

Massachusetts Olmstead Plan 2018

DRAFT

Table of Contents

I. Introduction	3
II. Highlighted Progress from 2008 to 2017	5
Transitioning Individuals with Disabilities from Institutional Settings	5
Diverting Individuals from Unnecessary Institutional Placements	5
Investments in Affordable Housing and Community-Based Long Term Services and Supports.....	6
III. Goals for Continued Progress	13
Expand Access to Affordable, Accessible Housing with Supports.....	13
Enhancing Community-Based Long-Term Services and Supports.....	18
Promoting Community-Integrated Employment of People with Disabilities.....	22
Investing in Accessible Transportation for Individuals with Disabilities	23
IV. Olmstead Planning Process and Structure.....	24
V. Conclusion.....	26
Infrastructure to Support Plan Implementation	26
Plan Implementation, On-going Review and Updating.....	26
Appendix A. Community First Plan	27
Brief description of the 2008 Community First Olmstead Plan.....	27
Appendix B. Additional Progress Between 2008 to 2017	28
Transitioning and Diverting Individuals from Institutional Placement	28
Expanding Access to Affordable, Accessible Housing	29
Community-Based Long Term Services and Supports.....	30
Promoting Community-Integrated Employment of People with Disabilities.....	32
Investment in Accessible Transportation Infrastructure and Services for Individuals with Disabilities	
34	
Appendix C. Glossary of Terms	35

I. Introduction

It is the policy of the Commonwealth to facilitate opportunities for all people with disabilities,¹ including disabled elders, to live their lives fully included and integrated into their chosen communities – both by increasing the movement of such persons from institutional to community settings and by preventing the unnecessary institutionalization or homelessness of such persons. People with disabilities should have access to accessible, flexible, robust and quality systems of community-based housing and home- and-community-based long-term services and supports that, working in tandem, support their ability to live, work and be served in their chosen communities.

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

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

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

In addition, the court signaled that public entities should develop “a comprehensive, effective working plan for placing qualified persons with ... disabilities in less restrictive settings.” As a result, the Commonwealth released its first *Olmstead* plan in 2008. That plan promoted choice and opportunity for disabled individuals, and established goals for the development of more accessible and effective long-term support in local communities. To that end, the plan supported a shift of state support for long-term care from institutions to the community.²

Because nearly ten years have passed since the Commonwealth released its 2008 plan, the Commonwealth is issuing this update to track its progress over the last decade and to identify opportunities for continued progress. The Commonwealth developed this updated plan through an extensive year-long planning process that included the consistent engagement between relevant state agencies and providers, advocates, consumers, and other interested stakeholders.³ The updated plan is

¹ Hereafter, unless stated otherwise, *people with disabilities* will include reference to elders with disabilities.

² Please see Appendix A for more information about the 2008 Plan.

³ Recognizing the large number of groups interested in the development of the updated *Olmstead* plan, the Commonwealth developed and administered a robust and multi-faceted stakeholder engagement strategy that included the appointment of an *Olmstead* Advisory Council, participation in regularly established stakeholder groups, four public, community-based, Listening Sessions, as well as an *Olmstead* Plan webpage to gain input from

ambitious and seeks to provide a road map of inclusion that not only addresses the state's provision of housing and services, but takes a holistic view of the other obstacles that may limit the ability of disabled individuals to remain within the community, such as employment and transportation. As reflected in the plan, the Commonwealth is committed to pursuing new initiatives, systems, procedures, and funding to enable and promote effective and sustainable diversionary pathways for people with disabilities.

This 2018 Plan builds upon, strengthens, and broadens the foundation established by the 2008 plan. For example, while the 2008 Plan was developed by EOHHS agencies with a primary focus on EOHHS programs, the development of the 2018 plan has included active participation of state housing agencies and stakeholders from the affordable housing community, as well as the state Department of Labor and Department of Transportation. Thus, the updated plan not only continues many of the service-oriented initiatives set forth in the 2008 plan, it also provides heightened focus on the roles of affordable, accessible housing, workforce development and transportation in providing people with disabilities the opportunity to live and work in their communities.

The 2018 Plan's Guiding Principles, Goals and Planned Activities center around the Commonwealth's long-standing commitment to facilitate opportunities for people with disabilities to live their lives fully included and integrated into their chosen communities. To fulfill this commitment, the 2018 Plan focuses on:

1. Affordable, Accessible Housing with Supports;
2. Community-Based Long Term Services and Supports; and
3. Community-Integrated Employment and Workforce Development Supports

In implementing the 2018 Plan, the Commonwealth will strive to ensure that persons with disabilities are full partners in the planning and prioritizing of new models of housing and services designed to enhance their ability to live, work, and be served in the community.

stakeholders. The plan devotes considerable attention to those areas identified by stakeholders as essential to ensuring that individuals with disabilities have the opportunity to live, work, and be served in their communities.

II. Highlighted Progress from 2008 to 2017

Since 2008, Massachusetts has made significant progress towards meeting the goals it set forth in its initial Olmstead Plan. The following are some key achievements transitioning and diverting individuals with disabilities from institutions into the community. Additional progress is found in Appendix B.

Transitioning Individuals with Disabilities from Institutional Settings

- MassHealth, Massachusetts' Medicaid Program, applied for and was awarded the Money Follows the Person (MFP) Demonstration grant from the Center for Medicaid and Medicare Services (CMS) in 2011, through which the state and its contractors, ASAPs and ILCs, have transitioned over 2,150 people. Over half of the individuals transitioned were people with disabilities, who had resided long-term in nursing homes and other long-stay facilities.
- Massachusetts applied for and was awarded a federal Balancing Incentive Payment Program (BIP) grant to promote rebalancing of the ratio of state spending on community-based long-term support services (LTSS) versus facility-based LTSS. Over the period of the grant, the state shifted its ratio of spending on community LTSS from 44.8% in 2009 to 70% in 2016.
- In October 2008, the Department of Developmental Services (DDS)⁴ developed a community services expansion and facilities restructuring plan to expand the residential services available in the DDS community system and to reconfigure the Department's state facilities by placing individuals who had been served in state facilities into the community, where appropriate. At the time there were 476 residents at the Fernald, Monson, Glavin, and Templeton facilities, all of which are now closed and whose residents were transitioned to the community.

Diverting Individuals from Unnecessary Institutional Placements

- The Options Counseling (OC) program, designed to divert individuals from unnecessary nursing facility admission, has served over 33,000 elders and people with disabilities since it was first piloted in 2008. Among other things, the OC program provides counseling and decision-support to individuals at risk of nursing facility admission about the availability of community-based long term services and supports.
- The Department of Mental Health (DMH) has supported the provision of Mental Health First Aid (MHFA) and Crisis Intervention Team (CIT) training to law enforcement personnel in more than 100 communities across Massachusetts, training 629 officers during Fiscal Year 2017. Over 5,000 incidents and behavioral health crises were responded to by trained law enforcement personnel; over 4,000 of these were *non-criminal* incidents involving psychiatric situations, follow-ups, wellness checks, and general disturbance calls. When CIT trained officers responded to situations where persons could have been criminally charged and diversion was an option, criminal charges were diverted over 85% of the time.

