

## Appendix E: Olmstead Accountability Benchmark Document

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>1A. Capital Assistance for Housing Development</b>			
<b>1A.1 Develop new housing units for persons with disabilities and new supportive housing units utilizing state capital funding.</b>	Number of units produced under Community Based Housing (CBH) and Facilities Consolidation Fund (FCF) programs (estimated 150 units).	Department of Mental Health	FCF-DMH – 8 projects Certified thru Mar.; 6 projects with 25 units (22-1bdrm & 3-studios); 2 GLEs (6&5 bdrm); total capacity all projects 36
		Dept. of Developmental Services	FCF-DDS: In 2018, DDS has certified 18 projects to serve 77 DDS individuals.
		DHCD	48 FCF-DMH units funded in Calendar 2018, no funding round Q4 2018
		DHCD	87 FCF-DDS units/bedrooms funded in Calendar 2018, 17 FCF-DDS units/bedrooms funded in rolling applications in Q4 2018
		DHCD	15 CBH units funded in Calendar 2018, no funding round in Q4, 2018
<b>1A.2 Develop new housing units for persons with disabilities and new supportive housing</b>	Number of supportive housing units produced with other capital	DHCD	145 units of supportive housing funded in SH Round with Housing

**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>units utilizing other capital funding.</b>	resources such as Housing Trust Fund (estimated 150 units annually).	DHCD	Trust Fund in Calendar 2018, no funding rounds in Q4, 2018  In Winter Rental Round 2018, funding was committed for 45 units of housing for non-elderly homeless individuals, 19 units for homeless
<b>1B. Rental Assistance</b>			
<b>1B.1 Include \$1 million per year in DMH FY2019, FY2020, and FY2021 budget requests 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.</b>	Allocate to the field estimated 87 subsidy vouchers for leasing.	Department of Mental Health DHCD	FY19 included an additional \$1M from the Legislature (\$2M total new), revised estimate upward to 170 new vouchers*. DMH has leased 88 units / vouchers to-date, additional 32 individuals are pre-enrolled, anticipate 120 total new vouchers leased end of March. FY2020 budget request from DMH includes an additional \$1M for the DMH-RSP. *HUD adjusted up Boston-Cambridge-Quincy FMR significantly which, will result in increased cost per unit; in turn will impact the number of units to be leased.
<b>1B.2 Utilize Housing Choice Voucher (HCV) or Mass Rental Voucher Program (MRVP) for supportive using units receiving capital funds through DHCD rental funding rounds. The exact commitment of funds (and estimated</b>	Estimated 100 project-based vouchers tied to supportive housing units, plus an estimated 20-30 project-based vouchers tied to units targeting persons with disabilities,	DHCD	DHCD awarded 46 MRVP project-based vouchers to the Supportive Housing Round in FY19. Awards are currently under review. In addition DHCD committed up to 100

GOAL #1: Expand Access to Affordable, Accessible Housing with Supports			
Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
number of units funded) is dependent on the needs of the specific projects selected for capital funds.	funded annually.		additional MRVP and 100 HCV project-based vouchers to other funding rounds in FY19.
<b>1B.3 Utilize 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.</b>	Lease-up all FY 12 PRA grant-funded units. The state must lease all units from the FY12 grant by 9/30/2020.	MassHealth/DHCD	As of 12/31/18 (the last 811 PRA reporting date) 23 households had been leased with 811 PRA vouchers. As of that date, 58 units in total have committed to utilize 811 PRA funds (35 units are unavailable or currently under construction)
<b>1B.4 Apply for new Mainstream (Section 811) Vouchers in response to HUD's 2018 NOFA to serve non-elderly persons with disabilities who are: transitioning from institutional or other segregated settings to community living; at serious risk of institutionalization; homeless; or at risk of becoming homeless.</b>	If awarded, begin implementation of grant (number of vouchers depends on award amount).	DHCD	DHCD applied for and was awarded approximately \$800K for approximately 80 Mainstream Vouchers. Implementation planning is underway.
<b>1C. Policy Initiatives</b>			
<b>1C.1 Facilitate the construction and supply of new housing units to increase housing supply and choice. Elements include:</b> <ul style="list-style-type: none"> <li>• <b>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.</b></li> </ul>	Support Housing Choice legislation modifying state zoning laws to make it easier for municipalities to zone for growth. Implement Housing Choice grant program (DHCD), providing grants to municipalities with high rates of housing production, particularly those that have adopted housing best practices designed to support	DHCD	To date, 79 communities have been designated as Housing Choice Communities, and 10 of such designations were made in 2019. In FY19, \$4 MM was awarded to 19 Housing Choice Communities. An additional \$1 MM was awarded to eligible Small Towns for a total of 12 projects, all of which either created or supported housing projects.

