



# STRATEGIC PLAN

2014/2015

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### I. Overview

The Consortium has provided residential services since 1983. The Residential Division currently provides support to 46 individuals. There are eleven 24-hour homes, supporting 33 individuals. There are twelve individuals supported in Individual Home Supports. One individual is supported in placement services. We believe that with proper support, everyone has the potential to live a successful life in the community. Each person is unique and therefore effective support strategies and services must be adapted to and built around the specific personality and need of each individual. Our program practices are designed to provide supports and assistance in a dignified manner, to honor the individual's desires, and to empower the people supported to control their services to the greatest degree possible. Our residential and community support programs seek to create an environment that continually promotes the further growth of people with disabilities. We are committed to self-determination, consistently promoting opportunities for the people we support to have control of their lives and the supports they receive to the greatest extent possible. We pride ourselves on our history of consistent, high-quality supports, which are built around individual needs rather than rigid program structures. We believe in the following principles: *Empowerment*-We assist people with disabilities in gaining control over decisions that will affect their lives. *Growth*-We are committed to the growth and development of individuals. *Inclusion*-We promote inclusion in community life and help people to achieve higher levels of involvement. *Renewal*-We evaluate our practices, maintain openness to new ideas consistent with our values, and continually strive to improve services. *Steadfastness*-We stand by the individuals and adhere to our values.

An extensive planning process was completed to develop the 2014/2015 strategic plan for the division. A logic model was developed through a comprehensive training with Isaac Castillo through the Human Service Forum. A planning retreat was held on 3/7/14, which was facilitated by Ingrid Bredenberg of Bredenberg Associates and included all managers. The planning retreat focused on creating a culture of trust and accountability to assure improved outcomes, better working relationships, and consistent compliance with regulations. Professional development for the planning session included identifying programmatic strengths, problems, and challenges; diagnosis of team performance needs, alignment of priorities, gain leadership and collaboration skills, increase emotional intelligence competencies, and celebrate milestones.

The Everything DiSC Workplace was used with the team as a personal assessment tool to improve work productivity, teamwork, and communication. A comprehensive Performance Management Training “Inspiring Curiosity” series was provided to the team on 4/4/14, 4/23/14, 4/30/14, and 5/7/14 by Anne Yurasek of Fio Partners, LLC. The Performance Management Training focused on organizational learning, evaluation, conceptual frameworks for understanding programs, logic models, and data collection. Several additional planning sessions were held with the team to develop a new mission, vision, practice philosophy, core values, and goals and objectives. The team is also working on changing the name of the program. The division is committed to continuous enhancement of practices and continues to work towards further program improvements.

## II. Mission, Vision, Practice Philosophy, and Core Values

### ***Mission***

***Home & Community Connections provides innovative and individualized support that eliminates barriers and empowers individuals to live the lives they choose.***

### ***Vision***

People have a satisfied individual life they love.  
People have real homes that meet their needs.  
People lead a healthier lifestyle.  
People are true members of their community.  
People are more independent.

### ***Practice Philosophy***

*Individuals are treated respectfully and all supports are person centered.  
Individuals are supported utilizing trauma sensitive practices while following Positive Behavioral Supports universal practices. The division is committed to continuous enhancement through innovative flexible supports and progressive practices.*

### ***Core Values***

*The people we support:*

- *are assisted to exercise their human and civil rights, take control of their lives, advocate on their own behalf, and influence decision-making.*
- *are supported to contribute to and enhance their communities.*
- *have a variety of freely given relationships that they desire.*
- *are given opportunities to learn new skills and reach their potential.*
- *live in homes that are safe, comfortable, and reflect their personal tastes.*
- *have life experiences that are valued and integral to shaping individualized supports.*
- *are provided opportunities which promote personal wellness and healthy living.*

