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Massachusetts Department of Mental Retardation

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Annual Report

July 1, 1998 - June 30, 1999

Commonwealth of Massachusetts

Argeo Paul Cellucci
Governor

Jane Swift
Lieutenant Governor

William D. O'Leary
*Secretary, Executive Office of Health
and Human Services*

Gerald J. Morrissey, Jr.,
Commissioner, Department of Mental Retardation

The Department of Mental Retardation is an independent state agency within the Executive Office of Health and Human Services which provides a wide range of services and supports to Massachusetts' citizens with mental retardation.

Every day, the DMR provides an array of support services to more than 28,500 people across the state. Their level of disability may require assistance in job placement, transportation, or residential services, or more intense levels of treatment, monitoring and care. The DMR provides these services through state-operated programs and by contracting with more than 297 private provider agencies across the state.

The DMR strives to provide support services in safe and healthy environments and promotes the creation of opportunities for people with disabilities to become fully integrated participants in their communities. It promotes individual development, encourages family involvement, and emphasizes consumer and family involvement in the decision making process.

Cover Photos

Top Left: Deb Tetreault, (center), with her parents Bud and Jeanette Gilmartin in Deb's new condominium in Springfield.

Top Right: Lynn Lombard, (l.), of 99 Restaurants with Tara Ferland at a Southeast Recognition Ceremony in Nov. 1998.

Bottom Left: David Bunker, a resident and member of the Board of Trustees of the Fernald Developmental Center, reads a poem he wrote on the Center's 150th anniversary at the Metro Region MR/DD ceremony in March, 1999.

Bottom Right: Members of the Family Governing Board of the Latino Health Institute in Boston accept their award at the March Recognition Day event in the State House.

Commissioner's Message

Gary Morrissey

Each and every day thousands of families depend on the Massachusetts Department of Mental Retardation (DMR) for services and supports. It is not an easy job, and it is one that we share with thousands of families across the Commonwealth. We provide a high level of support to individuals and families through a close knit partnership that includes the Cellucci/Swift Administration, the Legislature, provider agencies, and the support and understanding of local communities, schools and public service organizations across the state.

At the outset, we recognize that families will always be the most significant partners we have. Their love, support and care for their loved ones is paramount.

Our staff is dedicated and dynamic. Throughout Massachusetts, there is daily testimony of service coordinators putting in long hours to help a family in crisis, or devising innovative solutions to help the people we serve achieve their dreams and reach their highest potential. There is no question that our front line direct care and support staff work with skill and love each day of the year.

This report chronicles some of our significant achievements during FY99. The year was another step forward in our commitment to work with individuals, families and communities to help people with disabilities lead full lives and become valued and vital members of their hometowns.

Our success comes through partnerships, a dynamic balance that requires constant communication, respect, understanding, and trust to make these positive things happen. At the DMR, we try to do our part by performing our jobs at highest level of compassion and performance.

Looking forward to the next few years, I see four major priorities for this Department.

- We need to increase our capacity to meet and listen to individuals and families across the state so that we develop services and supports that they truly want and need. We need to reach out to culturally diverse populations to enhance their access to our service system. We need to continue our efforts to ensure that people with developmental disabilities have the best opportunity to become true and valued citizens in their home communities. They must have safe homes, real jobs, a network of family and friends offering a wide range of opportunities, and the chance to sample from life's possibilities. We have made a lot of progress over the last three years in bringing various constituencies to the table so we can all work as a community to solve common issues.
- We need to enhance the quality and professionalism of our work force in both the state and provider sectors. The DMR is working with providers and academia to develop course concentrations that will more adequately prepare people for this valuable and rewarding work. There is already excellent work that occurs between direct care staff and the individuals they support. We need to build on these successes while recognizing and fostering a culture of excellence for direct care staff. We have entered into a partnership with the University of Massachusetts and the Community College system to offer courses in mental retardation and direct care that in some cases will lead to a degree program.
- We need to strengthen our linkages with the provider community. In this fiscal year, we launched Provider Summit Meetings. These sessions brought together DMR and Provider staff to explore areas of common interest, building partnerships, heightening understanding, and identifying common challenges. These sessions brought a new atmosphere of understanding and cooperation between the DMR and provider agencies. Sub-committees were formed at these meetings to work on specific tasks that will lead to greater understanding and cooperation.
- Despite these new initiatives, our mission still remains fairly basic. People in need come to us for supports and we work with these individuals and families to meet them. Although it is not easy, the mission can be very rewarding and fulfilling. Working with families, schools, and community leaders we play a small part in offering hope, turning lives around, and when the proper supports are in place, making dreams come true.

There is much to look forward to as we begin this important work.



Department of Mental Retardation Annual Report

July 1, 1998 - June 30, 1999

As a millennium closes and a new one begins, society can feel somewhat heartened that the expectations and opportunities for a person with developmental disabilities are broader and brighter in Massachusetts than at any time in history.

During the last half of the 20th Century, the world witnessed great progress as visionaries, families, self-advocates, provider agencies, the legal system, and government worked together to increase public understanding and opportunities. Massachusetts played a leadership role in this evolution. Conditions improved, real homes were built, people's rights were protected, abilities were developed and recognized, supports were put in place,

and people with disabilities began to lead more normal lives. Today, people with developmental disabilities have

That being said does not mean that we have entered a time of complacency. Every successful threshold we cross means more work and careful attention to ensure that families and individuals have the supports that they need so that people with disabilities have the best chance to lead normal lives, to flourish, to work, and find fulfillment.

The Massachusetts Department of Mental Retardation (DMR) is a large human service agency. We provide services and supports to some 28,508 people across the state and employs 7,400 employees. We operate 29 regional and area offices, some 1,700 small community resi-

the best opportunity to become true citizens and contributing members of society.

dences, and seven developmental centers. The DMR even extends beyond people with the closest ties to

Major Accomplishments in FY99:

- The Cellucci/Swift administration, the legislature, DMR, self-advocates, providers, the Governor's Commission on Mental Retardation, and families work together for an \$824.7 million budget with \$10 million to support individuals and families on the Waiting List.
- This budget sets aside \$6.95 million to fund entire class of individuals who turned 22 this year. This change in public policy effectively "shuts the front door" on the DMR Waiting List.
- Management goals set for the Department stressing organizational coherence, service excellence, workforce support and development, and partnerships with local communities.
- Efforts continue in workforce development with partnerships with UMass system and community colleges, recruitment, training, incentives and salary increases for direct care staff.
- Implemented Critical Incident/Risk Management System.
- Supported 1,339 more individuals than in FY98.

FY99 Calendar Highlights

July	August	▼	▼	▼	September
<p>July 10 State, AFSCME announce LPN Program</p>	<p>August 5 Lt. Gov. Swift and Secretary O'Leary address Urban Youth Collaborative Reception at State House</p>	<p>August 10 18.5M in New Funding in FY99 Budget</p>	<p>August 25 DMR awarded \$592,000 in Commonwealth revenue maximization</p>	<p>August 26 DMR Management Goals & Indicators set</p>	<p>September 16 UMass/DMR Collaboration Grants announced</p>

the MR community to local governments, police, businesses, religious and civic organization that are working to help people with disabilities feel welcome and at home in their local communities.

The DMR is about people: people with disabilities striving to reach their full potential. It is about professional staff supporting and working with these individuals and their families to develop individualized services that help people live safely and independently.



Friends chat prior to a Western Region Town Meeting with Commissioner Morrissey on December 10, 1998 in Holyoke. It was sponsored with the Uniting Families for Change and the Berkshire County Family Advocacy Council.

It takes a dedicated and committed DMR and provider staff to provide supports to thousands of individuals and families across the state. These supports may be places to live, transportation, assistance in daily living, help on-the-job or preparing people for work, respite, or intense levels of treatment, monitoring, or care.

The DMR is the second largest provider of services and supports to people with mental retardation. The largest provider, of course, is families

and friends who care for their loved ones every day making sure they are safe, comfortable and leading full lives. A state agency is no substitute for the nurturing bond that occurs naturally in a loving supportive family.

FY99 was a year that saw many new initiatives, increased state funding to support more individuals and families who have been waiting for services, and a building of trust, communication and partnerships between the many stake holders in the MR community.

Bringing true choice, opportunity and flexibility to the supports we provide continues to be a major accomplishment of this Department. While there is always room for refinement, the initiatives we began and continued in FY99 allowed the DMR to support more individuals and families, and improved the quality of life for thousands of citizens with mental retardation across the Commonwealth.

