

Section 1

Who We Are and What We Do

COD Membership List
Updated September 15, 2015

Corcoran, Ann

978-263-2303, nancy57@aol.com, 13 Martin Street

Factor, Danny

978-835-5788, danielfactor@aol.com, 11 Davis Road, #A5

Franklin, Lisa

978-263-2579, lisafranklin58@gmail.com, 68 Windsor Avenue, #16A

Harvey, Madeleine (Chair)

978-264-0172, madyathome@gmail.com, 5 Quail Run

Johnson, Leslie (Treasurer)

978-618-1812, lesliejj961@verizon.net, 55 Brook Street, Apt. 2

Patton, Cindy (Vice-Chair and Secretary)

978-264-0487, pattonelli@verizon.net, 11 Elm Street

Others Involved in Committee

Antonelli, Kevin, Volunteer

781-640-6028, kantonelli@acton-ma.gov

Osman, Franny, Board of Selectmen Liaison

978-621-7330, frannyola@gmail.com, 16 Half Moon Hill

Joan Burrows, 978-263-0843 jsbsinger@comcast.net

COD Shell: cod@acton-ma.gov

COD Member Bios

(Last updated May 2015)

Ann Corcoran

I've lived in Acton for 48 years and raised three children here in Acton. During that time I became involved in many town issues such as water quality(Aces) and worked on many school issues until my career made that impossible. I taught at the Elementary, Middle, High School, and College levels and authored 2 textbooks in a career that spanned 50 years. Now in retirement I find renewed interest in the town and the issues facing it. Currently I am working as a volunteer on the COA Board, the COD, and Acton 2020 (liaison). I am aware of all the great supports that Acton has been working on in recent years to improve the quality of life for seniors, those with disabilities, and children. I am interested in supporting those issues and particularly folks with disabilities not easily recognized. I hope to help in any way I can and look forward to working with the COD. Nancy has been on the COD since 2015.

Danny Factor

Danny Factor has been steeped in the issue of people's rights since his childhood during which he was raised by activist parents. His mother, who was raised in an orphanage as a Jewish refugee from Hitler, taught him to always respect every last ounce of human dignity without exception. His father, who marched on Washington with Martin Luther King lived by King's famous phrase that "our lives begin to end the day we become silent about things that matter." Danny grew up in cooperative housing in the South Bronx in the 1960's, and his first experience with the issue of disability rights was the disabled staff hired by the co-op as part of a program to provide opportunity to all. He attended the Ethical Culture Elementary and High School, and during his tenure at Northwestern University (B.A. Political Science) was arrested occupying the administration building, forcing the university to divest from companies who did business with apartheid-South Africa. He met his partner, Nadia, of 26 years at a job where they both worked as resident advocates for developmentally disabled individuals, and graduated from Vermont Law School where he co-authored a brief which resulted in freeing an innocent man from death row. His solo law practice focuses on representing vulnerable individuals, many of whom are disabled and are in need of benefits or adequate housing. He holds elected office as a member of the State Committee of the Green-Rainbow Party which fights for people, planet and peace, and was the party's candidate for Secretary of State in 2014. However, despite all his experience in the area of disability rights, he has gained most of his experience understanding the triumphs and struggles of people with disabilities as a caretaker for two ill relatives. Danny and Nadia live in Briarbrook Village on Davis Road with their seventeen year old son, Mandela, who attends ABRHS. They enjoy backpacking,

gardening, political work and just being with each other. He has been very pleased to be on the Acton COD since 2010.

Lisa Franklin

Lisa Franklin has been disabled since 1991. Since that time, she has been learning about the Independent living and Disability rights movements. Lisa serves on the Massachusetts SILC (State Independent Living Council) and volunteers for a statewide, non-profit self –advocacy organization run by and for adults with developmental disabilities. As a teacher, Lisa feels we need to do more to prepare the next generation of people with disabilities to become empowered and take up the reins of our struggle. Lisa has been on the COD since 1995.

Madeleine Harvey

Madeleine was born and raised in New York City until age 12, when she and her parents moved to Camphill Village in upstate New York, a community working with disabled adults. She attended college in Vermont, and moved to Boston in the early 1970s. Mady worked at Harvard University for 32 years, most of them at the Kennedy School of Government, serving as admissions director and in various other capacities for the University's public policy and public administration programs. She has lived in Acton for 23 years. Mady has been on the COD since 2013.

Leslie Johnson

I have experience with disabilities across a broad spectrum, including developmental, physical and psychiatric disabilities. As a companion and caregiver, I have served people with developmental disabilities for more than 15 years. I am certified as an assistive technology specialist in technology that aids people with disorders affecting their communication. This education gave me the opportunity to help run an assistive technology resource center at Spaulding Rehabilitation Hospital, which I thoroughly enjoyed. I have been an activist for improving the availability of high-quality, affordable healthcare for people with disabilities. My activities have included volunteering for the organization Health Care for All, and participating in legislative events at the Statehouse. I also have personal experience with mental illness, having survived two disabling episodes in my life. To help in my recovery, I participate in a clubhouse. Clubhouses are dynamic recovery centers that serve people dealing with mental illness. For the past several years, I have been the president of the Massachusetts Clubhouse

Coalition, which advocates for 32 clubhouses in Massachusetts. As a person with a disability, I receive benefits and services for people with disabilities, including SSDI, Section 8 housing, Medicare and MassHealth, and the Massachusetts Rehabilitation Commission. I know what it's like to try to navigate the choppy waters of such state and federal services. I have personal experience with having a physical disability. My disability is most noticeable when I walk and climb stairs. Despite my disability, I play a mean game of soccer by participating in indoor soccer with athletes who have disabilities. Leslie has been on the COD since 2013.

Cindy Patton

I have lived in Acton for 45 years. I have been a paraplegic for 37 of those years.. In 1978 and 1979, I did the Boston Marathon in my wheelchair. In 1980, I was on the USA Paralympics team and brought home 5 gold medals.

I have been a teacher of Math and Science for 26 years. I have a BS in Biology and Middle and Secondary Education. I have a MEd in Health Education and a MEd in Special Education. I had to retire from teaching 5 years ago for medical reasons. I have been on the COD since 2013.

**Acton COD:
An Overview**

(Some history, still to come)

COD Accomplishments (many ongoing)

- Initially created a community of People with Disabilities (PWD) at a time when support and inclusion were still rare
- Helped the Town create a Transition Plan as required by the Americans with Disabilities Act (ADA)
- “Kids on the Block” puppeteers trained Girl Scouts to bring these interactive discussions to churches, elementary schools, and community events
- Regularly review variances to assist the Massachusetts Architectural Access Board (AAB)
- Successfully advocated for high school swimming pool ramp
- Conducted surveys of existing facilities for accessibility
- Advocated for the Town’s Road Runner transportation service, which evolved into Minute Van and Cross-Town Connect
- Donated large bucket swing to Recreation Department: a parent responded: “This is the first time ever my 13-year old daughter was able to play with her siblings at the playground.”
- Established a subscription to New Mobility magazine at Memorial Library
- Conducted survey of needs and numbers of PWD
- Created a dining guide: Guide to Accessible Dining in Acton, a model recognized statewide. Received requests from other communities for guidance with similar guides
- Developed Universal Trail at Arboretum with Friends of Acton Arboretum
- Helped social inclusion of a child with physical disabilities (by request) by speaking with class directly for/with student

- **Initiated local temporary parking placards program adopted by attorney general and other towns**
- **Raised fine of handicapped parking violations in Acton**
- **Worked with Acton Police Department and Senior Center to resolve problem of parking violations at Junior High School on election days**
- **Spoke for issues affecting the PWD community at many public meetings and committees (transportation, housing, employment)**
- **Made presentation and had discussions with Acton Medical Center on Communication Access for patients with disabilities (hearing loss, intellectual, and mental illness)**
- **Made copies for distribution of Emergency Preparedness for People with Disabilities**
- **Worked with Acton Department of Public Health (DPH) to include PWD in Acton's emergency response plan**
- **Answered numerous calls from individuals seeking assistance or information and connections in town**