**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<ul style="list-style-type: none"> <li>• <b>Providing Housing Choice designated municipalities exclusive access to a new state grant program that will make grants for local capital projects as a reward for housing production.</b></li> <li>• <b>Tracking progress toward a goal of adding 135,000 new housing units statewide by 2025, or about 17,000 units per year.</b></li> <li>• <b>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.</b></li> <li>• <b>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.</b></li> </ul>	<p>housing production (~\$4 million in Y1). Provide \$2 million in planning assistance to help cities and towns achieve their affordable housing goals through MassHousing “Planning for Housing Production” program.</p> <p>Establish “one-stop shopping” coordination for information about technical assistance and related grants for local governments (DHCD). Implement systems to track progress toward production goal.</p>	<p>MassHousing</p> <p>DHCD</p> <p>DHCD</p>	<p>Implemented an initial round of funding in May of 2018; from a pool of 29 applicants, 14 projects were awarded a total funding level of \$868,500.</p> <p>Upon release by the U.S. Census Bureau of the 2018 Building Permit Survey data, DHCD will begin tracking new unit construction.</p> <p>The Housing Choice legislation was refiled by the Governor in 2019.</p> <p>Conducting quarterly coordination meetings across agencies covering 14 different grant and technical assistance programs. Developed and distributed a Database of Technical Assistance and Grants to regional planning agencies, posted on DHCD’s Housing Choice website.</p>

**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>1C.2 Expand 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 and to other populations impacted by Olmstead issues, including clients of EOEA and MRC.</b></p>	<p>Execute Memorandum of Understanding among State Housing and EOHHS Agencies, Publish an Operations Manual. Implement requirement for future funding rounds. Implement a web-based system for unit notification.</p>	<p>DMH DDS MRC EOEA DHCD MassHousing Mass Housing Partnership MassDevelopment</p>	<p>Responsible agencies are active participants in development of MOU and Operational Manual.</p>
<p><b>1C.3 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, and continue support for the TPP upstream prevention initiative begun in 2016.</b></p>	<p>90% of households receiving TPP support will have tenancy preserved by remaining in place or moving to other housing, with 70% remaining in place.</p> <p>An estimated 95% of households receiving TPP upstream prevention support will have tenancy preserved, with 85% remaining in place.</p>	<p>MassHousing</p>	<p>TPP: 95% tenancy preserved, with 83% remaining in place</p> <p>Upstream: 94% tenancy preserved, with 91% remaining in place.</p>

**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>1C.4 Develop strategies to enhance utilization by people with disabilities of vouchers provided under programs such as the Section 811 PRA program, and the Alternative Housing Voucher Program.</b></p>	<p>Number of units created under 811 Project Rental Assistance program (estimated 50 units).</p> <p>Raise AHVP ceiling rents to 90% of FMR.</p>	<p>MassHealth/DHCD/DMH/MRC/DDS</p>	<p>811 PRA has leased 23 households (all currently available units) as of 12/31/18</p>
<p><b>1C.5 Deploy a centralized statewide electronic portal for applications for the state-funded public housing program to allow applicants to apply to any one or more of the 240 local housing authorities in the Commonwealth through submission of a single application.</b></p>	<p>Portal to be made available to LHAs in the summer of 2018 and to housing applicants by January of 2019.</p>	<p>DHCD</p>	<p>Portal (“CHAMP”) was made available to housing applicants on April 10, 2019</p>
<p><b>1C.6 EOEa will work with Continuums of Care to explore implementation of a homeless preference in privately owned senior housing developments developed under the HUD 202 program.</b></p>	<p>At least 5 properties will decide to implement a new waiting list preference for homeless elders.</p>	<p>Elder Affairs</p>	<p>Two housing agencies are currently finalizing plans to establish a waiting list preference for homeless elders in 8 different properties across the state</p>
<p><b>1C.7 Continue to support funding for Housing Consumer Education Centers (HCEC) that can provide affordable housing navigation as well as homelessness prevention across the state.</b></p>	<p>Over \$2 million anticipated in funding for HCECs annually (subject to appropriation).</p>	<p>DHCD</p>	<p>Approximately \$3 million in funding for HCECs in FY19.</p>

**1D. Interagency Collaboration and Program Coordination**

**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>1D.1 Pilot joint DHCD/EOHHS procurements to address the housing and service needs of vulnerable populations with disabilities, including elders and individuals and families experiencing homelessness through supportive housing with dedicated services.</b></p>	<p>ICHH Committee for Supportive Housing Production and Services will identify specific opportunities to test at least three joint procurements to address housing and service needs in supportive housing.</p>	<p>ICHH Committee for Supportive Housing Production and Services</p>	<ul style="list-style-type: none"> <li>- Greater alignment of DHCD family shelter procurement with EOHHS services, including MassHealth flexible services to support housing stabilization for eligible homeless families</li> <li>-Procurement of an HMIS data warehouse to support tracking of homeless populations to inform services provided by DHCD and EOHHS</li> <li>-DHE and DHCD request of HUD to support housing for homeless college students with MTW funds-support for services will be provided by DHE and EOHHS</li> <li>-DHCD and DPH coordination to support individuals with substance use issues in several shelters in the state</li> </ul>
<p><b>1D.2 The ICHH Committee for Supportive Housing Production and Services is working to develop goals for production necessary to increase housing inventory for vulnerable populations in need of targeted services.</b></p>	<p>Develop table of goals for creating housing opportunities for subpopulations – veterans, elders, families, youth, persons with disabilities.</p>	<p>ICHH Committee for Supportive Housing Production and Services</p>	<p>Draft table is in the process of being completed, subject to further agency input</p>