III. Logic Model

INPUTS	OUTPUTS		OUTCOMES			
	ACTIVITIES	THROUGHPUTS	SHORT TERM	INTERMEDIATE	LONG TERM	IMPACT
Financial Resources	<b>Individual Support</b>		Address dissatisfaction	Increase individuals supported satisfaction	Maintain high level of satisfaction	<b>People have a satisfied individual life they love</b> <i>people are happy</i>
Support Staff	ISP Goals	Satisfaction survey scores	Ensure Safety and comfort	Homes are customized to meet needs	Satisfied in living environment	<b>People have real homes that meet their needs</b> <i>home as foundation for growth sense of ownership private individual space meaningful location harmonious grouping</i>
Nursing Support	Personal Care	# ISP objectives met				
Clinical Support	Activities of Daily Living	# of people supported	Address immediate health and emotional needs	Health and emotional status improves	Individuals achieve optimal level of health and emotions	<b>People lead a healthier lifestyle</b> <i>have own doctors &amp; specialists have support devices and accommodations preservation of health &amp; emotions</i>
Community Resources	Community Integration	# of people in appropriate housing				
Training	Nutrition/Healthy Food	# of modified diets	Individuals have increased community participation	Individuals participate on a regular basis	Individuals have freely given relationships	<b>People are true members of their community</b> <i>influence on community members welcomes into their community meaningful relationships know neighbors friends in regular contact have memberships valued social roles</i>
Managers	Exercise	# of people engaging in physical activity				
Knowledge of individuals	Emotional Support	# of meetings with family	Individuals are exposed to new life skills	Individuals practice new life skills	Individuals acquire new life skills	<b>People are more independent</b> <i>people reach optimal level of independence cooking/meal preparation self-care housekeeping travel</i>
Evidence based methods	Fostering Relationships	# of community engagements				
DDS regulations	<b>Support Activities</b>					
Homes	Medical Oversight/Care	# individual specific health protocols				
Vehicles	Care of Home	# behavior plans				
Equipment	Skills Training	# medical appointments attended				
Information technology	Medication Administration	# med plans				
Medical systems	Family Support	# MORs				
Documentation	Transportation	# health incidents				
	Money Management	# of incidents				
		# investigations				
	<b>Documentation</b>					
	Staff Training	Staff retention				
		Staff satisfaction				
		# staff trainings				
		# of end of shifts completed				
		# confidential files accurate				
	Repair & Maintenance					

IV. Areas of Focus

**AREA OF FOCUS #1: SATISFACTION- Maintain high level of satisfaction**

**AREA OF FOCUS #2: HOME- Satisfied in living environment**

**AREA OF FOCUS #3: HEALTH- Individuals achieve optimal level of health and emotions**

**AREAS OF FOCUS #4: RELATIONSHIPS & COMMUNITY-Individuals have freely given relationships**

**AREA OF FOCUS #5: INDEPENDENCE-Individuals acquire new life skills**

V. Strategic Goals and Action Plans

**AREA OF FOCUS #1: SATISFACTION- Maintain high level of satisfaction**

**Goal #1: To increase satisfaction level of all stakeholders (e.g. individuals supported, family members, guardians, advocates, day service providers, ancillary services, etc.).**

- Measurable Objective(s):**
1. The annual Satisfaction Survey will be enhanced and redeveloped by July 1, 2014. The survey will be expanded to include eliciting response from day and employment service providers, transportation providers, ancillary service providers (homemaking, PCA, VNA) by October 31, 2014.
  2. Human Rights Officers will conduct quarterly human rights review including discussing satisfaction with individuals supported by February 1, 2015. New tool will be developed by December 15, 2014.
  3. Human Rights Coordinator will meet with individuals' supported and contact guardians prior to ISP and complete a mini-satisfaction survey by February 1, 2015. New tool will be developed by December 15, 2014.
  4. Human Rights Good News/Problems form system will be enhanced by January 31, 2015.
  5. All direct care staff will be evaluated by at least one individual supported to inform performance review outcomes by August 31, 2014.
  6. Program Coordinators will contact guardians/family members who are not in regular contact a minimum of monthly to elicit satisfaction information by February 1, 2015.