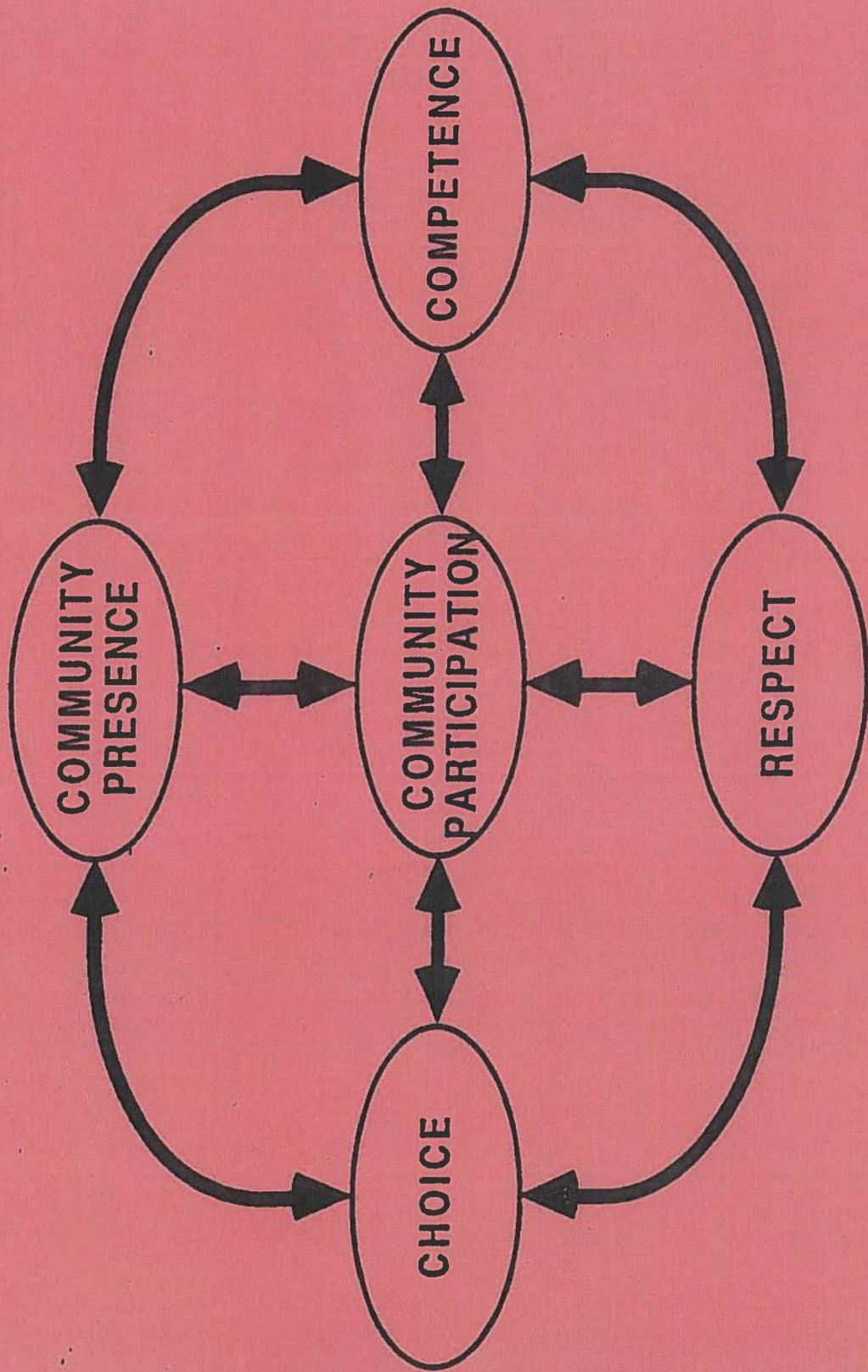
Section 2

What We Believe

CHART: COMPARISON OF TRADITIONAL REHABILITATION PROGRAMS
AND INDEPENDENT LIVING PROGRAMS*

	REHABILITATION	INDEPENDENT LIVING
Definition of problem	physical or mental impairment; lack of vocational skill (in the VR system)	dependence upon professionals, family members and others
Locus of problem	in the individual (individual needs to be "fixed" to "fit" into society)	in the environment; in the medical and/or rehabilitation process itself
Solution to problem	professional intervention; treatment	barrier removal; advocacy; self-help; peer role models; consumer is focus rather than options and services
Social role	individual with a disability is a "patient" or "client"	individual with a disability is a "consumer" or "user" of services and products
Who controls	professionals	"consumer" or "citizens"
Desired outcomes	maximum self-care (or "ADL"); gainful employment in the VR	independence through control over <i>acceptable</i> options for every day

Franklin



VALUED OUTCOMES

Mady's
COPY



WHAT IS A SELF-ADVOCATE?

You are a self-advocate, if you have ever spoken up for what you believe in, especially if it is to someone who thinks they know what is best for you or someone who wants to have control over your life.

You are a self-advocate, if you have taken responsibility for your life in some way.

You are a self-advocate, if you have ever questioned people's expectations of you.

You are a self-advocate, if you have ever joined a self-advocacy group and believe that the group's work is going to make life better for people with disabilities.

Even if you have never done any of these things, you can become a self-advocate by getting involved. So start today!!

Self Determination

What Is Self Determination?

It is person centered.

It is person directed.

It recognizes that people with disabilities should take charge of and responsibility for their lives.

Why is a Self Determination Method good to have?

It is good because the person not the service system decides:

- Where the person lives and with whom;
- What type of services the person will receive;
- Who will provide the services;
- How the person will spend time.

Why is Self Determination hard work?

It is hard because the person must:

- Have the courage to say what the person really wants;
- Not be afraid of how others will react to decisions;
- Always try to make good choices;
- Figure out how to budget money;
- Know when to ask for help;
- Find people to help.

How is this different from the system used today?

Current Way: The person is matched as much as possible to agency offerings.

Self Determination Way: The person's services are designed to support the person's goals but goals must be realistic and build on a person's strengths while not ignoring a person's limits.

Person-centred planning

From Wikipedia, the free encyclopedia

Person-centred planning' (PCP) is a set of approaches designed to assist someone to plan their life and supports.^[1] It is used most often as a life planning model to enable individuals with disabilities or otherwise requiring support to increase their personal self-determination and improve their own independence.

PCP is accepted as evidence based practice in many countries throughout the world.^[2] It is most often used for life planning with people with learning and developmental disabilities, though recently it has been advocated as a method of planning personalised support with many other sections of society who find themselves disempowered by traditional methods of service delivery, including children, people with physical disabilities, people with mental health issues and older people. [1] (<http://www.csci.gov.uk/default.aspx?page=2098&key=>)

Person-centred planning was adopted as government policy in the United Kingdom through the 'Valuing People' White Paper in 2001, and as part of 'Valuing People Now', the 'refresh' of this white paper in 2009.^[3] It is promoted as a key method for delivering the personalisation objectives of the UK government's 'Putting People First' programme for social care.^[4] The coalition government has continued the commitment to personalisation through 'Capable Communities and Active Citizens' (2010), and recently over 30 health and social care organisations set up a sector-wide agreement 'Think Local, Act Personal' (2011) to transform adult social care.^[5]

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Background

"Person Centred Planning discovers and acts on what is important to a person. It is a process for continual listening and learning, focussing on what are important to someone now and in the future, and acting on this in alliance with their family and their friends"^[6]

Person-centred planning was created in response to some specific problems with the way in which society responds to people with disabilities. Those who first described the processes were responding to the effects that 'services' can have on people's lives. In this context 'services' is a general term used to refer to the organisations which are set up to help people in relation to their disability (or at least in relation to how other people have responded to that disability). It would include health and social care services funded by government or local authorities, but also privately funded or voluntary sector projects of many kinds.

Person-centered planning has similarities to other processes and ideas, but was first named and described more definitely by a group of people in the US, including the Center on Human Policy's Rehabilitation Research and Training Center (RRTC) on Community Integration e.g., Julie Ann Racino, Zana Lutfiyya, Steve Taylor, John O'Brien (human services thinker), Beth Mount, Connie Lyle O'Brien, technical assistance "partners" of the RRTC (e.g., Michael Smull, Wade Hitzing, Karen Green-McGowen, Nick Arambarri) and person-centred planning in Canada by Jack Pearpoint, Judith Snow and Marsha Forest. Whilst it was developed because of the social and service response to disability, it was quickly recognised to be as useful for many other individuals and groups of people.

Disabled people in the UK and USA developed the Social model of disability, arguing for a shift in the balance of power between people and the services on which they rely. Person centred planning is based in the social model of disability because it places the emphasis on transforming the options available to the person, rather than on 'fixing' or changing the person. Specifically person-centred planning was based diversely on principles of community integration/inclusion/ normalisation/social role valorization.^[7] Prior to its inception, these principles were crystallised by John O'Brien and Connie Lyle O'Brien in the 'Framework for Accomplishment' which listed five key areas important in shaping people's quality of life, and asserting that services should be judged by the extent to which they enable people to:

- Share ordinary places
- Make choices
- Develop abilities

- Be treated with respect and have a valued social role
- Grow in relationships^[8]

The title 'person-centred' is used because those who developed it and used it initially shared a belief that services tend to work in a 'service-centred' way. This 'service-centred' behaviour appears in many forms, but an example is that a person who is isolated would be offered different groups to attend (each run by a service specifically for people sharing a specific label), rather than being helped to make friends in ordinary society.

The person-centered concept grew out of the critique of the "facility-based services" approach in the US (and worldwide) which was central to the development of "support approaches" in the US^{[9][10]} The nationwide technical assistance funded by the National Institute on Disability Research and Rehabilitation (NIDRR), which included the person-centered approaches, is reported in the "Journal of Vocational Rehabilitation"^[11]

A central idea behind person-centred planning, is that services which are set up to respond to problems of social exclusion, disempowerment, and devaluation, can unintentionally make the situation of individual people worse (i.e. further disempower, devalue and exclude people). Person-centred planning is designed specifically to 'empower' people, to directly support their social inclusion, and to directly challenge their devaluation. One of the benefits of person-centered planning is that it can address the perennial "service problems" of ethnicity, gender, culture and age by starting with planning by or with the "whole person".

