

Michigan Developmental Disabilities Council

Five Year State Plan

2012-2016

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Michigan Developmental Disabilities Council

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48910

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Statement of Values

Mission

The Michigan Developmental Disabilities Council's mission is to support people with developmental disabilities to achieve life dreams.

Vision

The council's vision is that all citizens of Michigan have the opportunities and supports to achieve their full potential.

The Overarching Principle

The overarching principle is a forceful image that guides the work of everyone who uses DD Council resources.

The council maintains the overarching principle in the context of its core values and in concert with its resolve to accept and value everyone's multiple identities and passions, including those that may challenge society's current system and values. The overarching principle is:

People with disabilities are supported across their lifespan to live self-determined lives in a diverse and inclusive community.

Values

The council's core values are:

- 1. Including People with High and Complex Support Needs in all Activities.** This population is the council's core constituency. Developing supports that help them to live self-directed, inclusive lives automatically demonstrates that other people with disabilities can live self-determined lives in inclusive communities. Including this population requires an ongoing commitment to continuing to learn to provide better supports and accommodations for them.
- 2. Self Direction and Self Determination.** The council advocates for systems and communities that support people with developmental disabilities to live the lives they choose, living where they prefer with the people they decide to live with, doing what they choose, and receiving services the way they choose to have them delivered.
- 3. Consumers' Voice at the Policy Table.** People with developmental disabilities and their families must be able to participate in the design of the services and supports they need. They must also be able to make their voices heard as citizens across the landscape of policy development. Support of this value also requires ongoing commitment to improving supports and accommodations to allow full access to the policy table, especially for those with high and complex needs.
- 4. Economic Justice and Addressing Poverty.** A very high proportion of people with disabilities live in poverty, and a high proportion of people living in poverty have disabilities.

Improving the lives of people with developmental disabilities requires attention to economic justice and poverty. This attention adds an important perspective on the issues of people with developmental disabilities and opens opportunities for building partnerships with other poverty advocacy groups.

- 5. Community Inclusion.** The council works for full community inclusion for people with developmental disabilities, including inclusion in social and civic life, in the world of work, in access to community residential settings, and in access to community programs and services.
- 6. Rights of People with Developmental Disabilities.** The council's ongoing tasks include helping people learn to understand their rights and exercise them. The council also advocates for full enforcement of and compliance with the laws and rules that establish those rights. In addition, the council campaigns for accountability when governments and others ignore the rights of people with developmental disabilities, lose track of them or violate them.

Implementation of the Statement of Values

Taken together, the Mission, the Vision, the Overarching Principle and the Values serve as criteria to which all of the council's activities must conform.

Adopted April 12, 2011
Michigan Developmental Disabilities Council

Section I: Council Identification

PART A: State Plan Period: October 1, 2011 through September 30, 2016

PART B: Contact Person: Vendella Collins, Executive Director
Telephone: (517) 334-6769

E-Mail: collinsve@michigan.gov

PART C: Council Establishment:
Date of Establishment: 2006-Jul-21
Authorization: Executive Order
Authorization Citation: Executive Order 2006-12

PART D: Council Membership [Section 125(b)(1)-(6)]

(i) Council Membership Rotation Plan:

Appointments are staggered so that only one half of the membership is appointed in any one year. The Council makes a recommendation to the Governor that no member shall serve more than two consecutive four-year terms. Appointments to fill an unexpired term are not considered a full term and the replacement member may be appointed to a full four-year term not to exceed two (2) four-year terms. Representatives from each agency, as defined in the Act, are recommended to the Governor by that agency. No individual representing said agencies are recommended for more than two consecutive four-year terms. Individuals may be reappointed after stepping down for at least one year. Members of the Council are appointed by the Governor from among the residents of the state who meet the criteria as identified in the Act, and serve at the pleasure of the Governor. Terms expire on September 30. Members shall serve until they are reappointed or a successor is named.

(ii) Council Members

#	Name	Code	Organization
1	Arini, Theresa	B1	Citizen member
2	Baltimore, Lural	A8	Department of Human Services
3	Barnes, Celena	B2	Citizen member
4	Cerano, Elmer	A5	Michigan Protection and Advocacy Service
5	Columbus, Kristin	B2	Citizen member
6	Franklin, Marlowe	B2	Citizen member
7	Graham, Vera	B2	Citizen member
8	Holet, Shana	B1	Citizen member
9	Koski, Sandra	B2	Citizen member
10	Kuenzer, Sheryl	B1	Citizen member
11	LaCount, Michele	B2	Citizen member
12	Leroy, Barbara	A6	Wayne State University, Developmental Disabilities Institute
13	Liebetreu, Susan	A2	Michigan Department of Education
14	Middleton, Wendi	A3	Office of Services to the Aging

15	Palmer, Paul	B1	Citizen member
16	Robinson, Andre	B1	Citizen Chairperson
17	Sefton, Robin	B1	Citizen member
18	Spruce, Robert	B1	Citizen member
19	Verseput, David	A9	Michigan Department of Community Health

(iii) Council Staff

#	Name	Position or Working Title
1	Allen, Mitzi	Administrative Assistant
2	Bidinger, Tandy	Public Policy Analyst
3	Bouraoui, Yasmina	Deputy Director
4	Collins, Vendella	Executive Director
5	Florence, Dee	Secretary
6	Hunt, Terry	Community Service Consultant
7	Jackson, Tedra L	Grants Monitor
8	Trommater, Cheryl	Grants Manager
9	VACANT	Communications Representative
10	Vincent, Tracy	Resource Analyst

Section II: Designated State Agency

PART A: The designated state agency is:

Agency Name: Department of Community Health
Agency Address: Capitol View Building, 201 Townsend Street
Agency City: Lansing
Agency State/Zip: MI, 48913
Telephone: (517) 335-0267
Email: DazzoOlga@michigan.gov

PART B: Direct Services: [Section 125(d)(2)(A)-(B)]

The DSA provides direct services to persons with developmental disabilities.

The Department of Community Health (DCH) provides health, prevention, family and residential supports to persons with disabilities. The Medicaid program is housed within the DCH.

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)]

The DSA has a Memorandum/Agreement with the Council.

PART D: DSA Roles and Responsibilities related to Council: [Section 125(d)(3)(A)-(G)]

The Department of Community Health provides personnel processing through the civil service system. It also provides fiscal and accounting services to support council activities.

PART E: Calendar Year DSA was Designated: [Section 125(d)(2)(B)] 1997

Section III: Comprehensive Review and Analysis

[Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council.

The Michigan Developmental Disabilities Council (DD Council) reviewed quantitative data from several sources to inform the 2012 Five-Year State Plan including, the US Census, the 2010 Annual Disability Statistics Compendium, 2009 Kids Count in Michigan Data Book, The State of the States in Developmental Disabilities: 2010, and the 2008 Disability Status Report. While these data sets gave some insight into the state of affairs for people with developmental disabilities in Michigan, the qualitative data received through the public input process was the driving force behind our plan.