**Benchmark(s) and Method of Measuring Success:** Success will be measured by survey scores.

**Feedback Mechanisms:** Quarterly status report will be shared with all managers and staff beginning October 1, 2014.

**Resources Needed:** New tools for Satisfaction Survey and updated family/guardian contact information.

**Action Plan:**

Action Steps	Personnel Responsible	Time Frame	Status	Comments
1. Redo Survey Expand Satisfaction Survey	Quality Assurance Coordinator Division Director	Redo survey by 7/1/14 Expand mailing by Oct 31, 2014 Send out survey by		

		January 15 <sup>th</sup> Compile and publish results by April 1 <sup>st</sup> Results to DDS by May 1st		
2. HRO Quarterly Rights Review/Discuss Satisfaction	Human Rights Officer Human Rights Coordinator Assistant Residential Director	Quarterly with each individual supported New tool 12/15/14 Start by 2/1/15		
3. HRC Mini-Satisfaction Survey Prior to ISP	Human Rights Coordinator Assistant Residential Director	Annual with each individual and guardian. New tool 12/15/14 Start by 2/1/15		
4. HR Good News/Problems Form	Human Rights Coordinator Assistant Residential Director	Monthly Start by 1/31/15		
5. Direct Care Performance Review by Individual	Team Leader Program Coordinator	To be completed prior to performance review time (July & August) Complete by August 31st		
6. Contact with Family/Guardians	Program Coordinator Division Director	Monthly Start by 2/1/15		

**AREA OF FOCUS #2: HOME- Satisfied in living environment**

**Goal #2:** To ensure homes are customized to meet the needs of the individuals.

**Measurable Objective:** 1. Team Leaders will implement monthly “Home Connection Meetings” with individuals supported at each 24-hour home to discuss satisfaction and areas of concern by July 31, 2014.  
2. Assess the pros and cons of all 24-hour sites in regards to physical space, accessibility, and long-range practicality by December 31, 2014.

**Benchmark(s) and Method of Measuring Success:** Success will be measured by follow up of home connection meetings and completion of 24-hour home assessment.

**Feedback Mechanisms:** Quarterly status report will be shared with all managers and staff beginning October 1, 2014.

**Resources Needed:** New tool for Home Connection Meetings including follow up. Home assessment tool.

**Action Plan:**

Action Steps	Personnel Responsible	Time Frame	Status	Comments
1. Monthly Home Connection Meetings	Team Leader Program Coordinator	Meetings to be held monthly Start by 7/31/14		
2. Assess Homes	Director of Operations Assistant Residential Director Division Director	Assessment completed by 12/31/14		

**AREA OF FOCUS #3: HEALTH- Individuals achieve optimal level of health and emotions**

**Goal #3: To ensure individual health status improves.**

- Measurable Objective:** 1. Use of the Outlook Medical Calendar will be expanded by January 1, 2015 including: a) sending invitations for all major medical appointments to Assistant Residential Director, Program Coordinator, Team Leader, and Registered Nurse; b) Medical Calendar will be used to track appointment outcomes and follow up within 24 hours; c) tracking appointments made and kept d) include ER and urgent care visits and hospitalizations. Training in proper use of the Medical Calendar will occur with all managers by November 15, 2014.
2. Nurses will review all Health Care Practitioner Encounter Forms including checking orders and following up on lab work and testing by July 31, 2014. Quality Assurance Coordinator will review Health Care Practitioner Encounter Forms for tracking by January 1, 2015.
3. Medical Review Team Meetings will be held quarterly for each home with a Registered Nurse, Program Coordinator, and Team Leader to complete comprehensive medical review of individuals and to ensure implementation of the Health Care Initiative by January 1, 2015.
4. Assessment of Self-Medication Skills will be completed with all individuals supported prior to the ISP to determine the possibility of individuals learning to self-medicate by January 1, 2015.
5. All Annual Physicals and Annual Dental Exams will be tracked by Quality Assurance by January 1, 2015.
6. All managers will receive comprehensive diets and nutrition training by June 1, 2014. A comprehensive diets and nutrition training will be added to the division's orientation training series by September 1, 2014.
7. Physical Activity will be tracked on End Of Shift data collection sheets by July 1, 2014.