Preventing and Ending Homelessness

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

⁴ Then the Department of Mental Retardation (DMR)

- Massachusetts Medicaid program, MassHealth, developed and implemented the Community Support Program for People Experiencing Chronic Homelessness (CSPECH) that assists more than 600 MassHealth members enrolled in the Massachusetts Behavioral Health Partnership (MBHP) who are experiencing chronic homelessness to secure and maintain supportive housing. CSPECH, now also available through the Senior Care Options (SCO) program, is recognized nationally.
- From 2011 to 2016, the Commonwealth reduced the number of homeless⁵ veterans by 25%; ended homelessness among veterans in the cities of Lowell and Lynn as well as in those communities that make up the Balance of State Continuum of Care; and ended chronic veterans' homelessness in the city of Boston.
- In 2016, DHCD, MassHousing, and EOHHS agencies invested nearly \$500,000 in the Tenancy Preservation Program (TPP) to fund an innovative upstream eviction prevention strategy in five high need areas across the state. To date, this new initiative has assisted 187 households of families and people with disabilities and prevented homelessness for 95 out of 100 closed cases.

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

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

Expanding Access to Affordable, Accessible Housing

Massachusetts recognizes that a robust system of affordable, accessible housing is an essential element to helping individuals with disabilities transition to, and remain, in the community. To this end, Massachusetts has made significant investments over the last eight years in housing targeted to people with disabilities including supportive housing (SH) and permanent supportive housing (PSH)⁶. These investments include capital investments such as grants and deferred payment loans to make a housing development more affordable as well as accessible. These investments also include ongoing rental and operating assistance payments to owners to make rents affordable to people with extremely low incomes including people whose sole source of income is SSI.⁷

⁵ Data is not available as to the proportion of these homeless veterans who qualify as people with disabilities. However, the National Coalition for Homeless Veterans estimates that more than half of individual homeless veterans are people with disabilities, with 50% suffering serious mental illness and 70% struggling with substance use disorders.

⁶ **Permanent Supportive Housing (PSH):** Decent, safe and affordable community-based housing targeted to individuals with disabilities and/or who are homeless or otherwise unstably housed, experience multiple barriers to housing and are unable to maintain housing stability without supportive services. PSH assures individuals the rights of tenancy and provides voluntary and flexible supports and services based on the individual's needs and preferences. **Supportive Housing:** Housing with accompanying services, which includes PSH but may also include time-limited, transitional housing programs.

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

Capital

- From Fiscal Year FY2014 through FY2016 the Commonwealth created over 3,500 units of PSH and SH for over eight different target populations including homeless families, homeless adults, veterans, elders, and people with disabilities including people with developmental, psychiatric, and/or physical disabilities. In order to achieve this goal, eighteen (18) state agencies⁸ signed a Memorandum of Understanding with the intent of improving interagency collaboration and coordination to meet the need for PSH and SH in the Commonwealth.
- In FY2015 through FY2018, the state's Capital Spending Plan allocated over \$149 million in state bond funds for programs that specifically fund development of PSH and SH, much of which is targeted to serving people with disabilities.
- The Department of Housing and Community Development (DHCD) has allocated 100% of the first three years of HUD's Housing Trust Fund awards for the development of PSH and SH.
- Massachusetts is one of only a few states boasting a state-funded public housing program. This program includes over 1,890 units specifically for people with disabilities (Chapter 689 Program) and over 30,000 units for elders and people with disabilities under age 60 (Chapter 667 Program). The state provides capital funding to all LHAs for state-aided public housing units and provides operating subsidy to LHAs that operate at a deficit based on program rules.
- In CY 2014 and again in CY 2016, DHCD made competitive awards of capital funding totaling \$3.5 million to create/enhance accessibility in state-funded public housing.

Rental and Operating Assistance

- More than 5,308 adults with serious mental illness (SMI) live in apartments in the community. Some⁹ of these individuals live in housing funded with the state resources described above, but 1,352 of these receive assistance paying rent through the DMH Rental Subsidy (DMH-RSP) program, a state-funded rental assistance program administered by DHCD for clients of DMH.
- In 2012 and 2014, DHCD was awarded Section 811 Project Rental Assistance to fund a total of 190 units of integrated housing specifically for non-elderly people with disabilities including individuals transitioning from nursing facilities.
- Through the Pay 4 Success Program, 140 housing vouchers were made available for people with disabilities, resulting in the re-purposing of \$28 million from institutional to community-based care.
 - To date, 18 participating agencies statewide have housed 669 people with a 93% tenancy retention rate, clearly establishing that individuals with a disability can live outside of an institutionalized setting.
- In DHCD's nearly 22,000-unit statewide¹⁰ Housing Choice Voucher Program, 55% of participants identify themselves as people with disabilities.

⁸ Now 25 agencies.

⁹ There is some overlap between the programs since it is not currently possible to obtain the unduplicated numbers served across these programs.

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

- In FY 2014 DHCD awarded 500 mobile state-funded Massachusetts Rental Voucher Program (MRVP) vouchers to HomeBASE Rental Assistance¹¹ families with disabilities that were transitioning off the HomeBASE benefit to help these households avoid homelessness.

Policies/Incentives

- MassHousing, a quasi-public agency that administers several of the state-funded programs to finance affordable housing development, requires owners to provide a preference for DMH/DDS clients in 3% of the units in most MassHousing-financed projects. Currently 1,133 units have such a preference.¹² Several other Massachusetts public and quasi-public agencies, including DHCD, MHP and MassDevelopment, together with EOEA and the Massachusetts Rehabilitation Commission (MRC) are actively working together to expand the preference to cover most projects that the housing agencies finance, as well as expanding the preference to cover EOHS agency clients with other disabilities.
- In the Low Income Housing Tax Credit (LIHTC) Program, DHCD has made significant efforts to increase accessibility, visit-ability, and universal design. The LIHTC funding competition imposes threshold accessibility requirements on all projects and also awards additional points for proposals offering greater accessibility and universal design. DHCD has provided training for design review architects to better ensure that accessibility is compliant, usable, and meets the needs of the tenants.

Community-Based Long Term Services and Supports (LTSS)

Expanding Access

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

- As part of its MFP Demonstration grant from CMS, the state developed two new 1915(c) Home and Community-Based Services (HCBS) waivers targeted to provide HCBS to individuals with disabilities who transition from a nursing facility or hospital: the MFP-Community Living waiver, and the MFP-Residential Supports Waiver. Massachusetts has committed to continuing and expanding capacity in these waivers (recently renamed Moving Forward Plan waivers) after the end of the MFP Demonstration. The two MFP waivers currently serve over 600 participants in the community.
- Massachusetts received CMS approval of its 1115 Demonstration Waiver Renewal request to include CSPECH as a Medicaid covered benefit; to date, CSPECH has served 600 members of the

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

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

Massachusetts Behavioral Health Partnership, as well as through the SCO program and has the potential to expand services to the estimated 1500 adults who meet the definition of chronically homeless.

- One of 56 federally-funded statewide Assistive Technology(AT) initiatives in the US, MassMATCH (Mass. Initiative to Maximize AT in Consumers' Hands) funds a number of statewide services to promote the use of AT by individuals with disabilities by supporting programs that help make AT affordable and available. In addition, MassMATCH provides training and technical assistance on how AT can assist individuals make the transition from institution to community living or from school to work (or continued education).
- EOEa operates the Home Care Program, which supports 45,000 eligible elders 60 and over each month in the community through a variety of services provided in the home, allowing them to avoid placement in a more restrictive setting. On average approximately 1,460 consumers in the program are enrolled each month to receive services through Consumer Directed Care.
- The approved budget for FY 2018 appropriates \$23.1 million to fully fund the DDS 'Turning 22' initiative. With these additional funds, DDS will provide services to assist more than 1,000 young people with disabilities to transition to the adult services system in FY18.
- Massachusetts allocates \$22 million in state general funds annually for the Statewide Head Injury Program, providing community-based services and housing for individuals with an externally-caused traumatic brain injury.

