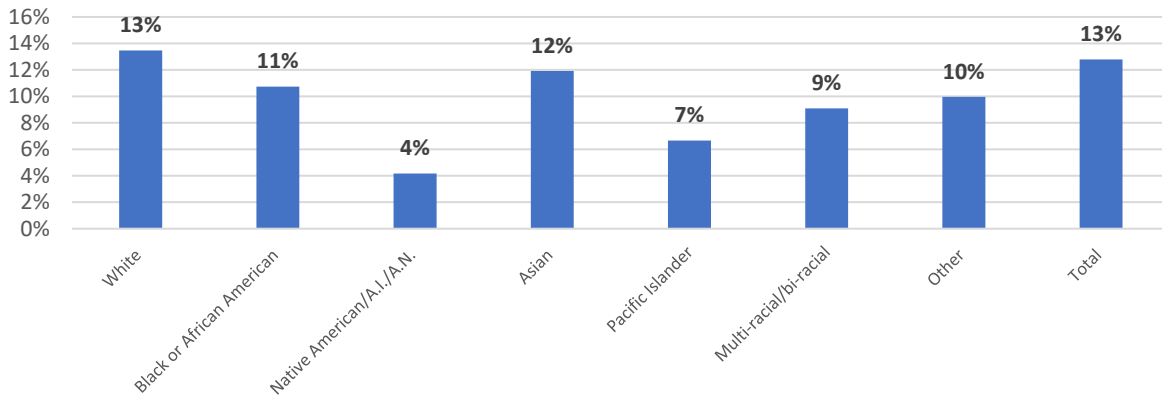
Figure 3.
MRC VR Consumers with Placement at Month 3 as a % of MRC VR Consumers, by Disability Type/Condition for Massachusetts

Disability Type/Condition	Percentage
Mental health diagnosis/es	13%
Intellectual/developmental disability	11%
Severe/physical disability	11%
Brain injury	13%
Substance use disorder (SUD)	10%
Vision Impairment	6%
Deaf or hard of hearing	24%
Autism spectrum disorder	12%
Chronic/terminal health	11%
Other	17%
Total	13%
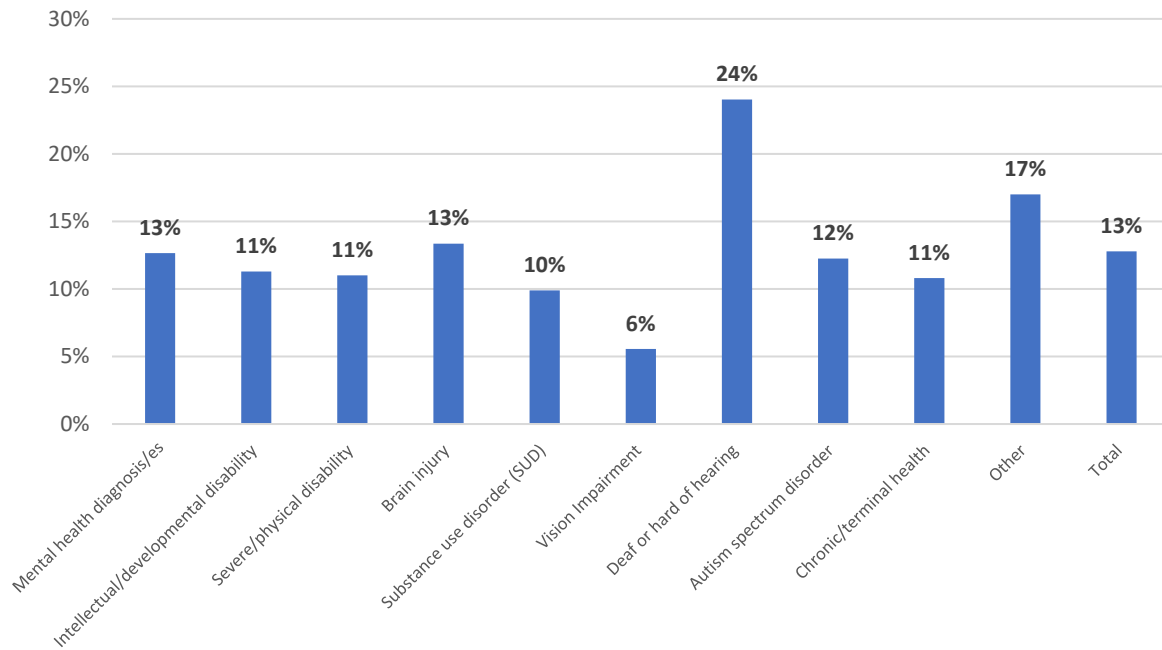
IMAGE DESCRIPTION: Two people smiling while working on a project together at a table. They have pens in their hands and pieces of paper in front of them. The man has dark hair, black rimmed glasses, wearing a short-sleeved shirt. The woman has blonde hair, gold rimmed glasses, wearing a flowered shirt. She is in her wheelchair at the end of the table.

Executive Summary

In 2021, the Statewide Rehabilitation Council (SRC) embarked on a mission-driven journey to build stronger leadership capacity, at both the council and committee level, and to develop a strategic plan. As part of the strategic plan, the SRC also sought to develop the SRC's Diversity, Equity and Inclusion (DEI) capacity to infuse diversity and equity into its work.

This report describes the SRC's mission-driven journey and contains the SRC's first-ever roadmap to practice and advance DEI. This roadmap, **The SRC Five-Year Roadmap to Practice and Advance Diversity, Equity, Inclusion (DEI): 2021-2025**, aligns with the strategic plan of the Massachusetts Rehabilitation Commission (MRC), and complies with the parameters of the SRC's legal mandate under Section 105 of the Rehabilitation Act of 1973.

The SRC's Mission-Driven Journey

To develop a strategic plan, the SRC partnered with the Massachusetts Rehabilitation Commission to hire Health Management Associates (HMA). Throughout HMA's engagement, the Boston Center for Independent Living (BCIL), a member of HMA's Independent Living and Equity Advisory Board, advised HMA.

Demonstrating its commitment to leadership capacity and DEI, the SRC also established a DEI Working Group, comprised of SRC members including leaders and select MRC staff. The HMA team worked in close partnership with the SRC DEI Working Group, by conducting research, holding workshops to strengthen and deepen SRC member knowledge and leadership capacity, and facilitating strategic planning sessions.