**Benchmark(s) and Method of Measuring Success:** Success will be measured through the following outcomes: #appointments made and kept, physician orders follow up, #medical review team meetings held, #assessments of self-medication skills, and percentage of increase in physical activity.

**Feedback Mechanisms:** Quarterly status report will be shared with all managers and staff beginning October 1, 2014.

**Resources Needed:** Medical Calendar training, nutrition training, quality assurance tracking systems.

**Action Plan:**

Action Steps	Personnel Responsible	Time Frame	Status	Comments
1. Expand Medical Calendar	Nursing Staff Quality Assurance	Start by 1/1/15 Train all managers by 11/15/14		
2. RN's Review HCP Forms/Follow Up	Nursing Staff Quality Assurance	RN review forms/follow up by		

QA review/tracking		7/31/14 QA review/track by 1/1/15		
3. Medical Review Team Meetings	Nursing Staff Program Coordinator Team Leader	1/1/15		
4. Assessment of Self-Medication	Nursing Staff Program Coordinator Team Leader	1/1/15		
5. Annual Physical and Dental Tracking	Quality Assurance	1/1/15		
6. Manager Diets/Nutrition Training Diets/Nutrition Training in Orientation	Nursing Staff	6/1/14  9/1/14		
7. Physical Activity	Assistant Residential Director Program Coordinator Team Leader	7/1/14		

**AREAS OF FOCUS #4: RELATIONSHIPS & COMMUNITY-Individuals have freely given relationships**

**Goal #4: To increase individual community participation.**

- Measurable Objective:**
1. Identify individuals who do not currently have freely given relationships by December 31, 2014.
  2. Increase exposure opportunities to new community activities and events for identified individuals by March 31, 2015.
  3. Track community participation on End of Shift Reports for identified individuals by March 31, 2015.
  4. Complete comprehensive person centered planning process for at least two individuals over the next year (by June 1, 2015) as an avenue for relationship development.

**Benchmark(s) and Method of Measuring Success:** Quarterly status report will be shared with all managers and staff beginning October 1, 2014.

**Feedback Mechanisms:** Success will be measured by increased community participation, end of shift tracking, completed person centered planning processes.

**Resources Needed:** Quality assurance tracking, person centered planning materials.

**Action Plan:**

Action Steps	Personnel Responsible	Time Frame	Status	Comments
1. Identify individuals	Team Leader Program Coordinator	12/31/14		



2. Increase community exposure	Team Leader Program Coordinator	3/31/15		
3. Track participation	Team Leader Program Coordinator Quality Assurance	3/31/15		
4. Complete person centered planning process for two individuals	Team Leader Program Coordinator Assistant Residential Director Division Director	6/1/15		

**AREA OF FOCUS #5: INDEPENDENCE-Individuals acquire new life skills**

**Goal #5: To ensure individuals are given opportunities to practice new skills.**

- Measurable Objective:**
1. Team Leaders will conduct teaching of menu planning in all 24 hour supported homes by December 31, 2014 including: a) grocery list development; b) healthy food shopping strategies; and c) biweekly meal plan. Team Leaders will turn in menu plan and teaching notes monthly to the Program Coordinator.
  2. Individuals will be supported to participate in meal preparation and learn new skills with notes kept on End of Shift Reports by December 31, 2014.
  3. All ISP goals will be tracked on End of Shift Reports with the results tallied by the Team Leader and submitted to Quality Assurance monthly for tracking and analysis of goals partially met, met, and not met by December 31, 2014.
  4. Through an effort to increase skill development, all managers will encourage goals and objectives through the ISP process that focus on life skills by July 1, 2014.
  5. Each individual budget plan will have a detailed, person specific, goal and teaching plan regarding increasing money management skills. Progress will be tracked on End of Shift Reports by October 1, 2014.