Increasing the Capacity and Quality of Services

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

- DDS developed and issued a home and community-based settings policy in September 2014. Currently DDS serves 9,641 individuals in home and community based settings, 3,651 individuals in their own living environment, 1,186 in Shared Living arrangements, and 104 supported via DMH/DDS MassHousing 3% Priority Program.
- In 2009, DMH transitioned its adult mental health system to Community-Based Flexible Supports (CBFS), individualized services and supports that assist approximately 11,000 individuals, annually, with long-term SMI in managing psychiatric symptoms in the community, restoring or maintaining independent living, promoting wellness, managing medical conditions, and assisting clients to engage in employment.
- MassHealth SCO plans provide integrated high quality care to approximately 50,000 MassHealth members 65 and older, including elders with disabilities. While more than 67% of SCO participants meet criteria for a nursing facility level of care, 57% are being served in the community. SCO plans consistently earn high Medicare quality performance ratings and demonstrate better health care outcomes for enrollees: A recent study found SCO enrollees spent 12% fewer months living in a nursing facility and had a 17% lower risk of death than members not enrolled in SCO.¹³

¹³ Massachusetts SCO Evaluation, Nursing Facility Residency and Mortality Summary Report, JEN Associates, Inc., November 23, 2015.

Promoting Awareness of Community-Based Options

- Through its BIP grant, the state created MassOptions, a free resource that links elders, individuals with disabilities, and their families and caregivers to services that can help sustain independent living, furthering its “No Wrong Door” approach for accessing information about LTSS.
- DDS has promoted Self-Direction, a way of providing supports that allows an individual/family to design and direct their own services. Informational materials about Self-Direction are posted on the agency’s website and included in eligibility letters. The website identifies more than 160 provider agencies listing over 560 programs that support individuals with intellectual and developmental disabilities (I/DD) in Massachusetts.

Community-Integrated Employment and Workforce Development Supports

Massachusetts, in addition to its progress in transitioning and diverting individuals with disabilities from institutional settings, has made measurable progress since 2008 in improving access to gainful employment and employment support services, and increasing access to vocational rehabilitation services and career planning for individuals with disabilities.

- By June 2016, DDS closed all 32 Sheltered Workshop Programs, terminated all Sheltered Workshop contracts and now provides community-integrated employment through 106 Group Supported Employment settings and 194 Individual Supported Employment settings.
- In FY2017, MRC successfully placed 3,973 people with disabilities into competitive employment based on their choices, interests, needs, and skills, representing a 12% increase since 2013. Of those individuals placed, 40.1% had a psychiatric disability, well above the national average.
- The Executive Office of Labor and Workforce Development (EOLWD) has focused on breaking down barriers and challenges to employment for individuals with disabilities, including those who are homeless, veterans, and/or re-entering the community from incarceration, through federal grants that support employment for special populations. Since 2008, EOLWD received three Disability Employment Initiative grants for a total of \$9.8 million.

Investment in Accessible Transportation Infrastructure and Services for Individuals with Disabilities

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

- Since 2013, MassDOT has distributed about \$9.5 million per year of federal (sec. 5310) and state (Mobility Assistance Program/MAP) funding for purchasing capital equipment (e.g. accessible vehicles) and operating services. Priority populations under sec. 5310 and MAP include individuals with disabilities of any age. These grant programs help regional transit authorities and local non-profit service providers, such as Councils on Aging, acquire about 150 accessible vehicles each year.

- As a result of the MBTA-Boston Center for Independent Living (BCIL) settlement of 2006, the MBTA established System-Wide Accessibility (SWA) as a department directly reporting to the General Manager and has transformed its approach to providing accessible service. Today, all front-line staff are trained on best practices for assisting seniors and customers with disabilities. The MBTA's elevators are operational 99.5% of the time on average; the bus fleet has 100% low-floor vehicles; and long-term plans are under development for a fully accessible system.
- Executive Order 530, signed in 2011, mandated the assessment of accessibility, availability, eligibility, and service quality of paratransit and other demand responsive community transportation services, and provided recommendations for improvement. MassDOT created an institutional framework for service improvement:
 - MassDOT set up a Statewide Coordinating Council of Community Transportation (SCCT) with participation of a large number of diverse stakeholders. The goal of this Council was to advise the Secretaries of Transportation and Health and Human Services in matters of transportation policy affecting seniors, veterans, individuals with disabilities, homeless and low income individuals. From 2013 to 2015, stakeholders, including human service agencies, community organizations, transit providers, planning agencies, and representatives of the workforce development community came together twice a year to discuss developments in community transportation.
 - MassDOT, in collaboration with the HST, helped usher in Regional Coordinating Councils on Transportation (RCC). RCCs are locally formed and lead voluntary transportation groups that meet periodically. Their role is to discuss local unmet needs, articulate regional transportation priorities, coordinate existing services to serve more people, increase sustainability of service, and provide a forum for peer information sharing at the local level. As of January 2018, there were 11 RCCs in operation throughout the Commonwealth. MassDOT and HST provides technical assistance to the RCCs.
- Implemented innovative services to improve access, availability, and quality of transportation services to historically disadvantaged populations throughout the Commonwealth.
 - In 2017, MassDOT unveiled [RideMatch](http://www.massridematch.org)¹⁴, the on-line, searchable inventory of all fixed route and demand responsive transportation services available throughout the Commonwealth. This tool helps individuals as well as agency staff find needed service for individuals with disabilities and [will be updated continuously as new services are established statewide](#).
 - In October 2016, the MBTA's ADA paratransit service, the RIDE, introduced an on-demand paratransit pilot to improve customer flexibility of travel, enhance individual mobility, provide equal or better service at a lower cost, test how to convert trips from the RIDE to on-demand options, and identify the financial and operational feasibility of the model. On demand services are provided by UBER and Lyft through trip reservation via smart phone apps or a telephonic concierge. As of January 2018, there were over 800 active customers of the service, taking more than 8,500 trips on Uber and Lyft each month, with an average decline of these customer's RIDE usage by over 40%.

¹⁴ www.massridematch.org

Please refer to Appendix B for additional examples of the Commonwealth's progress between 2008 and 2017.

DRAFT

III. Goals for Continued Progress

As described in Section II, Massachusetts' investments in affordable housing, community-based services, and community-integrated employment and workforce development between 2008 and 2017 has resulted in considerable expansion of opportunities for community integration. This 2018 Olmstead Plan will serve as the document guiding Massachusetts as it seeks to continue to divert and transition people with disabilities from institutional settings and homelessness and to support their ability to live, work and be served in the community.

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

Expand Access to Affordable, Accessible Housing with Supports

As described above, affordable housing is one of the key elements necessary to help people with disabilities transition to and remain in the community. In 2017, people with disabilities whose sole source of income is Supplemental Security Income (SSI) have monthly incomes of \$847. The average rents in Massachusetts for a one-bedroom or even an efficiency unit - \$1,180 and \$1,029, respectively - are well above the entire SSI benefit. Even individuals receiving the highest monthly Social Security Disability (SSDI) payment of \$2,687 would be paying more than 50% of their income for rent.

Massachusetts has recognized the need for affordable, accessible housing and has made significant investments in housing targeted to people with disabilities over the last eight years, as described above. In addition to financial investments to create affordable, accessible housing, state agencies have developed a number of policies and programs to provide owners and managers with incentives to provide housing to extremely low-income people with disabilities.

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

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

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

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

Capital

The Administration will continue to support new bond bills to provide authorization for supportive and affordable housing programs. The Administration currently supports H4134, an Act Financing the Production and Preservation of Housing for Low and Moderate Income Residents that will provide over \$1.2 billion in capital authorization for affordable and supportive housing programs.