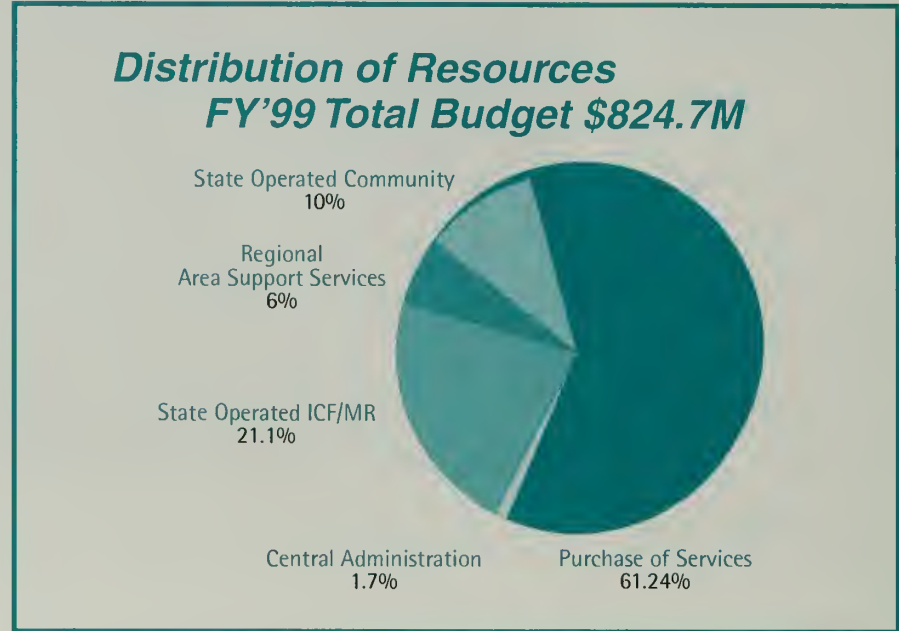
FY99 Calendar Highlights

October		November	
<p>September 27 Mass Advocates Standing Strong (M.A.S.S.) hold founding conference</p>	<p>October 2-5 Fernald Developmental Center celebrates 150th Anniversary</p>	<p>October 8 Commonwealth recognizes 49 DMR staff at Performance Recognition Dinner</p>	<p>October 27 Citizen Advisory Board Annual Meeting held</p>
			<p>November 6 Commissioner Morrissey begins Regional visits with Central Region tour</p>

Administration

A major accomplishment of this past year was the passage of funds that specifically helped the thousands of families and individuals who were on the DMR Waiting List. This was a major effort that required the cooperative efforts of the Cellucci/Swift Administration, the legislature, self-advocates, non-profit providers, the Governor's Commission on Mental Retardation, advocacy organizations and the compelling testimony of families.

Their effort led to an FY99 budget that set aside \$10 million for individuals and families on the DMR Waiting List. With an additional \$6.5 million to fund the entire class of individuals who turned 22 this year that will annualize to \$13.6 million we were able to close off an entire year of families who would have been relegated to the Waiting List. With these funds, the DMR was able to serve the entire 1999 graduating class of 465 Turning 22 students. This change in public policy has the greatest impact on "shutting the front door" to the DMR's Waiting List. All of these



individuals received support through a combination of day, family support and transportation services. Those most in need received residential services. (The specifics of how many individuals were assisted is detailed in the Operations section, p. 10.)

The year saw increased funding for salary upgrades for provider purchase of service staff earning less than \$30,000 annually. This increase represented the

third consecutive year of funding to raise the salaries of service provider employees.

Goals Set

Following up on a management report that was issued in FY98, the DMR set specific management goals for the year. These objectives included: organizational coherence, service excellence, workforce support and development, and partnership

FY99 Calendar Highlights

▼	▼	▼	▼
November 12	November 13	November 16	November 17
Governor's Commission on Mental Retardation sponsors Resource Fair in Worcester	125 SEIU Local 509 members and management staff attend facility conference in Marlboro	Southeast Regional visit	Bogg's Collection dedicated at Howe Library
			Western Mass. holds Human Rights Forum
			Northeast Leadership Institute graduates first class

with communities.

Organizational coherence refers to how an agency stays together and progresses as a unit. *Service excellence* is self-explanatory meaning the provision of high quality services to the people the DMR supports. *Workforce support and development* recognizes that DMR's success at providing the highest quality services to the people it supports is based on the commitment, dedication, experience, and skill of its entire staff. The DMR is committed to ensuring that the quality of its workers and work environment continue to evolve.

Finally, *partnership with communities* demonstrates DMR's commitment to creating more inclusive communities by developing more effective ways of using our resources to assist both the people we support as well as the communities where they reside.

Over the course of the year these management goals provided the context for this agency's work. Through the use of a performance management framework efforts were measured against established benchmarks.

In November and December,



Students participating in DMR's Urban Youth Collaborative Program visited the Massachusetts State House on August 5, 1998.

Commissioner Morrissey traveled to all five regions of the state with SAC chair Jon Johanson. These visits provided recognition and appreciation to the legislators, advocates and family members who had worked tirelessly for the benefit of people with disabilities. The majority of these visits began with a breakfast where the Commissioner thanked legislators, board members, and civic leaders, and heard testimony from individuals and families who had been helped in FY99.

For the eighth summer, DMR's Urban Youth Collaborative Program (UYCP) placed inner city youths in jobs providing support to people with mental retardation. UYCP runs programs in ten cities and places high school seniors and college students in an eight-week, full-time job working for private provider programs. Since its inception in 1992, more than 800 students have gotten jobs, changed career paths, helped people, and benefited from this program.

FY99 Calendar Highlights

December		January	
December 3 Northeast Regional visit	December 4 Metro Regional visit	December 10 Commissioner Morrissey among 17 honored as distinguished citizens by ArcMass	December 22 Wrentham Developmental Center holds holiday breakfast
			January 4 DMR issues Updated Waiting List Report to the House and Senate Committees on Ways and Means
			January 5 New ISP process implemented

Recognition Day

On March 25, Jane Swift, Lieutenant Governor of Massachusetts, delivered the keynote address at DMR's Annual Recognition Day ceremony at the State House. More than 350 people attended the event that focused on the theme "In Partnership with Communities: A Tribute to Those Who Contribute." Seventeen people and organizations from across the state were honored at the ceremony. Across the state, there were many local events, sponsored by the DMR, area offices, and boards to recognize March as Mental Retardation/Developmental Disabilities month.



Lt. Governor Jane Swift addresses DMR Recognition Day, March 25.

full-day meetings to develop a complaint resolution system to address complaints that do not meet criteria for referral to law enforcement agencies, or are not addressed through other channels. This collaborative effort allowed the DMR Investigations Unit to make substantial strides in designing a comprehensive investigative system that will utilize a multi-disciplinary team approach.

The Investigations Unit together with the Disabled Person's Protection Commission

(DPPC) handled 2,271 complaints and 1,100 investigations involving allegations of abuse, mistreatment, and neglect of individuals with mental retardation. Fifty cases were referred to law enforcement agencies for prosecution.

Citizen Leadership

Much work was done to increase the diversity of the membership on DMR Citizen Advisory Boards. These boards play a key role in advising the Department on policy, program development, and support needs for individuals and

families.

Five new members were added to the Statewide Advisory Council representing every region of the state. The Office of Citizen Leadership has strengthened its relationships with all regional, area, and facility boards. Several trainings and conferences for the membership to set priorities, reach common understanding, and to share information.

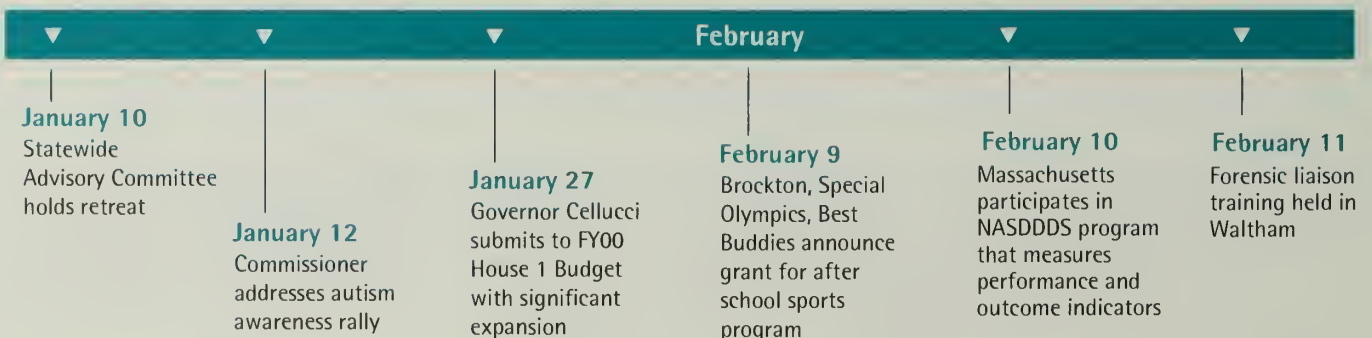
The Office of Citizen Leadership also launched several initiatives to enhance the role and support to self-advocates across Massachusetts.

Public Service

In March, the DMR with the assistance of the Boston advertising firm of Wickersham, Hunt, Schwantner launched a television public service announcement to increase public awareness on the benefits of hiring persons with developmental disabilities. The spot continues to air on television and cable stations throughout the state.

This year the Department expanded the circulation of the Commissioner's Update. This e-mail newsletter highlights recent accomplishments and developments in the MR community.

FY99 Calendar Highlights



Update is now sent to the legislature, board members, provider agencies, advocacy organizations, and other interested parties.

Conferences

The Department hosted a number of important conferences and meetings in the course of this year.