The project process also provided SRC members with many opportunities to share concerns and identify gaps in SRC capacity effectiveness, to engage in honest conversations about power sharing and white supremacy, to learn ways to address existing challenges, and to develop goals and strategies to build a more effective SRC.

SRC members also shared their hopes to improve outcomes for Vocational Rehabilitation (VR) consumers. The SRC refined its vision to reflect these hopes. The refined SRC 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 MRC VR services received a job placement through MRC. African American or Black VR consumers fared worse than their White counterparts by 2 percentage points, revealing a discriminatory and intersectional connection between race and disability.

SRC Five-Year Roadmap to Practice and Advance DEI

The SRC is pleased to share its first-ever roadmap: **The SRC Five-Year Roadmap to Practice and Advance Diversity, Equity, Inclusion (DEI): 2021-2025**. This roadmap responds to SRC members' hopes to be more effective, and provides a response to racial injustice,

discrimination, bias, and stigma in our society towards Black, Indigenous and People of Color (BIPOC) and Latinx communities, as well as people with disabilities with lived experience of mental illness and/or physical disability.

The roadmap outlines specific goals and strategies to increase SRC's effectiveness, to infuse the SRC with DEI, and to improve employment outcomes for consumers receiving VR services from the MRC.

In 2022 and beyond, the SRC will implement the roadmap's five key goals.

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, Indigenous and 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. **Support access to MRC VR services for equitable employment outcomes.** The SRC will partner to support continued efforts aimed at ensuring equitable access to and effectiveness of MRC VR services to advance equitable employment outcomes across BIPOC communities and their intersectional identities.
4. **Engage with community.** The SRC will engage with the community to deepen its understanding of consumers' needs and advance the SRC's mission.
5. **Develop SRC orientation materials.** The SRC will equip SRC Members with the foundational knowledge about the purpose, scope, and operational capacity of the SRC and vocational rehabilitation so that SRC members can advise MRC on ways to improve VR services.

Looking Ahead

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

The SRC is also excited to strengthen its partnership with the MRC. As an all-volunteer council, however, the SRC must secure additional resources to effectively partner with MRC. The SRC requires strategic, logistical and administrative resources to stand up this partnership and to implement this roadmap.

In 2022, 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 to support its mission and roadmap implementation; and (3) an increase in dedicated MRC staff time.

Introduction

In partnership with the Statewide Rehabilitation Council (SRC), Health Management Associates (HMA) and the Boston Center for Independent Living (BCIL), a member of HMA's Independent Living and Equity Advisory Board and advisor to HMA, kicked off the project by asking SRC members to share their project hopes.

SRC members shared a great many project hopes, summarized as follows:

- To become a more diverse and representative SRC, where everyone feels welcomed, heard, seen, and respected.
- To gain a better understanding of the needs of our consumers and communities in which they live to improve access to services.
- To have more engagement from consumers, and more Black, Indigenous, and People of Color (BIPOC) voices.
- To have a strategic plan that incorporates DEI with clear action steps, goals, objectives, and benchmarks against which we can measure and monitor achievement and progress.
- To spread and expand a DEI focus to other tables and work beyond the SRC.

Project Overview

With SRC members' project hopes in mind, HMA conducted the following phases of work:

Phase 1: Baseline Assessment. During the assessment phase, HMA examined gaps and opportunities for SRC consideration. The research findings from this assessment phase were used to focus the overall project, and to inform the structure and content of the trainings, education, and workshops provided in phase 2.

HMA's assessment of the SRC included two components. In the first component, HMA assessed SRC compliance with the requirements of the Rehabilitation Act of 1973. To perform this assessment, HMA outlined the Act's requirements and performed a desk audit of SRC materials. HMA also reviewed the bylaws through a DEI lens. In the second component, HMA assessed SRC members' knowledge and capacity related to DEI principles and processes. To perform this second assessment, HMA assessed SRC knowledge/capacity with respect to the practice of DEI and application to the SRC's structure and work. HMA used a mixed-methods approach involving interviews, survey, and research on best practices; conducted interviews with SRC, using a standardized interview tool; surveyed the SRC Full Board, using a survey tool; learned more about other councils and foundational concepts; and synthesized research to inform our workshops.

At the end of phase 1, HMA generated a set of key findings about the gaps and opportunities for the SRC to become more effective at the council and committee level. These key findings for phase 1 are summarized in this section, under "Key Findings from SRC Baseline Assessment."

Phase 2: Workshops and Training. During the training phase, HMA prepared workshop materials on a range of key topics in response to the project scope of work and informed by the

gaps, challenges and opportunities identified by the SRC in the baseline assessment. To promote SRC engagement, HMA and BCIL created workshops with intentional opportunities to discuss the key challenges and gaps in leadership capacity and DEI. The SRC also emphasized the need for materials and tools that could be used again by current and new SRC members. These materials and tools, which are organized and included in this report, are also mapped to their specific uses.

Phase 3: Strategic Planning and Roadmap. During the strategic planning phase, HMA facilitated strategic planning sessions with the SRC DEI Workgroup to develop the roadmap. With HMA's help, the SRC developed the five-year roadmap to practice and advance DEI. The roadmap's goals and objectives are contained in this report.

Key Findings from SRC Baseline Assessment

In conducting the baseline assessment, SRC members identified many specific gaps and challenges with HMA through interviews and survey questions. SRC members clearly stated the desire to be a more effective SRC in achieving its vision and mission. SRC members identified the need for more training, and more resources, including logistical and administrative support. They expressed the desire to be more involved in the MRC decision-making and roll-out process. They would like to be engaged earlier in MRC deliberation processes to have an impact on MRC policies and procedures. Some also expressed the desire to learn more about MRC's VR services. And as stated in their project hopes, SRC members expressed the desire to create a more diverse SRC, improve the openness of the SRC climate, and establish success measures for infusing DEI into SRC's work.

Key findings from the SRC baseline assessment are presented to provide readers with appropriate context for understanding this report's training tools and roadmap's goals and objectives for the SRC.