**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>1D.3 Led by EOHHS and EOEA, explore 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.</b></p>	<p>Issue NOFA and award funds for Special Section 811 PRA Pilot for chronically homeless high utilizers of health care requiring investment from health care entities.</p>		
<p><b>1D.4 Evaluate community integration programs, including through a survey of providers of PSH funded under DHCD supportive housing rounds, to ensure that SH and PSH programs, including those intended as “low threshold,” are serving their intended target populations.</b></p>	<p>Review outcome measurement of survey responses from owners of PSH funded through DHCD supportive housing rounds (for an estimated 6-10 projects annually in addition to the 35 projects previously surveyed) Evaluate survey responses.</p>	<p>CEDAC/DHCD</p>	<p>Evaluated 2018 PSH survey responses. Determined re-administration of the PSH survey in 2020/2021, which will survey at least 40 projects.</p>
<p><b>1E. Accessibility</b></p>			
<p><b>1E.1 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</b></p>	<p>Assemble inventory of properties and develop checklist for evaluation of status.</p>	<p>DHCD/CEDAC, DMH, DDS, DCAMM</p>	<p>Established and regularly convening a working group amongst the responsible agencies to prevent loss of inventory of group homes that are vulnerable to loss due to expiring DCAMM leases or outmoded physical</p>



**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>affordable and accessible housing portfolio, and to improve the quality and accessibility of the portfolio over time.</b></p>			<p>plans.</p> <p>DHCD/CEDAC broadened contractor (FinePoint) monitoring to include the FCF portfolio.</p> <p>DDS has been actively engaged in assembling its portfolio of 156 Ch 689 sites and 314 FCF residences.</p>
<p><b>1E.2 Provide reasonable accommodation training regularly to PHAs and private management companies. Training to include awareness of reasonable accommodations that may be needed by people who are deaf or hard of hearing.</b></p>	<p>MassHousing will offer six Fair Housing and Reasonable Accommodation-related trainings, which will include info on accommodations needed by people who are deaf or hard of hearing. MassNAHRO &amp; NEAHMA share MassHousing’s training schedule with their members.</p>	<p>MassHousing</p>	<p>5 Fair Housing &amp; Reasonable Accommodations trainings, expect 7 by June 30<sup>th</sup>.</p>
<p><b>1E.3 As public housing capital funds permit, continue to target capital funding of at least \$1-2 million annually to increase accessibility in DHCD’s state-aided public housing, including funding to assist LHAs in responding to requests for reasonable modifications to state-aided public housing. DHCD is committed to the goal of having 5% fully accessible units across the entire state-aided portfolio.</b></p>	<p>Continue to target capital funding to assist LHAs in responding to reasonable modification requests and accessibility requirements relating to capital improvements (exceeds at least \$1 million annually).</p>	<p>DHCD</p>	<p>Notice of Funding Availability for Accessible Unit Initiative released April 17, 2019, committing \$3 million annually in FY21 and FY22. Subject to funding availability, DHCD plans to continue this level of commitment for at least 5 years.</p>