The DD Council designed Our Hopes for the Future to get public input for its 2012 state plan. The Council contracted with United Cerebral Palsy of Michigan to facilitate the process. UCP/M partnered with Michigan Disability Rights Coalition and Capitol Research Services to carry out the project.

Our Hopes used 6 regional World Café style public forums and 6 focus groups to gather input from people with DD, their families and advocates, including those in minority and culturally diverse populations. Local partners across the state hosted the forums and focus groups. Five hundred seventy-two people attended the six regional public forums. About 35% of them had developmental disabilities, 15% had other disabilities, and about 20% were family members. The rest were service providers, professional advocates or paid care staff.

The following life areas were discussed and are in order by the amount of discussion and number of comments made on the topic: transportation, employment, community supports, housing, health care, education, recreation and family support. People discussed a number of issues at the forums that cut across many different topics. These cross-cutting issues and themes came up in the discussion of every life area. The following issues were important in all regions: rights, accountability, advocacy for people with disabilities, lack of information about services and supports, and public awareness.

Capitol Research Services conducted six focus groups following the world café forums, including groups of people with disabilities in Gaylord, Marquette, and Flint; of family members in Southfield and Allegan; and of service providers and advocates in Midland. The focus groups explored issues and challenges for people with developmental disabilities in Michigan; aimed to identify best practices, creative approaches, and effective efforts; and generated recommendations to overcome the problems identified.

Recommendations from the Focus Groups went to the State Strategy Team (SST) for their consideration. The SST, made up of consumers, advocates, council members, staff, administrators and service providers, reviewed the data from the forums and focus groups, and developed recommendations for the DD Council action to set priorities and take action.

The Council adopted the following recommendations in May 2010:

A. An Overarching Principle, a compelling picture that everyone who uses DD Council resources holds in mind as they do their work: “People with disabilities are supported across their lifespan to live self-determined lives in a diverse and inclusive community.”

B. Increased Flexibility in Funding.

C. Use the RICCs more effectively.

D. Structural Changes for the Council.

E. Six Themes which would be embedded in the work of the Council:

1. Including People with High and Complex Support Needs;
2. Focus on Economic Justice and Poverty;
3. Focus on periods of Transition;
4. Increase Self Direction and Self Determination;
5. Consumers Voice at the Policy Table; and
6. Community Organizing.

In September of 2010, the findings from the “Our Hopes” public input process and the recommendations from the SST were provided to the relevant council workgroup or committee for review and strategy development. In January 2011 the Council agreed to adopt seven goals, and by May 2011 the final draft plan was adopted by the full Council.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	78.9%
Black or African American alone	14.2%
American Indian and Alaska Native alone	0.6%
Asian alone	2.4%
Native Hawaiian and Other Pacific Islander alone	0%
Hispanic or Latino of any race	4.4%
Some other race alone	0%
Two or more races:	2.3%

(ii) Poverty Rate: 14%

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: 179,455

We used a formula provided by ADD to estimate 179,455, or 1.8 percent of Michigan's 9,969,727 citizens, have developmental disabilities.

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2009	502	104.800	123.700	195.500	39.800
2007	427	102.600	121.800	165.100	37.400
2005	431	98.400	116.300	184.100	32.700

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	4.7%
Population 18 to 64 years	11.8%
Population 65 years and over	36.9%

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	13%
Black or African American alone	17.8%
American Indian and Alaska Native alone	21.97%
Asian alone	4.6%
Native Hawaiian and Other Pacific Islander alone	0%
Some other race alone	0%
Two or more races	0%
White alone, not Hispanic or Latino	13%
Hispanic or Latino (of any race)	8.5%

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	19%	61%
Not in Labor Force	73.7%	29%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	25.5%	8.9%
High School graduate, GED, or alternative	37.4%	29.4%
Some college or associate's degree	26.3%	33.8%
Bachelor's degree or higher	10.8%	27.9%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
\$ 1 to \$4,999 or loss	39.6%	24.5%
\$ 5,000 to \$ 14,999	10.6%	8.8%
\$ 15,000 to \$ 24,999	15.2%	15%
\$ 25,000 to \$ 34,999	11.6%	13%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	23.3%	12.7%
100 to 149 percent of the poverty level	13.3%	7.6%
At or above 150 percent of the poverty level	63.3%	79.7%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]

Portrait of the State

Following are a description and analysis of programs in Michigan that provide supports or other services to people with disabilities and their families. The 41 programs described include a variety of issues and are administered by a number of state agencies or advocacy groups. The information was obtained from key agency staff that work directly with, or are responsible for, administration of the various programs. The section labeled “effectiveness” provides context of how these various programs work to promote and enhance the independence, integration, inclusion and productivity of people with disabilities and their families. The “eligibility” section of these reports is not intended to reflect a full discussion of eligibility requirements for these programs. It is intended to be used to give general information. Anyone interested in a specific eligibility determination should contact the state department or agency responsible for the administration of the program.

The state website is www.michigan.gov. Local resources can be accessed by dialing 2-1-1.

Department of Civil Rights

CIVIL RIGHTS

Program/Scope: The Michigan Civil Rights Commission was created by a 1963 amendment to the Michigan Constitution. The Michigan Department of Civil Rights is statutorily charged with the implementation of the Commission's mission. Under the authority of Michigan's two civil rights acts, the Elliott-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act, the department investigates alleged discrimination against any person because of religion, race, color, national origin, age, sex, marital status, or disability. Height, weight and arrest record are protected in employment, familial status in housing, genetic testing/information in disability and multi-racial status in employment and education.

Specifically, the Persons with Disabilities Civil Rights Act (PWDCRA) declares; "The opportunity to obtain employment, housing and other real estate, and full and equal utilization of public accommodations, public services, and educational facilities without discrimination because of a disability is guaranteed by the Act and is a civil right." The Act also provides for the Department to "offer education and training programs to employers, labor organizations and employment agencies."

The MDCR works with employer and consumer groups to ensure the civil rights of persons with disabilities through complaint investigation, enforcement, mediation, conciliation, research and training.

MDCR also has agreements with the US Equal Employment Opportunity Commission to investigate complaints and enforce federal employment laws and with the US Department of Housing and Urban Development to do the same with respect to federal housing laws.

Eligibility: Any person, who believes she or he may have been discriminated against because of disability or other protected basis, is eligible for protection. A complaint must be filed within 180 days from the date the alleged discrimination occurred.

Extent of Services: (please provide information for each category):

MDCR enforces the Civil Rights laws in Michigan. Its goal is to extend the protections of those laws to the residents of Michigan who are constitutionally protected, including those who may be at risk due to age, developmental disability, mental illness, or physical disability. Other protected areas include religion, race, color or national origin, sex, age, marital status, familial status, height, weight, arrest record, and genetic information.