Key Finding 1: The SRC complies with Section 105 of the Rehabilitation Act of 1973 with opportunities for improvement. HMA found that the SRC achieves high compliance with the requirements of Section 105 of the Rehabilitation Act of 1973. There are, however, opportunities for improvement in compliance. More specifically, HMA found that the SRC demonstrated compliance for 19 of the 36 components outlined in Section 105. HMA also found that the SRC has several opportunities to improve 14 of the 36 components. HMA identified key opportunities for the SRC to: (1) add resource support to SRC; (2) improve documentation; and (3) fill SRC vacancies by amplifying the member vacancy issue.

Key Finding 2. The SRC has many opportunities to infuse DEI into its requirements, based upon an examination of the SRC's bylaws. The SRC could work with MRC to: (1) advance DEI by modifying its scope and practices; (2) ensure a focus on all communities needing to be served by strengthening language; and (3) encourage power sharing within the SRC by considering consensus decision-making model and rotating chairs or co-chair.

HMA identified key opportunities for the SRC to strengthen the language of the bylaws by: (1) stating explicitly its goal of advancing equity; and (2) requiring more diverse representation.

Key Finding 3: The SRC identified many challenges, including DEI-related challenges, in carrying out its mission effectively. SRC members shared that they do not feel effective. According to SRC member survey responses, less than 20 percent indicated that they feel effective in carrying out the SRC's mission, while about 80 percent feel only moderately effective. Many SRC members feel that they have become a "rubber stamp" to MRC. They cite the lack of power they have and poor timing of communications and collaborations between the SRC and MRC. SRC members see MRC as holding the power, and when MRC shares power with the SRC, it is mostly shared with the Chair and Executive group. Some also shared that they feel that there is a lack of role clarity between SRC and MRC, in terms of who should do what. Finally, SRC members also shared negative reactions to the SRC's use of *Robert's Rules of Order*, a parliamentary procedure. Robert's Rules is a clearly defined structure for meetings and debate. SRC members shared that they found Robert's Rule of Order to be overly structured.

Key Finding 4: The SRC shared concerns about the lack of consumer and BIPOC voices on the SRC. Less than 10 percent of SRC members agreed with the statement: "The SRC's membership composition reflects the diversity of MRC's VR consumers." Many SRC members expressed that there is also a lack of logistical and administrative support for SRC from MRC to support consumer voices.

Key Finding 5: The SRC identified the need for several workshops that they would like HMA to create for them to help build a stronger SRC, with the capacity to apply a DEI lens in their work. SRC members shared their desire for workshop training on a list of topics. Topics listed included: DEI, best practices to incorporate DEI into goals, policies, procedures, strategic planning and decision making, have DEI impact and reset the use of power and privilege, and address oppression, unconscious bias, improve communication skills, address intersectionality (race and disability), cultural sensitivity, microaggressions, and intergenerational trauma to improve customer outcomes. Furthermore, SRC members shared that they would like to learn how to use and understand data through a DEI lens, and to establish outcomes and metrics to advance DEI. SRC members also want practice in having difficult conversations on race and accessibility by using available equity tools such as tools contained in this report to strengthen and reinforce the application of an equity lens, equity impact analysis, consensus decision-making, how to establish actionable strategies in DEI, and accountability across all SRC members.

SRC Training Tools from HMA and BCIL Workshops

The SRC views training as a critical component to becoming a more effective SRC at the council and at the committee level. This report contains five major tools, along with several other resources. HMA developed these five tools for existing and new SRC members to learn new skills, to refresh skills, and to serve as a foundation for building future tools in response to SRC

gaps, challenges, needs and opportunities. For ease, hyperlinks to the tool are embedded in each tool description below.

Tool 1. The Four Principles of Purpose-Driven Leadership. This tool was presented in Workshop #1 to help SRC members to: (1) identify core leadership values and responsibilities for advisory board functioning; (2) adopt DEI-centered rules of engagement for board practices; and (3) develop a practice model for board meetings and operations.

Tool 2. Case Examples. This tool was presented in Workshop #1 to help SRC members to consider how other entities practice DEI, how other entities are resourced to support DEI practices, and what strategies can be used to facilitate power sharing and engagement and complement *Robert's Rules of Order*.

Tool 3. DEI-Centered Rules. This tool was presented in Workshop #1 to help SRC members understand how to center the SRC in DEI. This tool can be used to build a more DEI-infused council and to create a more effective council model, which is more flexible and reflective of a democratic organization. This tool discusses *Robert's Rules of Order*, a parliamentary procedure, which is perceived as anchored in military precision, procedural formality, clearly defined structure for meetings, debate, and a simple majority rule.

Tool 4. A Racial Equity Impact Analysis. This tool was presented in Workshop #2 to help SRC members understand what a racial equity impact analysis and process is and how it works.

Tool 5. Infusing Our Culture with DEI. This tool was presented in Workshop #3 to create a more welcoming and collaborative space for SRC members.

Three Images

IMAGE DESCRIPTION, ON LEFT: Three people in a room, with various skin colors, in an office setting. They appear to be finishing a meeting. One person is standing. Two people are sitting at a roundtable, one of whom is in her wheelchair.

IMAGE DESCRIPTION, ON RIGHT: IMAGE DESCRIPTION, ON RIGHT: A young woman who is non-Hispanic White with long brown hair. She is sitting on a chair in her dining room. She is smiling after a long day of work as a wellness screener at the hospital. Her arms and hands are close by her sides. She has cerebral palsy though not obvious from the picture. She is wearing her work shirt, which is white, and black pants.

IMAGE DESCRIPTION, BOTTOM CENTER: A side profile of a young man, with darker skin, in his wheelchair smiling at two women, with lighter skin, who are standing. The young man and one of the women are "elbow bumping" and smiling. The other woman is an on-looker and smiling. The three people appear to be celebrating his success.

The SRC Five-Year Roadmap to Practice and Advance DEI

As a result of an intensive strategic planning effort, 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 MRC.

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 refined its vision and mission throughout the process to develop the roadmap and to reflect its evolved 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. In addition, in support of the practice and advancement of DEI, the SRC asked HMA to create a toolkit for SRC members. This toolkit reflects a range of materials presented by HMA during the project. The toolkit includes the following components: (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) the SRC data tables populated with SRC member data and MRC-VR consumer data; and (4) the SRC's training tools for existing and new SRC members.