**GOAL #1: Expand Access to Affordable, Accessible Housing with Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>1E.4 Provide Home Modification Loan Program (HMLP) funds for access improvements. The Administration has committed up to \$6.5 million annually (subject to capital plan approval) in capital bond funds through 2022 for HMLP, including up to 10% of funding program. The bond bill includes administration-proposed program modifications to make HMLP a resource for landlords to make rental housing accessibility improvements.</b></p>	<p>Update guidelines for expanded use of HMLP.</p>	<p>MRC/CEDAC</p>	<p>For FY 19 through January, 73 consumers have been served through HMLP. The program has created policy structure for landlord access to grants for rental housing improvements, with a pilot program in process of being launched.</p>
<p><b>1E.5 Explore how best to increase access to housing options for people with Autism, including identification of housing design features most frequently needed by individuals with Autism and how to incorporate and integrate those in existing, rehabilitated, and new affordable and supportive housing units.</b></p>	<p>Identify the different types of low-cost housing potentially available for individuals with disabilities, including for individuals with autism, such as subsidized rental housing and public housing.</p>		
<p><b>1E.6 Review, refine and update 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. DHCD, EOHHS and CEDAC will convene such working group to review the guidelines.</b></p>	<p>Assemble working group, identify funding and engage consultants to assist with new guideline development. Complete updated CBH Design Guidelines.</p>	<p>Department of Mental Health  DHCD/CEDAC</p>	<p>DMH hosted presentation on Housing Design and Mental Health (3-13-19)  Updated CBH design guidelines have been drafted and completion is pending final comments from the working group; training on updated guidelines to follow.</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>2A. Expanding Access to Community Based Services</b>			
<p><b>2A.1 As part of its Medicaid 1115 Waiver Renewal, Massachusetts will invest \$1.8 billion over the next five years to support the transition toward Accountable Care Organizations (ACOs). ACOs that will be held contractually responsible for the quality, coordination and total cost of members' care. ACOs 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</b></p>	<p>Contract with Community Partners effective June 1, 2018. In state fiscal year 2019, the State will invest \$60 million in the community partners program.</p>	<p>MassHealth</p>	<p>MassHealth has executed contracts with Community Partners. MassHealth is also expecting to invest \$60 million in the CP program by the end of SFY19.</p>
<p><b>2A.2 Expand MassHealth coverage for substance use disorder (SUD) and co-occurring disorder (COD) 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.</b></p>	<p>Assess MassHealth spending for SUD and COD treatment.</p>	<p>MassHealth</p>	<p>MassHealth has taken efforts to identify and track spending on services for SUD and COD treatment during the year.</p>
<b>2B. Promoting Services That Facilitate Transitions from Institutional Settings</b>			
<p><b>2B.1 Increase capacity in two Moving Forward Plan (MFP; formerly Money Follows the Person) HCBS waivers and two Acquired Brain Injury (ABI) HCBS waivers over the course of the five-year renewal period.</b></p>	<p>Increase total unduplicated member slots as follows:</p> <ul style="list-style-type: none"> <li>• ABI-Nonresidential Habilitation: 120 slots per year (increased from 110 slots in the prior waiver year)</li> <li>• ABI-Residential Habilitation:</li> </ul>	<p>Department of Developmental Services</p> <p>MassHealth</p>	<p>DDS is on target to open 57 homes in FY19</p> <p>MH renewed the ABI and MFP waivers with slot capacity for Waiver Year 1 as outlined in the</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
	<p>Yr 1 (5/1/18-4/30/19) – 596 slots (increased from 513 slots in the prior waiver year)</p> <ul style="list-style-type: none"> <li>• MFP-Community Living: Yr 1 (4/1/18-3/31/19) – 843 slots (increased from 729 slots in the prior waiver year)</li> <li>• MFP-Residential Supports: Yr 1 (4/1/18-3/31/19) – 364 slots (increased from 304 slots in the prior waiver year)</li> </ul>	<p>MassHealth funds support slots; MRC responsible for administering the two non-residential waivers and DDS for administering the two</p>	<p>Year 1 Measure.</p> <p>MH plans additional increases in total unduplicated member slots as follows:</p> <ul style="list-style-type: none"> <li>• ABI-Residential Habilitation: Yr 2 (5/1/19-4/30/20) – 636 slots (increased from 596 slots in the prior waiver year)</li> <li>• MFP-Community Living: Yr 2 (4/1/19-3/31/20) – 943 slots (increased from 843 slots in the prior waiver year)</li> <li>• MFP-Residential Supports: Yr 2 (4/1/19-3/31/20) – 424 slots (increased from 364 slots in the prior waiver year)</li> </ul> <p>Note that MH does not plan to increase the number of slots in year 2 for the ABI-Nonresidential Habilitation waiver. That waiver’s total capacity will remain at 120 slots, the same as the year 1 measure.)</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>2B.2 Enhance efforts to transition from State Hospital continuing-care beds individuals with serious and persistent mental illness that are determined discharge ready and able to safely move into community-based living opportunities with appropriate supports. Establish a DMH State Hospital Discharge Review Team that provides Peer-to-Peer case consultation to facilitate discharge planning.</b></p>	<p>DMH to organize resources and training to initiate implementation of 20% annual target.</p> <p>Develop standard definitions, data collection system and evaluate data integrity.</p>	<p>residential waivers.</p> <p>Department of Mental Health</p>	<p>Progress To-Date</p> <p>Implementation steps are underway</p>