More than 300 people attended the founding conference of Massachusetts Standing Strong (M.A.S.S.) on Sunday, Sept. 27 in Sturbridge. The conference elected board members and set priorities for this self-advocacy organization.

On Oct. 27, some 125 Statewide Advisory Council (SAC) and Citizen Advisory Board (CAB) members attended the CAB Annual Meeting in Boxborough. Every regional, area, and facility board was represented. Commissioner Morrissey described four areas where he encouraged board involvement; legislative advocacy, community education, quality assurance, and board development.

To promote better understanding among state agencies, a day-long joint conference was held on Feb. 24 between the Executive Office of Elder Affairs, the Division of Medical

Assistance, and the DMR. The purpose of the conference was to familiarize the participants with each other's agency, and explore areas of common interest with the aim of creating more coordinated supports and services.

Project Roots hosted its second biannual Celebrating Diversity Conference on April 9 in Springfield. Project Roots, which is funded by DMR, is dedicated to developing partnerships with ethnically and linguistically diverse families and community agencies. More than 400

people from diverse ethnic and cultural backgrounds attended the conference.

On June 8th and 9th, more than 1,100 people attended the 15th Annual DMR Human Rights Conference in Sturbridge that examined "Risks, Rights and Reason...Balancing Needs and Promoting Dignity." The conference was expanded to two days this year to accommodate the large numbers who wished to attend. The conference was marked by more than 200 self-advocates who were in attendance.



Randy Webster (l.), Area Director for Fall River, with honorees from the Fall River Coalition for Medically Involved Children, Jessica Rosa, Evan Couto, Commissioner Morrissey, Maria Sousa, Courtney Sousa, Robin Masterson, Emily Masterson and Jack Williams (far right), WBZ-TV news anchor who hosted the March 25th State House event

FY99 Calendar Highlights

▼ March ▼	
<p>February 24 DMR, Elder Affairs, Medical Assistance hold joint conference in Shrewsbury</p>	<p>DMR and the MR community hold 20 events and award ceremonies across the state in recognition of Mental Retardation/Developmental Disabilities Month</p>
<p>March 11 Best Buddies of Boston celebrates a decade of friendships</p>	<p>March 25 Lt. Gov. Jane Swift and Jack Williams, WBZ-TV4, address 450 people at State House Partnership ceremony. Twenty people and organizations are honored</p>

Operations

The Operations Division is responsible for arranging and/or providing all of the services and supports the DMR offers to the state's citizens with mental retardation and their families. The management goal of service excellence exemplifies what this Division is all about.

The Waiting List

This year Operations made significant strides in continuing to address the challenging public policy of the Waiting List. Thanks to cooperation between parents of individuals with mental retardation, the state legislature, Gov. Cellucci, and the DMR, significant progress was made to provide supports and services to those individuals and families on the Waiting List.

During the last few years, DMR has moved aggressively to address the Waiting List. DMR joined the Governor's Commission on Mental Retardation and a coalition of advocates, citizen boards, families and service providers to reduce the Waiting List. A report, released in September

1996, described the individuals on the Waiting List and provided a context for efforts to reduce it, as well as a three-year plan. Two prominent characteristics of the waiting list were identified: the increasing numbers of individuals whose caregivers are 60 years of age and older and the influx of individuals turning 22 years old.

The Administration and the Legislature made the Waiting List a priority during the FY98 budget cycle with specific funds targeted to provide supports. This was the first time the issue had been addressed through specially designated funds.

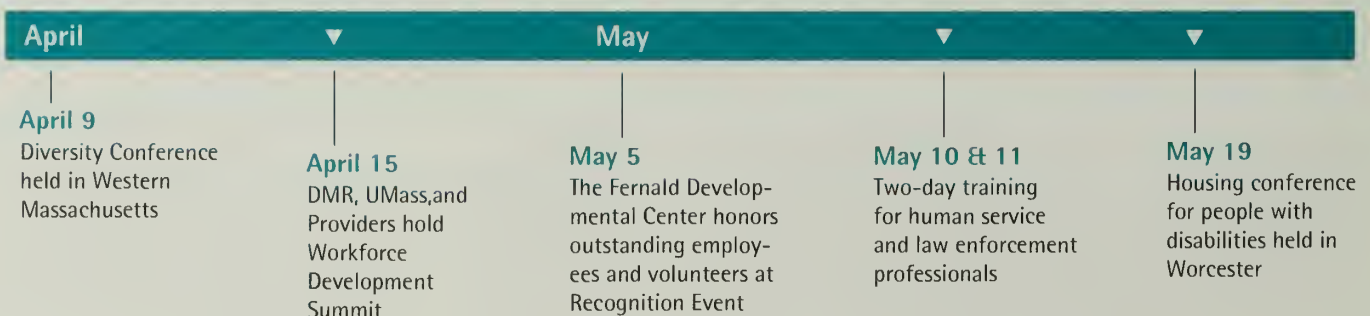
In FY98, there were as many as 3,371 people in Massachusetts waiting for residential and/or day services. With new funding specifically targeted towards the Waiting List in combination with base funding and family support funds the DMR has reduced this number by more than 800 persons in just two years. In FY99 alone, 443 individuals received support from Waiting List funds.

The Waiting List report shows how this year's funds enabled the Department to provide services to 443 individuals and their families. The DMR was able to serve these individuals in day and/or residential services by creatively utilizing the FY99 appropriation of \$10 million earmarked for individuals on the Wait List in conjunction with base resources. The appropriation helped the DMR move closer to its goal of reducing the Waiting List.

A breakdown of the 443 individuals receiving supports in FY99 shows that 306 (69%) received residential services, 59 (13%) received residential and day services, and 78 (18%) received day services. One hundred and forty are individuals who turned 22 between March 1983 and June 1998 when Turning 22 funding was insufficient to serve them.. Two hundred and one individuals have caregivers over 60.

This year witnessed another milestone towards closing the front door to the Waiting List. Every individual (465) with mental retardation who

FY99 Calendar Highlights



graduated out of the education system and turned 22 years of age was offered at least some combination of day, family support, or transportation services. For the first time, no individuals leaving 766 services were added to the List.

ISP on Line

On January 4, a revised Individual Service Plan (ISP) process came on line. This follows 18 months of review and several months of activity re-introducing the process to DMR staff and the private provider community. Each region offered a series of presentations first to service coordinators and then to provider staff. Although the process has changed in format, the ISP itself continues to be person-centered as it has since the early 1980's when the individual service plan was introduced.

Nursing Home Transitions

As part of the *Rolland et al., v. Cellucci et al.*, lawsuit involving people with mental retardation and developmental disabilities in nursing facilities, the parties negotiated an agreement regarding the provision of specialized services to nursing facility residents. This agreement was signed in March 1999 and called for the DMR to provide 250 individuals with all

needed specialized services by June 30, 1999. These services were needed to address the following areas: health, nutrition, self-help, sensori-motor, speech and language, social, independent living, vocational/educational, affective development, and behavior development.

DMR met this goal. The hard work of DMR area and regional office staff along with the responsiveness of the provider community contributed to the success of the initiative. Through their efforts, 250 nursing home residents are receiving specialized services. Many are attending day habilitation programs outside the nursing facilities.

Housing Conference

Approximately 150 individuals with disabilities, family members, DMR employees, providers and advocates attended the Housing Assistance and Development conference May 19 in Worcester. The conference, which was sponsored by DMR and the Citizens' Housing and Planning Association, featured the success stories of individuals and families who have purchased their own homes and the strategies they pursued to secure funding to achieve ownership.

Facility Conference

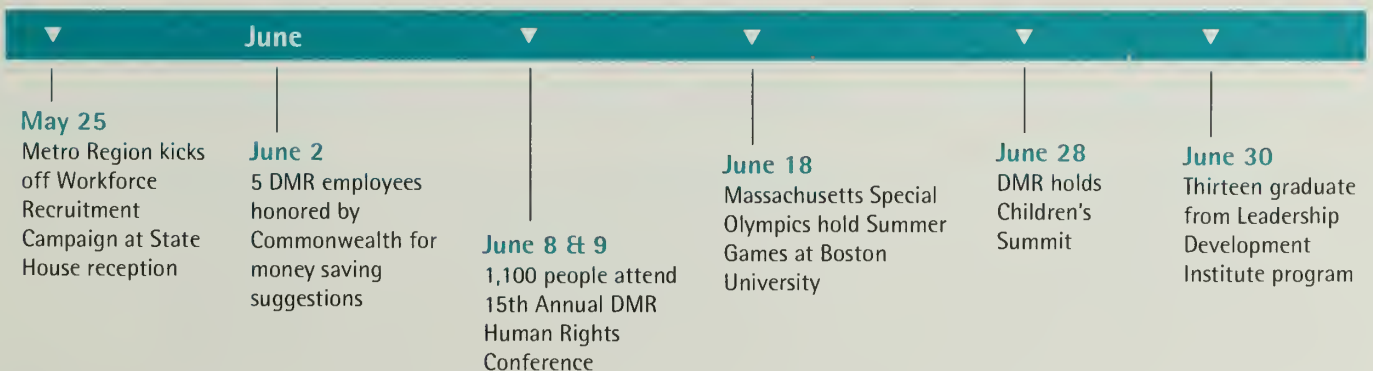
In November, the DMR and Local 509 held a day-long conference, "A Day to Communicate," to discuss facilities and the importance of the work DMR staff perform at these seven developmental centers. More than 100 guests, union membership, managers and facility directors attended the conference.