The Administration has developed a five-year bond plan that provides over \$1.1 billion for affordable housing programs including those that specifically support the development of SH and PSH. For FY2018, the Administration has allocated the following bond cap to housing programs critical to the development of supportive and permanent supportive housing programs.¹⁶

- Community-Based Housing \$5 million
- Facilities Consolidation Fund \$12 million
- Housing Innovation Fund \$12 million
- Supportive Housing (Multiple Sources) \$8 million

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

Rental Assistance

- FY2019, FY2020, and FY2021 DMH budget requests will each include \$1M per year to expand DMH-RSP in order to increase community-integrated housing opportunities, estimated to support an additional 87 individuals with SMI each year, promoting movement within the continuum of DMH residential services.
- DHCD will continue to commit Housing Choice Voucher (HCV) or Mass Rental Voucher Program (MRVP) for supportive using units receiving capital funds through the agency's rental funding rounds. The exact commitment of funds is dependent on the needs of the specific projects selected for capital funds.
- DHCD is anticipating HUD will issue a Notice of Funding Announcement (NOFA) for new Non-Elderly Disabled (NED) vouchers in 2018. DHCD has the intention of applying for new NED vouchers should the agency be eligible and determine it would benefit the Commonwealth's citizens with disabilities.
- The 811 Project Rental Assistance Program is expected to subsidize 50 units annually for the next three years.

¹⁶ Other programs administered by DHCD that support housing development, including bond-financed capital programs and both Federal and state low income housing tax credits, also finance projects serving elders, people with disabilities, and homeless individuals and families, but are not limited to serving those populations.

Policy Incentives

- The Commonwealth of Massachusetts has just announced a Housing Choice Initiative to provide incentives, rewards, technical assistance and targeted legislative reform to encourage and empower municipalities to plan and build a diverse housing stock, including affordable units. Elements include:
 - New and better coordinated technical assistance, including coordination by the Housing Choice Program Director at DHCD as well as \$2 million in planning assistance from MassHousing to help cities and towns achieve their affordable housing goals.
 - Tracking progress toward a goal of adding 135,000 new housing units statewide by 2025, or about 17,000 units per year.
 - Legislation, filed as an Act to Promote Housing Choices, that would change state law to reduce the required vote from a 2/3 “supermajority” to a simple majority vote for zoning changes that eliminate barriers to building new housing and improving land use.
 - Offering communities that achieve “Housing Choice” designation extra points on a wide variety of state capital grants as incentive to build housing and to adopt housing production best practices.
 - Providing Housing Choice municipalities exclusive access to a new state grant program that will make grants of up to \$500,000 for local capital projects, as a reward for housing production.
- DHCD, MassHousing, and other state public and quasi-public housing agencies are actively working on the expansion of the MassHousing 3% Priority Program, currently serving DMH and DDS clients, to housing financed by other state housing funders/lenders such as MassDevelopment and Mass Housing Partnership. DHCD and MassHousing also are working with EOHHS agencies to expand the preference to other populations impacted by Olmstead issues, including clients of EOE and MRC. An analysis conducted by the Massachusetts Housing Partnership (MHP) estimates that - assuming future production is at the same level as it has been over the past 3 years - over 100 new preference units would be added each year going forward including projects funded by DHCD, MassHousing, MassDevelopment, and MHP.
- The Autism Commission’s housing subcommittee will develop a plan of action for consideration by the Autism Commission to address the need for affordable supportive housing by individuals with ASD who will become adults in the coming decades.
- EOE will work with Continuums of Care to explore implementation of a homeless preference in Section 202 senior properties.
- DHCD, MassHousing and EOHHS agencies will work to identify funds needed to expand TPP with the Housing Court to previously unserved jurisdictions, including Norfolk County, southern Middlesex County, Suffolk County outside of Boston, the Cape and Islands. In addition, DHCD, MassHousing and EOHHS agencies will work to secure the necessary funding to continue support for the TPP upstream prevention initiative begun in 2016.
- EOHHS and DHCD will develop strategies to enhance utilization by people with disabilities of existing units/vouchers provided under programs such as the DMH/DDS MassHousing 3% Priority Program, Section 811 PRA program, and the Alternative Housing Voucher Program. Enhancing utilization for these programs will be supported by expansion of priority populations who are now eligible for these resources.

- DHCD will continue to pursue efforts to make the application process for affordable housing more user-friendly.
 - DHCD plans to operationalize a centralized statewide electronic portal for applications for the state-funded public housing program in place in summer of 2018. This centralized portal would allow applicants to apply to any one or more of the 240 local housing authorities in the Commonwealth through submission of a single application.
 - DHCD will continue to support funding for Housing Consumer Education Centers (HCEC) that can provide affordable housing navigation as well as homelessness prevention across the state, including support for new upstream homelessness prevention strategies contemplated for FY2019.
- DHCD and MassHousing will continue to make PHAs and private management companies aware of reasonable accommodation training provided regularly by MassHousing. MassHousing will ensure the training includes awareness of reasonable accommodations that may be needed by people who are deaf or hard of hearing.

Interagency Collaboration and Program Coordination

DHCD and EOHHS will continue collaborative work to address the housing needs of vulnerable populations with disabilities, including elders and individuals and families experiencing homelessness. EOHHS and DHCD will explore new opportunities for collaboration and program coordination:

- The Secretary of Elder Affairs and the Interagency Council on Housing and Homelessness will continue efforts to create a plan to eliminate chronic and elder homelessness.
 - The ICHH Committee for Supportive Housing Production and Services is working to set population-specific goals for production necessary to increase housing inventory, including for elders who are homeless.
- EOHHS and EOEA will seek partnerships with healthcare systems and medical facilities serving high utilizers of medical and/or behavioral health services who are homeless or unstably housed in order to identify resources to invest in expanding respite care and PSH capacity.
- DHCD will continue using HUD 811 Project Rental Assistance to transition MassHealth members from long-stay facilities to the community and to address the housing needs of other priority populations, with long-term services and supports from MassHealth, MRC and other EOHHS agencies.
- Implementation of the Innovation Accelerator Program (IAP)¹⁷ action plan to foster additional community living opportunities for Medicaid beneficiaries.
- Identification of strategies to coordinate housing and services funding to more efficiently expand SH and PSH programs.
- Evaluation of community integration programs including (1) assessing systemic progress on community integration and the impact on service recipients and, (2) identifying best ways to ensure that SH and PSH programs, including those intended as “low threshold,” are serving their intended target populations.

¹⁷ Massachusetts was one of eight states selected to participate in CMS’s IAP Program Promoting Community Integration Through Long-Term Services and Supports. Additional information available at <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/program-areas/community-integration-ltss/index.html>.

- Exploration of the expansion of EOEA/DHCD's ModPHASE¹⁸ Program, which preserves state-funded elderly public housing with high capital needs and facilitates partnerships between Local Housing Authorities (LHAs) and local service agencies to provide service-rich environments that allow residents to age in their community.
- DHCD, CEDAC, EOHHS, MassHousing, Mass Development and MHP will staff a working group to evaluate the successful use and continued functionality of state-funded supportive housing projects supported by Chapter 689, FCF, CBH, HIF and other state funding sources, in order to better manage and monitor the utilization of this important affordable and accessible housing portfolio, and to improve the quality and accessibility of the portfolio over time.

Accessibility

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

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

- DHCD is committed to the goal of having 5% fully accessible units across the entire state-aided portfolio. As public housing capital funds permit, DHCD will continue to target capital funding of at least \$1-2 million annually to increase accessibility in state-aided public housing, including providing funding to assist LHAs in responding to requests for reasonable modifications to state-aided public housing.
- DHCD will continue to provide Home Modification Loan Program (HMLP) funds for access improvements. The Administration has committed \$6.5 million annually in capital bond funds through 2022 for the HMLP program. If approved by the legislature, the bond bill includes administration-proposed program modifications to make HMLP a resource for landlords to make rental housing accessibility improvements.
- In collaboration with the Autism Commission's Housing subcommittee, DDS, DHCD, and the Community Economic Development Assistance Corporation (CEDAC) will explore opportunities to increase housing for people with Autism, including identification of housing design features most frequently needed by individuals with Autism and how to incorporate those in existing, rehabilitated, and new affordable and supportive housing units.
- DHCD, CEDAC and EOHHS will review current design guidelines for FCF and CBH and convene a working group to refine and update these guidelines to address the geographic and environmental diversity of rural, suburban and urban constraints and influences.