FY 2010 Funding: MDCR's FY 2010 budget includes approximately \$11.7 million in State funds and approximately \$2.1 in federal funds. Neither funding nor programming is broken down by areas of protection.

FY 2010 People Served: During Fiscal Year 2010, MDCR responded to 12,253 customer contacts for assistance. From these contacts, MDCR opened 2516 discrimination complaints and closed 2657. More than \$3.2 million was awarded to claimants, including cash settlements and annual salaries from claimants being returned to work.

FY 2010 BASES OF DISCRIMINATION RECORDED IN COMPLAINTS

Race	1223	32.12 %
Disability	751	19.72 %
Sex	607	15.96 %
Retaliation	424	11.15 %
Age	387	10.14 %
National Origin	239	6.28 %
Familial Status	99	2.60 %
Religion	58	1.52 %
Weight	43	1.13 %
Marital Status	17	.45 %
Color	12	.32 %
Height	12	.32 %
Arrest Record	4	.11 %

Effectiveness: Discrimination continues to exist despite the presence of strong civil rights laws. The Michigan Department of Civil Rights remains an important resource for fighting discrimination with both legal and educational tools.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Interagency Efforts: In addition to the cooperative agreements with the EEOC and HUD described above, MDCR works with other State Departments and numerous civil rights organizations throughout Michigan.

Department of Community Health

AGING AND DISABILITY RESOURCE CENTERS

Program Description: The Aging and Disability Resource Center (ADRC) program is a collaborative effort of the Administration on Aging and the Centers for Medicare and Medicaid Services to effectively integrate the full range of long-term supports and services into a single, coordinated system. The Office of Services to the Aging (OSA) received a grant to begin an ADRC program in Michigan in the fall of 2009.

The Michigan "No Wrong Door" ADRC project is designed to provide seamless access to services for older adults and persons with disabilities of all ages, and to enhance individual choice and control through a Person-Centered Planning process and provision of comprehensive, unbiased information and assistance, by developing partnerships at the local level. The core functions of an ADRC include: Information and Assistance (I&A); Streamlined Access; Options Counseling (OC); Person-Centered Hospital Discharge Planning; and Quality Assurance and Evaluation.

ADRC partnerships in Michigan must include but are not be limited to: Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), Michigan Medicare/Medicaid Assistance Program, Benefit Enrollment Outreach Centers, hospitals, Department of Human Services, local Long Term Care Ombudsman, service providers, and consumer stakeholders.

Eligibility: The ADRC program will serve all persons of all ages and incomes who need, or are planning for, long-term supports and services.

Extent of Services (please provide information for each category):

Extent of Services:

FY 2010 Funding: \$267,210

FY 2010 People Served: -0-

ADRC functions, to this point, have been solely focused on partnership development at the local level. Three local partnerships have received "Emerging ADRC" designation from OSA, but have not yet begun providing services in the ADRC context. Funds have also been used in the development of a state-wide resource database to be populated and used by the ADRC partnerships and housed within OSA.

Effectiveness: Michigan's quality assurance and evaluation work will draw on Michigan's 2005 ADRC Grant Program (Single Point of Entry project), which tracked demographics; needs and referrals; access; timeliness; and consumer satisfaction. Lessons learned from the previous project, as well as coordinated activities with other grants obtained by OSA (e.g. Community Living Program), will also be incorporated into the quality assurance and evaluation processes.

Availability of Assistive Technology: The availability of Assistive Technology is primarily dependent upon the partners involved within a local ADRC partnership.

Interagency Efforts: The ADRC Steering Committee includes individuals from multiple agencies, both at the State and non-State level.

CHILDREN'S SPECIAL HEALTH CARE SERVICES

Program/Scope: CSHCS is a program administered by the Department of Community Health that provides early identification, diagnosis and treatment of certain disabilities in children. CSHCS receives funds from the MCH Block Grant, federal match for beneficiaries with Medicaid coverage, and the state. The program includes the following services to children with disabilities and their families: diagnostic evaluations; assessment of family service needs; case management; care coordination; assistance in locating appropriate sub specialists for care; and payment for medical care and treatment. CSHCS also funds the Parent Participation Program, which is a program for families administered by families who have members with special health needs.

Eligibility: The target group for CSHCS is children with physical disabilities who have the potential for long term disability if untreated. These include, but are not limited to: cerebral palsy, cystic fibrosis, spina bifida, epilepsy, hemophilia and severe disabling conditions of the newborn. Those under 21 years of age who are suspected of having an eligible diagnosis qualify for a diagnostic evaluation if there is no other means to obtain the medical documentation. All other program services are available to enrollees: 1) under 21 who have an eligible diagnosis; and 2) of any age with cystic fibrosis or coagulation defects, i.e. hemophilia.

Extent of Services: Medicaid care and treatment, care coordination and case management.

FY 2010 Funding: \$243,172,900

FY 2010 People Served: 35,000

Effectiveness: The CSHCS program is an important resource for families in receiving services from appropriate sub specialists regarding the CSHCS qualifying condition. It is also significant for those who wish to keep a child with severe disabilities at home by providing essential support services available through CSHCS. CSHCS is often the only payment and assistance resource available for people with special health care needs and their families.

Availability of Assistive Technology: When requested

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts:

CSHCS works closely with the Michigan Developmental Disability Council's Health Issues Work Group. The Family Center has the Family-to-Family Health and Information grant for the last five years, and works closely with education, mental health, Medicaid and other advocacy organizations.

CHILDREN'S WAIVER PROGRAM

Program/Scope: The Children's Waiver Program (CWP) is a Home and Community-Based waiver which is authorized under Section 1915 of the Social Security Act via Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (OBRA 81). HCBS waivers allow states to provide services to individuals, who without such services, require or are at risk of placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The Children's Waiver is approved by the Center for Medicare and Medicaid Services (CMS) under these provisions. HCBS are federally approved for up to five years. The c waiver has been approved conditional on approval of a concurrent (b) (4) waiver. Michigan has submitted the (b) (4) waiver application and is in discussions with CMS related to seeking approval of the (b) (4).

Eligibility: The (CWP) enables Medicaid to fund services for children up to age 18, with developmental disabilities, who live in the homes of their birth or legally adoptive parents regardless of their parent's income.

Extent of Services (please provide information for each category):

In addition to being eligible to receive all state plan Medicaid funded services, children served by the CWP may receive the following services as identified in their plan of services and supports: family training, non-family training, respite care, community living supports, specialty services, transportation, enhanced medical equipment and supplies, and environmental accessibility adoptions. The CWP is a statewide program.

FY 2010 Funding: State of Michigan appropriation is \$19,957,100, federal Medicaid match is \$12,543,000.