The conference stressed training, practices, and communication as resources shift to the community. It was seen as a major building block to create job opportunities for those who are interested in the community.

Centers Continue High Quality

All seven developmental centers and regional centers received very positive surveys by the Department of Public Health. The centers either had no or minor deficiencies. These surveys are required by the Federal Government for participation in Title XIX program. They measure the appropriateness and effectiveness of the services provided in the facilities. These Developmental Centers once again achieved excellent results. Some 62 individuals moved from these centers in FY99 into community homes.

FY99 Calendar Highlights



Quality Management

The Quality Management Division is responsible for certification of DMR providers, compliance with the requirements of the federal Home and Community Based Services Waiver and the Title XIX Programs and oversight of systems related to health and risk management issues. Among other duties, Quality Management assesses the level of service excellence across the system.

Survey and Certification System

In FY 99, staff of the Office of Quality Enhancement implemented major revisions to the survey tool and

process. The changes were a result of months of discussion and work with individuals, families, providers, DMR staff and other stakeholders. As a result of these efforts, several changes were made to strengthen the emphasis on service improvement, to make the tool and process more “user friendly,” and to strengthen communication between providers and DMR. The revisions to the survey process were implemented with all surveys begun on or after March 1, 1999. Feedback with respect to the changes has been overwhelmingly positive.

In FY99, the Office of Quality

Enhancement developed a variety of approaches to increase the consistency and reliability of the survey process. An electronic question and answer format was developed to give staff interpretations of various outcomes in the tool, and a monthly training agenda was developed for all quality enhancement specialists.

Other important initiatives of the Office of Quality Enhancement included strengthening the manner in which information generated from provider surveys is used in the open bidding process, in developing contract performance measures, and in working with operations staff to provide technical assistance to providers.

At the end of FY 99, there were 194 providers subject to certification. Of these, 132 had been through at least three complete surveys, with 21 having gone through four surveys. Of the 194 providers, 20% received a two year certification with distinction, 54% received a full two-year certification, 16% received a one-year certification, and 10% received a one-year certification with conditions. Requests for



Robert and Grace Benjamin with their sons Matthew and Mark, (center), in the yard of the supported-living home the brothers moved into this year in New Bedford.

DMR Senior Staff

Gerald J. Morrissey, Jr.
Commissioner

Mary Ann Brennen
Chief of Staff

Margaret Chow-Menzer
General Counsel

Janet George, EdD
Assistant Commissioner Policy
Planning and Children's Services

William Hetherington
Assistant Commissioner
Management and Finance

Dorothy Mullen
Assistant Commissioner
Quality Management

Larry Tummino
Assistant Commissioner
Field Operations

Teresa O'Hare
Western Region

Diane Enochs
Central Region

Amanda Chalmers
Northeast Region

Richard O'Meara
Southeast Region

Jeffrey Keilson
Metro Region

reconsideration went from 6% in FY98 to 5% in FY99.

Risk Management System

Implementation of the Department's Risk Management System in each region continued during FY99. The system is intended to improve staff access to clinical, legal, and administrative support as they deal with the complex issues surrounding risk, and to provide the framework for a consistent approach to recognizing and responding to risk across the state.

The Department embarked on a series of two-day introductory trainings to the Risk Management System for each region. All service coordinators, as well as other regional, area and facility staff participated.

An electronic Critical Incident Reporting Process was implemented that provides immediate communication to senior management. This process has improved the response time and information sharing around these events.

A Director of Risk Management position was established for Central Office to work in conjunction with the Coordinator of Risk Management in each DMR region.

Medication Administration

The Medication Administration Program (MAP) is the system by which individuals living and working in the DMR and DMH community systems receive their medication. The program is overseen by the Department of Public Health and continues to receive extensive review.

DMR continued implementation of the MAP Improvement Plan in FY99. The Improvement Plan, approved by the Legislative Joint Health Care Committee, established a comprehensive approach to strengthen the MAP system. The Plan includes revision of the MAP curriculum, centralization of the testing process, a change to full-time RN MAP coordinators, and implementation of the Professional Oversight Model.

The American Red Cross was awarded the contract for centralized testing in March, 1999. The transition of the testing process to a centralized system with standardized testing

began in April 1999. A new testing process and new tests were introduced in September 1999. DMR continues to monitor the transition closely.



Craig Smith, President of Mass Standing Strong, addresses founding conference on September 27, 1998.

Full-time RN MAP coordinators have been in place in all regions since the fall of 1998. Their role, while still including a significant amount of MAP training for direct care staff and MAP trainers, has expanded to include increased monitoring and clinical follow-up of medication occurrences, training of front line and middle management in MAP policies and procedures and technical review and assistance to providers and their program staff.

DMR Statewide Advisory Council

Robin Foley
Chairperson, Worcester
Gustav Christensen
Lexington
Rita Fallon
Georgetown
Jon Johanson
Somerville

Richard Krant
Norwood
Pauline Litchfield
Duxbury
Ann Paszko
Lancaster
Gary Siperstein
Marblehead

Daniel Shannon
Plympton
Rhody Stone
Kingston
Alice Taverna
Russell
Ralph Edwards
Director, Office of Citizen Leadership

Legal

This office is responsible for providing legal services to the Department on all legal matters that may arise in connection with DMR's authority and responsibility as a state agency for the delivery and regulation of mental retardation services.

FY99 saw the legal office engaged in several significant litigation matters. The office handled two major lawsuits that were filed against the Depart-

ment. In the fall of 1998, attorneys representing individuals and advocacy organizations filed a class action suit, *Rolland, et al., v. Cellucci, et al.*, for specialized services and community placement options to be provided nursing facility residents who have mental retardation or a developmental disability. An interim agreement was reached requiring the DMR and the other state defendants to provide specialized services for the residents.

The second, filed this spring, *Anderson et al., v. Cellucci et al.*, concerns six persons on DMR's Waiting List, who claim that the state has failed to provide Medicaid services to them and others on the Waiting List with "reasonable promptness." This delay, the suit alleged violates Medicaid law as well as state and federal constitutions.

Investigations

Follow-up work continued in response to the DMR's Investigations Advisory Panel's Report that was issued in FY98, to bring the DMR's investigation system in line with this panel's recommendations. The Legal

Office also issued protocols for felony abuse cases for referral and investigation by District Attorneys.

The Legal Office coordinated several training sessions for probation, parole officers, and assistant district attorneys. On May 10 and 11, the office co-sponsored a two-day training session "Building Local Partnerships" for human service and law enforcement professionals to improve the reporting process and investigating allegations of felony abuse against individuals with disabilities.

William O'Leary, Secretary of the Executive Office of Health and Human Services, and Northwestern District Attorney Elizabeth D. Scheibel hosted and addressed the conference. The session was designed to help implement changes in policy and procedure suggested by the Investigations Advisory Panel that was chaired by District Attorney Scheibel and issued a report a year ago for the DMR. That report urged better notification and coordination by human service agencies with police and district attorneys' offices in the investigation of

What is Mental Retardation?

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning existing concurrently with related limitations in two or more areas of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.

Mental retardation manifests before 18 years.

—AAMR (1992)

▼ Governor's Commission on Mental Retardation ▼

Marty W. Krauss, Ph.D.
Chairperson

Betsy Closs
Administrator

Allen C. Crocker, MD

Florence S. Finkel

Donald Freedman, J.D.

Dafna Krouk-Gordon, M.Ed.

William J. McIlvane, Ph.D.

Mary E. McTernan, Ph.D.

John W. Nadworny, CFP

Robert W. Riedel

Ruth K. Shir, LICSW

Richard Vincent, D.C.

these felony abuses.

The training had three major goals: 1.) to help human service and law enforcement gain a clear understanding of the revamped investigations process; 2.) to help human service professionals gain insight into law enforcement; and 3.) to help law enforcement officials learn more about issues related to people with disabilities. The long-term goal will be the creation of local multidisciplinary teams for investigating abuse of disabled persons.

The Legal Office has been successful in recovering from providers' funds identified through audits as owing to the Department. In the case of Day and Residential Services which declared bankruptcy in 1992, DMR has recovered over \$124,000. In addition, DMR has recovered \$24,000 from the principals of the Center for Humanistic Change and some \$73,000 from the former principals of New England Residential Services.

Policy Review

This year, the Legal Office also coordinated the Policy Review Committee, a group that was created to coordinate the development and review of all DMR policies. This committee completed its review and revision of 16



Rosemary Piaker and her family attend a recognition event sponsored by the North Shore Arc and the North Shore Area Office in Peabody.

DMR policies included in the first edition of the Regulations and Policy Manual that was issued in June 1998.

The revised policies included areas such as: development of policy, affirmative action for employing disabled persons, Ricci class members residing in nursing homes, and rest homes, and HIV & AIDS policy and procedures. Revised regulations dealt with the Governing Boards of Trustees for facilities, and the composition of human rights committees.

