

Massachusetts Rehabilitation Commission
Annual Family Support Plan
State Fiscal Year 2005

Introduction

The Massachusetts Rehabilitation Commission (MRC) is organized pursuant to M.G.L. c.6 §§74-84 and operates programs authorized by State law, the Federal Rehabilitation Act of 1973, as amended, and the Social Security Act. The MRC provides comprehensive services to individuals with significant disabilities, intended to promote equality, empowerment, and productive independence.

The MRC serves individuals with all types of disabilities as its constituency. While each of the MRC's programs has its own focus and eligibility, the commission's mandate and purpose are to assist all eligible individuals with disabilities. Through its various programs and services, the MRC serves people regardless of age, the nature of their disabilities or functional abilities in an effort to maximize quality of life and economic self-sufficiency. Consistent among all services across programs is a consumer focused and consumer directed planning and service delivery process that respects and is driven by the informed decisions of empowered consumers. In most instances, consumers are competent, independent adults who choose to control their involvement with the MRC personally. However, in a number of the MRC's programs, parents and families play important roles in supporting the consumer and through their participation in the planning process.

The Families Support Act requires the MRC and other human service agencies to submit to the governor, the secretary of health and human services, the joint committee on human services and elderly affairs, and the house and senate committees on ways and means, an assessment of the current service delivery system for individuals and family supports for persons with disabilities or chronic illnesses and their families. The MRC, through its programs of community services that include: independent living center services, assistive technology services, home modification loan program, turning-22 services, supported living services, traumatic brain injury services, protective services and abuse investigation, home care services, consumer involvement, vocational rehabilitation services, employment services, and its disability determination services, is committed to working with individuals with disabilities and their families to achieve their goals in their communities.

In fiscal year 2005, the MRC is focusing its family support efforts across all departments and programs. Summarized in this report are the activities of the Statewide Head Injury Program (SHIP), the Turning 22 Program, the Adult Supported Living Program, the Assistive Technology Program, the Independent Living Centers Program, the Homecare Assistance Program, as well as activities of the Vocational Rehabilitation Program and agency collaborative efforts with other EOHHS agencies. The MRC will continue its work to involve families whenever appropriate in all its programs and service and will expand its surveying of families' opinions regarding services and service delivery throughout the year.

At the MRC, Family Supports are any of the panoply of services available through its various programs that support individuals and their choices: to involve family members in planning, to remain with their families or to live in their own homes with familial support, to enhance the ability of family members to support the choices made by consumers. The MRC recognizes that an informed, engaged and supported family can be the most important factor in an individual's efforts to achieve greater autonomy and independence.

A description of several MRC program efforts to meet the needs of consumers and their families are presented below.

Statewide Head Injury Program

Family Empowerment

Families and consumers hold over 59% of the seats on the Massachusetts Acquired Brain Injury Advisory Board which recommends policy, practices and funding for SHIP and other human service agencies addressing the needs of people with brain injury.

Families and consumers sit on review committees for RFR responses under SHIP program development.

Families and consumers are on the Advisory Board Steering Committees for federal grants that we have written, received and implemented as a monitoring and advisory committee. Representatives also sit on the Olmstead Advisory Group, Real Choice Systems Change Grant Consumer Advisory Board, and the MRC Rehabilitation Council.

Families, specifically, are integral to SHIP service delivery model since over 75% of the TBI population; although over the age of 22, live at home with their families. SHIP continues to involve families as it balances their roles with that of the individual.

Family Leadership

SHIP offers training to families and individuals. Over the years topics of interest and concern have been subsidized housing, pharmacology with brain injury, substance abuse treatment, and how to be a better case manager.

SHIP provides support for the Mass Brain Injury Association's I&R services, support group network and prevention programs.

SHIP has funded family members and individuals to participate at national conferences and meetings where they meet other state leaders and advance their advocacy skill level.

Family Support Resources

SHIP has a Family Assistance Program (FAP) that has been operating for almost ten years. It funds clinical assessment and support services for families who have someone at home with a TBI and other co-morbid problems such as behaviors.

SHIP requires state-funded Head Injury Centers around the state to offer educational opportunities and services to families.

SHIP pays for respite, whether in-home or out-of-home, when requested. This can either be driven by an emergency or planned in advance for a break.

SHIP funds home modifications that allow families to keep loved ones at home if they choose.

SHIP funds "companions" who allow survivors living with families to get out of the house for periods of time thereby giving families a break during the week on a regular basis.

SHIP pays for short-term private case management to assist families who often carry this burden.

Accessing Services

SHIP provides funding to the Mass. Brain Injury Association (MBIA) with the expectation that they educate families and individuals about accessing the human service system and refer people to SHIP for more detailed information. A portion of this funding is to manage MBIA's I&R program serving the entire state with an 800 telephone number.