ARRA: \$1,542,500

FY 2010 People Served: 477

Effectiveness: The Waiver program has been an important source of funding for Michigan for families who wish to maintain their child at home and provide a community-based, family-centered life for their child with disabilities. Since the Waiver was approved in 1984, over 945 children have received the necessary service to maintain them at home with their families while insuring their health and safety. Many terminations were due to the child turning 18 years of age "aging out", while other children passed away. Only a few children lost eligibility upon leaving the home of their family. Almost all families report that they would not be able to maintain their child at home without the services of the waiver. These children have often experienced improved health and independence that can be attributed to the quality of care provided to them while residing at home and receiving necessary support services.

Availability of Assistive Technology: The Children's Waiver Program covers Specialized Medical Equipment, Supplies and Repairs that are considered to be of direct medical or remedial benefit, including assistive technology such as devices, controls, or appliances specified in the IPOS which enable the child to increase his abilities to perform activities of daily living with greater degree of independence than without the; or to perceive, control or communicate with the environment in which the child lives.

Waiting Lists (if applicable): The Children's Waiver Program has a Weighing List that is established based on information gathered from the Community Mental Health Services Program (CMHSPs) and summarized in the prescreening form. The prescreen is scored by MDCH based on the health and safety factors outlined in the CWP Technical Assistance Manual. When a slot for the CWP becomes available, the family of the child with the highest score on the Weighing List is offered an invitation to apply.

Unserved and underserved populations: When the CMHSP submits a prescreen, they are attesting to the fact that the child is in their priority population and therefore, per the Michigan Mental Health Code, the CMHSP is responsible to serve the child with General Fund dollars. Because General Fund dollars have continuously decreased recently, the amount of service these children and families may be impacted negatively.

Interagency Efforts: The Children's Waiver Program is funded through Medicaid. The Department of Community Health interacts with the Department of Human Services to establish Medicaid eligibility for the children on the CWP.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT PROGRAM (EPSDT)

Program/Scope: The purpose of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is to discover potential health and/or developmental problems in children as early as possible to assure early intervention. EPSDT is a federally mandated Medicaid program, administered in Michigan by the Department of Community Health, through the Medical Services Administration. Providers are required to administer a series of assessments, tests, and measurements following specific program policies and procedures.

Eligibility: EPSDT visits, also known as well child visits, are a covered benefit for all eligible Medicaid beneficiaries under 21 years of age. Providers must complete all testing components at the specific ages indicated on the periodicity schedule. A link to the periodicity schedule may be found in the Directory Appendix of Medicaid Provider Manual located on the MDCH web site at www.michigan.gov/medicaidproviders, Policy and Forms, Medicaid Provider Manual. EPSDT visits may be performed more frequently than the periodicity schedule as indicated per Medicaid policy.

Extent of Services: EPSDT program services include age appropriate screening based on the components identified in the EPSDT periodicity schedule. Required service components include, but are not limited to: health history, complete physical examination, laboratory testing including blood testing for lead, vision and hearing screening, developmental assessment, review of immunization status, interpretive conference, health education, and anticipatory guidance.

Effectiveness: The EPSDT program is important in identifying children with existing and potential developmental disabilities so they can receive diagnostic and treatment interventions early. The Michigan Medicaid program has a number of outreach efforts in place to assure that beneficiaries are receiving this important service.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserviced and underserved populations: N/A

Interagency Efforts: N/A

FAMILY SUPPORT SERVICES

Program/Scope: Family Support Services are provided through local community mental health services programs (CMHSP). These services assist families in maintaining, as a family member, a child or adult with a developmental disability, in his or her own home. Services are provided to the entire family unit and are individually tailored to the unique needs of each family. Services included are: intensive family intervention, family services coordination, parent or other care giver training, habilitation skills training, psychological/behavioral treatment, other training services, permanency planning and adoption services, respite, and a cash subsidy program.

Eligibility: The target population of Family Support Services is persons (children and adults) with developmental disabilities and their families.

Extent of Services:

Support and Service Coordination, Community Living Supports (CLS), Respite Care, Assistive Technology, Enhanced Pharmacy, Environment Modifications, Crisis Observation Care, Family Support and Training, Housing Assistance, Peer -Delivered or -Operated Support Services, Peer Specialist Services. Descriptions of all services may be found in the Michigan Department of Community Health Medicaid Provider Manual, Mental Health and Substance Abuse, Covered Services

- FY 2010 Funding: Figures are not available for FY 2010
- FY 2010 People Served: Figures are still coming in for FY 2010.
- FY 2009 Funding: Cost of services expended from all CMHSPs for persons with DD :
Total: \$1,032,394,412

- FY 2009 People Served from all Funding Streams Including Medicaid and General Funds:
 - Adults with Developmental Disabilities (DD): 22,713
 - Children with DD: 5,889
 - Adults with Dual Diagnosis (DD and Mental Illness MI): 9,306
 - Children with Dual diagnosis: 1,666

- Number and cost of Habilitation Supports Waiver enrollees as of 12/31/09:
7,814 (\$399,596,546)
- Children's Waiver Program enrollees as of 9/30/2010: 409 (\$18,907,800)

Effectiveness: Michigan continues to be a leader in its provision of community-based Family Support Services. These services, along with the Family Support Subsidy, Children's Waiver and HAB Supports Waiver, assist in maintaining children and adults with developmental disabilities in their homes and communities.

- Family Support Subsidy: The Family Support Subsidy (FSS) Program provides financial assistance to families that include a child with severe developmental disabilities. The intent is to help make it possible for children with developmental disabilities to remain with or return to their birth or adoptive families. The program provides a monthly payment of \$222.11. Families are able to use this money for special expenses incurred while caring for their child.

There are certain qualifications that must be met. Applications are available at all local community mental health services programs (CMHSP).

Availability of Assistive Technology: When specified in their individual plan of service, several types of assistive technology are available to Medicaid enrollees through their CMHSP. Included would be adaptations to vehicles, special personal care items related to a person's disability, communication devices (not covered through the Medicaid state plan), prostheses necessary to ameliorate negative impact of serious facial disfigurements and/or skin conditions, ancillary supplies and equipment necessary for proper functioning of assistive technology items, and repairs to covered assistive technology items that are not covered benefits through other insurances.

- The Habilitation Supports Waiver (HSW) covers enhanced medical equipment and supplies that are not available through regular Medicaid coverage or through other insurances. These items must be specified in the plan of service, and enable the individual to increase their abilities to perform activities of daily living: or to perceive, control, or communicate with the environment. These include items necessary for life support, ancillary supplies and equipment necessary for proper functioning of such items and durable and non-durable medical equipment not covered under the Medicaid state plan.
- The Children's Home and Community-Based Waiver Services Waiver (CWP) covers environmental accessibility adaptations (EEAs) specified in the individual plan of service (IPOS) which are necessary to ensure the health, welfare and safety of the child or enable them to function with greater independence in the home and with out which the child would require institutionalization. The CWP also covers specialized medical equipment and supplies that are specified in the IPOS and are of direct medical or remedial benefit to the child.