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

Key Goals. The roadmap presents five goals which SRC plans to implement. All goals were developed by the SRC DEI Working Group during the strategic working sessions, informed by a research process involving all SRC members.

DEI Intention. The roadmap states the DEI intention.

Goal Description. The roadmap describes each goal and why the SRC created this goal.

Objectives. The roadmap presents a core set of objectives for each goal.

Strategies to Support Progress. The roadmap presents strategies for the SRC to pursue to support progress toward achieving each goal's objectives.

Data to Measure and Monitor Progress. The roadmap describes the data required for the SRC to measure and monitor progress in achieving each goal. The SRC will require a combination of

data including: (1) data provided by MRC; (2) data generated by SRC activities such as community forums; and (3) data 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. The SRC will measure progress in achieving many of the goals by tracking data during Year 2 to establish a baseline against which it can measure progress and improvement during Years 3 through 5.

Timeline. The roadmap presents a timeline for implementing each goal and its objectives by year.

Implementation Activities with Resource Implications. The roadmap outlines the implementation activities that 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.[13]

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. Also, the SRC makes every effort to ensure

---

[13] The acronym BIPOC stands for Black Indigenous, and People of Color (BIPOC).

demographic, geographic, minority and cross-disability representation within the Council's membership." **14**

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 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 office for consideration and track progress in securing approval of these appointments. [15]

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.

---

[14] Massachusetts State Rehabilitation Council (MA SRC) | Mass.gov
[15] For more information, see: https://appointments.state.ma.us/

2. By the end of Year 2, the SRC will recruit three new BIPOC members to the council, 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 an SRC climate of equity and shared opportunity 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 out of serving on the SRC. They want to feel that they are valued members of the SRC and are key contributors to SRC discussions. The SRC currently uses *Robert's Rules of Order* as a format for structuring meetings, which some SRC members consider too rigid.[16] SRC members would like to adopt 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 to put 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.

---

[16] For more information, see: https://robertsrules.com/

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 existing and new 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 at the start and end of the year, with goals for members to achieve a 10 percent increase in documented knowledge between surveys.
8. Provide a 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 existing and new 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. Support Access to MRC VR Services for Equitable Employment Outcomes.

DEI Intention

Partner with MRC to support continued efforts aimed at ensuring equitable access to and effectiveness of MRC VR services to advance equitable employment outcomes across BIPOC communities and their intersectional identities of gender, race, ethnicity, language, disability types, and geography.

Goal Description

The SRC wants to work with MRC to propose actionable recommendations for equitable, effective MRC VR services from access to successful employment exit. SRC members want to ensure that access to VR services is equitable for BIPOC populations, all disability types, and all communities geographically. Equitable access is the cornerstone of increasing successful employment outcomes for all VR consumers and to narrow the gap in employment outcomes among population groups and geographic centers of the Commonwealth.[17] The SRC wants to be intentional about examining a range of outcomes for VR consumers, including retention and career progress, and comparing outcomes for VR consumers by gender, race, ethnicity, language, disability type, and geography. This data will help the SRC to identify gaps and work with MRC to strategically target underrepresented groups during outreach activities. MRC and SRC will jointly set benchmarks for closing any differences or gaps and advancing equitable employment outcomes across VR consumer populations.

Objectives
1. Develop outreach strategies for BIPOC and Latinx communities that are specific to their intersectional identities of gender, race, ethnicity, language, disability types, and geography.
2. Analyze VR consumer data to identify VR service gaps by race and ethnicity, and specifically by BIPOC status, disability type and geography; and recommend enhancements to close identified gaps.
3. Assess effectiveness of efforts through jointly agreed upon specific benchmarks for outreach and employment outcomes.

Strategies to Support Progress
1. Track VR intakes by race, ethnicity, language, disability type, and geography to identify gaps, and develop and prioritize strategies to target underrepresented identities.
2. Analyze data stratified by race, ethnicity, language, disability type, and geography to identify gaps, and develop and prioritize solutions to close gaps.
3. Identify additional data collection including quantitative and qualitative data needed to identify areas of need, and to capture underserved populations and communities.

---

[17] See MRC data on job placement for VR consumers.

4. Track VR employment data on placement, retention and career progression including data on VR placements and employment 6 months post placements.
5. Recommend three VR consumer service enhancements to address VR service gaps identified by race and ethnicity, and specifically by BIPOC status, disability type, and geography.

Data to Measure and Monitor Progress
1. SRC Recommendations
    a. Data: MRC-accepted recommendations, MRC-adopted recommendations
    b. Source: **SRC Recommendations Tool**; SRC Annual Report
    c. Frequency: Annual
2. VR Service Gaps
    a. Data: VR service use, stratified by race and ethnicity, disability type, geography
    b. Source: **SRC VR Service Use Tool; SRC VR Service Use Data Request to MRC**
    c. Frequency: Semi-annual and annual
3. VR Employment Data
    a. Data: MRC-generated data and reports, disaggregated by gender, race, ethnicity, disability type, and geographic location; and VR consumer experience data
    b. Source: **SRC VR Employment Tool**; MRC
    c. Frequency: Semi-annual
4. VR Service Enhancements
    a. Data: VR service enhancements
    b. Source: **SRC VR Service Use Tool**
    c. 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 and present the data gaps in a dashboard-like format.
2. Discuss VR access, gaps, and service enhancements with MRC and jointly develop strategies to address problem areas.
3. Partner with community organizations for outreach.
4. Hold community forums.
5. Include budget line item to pay stipends to organizations and consumers, as appropriate.

Goal 4. Engage with the Community.

DEI Intention

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

Goal Description

The SRC wants to build stronger relationships with consumers, and their family members, as appropriate, as well as with employers, and advocates to improve service access for all persons across the Commonwealth. They also want to broaden their knowledge of consumers' needs. SRC members 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 their 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 by 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 and present the data gaps in a dashboard-like format.
2. Discuss VR access, gaps, and service enhancements with MRC and jointly develop strategies to address problem areas.
3. Partner with community organizations for outreach.
4. Hold community forums.
5. Include budget line item to pay stipends to organizations and consumers, as appropriate.

Goal 5. Develop SRC Orientation Materials.

DEI Intention
Equip SRC Members with the foundational knowledge about the purpose, scope, and operational capacity of the SRC and vocational rehabilitation so that SRC members across gender, race, ethnicity, language, disability type, and geography can advise MRC on ways to improve VR services.