Person-centred planning isn't one clearly defined process, but a range of processes sharing a general philosophical background, and aiming at similar outcomes. As it has become more well known further processes and procedures have also been given the title 'person-centred planning'. Some of these have little in common with person-centred planning as originally envisaged. Person-centered planning through the Rehabilitation Research and Training Center on Community Integration in the US was, in part, an agency and systems change process as opposed to only an "individual planning" process moving to an "individual budgeting process"^[12]

Person-centred planning involves the individual receiving the service, with family members, neighbors, employers, community members, and friends, and professionals (such as physician/ doctors, psychiatrists, nurses, support workers, care managers, therapists, and social workers) developing a plan on community participation and quality of life with the individual. In contrast, traditional models of planning have focussed on the person's deficits and negative behaviours, labelling the person and creating a disempowering mindset from the start.

Person-centred planning offers an alternative to traditional models, striving to place the individual at the centre of decision-making, treating family members as partners. The process focusses on discovering the person's gifts, skills and capacities, and on listening for what is really important to the person (e.g., Snow, O'Brien & Mount). It is based on the values of human rights, interdependence, choice and social inclusion, and can be designed to enable people to direct their own services and supports, in a personalised way.

Methods

Person-centered planning utilises a number of techniques, with the central premise that any methods used must be reflective of the individual's personal communication mechanisms and assist them to outline their needs, wishes and goals. There is no differentiation between the process used and the output and outcomes of the PCP; instead it pursues social inclusion (e.g., community participation, employment and recreation) through inclusive means. Beth Mount characterised the key similarities or 'family resemblances' of the different person centred methods and approaches into four themes:

- seeing people first, rather than diagnostic labels
- using ordinary language and images, rather than professional jargon
- actively searching for a person's gifts and capacities in the context of community life
- strengthening the voice of the person, and those who know the person best in accounting for their history, evaluating their present conditions in terms of valued experiences and defining desirable changes in their life^[13]

Person centred thinking skills, total communication techniques, graphic facilitation of meetings and problem solving skills are some methods commonly used in the development of a person centred plan, as are PATH (Planning Alternative Tomorrows With Hope), circles of support (Canada), MAPS (Canada), personal futures planning (O'Brien & Mount, US), Essential Lifestyle Planning (Maryland, US), person centred reviews, Getting to Know You (Wisconsin, USA), and most recently the use of Person centred thinking tools^[14] to build from one page profiles^[15] into person centred descriptions/collections of person centred information and on into full scale plans.

The resultant plan may be in any format that is accessible to the individual, such as a document, a drawing or an oral plan recorded onto a tape or compact disc. Multimedia techniques are becoming more popular for this type of planning as development costs decrease and the technology used becomes more readily available. Plans are updated as and when the individual wishes to make changes, or when a goal or aspiration is achieved. If part of a regular planning process in the US, regular plan updates are usually required by regulatory agencies (e.g., state offices in the USA through local agencies).

Person-centred planning can have many effects that go beyond the making of plans. It can create a space during which someone who is not

quarters had a disability in 2010.⁸ Were this population included in the SIPP, the magnitude of the disability estimates presented in this report would likely be larger.

303.9 million in the civilian non-institutionalized population had a disability in 2010.⁹ About 38.3 million people (12.6 percent)

had a severe disability (Table 1). About 12.3 million people aged 6 years and older (4.4 percent) needed assistance with one or more activities of daily living (ADLs) or instrumental activities of daily living (IADLs).¹⁰

HIGHLIGHTS

- Approximately 56.7 million people (18.7 percent) of the

⁸ S2601A. Characteristics of the Group Quarters Population in the United States, <factfinder2.census.gov/bkml/table/1.0/en/ACS/10_1YR/S2601A>.

⁹ The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population and may differ from actual values because of sampling variability or other factors. As a result, apparent differences between the estimates for two or more groups may not be statistically significant. All comparative statements have undergone statistical testing and are significant at the 90 percent confidence level unless otherwise noted.

¹⁰ For the definition of activities of daily living (ADLs) and instrumental activities of daily living (IADLs), see Figure 1 or the section ADLs, IADLs, and Need for Assistance on page 9.

Table 1.
Prevalence of Disability for Selected Age Groups: 2005 and 2010
(Numbers in thousands)

Category	2005 ¹				2010				Difference	
	Number	Margin of error (±) ²	Percent	Margin of error (±) ²	Number	Margin of error (±) ²	Percent	Margin of error (±) ²	Number	Percent
All ages	291,090	*****	100.0	(X)	303,858	*****	100.0	(X)	**12,760	(X)
With a disability	54,425	894	18.7	0.3	56,672	905	18.7	0.3	*2,247	-
Severe disability	34,947	601	12.0	0.2	38,284	654	12.6	0.2	*3,337	*0.6
Aged 6 and older	266,752	84	100.0	(X)	278,222	88	100.0	(X)	*11,469	(X)
Needed personal assistance	10,996	336	4.1	0.1	12,349	386	4.4	0.1	*1,353	*0.3
Aged 15 and older	230,391	*****	100.0	(X)	241,682	*****	100.0	(X)	**11,291	(X)
With a disability	48,069	794	21.3	0.3	51,454	838	21.3	0.3	*2,385	-
Severe disability	32,771	567	14.2	0.2	35,683	631	14.8	0.3	*2,912	*0.5
Difficulty seeing	7,793	350	3.4	0.2	8,077	354	3.3	0.1	284	-
Severe	1,783	129	0.8	0.1	2,010	139	0.8	0.1	*228	0.1
Difficulty hearing	7,809	325	3.4	0.1	7,572	320	3.1	0.1	-237	*-0.3
Severe	993	103	0.4	-	1,096	122	0.5	0.1	103	-
Aged 21 to 64	170,349	185	100.0	(X)	177,295	199	100.0	(X)	*6,945	(X)
With a disability	28,141	622	16.5	0.4	29,479	705	16.6	0.4	*1,338	0.1
Employed	12,838	495	45.6	1.2	12,115	432	41.1	1.0	*-723	*-4.5
Severe disability	18,705	489	11.0	0.3	20,286	566	11.4	0.3	*1,581	*0.5
Employed	5,738	277	30.7	1.2	5,570	261	27.5	1.0	-167	*-3.2
Nonsevere disability	9,436	403	5.5	0.2	9,193	374	5.2	0.2	-243	*-0.4
Employed	7,100	358	75.2	1.6	6,544	311	71.2	1.6	*-556	*-4.1
No disability	142,208	636	83.5	0.4	147,816	733	83.4	0.4	*5,607	-0.1
Employed	118,707	678	83.5	0.3	116,881	662	79.1	0.4	*-1,826	*-4.4
Aged 65 and older	35,028	*****	100.0	(X)	38,599	*****	100.0	(X)	**3,571	(X)
With a disability	18,132	324	51.8	0.9	19,234	327	49.8	0.8	*1,102	*-1.9
Severe disability	12,942	273	36.9	0.8	14,138	276	36.6	0.7	*1,196	-0.3

- Represents or rounds to zero.

(X) Not applicable.

* Denotes a statistically significant difference at the 90 percent confidence level.

** Denotes a difference between two controlled estimates. By definition, this difference is statistically significant.

***** Indicates (in margin of error column) that the estimate is controlled to independent population estimates. A statistical test for sampling variability is not appropriate.

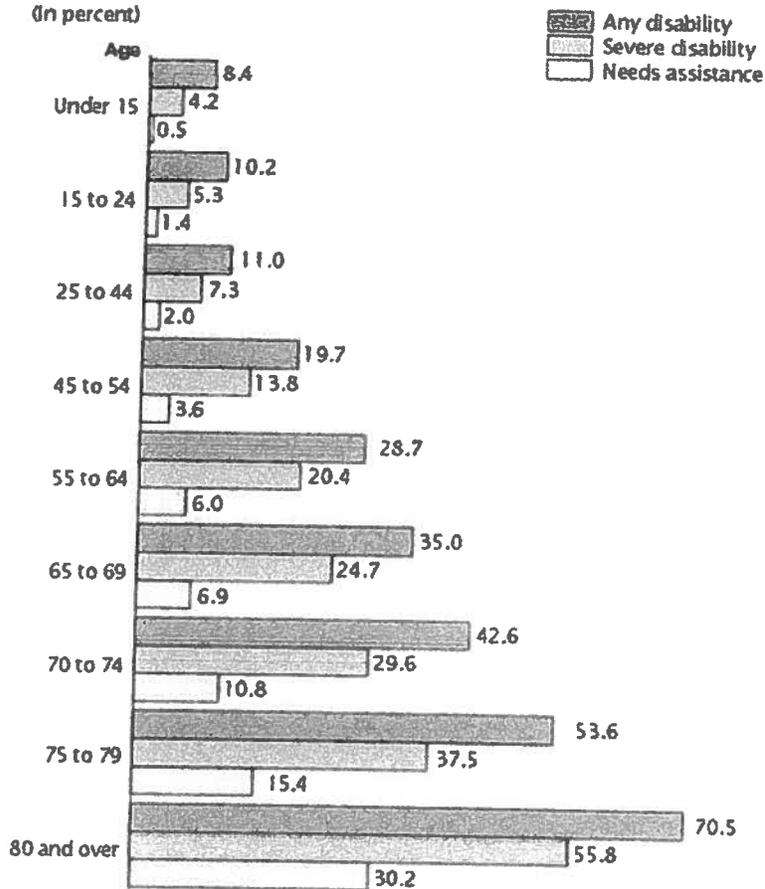
¹ Estimates of disability prevalence for 2005 may differ from the estimates presented in "Americans With Disabilities: 2005, P70-117" due to changes in the survey weighting since the report's publication. Furthermore, the margins of error in the 2005 report were calculated using the generalized variance formula method. The estimates of variance shown here use the successive differences replication method.