Examples of these types of assistive technology may be found in the Medicaid Provider Manual on the State of Michigan website.

Waiting Lists (if applicable): N/A

Unserved and underserved populations: Individuals with developmental disabilities and families who do not qualify for Medicaid or Children's Special Health Care Services may not be able to receive services through the local community mental health service programs (CMHSPs) especially with severe cuts to the General Fund in the State of Michigan budget.

Interagency Efforts:

- Michigan Family Support Initiative- 5 year grant with the Developmental Disabilities Institute at Wayne State involving MDCH, MDE, MPAS, local CMHSPs, advocacy groups and community liaisons. The aim of the Michigan Family Support Initiative is to reunite, preserve, strengthen, and maintain family units, while making sure that the individuals with developmental disabilities receive ample opportunities to exercise true choice and self-determination in their home communities. Community Liaisons will be trained and guide individuals with developmental disabilities and their families in accessing supports.
- Autism Spectrum Disorders Pilot- An effort that involves local CMHSPs, educational community, medical community, as well as interest with existing community resources to provide coordinated services and supports for children with ASD and their families. ., The

purpose of the pilot projects is to implement the recommendations of the Autism Spectrum Disorder (ASD) Workgroup as approved by the state Human Services' Directors on June 28, 2007 on appropriate screening, assessment, and intervention for children with ASD ages birth to 6. The pilots sites use a system of care approach and have the opportunity to implement these research based recommendations and potentially serve as a model for other sites in the state.

- Michigan Act Early State Team- Interagency team that includes, MDCH, MDE, University staff, parents, pediatricians, hospital staff. The Team applied for and received an AMCHP Grant in December 2010. The AMCHP Grant, in collaboration and coordination between pediatricians and educators, will aim to improve early identification and service delivery for children and families. Through this grant opportunity, the Act Early State Team will address the need to scale up a system of care. This need was identified as the top priority on the Act Early Strategic Plan. By scaling up the care collaboration and coordination, ASD identification will be improved, reduce the time to intervention, and assist all stakeholders, including parents, in navigating the service delivery system.
- Transition Workgroup- Michigan Family-to-Family Health Information and Education Center (F2FHIEC) has established a transition workgroup with staff from MDE and DCH, advocates and parents. The workgroup is focusing on developing a "Transition to Adulthood" DVD for adolescents enrolled in Children's Special Health Care Services (CSHCS), special education, and/or served by the foster care system; establishing regional transition conferences for young adults, their families, teachers, and providers; and identifying/coordinating youth support and leadership activities in Michigan.
- Peer Mentor Pilot- The peer mentor program was developed in 2009-10 as the result of collaboration between the DD Council and MDCH. This pilot has involved the training of 22 individuals with DD to help others with DD to reach their life goals and increase their community involvement and self advocacy. The pilot has involved numerous workshops and trainings culminating with internships at the peer mentors local Community Mental Health. The vision of the planning workgroup is to develop a "Train the Trainer" model so that the curriculum and lessons learned may be shared with other CMHSPs across the state.

FEDERAL MENTAL HEALTH BLOCK GRANT

Program/Scope: Federal Community Mental Health Services Block Grant funds are used to provide community-based services for adults with serious mental illness and children with serious emotional disturbance. Service initiatives are designed to carry out the goals and objectives of the Michigan Department of Community Health (MDCH) in accordance with the "State Comprehensive Mental Health Service Plan," approved by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration. The Comprehensive Plan describes the state's public mental health system, established in Michigan's Mental Health Code, and operated through 46 Community Mental Health Service Programs (CMHSPs). The plan also describes MDCH intent to use Mental Health Block Grant funds to continue services and to foster service innovation and service development in this system of care.

Eligibility: As specified in the plan, MDCH allocates most of the funding to continue community-based services for adults with serious mental illness and children with serious emotional disturbance in CMHSPs. Each year, a portion of the federal block grant funds is allocated for service innovations, service capacity development, service replications, and evaluation activities. Funding decisions are based on proposals submitted in response to the criteria included in a Request for Proposals sent to Michigan's 18 Prepaid Inpatient Health Plans (PIHPs) and 46 CMHSPs.

Extent of Services (please provide information for each category):

Community Mental Health Block Grant funds for adult services are used to drive a transformation of the public community mental health system to one that is centered in the principle of recovery. Block grant funds are supporting development and statewide implementation of evidence-based practices. Start-up block grant funds have resulted in Family Psychoeducation and Co-occurring Disorders: Integrated Dual Disorder Treatment being available in all regions of the state. Other evidence-based practices that have increased and improved in quality are Dialectical Behavior Therapy, Motivational Interviewing, Supported Employment, and Assertive Community Treatment. PIHPs are encouraged to implement other innovative practices that are considered promising with respect to consumer outcomes. Each PIHP region has created, with block grant support, an Improving Practices Leadership Team, which is responsible to oversee the implementation of evidence-based and promising practices, and to assure that the entire system has a primary focus on recovery. At the CMHSP level, block grant funds have been awarded on a competitive basis to fund innovative services in areas including anti-stigma, consumer-run programs, homeless resource centers, specialized rural programming, jail diversion services, integrated mental health and physical health pilots, trauma-informed care, and services for older adults and other special populations.

The children's portion of the Federal Mental Health Block Grant is used to fund projects that focus on transforming the mental health system by improving outcomes for children and families through continuing to introduce and support evidence-based, innovative and promising practices. Block grant funds are used to expand access to Parent Management Training - Oregon Model (PMTO) across the state, to continue Trauma Focused Cognitive Behavior Therapy (TFCBT) training cohorts, to support wraparound programs, training and fidelity, to maintain juvenile justice screening and diversion programs, to continue the development of family and youth advocacy/leadership programs and to support the development of systems of care for children with serious emotional disturbance in local communities. In addition, the Block Grant supports family-centered training opportunities for families and professionals. Block grant dollars are also used to support the Michigan Level of Functioning

Project, which compiles and analyzes Child and Adolescent Functional Assessment Scale (CAFAS) data. The data is used to assess how effective services are on every level, from one individual child to the system as a whole and as a means of evaluating the outcomes of the services provided to children by the public mental health system.

FY 2010 Funding: Michigan was awarded a Federal Mental Health Block Grant in the amount of \$12,810,013 in FY10. The award is split 2/3 to adult projects and 1/3 to children's projects.

FY 2010 People Served: MDCH does not keep data specifically on the total number of people served by or who benefit from all block grant funded projects, as this would be vast and difficult to determine and changes every year. The Federal Mental Health Block Grant funding is mandated to be used to serve adults with serious mental illness and children with serious emotional disturbance.