<p><b>2B.3 Ensure that people admitted to nursing facilities meet the level of care, and when nursing facility level of care is no longer needed, are transitioned to the community.</b></p>	<p>100% of individuals with ID/DD admitted to a nursing facility have a PASRR evaluation indicating NH level of care.</p> <p>Implement 90-day PASRR approvals to allow for short-term nursing facility admissions.</p> <p>Track 100% of individuals receiving a PASRR evaluation through a statewide database.</p> <p>Assure federal compliance through administrative case management processes.</p>	<p>Department of Developmental Services</p> <p>DDS/EHS. [While DMH also has PASRR obligations regarding individuals who have or are suspected to have SMI, these measures seem to be focused</p>	<p>When such individuals are identified through pre-admission screening and resident review (PASRR), the Department will, except in special circumstances, identify appropriate services and arrange for community placement for the individual as soon as practicable. This covers adults with intellectual disability or a developmental disability who are screened for admission or admitted to a nursing facility in Massachusetts and who are eligible for supports and services provided, purchased, or arranged by the Department.</p> <p>Under federal law and EHS/DDS PASRR processes, every individual seeking admission to a nursing facility who has or is suspected to have ID/DD must receive a PASRR evaluation from</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
		<p>on DDS’s responsibility for the evaluation and determination functions for individuals who have or are suspected to have ID/DD.]</p>	<p>DDS. The nursing facility may not admit such an individual unless DDS determines, among other things, that he or she requires a NF level of care.</p> <p>90-day PASRR approvals implemented.</p> <p>It is EHS’s understanding that the statewide database and case management processes have been implemented – DDS should confirm.</p>
<p><b>2B.4 Explore expansion of funding for the MRC Supported Living Program in order to serve more individuals.</b></p>	<p>Explore feasibility and costs for expansion. Develop budget request for increased funds based on findings.</p>	<p>Massachusetts Rehabilitation Commission</p>	<p>MRC is presently initiating small-scale pilot expansions of the Supported Living Program in three areas: 1. Case coordination to assist individuals to qualify and obtain housing in the community; 2. Short-term case coordination to assist individuals in resolving short-term challenges or finding and accessing resources; and 3. Expansion of Supported Living services to individuals with disabilities other than a severe physical disability.</p> <p>These pilots will assist MRC in gauging the level of need for these</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
			services along with the challenges to providing these expanded models. We also hope to identify the resources needed to provide these services on a broader scale, and use these findings to develop a budget request.
<b>2C. Promoting Services That Support People with Disabilities to Remain in their Homes and Community-Based Settings</b>			
<p><b>2C.1 Advance self-determination through expanding self-direction outreach and encouragement to share self-direction experiences, developing opportunities for stakeholders to gather on a regular basis to discuss the self-direction model, continuing to improve training materials and simplifying the self-direction process.</b></p>	<p>Increase participation in both the Agency with Choice (AWC) and Participant Directed Program (PDP) by a combined total of 120 individuals annually.</p> <p>Introduce self-direction to participants and families prior to transition to DDS adult services.</p> <p>Make self-direction materials available to families and individuals at the annual ISP.</p> <p>Add at least five new speakers in the Self-Direction Speakers Bureau.</p> <p>Host at least monthly support broker/service coordinator forums in each region and an annual statewide support broker conference.</p> <p>Issue guidance on how participants</p>	<p>Department of Developmental Services</p>	<p>In Fy19 there was a 245 increase of individuals in AWC/PDP</p> <p>This is part of the Individual transition Planning process for DDS</p> <p>This is part of the ISP process for DDS</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
	<p>can utilize Flexible Spending allocations.</p> <p>Continue to work with the financial management services vendor to improve the process of managing the self-direction model through the online portal and call centers.</p>		<p>DDS Area Offices continue to hold forums on AWC/PDP locally and at statewide conferences</p>
<p><b>2C.2 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.</b></p>	<p>Launch upgraded online registry that will include new and enhanced features, such as accessibility through smart phones and other devices, email alerts.</p> <p>PCA workforce council takes steps to recruit new PCAs to participate in the program, such as organizing informal meet-and-greets between consumers and potential PCAs.</p>	<p>PCA Workforce Council</p>	<p>The PCA workforce council has launched the upgraded online registry described in the year 1 measure. Similarly, the council has engaged in various PCA recruiting events, including through organizing informal meet-and-greets.</p>
<p><b>2C.3 Increase 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.</b></p>	<p>Implement wage increase.</p>	<p>PCA Workforce Council</p>	<p>Wage increase implemented.</p>
<p><b>2C.4 Expand MassHealth initiatives to improve to the supply and quality of Continuous Skilled Nursing (CSN) services in the community and increasing annual MassHealth spending on</b></p>	<p>In 2018, MassHealth, in partnership with UMMS's Community Case Management (CCM) program, will host a training on Inpatient Facility</p>	<p>MassHealth</p>	<p>MassHealth and the CCM program hosted a training session on inpatient facility discharge for CCM members.</p>