² A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. The margins of error shown in this table are for the 90 percent confidence level. For more information about the source and accuracy of the estimates, including margins of error, standard errors, and confidence intervals, see the Source and Accuracy Statement at <http://www.census.gov/sipp/sourceaccr/S&A06_W10W6(S&A-13).pdf>.

Source: U.S. Census Bureau, Survey of Income and Program Participation, June–September 2005 and May–August 2010.

Figure 2.
Disability Prevalence and the Need for Assistance
by Age: 2010

(In percent)



Note: The need for assistance with activities of daily living was not asked of children under 6 years.

Source: U.S. Census Bureau, Survey of Income and Program Participation, May-August 2010.

- The percentage of people with a disability was statistically unchanged from 2005. However, when adjusted for the aging of the population, the disability rate dropped from 18.6 percent to 18.1 percent (Table 2).
- Four in 10 individuals aged 21 to 64 with a disability were employed (41.1 percent), as shown in Table A-2, compared with 8 in 10 adults without disabilities (79.1 percent).
- At 10.8 percent, adults aged 15 to 64 with severe disabilities were more likely to experience persistent poverty (continuous poverty over a 24-month period) than adults with nonsevere disabilities (4.9 percent) and those with no disability (3.8 percent), as shown in Figure 5b.

DISABILITY PREVALENCE

Approximately 56.7 million people living in the United States had some kind of disability in 2010 (Table 1). This accounted for 18.7 percent of the 303.9 million people in the civilian noninstitutionalized population that year. About 12.6 percent or 38.3 million people had a severe disability. The total number of people with a disability increased by 2.2 million from 54.4 million people in 2005, when disability was last measured in the SIPP, while the percentage remained statistically unchanged. Both the number and percentage with a severe disability increased over that time period. Of people aged 6 years and older, 12.3 million or 4.4 percent needed assistance with one or more ADLs or IADLs, an increase from both the number and percentage that needed assistance in 2005.

As a generally accepted understanding of prevalence, the risk of having a disability increased with successively older age groups (Figure 2). At 70.5 percent, people in the oldest age group (people 80 years and older) were about 8 times as likely to have a disability as people in the youngest age group (children less than 15 years old), at 8.4 percent. Between 2005 and 2010, disability rates decreased for people 55 to 64 years old and for people 65 to 69 years old while the change in disability rate was not statistically significant for each of the other age groups.

Severe disability and the need for personal assistance also increased with age. The probability of severe disability was 1-in-20 for people aged 15 to 24, while 1-in-4 for those aged 65 to 69. Among the

- Jessica Kingsley Publishers p21
8. ^ O'Brien J. (1989) *What's worth working for? Leadership for Better Quality Human Services*. Syracuse NY. The Center on Human Policy, Syracuse University for the Research and Training Center on Community Living of University of Minnesota.
 9. ^ Racino, J., Walker, P., O'Connor, S., & Taylor, S. (1993). *Housing, support and community*. Baltimore, MD: Paul H. Brookes.
 10. ^ Taylor, S., Racino, J., Knoll, J., & Lutfiyya, Z. (1987). *The nonrestrictive environment: On community integration for persons with the most severe disabilities*. Syracuse, NY: Human Policy Press
 11. ^ Racino, J. (1999). *Statewide approaches to community integration. Technical assistance strategies that make a difference*. *Journal of Vocational Rehabilitation*, 13, 31-43.
 12. ^ Racino, J. (1999). *Policy, program evaluation and research in disability. Community support for all*. Binghamton, NY: The Haworth Press.
 13. ^ Mount, B (1992) *Person Centred Planning, A Sourcebook of Values, Ideas and Methods to Encourage Person-Centered Development*. New York, Graphic Futures
 14. ^ person centred thinking tools (<http://www.csrrcp.net/default.aspx?page=16600>)
 15. ^ Neill M, Sanderson H, Bailey G. *One Page Profiles: Going from a one page profile to person centred plan or support plan* <http://www.helensandersonassociates.co.uk/media/51351/16-one%20page%20profiles%20resource.pdf>
 16. ^ *Conversations in Citizenship and Person Centred Work*, Vol III, eds John O'Brien and Carol Blessing p131
 17. ^ *Conversations in Citizenship and Person Centred Work*, Vol III, eds John O'Brien and Carol Blessing p114
 18. ^ *A Positive Approach To Risk Requires Person Centred Thinking*. Neill M, Allen, J. Woodhead, N. Sanderson H. Reid, S. Erwin, L. (2009) *Tizard Learning Disability Review* (<http://pierprofessional.metapress.com/content/vr700311x66j0125/>)
 19. ^ http://www.lancs.ac.uk/fasa/iht/publications/ericemerson/the_impact_of_person_centred_planning_final_report.pdf
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External links

not at the centre of how things are done. The challenge of the next three years is to take all this innovative work and make sure that more – and eventually all – people have real choice and control over their lives and services"

Person-centered planning in the USA has continued to be investigated at the secondary research level and validated for more general use (e.g., Claes, *et al.*, 2010).

Local Authorities in Britain are now being challenged by government to change their model to one that is founded on Person Centred Approaches^[21]

"This move is from the model of care, where an individual receives the care determined by a professional, to one that has person centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver his or her outcomes"

The government recognises that this will require a fundamental change in the way services are organised and think:

"Personalisation is about whole system change."

In New York State (USA), the Office for People with Developmental Disabilities (OPWDD)OPWDD (<http://www.opwdd.ny.gov/>), has mandated the use of person-centered planning in all new service development for people with intellectual disabilities. Person-centered planning is central to the new approaches to person-directed supports with are based on stronger self-determination than traditional person-centered approaches.

Outcomes

Person centred thinking and planning is founded on the premise that genuine listening contains an implied promise to take action. Unless what is learned about how the person wishes to live, and where they wish to go in their lives is recorded and acted upon, any planning will have been a waste of time, and more importantly a betrayal of the person and the trust they have placed in those who have planned with them.

In the UK initiatives such as individual budgets and self-directed supports using models like In Control (<http://www.in-control.org.uk/>) mean that Person Centred Planning can now be used to directly influence a person's Support Planning, giving them direct control over who delivers their support, and how it is delivered.^[22]

PCP tools can be very powerful methods of focused listening, creative thinking and alliance building that have been shown both by experience and by research to make a significant impact in the lives of people who use human support services, when used imaginatively by people with a commitment to person-centeredness. Used well, with enthusiasm and commitment, these tools can be an excellent way of planning with people who might otherwise find it difficult to plan their lives, or who find that other people and services are planning their lives for them.

See also

- Developmental Disability
- Direct Support Professional
- Disability rights movement
- Family Movement
- Independent living
- Matching Person & Technology Model
- Self Advocacy
- Social role valorization

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- Writings of John and Connie Lyle O'Brien (<http://thechp.syr.edu/rsapub.htm>)
- The Learning Community for Person Centered Practices (Person Centered Thinking and Essential Lifestyle Planning and more...) (<http://www.learningcommunity.us/>)
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- The Circles Network – What is Person Centred Planning? (http://www.circlesnetwork.org.uk/what_is_person_centred_planning.htm)
- Definitions of person-centred planning, thinking and approaches (<http://www.csrpcp.cswebsites.org/default.aspx?page=27056>)
- Key articles on person centred planning on the www.isja.org.uk directory (http://www.capacitythinking.org.uk/ISJA/links_pcplanning.html)
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- Community-Building and Commitment-Building with Path (http://www.communityworks.info/articles/cb_path.htm), from Implementing Person-Centered Planning: Voices of Experience
- Think Local, Act Personal (<http://www.thinklocalactpersonal.org.uk/>); a sector wide partnership for transforming adult social care

Retrieved from "http://en.wikipedia.org/w/index.php?title=Person-centred_planning&oldid=557042531"

Categories: [Disability](#) | [Community building](#) | [Mental health](#)

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Section 3

Our Rules, Reports and Suggested Procedures

Town of Acton
COMMISSION ON DISABILITY

Bylaws
May 2001

Article I
TITLE

Section A. There shall be established an Acton Commission on Disability as provided by Massachusetts General Laws, Chapter 40, S8J, enacted 1983.