Effectiveness: Funding continues to support critical, community-based services for adults with serious mental illness and children with serious emotional disturbance. MDCH is required to submit a Federal Mental Health Block Grant Implementation Report each fiscal year to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that includes data on performance indicators that are predetermined by SAMHSA and evaluates specific aspects of block grant usage.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

INDEPENDENT LIVING SERVICES

Program/Scope: The Independent Living Services program offers a range of Medicaid and non-Medicaid services to individuals of any age that require consultation of assistance to maintain and maximize functional capacity within their own homes or independent living arrangements. Non-Medicaid services could include information and referral, health related resources and protection (for adults in need of guardian/conservator but who are not in immediate need of APS).

Eligibility: The following individuals are eligible for Independent Living Services:

- SSI recipients who need services
- Medicaid recipients who need services

Extent of Services (please provide information for each category):

FY 2010 Funding: 264 Million appropriated in Public Act 131 of 2009. (Fiscal Year 2010)

FY 2010 People Served: 64,048

The ILS program served a monthly average of 7,576 people with developmental disabilities in FY 2010.

Effectiveness: The Home Help program, which allows people with disabilities to select their own provider for non-specialized services, is an extremely important service for people who want to stay in their own homes. Program staff assesses need and process payments to a provider for individuals in need of unskilled, non-specialized care to remain in an independent setting. Some of the tasks that could be paid for are laundry, meal preparation, grooming, dressing, transferring, and bathing. As functionality declines, progressively increased supports will be offered to enable the individual to remain in the least restrictive setting.

Availability of Assistive Technology: The Physical Disability Services program was eliminated in the FY 2010 budget and has not been reauthorized.

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: Home Help is a joint program with the Department of Community Health (DCH). DCH has the policy and funding responsibility for the Home Help program. The Department of Human Services (DHS) administers the Home Help program and has the responsibility for the adult services staff. DCH and DHS jointly develop the Home Help policy.

OFFICE OF RECIPIENT RIGHTS

Program/Scope: The Michigan Department of Community Health Office of Recipient Rights (ORR) is established by the Mental Health Code. It provides direct rights protection services to recipients in state-operated hospitals and centers, as well as consultation to their family members.

Among the protection services provided are: prevention, education, training, monitoring and complaint resolution. The office also assesses the quality and effectiveness of the rights protection systems in the community mental health service programs in Michigan, as well as those systems in private psychiatric hospitals and units licensed by the state.

Eligibility: Any individual receiving services from a state-operated psychiatric hospital or center for persons with developmental disabilities is eligible for rights protection services from the ORR.

Extent of Services (please provide information for each category):

In FY 09/10 - 2,479 recipient rights complaints were filed by patients in state operated hospitals and centers. Of these, 353 cases were opened for investigation; 1,804 interventions were done by the ORR staff (intervention is a process on behalf of recipients to obtain resolution of an allegation of a rights violation through steps other than investigation); and 320 complaints did not involve a code-protected right. Of the cases opened for investigation, 76 were found to be substantiated rights violations. Of the cases resolved through intervention, 29 were found to be substantiated rights violations.

FY 2010 Funding: is \$2,066,100

FY 2010 People Served: N/A

Effectiveness: Despite strengthening of the rights of recipients of mental health services by the amendments to the Mental Health Code, much work needs to be done by ORR in the areas of awareness and education for consumers and their family members. With the advancement of managed care and person-centered planning, much also remains to be done in the areas of training and assuring quality public mental health and recipient rights promotion and protection services. The ORR continues to act as a resource for providers as well as consumers in this regard.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

OLDER ADULTS WITH DEVELOPMENTAL DISABILITIES

Program/Scope: The Mental Health and Substance Abuse Administration is located within the Michigan Department of Community Health (MDCH). The administration carries out responsibilities specified in the Michigan Mental Health Code, the Michigan Public Health Code and administers Medicaid Waivers for people with developmental disabilities. Each year over 39,000 persons with developmental disability are served, in FY 2009 approximately 6% were 65 years of age or older.

The Office of Services to the Aging (OSA) provides services to older persons and this may include persons with developmental disabilities. Although older persons with developmental disability may access services OSA does not track the number of persons with developmental disability who are served.

Eligibility: Michigan was one of the first states to implement a combined 1915(b) and (c) waiver, known as the Specialty Supports and Services Waiver, for people with developmental disabilities. An extensive array of community-based, developmental disability specialty services and supports are covered by Medicaid when delivered under the auspices of the waiver by an approved Prepaid Inpatient Health Plan (PIHP). A PIHP must be certified by MDCH as a Community Mental Health Services Program (CMHSP) under the Michigan Mental Health Code. It must make available, either directly or through contract with other providers, both the comprehensive array of services specified under the Michigan Mental Health Code and all specialty services and supports approved in the waiver. This includes medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity

Programs funded by the Older Americans Act are available to people who are 60 years of age and older.

Extent of Services (please provide information for each category):

FY 2009 Funding: N/A

FY 2009 People Served: 2,517 persons with a developmental disability and 65 years or older

A person centered planning process is used to develop a plan and based on medical necessity each individual can access a comprehensive array of services including case management, community living supports, transportation, medication administration and personal care in a licensed specialized residential setting.

The Habilitation Home and Community Based Support waiver (HCBSW) served about 8,000 in FY 2009.

Total number of persons with a DD or with dual diagnosis of DD/MI who receive services through the HSW support waiver is 1,570.

HSW Enrollees for Fiscal Year 2010

Developmental Disability	Dually Diagnosed (Development Disability and Mental Illness)
60 to 64 years: 430	251
65 and older: 595	294
Total: 1,025	545

Efforts to provide community living options and small and independent living options increased throughout FY 2009 and 2010. A small number of older persons continue to live in large (7 – 20 beds) group homes or in nursing facilities.

Large Group Residential for persons 60 and older in FY 2009:

<u>Age</u>	<u># in 7+ bed homes</u>	<u>Percentage</u>
60-64	197 persons	11.0%
65 and over	280 persons	15.6%
Total	1,790 persons	

Nursing facility for persons 60 and older in calendar year 2010

<u>Age</u>	<u># in a nursing facility</u>
65-74	149 persons
75-85	83 persons
86-100	21 persons

Total number of persons with a developmental disability who are 65 or older and lived in a nursing facility in 2010 is 253.

Effectiveness: Michigan tracks performance including access and timeliness. In FY 2010 34 additional measures for persons who receive service through the Habilitation Wavier were added.

SUPPORTED EMPLOYMENT

Program/Scope: Supported and fully inclusive employment programs increase independence, productivity, community involvement and self-esteem of people with significant disabilities through real work in integrated settings. It enables people with disabilities to work and earn wages in the community alongside others who do not have disabilities.