¹⁸ More information at <https://www.mass.gov/service-details/modphase>

Enhancing Community-Based Long-Term Services and Supports

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

Expanding Access to Services –

- Approved by CMS as part of its 1115 Waiver Renewal, Massachusetts will invest \$1.8 billion over the next five years to support the transition toward Accountable Care Organizations (ACOs). ACOs will be held contractually responsible for the quality, coordination and total cost of members' care. Massachusetts' approach will focus on improving the integration and delivery of care for members with behavioral health needs, including those with co-occurring diagnoses of substance use and mental health disorders, as well as the integration of long term services and supports (LTSS) and health-related social services.
- As part of the ACO program, MassHealth will contract with designated Community Partners, community-based health care and human service organizations that will partner with ACOs to integrate and improve health outcomes of MassHealth members with complex long term medical and/or behavioral health needs.
- In addition, beginning in 2018, MassHealth will expand coverage for substance use disorder (SUD) and co-occurring disorder treatment to include a continuum of 24-hour community-based rehabilitation services, care coordination and recovery services, including the evidence-based practices of Medication Assisted Therapy and Critical Time Intervention. This will result in an increase in spending of \$200 million over the course of the next five years.

Promoting Services That Facilitate Transitions from Institutional Settings

- MassHealth recently submitted four renewal applications to CMS to continue its two Money Follows the Person (MFP) HCBS waivers and its two Acquired Brain Injury (ABI) HCBS waivers. As part of its renewal request, MassHealth has committed to increasing capacity in the waivers over the course of the five-year renewal period.
- DMH will seek to increase community-based living opportunities with appropriate supports for individuals who are determined discharge ready and able to safely transition from DMH state hospital continuing-care beds.
 - FY2019, FY2020, and FY2021 DMH budget requests will each include \$1M per year to expand DMH-RSP in order to increase community-integrated housing opportunities for individuals with SMI each year, promoting movement within the continuum of DMH residential services.
- DMH will establish a DMH State Hospital Discharge Review Team to provide Peer-to-Peer case consultation to facilitate discharge planning for individuals with challenging needs.
- MRC will explore expansion of funding for the Supported Living Program in order to serve more individuals.

Promoting Services That Support People with Disabilities to Remain in their Homes and Community-Based Settings

- EOEA will continue optimizing the means by which people with disabilities access community-integrated services and supports of their choice throughout Massachusetts through person-centered, decision-support options counseling services that honor choice and independence throughout Massachusetts.
- MassHealth will continue efforts to increase the supply and quality of Personal Care Attendants (PCAs) by improving the online registry to connect PCAs and consumers in the self-directed program and increasing outreach and marketing efforts to attract individuals to work as PCAs. MassHealth has committed to increasing the current PCA wage to \$15/hour effective July 1, 2018, as part of its continued effort to attract and maintain individuals to work as PCAs.
- MassHealth will continue initiatives designed to improve access to Continuous Skilled Nursing (CSN) services in the community through expanded initiatives that promote training of skilled nurses to provide CSN services, and which are in addition to the recent increases in the MassHealth rates for CSN that are projected to result in an increase of 15.67 M in annual MassHealth spending on CSN services.
- MRC will explore expansion of funding for the Assistive Technology (AT) Independent living program, a key program that provides AT to hundreds of people a year who are otherwise unable to obtain the assistance, to help reduce the current waiting list.
- MRC will seek additional funding to expand the REquipment program, which redistributes over 1,000 AT devices annually. Increased funding will improve statewide coverage and expedite access to redistributed AT devices, which can facilitate timely discharge from a nursing home, improved health outcomes and increased work productivity or school attendance.
- EOEA will continue to partner with the Massachusetts Healthy Aging Collaborative to support age and dementia friendly work in local communities as well as on implementation of the plan which earned MA designation by AARP as an age friendly state. Massachusetts is only the second state in the country to make this commitment.
- MCB will seek to increase the number of individuals who are legally blind that receive blindness critical specialized wrap-around services (Orientation and Mobility, Rehabilitation Teaching & Assistive Technology), leading to productive independence and full community participation.
- DPH will promote the inclusion of training for Community Health Workers, in both their core competency training and continuing education, the topics of hearing health, aural rehabilitation, use of available technology solutions and a patient long-term support plan incorporating group interventions to improve hearing care treatment, thereby increasing independence and reducing admissions to institutional settings.
- MassMobility – a collaboration of the Department of Transportation (MassDOT) and EOHHS – will continue efforts to raise awareness of existing services through an online one-stop searchable directory of public, private, and accessible transportation options in Massachusetts and will also continue to help build the capacity of the Massachusetts community transportation network by sharing best practices and addressing gaps in transportation for people with disabilities.
- DMH will continue expansion of jail diversion services/supports, including additional Crisis Intervention Team training, Forensic Assertive Community Treatment (ACT) Teams with Peers,

Continuity/Transition teams for individuals being released from jails/prisons, and the Veterans' Jail Diversion Initiative.

Improving the Capacity and Quality of Services

- DDS, MRC, and EOEA will bring settings of residential and other site-based services into compliance with the HCBS final rule by the federal deadline for transition (March 2022), and ensure compliance of new settings, as appropriate.
- DMH will invest \$83 million to re-design and strengthen its largest adult community service program to better meet the needs of the approximately 11,000 adults with long-term, serious mental illness enrolled in the program annually. Adult Community Clinical Services will provide:
 - Clinical services provided by an integrated team 24/7/365;
 - Individualized care that focuses on Peer Support, includes treatment for SUD as needed and responds to individuals' needs as they change across the age continuum; and
 - Focus on achieving greater self-sufficiency, including job placement and education completion.
- EOHHS and EOEA will explore strategies to address challenges in attracting and retaining high quality/highly skilled staff across provider agencies, including: examining the disparity in wages between the human services workforce and other disciplines, as well as among workers across human service and healthcare settings; and improving training opportunities for staff and/or job applicants to enhance their skills and knowledge, equipping them to successfully serve and support high acuity/high need populations.
 - EOEA continues to collaborate with individual provider agencies on recruitment and retention projects to attract a qualified homecare workforce. Several past initiatives have included collaborating with community based organizations to train and provide wraparound services for a diverse pool of immigrant workforce. Additional efforts have focused on upskilling the existing workforce with additional CNA training and supportive homecare aide training.
- EOHHS and EOEA will continue to support homeless prevention and more effective discharge planning efforts across populations. EOHHS, EOEA, and the Massachusetts Operational Services Division (OSD) will convene a workgroup to develop contract language relative to new protocols that will ensure that agencies and institutions receiving funding from the Commonwealth must make all legally supportable efforts to insure that individuals are not discharged to the streets or shelters.
 - EOHHS and EOEA will seek partnerships with healthcare systems and medical facilities serving high utilizers of medical and/or behavioral health services who are homeless or unstably housed in order to identify resources to invest in expanding respite care and PSH capacity.
- DMH will review policies and procedures pertaining to state hospital discharge planning in order to identify best practices and promote consistency across facilities.

