

## **Section 5**

### **Reference Materials**

# COD Resource List

Updated: October 2015

Acton Services Useful for Residents with Disabilities				
Department	Name	Alt. Contact/Assistant	Contact/Location Information	Notes
Acton Community Housing Corporation	Nancy Tavanier		263-9611	Coordinates affordable housing in Acton.
Acton Housing Authority				
Acton Recreation Department	Cathy Fochtman		263-9608	Currently located at 33 Nagog Park
Council on Aging	Sharon Mercurio	Beverly Hutchings	929-6652	Judy Peters schedules their van and handles transportation.
Fire Department	Chief Patrick Futterer		929-7722	
Health Department	Doug Halley		929-6632	
MinuteVan/Road Runner public transportation			978-844-6809 www.minutevan.net	
Nursing Services	Heather York		929-6650	
Police Department	Francis Widmayer		929-7711	
Public Works Department	Cory York		929-6630	
Pupil Services	Mary Emmons (?)		Ext. 3265	
School Department	Supt. Dr. Glenn Brand		264-4700	
Social worker	Laura Ducharme		929-6651	
Student volunteers/Community Service Learning	Melissa Dempsey		Ext.3556	Jodi Chu also co-advises Abcom

Veterans Service Officer	James MacRae	929-6614	<b>Regional Services Useful for People with Disabilities</b>		
American Chronic Pain Association, Boston Chapter	Arlingtonnacpa.org				Serves Acton residents with disabilities
Boston Center for Independent Living (BCIL)	617-338-6665 Bostoncil.org				
Brain Injury Association of Mass.	800-242-0030 Biama.org				
Chronic illness support group, Eliot Community Human Services					
NAMI Central Middlesex (National Alliance on Mental Illness)	781-982-3318 Email: nami.cmsx@gmail.com				
Department of Developmental Services (DDS), Central Middlesex County	781-646-5500		Mary Beth Coyne (area director)		
Eliot Community Human Services	Concord 978-369-1113				Provides mental health services.
Elm Brook Place	Bedford 781-687-0993 Elmbrookplace.org				Clubhouse day program serving people with mental illness. Provides van transportation to and from clubhouse for Acton residents.
INDEX	Disabilityinfo.org				Online search tool with comprehensive information about programs serving all types of disabilities.
Massachusetts Commission for the Blind	617-727-5550				
Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH)	617-740-1600				
Massachusetts Rehabilitation Commission (MRC)	Lowell 978-458-4544				Provides vocational and disability services to people with all types of disabilities. Acton is in their service area.

Minuteman ARC				West Concord 978-287-7900 Minutemanarc.org	Serves people with developmental disabilities
Metro Suburban Recovery Learning Community (RLC)				Quincy 617-472-3237	Serves people with mental illness; peer-run
National Spinal Cord Injury Association, Greater Boston Chapter				781-933-8666 Sciboston.org	
<b>COD Business Operations</b>					
Action Unlimited				978-371-2422 Email: articles@actionunlimited.com	
Building Department	Frank Ramsbottom		Cheryl Frazier	264-9632	Cheryl Frazier, Administrative Assistant, often is able to assist us with our purchase orders and variolous other things.
Information Technology Department (Town of Acton)	Bryan Cote			929-6612	Katelin maintains COD website.
Library	Marcia Riche		Julie Glendon	264-9641	Julie handles special programs and monitors disability related resources.
The Beacon	Bill Fonda, Editor Molly Loughman, Acton reporter			781-433-6905 Email: beacon@wickedlocal.com	
Massachusetts Office on Disability	Jeff Dougan David D'Archangelo			800-322-2020 Mass.gov	Website lists all the disability commissions in Massachusetts.
Quality Graphics				Somerville Qualitygraphics.com	We have our brochures printed by this printing service. To place an order, contact the assistant town manager, Lisa Tomyl.
Quill & Press				Acton, Rte. 27	We buy office supplies here. When buying, have purchases charged to Acton Town Manager.

Roche Bros.				Acton, Rte. 111 www.rochebros.com/catering 978-263-0404	We buy our food catering meals here. (Be sure to request 10 % discount in addition to tax exemption)
Town clerk	Eva Szkaradek	Cheryl Getsick		929-6620	
Town manager	Steve Ledoux	Lisa Tomyl		929-6611	
Town Hall meeting room scheduler	Andrea Ristine			929-7744	

## AT YOUR SERVICE

### EMERGENCIES

Call 911 to save a life, report a fire, or stop a crime. Give your name, address, and phone number. For other calls, use the business number of the appropriate department.