The regional lawyers whose primary responsibilities are to advise the regional and area office staffs and to

represent the DMR in matters before the probate and district courts, handled 813 guardianship cases, 1,633 Rogers cases for authorization to treat with antipsychotic medication, 30 extraordinary treatment and life sustaining treatment cases, 16 protective services cases involving victims of abuse, 92 criminal matters where the victim or alleged perpetrator is a person with mental retardation, and 9 ISP hearings. The labor lawyers handled 89 labor arbitrations, 11 civil service cases, 12 labor relations commission cases, 45 MCAD cases, and 150 workers compensation cases. The investigations appeals group disposed of 58 appeals.

DMR Human Rights Advisory Council

Pat Freedman
Boston, Chairperson

Cheryl Authier
Springfield

Barbara Cutler
Arlington, Vice Chairperson

Gunnar Dybwad
Wellesley

Matthew Engel
Northampton

Florence Finkel
Sharon

Stan Goldman
Boston

John Julian
Winthrop

Edwin Mikkelsen
Wellesley

Raymond Plouffe
Waltham

Carol Tubman
Wollaston, Secretary

Thomas Anzer
Director for Human Rights

Management & Finance

The Office of Management and Finance is responsible for fiscal management and providing administrative support to all of DMR.

Y2K Ready

The DMR began preparing for the millennium more than two years ago. Preparations began with a thorough review of MIS systems. The Department has also upgraded more than 600 personal computers and replaced nearly 1,000 others.

New operating software was installed on all desktops and the applications that DMR uses every day to support its operations were checked, re-coded or replaced.

Additionally, the DMR took actions to ensure the critical components of our service delivery would function smoothly for the year 2000.

The DMR managers and the providers tested their standard emergency

Workers Compensation

% Active Cases vs. Workforce FY91-FY99



procedures to ensure these practices operated effectively in the new year.

Human Resources

The Office of Human Resources published an Employee Handbook for all new and current employees. The handbook lists all of the rights,

benefits, and responsibilities staff have as a DMR employee.

Human Resources was also recognized by the Commonwealth for its efforts in promoting the campaign to increase employee participation in direct deposit. Some 348 employees across the state have switched to direct deposit between November 1998 and March 1999.

LPN Program

An innovative outcome of a Memorandum of Understanding that was crafted between the Commonwealth through the Office Human Resource Development and Employee Relations (HRD/OER) and the Departments of Mental Health (DMH) and Mental Retardation (DMR) and AFSCME Council 93 was a program that trained employees to become Licensed Practical Nurses (LPN). Six students from



Graduates of the LPN Program with Commissioner Morrissey (l.) are Lee Strasser, Shirley Stempka, Robert Furtado, Louis Latourneau, Donna O'Brien and Michael Nelson.

across the state participated and graduated from the LPN program this year. The program encourages qualified employees to receive 4/5 paid educational leave while pursuing this nursing degree.

Workers' Comp Savings

The DMR Workers' Compensation Department continues to make significant progress and cost savings. The year ended with only 2.1% of staff on payroll receiving indemnity benefits. There are 561 fewer employees receiving benefits than there were in 1992.

The Department has placed a great deal of emphasis on injury prevention and workplace safety. Historically, the majority of injuries sustained by employees were due to lifting tasks performed within their work site. During this fiscal year, 1,539 injuries were reported and only 194 or 12% involved lifting. This low figure is attributed initiatives taken in the area

of safety awareness, training and the purchase of ergonomic equipment.

Revenue Optimization Campaign

This year, the DMR received a check for \$591,840 as part of the Commonwealth's Revenue Optimization Campaign. The check was the third time DMR was the recipient of funds through this campaign.

These funds must be spent within the next two years on items that are "one time" in nature. Past revenue optimization funds were used in areas such as technology, home improvements, and workforce development.

POS System Reviewed

This year, the Department identified six priority areas for management review. One was to review how the DMR manages the Purchase of Service (POS) system.

The firm of Bailit Health Purchasing was hired to work with the Depart-

ment in this area. They conducted in depth interviews with all of the regional and area offices, and a cross section of providers who operate the community based programs and look at how similar types of services are managed in other parts of the country. The goal of this initiative is to establish standards and consistency in practice across the agency.

Five Honored for Money Saving Suggestions

Five DMR employees were honored at a June 2nd ceremony and luncheon at the State House for their suggestions in how to reduce government costs. The program that is offered through the Executive Office for Administration and Finance is a formal system for rewarding state employees who submit suggestions that will reduce operating costs in state government, generate additional revenue for the Commonwealth, or increase the efficiency of state government operations. The DMR honorees are:

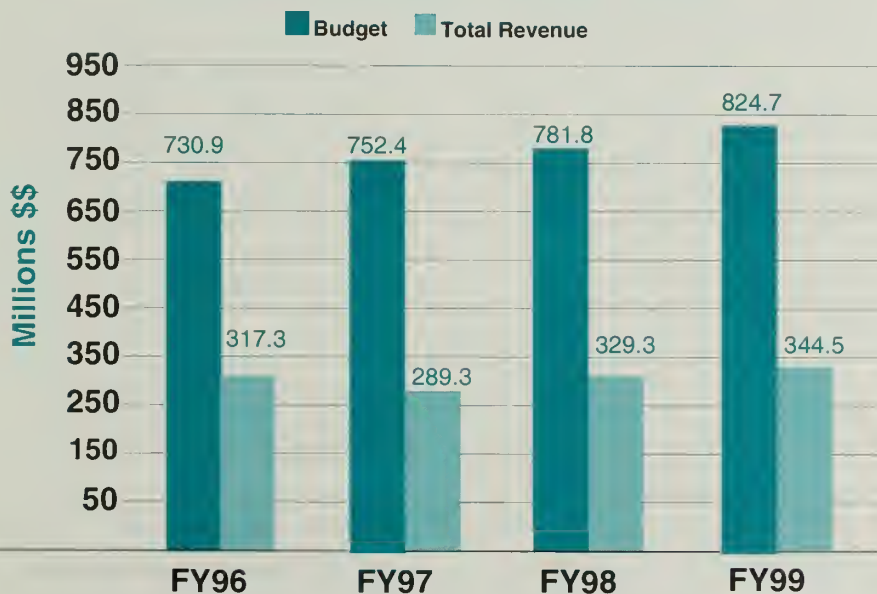
Prema Raja, Central Office, for her project, "Increased Administrative Waiver Billing."

Colleen Hebda, Fall River Area Office, for "Energy Conservation Retrofits for Community Residence Services."

Paul Slater, Central Office, implementation of his concept, "Increasing Federal Reimbursement."

Honorable Mention, Leonard Beaton, North Central Office, for "Mobile Eligibility Teams" and Gary Gagne, LPN, for "Back Supports for Heavy or Constant Lifting."

REVENUE GROWTH FY96 – FY99



Policy, Program Development, Children and Families

The Office of Policy, Program Development, Children and Family Services manages the DMR's Family Support Program, Children's Services, Training and Development, Policy Development, Strategic Planning, Data and Information Management, and Special Projects.

Workforce Development

One of the key management objectives for this past year was workforce support and development. The DMR recognizes that its success at providing the highest quality services to the

people it supports is based on the commitment, dedication, experience, and skill of its entire staff. The DMR is committed to ensuring that the quality of its workers and work environment is the highest possible.

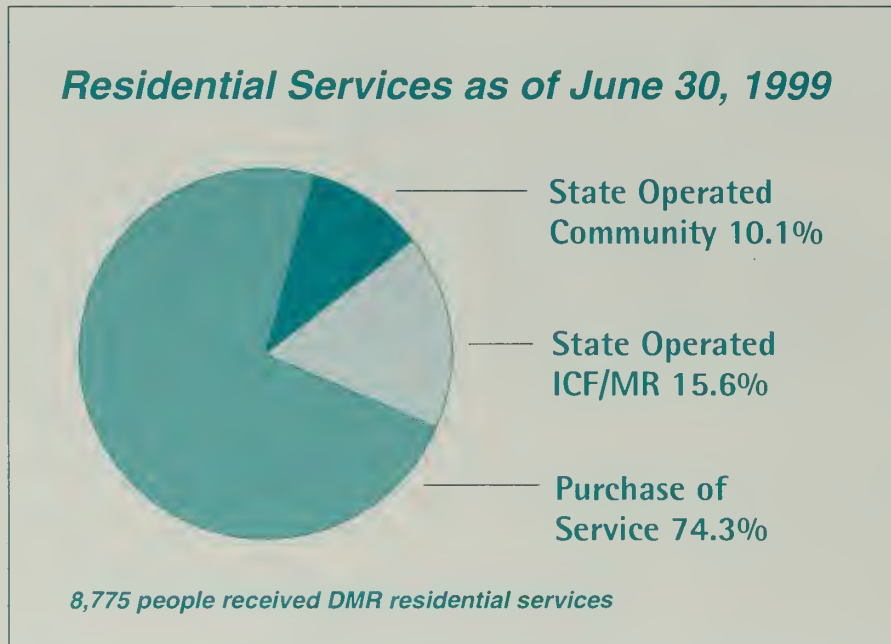
This office focused on the following areas:

- Implementing workforce recruitment and retention strategies.
- Cultivating the skills, knowledge, and expertise of direct support workers in order to support the growth of a professional direct support identity.
- Articulating expectations and role clarification to support growth and

development.