**Benchmark(s) and Method of Measuring Success:** Success will be measured through completed menu plans with teaching notes, end of shift tracking, and goals met and not met.

**Feedback Mechanisms:** Quarterly status report will be shared with all managers and staff beginning October 1, 2014.

**Resources Needed:** Menu plan/teaching format, end of shift notes, quality assurance tracking.

**Action Plan:**

Action Steps	Personnel Responsible	Time Frame	Status	Comments
1. Menu planning/teaching	Team Leader Program Coordinator	12/31/14		
2. Individuals participate/learn new skills in meal prep	Team Leader Program Coordinator	12/31/14		
3. ISP goals tallied, tracked, and analyzed through QA	Team Leader Quality Assurance	12/31/14		
4. Encourage life skills goals	Team Leader Program Coordinator	7/1/14		

5. Budget plan individualized goal/track progress	Team Leader Program Coordinator	10/1/14		
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## VI. Quality Assurance and Program Evaluation

The division is committed to incorporating quality assurance practices into our daily operations. Identifying areas of improvement and enhancing quality assurance systems is a continuous process. Internal procedures have been improved greatly over the past year to incorporate a wide array of data collection practices. All data collection is reviewed by the Quality Assurance Committee to ensure satisfactory progress is being made. In order to assess the quality of support being provided, data is collected and reviewed in the following areas: protocols, support and health related protections, incidents, investigations, medication occurrences, ISP documentation submission, goal and objective progress, medical follow up, MAP audits, site reviews, fire drills, and staff meetings. These areas are tracked by the Quality Assurance (QA) Coordinator using a database. The QA Coordinator provides reminders and generates reports that are disseminated to all managers. The reports are analyzed by the Quality Assurance Committee. The committee is chaired by the agency Director of Operations. Committee members also include the Division Director, Assistant Residential Director, Quality Assurance Manager, Quality Assurance Coordinator, and

Registered Nurse. At these meetings, data collection is reviewed to identify trends and monitor improvements. The QA Coordinator is also the administrator of HCSIS and fully utilizes the system. Directors, Program Coordinators, and Team Leaders also use HCSIS. All reportable incidents and medication occurrences are submitted through HCSIS following the specified timelines. The QA Coordinator regularly monitors HCSIS reports and alerts to ensure all follow up requested is submitted in a timely manner. The QA Coordinator also uses an enhanced internal database to assist in tracking incident reports and medication occurrences. The two tracking systems are crosschecked by the QA Coordinator and the Quality Assurance Committee. Incidents, medication occurrences, and investigations are also reviewed by the Human Rights Committee and included in the monthly Provider Report to the Area Office. An annual Satisfaction Survey is completed by individuals supported, family members, friends, guardians, and advocates. The results are compiled by the QA Coordinator and analyzed by the Quality Assurance Committee. Results are used to inform service delivery and quality improvements. The Quality Assurance Committee continues to work towards identifying areas that need to be improved as well as identifying any trends by continually monitoring the aforementioned areas. The committee also monitors agency compliance with indicators identified by the DDS Survey and Certification process. There is a Confidential File and Forms Committee that meets regularly to monitor and streamline documentation systems. There is a Policies and Procedures Committee that meets regularly to review, update, and create new programmatic policies to ensure good service delivery.