For questions concerning:	Call:	Telephone:
Animal Control (see also Licenses, Dog)	Animal Control Officer	264-9638
Animal Inspection	Animal Inspector	263-4979
Assessments	Board of Assessors	929-6621
Bills and Accounts	Town Accountant	929-6624
Births, Deaths, and Marriages	Town Clerk	929-6620
Buildings	Building Commissioner	929-6633
Cemeteries	Cemetery Department	929-6642
Emergency Management Agency	Director of Civil Defense	929-7730
Conservation	Conservation Office	929-6634
Education Information	School Superintendent's Office	264-4700
	Council on Aging	929-6652
Elderly Affairs	Minuteman Senior Services	781-272-7177
	Public Health Nursing Service	929-6650
	Town Clerk	929-6620
Elections, Voting, and Registration	Town Engineer	929-6630
Engineering	Planning Department	929-6631
Fair Housing	Fire Department	264-9645
Fire (Business and Permits)	Board of Health	929-6632
Garbage and Refuse	Board of Health	929-6632
Hazardous Materials	Board of Health	929-6632
Health and Sanitation	Highway Department	929-7740
Highways and Streets	Public Health Nursing Service	929-6650
Home Nursing	Housing Authority	263-5339
Housing	Acton Memorial Library	929-6655
Libraries	West Acton Citizens' Library	929-6654
	TDD for the Deaf	635-0072
Licenses: Dog, Fishing, Hunting	Town Clerk	929-6620
Mental Health	Community Services	929-6651
Permits:		
Blasting	Fire Department	264-9645
Building	Building Inspector	929-6633
Food Service	Board of Health	929-6632
Hating	Fire Department	264-9645
Historic Districts Certificate	Building Department	929-6633
Oil Burner	Fire Department	264-9645
Outdoor Burning	Fire Department	264-9645
Plumbing	Building Department	929-6633
Sewage	Board of Health	929-6632
Smoke Detector	Fire Department	264-9645
Wiring	Building Department	929-6633
Zoning	Zoning Enforcement Officer	929-6631
Planning	Planning Department	929-6631
Police Business	Police Department	264-9638
Recreation	Town Hall	929-6640
Selectmen	Town Hall	929-6611
Street Lights	Municipal Properties	929-7744
Street Trees	Municipal Properties	929-7744
Tax Collections	Treasurer and Collector	929-6623/6622
Town Finances	Treasurer	929-6623
Town Manager	Town Hall	929-6611
Train Service	MBTA	800-392-6100
Transfer Station/Recycling Center	Highway Department	929-7742

Veterans' Services  
Water Problems  
Welfare  
Wire Inspection  
Zoning  
Zoning Appeals

Veterans' Agent 929-6614  
Water District 263-9107  
MA Department of Public Welfare 617-348-8500  
Wire Inspector 263-9632  
Zoning Enforcement Officer 929-6631  
Zoning Board of Appeals 929-6633

Schools

Central Office/Switchboard Calls (7 am – 4 pm) 264-4700  
Acton-Boxborough Regional High School 264-4700  
R.J. Grey Junior High School 264-4700 x 3304  
Conant School 266-2550  
Douglas School 266-2566  
Gates School 266-2570  
McCarthy-Towne School 264-3377  
Merriam School 264-3371

Athletic Office (high school) 264-4700 x 3420  
Community Education 266-2525  
Extended Day Programs (offered at Admin Building, Conant School, Gates School, and McCarthy-Towne School)

Contact Comm Ed 266-2525

## A BRIEF HISTORY\*

In order to begin to understand and appreciate the disability rights movement, it is necessary to review, albeit briefly, the history of how people with disabilities have been viewed and treated by various western cultures. From the earliest times there has been much diversity in how cultures viewed people with disabilities. Throughout history, most **nomadic tribes** considered people with disabilities as useless because they could not contribute to the wealth of the tribe. Nomads often left such people to die when the tribe moved to a new location.

Although the **Greeks** sought rational reasons for disability, they reached some erroneous conclusions. For example, they believed epilepsy was a disturbance of the mind and they thought that people who were deaf could not learn because the "usual" form of communication was essential to learning.

The years marking **early Christianity** were a period of sympathy and pity for people with disabilities. Churches organized services for people with disabilities within their congregations and homes. However, many Christians also had a paternalistic attitude that led them to diminish the autonomy of people with disabilities. In addition, many regarded disability as an impurity that could be purged through worship and forgiveness of sins. They believed that with enough prayer and rituals the disability could be eliminated.

During the **Middle Ages**, as their attraction to supernaturalism increased, Christians became fearful of people with disabilities. "ese people were not only ridiculed (for example, the court jester who was actually someone with a humped back), but also persecuted. Disability came to be seen as a manifestation of evil.

**The Renaissance** brought the beginning of medical care and treatment for people with disabilities. Education was made available to people with disabilities for the first time in western recorded history. In keeping with this enlightened approach, people with disabilities were encouraged to participate actively in their segregated communities. People with disabilities continued to be institutionalized. Although society believed that people with disabilities could be educated, their education was usually in "special" segregated programs or schools, often far from urban or heavily populated areas.

The first settlers of **the American colonies** would not admit people with disabilities. This decision was based on the belief that such individuals would require financial support. The colonists enacted settlement laws to restrict immigration of many people, in addition to those with disabilities. However, this did not infringe on the citizenship rights of

people born with disabilities or of those who acquired disabilities after they were settled here.

By 1880, in addition to developing almshouses for people who were poor or in need of basic support, most states and territories had programs for people with specific types of disabilities. Typically, these programs were housed in large institutions that provided education for people who were blind, deaf, mentally retarded or otherwise physically disabled. Some spent their entire lives at these institutions.

The movement West, otherwise known as the **American Frontier Movement**, inspired a peculiarly American belief that social ills could be eradicated by local initiatives. The concept of "rugged individualism," born in the American frontier, still maintains a powerful hold over political debate regarding persons with disabilities. Although community-based services eventually began to emerge, people with disabilities, on the whole, were still segregated from society. Rural areas were the only places where people with disabilities tended to live with their families in integrated settings.

**Rehabilitation services** on a broad scale were introduced as a federal program after World War I. These first rehabilitation programs focused on the veteran with a disability who was returning home to the United States. The need for training or retraining created the first federally funded program for people with disabilities. This program is now generally known as the federal-state vocational rehabilitation system.

Soon after World War I, in Hitler's Germany, the societal support of institutionalization led to abuse during the 1930s. People with disabilities, most notably those with mental retardation and mental illness, became the Gestapo's first "guinea pigs" in medical experimentation and mass execution. Before the mass extermination of Jews, Gays Men, Lesbians, and other minorities and their supporters, people with disabilities were put to death, usually in the institutions where they had been living for years. However, during the 1940s, individuals in America's **blind community** argued that they needed education rather than rehabilitation, and argued for separate services for people who were blind. Advocates who were blind argued that rehabilitation is based upon a "medical model." According to this model, persons who are blind are viewed as needing treatment and a cure for their blindness, rather than education about how to live a full life as a blind person. This debate over approach resulted in a split within the vocational rehabilitation program. This split allowed state vocational rehabilitation agencies and agencies serving the blind to become separate entities within a state.