Article II
OBJECTIVES AND RESPONSIBILITIES

Section A. It shall be that the Acton Commission on Disability (hereafter throughout this document referred to as the Commission):

1. Act as a centralizing force in the Town of Acton and the community that shall deal with all disability issues: providing information, referrals, guidance, coordination, offering and providing technical assistance to other public agencies and private persons, organizations and institutions engaged in activities and programs intended to eliminate prejudice and discrimination against person(s) with disability(s) because of their status as a person with a disability.
2. Take such action as the Commission considers appropriate to insure the equal status of person(s) with disability(s) no matter what sex, creed, color, national origin, age, or sexual orientation. The Commission shall formulate, recommend, and support such programs as it deems important to assure compliance with Section 504 of the Rehabilitation Act of 1973 and other related legislation.

Section B. For the purpose of the Bylaws, a person with a disability shall be defined as

1. Having a physical or mental impairment that substantially limits one (1) or more major life activities.
2. Having a record of such impairment or is regarded as having such impairments as spelled out in Section 504 of the Rehabilitation Act of 1973.

Section C. The powers and duties of the Commission shall include the following, but not limited to:

1. Insure the equal status of **person(s) with disability(s)** in education, employment, economics, political, health, legal and social spheres.
2. Design and implement programs that promote equality for all of **person(s) with disability(s)** in Town.
3. Review recommendations and policies of all departments, divisions, and agencies of the Town when requested.
4. Initiate, coordinate and monitor the enactment of legislation which promotes equal status of **person(s) with disability(s)** at the Town, State, Federal levels and to insure that appropriate regulations are adopted and enforced pursuant but not limited to such legislation, including but not limited to implementation of Section 504 of the Rehabilitation Act of 1973.
5. Assist in the planning and coordination of activities of all departments and divisions within the Town upon request.
6. Participate in an advisory capacity in the hearing of complaints brought alleging discrimination against **person(s) with disability(s)**, including but not limited to the Office of Affirmative Action.
7. Assist in public awareness of **person(s) with disability(s)** through participation in public and media events sponsored by the administrative and/or legislative bodies of the Town, including but not limited to Town sponsored recreational, educational, developmental and legislative activities.
8. Advertise, prepare, print and distribute books, maps, charts, plans and pamphlets necessary for the Commission's work.
9. Receive gifts of property, both real and personal, in the name of the Town, subject to the approval of the Board of Selectmen. Such gifts to be managed and controlled by the Commission for the purpose of the Commission's work.
10. Hold at least a minimum of eight (8) regular meetings throughout the calendar year and to conduct additional meetings as necessary.

Article III
MEMBERSHIP

Section A. The Commission shall consist of up to nine (9) members. The majority of said Commission members shall consist of persons with disabilities. One of such members should be a member of the immediate family of a person with a disability and one member of said Commission shall be an elected or appointed official of the Town. Members shall represent as many person(s) with different disabilities from the community as possible and the remaining members shall be concerned parents, friends and other interested citizens. The members shall initially serve the following terms:

1. All the members will be appointed for a term of three (3) years.
2. If a member should resign before the end of his/her term, a replacement will be appointed to complete the end of the term of office.

Section B. All members of the Commission are appointed by the Town Manager.

1. Commission members shall have full voting rights. (Members must be present to vote.)
2. Members shall consult with the Commission whenever making any statements or joining any activities specifically on behalf of the Commission.
3. Members shall attend all meetings and other required functions.
4. Members shall call Commission Chairperson when not able to attend meetings. A member who fails to attend three (3) consecutive meetings without good cause will be asked to discuss the situation with the entire membership.
5. Members shall submit agenda items to the Chairperson three (3) working days before the scheduled meetings.
6. Members shall serve as members on the Commission without compensation with the understanding that members shall be reimbursed for any expenses that shall be reasonably incurred through the service as a member of the Commission.

Article II
EXECUTIVE COMMITTEE

Section A. The Executive Committee shall consist of two (2) members: **Chairperson** and **Vice Chairperson**. The Executive Committee shall be elected by a majority vote of the Commission members as a whole.

Article V
CHAIRPERSON

Section A. The **Chairperson** shall:

1. Develop all agenda items in coordination with **Vice Chairperson**.
2. Preside over all meetings.
3. Make sure the Commission members adhere to the agenda.
4. See that the **Vice Chairperson** is left in charge in the **Chairperson's** absence.
5. Be available for consultations at the request of the Commission or locate an assistant from among the other members.
6. Bring all statements proposed by individuals and members to be heard before the entire Commission.
7. Communicate to the entire Commission all communications he/she has sent or received related to his/her position as **Chairperson** of the Commission.
8. Be responsible to insure that all line items on the yearly budget are strictly adhered to.
9. Appoint subcommittees as needed.

Article VI
VICE CHAIRPERSON

Section A. The **Vice Chairperson** shall:

1. Take the place of the **Chairperson** in his/her absence.
2. Assist support groups and subcommittees.

**Article VII
SECRETARY**

Section A. The Secretary shall:

1. Take charge of all correspondence and minutes of all meetings of the Commission.
2. Post notice of all meetings at least forty-eight (48) hours before each meeting at the Town Clerk's Office at the Town Hall.
3. The Secretary may delegate specific tasks with the approval of the membership.

**Article VIII
TREASURER**

Section A. The Treasurer shall:

1. Submit financial reports at the monthly meetings.
2. Submit all bills and vouchers to the Town Financial Administrator for payment.
3. Submit the Commission's budget to the Town.

**Article IX
MEETINGS**

Section A. All official meetings shall be held once a month, generally the second Thursday of each month at 8:00 p.m. The meeting will begin as soon as quorum is reached.

Section B. A quorum shall be constituted when four (4) members are present.

Section C. A special meeting may be called at any time, by the Chairperson or by at least three (3) members. Notice must be posted to the public and given to the members not less than twenty-four (24) hours before the meeting. The notice (via telephone, mail, e-mail or fax) is to be given by the requestor and is to state time, place and purpose of the meeting. The Special Meeting shall be limited to the stated subject.

USE MGL

see notes on back

**Article X
RECORDS**

Section A. The Commission shall forward one (1) copy of the approved minutes to the Massachusetts Office on Disability and to the Town Clerk at the Town Hall to become part of the official record.



of BOS disclosure

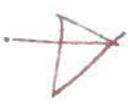
**Article XI
FINANCES**

Section A. Development of the annual budget shall be the responsibility of the Commission.

**Article XII
ELECTIONS**

Section A. Officers:

1. Shall be elected annually by ballot at the June meeting.
2. May be elected by unanimous acclamation if running unopposed.
3. Will serve a one (1) year term, starting July 1st after the election and ending June 30th of the following year.



**Article XIII
AMENDMENTS**

Section A. These Bylaws shall be amended by a two-thirds (2/3) vote of the Commission members present at any meeting, provided written notice of the proposed change is made to each member at least fourteen (14) days prior to the scheduled vote and with subsequent approval by the Board of Selectman.

Section B. The Bylaws shall be reviewed yearly for possible changes needed to assure smooth functioning of the Commission.

Bylaws of the Town of Acton
Updated April 2, 2012

Excerpt from Chapter B, Section 23

- 23.1.** This Commission on Disabilities shall consist of five (5) members and two (2) associate members, appointed by the Board of Selectmen, each serving a three (3) year term, pursuant to Charter Section 4-2.
- 23.2** A quorum of the Commission on Disabilities shall consist of three (3) members or associate members, if designated by the Chair in the case of absence, inability to act, or conflict of interest on the part of any regular member, or in the event of a vacancy on the Commission.
- 23.3** The Commission on Disabilities shall act by a majority vote of its members or associate members, designated as described herein, present or otherwise entitled to vote under the Open Meeting Law, provided, however, that if only a quorum of three (3) members or associate members is present, the vote must be unanimous to carry.

**SAMPLE
COD
MEETING
AGENDA**

**Town of Acton
COMMISSION ON DISABILITIES**

**February 18, 2014
9:30 am – 12:30 pm
Town Hall, Room 126**

- | | |
|--------------|---|
| 9:30 | Call to order |
| 9:32 | Citizen concerns |
| 9:45 | Minutes review from January 2014 meeting |
| 10:00 | Board of Selectmen updates/announcements |
| 10:15 | Town Meeting access (follow-up, confirmation on what Town has agreed to, how to publicize, next steps) |
| 10:35 | Pamphlet/brochure update discussion |
| 10:50 | Break/stretch |
| 11:00 | Calendar (plan timing of approved projects and objectives and annual tasks) |
| 11:45 | Independent Living (educational topic) discussion on self-determination |
| 12:15 | Agenda for March meeting |
| 12:30 | Adjourn |

SAMPLE
COD MINUTES

MINUTES
Town of Acton
Commission on Disabilities (COD)
April 15, 2014

Members Present

Steve Baran, Danny Factor, Lisa Franklin,
Madeleine Harvey, Cindy Patton

Associate Members Present

Leslie Johnson, Wen Li

Guests

Bettina Abe, Denison Schweppe, Jim Snyder-Grant

Call to Order 9:30 am

Citizen Concerns None

Announcements

- Owing to Town Meeting preparations, we received no updates from The Board of Selectmen (BOS).
- Lisa reminded us that under Open Meeting Law (OML) rules, if a member of the committee is approached by an outsider concerning COD business, that member should indicate that the topic must be taken up before the full Commission and must notify all members.
- Danny arrived at the meeting at this point.
- Denison (D) Schweppe explained why he felt it was important to correct the minutes of the April 4th special meeting regarding the 475 Great Road variance. He said there was almost no prior paperwork available on the property, and would like to make sure that all records

going forward should accurately reflect all the proceedings and decisions.