SHIP sends out an MBIA brochure to every new applicant encouraging their involvement in this organization.

Culturally Competent Outreach

SHIP has been involved in multicultural issues and outreach since the early 90's. SHIP has been part of an Advisory Board at the Institute for Community Inclusion that works to expand the capacity of minority organizations to serve people with disabilities and their families.

SHIP provides written materials in other languages and interpreters when necessary/requested. SHIP also provides funding to MBIA to translate and print their brochures in several languages.

SHIP actively seeks out professionals who are bi-lingual and bi-cultural.

SHIP staff recruitment has targeted diverse communities to expand this department's capacity to address the needs of a broad range of individuals on a day-to-day basis.

SHIP has a federal grant focusing on multicultural outreach to the Chinese and Vietnamese communities. This grant uses therapeutic recreation as a medium to serve families and survivors from diverse communities in an effort to facilitate functional skill development and enhanced independence at home and in the workplace.

SHIP is actively working with the Hispanic and Khmer communities as well. SHIP will be expanding its outreach to the Cambodian and Native American communities this year.

Interagency Collaboration

SHIP co-chaired, with EOHHS, an interagency/inter-secretariat steering committee for the last several years specific to better serving people with acquired brain injuries in our present system.

SHIP has participated on the Employment Services Action Council, the Interagency Leadership Team at EOHHS specific to Olmstead and the Real Choice Grant and a number of project teams associated with demonstration projects; the Nursing Home Initiative Steering Committee run by DMR; Special Populations at EOHHS; and the Medical Review Team at DPH. SHIP has also been asked to have a representative on several Project Management Teams at EOHHS - Complex Case Management, Grants Coordination, Substance Abuse, Aligning Facility Operations, Closing Fernald, Consolidation of Campuses, and Transition.

SHIP has represented MRC on the Governor's Task Force on the Homeless.

SHIP is working with DPH Injury Surveillance to design a Registry system for Brain Injury in this state.

SHIP has a project with DYS to identify, assess and intervene early on with kids who have TBI in an effort to reduce future involvement in the correctional system.

SHIP has sat on teams under OSD regarding special education rates for children in residential schools and other procurements.

Turning 22 Program

The Turning 22 program provides for the development of an Individualized Transition Plan for agency assigned individuals leaving the special education system upon graduation or “turning 22”. For individuals who would be eligible for adult services, those with traumatic brain injuries or those with a significant physical disability, MRC provides funding for residential, supported living, independent living transition programs and ancillary services. Individuals with traumatic brain injuries have their services coordinated by Statewide Head Injury Program (SHIP) staff and those with physical disabilities by IL department staff.

Family/Individual Empowerment

There is no advisory program specific to the Turning 22 program. The individual develops services in the ITP with input from family members as appropriate. Where individuals want and need supported living services they can choose their providers, become involved in advisory committees, participate in annual service plan reviews and respond to consumer satisfaction surveys.

Family/Individual Support Resources

Approximately \$328,862 is set aside for case management services to assist individuals in managing those activities of daily living they cannot perform themselves. In addition, \$230,000 in ancillary funds is available for those service supports not provided by a case manager. Generally they are one time costs but can include; home modifications, assistive technology, transportation, day and recreation supports. Four ILCs provide peer support and skills training to prepare the student for post graduation services.

Accessing Services and Supports

IL services delivered through the 4 Transition to Adulthood Programs (TAP) result from outreach to public schools. In FY’05, TAPs will continue to outreach to schools and also to Parent Advisory groups, Federation for Children with Special Needs and other family support network providers. MRC will also expand the TAP target population to include all special education students who meet Chapter 688 eligibility criteria not just those with physical disabilities.

The MRC provides for an annual “open enrollment period” for Supported Living services. This is the period when individuals can choose other supported living providers in their regions. The money allocated to the person follows him/her to the new provider. MRC will be exploring whether it can offer non-provider case managers that individuals will hire themselves, perhaps neighbors, friends or family members. Issues to be explored will include CORI checks, withholding taxes, etc.

Culturally Competent Outreach and Supports

Some TAP staff is bilingual, bicultural and the ILCs are committed to being culturally sensitive to diverse communities. Some SL staff is also bilingual, bicultural.

Interagency Collaboration

MRC is working with DMR to evaluate whether they are providing similar services to T22 individuals with developmental disabilities who do not have mental retardation to determine whether those individuals and their families would prefer to be served by MRC and its service model.

Adult Supported Living (ASL) Program

The ASL program provides case management/service coordination supports to eligible individuals with disabilities assisting them in managing tasks that they cannot handle independently so that they may live in the community. Coordination is provided in a range of areas but almost all individuals receive assistance coordinating personal care assistance services and financial management. Services are offered in individuals' homes. The average hours of case management are 4-6 per week, although emergency assistance is available 24 hours a day by phone.