The social change movements during **the 1960s** rallied disability leaders to seek federal legislation supporting civil rights, barrier removal, and new community-based services for people with disabilities. For example, the Social Security system, which provides

benefits to those who earned income over a pre-determined period of time and became disabled (that is, "unable to work"), or who were poor and disabled ("supplemental security income" or SSI is the centralized federal system created to replace varied state welfare systems), was historically the only attempt to provide services for people with disabilities beyond the vocational rehabilitation approach.

Witnessing the success of the civil rights movement, people with disabilities, advocates, family members and service professionals began an intensive examination of the human services delivery system. These often scattered evaluations revealed tremendous gaps in both service delivery and in the rights of people with disabilities to control their own destiny. In an attempt to fill the obvious gaps, **community-based programs** for people with disabilities began emerging all over the nation. Some programs were strongly "consumer-controlled", i.e., governed and staffed by people with disabilities. Many were not, yet still emphasized increased independence for people with disabilities (e.g., group homes for those identified as mentally retarded who were leaving large state institutions). All of the programs were focused on ensuring that people with disabilities had the same opportunities as non-disabled individuals in participating in school, work and community life and most emphasized a movement away from institutionalization.

The growth in community-based programming included an increase in technology and adaptive equipment design. Many innovative ideas and environmental change agents were being developed in a variety of fields--medical care, medical rehabilitation, rehabilitation engineering, adaptive equipment for people with severe developmental disabilities, etc. The co-occurrence of new concepts in service delivery, new technologies, and new attitudes began to make a difference in the lives of people with disabilities. Growing out of these and other social and political movements was the movement for "independent living".

## THE IMPACT OF OTHER SOCIAL MOVEMENTS<sup>1</sup>

Five social movements of the 1960s and 1970s contributed to the evolving movement for independent living for people with disabilities. These were:

- civil rights movement
- consumerism
- self-help
- demedicalization
- deinstitutionalization.

These five social movements created the necessary atmosphere for the current activities of both the disability rights movement and the development of centers for independent living.

In the late 1960s, beginning with the Center for Independent Living (CIL) in Berkeley, California, disability rights and independent living concepts merged into one operational organization. Essentially, individuals with disabilities joined together to protest their exclusion from society's mainstream and demanded more humane, nonmedical attention from the nation's service delivery systems.

Much of this demand sounds like the **civil rights movement** led by African Americans during the 1950s and 1960s. People with disabilities pointed out that they--like other minorities--were being denied access to basic services and opportunities such as employment, housing, transportation, and education. Like Rosa Parks, people with disabilities want and need to be able to ride the bus. By 1972, there were at least five states where CILs similar to the Berkeley model had been established. These new organizations, responding to a rising demand from the disabled community for control over their own services, are run by people with disabilities for people with disabilities.

**Consumerism**, a movement led by well-known national figures such as Ralph Nader, contributed another element to the growing disability rights and independent living movement. As "clients" or "patients," people with disabilities were rarely given any autonomy or power over choosing their own services and products. For the first time, they stressed their role as consumers first and "patients" last. Individuals with disabilities wanted the right to educate themselves and to decide for themselves what services and

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<sup>1</sup> DeJong, G. (1979). The movement for independent living: Origins, ideology, and implications for disability research, Heller Graduate School, Brandeis University, Waltham, MA.

products they wished to purchase (even if a third party was paying for the service or product).

**Self-help** is nothing new in the United States. However, organized self-help programs are relatively new. The original and best known non-professional, self-help program is Alcoholics Anonymous (AA). Although living with a disability is not the same as having a problem with alcohol, a strong parallel with the group model remains. Similar to the AA model, leaders of the disability rights and independent living movement believe that only persons with disabilities know the best way to serve others who have the same or similar disabilities. Peer counseling and self-help groups are thus strongly advocated by the disability rights movement.

**Demedicalization** and **deinstitutionalization** also share certain common characteristics. The assumption is that people with disabilities are not "sick"; thus, **demedicalization** means removing the involvement of medical professionals from the daily lives of individuals with disabilities. The perfect example of a demedicalized service for persons with severe mobility disabilities is personal assistance. Personal assistance is a consumer-directed service whereby the person with the disability recruits, hires, trains, manages, and fires his or her own personal assistant(s). When consumers with disabilities are allowed to buy the services they need for daily survival from whomever they choose, they have demedicalized the service. Unfortunately, the vast majority of services provided to people with disabilities, and often the funding to pay for such services, are still rooted in the medical model.

Deinstitutionalization, a community response to large mental health facilities for those who are mentally ill or mentally retarded, follows the principles of demedicalization. Most institutions are staffed by medical personnel, even if residents are not ill. Because many individuals are disabled only by some permanent condition, placement in medically focused institutions is inappropriate. Institutionalization is far more costly than providing those same residents with the support services they need to live in their chosen communities. The disability rights and independent living movement is working toward the development of a network of nonmedical and community-based services that assist institutionalized persons to move back to their homes. The disability rights and independent living movement are a merging of all five social movements as they pertain to and are defined by people who have disabilities.

In the past few decades, disability rights advocates have successfully gained recognition of the needs and issues of the disabled community. Because of their efforts, this community is becoming more and more accepted and recognized as a minority community, one defined in terms of the magnitude of its constituency and the power of the disability rights movement. The work of the disability rights movement recognizes

the importance of empowering individuals with disabilities to take their rightful place in society. **Passage of the Americans with Disabilities Act of 1990** was a landmark event that guarantees equal protection under Federal law, and works to ensure that people with disabilities are more fully integrated into society.