Promoting Awareness of Community-Based Services

- EOHHS and EOEA will continue to inform people with disabilities about the opportunities available to them to receive care in the community, including through Self-Directed Care.
- DDS will educate families of individuals with I/DD, including those with ASD, about newly established "Memory Cafés," drop-in centers where individuals with memory loss can socialize

with their caregivers and friends in a setting outside the home and establish relationships with persons in similar circumstances.

- MOD will continue to work with the Massachusetts Educational Financing Authority (MEFA) and Fidelity to build and foster relationships in the disability community as well as identify opportunities for them to present and/or promote Attainable Savings Plans amongst the community.
- State agencies and community based organizations providing community-based care and housing supports will be made aware of the prevalence of hearing loss and visual impairment across the population and be directed to the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) and/or the Massachusetts Commission for the Blind for technical assistance.
- Information on community care options and housing supports will be provided to Deaf and Hard of Hearing Independent Living Services (DHILS) programs, Independent Living programs, Long-term Care Ombudsmen programs and Aging and Disability Resource Centers. Written information about community care options and housing supports will be available as a VLOG in American Sign Language (ASL) and via audio and Braille for people who are blind or have low vision.

Promoting Successful Community Reentry from Incarceration

- The Department of Corrections (DOC), the Veterans' Administration, and the state Department of Veterans' Services identified and developed a comprehensive strategy to increase the number of Veteran Offenders receiving in-reach reentry planning¹⁹, community-based referrals, and post release services. The initiative involves: a seamless exchange of reentry plans to ensure that individual veterans work with the most appropriate agency and therefore receive the level of care and reentry planning responsive to their individual needs; efforts to enroll both VA eligible and non-VA eligible veterans in benefits; and offering peer support to navigate federal and state systems and access housing resources upon release.
 - Pilot informational presentations will be offered in two DOC facilities with the largest number of incarcerated veterans twice per year in 2018. There will be an evaluation of the presentations by the veteran inmates to determine the value and efficacy for expansion to other DOC facilities as well as on-going bi-annual presentations and workshops.
- The Department of Corrections (DOC) will continue to focus on reentry programs, including counseling individuals with disabilities leaving incarceration and enrolling them as permitted by the inmate in all benefit programs to which they may be entitled including MassHealth, SSI, SSDI, VA benefits and services provided by DMH and DPH as well as DTA cash assistance.
- EOHHS will continue to explore the development of enhanced supports for justice-involved individuals with substance use and/or mental health disorders.

¹⁹ Refers to outside providers or DVS staff working within the facility to engage and do re-entry planning prior to discharge

- Individuals with criminal justice involvement are a population disproportionately likely to experience housing instability, to require SUD and/or SMI treatment, and to be MassHealth members.
- Recent analysis by UMass Medical School found that the justice-involved population experiencing housing instability was a group with one of the highest risks for overdose, particularly in the first weeks following re-entry from correctional facilities.²⁰
- MassHealth, based on recommendations from the Council for State Governments,²¹ is developing a model towards identifying and providing specialized behavioral health and coordination services for justice-involved individuals with serious mental health and addiction needs, ensuring access to services to improve health outcomes.
 - The project intends to initially serve 200-250 individuals on Probation or Parole, and/or exiting a House of Corrections or the Department of Corrections.
- To improve eligibility and enrollment for the justice-involved population, MassHealth is developing a systematic process to suspend rather than terminate benefits for individuals who are incarcerated and sentenced, and upon release either automatically reset to status prior to incarceration (if incarcerated for up to a year) or reassess if incarcerated for over a year.
 - Post release enrollments in MassHealth Plans will be processed daily to expedite access to healthcare coverage.
 - MassHealth eligibility history will remain in the system for future analysis of health outcomes and utilization.
- DOC will continue to establish partnerships in the community designed to promote the successful community reintegration of these high risk/high need populations.

Promoting Community-Integrated Employment of People with Disabilities

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

Improving Access to Gainful Employment and Employment Support

- DTA and MRC are launching an interagency initiative of co-case management designed to provide vocational and employment services and supports to DTA clients with disabilities, enhancing their ability to achieve economic self-sufficiency.
- DMH, Department of Public Health (DPH), and Department of Veterans Services (DVS) will continue to promote the employment of Peer Support Specialists/Recovery Coaches.
- EOHHHS and Executive Office of Labor and Workforce Development (EOLWD) will partner with Career Centers to promote further access and enhance their capacities to create employment opportunities for individuals with disabilities. Mass Office of Disability (MOD) will continue to collaborate with EOLWD to ensure One-Stop Centers are accessible.

²⁰ Center for Health Policy and Research, University of Massachusetts Medical School, “Opioid Overdoses Among High Risk MassHealth Members: An Exploratory Analysis,” July 20, 2017. Not published.

²¹ The Council of State Governments Justice Center, “Justice Reinvestment in Massachusetts Policy Framework,” February, 2017. https://csgjusticecenter.org/wp-content/uploads/2017/03/FINAL_JC_Justice-Reinvestment-in-Massachusetts_3.21.17.pdf

- EOEA will continue to support low income seniors with barriers to employment through the Senior Community Service Employment Program. SCSEP matches older adults with part-time jobs at community service assignments.
- Additionally, EOEA has entered into a new partnership with EOLWD to provide greater assistance to older job seekers entering through the One Stop Career Centers. A series of trainings and resources for front-line One Stop staff and other WIOA partners have been designed to enhance access and opportunities for older job seekers.

Increasing Access to Vocational Rehabilitation Services and Career Planning

- Through the Kessler Grant, MRC will develop a customized employment and peer support model in collaboration between Vocational Rehabilitation and Independent Living Center programs to address the high rate of unemployment amongst individuals with disabilities and to reduce the number of individuals that rely on public benefits.
- With input from the Autism Commission, the Executive Director will coordinate with MRC, DDS, and the Federation for Children with Special Needs regarding their development of additional materials and trainings regarding the employment training needs and supported employment opportunities needed by individuals with ASD.

Investing in Accessible Transportation for Individuals with Disabilities

- MassMobility – a collaboration of MassDOT and EOHHS – will continue to help build the capacity of the Massachusetts community transportation network by raising awareness of existing services, fostering collaboration, sharing best practices and addressing gaps in transportation for people with disabilities including elders.
- MassDOT and EOHHS will seek opportunities to highlight transportation holistically as an enabling infrastructure for community-based services and supports, and will convene a working group to strategize ideas to expand accessibility options.

IV. Olmstead Planning Process and Structure

As previously stated, an Olmstead Plan was written in 2008. The Housing and Services Committee for People with Disabilities of the Interagency Council on Housing and Homelessness made the decision to focus its work on updating the Olmstead Plan. The Housing and Services Committee for People with Disabilities of the Interagency Council on Housing and Homelessness established an **Olmstead Planning Committee** with representatives from most EOHHS agencies, DHCD, and Mass Housing. The list of Planning Committee Members can be found in Appendix D: *List of Olmstead Planning Committee Members*.