Family Empowerment

Program providers are strongly encouraged to have program advisory committees made up of consumers. Most contracted providers do have committees that review program issues. Recipients of service are surveyed by the MRC for their satisfaction with services each year. Recommendations for changes in the program are shared with providers. Program participants also play a role in the hiring process of new staff by sitting on hiring committees.

MRC chairs a Supported Living Coalition composed of SL providers and some ILCs that meets 2-3 times per year. This coalition will be broadened to include program participants and other family members and will review current policies and procedures, future direction and evaluation of the program.

Family Leadership Development

MRC encourages program participants to become involved on the State IL Council to gain leadership skills or to attend their leadership trainings.

Family Support Resources

The program has \$826,633 for SL services. Of that amount, \$809,633 is allocated for case management services and \$15,000 for ancillary services. Ancillary services include individual items to support individuals in the community such as adaptive housing, assistive technology, etc. Providers are asked to look at individuals' one time needs annually and report to MRC so we can assist in the procurement of those items if funding allows.

MRC provides for an annual "open enrollment period". This is the period when individuals can choose to change to other providers in their regions. The money allocated to the person follows him/her to the new provider. MRC will be exploring whether we can offer non-provider case-managers individuals will hire themselves.

Culturally Competent Outreach and Supports

Several SL providers have hired Spanish and Portuguese case managers to meet the needs of participants.

Interagency Collaboration

MRC will be working with DMR to evaluate whether they are providing similar services to individuals with developmental disabilities who do not have mental retardation to determine whether individuals and their families would prefer to be served by the MRC service model.

Assistive Technology Program

The Assistive Technology Program provides funding for evaluation of assistive technology for individuals with disabilities seeking AT to become more independent in daily activities. The primary focus is the utilization of adapted computer technology, augmentative communication and environmental controls. Individuals who meet the financial means criteria are also provided with the hardware/software and receive training in the use of technology.

Family Empowerment

There is no advisory program for AT. Individuals are asked to express their satisfaction with services at the provider level after delivery of services.

A more formal methodology of evaluation will be looked at this year and will consider how families can provide input into the direction of the program.

Family Support Resources

The program is funded at \$773,100, which is contracted with 4 providers statewide. The resources fund staff and provider costs and an amount is negotiated annually for the purchase of consumer equipment. Individuals with disabilities and their families have significant input into the evaluation and selection of the devices they will receive under this program.

Accessing Services and Supports

All AT agencies offer web sites that describe the services they provide under this program. Two of the providers have technology resource centers where individuals can come in and try out various devices. One provider hosts an annual AT Expo that offers workshops on AT devices, funding, etc. as well as vendor booths with information and samples of devices.

Interagency Collaboration

In September, MRC will coordinate an interagency committee to look at ways to expand AT across EOHHS agencies and to collaborate on the delivery of services

Independent Living Centers

The Independent Living Centers offer a range of services to individuals of all ages and disabilities. MRC provides both federal and state funding for the delivery of these services. Every Center must offer 4 core services: peer counseling, skills training, information and referral and advocacy (both individual and systemic). Each individual ILC chooses additional services that they wish to offer. The ILCs are consumer controlled and operated not for profit organizations that utilize a peer role modeling approach to service delivery.

Family Empowerment

MRC takes its direction in the operation of the ILC program from federal law and the Statewide Independent Living Council (SILC). The SILC is a 44 member Governor appointed body, which is required to be consumer controlled and have a broad range of representation from the disability community. The SILC is responsible for the development of the 3-year State Plan for Independent Living (SPIL) which defines IL service delivery at ILCs. In addition to people with disabilities being in control of the SILC, several parents and siblings of individuals with disabilities are also on the SILC.

Annually each ILC sends out a Consumer Satisfaction Survey to a sampling of people who received ILC services in the preceding year. The survey encourages comments on the improvement of service delivery. Survey results are sent to the ILC board, MRC and the SILC.

Family Leadership Development

The SILC sponsors 2-3 legislative forums a year to bring together people with disabilities and their families to learn how to advocate for issues that are important to them. For newcomers they are paired with more seasoned advocates when they visit Legislators. The SILC also offers an annual 2-3 day conference for ILC staff, board and SILC Members to develop skills. SILC committees also encourage participation of interested individuals even if they are not SILC members.

Family Support Resources

The ILCs receive \$3.1m in state IL funds and \$1.5 in federal IL funds. These funds are contracted to ILCs to offer services set out in federal law and the SPIL, which has been developed by the SILC. Individuals choose the services and goals they want to achieve. A small amount of funding is available to the ILC (approximately \$15,000) either to effect community change or to offer some limited individual purchase of services such as vehicle modifications under \$12,500, home modifications under \$1,000, assistive technology, ancillary aides and devices and emergency assistance funds up to \$500.