Additionally, the **Rehabilitation Act Amendments of 1992** demonstrated a new level of understanding in the U. S. Congress about the need for increased "consumer-control" over services, programs, and boards (advisory or governance) associated with programs funded by the Act. For example, Title VII which funds the independent living programs, requires that a majority of the persons on the boards of the centers for independent living be persons with severe disabilities and that a majority of staff must be individuals with disabilities.

Reviewing the history of the views and treatment of people with disabilities helps us to understand and appreciate the disability rights movement. Today, as throughout history, both individuals' and communities' views of people with disabilities has been shaped by politics, religion, geography, medicine and science, and levels of individual ignorance or awareness. Having learned from history, we are at the dawn of a new age for people with disabilities.

\* This section is based on "The Movement for Independent Living: A Brief History" (1990), by Maggie Shreve, 1523 West Edgewater, Chicago, Illinois, 60660.

## FEDERAL LAWS IN BRIEF

- 1920 The Smith-Fess Act (Vocational (Industrial) Rehabilitation Act) was the first services to civilians with disabilities; amended (Barden-LaFollette Act, 1943) redefined services to include those necessary to enable a person to be employable; amended (1954) include training of professional rehabilitation workers;
- 1935 Social Security Act: financial support for people with disabilities
- 1965 Vocational Rehabilitation Act Amendments: (1965) expanded services to include social rehabilitation as well as vocational and medical services; (1967) extended services to migrant workers and workers who were deaf and/or blind.
- 1965 Social Security Act amended in 1965 to create Medicare and Medicaid.
- 1963 Congress passed the Mental Retardation Facilities and Community Mental Health Centers Construction Act; amended in 1965 to provide construction monies for rehabilitation centers and workshops.
- 1968 Title VIII of the Civil Right Acts (Fair Housing) provided civil rights in housing.
- 1968 Architectural Barriers Act was passed, creating the National Commission on Architectural Barriers, and required all buildings constructed, altered, or financed by federal monies be accessible to persons with disabilities.
- 1973 Rehabilitation Act of 1973. Mandated civil rights protecting against discrimination by federal government, as well as federal contractors and those receiving federal funds. Amendments mandated businesses with federal contracts to take affirmative action to employ and advance qualified individuals with disabilities. Increased services to persons with severe disabilities. Created the Architectural and Transportation Barriers Compliance Board.
- 1975 Education for All Handicapped Children Act of 1975 (now titled Individuals with Disabilities Education Act (IDEA)) required a "free and appropriate public education" for all children regardless of the type or the degree of the child's disability. Provided for training for special education, related services, and early intervention personnel. PL 94-142 provided the first national

recognition of the role of social work practitioners within the educational setting. Amended in 1983 to facilitate transition from school to work.

- 1975 Developmental Disabilities Assistance and Bill of Rights Act created state protection and advocacy systems.
- 1978 Rehabilitation Act Amendments, Title VII, mandated Comprehensive Services for Independent Living; funding "Centers" for Independent Living.
- 1984 Voting Accessibility for the Elderly and Handicapped Act mandated that all polling places must be accessible.
- 1984 Carl D. Perkins Vocational Act. Required 10% set aside for vocational education for persons with disabilities.
- 1984 Developmental Disabilities Amendments. Advocated deinstitutionalization and integration into the community. Created concepts of supported employment, employment-related activities, and employability of persons with developmental disabilities.
- 1985 Mental Illness Bill of Rights Act. Expanded State Protection and Advocacy Systems to cover mental illness.
- 1986 Rehabilitation Act Amendments, Title VII, Part B. Advocates worked for passage of law mandating "consumer control" on Centers for Independent Living Board of Directors.
- 1986 Education of the Handicapped Act (now called IDEA) Amendments. Expanded coverage to pre-school children, 3-5 years old.
- 1988 Fair Housing Amendments. Clarifies civil rights of persons with disabilities and housing.
- 1990 Americans with Disabilities Act. Expands civil rights protection to persons with disabilities, including employment, public services, public accommodations and services; and telecommunications.
- 1992 Rehabilitation Act Amendments of 1992. Established purpose of Title VII as mandating the "creation of statewide networks of Centers for Independent Living"; ensures greater involvement and authority of people with disabilities in service delivery and program management.

## DocuShare Instructions

- 1) Go to <http://doc.acton-ma.gov>
- 2) Click on **Public Meetings**
- 3) Click on **Commission on Disabilities**

Under Commission on Disabilities, you will then see different folders, such as 'Variances' etc.

## Acton COD 2010 Survey Summary

### Findings

In 2010 the Acton Commission on Disabilities sent a general disability survey with the town census to assess the array of disabilities/chronic conditions that people in Acton were experiencing. The Commission was also looking to assess services being received and current unmet needs. People were asked to check what type of disability they or a member of their household had, what services they used and in what areas they needed more help. Some 413 surveys were returned. Of the surveys returned 72% reported having some type of disability. The attached sheets display the disabilities reported. 43% reported having a physical disability, while 18% reported a psychiatric disorder and 06% a developmental disorder. It is important to note that the survey had accidentally failed to ask about developmental disorders. The respondents themselves added it to the check list. Given this, there is every reason to think, that had it been included, the percentage would have been much higher.

Of people with disabilities or a chronic condition 70% checked that they had no current concerns. This speaks highly for the array of services and organizations that people currently use. The array of services is also displayed on the attached pages.