- Expanding a system of retraining displaced staff.
- Enhancing and increasing sensitivity to cultural and linguistic diversity.
- Constructing opportunities for

activities will be initiated through this partnership to support learning and develop the practical skills and critical thinking required to provide supports and managing the support delivery system.



Already there are a number of courses and concentrations of study being offered at many state colleges. In April, the UMass/DMR partnership held an educational summit with provider agencies to examine the progress that has been made to educate and improve skill

leadership, team building, and mentoring .

- Focusing on strategies to enhance supervisory skills.

On October 14, 1998, representatives from the DMR and the UMass system, providers agencies, and guests assembled at the State House to announce the formation of the Workforce Development Partnership.

The Partnership is an agreement between UMass and DMR to develop a self-educated and prepared workforce from which the Department can draw for service. Over the next decade, a range of educational and training

development in the DMR and provider workforce.

For the fifth year, this Office sponsored the the Leadership Development Institute (LDI), a program that provides leadership and educational opportunities to people who are committed to making a long-term impact on the lives of people with disabilities.

Thirteen students graduated from LDI this year.

DOE/DMR Project

For FY99, the success of the Inter-agency Agreement between the

Department of Education (DOE) and the DMR that keeps families together and avoids residential school placements continued.

During FY99, 207 students participated in the project, an increase of 47 students over the previous year. Of this number, 41 students had returned from .6 residential school placements. The remaining 166 had utilized the Project to obtain a diversity of supports as an alternative to an initial residential school placement.

NASDDDS Performance Study

Massachusetts became one of only 14 states that is participating in a nationwide project that seeks to develop nationally recognized performance and outcome indicators. The Core Indicators Project (CIP) that was launched last year by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) will enable agencies to track system performance and outcomes on a year to year basis.

CIP will also help the DMR to benchmark the performance levels of support services and measure them against other states and agencies. Participating states are pooling their resources and knowledge to create performance monitoring systems and indicators, data collection strategies, and strategies to share results.

Robert Wood Johnson Self-Determination Grant

A Robert Wood Johnson grant on self-determination continued this year in the Metro Region. The grant promotes self-determination opportunities for individuals with mental retardation and their families.



Christopher Bechard stocking shelves at the Petco Store where he is employed in Worcester. More than 6,200 people with mental retardation are working across Massachusetts in employment programs.

Significant strides have been made thus far in a number of areas. Family Governing Boards representing minority communities are managing resource dollars for individuals and families within their respective communities. Provider organizations have continued to analyze the impact that a choice-based system of supports for people with disabilities will have on current provider structures and business practices. Service Coordinators are working with more and more individuals to develop individual budgets for flexible support arrangements. The Metro Region has also awarded a contract for the first Intermediary Service Organization (ISO) for individuals and families to use for their individual budgets and to serve as an employer-of-record for their personal staff.

Strategic Management

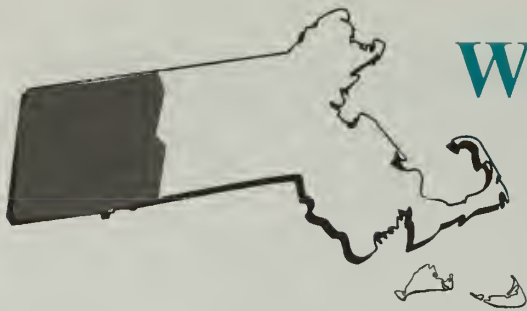
The Department embarked on its first system-wide strategic planning process. With assistance, DMR will take this year to define the context

within which it operates, and look at the information we have available and the pressures upon the agency which affect its operations and management. Then we will embark on a multi-year planning process to define our goals and to shift structures and systems to help us reach those goals.

Employment Supports

This year saw the beginning of a comprehensive employment support planning process. The DMR worked with the Institute for Community Inclusion at Children's Hospital on a concerted and affirmative effort to clarify its employment position and goals in order to match actions and structures with that position.

Part of the process has been to provide a variety of forums in which people from various parts of DMR, as well as outside the agency, have the opportunity to discuss and problem solve issues we confront in the provision of employment supports for individuals.



Western Region

FY99 Budget	\$110,094,983
Individuals/Families Served	3,947
No. of Providers	52
No. of State Employees	793
No. of Provider Employees	2,016



Teresa O'Hare
Regional Director

This Region includes 102 communities located in the mountains of Berkshire County, the hilltowns of Franklin and Hampshire Counties, the North Quabbin Area – including Athol, Orange, the five college area, and the cities of Holyoke, Chicopee, Westfield, and Springfield.

During last year 70 people were served from the Waiting List and another 73 people graduated from their local schools and transitioned to the adult service system. Services provided included some combination of residential, day, family support and transportation.

Family Supports

The Region hosted four focus sessions on family supports during the year. A luncheon was held in January that discussed this topic and the need to have an active dialogue with families, providers and the DMR. Subsequently, three focus groups and town meeting sessions were held involving Adult Caregivers, Families of Students in Transition, and Families of School Age Children. In addition a special meeting was held in the Berkshires on these same issues.

In May the Uniting Families for Change and the DMR hosted a workshop on national trends and family supports.

Project Roots

The second Regional Conference with Project Roots was held in April. Project Roots has four goals: to raise awareness about the needs of ethnically, linguistically and culturally diverse individuals and families served; to increase community awareness of disability services; to increase the providers' abilities to support ethnically, linguistically and culturally diverse families; and to develop support services specific to the needs of different ethnic and cultural groups in the region. Over 400 people from diverse ethnic and cultural backgrounds attended the conference.

Self-advocacy

Self-advocacy in the Region dates back to 1978. There are over 225 individuals who are involved in 14 different self-advocacy groups in this Region. This past year a new self-advocacy group in the Westfield Area was formed and is hosted by one of its provider agencies. Representatives from the different self-advocacy groups meet once a month in a Regional Planning Team.

Employment Supports

DMR Regional and provider staff formed a partnership to examine the importance of employing persons with disabilities. The planning effort has involved a steering committee and the formation of seven sub-committees involving more than 25 staff, the

Regional Director, a number of executive directors, and senior staff.

The last sheltered workshop in the Berkshire Area was closed in November when Berkshire Unlimited of the Berkshire County Arc closed its doors. At one time over 100 people received day supports at the workshop. The same program now supports 93 individuals in community based employment situations ranging from individual employment to small work crews. Regionwide there are approximately 360 individuals who are in integrated community jobs, which includes 279 individuals on employer payrolls.

Residential Supports

The Western Region RFR'd all of its residential supports during the spring. The new RFR's caused changes in both providers of service and in the configuration of how services are provided. Where change occurred, the transition was smooth and resulted in little disruption to individuals being served. All residential supports now have in place performance outcome measures and strengthened definitions of services.

Interfaith Connections

This project, a partnership between DMR, providers, and clergy integrates persons with disabilities into local faith communities. The project is currently working with 89 persons.



Central Region

FY99 Budget	\$135,317,609
Individuals/Families Served	3,981
No. of Providers	54
No. of State Employees	1,648
No. of Provider Employees	1,655



*Diane Enochs
Regional Director*

The Central Region is made up of a number of diverse communities where close to 4,000 individuals and families are supported in their choices of home, work and community activities. The Region is committed to partnering and working collaboratively with these communities in an effort to best support people with mental retardation.

The work of the Region is carried out by a variety of groups that include DMR area and regional staff; provider agencies; advocacy groups and boards; and our state operated services. The primary focus of our work has centered on two themes:

individualizing supports to best meet people's needs and partnering with our communities and constituents to strengthen and improve our supports and services.

Individualizing Supports

Some significant accomplishments in the area of individualizing supports happened as we increased shared living opportunities. They ranged from six people who moved from Monson Developmental Center to shared living situations, to eight people who shared a large group home and moved to more individualized settings.

In the South Valley Area, staff worked with families who were

interested in having their relative own their home with non-disabled roommate(s) to support them. As a result, one person has successfully utilized this shared living model and staff are working on the development of another such home. The South



The restored cemetery at the Glavin Regional Center

Valley Area also moved 13 people into shared living situations. Most of these individuals have significant medical disabilities that resulted in major home modifications in at least 10 situations.

The Region held two successful workshops related to the transition to community based employment. In response to the need for increased day supports for individuals, the Region expanded day habilitation centers and developed a new center in the North Central Area.

In children's services, the focus was on integration and inclusion. In the greater Worcester area, children with disabilities were supported to attend

camp with non-disabled children. Collaboration with a local art museum resulted in integrated art classes.

Partnering with Communities

The following activities illustrate some of the work and effort of the

Region that focused on collaborating with the community.

- Six Public Service Announcements were developed in collaboration with Mt. Wachusett Community College.
- Collaborative work with providers focused on Workforce Development. Projects include: development of a certification program, increasing internships, and expanding our workforce.
- Partnerships with local school systems were strengthened with funding to enrich inclusive opportunities for special needs students.
- Families Organizing for Change developed partnerships with communities. A "Family Works In Progress" event highlighted projects of participants in the leadership series and a web site was developed providing information on statewide resources.
- At Glavin Regional Center and Monson Developmental Center, cemeteries were restored and improved.
- The Region provided grant awards to support more than 30 projects for individuals and families.