**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>CSN services.</b>	<p>Discharge Planning for CCM members.</p> <p>MassHealth also proposes to increase the scope of CCM to include more case management activities. These enhancements will partially be reflected in the UMMS-MassHealth 2018 ISA.</p>		<p>MassHealth and the CCM program, in collaboration with various stakeholders, developed and implemented a one year pilot program designed to assist members with identifying available CSN service providers and assist CSN service providers with identifying available, unfilled CSN hours.</p>
<b>2C.5 Explore expansion of funding for the Assistive Technology (AT) Independent living program.</b>	<p>Explore feasibility and costs for expansion, and create budget request based on serving 475 individuals per year.</p>	MRC	<p>Over 500 individuals are expected to receive services through this program in FY19. MRC is analyzing the demand and costs in preparation for FY21 budgeting.</p>
<b>2C.6 Seek additional funding to expand the REquipment program, which redistributes over 1,000 AT devices annually.</b>	<p>Explore feasibility and costs for expansion and create a budget request based on identified need.</p>	MRC	<p>Increased funding in FY19 allowed program expansion, which has resulted in an increase in the number of reassigned DME devices and the establishment of two new drop-off sites, in Salem and New Bedford. MRC is analyzing program needs and costs to identify long-term budget needs.</p>
<b>2C.7 Improve statewide coverage and expedite access to redistributed AT devices.</b>	<p>Explore feasibility and costs for expansion and create a budget request based on identified need. Feasibility will be determined using a study of types of AT devices that lend themselves to being refurbished and a survey of the potential of expansion for the program and potential program models.</p>	MRC	<p>MRC is exploring available mechanisms for redistribution of AT devices other than Durable Medical Equipment.</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>2C.8 Partner with the Mass Healthy Aging Collaborative to support and increase the number of communities pursuing Age Friendly and/or Dementia Friendly designations or certifications. and to support Massachusetts in becoming an Age Friendly State.</b></p>	<p>Continue to build age friendly movement in MA.</p> <p>Deepen capacity building at local level.</p> <p>Embed access, equity and cultural inclusion in age friendly work.</p>	<p>Elder Affairs</p>	<p>Massachusetts was accepted in the AARP Network of Age-Friendly States and Communities and submitted a <u>multi-year action plan</u> in January 2019 with access, equity and inclusion as a central focus.</p> <p>There are currently over 200 communities in Massachusetts engaged in age and dementia friendly initiatives.</p> <p>The Baker-Polito introduced the <u>Age and Dementia Friendly Best Practice</u> area for the Community Compact Program for Fiscal Year 2019 to support local municipalities in age friendly efforts.</p> <p>Presented about age and dementia friendly initiatives, including the statewide effort at numerous conferences, including the Mass Municipal Association Annual Trade Show and Conference.</p>
<p><b>2C.9 Increase the number of individuals who are legally blind that receive blindness critical specialized wrap-around services (Orientation and Mobility, Rehabilitation Teaching &amp; Assistive Technology), leading to productive independence and full community participation</b></p>	<p>Increase the number of individuals who are legally blind that receive blindness critical specialized wrap-around services by 3%.</p>	<p>MCB</p>	<p>MCB is working on a Business Process Redesign for new consumer registration process. In addition, a communication plan for reaching out to eye professionals in the Commonwealth is in progress.</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>2C.10 Promote the inclusion of training for DPH Community Health Workers, in both their core competency training and continuing education, the topics of hearing health, aural rehabilitation, vision rehabilitation, use of available technology solutions and a patient long-term support plan incorporating group interventions to improve hearing care treatment, and vision rehabilitation (including services available from the Massachusetts Commission for the Blind, thereby increasing independence and reducing admissions to institutional settings.</b></p>		<p>Department of Public Health Mass Commission for the Blind</p>	<p>The Board of Certification of CHWs meets monthly and is currently reviewing the application for training programs, which will include submission of their curricula. In FY20, there will be an opportunity to assess current training opportunities and work with the Office of CHWs to support approved training programs in offering topics designed to equip CHWs in supporting individuals' independent living.</p>
<p><b>2C.11 Continue and expand DMH Jail/Arrest Diversion Grant Program, which funds local communities/municipalities to train law enforcement and other public safety personnel to: (1) recognize the sign and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbance (SED); (2) identify person with a mental disorder and employ crisis de-escalation techniques; (3) learn about resources that are available in the community for individuals with a mental disorder; (4) establish linkages with schools, community-based mental health agencies, and to (5) refer individuals with the signs or symptoms of mental illness to appropriate services.</b></p>	<p>Expand participation to impact over 75 communities.</p>	<p>Department of Mental Health</p>	<p>Progress To-Date  DMH has funded 63 communities</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>2C.12 Continue DMH provision of funding for: one Forensic Assertive Community Treatment (ACT) Team with Peer support staff; and a Forensic Transition Team (specialty care management service for individuals being release from jails/prisons).</b></p>	<p>Serve 850 individuals with MH disorders and criminal justice involvement annually.</p>	<p>Department of Mental Health</p>	<p>Progress To-Date</p> <p>DMH served 260 individuals in the 1<sup>st</sup> Qtr. Jan-Mar.</p>
<p><b>2D. Improving the Capacity and Quality of Services</b></p>			
<p><b>2D.1 Bring settings of DDS and MRC 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.</b></p>	<p>Work with challenged providers on individual transition plans.</p> <p>Work with day providers on enhancing services.</p> <p>Continue surveying providers with strengthened tool to evaluate and ensure compliance.</p>	<p>Department of Developmental Services</p> <p>Massachusetts Rehabilitation Commission</p>	<p>DDS continues to work collaboratively with providers on achieving the goals. The final transition plan is under review.</p> <p>All MRC sites are in compliance.</p>
<p><b>2D.2 Invest \$83 million to re-design and strengthen DMH’s 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:</b></p> <ul style="list-style-type: none"> <li>• Clinical services provided by an integrated team 24/7/365;</li> <li>• Individualized care that focuses on Peer Support, includes treatment for SUD as needed and responds to individuals’ needs</li> </ul>	<p>New contracts go into effect on July 1, 2018; implement new delivery system, assure adherence to standard implementation tools for all data collection, monitoring and review.</p>	<p>Department of Mental Health</p>	<p>Progress To-Date</p> <p>All contracts were procured and are fully operational.</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
as they change across the age continuum; and • Focus on achieving greater self-sufficiency, including job placement and education completion.			
<b>2D.3 Explore strategies to address challenges in attracting and retaining high quality/highly skilled staff across provider agencies, 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.</b>	Conduct an online survey of provider agencies, including direct care workers, to obtain input on recruitment strategies and need for enhanced training.		
<b>2D.4 To support homeless prevention and more effective discharge planning efforts across populations develop new protocols to help ensure that agencies and institutions receiving funding from the Commonwealth must make all legally supportable efforts to ensure that individuals are not discharged to the streets or shelters.</b>	Convene working group, identify relevant agencies, and develop outline of contract language required.	ICHH	Working group to be convened with support from OSD and state agencies – recommendations for contract language by Fall of 2019
<b>2E. Promoting Awareness of Community-Based Services</b>			
<b>2E.1 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.</b>	90% of consumers (including elders and individuals with disabilities) receiving options counseling services rate the encounter as enabling them to make a more informed choice.	Elder Affairs	
<b>2E.2 Continue optimizing the means by which people with disabilities access community-integrated services, including Self-Directed Care and other supports, and supports of their</b>	DDS has contracted with the Human Services Research Institute to conduct an evaluation and review of the “Real Lives Participant Directed Program.”	Department of Developmental Services	Draft of completed report by SRI will be presented to the Self Determination Advisory Board for approval on 4/3/19