The top 4 areas of need expressed by people who did have concerns were transportation- 43%, access-25%, financial/employment-23%, insurance-21% (see attached display). The areas of greatest need varied by disability. While transportation was what groups most often listed as their greatest need after that what was needed most differed. For

psychiatric disabilities were most likely to check lack of emotional support as a problem followed by those with physical disabilities.

### Next Steps

As transportation issues have improved significantly for Acton residents, physical access and income/employment concerns as well as medical care/ insurance remain as major priorities. These issues cross all disability categories. Another issue that emerges from the data is that two groups of people with disabilities seemed to have significant needs disproportionate to their numbers - those with chronic conditions and those with psychiatric conditions. Individual respondents with these disabilities were more likely to list multiple areas of concern than any other group. It may be worthwhile for the COD to look for a way to explore the concerns of these people more fully.

The failure to include developmental disabilities was a major oversight which gives us little information about this group. It is another area that deserves attention for future work, perhaps a future targeted survey or meeting with groups who already provide services to these folks.

On a final note, while lack of supportive services was not a large concern overall, it was more so for some groups. We need more clarity about the types of supportive services people need. One person listed respite care by the checked box, but supportive services can mean many things to many people. A possible approach would be to hold a forum or a series of forums to explore these issues more fully. Another is to do outreach to service providers listed to learn what they hear from their clients.

## Disability Issues Survey Snapshot

Overall respondents=413

Disability or chronic condition = 299 or 72%

No disability =114 or 28%

**Disability or condition by category:** (Adds to more than 100% as people could check multiple categories)

Physical disability =	43%
Mobility issues=	37%
Chronic illness or condition=	34%
Deaf or hard of hearing =	22%
Age related impairments =	22%
Psychiatric disorder =	18%
Visual impairment =	13%
*Intellectual impairment =	06%

People with disabilities /chronic condition who checked no concerns =205 or 70%

People with disabilities/chronic conditions who checked concerns = 83 or 30%

**Expressed concerns by percent:**

Transportation =	43%
Access =	25%
Employment/ financial =	23%
Insurance =	21%
Lack of supportive services =	13%
Lack of emotional/ social support =	12%
Discrimination =	05%
Other=	15%

(This category covers write ins. It included such concerns as access for service dog, safety, lack of HP parking enforcement, lack of public restrooms, lack of places to sit in shopping areas and the need for info about local businesses who employ people with disabilities.)

\* This question was not asked on the survey. The percent represents people who added this category

## **Disability Services and Organizations used by Survey Respondents**

### **Aging**

Council on Aging (COA)

### **Chronic Illness**

American Parkinson's Disease Association

Epilepsy Foundation

Mass Alzheimer's Association

Multiple Sclerosis Society

National Alliance for the Mentally Ill (NAMI)

### **Developmental Disabilities**

Department of Developmental Services (DDS)

Edinburg Center

Federation for Children with Special Needs

Minuteman ARC

### **Mental Health / Autism Spectrum Services**

Aperger's Association

Aperger's Association of New England (AANE )

Autism Support Center

BU Center for Psych Rehab

Department of Mental Health

Edinburg Center

Elliot Community Services

National Alliance for the Mentally Ill (NAMI)

### **Mixed Disabilities**

CHARGE Foundation

Elliot Community Services

Federation for Children with Special Needs

Framingham Advocates

Mass Rehabilitation Commission (MRC)

New England Independent Living

## **Toward Independent Living and Learning (TILL)**

### **Nursing**

Acton Nursing  
Hospice Visiting Angels

### **Sight and Hearing**

CHARGE Foundation  
Low Vision Support Group  
Mass Association for the Deaf  
Mass Commission for the Blind (MCB)  
National Federation for the Blind  
Perkins Institute

### **Schooling**

Acton Boxboro Special Education (AB SPED)  
Carrol Center  
Case Collaborative

### **Veterans**

Disabled American Veterans (DAV)  
Veteran's Administration (VA)

## **Topics People would like to know more about**

Accessing Transportation  
After school activities  
Financial Resources including employment  
opportunities, basics such as heat and utility supports  
and paying for insurance  
Filing for Disability  
Impact of Health Care Reform on People with Disabilities

## COD Commissions in the State of Massachusetts, as of July 15, 2015

This site provides information on all of the COD commissions in our state. A few of our closest ones are listed below.

<http://www.mass.gov/anf/docs/mod/commission-listing.doc>

### **AYER**

Tom Sylvester  
Chairperson  
COMMISSION ON DISABILITIES  
1 Main St.  
AYER, MA 01432  
978-772-8820

### **CHELMSFORD**

Len Olenchak  
Chairperson/ADA Coordinator  
COMMISSION ON DISABILITIES  
8 Jordan St.  
NORTH CHELMSFORD, MA 01863  
(978) 821-6608 (h)  
978-251-8056

### **CONCORD**

Jean Goldsberry  
Chairperson  
COMMITTEE ON DISABILITY  
22 Monument Square  
P.O. Box 535  
CONCORD, MA 01742  
978-318-3000

### **LITTLETON**

Wendy Vinal  
Chairperson  
COMMISSION ON DISABILITY  
23 Florence Street  
LITTLETON, MA 01460  
(978) 486-9730 (h)

### **LINCOLN**

John Ritz  
Chairperson  
COMMISSION ON DISABILITY  
16 Lincoln Road  
LINCOLN, MA 01773  
781-259-2600

### **MAYNARD**

Kevin Sweet  
Town Administrator/ADA Coordinator  
TOWN OF MAYNARD  
195 Main St.  
MAYNARD, MA 01754  
978-897-1375  
WALTHAM, MA 02451  
(781) 844-1199 (h)  
781-894-3357 x267