With the help of a job coach, who guides and prompts the worker as needed, the worker develops the skills needed for more independent work. Supported employment services may include outreach, case management, assessment, job development, job matching, job placement, participation in supported self-employment, job coaching, evaluation of worker productivity, counseling, transportation, and long term supports to maintain employment and employer and community relations.

Eligibility: To participate in the supported employment program, a person must have a disability so significant that he or she would not be able to work without ongoing support services. Ongoing support services must be provided to each worker for as long as needed.

Extent of Services:

The range of services to promote employment for persons with developmental disabilities is broad and slowly evolving toward full integration in the workplace. Innovative programs such as Project Search have sprung up in Michigan, allowing employees to be paid competitive wages and receive full benefits. On the other end of the spectrum, some individuals are still in enclaves or sheltered workshops with a progressive shift to supported employment based on skill level and performance. In some communities, CMHSPs work with MRS and the school system to assist in a smooth transition process from post secondary education to the working world. Peer directed and operated support services allow individuals to use their experiences to assist others in reaching their life dreams. Additionally, a peer mentoring pilot for individuals with developmental disabilities is in the internship process at the time of this report.

FY 2010 Funding: Data not yet available

FY 2010 People Served: Numbers not yet available

FY 2009 Funding: \$20,220,112 total CMHSP dollars spent on employment services

FY 2009 People Served: 4,477 individuals with DD received services

7,750 persons with DD were employed

Employment Status Breakdown

269 full-time integrated employment

1,244 part time integrated employment

5,301 in sheltered workshops

703 supported employment only

33 in supported and competitive employment

Most Community Mental Health Service Programs (CMHSPs) in Michigan report that they have provided or arranged for supported employment services for some of their consumers. Continuing efforts are being made to increase the number of consumers being given the option of supported employment. All CMHSPs are monitored on employment related performance indicators and quarterly reports are issued by the Department of Community Health (DCH). The performance reports show CMHSP outcomes individually and in relation to other CMHSPs.

Effectiveness: A 1991 comprehensive survey of all state programs, completed by Western Michigan University, found that 2,762 persons were in supported employment. The DCH report of March 1996 reported that 4,906 persons were in supported employment. The DCH report of March 2000 shows a total of 7,599 persons in supported employment, 68 percent (5,143) of whom were persons with developmental disabilities. This is a 42 percent increase in the number of persons with developmental disabilities in integrated work settings since 1996 and a 134 percent increase since 1991. Of the total of persons with developmental disabilities, 75 percent are working 10 or more hours per week and 66 percent were earning at least the federal minimum wage. Figures from the U.S. Department of Education RSA-636 indicates Michigan Rehabilitation Services provided supported employment services to 2,357 individuals in fiscal year 2004.

In 2009-10, the Institute for Community Inclusion and the State Employment Leadership Network (SELN) issued a National Report on Employment Services and Outcomes. Michigan ranked above the mean of 1,422 cases closed in FY 2008 by MRS with the number 2,302 reported for our state. In comparison, the maximum of case closures was in California with 7,239. The purpose of the SELN is to assist member states in improving employment outcomes with regular on-line meetings, webinars and e-mail communications. It is hoped that through this partnership, Michigan will improve the status of integrated employment for individuals with DD.

Availability of Assistive Technology: When specified in their individual plan of service, several types of assistive technology are available to Medicaid enrollees through their CMHSP. Included would be adaptations to vehicles, special personal care items related to a person's disability, communication devices (not covered through the Medicaid state plan), prostheses necessary to ameliorate negative impact of serious facial disfigurements and/or skin conditions, ancillary supplies and equipment necessary for proper functioning of assistive technology items, and repairs to covered assistive technology items that are not covered benefits through other insurances.

In addition, the Michigan Department of Rehabilitation Services (MRS) to promote the employment of individuals with DD provides equipment, travel vouchers and other types of assistance not covered by Medicaid or other types of insurance.

Waiting Lists (if applicable): N/A

Unserved and underserved populations: Individuals with severe intellectual disabilities are the most underserved population although efforts are being made to improve this situation. Creative collaboration between a job developer contracted through MRS and job coaches at the CMHSPs have proven to develop promising practices.

Interagency Efforts:

- Peer Mentor Pilot- The peer mentor program was developed in 2009-10 as the result of collaboration between the DD Council and MDCH. This pilot has involved the training of 22 individuals with DD to help others with DD to reach their life goals and increase their community involvement and self advocacy. The pilot has involved numerous workshops and trainings culminating with internships at the peer mentors local Community Mental Health. The vision of the planning workgroup is to develop a "Train the Trainer" model so that the curriculum and lessons learned may be shared with other CMHSPs across the state
- MDCH and MRS have developed a partnership to improve the employment outcomes for

individuals with DD. The Medicaid Infrastructure Grant (MIG) has assisted with training peer mentors as well as sponsoring their attendance at numerous workshops. The Social Security Administration has presented at peer mentor workshops and is available for questions about the coordination of benefits and earnings.

- The Michigan Commission for the Blind has assisted with the coordination of a peer mentor's internship.

TITLE V MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT

Program/Scope: The basic Maternal and Child Health Block Grant enables states to maintain and strengthen their efforts to improve the health of all mothers, infants, and children, including children with special health care needs. Particular concern is for those with limited access to care.

Eligibility: Only states are eligible to receive these funds directly. States must submit an annual application, conduct a needs assessment every five years, and annually report on their expenditures and progress toward goals and objectives.

Extent of Services (please provide information for each category):

FY 2010 Funding: \$18,873,637

FY 2010 People Served: 2,844,948 (2009)

Effectiveness: This program supports health care and wraparound services for women and children to improve pregnancy outcomes, reduce morbidity and mortality, and improve the health and development of children and provides specialty services and care coordination for children with special health care needs.

Availability of Assistive Technology: Assistive technology is available for participants in the CSHCS program and for callers to MCH-related hotlines.

Waiting Lists (if applicable): N/A

Unserved and underserved populations: There are gaps in services based on geography and insurance coverage, as well as disparities in access to and usage of services for racial and ethnic minorities.

Interagency Efforts:

- Infant Mortality Reduction
- Poverty Reduction
- Michigan Prisoner Re-entry Initiative
- Early Childhood Comprehensive System
- School Health
- Medicaid/MiChild Enrollment
- Child Abuse Prevention

Department of Education

SPECIAL EDUCATION PRESCHOOL INCENTIVE GRANTS

Program/Scope: The Preschool Grant Program, administered by the Office of Early Childhood Education & Family Services, Michigan Department of Education, provides funds to offset the cost of education to children with disabilities, ages 3 to 5 with Individual Education Programs (IEPs). Children age 2, and who will be 3 during the school year, may also participate. Funds are provided on a grant basis to Intermediate School Districts (ISDs) and local educational entities (LEAs) to develop special education programs and services for eligible children in cooperation with their constituent districts. Funds may be used for child identification, screening and the full range of special education programs and services available under Michigan's special education rules.