Minutes from March 18th Meeting Minutes accepted with corrections.

Minutes from Special April 4th Variance Meeting Minutes accepted with corrections

Town Meeting Review We evaluated the Town Meeting of April 7th and 8th and agreed that:

- The use of cards instead of standing votes did not go well.
- Lisa mentioned that someone from Town Hall was looking into the use of larger, more brightly colored cards for next year.
- Danny reminded us that he had previously expressed concern that the Town would try 3x5 cards was vague. Danny further reminded us that we had only agreed not to ask the Town for further clarification because Deanne assured the COD that the Town had committed to ending standing at Town Meeting.
- Mady pointed out that the Town had only agreed to "try" this new method (cards).
- In 2013 the Moderator experimented with hand-raising, at our request. This was also unsuccessful.
- Mady recommended that we put the past behind us and now look to the future, and what we can do for next year and the years to come.
- Lisa recommended that we write a letter of thanks to the Moderator and Town Clerk for having followed through on the agreement that resulted from last year's meeting with COD representatives.
- It was agreed that Lisa and Cindy will write such a letter and request their feedback on the issue.
- Danny felt we should assign new representatives and have a follow-up meeting with Don McKenzie (Moderator) and Eva Szkaradek (Town Clerk)
- Our own preparation for issuing comments was felt to be insufficient because COD members had not had sufficient opportunity to examine the warrant articles prior to the meeting. The warrant was released later than expected (although thanks to Katie Green of the BOS, we did receive online copies a day or two beforehand)

- Lisa suggested we have some statistics about People with Disabilities prepared to include in our statement for next year.
- We also noted that the wheelchair seating slots were not well marked. Since we don't want anyone to feel restricted to those spots, it was suggested that perhaps we could facilitate the process by notifying the Moderator where to look in the audience for people unable to stand.
- Danny felt that the focus of our concerns should be that it is not burdensome for the Town to eliminate all standing votes.
- Cindy felt that the Moderator knew where she was and was counting her hand-raised vote.
- Danny was pleased that the articles important to the community of people with disabilities we supported, such as nursing and transportation, had passed.

Open Space Recreation Plan (OSRP) Jim Snyder-Grant presented a draft 3-page spreadsheet for evaluating each recreational and conservation area in Acton. After the final version is included in OSRP, the intention is to keep it available to the public. He requested our input. We suggested making the spreadsheet easier to read. Leslie recommended more outreach and education to let People with Disabilities (PWD) know that we have accessible and conservation areas. Mady agreed and pointed out that the dissemination of this and other PWD information is important; there are many offerings that the PWD community is unaware of.

Bettina and Danny explained that our Town's OSRP expired in 2007 and the old report is incomplete, and lacking required information about the Town Americans with Disabilities (ADA) coordinator. Jim and Bettina copied the missing pieces from the Town of Carlisle ADA Description and Procedures and plan to move forward in asking Acton to officially adopt these pieces as Acton's policies. Lisa asked that the ADA coordinator be required to attend the Massachusetts Office on Disability Community Access Monitor course. Danny moved that we advise that it be within the Acton Department of Natural Resources (DNR) and that the Acton COD be notified and allowed to comment on any discrimination complaints that are filed with the coordinator. This passed unanimously. Bettina said that would also be a good time to inform someone about the Commission's existence.

Bettina expects to submit the OSRP to the State by June, and the COD can submit ideas directly to her. Mady was going to check whether Open Meeting Laws make it possible to make such suggestions directly to her and/or to Danny. Danny, as liaison to DNR, will follow up with Bettina and Jim in regard to our input, and report back to the COD.

COD Website We reviewed our website ideas from the June 2013 retreat and Wen identified which ones had been instituted/completed. Lisa reported that she was told we could have multiple pages on our website. Further ideas include a link that connects directly to COD's agendas and minutes. Danny will come up with a Frequently Asked Questions (FAQ) portion of the site, with answers. Lisa suggested that we include a section for legislative proposals relevant to disability issues, including phone numbers of our State senator and representatives. Other ideas include links directly to Town transportation options, education, and social and recreational events. Wen will be moving in July, but can assist us with these website updates until then. Lisa indicated that the Town makes occasional corrections to the websites regarding term limits of members. She suggested that individual members should notify IT when they get sworn in again. Danny stated that the Town is capable of making these corrections in a far more timely manner, and the COD should advise them to do so.

Wen had to leave the meeting at this point.

Recruitment of New COD Member(s) We discussed the need to find an associate member to replace Wen Li when she leaves (beginning of July). Danny reminded us that we could also use volunteers to fill in for missing help until then. Leslie will write an ad soliciting new members/volunteers and bring it for approval to COD before submitting it to The Beacon and Action Unlimited. Lisa felt best results are achieved by personally inviting people we know to join our committee. She has already spoken with Dana Snyder-Grant, former chair of the COD. Lisa will also notify the Volunteer Coordinating Committee (VCC) of our need. Leslie mentioned that our meeting time may prohibit some people from joining. With regard to teenagers, Lisa pointed out that they must be 18 or older to become members. Danny and Steve pointed out that there is a good community

volunteer program at the high school to get teens to help out. This has been successful in the past.

May Agenda

- Possible executive session (yet to be determined)
- Annual retreat planning
- Inclusion in The Municipal Quarterly
- Independent Living (education topic)
- Brochure update
- Recruitment announcement and continuing discussion

Meeting Adjourned

12:30 pm

Documents Distributed (on docushare)

- Spreadsheet of Open Space evaluation (on Land Trust Committee's website)
- Legislative flyers from the Independent Living Education Day at the State House (distributed for informational purposes, but not discussed at the meeting).

Minutes prepared and submitted by
Cindy Patton, Lisa Franklin and Madeleine Harvey

CITIZENS' CONCERNS

The Acton COD regularly receives communication from individuals who have disability-related concerns or complaints within the sphere of our town. These concerns are usually reviewed as part of a regular agenda item at the start of our meetings.

COD members who field concerns from citizens can engage in basic fact-finding necessary to present the matter to the COD, but should not engage in any deliberation or action prior to the COD meeting.

If the concern is so timely that it must be resolved before the next scheduled meeting, the matter should be brought to the chair who can either call a special meeting or refer the citizen elsewhere. It is preferred that the citizen appear at the COD meeting where the concern is raised, but this is not mandatory.

In May, 2015, after consulting with the Massachusetts Office on Disability (MOD), the COD adopted a policy regarding the way that a COD can get involved with individuals' cases: Once presented at open meeting, COD's have the right to get involved in a citizen's case (e.g. advocacy, mediation) but are not required to. In cases of discrimination based on disability, the COD could refer the individual to the Massachusetts Commission Against Discrimination (MCAD) or another applicable agency. If such a referral is made, the individual can be encouraged to call the MOD which can usually give some level of help in filing the case. If the case has broader applications, the MOD can at times join with the citizen in bringing the issue to the MCAD.

THE ACTON COD AND THE VARIANCE PROCESS

The Architectural Access Board (AAB) is a regulatory agency within the Massachusetts Office of Public Safety. Its legislative mandate is to enforce Section 521 of the Code of Massachusetts Regulations (CMR) to make buildings for public use "accessible to, functional for, and safe for use by persons with disabilities." These regulations are incorporated in the Massachusetts Building Code, making them enforceable by all local and state building inspectors, as well as by the AAB itself.

Section 521 CMR outlines when a property owner is responsible to provide access for people with disabilities and what specific actions must be taken. The code is automatically triggered when a new building or a significant renovation (more than 1/3 of the total property value of the space) occurs. The town of Acton will normally grant a building permit or occupancy permit only when a property owner's permit application is consistent with 521CMR.

If a property owner engaging in new building or significant renovation believes they have a reason that they should be exempt from the code (e.g. they want to be exempt from having to build an elevator because it of cost prohibitiveness or lack of space) they have the right to apply for a variance. A variance is defined as a deviation from the set of rules a municipality applies to land use.

A Commission on Disability has the authority to submit advisory comments directly to the AAB when an Application for Variance is filed in the town where the COD exists. The Acton COD reviews Applications for Variance in our town and normally submits advisory comments to the AAB several times per year. The COD can advise to allow or disallow a variance, in full or in part.

An applicant for a variance must use the prescribed AAB 'Application for Variance' form, and send the application to the AAB along with the required filing fee. The applicant is simultaneously required to send a copy of the application to the town Building Commissioner, the Chair of the Commission on Disabilities, and the local Massachusetts Independent Living Center.