**Some Commonly Used**  
**ACRONYMS**  
**Used by the Acton COD**

**AAB**

Architectural Access Board. State agency in charge of compliance with, and exclusion from, 521 CMR (certain regulation referring to aspects of physical accessibility such as building codes and public access)

**ADA**

Americans with Disabilities Act 1990 civil rights act signed by President George H.W. Bush

**BOS**

Board of Selectmen; elected board who hire and are the employer of the Town Manager

**COA**

Council on Aging. Provides services for citizens over age 60, including Meals on Wheels, Acton Senior Center, exercise programs, lectures, and transportation services

**CORI**

Criminal Offender Record Information

**CFR**

Code of Federal regulations

**CMR**

Code of Massachusetts Regulations (for example, 521 CRM is the code for the AAB regulations and is known as "521 CMR")

**DDS**

Department of Developmental Services (formerly Department of Mental Retardation), serving individuals with intellectual disabilities

**DLC**

Disability Policy Consortium, a non-profit cross disability coalition developed out of the need for all stakeholders with disabilities to work together for change in The Commonwealth, and increase communication and solidarity between groups of people with a variety of disabilities

**DPH**

Department of Public Health

**DPPC**

Disabled Persons Protection Commission, a state agency and hot line that investigates complaints of abuse against persons with disabilities and the elderly

**DMH**

Department of Mental Health; serves individuals with psychiatric disabilities

**DSM**

Diagnostic and Statistical Manual of official symptoms and diagnoses of psychiatric and other disabilities (and code numbers used in records and billing) identified by the latest edition by numbers IV, V, etc.

**HP**

Handicapped parking

**IEP**

Individualized Educational Plan used by schools to plan and document educational goals of student with disabilities

**IL**

Independent Living: a philosophy, attitude, scholastic theory and approach to human services delivery that emphasizes consumer control choice, and community inclusion

**ILC**

Independent Living Center. Non-residential group of persons with disabilities who provide support and services that help people with disabilities to remain, or transfer to living in communities funded through MRC and federal dollars. They provide services demonstrating how to negotiate "the system" and run the Personal Care Assistant programs in the catchment area. Service is free (catchment area is responsible for provision of services

**ILP**

Individualized Living Plan designed by consumer with help from ILC to identify and achieve lifestyles of choice

**MNIP**

Massachusetts Network of Information Providers; resource of all groups and contact information around MA regarding disabilities. Individuals can call for help with problems or issues. They provide referral services

**MOD**

Massachusetts Office on Disability: State department charged with coordinating CODs and seeing to it that ADA regulations are implemented

**MRC**

Massachusetts Rehabilitation Commission; State vocational rehabilitation commission required by federal law, partially funded through state taxes on annual line item of state budget. Also involved with many aspects of community support and inclusion.

**OLMSTEAD PLAN**

1999 Supreme Court decision that all states must develop sufficient community services such that persons with disabilities have a choice between community or institutional living

**OML**

Open Meeting Law; State requirement for local government public meetings to guarantee transparency; all are individually and collectively responsible for complying with these regulations

**PCA**

Personal Care Assistant; aide hired through State PCA program giving control to individuals with disabilities. While other agencies use this term loosely to describe their direct care workers, by law passed in 2012, the term should only apply to State program

**PWD**

Person or people with disabilities



The Official Website of the Executive Office of Health and Human Services (EOHHS)

## Health and Human Services

Departments & Divisions

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### Acronyms

#### A

- AAB - Architectural Access Board
- AAIDD (formerly AAMR) - American Association on Intellectual and Developmental Disabilities, <http://www.aaidd.org>
- ABAS - Adaptive Behavior Assessment System
- ABE - Adult Basic Education
- ADA - Americans with Disabilities Act
- ADAG - Accessibility Design Access Guidelines
- ADD - Attention Deficit Disorder
- ADDP - The Association of Developmental Disabilities Providers, <http://www.addp.org>
- ADHD - Attention Deficit/Hyperactivity Disorder
- ADL - Activities of Daily Living
- AER - Association for the Education and Rehabilitation of the Blind and Visually Impaired, <http://www.aerbvi.org>
- AHEAD - Association for Higher Education and Disability, <http://www.ahead.org>
- ALAB - Alleged Abuser
- ALV - Alleged Victim
- ARC - Association of Retarded Citizens. <http://www.thearc.org> . <http://www.arcmass.org>
- ASC - Autism Support Center
- ASD - Autism Spectrum Disorder
- ASL - American Sign Language

#### B

- BSAS - Bureau of Substance Abuse Services, <http://www.mass.gov/dph/bsas>
- BTP - Bureau of Transportation Planning

#### C

- CAB - Citizen Advisory Board
- CAM - Community Access Monitor
- CMS - Centers for Medicare and Medicaid Services
- CMSP - Children's Medical Security Plan
- COFAR - Massachusetts Coalition of Families and Advocates for the Retarded, [www.cofar.org](http://www.cofar.org)
- CORI - Criminal Offender Record Information
- CP - Cerebral Palsy
- CPASS - Community Personal Assistance Services and Supports
- CRT- Complaint Resolution Team
- CSHCN - Children with Special Health Care Needs

#### D

- DCF - Department of Children and Family, [Department of Children & Families](#)

- DCS - Department of Career Services,
- DD - Developmental Disability
- DDS - Department of Developmental Services
- DDSIS - Department of Developmental Services Information System
- DMH - Department of Mental Health, <http://www.mass.gov/dmh>
- DMR - Department of Mental Retardation (former name of DDS)
- DOE - Department of Elementary and Secondary Education, <http://www.mass.gov/dep>
- DOJ - Department of Justice
- DOL - Department of Labor, <http://www.mass.gov/dlwd>
- DPH - Department of Public Health, <http://www.mass.gov/dph>
- DPPC - Disabled Person's Protection Commission, <http://www.mass.gov/dppc>
- DSHN - Division of Special Health Needs
- DTA - Department of Transitional Assistance, <http://www.mass.gov/dta>
- DX - Diagnosis
- DYS - Department of Youth Services