Northeast Region

FY99 Budget	\$129,037,806
Individuals/Families Served	5,304
No. of Providers	77
No. of State Employees	1,081
No. of Provider Employees	2,375



*Amanda Chalmers
Regional Director*

The Northeast Region encompasses 50 cities and towns from Lynn, the gateway to the North Shore, to the scenic seaports of Gloucester, Salem, and Newburyport, where the Coast Guard was founded. They stretch west to the newly re-developed and historic cities of Lowell and Lawrence to the farmlands of Groveland and Topsfield.

The Northeast Region had many significant accomplishments during FY99.

Provider Summit Meetings

The Northeast Regional Office held three successful Provider Summit meetings. These meetings, attended by provider and DMR representatives, focused on how to build partnerships, collaborations, and identify and address common challenges in providing the highest level of quality supports to individuals.

The group chose common themes and formed four task groups, which are: 1) A standard and consistent Regional Referral, Acceptance and Rejection Process; 2) ISP and Survey and Certification; 3) Staff Development and 4) Workforce Development.

REACH Expansion and Outreach

The REACH Clinic, a short-term direct consultation and specialized assistance to individuals throughout

the Region, such as behavioral, clinical and medical supports expanded its services during the year. The Clinic continued to experience a significant and noteworthy increase in referrals during this past year, receiving over 100 referrals more than in prior years. The Clinic enhanced its capacity to meet the nutritional needs of individuals living in the Northeast Region. The REACH Training Committee sponsors quarterly educational programs to strengthen and enhance the expertise of direct supporters.

The REACH Clinic has also been a tremendous support to the Area Offices in their ability to provide evaluations and make recommendations for treatment for people who reside in nursing homes. The REACH clinicians have assisted area-based nurses and psychologists in conducting observations and reviews of individuals in nursing homes.

Regionall/Higher Education Partnerships

Strong partnerships and collaborations in higher education have been developed between the Department, Community Colleges and Providers throughout the Northeast Region. At the UMass Lowell Campus, a specialization in Developmental Disabilities is now offered as a component of the Bachelor's Program. Local Providers were consulted regarding curriculum content, as were DMR managers, and

direct care supporters.

Additionally, providers have been invited to participate in a two year student internship program which places students at provider supported homes and work sites, while working toward their degree. In Lowell, the ongoing collaboration between Lifelinks Inc. and Middlesex Community College continued through a second year of Project 2002 where Lifelinks employees receive a college-level certificate in human services.

Another partnership is underway in the Merrimack Valley Area. Northern Essex Community College has joined DMR and local Merrimack Valley Providers in the ongoing work to promote increased staff retention. With leadership from DMR and Provider staff in conjunction with the College officials, the college organized a cost efficient and effective way to provide core competency training and college credits for professional development.

DMR and local North Shore Area Providers have developed a strong collaboration with North Shore Community College to offer a regionally based Orientation Program. Core competencies are offered in the areas of Human Rights, Diversity, and Communication. College credits are available as well.



Southeast Region

FY99 Budget	\$182,137,351
Individuals/Families Served	6,174
No. of Providers	73
No. of State Employees	1,994
No. of Provider Employees	2,516



*Richard O'Meara
Regional Director*

This Region has continued its efforts to provide opportunities for people to live and work as respected and contributing members of the 70 communities in our region. Our efforts span many ways and settings and focus on offering the individual - or the community where an individual lives - the supports to make meaningful participation both desirable and possible. The six DMR area offices: Brockton, New Bedford, Taunton/Attleboro, Plymouth, Cape Cod and Islands, and Fall River, our citizen boards, our state-operated facility services (Dever and Wrentham Developmental Centers) and our residential network (Southeastern Residential Services) were all engaged in this dynamic process of enriching life for people with mental retardation.

The vast majority of people live in communities throughout Southeastern Massachusetts and receive supports from private agencies who contract with the DMR or through our state-operated homes. At the close of FY99 a total of 389 individuals continued to live at the Dever and Wrentham Developmental Centers.

More than 2,000 families receive flexible and family-identified supports from a network of children's service coordinators and local family support agencies.

There are numerous examples

depicting the work of our service system. Some represent the achievements of individuals and others, our continuing efforts to encourage community development activities and creatively use DMR resources to build local partnerships. Ultimately, our goal continues to help communities become more competent in their ability to include all citizens.

- The Fall River Area saw the creation of a family support and advocacy group for families of children with complex medical needs.
- The Taunton/Attleboro Area awarded 22 "Community Investment Grants" to various community organizations including Adaptive Playground Equipment for Norton, Middleboro, and the city of Taunton, subsidizing a local theater group, and large print books for a local library.
- "Inclusive Education" awards, originally conceived in the New Bedford area, have been expanded to two more area offices.
- Dever Developmental Center successfully created community alternatives for 28 individuals and reduced its workforce by 27% without layoffs.
- A regional health care initiative developed a system of safeguards including; the creation of health care committees, and systems to monitor the quality of medical services provided, and the promotion

of awareness issues through a series of trainings for staff, consumers, and provider agencies.

- Community opportunities sponsored by the Wrentham Developmental Center continue to grow. The "Good Neighbor Program" facilitates resident attendance at local churches. Ten individuals moved into homes in the community, five individuals were placed into supported employment sites.
- The New Bedford Area formed a collaboration with local human service agencies to strengthen community based supports to women with developmental disabilities with issues of domestic abuse, victimization and self-protection.
- The Brockton Area created a "Membership Forum" to fund five initiatives aimed at developing community partnerships.
- The DMR helped several people reunite with long lost family members, offered support during severe medical emergencies and the loss of loved ones, and opportunities for people to take "real" vacations for the first time.
- The region awarded over \$50,000 in the form of five integrated recreation grants and eight innovation fund mini-grants.
- The Cape Cod and Islands Area sponsored a legislative breakfast honoring 12 individuals who had made extraordinary contributions to their communities.



Metro Region

FY99 Budget	\$237,678,421
Individuals/Families Served	9,055
No. of Providers	118
No. of State Employees	1,658
No. of Provider Employees	4,494



Jeffrey Keilson
Regional Director

The Metro Region provides supports to people with disabilities and their families in 64 surrounding cities and towns, at the Fernald Developmental Center and the Marquardt Nursing Facility in Waltham. The Region encompasses a very diverse general population of 2.2 million people. This represents more than 60% of people of color living in the state.

Our focus continues to be on the unique desires of individuals with disabilities and their families. There are many exciting initiatives and accomplishments in the Region that embody the different approaches that must be taken to translate our mission into reality for the people we support. Barriers exist, but as we have seen, they can be overcome with collaboration between people with disabilities, their families and friends, community resources, and provider and DMR staff. We do not always succeed, but we create opportunities for all to learn and move forward.

Self-Determination

The Region's Self-Determination Initiative, supported by a grant from the Robert Wood Johnson Foundation, is in its third year. Many strategies have been used to help people directly control the resources dedicated to them. An Intermediate Service Organization (ISO) has been put in place to provide the mechanism for

people with mental retardation and their families to manage available funds. Nine families have become their own provider and recruit, hire and supervise their own staff. These families have tapped into a pool of workers not otherwise available, such as neighbors, relatives and friends. One individual with a troubled past is now living with a married couple. He takes great pride in his new home and in himself, and now has a job in food preparation. Another man manages his own budget to purchase a variety of supports. He recently told his service coordinator, "Now I understand. This means I can hire staff, keep people who do a good job, and fire those who don't"

Self-advocacy courses for people with disabilities began with 35 self-advocates participating in the training. More than 80 people attended a self-determination conference for self-advocates.

The Family Governing Boards continues to be a crucial component. Forty individuals directly involved in family governance the Haitian, Latino, African-American, and Asian communities serve. More than 500 individuals and families are involved. A new grassroots group of 70 families, The Boston Families for Autism, has emerged. The merging of family control with community partnership has created many exciting opportuni-

ties that have improved the quality of life for people with disabilities and their families. In one high school, 20 students provided mentoring, support, and friendship to 20 Haitian children with mental retardation. Governing boards meet on a quarterly basis to share information, resources, and strategies.

Individualized Supports

There a number of examples in the Region of people gaining more control over their lives through continued emphasis on person centered supports. Many of the individuals involved in literacy training published a new book, "Our Lives According to Us," which contains autobiographies of each student. Home ownership continues to expand as have family partnerships. In the Middlesex West Area, after three years of hard work, four families acquired the home of their dreams. This was accomplished with a combination of a low interest loan, private fundraising, DMR funding, and the winning of a housing lottery. One individual became the homeowner of his remodeled family home, providing a permanent home for himself and one other individual.

Responding to complex clinical needs of people continues to be a priority. Metro Clinical Services responded to more than 400 requests within the areas of health, psychology, music therapy, nutrition, peripatology,

physical therapy, sexuality, education and training, speech/communication, and adaptive equipment.