The Acton COD chair then forwards the Application for Variance to the COD Variance Coordinator. The Variance Coordinator then contacts the applicant and arranges with the COD chair and/or COD members a meeting time to review the application and draft advisory comments to the AAB. The Variance Coordinator may arrange a site visit for the COD on a day prior to the review meeting. At that visit, members of the COD are prohibited from engaging in deliberation about the variance due to Open Meeting Law. If the COD is unable to meet prior to when the AAB plans to review the application, the Variance Coordinator has been given authority from the COD to request to the AAB that the AAB delay their review, in order to allow the COD time to undertake a proper review.

The COD's review of the Application for Variance takes place in an open meeting in which the applicant, town Building Commissioner, MCIL representative and the general public are invited to. COD advisory comments to the AAB must be approved by motion. The Variance Coordinator is responsible for transmitting the COD's comments to the AAB Executive Director via email using our prescribed template.

The AAB Executive Director has commented that he very much appreciates receiving advisory comments from the Acton COD, providing the AAB with "eyes on the ground" and allowing the AAB to make a more informed decision. Clearly, our reviews contribute to Acton becoming a more accessible and welcoming town.

If you have any questions about the variance process, please feel free to contact me.
Danny Factor, Acton COD Variance Coordinator

(VARIANCE RECOMMENDATION TEMPLATE)

ADVISORY COMMENTS REGARDING
APPLICATION FOR VARIANCE

The Acton Commission on Disabilities has reviewed the variance application for _____

And we have decided that

___ We support this variance

___ We are opposed to this variance

___ We suggest instead that _____

Major factors in our decision were

- 1)
- 2)
- 3)

Additional comments

- 1)
- 2)
- 3)

Approved by the COD in Open Meeting on _____(Date)_____

MASSACHUSETTS OPEN MEETING LAW

The Open Meeting Law (OML) (Massachusetts General Laws, Chapter 30 A, Sections 18-25) supports the principle that **democracy depends on the public having knowledge about the considerations underlying governmental action.** As a result, OML requires that **most meetings and deliberations of public bodies be held in public.** This principle of having an open, accessible government is consistent with our COD's vision of creating an accessible, inclusive community.

Under OML, a **'Meeting'** is defined as a deliberation by a public body with respect to any matter within the body's jurisdiction. However, **'meeting' shall not include** attendance at an event such as on-site inspection, conference, training or social gathering where members do not deliberate, or a meeting at another public body, board commission, or town meeting.

Under OML, a **'Deliberation'** is defined as an oral or written communication through any medium, including electronic mail, between or among a quorum of a public body on any public business within its jurisdiction. However, **'deliberation' shall not include** the distribution of a meeting agenda, scheduling information, reports or documents that may be discussed at a meeting, provided that no opinion of a member is expressed. A quorum of our COD is three members.

OML contains a requirement that meeting **'Agendas'** be posted 48 hours in advance of a meeting (excluding weekends and holidays) conspicuously either in hard copy or electronic format. Notice should be legible, easily understandable, and shall contain the date, time and place of the meeting and a listing of topics that the chair reasonably anticipates will be discussed at the meeting. This is facilitated by the COD emailing the agenda to the Acton Town Clerk, more than 48 hours in advance of a meeting.

OML requires the creation and maintenance of accurate **'Minutes'** of all meetings, including executive sessions, setting forth the date, time and place, the members present or absent, a summary of the discussions on each subject, a list of documents and other exhibits used at the meeting, the decisions made and the actions taken at each meeting, including the record of all votes with no secret ballots. Minutes of all open sessions shall be created and approved in a timely manner. The minutes of an open session, if they exist and whether approved or in draft form, shall be made

available upon request by any person within 10 days including documents. The minutes of any executive session may be withheld from the public if publication would defeat the lawful purposes of the executive session.

In exceptional cases, a public body may meet in **'Executive Session'** with proper notice revealing what it can about the subject of the meeting in the agenda. Reasons allowed to meet in executive session include to discuss the reputation, character, physical condition or mental health (but not the professional competence) of an individual, to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual, to conduct strategy sessions regarding collective bargaining or litigation, to discuss security, to discuss criminal misconduct, charges or complaints, to negotiate purchases of property, to consider or interview applicants, to confer with a mediator or discuss trade secrets.

Section 20 of Massachusetts Open Meeting Law allows COD members to participate in meetings by **'Remote Access'** with rules that are more flexible than those prescribed for members of other town commissions. CODs by majority vote at a regular meeting may authorize remote participation for a specific meeting or for all commission meetings. Because the Acton COD has taken this step in regard to all commission meetings, COD members may participate by remote access at all COD meetings. A physical quorum of COD members is not required to be present at the meeting location, provided that the chair (or in the chair's absence, the person authorized to chair the meeting) shall be physically present at the meeting location. The phone number to call in for a meeting at our usual meeting place (Room 126) is (978) 929-6304.

If you have questions or concerns about the Open Meeting Law, you may contact the Massachusetts Division of Open Government at (617) 963-2540 or openmeeting@state.ma.us

Roberts Rules of Order – Simplified

Guiding Principle:

Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.

Everyone has the right to know what is going on at all times.

Only urgent matters may interrupt a speaker.

Only one thing (motion) can be discussed at a time.

A motion is the topic under discussion (e.g., "I move that we add a coffee break to this meeting"). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

How to do things:

You want to bring up a new idea before the group.

After recognition by the president of the board, present your motion. A second is required for the motion to go to the floor for discussion, or consideration.

You want to change some of the wording in a motion under discussion.

After recognition by the president of the board, move to amend by

- adding words,
- striking words or
- striking and inserting words.

You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.

Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

You want more study and/or investigation given to the idea being discussed.

Move to refer to a committee. Try to be specific as to the charge to the committee.

You want more time personally to study the proposal being discussed.

Move to postpone to a definite time or date.

You are tired of the current discussion.

Move to limit debate to a set period of time or to a set number of speakers. Requires a 2/3rd vote.

You have heard enough discussion.

Move to close the debate. Requires a 2/3rd vote. Or move to previous question. This cuts off discussion and brings the assembly to a vote on the pending question only. Requires a 2/3rd vote.

You want to postpone a motion until some later time.

Move to table the motion. The motion may be taken from the table after 1 item of business has been conducted. If the motion is not taken from the table by the end of the next meeting, it is dead. To kill a motion at the time it is tabled requires a 2/3rd vote. A majority is required to table a motion without killing it.

You believe the discussion has drifted away from the agenda and want to bring it back.
Call for orders of the day.

You want to take a short break.
Move to recess for a set period of time.

You want to end the meeting.
Move to adjourn.

You are unsure that the president of the board has announced the results of a vote correctly.
Without being recognized, call for a "division of the house." At this point a roll call vote will be taken.

You are confused about a procedure being used and want clarification.
Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

You have changed your mind about something that was voted on earlier in the meeting for which you were on the winning side.
Move to reconsider. If the majority agrees, the motion comes back on the floor as though the vote had not occurred.

You want to change an action voted on at an earlier meeting.
Move to rescind. If previous written notice is given, a simple majority is required. If no notice is given, a 2/3rd vote is required.

You may INTERRUPT a speaker for these reasons only:
to get information about business – point of information
to get information about rules – parliamentary inquiry
if you can't hear, safety reasons, comfort, etc. – question of privilege
if you see a breach of the rules – point of order
if you disagree with the president of the board's ruling – appeal

Quick Reference					
	Must Be Seconded	Open for Discussion	Can be Amended	Vote Count Required to Pass	May Be Reconsidered or Rescinded
Main Motion	√	√	√	Majority	√
Amend Motion	√	√		Majority	√
Kill a Motion	√			Majority	√
Limit Debate	√		√	2/3 rd	√
Close Discussion	√			2/3 rd	√
Recess	√		√	Majority	
Adjourn (End meeting)	√			Majority	
Refer to Committee	√	√	√	Majority	√
Postpone to a later time	√	√	√	Majority	√
Table	√			Majority	
Postpone Indefinitely	√	√	√	Majority	√

Source: Cornell University – The University Faculty
<http://theuniversityfaculty.cornell.edu/meetings/RobertsRulesSimplified.pdf>

COD 2014 Annual Report

COMMISSION ON DISABILITIES

"Educating the community around the needs of People with Disabilities (PWD) "was our focus this past year.

We worked with the Town Clerk and Town Moderator to try out a "no standing to vote" alternative and reserved seating for those with mobility limitations at the annual Town Meeting in April and helped educate the public on accommodations routinely offered by the town.

We reached out to the local ministers' group to discuss physical and attitudinal barriers in Acton's houses of worship.

We updated, redesigned, and distributed a new Commission on Disabilities brochure to inform Actonians about our services.

Our improvements in recruiting new members led to two applicants for a vacant seat when a former member moved out of town. We also have a waiting list.

Our workload made it necessary to extend our monthly meetings to three hours

We reviewed and commented on twelve variance applications regarding 521 CMR (the access code portion of the Dept. of Public Safety regulations) some were much more complicated than usual.

We returned calls from other Commissions on Disability around the Commonwealth looking for assistance in developing their commissions. The Massachusetts Office on Disabilities asked to see our New Member Handbook with regards to developing a statewide version.

Individual calls from People with Disabilities had dropped significantly which we attribute to the excellent job of providing community support through the Council on Aging, Acton Nursing Service, Crosstown Connect, and the Community Services Coordinator.