**E**

- EEOC - Equal Employment Opportunity Commission (federal), <http://www.eeoc.gov>
- EEP - Extended Employment Program
- EI - Early Intervention Services
- EIP - Early Intervention Program (for children ages 0-3)
- EMSC - Emergency Medical Services for Children  
<http://www.mass.gov/dph/emsc>
- EOAF - Executive Office for Administration and Finance, <http://www.mass.gov/eoaf>
- EOEA - Executive Office of Elder Affairs, <http://www.mass.gov/elders>
- EOHHS - Executive Office of Health and Human Services,
- EPSDT - Early and Periodic Screening, Diagnosis and Treatment
- ETS - Employment Training Specialist

**F-G**

- FSP - Family Support Plans
- FAMILY TIES - Families Together in Enhancing Support
- FC - Facilitated Communication
- FEDERATION - The Federation for Children with Special Needs, <http://www.fcsn.org/>
- FLSA - Fair Labor Standard Act
- FOC - Families Organizing for Change, <http://www.mfofc.org>
- GAL - Guardian Ad Litem

**H-I**

- HADU - Healthy Aging and Disability Unit
- HCBW - Home and Community Based Waiver
- HCSIS - Home and Community Services Information System
- HHA - Home Health Aide
- HIPAA - Health Insurance Portability and Accountability Act of 1996
- HMO - Health Maintenance Organization

- HOH - Hard of Hearing
- HRO - Human Rights Officer
- HUD - Department of Housing and Urban Development, <http://www.hud.gov/>
- <http://www.mass.gov/dhcd>
- ICAP - Inventory for Client and Agency Planning
- ICC - Interstate Coordinating Council
- ICF - Intermediate Care Facility
- ICR/MR - Intermediate Care Facility for the Mentally Retarded
- ICI - Institute for Community Inclusion, <http://www.communityinclusion.org/>
- IDEA - Individuals with Disabilities Education Act
- IEP - Individualized Education Plan
- IL - Independent Living
- ILC - Independent Living Center
- IPCP - Injury Prevention and Control Program
- IRWE - Impaired-Related Work Expense
- ISP - Individual Support Plan
- ITP - Individual Transition Plan
- IWRP - Individual Written Rehabilitation Plan

**J-L**

- JTPA - Job Training Partnership Act
- LEA - Local Education Authority
- LHA - Local Housing Authority

**M**

- M.G.L. - Massachusetts General Laws
- MAAPS - Massachusetts Association of 766 -Approved Private Schools, <http://www.spedschools.com/>
- MABE - Massachusetts Association for Bilingual Education
- MAC - Massachusetts Advocacy Center,
- M.A.S.S. - Massachusetts Advocates Standing Strong, <http://www.communitygateway.org/local/mass.htm>
- MASSCAP - Massachusetts Comprehensive Assessment Process
- MassCare - [Massachusetts Community AIDS Resource Enhancement Program](#)
- MassCHIP - Massachusetts Community Health Information Profile, <http://masschip.state.ma.us/>
- MassHealth - Office of Medicaid, MassHealth
- MASSTART - [Massachusetts Technology Assistance Resource Team](#)
- MBTA - Massachusetts Bay Transportation Authority, <http://www.mbta.com/>
- MCB - Massachusetts Commission for the Blind, <http://www.mass.gov/mcb/>
- MCCD - Massachusetts Coalition for Citizens with Disabilities
- MCDDH - Massachusetts Commission for the Deaf and Hard of Hearing, <http://www.mass.gov/mcdhh/>
- MCH - Maternal and Child Health
- MDDC - Massachusetts Developmental Disabilities Council, <http://www.mass.gov/mddc/>
- MHFA - Massachusetts Housing Finance Agency, <http://www.mhfa.com/>
- MHW - Mental Health Worker

- MI - Mental Illness
- MOD - Massachusetts Office of Disability, <http://www.mass.gov/mod/>
- MRC - Massachusetts Rehabilitation Commission, <http://www.mass.gov/mrc/>
- MRW - Mental Retardation Worker
- MS - Multiple Sclerosis
- MSP - Massachusetts State Police, <http://www.mass.gov/msp/>
- MSPCC - Massachusetts Society for the Prevention of Cruelty to Children, <http://www.mspcc.org/>

**N-O**

- NIDRR - National Institute on Disability Rehabilitation and Research, <http://www.ed.gov/about/offices/list/odera/nidrr/index.html?src=mr>
- ORI - Office for Refugees and Immigrants
- OIM - Orientation and Mobility (services for individuals who are visually impaired)
- OCSS - Office of Child Care Services, [www.mass.gov/ocss](http://www.mass.gov/ocss)
- ODF - Oversight Documentation Form
- OHD - Office of Health and Disability  
See "Healthy Aging Health and Disability Unit"
- OJT - On the Job Training
- OSEP - Office of Special Education Programs
- OSERS - Office of Special Education and Rehabilitation Services (federal), <http://www.ed.gov/about/offices/list/osers/index.html?src=mr>
- OT - Occupational Therapy

**P-Q**

- PAC - Parent Advisory Committee
- PASARR - Pre-Admission Screening and Annual Resident Review
- PASS - Plans to Achieve Self-Sufficiency
- PCA - Personal Care Attendant
- PCP - Person Centered Planning
- PDD - Pervasive Developmental Disorder
- PDD, NOS - Pervasive Developmental Disorder, Not Otherwise Specified
- POC- Plan of Care
- PS - Protective Service
- PSL - Protective Service Liaison
- PSW - Protective Service Worker
- PT - Physical Therapy
- PTA, PTO - Parent Teachers Association
- PTSD - Post Traumatic Stress Disorder

**R**

- RAC - Regional Advisory Council
- RCC - Rape Crisis Center
- REB - Regional Employment Board
- REPT - Reporter
- RFP - Request for Proposal

5/14/201.