The Quality Assurance Committee meets every two weeks to continually monitor contract and regulatory requirements. The following areas are on the committee's biweekly agenda:

- **ISP Implementation** –includes all assessments and modifications submitted to DDS within a designated time period. Review end-of-shift documentation to ensure proper data collection and monitor progress towards individuals' goals.
- **Protocols & Support and Health Related Protections (SHRP)** – includes all new or revised protocols to ensure proper review and authorization, as well as any new or revised SHRP.
- **Incidents, Investigations & MOR's** –includes all incidents, investigations, and MORs within a designated time period to ensure proper action and documentation was completed. To identify trends and patterns.
- **Medical and Dental Follow Up** –includes all medical and dental appointments completed within a designated time period as reported by nursing staff reviews.
- **Training** – includes any training for support staff, which directly affects the implementation and completion of goals for the individuals supported.
- **MAP Audits** – includes review of documentation completed by the nursing staff during all MAP audits.
- **Staff Meetings** – includes required topics and areas of discussion are properly documented and necessary staff training has been completed.
- **Site Visits**- includes confidential case record and site reviews, focusing on consistent service delivery while identifying trends and best practices.

## VII. 2013 Annual Report to the Community

### Options and Opportunities and Self-Advocacy– 2013 Annual Report to the Community

The Western Massachusetts Training Consortium's largest and longest standing program debuted its short film "Welcoming Homes, Full Lives" in 2013, beautifully capturing the essence of its commitment to support "real connections, real homes, real lives, and real relationships." The film begins with the heart-warming story of Blanche and Harold, a couple who had the opportunity to express their love thanks to the Consortium's support of their commitment ceremony. And features Jeanne, who says of her comfortable residential home:

"It's beautiful. It uplifts my spirits to see it every day." These are only three of the many individual success stories that stand out as examples of O&O's core value that "meaningful relationships are the very cornerstone of community life." Meaningful relationships and individual successes such as these depend upon systemic stability and this year the O&O team focused on restructuring and solidifying the framework that has been the foundation for these successes. Since the people of the O&O and self advocacy communities operate under the guiding principle that the "status quo is not good enough," even a seemingly simple transition like changing pharmacy providers can be integral in supporting the well-being and forward growth of both staff and participants alike. With all of the smiling faces in "Welcoming Homes, Full Lives," it is obvious that, for over 30 years, O&O has successfully held true to its belief that "everyone has the potential to live a full, dignified life," as it continues to excel in its mission to "assist individuals to create options and opportunities that enable them to realize their potential, share their gifts, and achieve their dreams."

Some of 2013's restructuring included the creation of a "Staffing and Hiring Coordinator" who plays an integral role in supporting staff stability by organizing management of staffing, streamlining schedules, and welcoming new hires with a focus on improving retention and creating more attractive, full time positions. The Human Rights Committee was enhanced through recruitment of new members, revising the by-laws, and improving documentation systems. In fact, *four* new additional committees were formed in 2013 to improve existing systems. The new "Quality Assurance Committee" meets every other week and reviews incidents, investigations, medication occurrences, employee injuries, etc. to identify trends, follow up, and improvements needed. Under the direction of the new "Workforce Development Committee," managers promoted and modeled teamwork by hosting an internal job fair in the Spring, resulting in over 30 applicants and 11 new staff hired. This was not only a new and successful approach to address a staffing shortage, but also set a promising precedent for future recruitment and hiring. Other new positions created this year include an Assistant Residential Director, to oversee Belchertown homes and a Lead Staff Position in 24 Hour homes to assist the Team Leader of the home with specific areas of oversight and staff training. The orientation training series was also revamped, including new trainings: preventative health care, community integration, neutral writing and incident reporting, financial record keeping, and water safety, which included the CPR trainers becoming Aquatics Leaders through the Red Cross to teach Water Safety Training. Looking ahead, planning has already begun for a daylong planning retreat in the Winter 2014, which will focus on strategic planning and program evaluation by using the team's experiences as a valuable resource to refresh programmatic mission and vision.