Key Responsibilities of the Olmstead Planning Committee have included:

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

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

In addition, the Commonwealth committed to transparency throughout the planning process, recognizing that soliciting stakeholder participation was important for consensus building and for providing support for Plan implementation. The Olmstead Planning Committee established multiple opportunities for stakeholder input:

- An Olmstead Advisory Council, selected through a state-issued procurement process, represented a balance of experience, expertise, geography, roles within the system, disabilities, and age groups, to assist in developing the Plan. The Council provided input into the development of the updated Plan, reviewed and suggested edits to the draft, identified gaps and challenges in draft Plans, and provided recommendations. The list of Olmstead Advisory Council members can be found in the Appendix E: *List of Olmstead Advisory Council Members*.
- State agencies' staff participation in regularly established stakeholder groups to solicit input regarding strengths, challenges, and opportunities for improvement within the current system, and subsequently to review, respond, and react to, the draft Olmstead Plan before completion. The list of stakeholder groups and associations the Olmstead Planning Committee interacted with can be found in the Appendix F: *List of Olmstead Stakeholder Groups and Associations*.
- Pre-Plan Community-based 'listening sessions' held in Boston and Springfield, inviting broad-based stakeholder attendance to provide state agency leadership with opportunities to hear directly from constituents concerning strengths of the existing system that promote community integration; barriers to accessing housing, services, and supports; and recommended

improvements to systems of housing, services, and supports and means to promote opportunities for community inclusion. Over 60 individuals attended the Boston listening session and nearly 30 individuals attended the listening session in Springfield. Both sessions had Communication Access Real-time Translation (CART) and International Sign Language (ISL) services available for stakeholders in attendance.

- In total, more than 100 individuals presented verbal and written testimony, during the pre-plan development stage of the plan development process.
- Draft Plan Community-based 'listening sessions' were held in Boston and Springfield, inviting broad-based stakeholder attendance to provide state agency leadership with opportunities to hear directly from constituents concerning strengths of the existing system that promote community integration; barriers to accessing housing, services, and supports; and recommended improvements to systems of housing, services, and supports and means to promote opportunities for community inclusion. Over 60 individuals attended the Boston listening session and nearly 30 individuals attended the listening session in Springfield. Both sessions had CART and ISL services available for stakeholders in attendance.

(Placeholder) A second round of sessions were held ...

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

V. Conclusion

The Infrastructure described below provides a *preliminary framework* for the Plan implementation strategy. The implementation strategy and text below is still under consideration, allowing the Commonwealth to continue gathering input from stakeholders that will be taken into consideration for finalizing a strategy that will address ongoing monitoring of plan implementation, establishing annual benchmarks and updates, and future goal setting. Embracing the Commonwealth's intention for the Olmstead Plan to be a living plan rather than a static document, we anticipate that goals and strategies will need to be adjusted and refined as implementation proceeds.

Infrastructure to Support Plan Implementation

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

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

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

Plan Implementation, On-going Review and Updating

The on-going review and regular updating approach and content is still under consideration.

Appendix A. Community First Plan

Brief description of the 2008 Community First Olmstead Plan

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

Goals and Principles

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

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

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

Appendix B. Additional Progress Between 2008 to 2017

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

Transitioning and Diverting Individuals from Institutional Placement

- MassHealth's Acquired Brain Injury (ABI) and Money Follows the Person Demonstration (MFP) waivers currently support close to a thousand participants, all of whom transitioned from long-stay facilities, with community-based services and supports in programs operated by both MRC and the Department of Developmental Services (DDS).
- The Massachusetts Commission for the Blind (MBC) providers conduct Orientation and Mobility training under the MFP waiver.
- In FY 2015, The Department of Mental Health (DMH) was appropriated funding associated with the Balancing Incentive Program (BIP) for community service system expansion targeted to assist with the discharge of at least 160 individuals out of DMH Continuing Inpatient Hospitals into the community.
- DMH discharged 1,383 individuals from state operated psychiatric inpatient care beds between 1/1 to 12/31/2016.
- Massachusetts' Aging Services Access Points (ASAPs) assisted 2,883 nursing facility residents to re-enter the community in FY 2017 through the Comprehensive Screening and Services Model (CSSM) program.
- The Department of Developmental Services (DDS), MRC, and DMH continually work with individuals, promoting the opportunity to leave a nursing facility.
- The Home Care Assistance Program (HCAP) estimates that, between July 1, 2016 through February 2017, just shy of 1,150 individuals were appropriately diverted from nursing facilities utilizing HCAP services.
- Over 9 million meals are provided to approximately 75,000 seniors a year: 75% are home delivered meals provided to frail elders, and 25% are congregate meals, provided at 325 congregate sites. In a 2016 survey, 86% of home delivered recipients and 74% of congregate meal respondents reported that the meals help them to maintain independent living.
- The Department of Transitional Assistance (DTA) is the state agency responsible for administering multiple public assistance and employment support programs to low-income families and individuals, including individuals who are homeless and people with disabilities. DTA serves one in eight residents of the Commonwealth with direct economic assistance (cash benefits) and food assistance (SNAP benefits), as well as employment, education, and training services to help clients become self-sufficient. DTA programs are essential to helping people with disabilities pay basic living expenses, remain housed, live, and work in the communities of their choice, as well as avoiding unnecessary institutional placement and homelessness.
- In November of 2017, DTA's economic assistance programs provided cash benefits to more than 15,600 people with disabilities, including those awaiting SSI benefits to begin, individuals receiving services from MRC, and persons required to care for individuals who would otherwise be institutionalized.

- DTA collaborates with outreach partners, including EOE, to identify shared clients for outreach and assistance with Supplemental Nutrition Assistance Program (SNAP) eligibility and maximization of benefits. As of December 2017, individuals with disabilities represented over 35% of the state's SNAP program, supporting them to remain housed in the communities of their choice, as well as to avoid unnecessary institutional placement.
- DMH appropriately diverted 207 State Hospital admissions between 1/31/16 and 12/31/17, utilizing individualized services and supports.
- The state's network of Independent Living Centers (ILCs) have played a key role in assisting people with disabilities to transition from nursing facilities and to remain in the community. In one quarter FY2016, ILCs provided skills training services to 730 consumers and peer counseling to 644 consumers.

Expanding Access to Affordable, Accessible Housing

Capital

- Since 2007, the state's Affordable Housing Trust has funded 1,250 units for people experiencing homelessness. The administration continues to allocate bond capital for this program annually.
- MassHousing's Center for Community Recovery Innovations has funded 1,310 units of sober or recovery housing since 2007.

Rental and Operating Assistance

- The more than 460-unit state-funded Alternative Housing Voucher Program (AHVP) provides rental assistance to people with disabilities under age 60; the program received increased funding in FY2015 and FY2016.

Policies/Incentives

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

Accessibility

- Home Modification Loans (HMLP) provides loans to make homes more accessible for people with disabilities. From FY2014-FY2017, MRC provided HMLP) of up to \$30,000 to an average of 200 households annually.
- Through the MFP Demonstration as well as the MFP and ABI waivers, the state has provided funds for 459 home modification projects.
- The Community Economic Development Assistance Corporation (CEDAC) developed design guidance for the CBH and FCF programs.
- A Memorandum of Understanding between the Massachusetts Office on Disability (MOD) and DHCD requires communities requesting Community Development Block Grant funds from DHCD to have ADA/Section 504 self-evaluation/transition plans in place or to commit to put such in place within five years.
- DHCD provides owner incentives to increase accessible units in the Housing Choice Voucher program.

Community-Based Long Term Services and Supports

Expanding Access

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

Improving the Capacity and Quality of Services

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

- Through CBFS, DMH:
 - Established community-based evidence-based practices such as Assertive Community Treatment (PACT) Teams and Peer Support Specialists, including a peer-run respite program in Western Massachusetts that serve as inpatient diversion.
 - Supports just short of 15,000 individuals with SMI in the community as a result of CBFS, PACT, Clubhouse participation, the Aggressive Treatment and Relapse Prevention program, Safe Havens, and Respite.
- Currently, over 90% of individuals served by DMH receive all or most of their services in the community.
- Massachusetts Commission for the Deaf and Hard of Hearing provided technical assistance and subject matter expertise regarding hearing loss and aging to the Massachusetts Councils on

Aging (MCOA) resulting in 39 Councils on Aging (11% of the 349 COAs) purchasing Assistive Listening Systems to better respond to the growing number of people who are losing their hearing later in life.