## Acronyms

- RFR - Request for Response
- RRTC - Rehabilitation Research and Training Center
- RSA - Rehabilitation Services Administration, <http://www.ed.gov/about/offices/list/osers/rsa/index.htm>
- RTA - Regional Transit Authority

## S

- SAC - Statewide Advisory Council
- SAT - Scholastic Aptitude Test
- SBHC - School Based Health Center
- SDA - Service Delivery Area
- SEOG - Supplemental Education Opportunity Grant
- SGA - Substantial Gainful Activity
- SHIP - Statewide Head Injury Program (MRC), <http://www.mass.gov/mrc/ship>
- SIB - Self-Injurious Behavior
- SILC - Statewide Independent Living Council
- SNF - Skilled Nursing Facility
- SPDU - State Police Detective Unit, <http://www.mass.gov/map/>
- SpEd - Special Education
- SSA - Social Security Administration, <http://www.ssa.gov/>
- SSDI - Supplemental Security Disability Income
- SSI - Supplemental Security Income, <http://www.ssa.gov/pgm/ssi.htm>

## T

- TAC - Transitional Advisory Committee
- TASH - The Association for Persons with Severe Handicaps, <http://www.tash.org/>
- TJTC - Targeted Job Tax Credit
- TPC - Transition Planning Committee

## U-V

- UAP - University Affiliated Program
- UCPA - United Cerebral Palsy, <http://www.ucp.org>
- UFAS - United Federal Access Standards
- VG - Virtual Gateway
- VNA - Visiting Nurses Association
- VOR - Voice of the Retarded, <http://www.vor.net/>

## W-Z

- WIC- The Massachusetts Woman, Infants, and Children Supplemental Nutrition Program, <http://www.mass.gov/wic>

Note: If there are any other common acronyms you would like to suggest, contact us at: [DDS.info@state.ma.us](mailto:DDS.info@state.ma.us).

This information is provided by the [Department of Developmental Services](#).

## **COD Materials File Drawer Inventory**

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### **COD Drawer A**

- **TTY machine with directions on VHS tapes**
- **COD banner**
- **Vinyl banner: “Inclusion, Choices, Self-Determination”**
- **Vinyl banner: “Commission on Disabilities”**
- **Brochures & fridge magnets: Disabled Persons Protection Commission**
- **Fair materials: pens, tabletop easel, questions for game**
- **Materials from representatives who attended April 2015 fair**
- **AAB Power Point presentation**
- **Introduction to AAB**

### **COD Drawer B**

- **Guides and manuals**
- **Training guide for health professionals: “Access and Communication”**
- **COD Handbook**
- **Meeting minutes from 2000-2010**
- **Catalogues**
- **AHA minutes**
- **504 of the 1978 Disabilities Act (the baseline still used currently for disability rights)**

### **COD Drawer C**

- **ADA updates and addendum to law**
- **Archives of historical material of Acton COD**
- **Articles on Acton COD**
- **Bylaws**
- **COD Massachusetts 2013 contact list**
- **Complaint forms for Acton police for handicapped parking violations**

- **Docushare key and directions**
- **Open Meeting Law**
- **Parking (includes signage designs)**
- **Playgrounds and play areas guidelines for access**
- **Service animals**
- **Signs**
- **Surveys**
- **Town ADA Compliance Policies**
- **Train station**
- **Action VCC guide for chair of Town committees**

### **COD Drawer D**

- **Box of 2010 completed surveys**
- **Mass Office on Disability parking tickets**
- **COD business cards**
- **Masking tape**
- **Ink stamp with our name and address**
- **Staple remover**
- **Other office supplies, empty notebooks**

### **Misc. Materials Elsewhere**

- **Info table tarp at Steve Baran's home**
- **"Kids on the Block" puppets kept in Building Commission office**
- **Plastic tub of information pamphlets**
- **Box of COD brochures**
- **Bags with paper plates, cups etc.**
- **Plastic tub with other misc. information**



## ARCHIVE BOX 1

Handwritten notes from 1st year of COD (1987)

"Windmill" sensitivity training for businesses (from California Governor's committee and fortune 500 businesses)

"504" of 1973 rehab act

COD notebook 190 to 1994 (includes contact info of old members)

Minutes '92 to '95

Original COD bylaws

Minutes and notes '89 and '90

Media and disability (newspaper articles from all over, some local, on

Disability related issues

Chamber of Commerce (includes trainings materials and evaluations of training)

## ARCHIVE BOX 2

"Getting There": Guide to Accessibility for your facility (rehab centers) California state Rehab Commission

FAD paperwork (used to file to create Friends' group, info related to manual "Organizing a Volunteer Program :Promoting the job needs of the handicapped"

Parking lots ( Eagle Scout project (survey of existing checked against required)

Dining Guide (original version)

Correspondence

List of COD produced videos to transfer to DVD

Posters, display boards

COD photos and clippings from 1987 /88

Proper language , terminology use

Child's poster "hi friend"

"Label jars not people"

Resource Guides from other towns

Childrens' coloring book "I Can Too"

Reporting on Disability manual : Approaches and Issues

COD Newsletters

Disability Study and Transportation Plan for Acton public schools

1992 community needs assessment

NOD Community Competition manual

Minutes 1995

Annual Reports

91 / 92 Needs Assessment

Parking issues

"Media" (cartoons)