Goal Description

Many SRC members indicated that they do not feel effective in their role as Council members. SRC Members come from different backgrounds and experiences. Their knowledge and exposure to vocational rehabilitation and advisory councils, in general, ranges from no exposure to expertise gained from long careers in the vocational rehabilitation space. For the SRC to be effective, all members must have a basic knowledge about the purpose, scope, and operational capacity of the SRC and vocational rehabilitation. The diverse backgrounds and experiences of SRC members adds thoughts, perspectives, and ideas that represent the disability community in an intersectional way. When coupled with experience, diversity will increase the effectiveness and influence of the SRC with respect to its recommendations to improve MRC VR services for consumers.

Objectives
1. Create an outline of core knowledge for SRC members.
2. Identify core DEI learning modules.
3. Develop a method of tracking annual compliance w/ required trainings.

Strategies to Support Progress
1. Identify relevant source material on advisory boards, vocational rehabilitation, and disability employment.
2. Create power point presentation of key topics form core content.
3. Incorporate DEI training modules on key concepts: unconscious bias, anti-racism, etc.
4. Partner with MRC to create audio visuals of training materials for archive purposes.

Data to Measure Progress
1. SRC Recommendations
    a. Data: MRC-accepted recommendations, MRC-adopted recommendations
    b. Source: **SRC Recommendations Tool**; SRC Annual Report
    c. Frequency: Annual
2. VR Service Enhancements thar result from recommendations
    a. Data: MRC-generated data and reports on service enhancements
    b. Source: **SRC VR Service Enhancements Tool**; MRC
    c. Frequency: Semi-annual
3. SRC Resources
    a. Data: SRC resource request, SRC final budget awards

    b.   Source: **SRC Resource Tool**; SRC, in partnership with MRC
    c.   Frequency: Annual and mid cycle if new funding sources emerge

Timeline
1. By the end of Year 4, the SRC will adopt all objectives.

Implementation Activities with Resource Implications
1. Hire administrative support for the SRC.
2. Develop the orientation content outline in partnership with MRC.
3. Develop a curated list of DEI materials and resources.
4. Identify and compile source material for basic VR knowledge and consumer policies.
5. Partner with MRC to review and synthesis materials that provide a basic understanding of VR.
6. Identify and compile NCSRC materials that contain core information for SRC members.
7. Partner with MRC GC to provide an overview of legal compliance for SRC members. (Open meeting, public records, and conflict of interest, etc.)

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 needed to measure and monitor progress towards achieving 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 and 3. There is no baseline data for goals 2, 4 and 5 however.

1. **Goal 1. Diverse SRC Membership.** Based on a survey response of 68 percent, a higher percentage of SRC respondents are Black or African American than MRC VR consumers. This result must be treated with caution, because the data is not available for the six SRC members who did not respond to the survey (6 non-respondents).

2. **Goal 3a. Access to MRC VR Services.** A higher percentage of MRC VR consumers who are White access MRC VR services than consumers who are Black or African American and non-White VR consumers.

3. **Goal 3b. Employment Equity.**
   ▪ A higher percentage of MRC VR consumers with a job placement are White than 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 is no longer in their jobs after three months, as compared to consumers with other disability types and conditions.

IMAGE DESCRIPTION: The following table reads: "SRC Five-Year Roadmap for DEI." The columns from left to right read as follows: The title for Column 1 reads: "Goals and Objectives." The title for Column 2 reads: "Year 1: 2021." The title for Column 3 reads: "Year 2: 2022." The title for Column 4 reads: "Year 3: 2023." The title for Column 5 reads: "Year 4: 2024." The title for Column 6 reads: "Year 5: 2025." **The following table has been provided to the SRC in an excel file.**

THE REMAINDER OF THIS PAGE IS BLANK.

SRC Five-Year Roadmap for DEI	Year 1 2021	Year 2 2022	Year 3 2023	Year 4 2024	Year 5 2025
CREATE FIVE-YEAR DEI ROADMAP	**Complete**				
GOAL 1. ESTABLISH A DIVERSE SRC MEMBERSHIP.		**Target Completion**			
SRC Diversity: Race					
SRC respondents who are Black or African American	23.1%				
VR consumers who are Black or African American	16.1%				
Difference	6.9%				
SRC Diversity: Preferred Spoken Language					
SRC respondents who prefer spoken language: Spanish	0.0%				
VR consumers who prefer spoken language: Spanish	2.2%				
Difference	-2.2%				
SRC Diversity: Disability					
SRC respondents with any disability	53.8%				
VR consumers with disability	100.0%				
Difference	-46.2%				
SRC Diversity: Mental health diagnosis/es					
SRC respondents with any disability: MH diagnosis/es	28.6%				
VR consumers with MH diagnosis/es	56.8%				
Difference	-28.2%				
GOAL 2. BUILD EQUITY INTO THE SRC CLIMATE.		**Target Completion**			
SRC Member Annual Training					
SRC members who received any training	No baseline data				
SRC members who received 3 hours training	No baseline data				
GOAL 3. SUPPORT ACCESS TO MRC VR SERVICES FOR EQUITABLE EMPLOYMENT OUTCOMES.		**Target Completion**			
Consumer Access to VR Service: Job Placement					
% White Access to Job Placement	90%				
% Black Access to Job Placement	88%				
Difference	1.3%				
VR Consumer Placement (1 month)					
% White	16%				
% Black	13%				
Difference	3%				
VR Consumer Placement (1 month)					
% White	16%				
% Non White	13%				
Difference	3%				
VR Consumer Placement (3 months)					
% White	13%				
% Black	11%				
Difference	3%				
VR Consumer Placement (6 months)					
% White					
% Black					
Difference	No baseline data				
VR Consumer Placement: 1 to 3 months reduction					
All VR consumers, all disability types	-15%				
Intellectual and/or developmental disability	-28%				
Difference	13%				
GOAL 4. ENGAGE WITH THE COMMUNITY.		**Target Completion**			
Community Forums					
Forums held (number of)	No baseline data				
SRC Actions Taken					
Actions taken (number of)	No baseline data				
GOAL 5. DEVELOP SRC ORIENTATION MATERIALS.		**Target Completion**			
	No baseline data				