- DTA introduced a new *SNAP Application for Seniors* to facilitate access and opened a fully dedicated and centralized Senior Assistance Office to streamline application, certification and business processes cited as barriers to SNAP participation by elders. Seniors identified navigation of our IVR system and the burden and complexity of the SNAP application and renewal processes as barriers to participation. The new application was designed to improve readability by seniors such as enlarging the font and simplifying the complexity of SNAP processes
- HIV/HCV Correctional Linkage Services provide short-term, intensive services that help individuals who are incarcerated and who are newly diagnosed or chronically infected with HIV and/or hepatitis C to successfully link to medical care and other essential health supports in the community, as well as resources to access housing assistance, after they are released from State Department of Corrections or county houses of correction.
- EOHHS and the Massachusetts Department of Transportation (MassDOT) have partnered to implement the statewide mobility management initiative to increase mobility for seniors, people with disabilities, veterans, low-income commuters, and others who lack transportation access. The initiative is helping to build the capacity of the Massachusetts community transportation network by raising awareness of existing services, fostering collaboration, and sharing best practices.
- In 2011 DPH began issuing Principles of Care and Practice Guidelines to improve the quality and consistency of SUD treatment services.

Expanding the Necessary Infrastructure to Support Community-Based Services

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

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

who have improved the speed and accuracy of eligibility determinations for elders and individuals with disabilities.

Promoting Awareness of Community-Based Options

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

Promoting Community-Integrated Employment of People with Disabilities

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

Population FY2017	Number of Individuals Enrolled at Career Center	Number of Individuals Who Enrolled in Training
All Customers	146,782	6,207
Individuals with a disability	9,225	827
Veterans	6,849	180
Veterans with a disability	1,506	47
Homeless/Runaway Individual**	2,006	159

Population FY2017	Number of Individuals Enrolled at Career Center	Number of Individuals Who Enrolled in Training
Ex-Offender**	3,378	83
DEI V / DEI VII (subset of disability)	221	152

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

Increasing Access to Vocational Rehabilitation Services and Career Planning

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

Investment in Accessible Transportation Infrastructure and Services for Individuals with Disabilities

- As the result of Executive Order 530:
 - MassDOT hired a Statewide Mobility Manager in 2013 to work with the SCCT and the RCCs and facilitate information exchange and policy formulation.
 - Since 2014, MassDOT has provided technical assistance to recipients of Workforce Training Fund and Workforce Competitiveness Trust Fund grants to facilitate employment transportation.
- Innovative services to improve access, availability, and quality of service
 - In 2017, the RIDE consolidated its call center in 2017 to improve reservation and trip experience of RIDE customers, improve performance and accountability of its service providers, and provide savings to the agency.
 - In August 2017, the MBTA streamlined its Transit Access Pass (TAP) application procedure, making it faster and easier for clients of MRC, DMH and DDS to apply for reduced fare passes.
 - In September 2016, the MBTA contracted with Innovative Paradigms, Inc. to provide group and individual travel training services to individuals with disabilities. Travel training is a professional activity that teaches people how to ride the bus, subway, commuter rail and boat safely and independently. To date, more than 300 individuals attended system orientation trainings and 70 received individual instructions.
 - Since 2016, CrossTown Connect, a Transportation Management Association covering the northwestern suburbs of Boston -Acton, Boxborough, Littleton, Westford, Concord, and Maynard - coordinates COA service across towns via central dispatch operations. In collaboration with 3 regional transit authorities, shuttles cross RTA boundaries and provide more trips, extended reservation and service hours to town individuals with disabilities. COA vehicles are also used in employment transportation, connecting residents to two commuter rail stations in the region. COA service carried about 1,500 passengers, including individuals with disabilities, per month in 2017.
 - The Quaboag Connector was established in February 2017 in the rural area of south-central Massachusetts, covering 9 towns including the town of Ware where the demand responsive service is dispatched from. In collaboration with the local Community Development Corporation, the Ware COA, Mary Lane Hospital and the Holyoke Community College, this service is a lifeline to work, education, social services and local trips of any purpose. This region received no bus service before. Currently 700 rides are provided monthly.
 - Since 2014, MassDOT has hosted mobility conferences²² to facilitate networking and information exchange about the state of coordinated community transportation services statewide, and sponsored an on-line publication of MassMobility²³, a monthly newsletter put together by HST about news and innovation in community mobility.

²² <http://www.umasstransportationcenter.org/assnfe/ev.asp?ID=2889>

²³ <https://www.mass.gov/massmobility-newsletter>

Appendix C. Glossary of Terms

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

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

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

Age Friendly State: Recognition by the AARP that a state's elected leadership is preparing for the rapid aging of its population by paying increased attention to the environmental, economic and social factors that influence the health and well-being of older adult residents. Recognition is based on a state's action plan that addresses the World Health Organization's 8 Domains of Livability – Outdoor Spaces and Buildings, Transportation, Housing, Social Participation, Respect and Social Inclusion, Civic Participation and Employment, Communication and Information and Community and Health Services.

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

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

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

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

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

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

Chronically Homeless: Under HUD definition, to qualify as "chronically homeless" an individual must be currently homeless and living in a place not meant for human habitation, a safe haven or an emergency shelter, must have been homeless and residing in such a place continuously for at least one year or on at least 4 separate occasions in the last 3 years, and can be diagnosed with one or more disabling conditions.

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

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

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

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

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

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

Consolidated Plan (ConPlan): A document written by a state or local government describing the housing needs of the low- and moderate-income residents, outlining strategies to meet these needs, and listing all resources available to implement the strategies. This document is required in order to receive some formula funded HUD Community Planning and Development funds.

Continuum of Care (CoC): A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, rapid rehousing and permanent supportive housing and other service resources to address the various needs of people experiencing homelessness.

HUD also refers to the group of agencies involved in the decision-making processes as the "Continuum of Care."

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

Disability: A physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.²⁴

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

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

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

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

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

Housing Choice Voucher Program: This federal program provides rental assistance to assist very low-income families, the elderly, and people with disabilities to afford decent, safe, and quality housing in the private market. It was previously known as "Section 8."

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

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

²⁴ 42 U.S.C. § 12102

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

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

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

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

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

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

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

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

Low Threshold Housing: A housing model that recognizes that a person's disabilities may limit them from entering the traditional, linear service delivery system, which often entails complex clinical-based service plans, compliance-based housing placements and the acknowledgment on the part of the tenant to accept certain labels and diagnoses. By removing the barriers to housing, individuals are given an opportunity to deal with the complex health and life issues they face as tenants, rather than as clients of a prescribed system of care.²⁵

²⁵ <http://www.mhsa.net/PSH>

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

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

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

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

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

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

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

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

Olmstead Plan: In 1999, the Supreme Court ruled that the Americans with Disabilities Act (ADA) required states to provide services in the most integrated settings appropriate to the needs of individuals with disabilities. An Olmstead Plan is a State's document describing what strategies that state will employ within targeted timeframes to achieve this goal.

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

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

New Lease for Homeless Families: A nonprofit organization that helps to match homeless families referred by participating social service providers to affordable housing units made available by participating housing owners in 5 regions of MA (Greater Boston, South Shore, North Shore/Merrimack Valley, Springfield/Berkshires, and Framingham (Metro-West)).

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

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

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

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

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

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

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

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

Senior Care Options (SCO): A voluntary managed care program for individuals 65 and older that covers the comprehensive array of services normally paid for through Medicare and MassHealth. In addition,

SCO provides coordinated care and specialized geriatric support services, along with respite care for families and caregivers. Unlike fee-for-service, SCO members are not assessed a co-pay for services.

SMI: Serious mental illness.

SUD: Substance Use Disorder.

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

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

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

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

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

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