We spoke up at both town meetings on issues affecting PWD.

We submitted informational letters to the Beacon on the 24th anniversary of the signing of the Americans with Disabilities Act and the need for community services for seniors and People with Disabilities

As our charter dictates, we provided the Board of Selectmen with our opinions on the topic of the Acton Nursing Service, and the Land Trust Committee on recreational trail development and accessible map designs and our support to the Friends of the Arboretum on their boardwalk project.

We contributed our 2010 survey results to the A-E United Way for their community needs assessment.

We love an audience! Our meetings are open to the public and meet every 3rd Tuesday of the month from 9:30a.m. to 12:30 p.m. in room 126 at the Acton Town Hall.

Members:

Lisa Franklin (Chair)
Madeline Harvey (Vice Chair)
Steve Baran
Danny Factor
Wen Li
Cindy Patton
Karen Troy

OAL
summary,
Danny

Section 4

Our Goals and Objectives

ACTON COMMISSION ON DISABILITIES GOALS AND OBJECTIVES

A) GROW COMMUNITY AND SERVICES WITH PARTICULAR ATTENTION TO THE MOST VULNERABLE POPULATIONS

- 1. Provide annually one program of interest to people with and without disabilities.
- 2. Hold one social event to bring people together.
- 3. Co-sponsor events of specific interest for disability community.
- 4. Network with other town boards committees and departments.
- 5. Identify and make contact with service providers and disability organizations.
- 6. Actively seek out members of diverse cultural backgrounds.

B) INCREASE EDUCATION & AWARENESS

- 1. Send at least two letters or articles to The Beacon on disability awareness issues.
- 2. Hold at least one community forum.
- 3. Develop educational programs and materials for the workplace.
- 4. Initiate disability awareness programs in our schools.
- 5. Educate ourselves and discuss issues in regard to current issues in the disability rights movement.

C) ADVOCATE FOR INCLUSION AND DISABILITY RIGHTS

- 1. Evaluate and assess variance requests to submit comments to the AAB; develop process for monitoring existing variances.
- 2. Work with other CODs on state legislative advocacy in the areas of transportation, housing, income, employment and health care.
- 3. Work with other town groups to develop mechanisms for insuring inclusion and honoring the rights of people with disabilities

- 4. Identify challenges and work with residents to develop solutions in the areas of transportation, housing, income, employment and health care.
- 5. Monitor ourselves to ensure that we are addressing the full spectrum of disabilities including the underserved, invisible disabilities and chronic illnesses

D) DEVELOP THE COD AS A GROUP

- 1. Recruitment of More Members/Associates
- 2. Grow The Volunteer Pool/Friends Group
- 3. Develop Plans For How We Use Volunteers Most Effectively
- 4. Develop Orientation Packet For New Members
- 5. Codify Ethic of Respect and Tolerance
- 6. Create Calendar Template
- 7. Hold An Annual Retreat
- 8. Have One Strictly Social Gathering Per Year

COD GOALS FOR THE NEXT THREE YEARS

2013

Grow Community and Services With Particular Attention To Most Vulnerable Populations. (Goal A)

- **Hold One Program of Interest**
--Create List of Invitees and Publicize Event to Diverse Groups
- **Look into Co-Sponsoring Separate Event**
-- Create List of Invitees and Publicize Event to Diverse Groups

Develop The COD As A Group (Goal D)

- **Create Calendar Template**
- **Recruit More Members/ Associates**
- **Develop Plans For How we use volunteers**
- **Develop Orientation Packet For New Members**
- **Codify Ethic of Respect and Tolerance**
- **Create Calendar Template**
- **Hold An Annual Retreat**
- **Have One Strictly Social Gathering Per Year**

2014

Increase Education and Awareness (Goal B)

2015

Advocate For Inclusion And Disability Rights (Goal C)

Ongoing Goals

- **Educate ourselves and discuss issues in regard to current issues in the disability rights movement (Goal B, Objective 5)**
- **Actively seek out members of diverse cultural backgrounds (Goal 1, Objective 6)**
- **Monitor ourselves to ensure that we are addressing the full spectrum of disabilities including the underserved, invisible disabilities and chronic illnesses.
(Goal 3, Objective 5)**

COD Master Calendar 2015

January	Annual report due January 1st; Prepare for April community "resources" event
February	Continue preparing for April community event
March	Begin preparation for Acton Town Meeting (access and warrant articles); final preparations for April community event
April	Community event: Resources for PWD Community; Town Meeting
May	Prepare for COD annual retreat; check for summer meeting quorums
June	Annual retreat (review vision, new strategic plan); prepare for 25th anniversary of AA
July	<u>Beacon</u> article for ADA anniversary; advertise various public celebrations
August	Prepare for Oktoberfest? Prepare for COD elections
September	COD elections; begin to prepare for national elections (access, simplified language if available, coordinate with League of Women Voters)
October	Review 2015 objectives; start 2016 objectives
November	TBD
December	TBD

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
Regional Services Useful for People with Disabilities		
American Chronic Pain Association, Boston Chapter	Arlingtonnacpa.org	
Boston Center for Independent Living (BCIL)	617-338-6665 Bostoncill.org	Serves Acton residents with disabilities
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	
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	
COD Business Operations					
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:

Animal Control (see also Licenses, Dog)
 Animal Inspection
 Assessments
 Bills and Accounts
 Births, Deaths, and Marriages
 Buildings
 Cemeteries
 Emergency Management Agency
 Conservation
 Education Information

Elderly Affairs

Elections, Voting, and Registration
 Engineering
 Fair Housing
 Fire (Business and Permits)
 Garbage and Refuse
 Hazardous Materials
 Health and Sanitation
 Highways and Streets
 Home Nursing
 Housing
 Libraries

Licenses: Dog, Fishing, Hunting
 Mental Health

Permits:

Blasting
 Building
 Food Service
 Hating
 Historic Districts Certificate
 Oil Burner
 Outdoor Burning
 Plumbing
 Sewage
 Smoke Detector
 Wiring
 Zoning
 Planning
 Police Business
 Recreation
 Selectmen
 Street Lights
 Street Trees
 Tax Collections
 Town Finances
 Town Manager
 Train Service
 Transfer Station/Recycling Center

Call:

Animal Control Officer
 Animal Inspector
 Board of Assessors
 Town Accountant
 Town Clerk
 Building Commissioner
 Cemetery Department
 Director of Civil Defense
 Conservation Office
 School Superintendent's Office
 Council on Aging
 Minuteman Senior Services
 Public Health Nursing Service
 Town Clerk
 Town Engineer
 Planning Department
 Fire Department
 Board of Health
 Board of Health
 Board of Health
 Highway Department
 Public Health Nursing Service
 Housing Authority
 Acton Memorial Library
 West Acton Citizens' Library
 TDD for the Deaf
 Town Clerk
 Community Services

Telephone:

264-9638
 263-4979
 929-6621
 929-6624
 929-6620
 929-6633
 929-6642
 929-7730
 929-6634
 264-4700
 929-6652
 781-272-7177
 929-6650
 929-6620
 929-6630
 929-6631
 264-9645
 929-6632
 929-6632
 929-6632
 929-7740
 929-6650
 263-5339
 929-6655
 929-6654
 635-0072
 929-6620
 929-6651

264-9645
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 264-9645
 929-6633
 929-6631
 929-6631
 264-9638
 929-6640
 929-6611
 929-7744
 929-7744
 929-6623/6622
 929-6623
 929-6611
 800-392-6100
 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* of the Disability Rights Movement

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. "These 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 MOVEMENTS¹

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

¹ 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%

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

[Home](#) > [Government Agencies](#) > [Departments & Divisions](#) > [Developmental Services](#) > [Developmental Services Acronyms](#)

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.aerbyl.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
- CORJ - 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/oea>
- DOJ - Department of Justice
- DOL - Department of Labor, <http://www.mass.gov/dlwr>
- 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.mfocf.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

- HON - 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/MIR - 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 768 -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/>
- MCBCCD - Massachusetts Coalition for Citizens with Disabilities
- MCDH - Massachusetts Commission for the Deaf and Hard of Hearing, <http://www.mass.gov/mcdhh/>
- MCH - Maternal and Child Health
- MDCC - Massachusetts Developmental Disabilities Council, <http://www.mass.gov/mdcc/>
- 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/oseers/nidrr/index.html?arc=mr>
- **ORI** - Office for Refugees and Immigrants
- **OMI** - Orientation and Mobility (services for individuals who are visually impaired)
- **OCSS** - Office of Child Care Services, www.mass.gov/ocsc
- **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/oseers/index.html?arc=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

- RFR - Request for Response
- RRTC - Rehabilitation Research and Training Center
- RSA - Rehabilitation Services Administration, <http://www.ed.gov/about/offices/list/oeers/rsa/index.html>
- 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/msp/>
- SpEd - Special Education
- SSA - Social Security Administration, <http://www.ssa.gov/>
- SSDI - Supplemental Security Disability Income
- SSI - Supplemental Security Income, <http://www.ssa.gov/ogm/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.ucpa.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.

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

COD Materials File Drawer Inventory

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)