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>choice throughout Massachusetts through person-centered, decision-support options counseling services that honor choice and independence throughout Massachusetts.</b>	DDS will publish the results of the evaluation in 2018.		
<b>2E.3 Support and expand awareness of 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.</b>	Continue funding the 11 existing DDS Memory Cafes.  Coordinate with ADRCs, MCOA, Area Offices and Regional Offices to publicize the inclusive Memory Cafes.	Department of Developmental Services	This initiatives has its own funding line item # 5920-3025  This continues with great success as each memory cafes serves over 100 individuals.
<b>2E.4 Build and foster relationships between the disability community and as well as identify opportunities for them to present and/or promote Attainable Savings Plans amongst the community.</b>	Expand awareness of the ABLE Savings Plan (known as Attainable Savings Plan in MA).  Conduct quarterly stakeholder trainings and a minimum of three public events per month across the state.		
<b>2E.5 Educate state agencies and community-based organizations providing community-based care and housing supports regarding the prevalence of hearing loss and visual impairment across the population and be directed agencies and CBOs to the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) and/or the Massachusetts Commission for the Blind for technical assistance.</b>	Provide monthly In-service training to new employees on blindness	MCB	MCB continues to provide the in-services and trainings.

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>2E.6 Provide information on community care options and housing supports 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.</b>			
<b>2E.7 Provide written information about community care options and housing supports as a VLOG in American Sign Language (ASL) and via audio and Braille for people who are blind or have low vision.</b>	Complete a resource guide in an electronic format and make it available on the MCB website	Mass. Commission for the Blind	In progress
<b>2E.8 Educate EOHHS agency staff and provider organizations on the range of community transportation services that may be available to their consumers.</b>	Offer at least 12 presentations (in-person or by webinar).	MassMobility	7 so far: <ul style="list-style-type: none"> <li>• BIA-MA conference 3/28/19</li> <li>• ICI webinar 3/20/19</li> <li>• Arc webinar 2/12/19</li> <li>• MCB Central staff meeting 2/4/19</li> <li>• Haverhill Arc peer group 1/15/19</li> <li>• WWL conference 10/10/18</li> </ul> Brockton DDS staff meeting 9/19/18
<b>2F. Promoting Successful Community Reentry from Incarceration</b>			
<b>2F.1 The Department of Corrections (DOC), the Veterans' Administration, and the state Department of Veterans' Services identified and developed a comprehensive strategy to</b>	Offer institutional veteran presentations at a minimum of four facilities per year. Benchmark of 90% or greater in	ICHH, VA, DVS and MassDOC	Progress to date: Old Colony Correctional Center – April 2018 – 26 inmates attended (100%)

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>increase the number of Veteran Offenders receiving in-reach reentry planning<sup>1</sup>, community-based referrals, and post release services.</b></p>	<p>attendance.</p>		<p>North Central Correctional Institution– April 2018 – 40 Inmates in attendance (100%).</p> <p>MCI-Norfolk – September 2018 – 47 Inmates in attendance (100%)                      MCI-Shirley Medium– October 2018 - 26 inmates in attendance (76%).                      MCI-Shirley Minimum– 10 inmates in attendance (100%).</p> <p>North Eastern Correctional Center– May 2019 – 8 Inmates in attendance (80%)                      Massachusetts Treatment Center– May 2019 – 33 inmates in attendance (79%).</p> <p>209 Inmates were scheduled to attend;                      190 Inmates attended;</p> <p>To date 91% attended the presentations.</p> <p>Two more institutions to be scheduled in the fall date TBD.</p>

<sup>1</sup> Refers to outside providers or DVS staff working within the facility to engage and do re-entry planning prior to discharge



**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>2F.2 Pilot informational presentations 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.</b></p>	<p>Pilot a Veterans Partnership Reentry focused presentation and Q&amp;A sessions at 4 State Correctional facilities.</p> <p>Track percent of invitees that attend.</p> <p>Assess Veteran’s inmates opinions and feedback regarding utility of information presented.</p>		<p>Completed Presentations to date.</p> <p>Evaluations resulted in a rating of 4.2 out of 5.0.</p> <p>Largest feedback was providing an avenue for agencies to follow up to be discussed.</p>
<p><b>2F.3 Enhance Department of Corrections (DOC) 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.</b></p>	<p>Decrease refusals for Medical and Mental Health Appointments in the community from 17% to 10% and 23% to 15% respectively.</p> <p>Continue to monitor MassHealth Applications and status at release and develop strategies to decrease pending applications from 5% to 2%.</p>	<p>MassHealth and others</p>	<p>Regarding the highlighted piece, MassHealth has implemented a process by which it will process MH applications for individuals leaving DOC custody within 3-5 days. As a result, MassHealth does not have a MH application backlog for individuals leaving DOC custody.</p>
<p><b>2F.4 Develop model for 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.</b></p>	<p>Measure the number of justice-involved MassHealth members served during Project Year 1, the variety of correctional institutions served, (DOC and HoC), the level of supervision received, and early findings on various member outcome rates (such as housing, employment, recidivism, engagement in treatment, sobriety,</p>	<p>MassHealth</p>	<p>To implement this project, MH is in the process of procuring a vendor that will perform the tasks described in the year 1 measure. MH expects this vendor to complete all of these tasks by the end of CY19.</p>

**GOAL #2: Enhancing Community-Based Long-Term Services and Supports**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
	and health care utilization).		
<b>2F.5 Develop and implement a systematic process to suspend MassHealth benefits for individuals who are incarcerated and sentenced, and upon release reset to status prior to incarceration or reassessed if incarcerated for over a year.</b>	Enter into data use agreements with correctional institutions.	MassHealth	Done.
<b>2F.6 Continue to establish partnerships between DOC and other agencies in the community, both public and private, to promote the successful community reintegration of high risk/high need populations released from incarceration.</b>	Develop and implement an approval process for each State Correctional facility to identify and track the # of external partners/agencies providing in-reach services to high risk/high need populations.		
<b>2F.7 Increase awareness of Substance Use Disorder (SUD) within the EOEA target population through training for elder care providers to identify SUD and community resources and to develop models of SUD services targeting EOEA population.</b>	Identify training needs and curriculum.		