O&O's focus on improving systems has been paramount in supporting staff to prepare for the ever-looming DDS survey and certification process. This year, oversight and documentation systems were reviewed and enhanced, and an extensive "administrative site review checklist" was developed as a way of measuring compliance with DDS regulations. This checklist is completed twice per month (once by the Program Coordinator and once by Quality Assurance) to address the areas of health, safety, and environmental needs. In September, as a result of this hard work, O&O received a 99% rating of areas met on the DDS Office of Quality Enhancement: Survey and Certification Mid Cycle Review. The team's efforts not only meant improved service, but also ensured compliance in areas not met in previous surveys, and the Options and Opportunities team is confident that these and other systemic improvements will take the stress out of survey time, which, with this sort of preparation and planning, will hopefully only be a bi-annual event!

Although they may seem incidental in the large O&O network, equipment upgrades have gone a long way to contribute to an increased feeling of increased safety and security, and to the feeling of making a house a home. For example, this year grant funding was received to purchase a generator for Pearl Street, so that the women who live there, who require the use of an electric barrier free lift system, will not need to be relocated in the event of a future power outage. O&O also received two new multi-passenger wheelchair vans funded by DDS for the Pearl St. and Atherton Lane sites. A new deck was built on Chauncey Walker and new computers were installed in 24 hour homes to ensure managers have the tools necessary to complete administrative work in the homes, while increasing oversight and staff mentoring. Last but certainly not least, at the end of 2013, the staff completed and submitted the DDS Adult Long Term Residential Services-ALTR-14 qualifying RFR, a HUGE success to secure future funding. Last Spring's Annual Satisfaction survey for Individuals, Families, Guardians, Advocates, and Friends made it clear that these efforts have made a big difference in the lives of the individuals in the O&O community by creating a feeling of safety and stability and ultimately establishing comfortable home environments in which to grow.

But, with the defining goal of supporting people to become "true members of the community," perhaps the most profound connections created in the O&O network have been in the area of self-advocacy. The Consortium really "walked the walk" this year with its DDS funded self-advocacy program by supporting their community to hire a new Self-Advocacy Coordinator, all the while encouraging the self-advocates to express their needs and choices about what they wanted in an advisor. The new coordinator, Arielle Cohen, currently leads 2 of the eight Western Massachusetts self-advocacy groups: the "Self Advocacy

Network” in Springfield and the “Leadership through Advocacy” group based in Holyoke, MA. One member of SAN said, “the community needs to see that we are here, and we aren’t going anywhere,” which Arielle says led the group to really talk this year about finding their voices and telling their stories, focusing on each self-advocates’ thoughts, feelings and vision. Self-advocacy program practices have always been designed to provide assistance and resources to empower the people supported to control their services to the greatest degree possible. Tom, a very vocal O&O self-advocate says of this program “Self-advocacy comes in a big package. You’ve got a box of self-determination, your box of independence, and here’s this big one, big box of self worth.” This year, these groups, some consisting of advocates who have been active for over 33 years, joined with other self-advocates to celebrate their successes and challenges while hosting the tenth annual West Region Conference: “My thoughts, My Feelings, My Stories.” Despite ongoing barriers to participation in groups, such as inconsistent transportation, staff and advocates, including some individuals housed in the O&O community, unfailingly embody their mission to build community and support one another in finding and sharing their voice.

Options and Opportunities’ approach to designing and implementing supports is, and always has been, “person-centered”, which means adjusting supports as new capabilities emerge or as difficult areas are identified. In order to consistently provide supports which take into account the individual’s evolving vision of what their life should be, the framework which holds these supports needs to be malleable and able to adjust to the changing needs of individuals. On a macro scale, the people who make up Options & Opportunities continue to recognize the importance of building a strong yet flexible structure to accommodate the constant shifts in the larger society -everything from healthcare reform to parity legislation- so that the individuals receiving supports will have a solid foundation for success. As it is highlighted in “Welcoming Homes, Full Lives,” having a place to call home becomes a reality when O&O supports people who wouldn’t normally have a voice to live in welcoming houses in typical neighborhoods and provides them the opportunity “to be housemates, neighbors, and community members,” and to live full, meaningful lives, be it “through work, companionship, choice, comfort, or safety.”