SRC Five-Year Roadmap for DEI	Year 1 2021	Year 2 2022	Year 3 2023	Year 4 2024	Year 5 2025
CREATE FIVE-YEAR DEI ROADMAP	Complete				
GOAL 1. ESTABLISH A DIVERSE SRC MEMBERSHIP.		Target Completion			
SRC Diversity: Race					
SRC respondents who are Black or African American	23.1%				
VR consumers who are Black or African American	16.1%				
Difference	6.9%				
SRC Diversity: Preferred Spoken Language					
SRC respondents who prefer spoken language: Spanish	0.0%				
VR consumers who prefer spoken language: Spanish	2.2%				
Difference	-2.2%				
SRC Diversity: Disability					
SRC respondents with any disability	53.8%				
VR consumers with disability	100.0%				
Difference	-46.2%				
SRC Diversity: Mental health diagnosis/es					
SRC respondents with any disability: MH diagnosis/es	28.6%				
VR consumers with MH diagnosis/es	56.8%				
Difference	-28.2%				
GOAL 2. BUILD EQUITY INTO THE SRC CLIMATE.			Target Completion		
SRC Member Annual Training					
SRC members who received any training	No baseline data				
SRC members who received 3 hours training	No baseline data				
GOAL 3. ADDRESS STATEWIDE ACCESS TO VR SERVICES.			Target Completion		
Consumer Access to VR Service: Job Placement					
% White Access to Job Placement	90%				
% Black Access to Job Placement	88%				
Difference	1.3%				
GOAL 4. ENGAGE WITH THE COMMUNITY.			Target Completion		
Community Forums					
Forums held (number of)	No baseline data				
SRC Actions Taken					
Actions taken (number of)	No baseline data				
GOAL 5. ADVANCE EMPLOYMENT EQUITY.			Target Completion		
VR Consumer Placement (1 month)					
% White	16%				
% Black	13%				
Difference	2.6%				
VR Consumer Placement (1 month)					
% White	16%				
% Non White	13%				
Difference	2.7%				
VR Consumer Placement (3 months)					
% White	13%				
% Black	11%				
Difference	2.7%				
VR Consumer Placement (6 months)					
% White					
% Black					
Difference	No baseline data				
VR Consumer Placement: 1 to 3 months reduction					
All VR consumers, all disability types	-15%				
Intellectual and/or developmental disability	-28%				
Difference	12.7%				

SRC Resource Plan

It is imperative that the SRC secure an increase in resources to implement the roadmap's five goals and to infuse DEI into its mission for this all-volunteer council. Additional new resources are needed to meaningfully partner with MRC, to collect and analyze qualitative and quantitative data, to hold community forums, and to listen and learn from consumers, advocacy organizations, and business leaders.

During our engagement with HMA, the SRC learned more about the types of resources that other all-volunteer councils secure to conduct their business. HMA prepared two case examples to demonstrate the value of resources to two such entities, resources needed to achieve their consumer-focused missions: (1) the Pennsylvania's Statewide Rehabilitation Council (SRC), and (2) the Massachusetts' One Care Implementation Council. Both councils currently receive resources from their state agency partners. See Tool 2 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 following description provides a high-level task summary and an estimate of the resources that SRC requires to conduct its business:

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. Support Access to MRC VR Services for Equitable Employment Outcomes
1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal and present the data gaps in a dashboard-like format.
2. Discuss VR access, gaps, and service enhancements with MRC and jointly develop strategies to address problem areas.
3. Partner with community organizations for outreach.
4. Hold community forums.
5. Include budget line item to pay stipends to organizations and consumers, as appropriate.

Goal 4. Engage with the Community
1. Collaborate with MRC, and collect, organize, analyze, and report data to monitor compliance with this goal and present the data gaps in a dashboard-like format.
2. Discuss VR access, gaps, and service enhancements with MRC and jointly develop strategies to address problem areas.
3. Partner with community organizations for outreach.
4. Hold community forums.
5. Include budget line item to pay stipends to organizations and consumers, as appropriate.

Goal 5. Develop SRC Orientation Materials.
1. Hire administrative support for the SRC.
2. Develop the orientation content outline in partnership with MRC.
3. Develop a curated list of DEI materials and resources.
4. Identify and compile source material for basic VR knowledge and consumer policies.
5. Partner with MRC to review and synthesis materials that provide a basic understanding of VR.
6. Identify and compile NCSRC materials that contain core information for SRC members.
7. Partner with MRC GC to provide an overview of legal compliance for SRC members. (Open meeting, public records, and conflict of interest, etc.)

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

1. **SRC Staff.** Funding to hire at least one full-time equivalent position to support the SRC around implementation.

2. **SRC Budget.** Funding 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

IMAGE DESCRIPTION: A person smiling, holding a plaque.

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 Tools

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

IMAGE DESCRIPTION: The following table is the "SRC Community Recruitment Event Tool." The SRC may use this tool to record the recruitment events with BIPOC communities, ILCs, and community organizations.

#	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

IMAGE DESCRIPTION: The following table is the **"SRC Member Equity Training Tool."** The SRC may use this tool to record SRC member training attendance, hours of training, and self-assessment knowledge.

#	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: 90% Score)
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 3a. Address Statewide Access to VR Services

IMAGE DESCRIPTION: The following table is the **"SRC Recommendation and SRC Resource Request Tool."** The SRC may use this tool to record SRC recommendations and MRC-approved recommendation.

#	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 3a. Address Statewide Access to VR Services

IMAGE DESCRIPTION: The following table is the **"VR Consumer Service Enhancements Tool."** The SRC may use this tool to record identified gaps in VR consumer services, SRC recommendation to enhance VR consumer service, and to identify the type of gap addressed by the VR consumer service enhancement, such as race and/or ethnicity, disability type, and/or geography.

#	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)

3. 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.
4. 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

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

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

Answer: Please contact Raisa Alam at: 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

IMAGE DESCRIPTION: There is a box below.

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

IMAGE DESCRIPTION: There is a box below.