**GOAL #3: Promoting Community-Integrated Employment of People with Disabilities**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>3A.2 Collaborate with Career Centers to promote further access and enhance their capacities to create employment opportunities for individuals with disabilities and to ensure One-Stop Centers are accessible.</b></p>	<p>Local Boards and Career Centers establish a plan with goals and benchmarks for WIOA Section 188 accessibility.</p> <p>MOD will continue to partner with EOLWD in addressing accessibility issues as they arise.</p>	<p>MassHire Department of Career Services (MDCS)</p> <p>MassHire Workforce Boards</p> <p>MassHire Career Centers</p>	<p>The 16 MassHire Workforce Boards have established local inter-service agreements with MRC and MCB for their evaluations and recommendations regarding assistive technologies at MassHire Career Centers. MRC and MCB staff also coordinate with MassHire Career Center staff to provide services to individuals with disabilities on-site at career centers and through referrals.</p> <p>Number of individuals with a self-reported disability served at MassHire Career Centers:            FY18 (July 2017- June 2018): 8,519            FY19* (July 2017- March 2019): 8,595</p> <p>Number of individuals with a self-reported disability who obtained employment in the 2<sup>nd</sup> Quarter after Exit:            FY18 (July 2017- June 2018): 4,006            FY19* (July 2017- March 2019): 3,891</p> <p><i>*FY2019 is a partial year.</i></p> <p>MDCS MassWorkforce Policy 100 DCS 08.109, <i>Accessibility within the Massachusetts Workforce System</i></p>

**GOAL #3: Promoting Community-Integrated Employment of People with Disabilities**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
			<p><i>WIOA Section 188</i>, issued January 25, 2018, is directed toward ensuring that the programs, services and facilities of each MassHire Career Center and any ancillary service delivery system are accessible to all, including individuals with disabilities. MassHire Workforce Boards and MassHire Career Centers are monitored for adherence to this policy directive.</p>
<p><b>3A.3 EOEА 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.</b></p>	<p>EOEA will support an estimated 150 older adults with employment barriers in obtaining part-time employment.</p>	<p>Elder Affairs</p>	<p>From 7/1/18-12/31/18 EOEА supported 144 older adults with significant employment barriers in obtaining part-time employment.</p>
<p><b>3B. Increasing Access to Vocational Rehabilitation Services and Career Planning</b></p>			
<p><b>3B.1 Develop a customized MRC 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.</b></p>	<p>As grant ends in December 2018, MRC will build in lessons learned from the grant to assist people with disabilities to live and work in the community.</p>	<p>Massachusetts Rehabilitation Commission</p>	<p>MRC has developed a support services as part up a new RFR.</p>
<p><b>3B.2 Led by Autism Commission, develop additional materials and trainings regarding the employment training needs and supported</b></p>	<p>Develop training for providers of employment training.</p>		

**GOAL #3: Promoting Community-Integrated Employment of People with Disabilities**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>employment opportunities needed by individuals with ASD.</b>			
<b>3B.3 Continue to promote the employment of persons in recovery and peers in the community through Recovery Coaching programming and existing federal grants.</b>	Document peer recovery workforce to determine employment and skill building needs.	Department of Mental Health	DPH Bureau of Substance Addiction Services has conducted a scan of recovery coaching in the state which was shared with the Recovery Coach Commission. The scan included information on where Recovery Coaches are being hired, their roles, their salaries, current training, and FY18 billing.  Next steps include a recommendation for developing a Recovery Coach registry.

**GOAL #4: Investing in Accessible Transportation for Individuals with Disabilities**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<b>4A. Continue to help build the capacity of the Massachusetts community transportation network.</b>	Distribute an estimated \$10 million in Community Transit Grant Program (CTGP) funds available for capital and operating enhancements to meet mobility needs of seniors and people with Disabilities.	MassDOT	In FY 2019, MassDOT distributed \$9.3 million from federal and state sources for improving transportation for individuals with disabilities and older adults. (vehicles: \$8M; Operating projects: \$591K, Mobility Management: \$664K)
<b>4B. Help build the capacity of the Massachusetts community transportation network by sharing best practices and</b>	Publish 2 reports highlighting best practices and/or opportunities to improve mobility.	MassMobility	Report on partnering with TNCs & a whitepaper on volunteer driver programs will both be published by

**GOAL #4: Investing in Accessible Transportation for Individuals with Disabilities**

Activity	Year 1 Measure	Responsible Agency(ies)	Progress to Date
<p><b>addressing gaps in transportation for people with disabilities</b></p>	<p>Update MassMobility website to ensure information is accurate and comprehensive.</p> <p>Create a set of train-the-trainer tools to help human service agencies institutionalize an understanding of how to help consumers find and use community transportation services.</p> <p>Highlight best practices in the monthly MassMobility newsletter; increase subscribers by 5% annually.</p> <p>Provide technical assistance as requested to help state agencies such as MRC or DDS or provider organizations improve mobility and access for people with disabilities.</p>		<p>June 30, 2019</p> <p>Updated summer/fall 2018</p> <p>Webinars will be recorded summer 2019 &amp; posted online by December 2019</p> <p>Newsletter published monthly Currently at 1320 subscribers as of 3/26/19</p> <p>For example, drafted a one-pager on transportation for transition-age students with disabilities for the DDS-led Massachusetts Partnership for Transition to Employment initiative; will be finalized and published by December 2019</p>