Thirteen new individuals received support under the DOE/DMR agreement. Ninety-four families received supports through the provider and state Intensive Family Support initiatives. Through the Home First program, 15 children and their families were supported, three of whom have moved to accessible housing.

Community Building

Community membership and partnerships have been an ongoing commitment. More than 20 provider agencies in collaboration with the Region and a private firm, successfully implemented a recruitment campaign entitled "Some people are lucky enough to love their work." Many strategies are being used, including a web site, to reach people who might be interested in jobs providing supports to people with disabilities. More than 400 people have initiated contact, with more than 40 people being hired.

The South Coastal Area Boards has continued to successfully sponsor

DMR at a Glance

as of June 30, 1999

<i>Fiscal Year</i>	1997	1998	1999
Total budget for department	753.4M	781.8M	824.7M
Number of employees (FTE's)	7,802	7,543	7,416
Number of people served	25,930	27,169	28,508
Number of people in community residential programs	6,763	7,110	7,644
Number of people living in developmental centers	1,602	1,445	1,343
Number of people in supported employment programs	2,949	4,730	6,239
Number of families receiving family support	16,268	17,805	19,063
Number of providers contracting with the DMR	320	310	297

breakfasts to facilitate community partnerships. A local Council on Aging has been working to improve transportation for all people in their area. Small grants have been awarded to encourage community partnerships. A local elementary school received a grant to increase disability awareness in a local elementary school. The Greater Boston and Charles River West Area Board has been very active in family/citizen monitoring.

Recognition events celebrating individual and family achievements, staff accomplishments, and community inclusion have been invaluable in bridging to the community and acknowledging successes. More than 360 people were involved in year long events for the 150th anniversary of the founding of the Fernald Developmental Center.

The Central Middlesex and the Newton/South Norfolk Areas held their first annual celebrations, honoring 30 individuals and staff for their contributions to the community and to improving individuals' quality of life. More than 250 were in attendance and one individual was recognized as a newly elected town meeting member. The Region's Diversity Committee hosted two conferences focusing on how providers can work better with families of diverse backgrounds.

Expanding Supports to People

During the past year, through the hard work of DMR staff, the provider community, family members, and the community at large, more than 600 people with mental retardation and their families, received new or increased supports. New residential supports were developed in 22 communities in the Region.



How to contact the Department of Mental Retardation

160 N. Washington Street, Boston, MA 02114

Tel. (617) 727-5608 or visit our website at: www.dmr.state.ma.us

West Regional Office

1380 Main Street
Springfield, MA 01103
(413) 731-7742

Franklin/Hampshire

One Roundhouse Plaza
Northampton, MA 01060
(413) 586-4948

Berkshire

333 East Street
Pittsfield, MA 01201
(413) 447-7381

Holyoke/Chicopee

100 Front Street
Holyoke, MA 01040
(413) 535-1022

Springfield

436 Dwight St. Suite 205
Springfield, MA 01103
(413) 784-1339

Westfield

125 N. Elm Street
Westfield, MA 01085
(413) 562-1599

Central Regional Office

Glavin Regional Center
214 Lake Street
Shrewsbury, MA 01545
(508) 845-9111

South Valley - Milford

194 West Street #9
Milford, MA 01757
(508) 792-7749

South Valley *

309 Main Street
Southbridge, MA 01550
(508) 792-7756

North Central

285 Central Street
Leominster, MA 01453
(508) 792-7490

Worcester

40 Southbridge Street
Worcester, MA 01608
(508) 792-7545

Northeast Regional Office

Hogan Regional Center
Hathorne, MA 01937
(978) 774-5000

Lowell

325 Chelmsford Street
Lowell, MA 01851
(978) 970-0223

Merrimack Valley

18 Essex Street
Haverhill, MA 01832
(978) 521-9432

Metro North

27 Water Street
Wakefield, MA 01880
(781) 224-0207

North Shore

The Atrium - 2nd Floor
10 Elm Street
Danvers, MA 01923
(978) 762-8368

Southeast Regional Office

68 North Main Street
Carver, MA 02330
(508) 866-5000

Taunton/Attleboro

21 Spring Street
Taunton, MA 02780
(508) 824-0614

Brockton

500 Belmont Street
Brockton, MA 02401
(508) 427-5731

Cape Cod/Islands

270 Communication Way
Hyannis, MA 02601
(508) 771-2595

Fall River

305 Pleasant Street
Fall River, MA 02720
(508) 730-1209

New Bedford

908 Purchase Street
New Bedford, MA 02740
(508) 992-1848

Plymouth

68 North Main Street
Carver, MA 02330
(508) 866-3689

Metro Regional Office

160 N. Washington Street.
Boston, MA 02114
(617) 624-7512

West Boston/ Brookline *

1208 VFW Parkway
W. Roxbury, MA 02132
(617) 325-1155

Central Middlesex

20 Academy St.
Arlington, MA 02174
(781) 646-5500

Charles River West

255 Elm Street
Somerville, MA 02144
(617) 623-5950

Dorchester/Fuller *

85 East Newton Street
Boston, MA 02118
(617) 266-8800, ext. 417

Harbor *

66 Canal Street
Boston, MA 02114
(617) 624-0430

Middlesex/West

46 Park Street
Framingham, MA 01702
(508) 879-1111

Newton/South Norfolk

125 West Street
Walpole, MA 02081
(508) 668-3679

South Coastal

1221 Main Street
So. Weymouth, MA 02190
(781) 337-2165

Facilities

**Paul A. Dever
Developmental Center**
Taunton, MA
(508) 824-5881

**Walter E. Fernald
Developmental Center**
Waltham, MA
(781) 894-3600

**Irving A. Glavin
Regional Center**
Shrewsbury, MA
(508) 845-9111

Hogan Regional Center
Hathorne, MA
(978) 774-5000

**Monson
Developmental Center**
Monson, MA
(413) 283-3411

**Templeton
Developmental Center**
Baldwinville, MA
(508) 792-7435

**Wrentham
Developmental Center**
Wrentham, MA
(508) 384-3114

* satellite office

1999 DMR Annual Report

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Commonwealth of Massachusetts Performance Recognition Program

Each year, the Commonwealth of Massachusetts recognizes state employees who have provided exemplary and outstanding service to the Commonwealth over the last year. This year, DMR staff who were honored are:

1999 MANUEL CARBALLO GOVERNOR'S AWARD FOR EXCELLENCE IN PUBLIC SERVICE

Rebekka Taratuta, M.D., Physician III
Hogan Regional Center, Northeast Region

1999 EUGENE H. ROONEY JR., PUBLIC SERVICE AWARD

Robin Ann Reale, Training Technician, Metro Region

PERFORMANCE RECOGNITION AWARD RECIPIENTS

Individual Award Recipients

Joan Scribner, Administrative Assistant, Central Office

Dennis Millner-Hanley, Deputy Assistant Commissioner for Procurement and Management, Central Office

Patricia Authier, Vocational Instructor I, Western Region

Mary Gates, MRW II, Commonwealth Community Services, Western Region

Denise Roy-Geagan, MRW I, Western Region

Jacqueline Bernard, Chauffeur, Templeton Developmental Center, Central Region

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Janine Joseph, Program Coordinator III, Glavin Regional Center, Central Region

Rosemary Bevins, Program Manager V, Hogan Regional Center, Northeast Region

Rebekka Taratuta, M.D., Physician III, Hogan Regional Center, Northeast Region

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Scott Kluge, Lisa Kellerman, Justina Montanez, June Provencher, Edward Robinson,

Lee Blais, Katherine Camillieri, Austin Ibeh, Elizabeth MacDowell, Edward Millett,

Karen O'Neill, Lawrence Sargent, John Shipley, Timothy O'Rourke, Keith Rando, Katherine

Chadwell, Sue Mello, Pamela Allie, Cynthia Robinson, Elaine Marrs, Kelly Anketell

Mission Statement

The Department of Mental Retardation is composed of people dedicated to creating, in cooperation with others, innovative and genuine opportunities for individuals with mental retardation to participate fully and meaningfully in, and contribute to, their communities as valued members.

Guiding Principles

The Department of Mental Retardation shall conduct itself according to the following guiding principles:

- promote the right of people with mental retardation to exercise choice and to make meaningful decisions in their lives;
- respect the dignity of each individual through vigorous promotion of the human and civil rights which, in part, strives to keep people free from abuse or neglect;
- ensure that adequate services and flexible resources are non-intrusive, cost effective and provided by qualified, trained personnel to meet individual needs and preferences;
- empower individuals and their families to speak out for themselves and others, initiate ideas, have choices and make decisions about needed supports;
- recognize that ethnic and cultural diversity of each individual must be valued and respected;
- enhance public awareness of the valuable roles persons with mental retardation assume in society through promotion of physical and social integration;
- support the dignity of achievement that results from risk-taking and making informed choices;
- recognize that realizing one's potential takes courage, skills, and supports;
- provide entry to services through a single, local and familiar community setting;
- operate according to accepted management practices;
- recognize that services providing meaningful benefits to individuals require a commitment to ongoing monitoring and evolutionary change.



Commonwealth of Massachusetts
Department of Mental Retardation

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