Accessing Services and Supports

Almost all ILCs have web sites and most have newsletters as a means of informing people about their services. All have program brochures and are required in their state and federal contracts to conduct community outreach to inform the public of the availability of services. The ILCs are all linked to the SILC website and are members of the Mass Network of Information Providers (MNIP), sixty-organization collaborative providing disability-related information.

Culturally Competent Outreach and Supports

All ILCs are required under their federal grant to outreach and serve individuals with disabilities from underserved groups including those from racially and culturally diverse communities. ILCs offer program materials in languages of their service area. Several ILCs have bilingual, bicultural staff to deliver IL services.

Interagency Collaboration

MRC is the primary funder of ILCs. However, MRC and MCB collaborate on the delivery of the ILC individual purchase of service program. The SILC also includes as non-voting members' staff from MRC, MCB, MCDHH, DPH, DMH and MOD to discuss interagency collaboration.

Home Care Assistance Program

The Home Care Assistance Program (HCAP) is part of the MRC's Community Services Program. Our goal is to enhance independence of individuals with disabilities and prevent unnecessary hospitalization or institutionalization through the provision of direct assistance with homemaking tasks.

Homemaking Services are defined as direct assistance with:

- Meal Preparation
- Grocery Shopping
- Medication Pick-Up
- Laundry
- Light Housekeeping (dusting, vacuuming, mopping floors, clean-up kitchen, cleaning bathroom and changing bed linens)

Homemaking Services are provided either by homemakers trained and supervised by Home Care Agencies in contract with HCAP, or by individual Home Care Assistants selected and supervised by the consumers and paid through contracts with MRC. HCAP Case Managers assess applicants for eligibility, coordinate service provision in conjunction with the Home Care Agencies and assist consumers with information and referral as needed to advance independent living goals.

Family Empowerment

The Homecare Assistance Program incorporates input from its consumers, their family members, Elder Service ASAP's and HCAP vendors, on how services can be enhanced through its quarterly Rehabilitation Advisory Council (RAC).

Invitations to join Homecare's Rehabilitation Advisory Council are included in HCAP's bi-annual newsletter

Family Support Resources Funding

Homecare services are provided through HCAP's contracted vendors. The provision of these services, if the individual is found eligible, provides additional support to the family members who may have been caring for the individual.

Accessing Services and Supports

HCAP has a centralized intake coordinator and phone number (1-800-223-2559)

HCAP utilizes the Independent Living Centers in the consumer's area to provide information and referral. HCAP Case Managers occasionally provide assistance directly with information and referral as well.

Culturally Competent Outreach and Supports

HCAP staff occasionally translates HCAP forms into Spanish. In addition Staff regularly attends training designed to enhance personal and professional development. These trainings may include specific trainings on Ethic and cross- cultural counseling.

Interagency Collaboration

The Homecare Assistance Program incorporates input from its consumers, their family members, Elder Service ASAP's and HCAP vendors, on how services can be enhanced through its quarterly Rehabilitation Advisory Council (RAC).

Vocational Rehabilitation

The MRC Vocational Rehabilitation and Supported Employment Programs hold public hearings each year to provide individuals with disabilities and their families an opportunity to comment upon current agency policies and offer suggestions for the improvement of program services

Each year the MRC Rehabilitation Council conducts a survey of consumer satisfaction. The MRC VR and Community Services programs will continue to work with the Council to ensure that family involvement remains a subject of the survey.

MRC VR funds a school to work transition initiative that delivers outreach and information to schools, students and families. The purpose of the project is ease students with disabilities and their families through the transition from educational to adult employment services.

MRC's Springfield VR office has entered into an Interagency Memorandum of Understanding in support of the One Stop Family Center Network in Springfield. The mission of the initiative is to assist poor, un-served and under-served families from diverse ethnic, racial, and linguistic backgrounds who have a child or adult family member with a developmental disability.

Inter-Agency Collaboration- New Initiatives

The MRC will work with the Department of Mental Retardation and the other designated human service agencies named in the Chapter 171 legislation, to discuss and monitor progress on family support initiatives and to work collaboratively on improving and expanding family support services. In addition, MRC will work in cooperation with DMR and the other EOHHS agencies in support of a project held by Massachusetts Families Organizing for Change to facilitate education and awareness with individuals and families about Chapter 171, as well as support other activities related to the implementation of this legislation.

The MRC will work with the Department of Public Health and other EOHHS agencies to include consumers/families utilizing their services and who also have special health needs in regional emergency planning initiatives. Service providers will receive training and information about emergency personnel and resources. Families will be assisted to develop emergency health plans.

The MRC will assist the Office on Health and Disability (OHD) with the Division for Special Health Needs, to conduct outreach to organizations serving adults with disabilities. Efforts to

initiate collaborative information sharing and planning to facilitate emergency preparedness will take place with among others, the area Councils on Aging, the MS Society and the ALS Association.