8. Other, please describe below
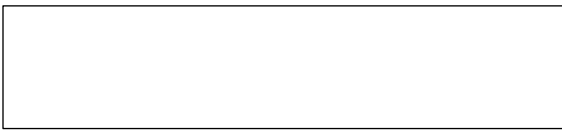
IMAGE DESCRIPTION: There is a box below.

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

IMAGE DESCRIPTION: There is a box 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

IMAGE DESCRIPTION: There is a box 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

IMAGE DESCRIPTION: There is a box 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)

IMAGE DESCRIPTION: There is a box 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

IMAGE DESCRIPTION: There is a box below.

7. Other (please describe below)

IMAGE DESCRIPTION: There is a box 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 3a. Address Statewide Access to VR Services
- ▪ **Tool Application:** Goal 3b. 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.

IMAGE DESCRIPTION: The following table provides a summary of the survey respondents, indicating a survey response rate of 68 percent, based on 13 SRC respondents out of a total of 19 SRC members.

SRC Survey Results (2021)			
SRC Positions	SRC Respondents	SRC Members	Survey response rate (%)
SRC positions filled (12/29/21)	13	19	68%
SRC positions vacant		2	
Total SRC positions	13	21	62%
Note: Respondents based on SRC Member Survey, December 2021.			

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 MRC 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 MRC 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 MRC 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.

> **IMAGE DESCRIPTION:** The following table provides a summary of SRC Members by race as compared to MRC VR Consumers as described above.

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

#	Race	SRC Members 1/			VR Consumers 2/	
		Number	%		Number	%
1	White	9	69%		16,370	77%
2	Black or African American (includes Black Caribbean and African immigrant)	3	23%		3,439	16%
3	Native American/American Indian/Alaskan Native	0	0%		96	0%
4	Asian	0	0%		671	3%
5	Pacific Islander	0	0%		30	0%
6	Multi-racial/bi-racial 3/	1	8%		473	2%
7	Other	0	0%		241	1%
Total		**13**	**100%**		**21,320**	**100%**
Total for Non White		**4**	**31%**		**4,950**	**23%**

Source: Health Management Associates.

Notes:

1. SRC member self-reported survey data, 2021.

2. VR consumer data from the MRCIS Case Management system, State Fiscal Year 2021.

3. One respondent selected Mulit-racial/bi-racial and stated: Asian and Caucasian.

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 MRC 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 MRC VR Consumers, 2021

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

Goal 3a. Address Statewide Access to MRC VR Services.

To support this goal, HMA examined access to three services for the 21,320 consumers who use MRC 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 Consumer Placement Services, as compared to 88 percent of Black or African American and 88 percent of Native American/American Indian/Alaskan Native.

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

#	Race	VR Consumers 1/	MRC Service: Job Placement Services	MRC Service: Career Counseling	MRC Service: Benefits Planning	VR Consumers Use Placement Services as a % of VR Consumers	VR Consumers Use Career Counseling as a % of VR Consumers	VR Consumers Use Benefit Planning as a % of VR Consumers
		Number	Number	Number	Number	Percent	Percent	Percent
1	White	16,370	14,683	16,370	3,479	90%	100%	21%
2	Black or African American (includes Black Caribbean and African immigrant)	3,439	3,039	3,439	847	88%	100%	25%
3	Native American/American Indian/Alaskan Native	96	84	96	25	88%	100%	26%
4	Asian	671	605	671	108	90%	100%	16%
5	Pacific Islander	30	25	30	6	83%	100%	20%
6	Multi-racial/bi-racial	473	412	473	126	87%	100%	27%
7	Other	241	220	241	75	91%	100%	31%
Total		**21,320**	**19,068**	**21,320**	**4,666**	**89%**	**100%**	**22%**
Total for Non White		**4,950**	**4,385**	**4,950**	**1,187**	**89%**	**100%**	**24%**

Source: Health Management Associates.

Notes:

1. VR consumer data from the MRCIS Case Management system, State Fiscal Year 2021.

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 3b. 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.[18]

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.[19] 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.

---

[18] A "Status 22" is MRC's code for identifying: "VR Consumers Placement: First Day of Employment."

[19] download (mass.gov)

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.

IMAGE DESCRIPTION: The following table provides a summary of MRC VR consumer placements by race described prior.

Table 2. MRC VR Consumer Placements by Race, 2021

#	Race	VR Consumers 1/	Distribution	VR Consumer Placements: First Day of Employment (Status 22)	VR Consumer Placement: 3 Months	Percentage Change between 1 and 3 months	VR Consumers with 1 Mos. Placement as a % of VR Consumers	VR Consumers with 3 Mos. Placement as a % of VR Consumers
		Number	Percent	Number	Number	Percent	Percent	Percent
1	White	16,370	77%	2,571	2,205	-14%	16%	13%
2	Black or African American (includes Black Caribbean and African immigrant)	3,439	16%	452	369	-18%	13%	11%
3	Native American/American Indian/Alaskan Native	96	0%	8	4	-50%	8%	4%
4	Asian	671	3%	84	80	-5%	13%	12%
5	Pacific Islander	30	0%	3	2	-33%	10%	7%
6	Multi-racial/bi-racial	473	2%	61	43	-30%	13%	9%
7	Other	241	1%	37	24	-35%	15%	10%
Total		**21,320**	**100%**	**3,216**	**2,727**	**-15%**	**15%**	**13%**
Total Non White		**4,950**	**23%**	**645**	**522**	**-19%**	**13%**	**11%**

Source: Health Management Associates.

Notes:

1. VR consumer data from the MRCIS Case Management system, State Fiscal Year 2021.

Table 3. MRC 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.

IMAGE DESCRIPTION: The following table provides a summary of MRC VR consumer placements by disability type described prior.

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

#	Disability Type 2/	VR Consumers 1/	MRC Service: Job Placement Services	MRC Service: Career Counseling	MRC Service: Benefits Planning	VR Consumers Use Placement Services as a % of VR Consumers	VR Consumers Use Career Counseling as a % of VR Consumers	VR Consumers Use Benefit Planning as a % of VR Consumers
		Number	Number	Number	Number	Percent	Percent	Percent
1	Mental health diagnosis/es	12,100	11,024	12,100	2,655	91%	100%	22%
2	*Intellectual or developmental disability*	549	448	549	160	82%	100%	29%
3	Severe/physical disability	2,371	2,121	2,371	725	89%	100%	31%
4	Brain injury	*292*	268	*292*	107	92%	100%	37%
5	*Substance use disorder (SUD)*	1,546	1,383	1,546	131	89%	100%	8%
6	Vision Impairment	90	78	90	24	87%	100%	27%
7	Deaf or hard of hearing	1,132	861	1,132	205	76%	100%	18%
8	*Autism spectrum disorder*	2,400	2,147	2,400	444	89%	100%	19%
9	*Chronic or terminal health condition*	546	455	546	171	83%	100%	31%
10	Other	294	283	294	44	96%	100%	15%
Total		**21,320**	**19,068**	**21,320**	**4,666**	**89%**	**100%**	**22%**

Source: Health Management Associates.

Notes:

1. VR consumer data from the MRCIS Case Management system, State Fiscal Year 2021

2. Disability type, based on self-reported information using MRC options.

Disability types highlighted in italics are based on information reported as "cause" by MRC.

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.

IMAGE DESCRIPTION: The following table provides a summary of MRC VR consumer placements by geography described prior.

Table 4. MRC VR Consumer Placements by Geographic Location, 2021

#	Geographic Location 2/	VR Consumers 1/	Distribution	VR Consumer Placements: First Day of Employment (Status 22)	VR Consumer Placement: 3 Months	Percentage Change between 1 and 3 months	VR Consumers with 1 Mos. Placement as a % of VR Consumers	VR Consumers with 3 Mos. Placement as a % of VR Consumers
		Number	Percent	Number	Number	Percent	Percent	Percent
1	Greater Boston							
2	**Northern**	7,015	33%	1,050	912	-13%	15%	13%
3	Central							
4	**Southern**	8,681	41%	1,182	961	-19%	14%	11%
5	**Western**	5,624	26%	984	854	-13%	17%	15%
Total		**21,320**	**100%**	**3,216**	**2,727**	**-15%**	**15%**	**13%**

Source: Health Management Associates.

Notes:

1. VR consumer data from the MRCIS Case Management system, State Fiscal Year 2021

2. VR data presented by VR three regions/districts as follows: North, South (Boston + Southern MA), and West (Central and Western).

SRC DEI Toolkit - Component 4: SRC Training Tools

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

SRC Meeting Minutes | Mass.gov

IMAGE DESCRIPTION: The chart below provides a list of the nine meetings HMA held with the SRC between June 2021 and December 2021, and the materials prepared by HMA and BCIL.

#	Date	HMA and BCIL meetings with the Full SRC and the SRC DEI Working Group	HMA and BCIL presentations
1	June 17	Project Launch: *Meeting with the Full SRC.*	📄 PDF HMA_MRC SRC_Project Launch_F
2	July 23	Assessment and Findings	📄 PDF HMA_MRC SRC_TASK 1 FINDING
3	August 5	Workshop #1	📄 PDF MA SRC_DEI_Workgroup
4	September 2	Workshop #2	📄 PDF HMA SRC_DEI_Workgroup
5	September 23	Workshop #3: *Meeting with the Full SRC.*	📄 PDF MA_Full SRC_DEI_Workshop#3
6	September 17	Strategic Planning Session #1	📄 PDF SRC DEI Strategic Planning Session #1_f

#	Date	HMA and BCIL meetings with the Full SRC and the SRC DEI Working Group	HMA and BCIL presentations
7	October 12	Strategic Planning Session #2	SRC DEI Strategic Planning Session #3_1 SRC DEI Strategic Planning Session #2_1
8	November 4	Strategic Planning Session #3	SRC DEI Strategic Planning Session #3_1
9	December 16	Final Presentation: *Meeting with the Full SRC.*	[SRC's Five-Year Roadmap to Practice and Advance Diversity, Equity, Inclusion (DEI) (mass.gov)](#) SRC DEI_Five-Year Roadmap_HMA_12.06

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)

2. Fist to Five "cheat sheet." https://www.ncfp.org/knowledge/fist-to-five-voting-and-consensus/

5. DEI and TIC best practices: https://traumainformedoregon.org/trauma-informed-care-our-diversity-equity-and-inclusion-efforts/

6. Consensus decision-making model video and "cheat sheet"

    Group Decision Making That Works - Bing video

Tool 2. Case Examples

Workshop #1 Material

In support of Workshop #1, HMA prepared two case examples for the 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.[20] 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." [21]

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."

---

[20] Note: One Care Implementation Council Co-Chair Paul Styczko was not able to attend the interview.
[21] www.parac.org

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."[22]

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 *Robert's Rules of Order* are followed during full member and committee meetings to record formal decision-making processes.

---

[22] http://parac.org/reports/2020AnnualReport.pdf

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. This structure also 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 members conduct an annual 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[23]

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.[24] 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."[25]

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.[26] It is also known as the Massachusetts Financial Alignment Initiative.

---

[23] One Care Implementation Council | Mass.gov
[24] https://www.mass.gov/service-details/one-care-implementation-council
[25] https://www.healthinnovation.org/resources/publications/body/One-Care-Implementation-Council-Review-June-2018-1.pdf
[26] https://bostoncil.org/community-living-and-participation/one-care/

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 the team from the University of Massachusetts (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 of Order*. 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.[27]

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

---

[27] 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

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.[28] [29]
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.

---

[28] Recovery Learning Communities | Mass.gov
[29] Independent Living Centers | Mass.gov

Frequently Asked Questions about the Implementation Council[30]

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; examining quality in One Care, reviewing issues raised through the grievances and appeals process and One Care Ombudsperson reports, examining access to services (medical,

---

[30] 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_oPyAhXUVs0K HX6EANoQFjAFegQIDBAD&url=https%3A%2F%2Fslidetodoc.com%2Fone-care-implementation-council-meeting-executive-office-of%2F&usg=AOvVaw0a4No5CCc-IaUS5KieA6nb

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 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:

    o Adults with physical disabilities

    o Adults with intellectual/developmental disabilities

    o Adults with serious mental illness

    o Adults with substance use disorders

    o Adults with disabilities with multiple chronic illnesses or functional and cognitive limitations

    o 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 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

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? *Robert's Rules of Order* is a parliamentary procedure 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 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:

1. Fear of Open Conflict
2. 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 #3, 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).

IMAGE DESCRIPTION: Two tables are provided below. The first table provides an overview of HMA's project tasks. The second table provides a list of the meetings HMA held with BCIL.

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

#	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