Eligibility: Children who will become age 3 during the school year are eligible for services until they reach age 6. Since Michigan's special education law requires free, appropriate public education for children with disabilities, funds are used to supplement available resources for services and programs. The use of funds is determined by the ISD and/or LEA, which submits a grant proposal to the Office of Early Childhood Education & Family Services detailing how funds will be used to enhance the preschool special education system.

Extent of Services (please provide information for each category):

Preschool Special Education classrooms and related services, including speech and language therapy, occupational therapy, physical therapy, social work and psychology.

The grant award for the 2005-2006 school year for Michigan was \$12,563,791, based on a pupil count of approximately 19,000 while the grant award for the 2009-2010 school year was \$11,348,676 based on a pupil count of 24,244. The state can use up to 5 percent for administrative costs and 20 percent for state-initiated projects. In Michigan, the money typically flows through ISDs or LEAs, with the exception of a small amount that covers technical assistance to local ISDs.

FY 2010 Funding: \$11,348,676

FY 2010 Children Served: 24,244

Effectiveness: Funds available for Child Find help to ensure that children who may have a disability are referred and evaluated to determine their need for special services. Funds also cover the cost of evaluating, planning and implementing direct services to children with disabilities. The majority of funds are used for direct services to children with disabilities within the eligible age category.

Availability of Assistive Technology: Assistive technology devices and costs are covered under Preschool Special Education if materials and/or activities are described in a child's IEP.

Waiting Lists (if applicable): Under IDEA, all children eligible for special education programming are required to have an IEP written and implemented within required timelines. ISDs and LEAs are required to identify, locate and place students as needed according to their IEP.

Unserved and underserved populations: Preschool children requiring services are located through Child Find efforts as part of the Special Education system.

Interagency Efforts: All efforts are made to promote interagency efforts to serve Preschool Special Education children in the Least Restrictive Environment (LRE). State and local programs are encouraged to work collaboratively to increase value to young children with IEPs.

THE EARLY ON® PROGRAM

Program/Scope: The Early On® Program is administered by the Michigan Department of Education in collaboration with the Department of Community Health and the Department of Human Services. The program helps children, birth through age two, who need early intervention services because of developmental delays in one or more of the following areas: cognitive, physical, language/speech, psycho social development, self-help skills; or who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

The system provides an Individualized Family Service Plan for eligible infants and toddlers and families. A "child find" system locates infants and toddlers in need of services. Services include early intervention services necessary to meet the developmental needs of the child and related family support needs.

Eligibility: Eligibility includes children from birth to age two who are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the areas listed in the above descriptions, and/or who have a diagnosed physical or mental condition that has high probability of resulting in a developmental delay.

Extent of Services (please provide information for each category):

Statewide early intervention services are coordinated through 57 service areas with intermediate school districts functioning as fiscal agents. Local Interagency Coordinating Councils (LICCs) function in an advisory capacity. The Dec. 1, 2009 count of infants and toddlers was 18,590 being served in a 12-month period. Service coordination includes Special Education, Children's Special Health Care Services, Community Mental Health Services, Family Independence Agency, and others.

FY 2010 Funding: \$12,173,620

FY 2010 People Served: 18,590

Effectiveness: Early intervention is important for prevention, early planning for appropriate education, the provision of assistive technology, and the potential linking of families with other services. The Individualized Family Service Plan also recognizes the importance of the family and their input into the planning process for their child. It also acknowledges that the family has its own needs which must be addressed.

Availability of Assistive Technology: Assistive Technology is one of the early intervention services to be made available to eligible children and their families.

Waiting Lists (if applicable): N/A

Unserved and underserved populations: Based on the target of serving 2.8% of the birth to three population, *Early On* should serve approximately 14,020 children and their families for the upcoming program year.

Interagency Efforts: *Early On* is a collaborative effort of the three state agencies and other community based partners with the intermediate school districts serving as the lead agency at the local level.

CAREER AND TECHNICAL EDUCATION:
THE CARL D. PERKINS VOCATIONAL AND TECHNICAL ACT OF 2006

Program/Scope: The Office of Career and Technical Education, Michigan Department of Education, administers this grant program that helps secondary institutions design, develop and implement career and technical (vocational) education programs. The Office of Postsecondary Services, Michigan Department of Energy, Labor, and Economic Growth, administers the grant to post-secondary institutions. The programs are open to all students; however, local agencies must determine and describe how they will provide services to “special populations.” Included in special populations are individuals with disabilities. Other special population groups are economically disadvantaged people (including foster children), individuals preparing for nontraditional employment, single parents (including single pregnant women), displaced homemakers, and individuals with other barriers to educational achievement. This includes people with limited English proficiency. All students are expected to meet program standards, with or without accommodations.

Eligibility: People who are members of special populations groups receive the same access to programs and activities as other students and they are integrated into programs in the least restrictive environment. Post secondary students are required to self identify to receive services. Students with disabilities, with or without an individual education plan, are afforded rights under Section 504 of the Rehabilitation Act of 1973.

Extent of Services (please provide information for each category): Varies by agency
Use of funds to provide services to special populations students, including disabled students, is permissible. Under the Act, there is no set-aside funding for special populations students, including students with disabilities. Funds may be used to purchase special tools, services, equipment, reader services, etc., for eligible students with disabilities who are enrolled in approved career and technical education programs. Services for disabled students are coordinated with other education and training programs providing services to these institutions.

Effectiveness: The Act requires that those accepting funds meet accountability requirements. These requirements include performance indicators that are reported for the total population and for each special population group. Over time, failure to meet the accountability performance indicators can result in loss of funds. The performance indicators:

- academic achievement
- technical achievement
- post-program placement
- participation in, and completion of, nontraditional programs by gender

Availability of Assistive Technology: Varies by educational agency offering programs

Waiting Lists (if applicable): Varies by educational agency offering programs

Unserved and underserved populations: Varies by local educational agency offering programs

Interagency Efforts: Varies by local educational agency.

Department of Human Services

ADULT COMMUNITY PLACEMENT

Program Description: The goal of the Adult Community Placement (ACP) Program is to provide services that assist in achieving the least restrictive community based care settings for adults who require care in licensed community placement: Adult foster care (AFC facilities) and homes for the aged (HA) facilities. ACP works to maximize independence and self-determination for program recipients by assisting in maintaining connections with family, other community members and community activities.

Eligibility: DHS Adult Services workers provide program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Clients are Medicaid eligible and receive Supplemental Security Income (SSI) or Social Security.

Extent of Services (please provide information for each category):

The monthly average number of ACP adults in FY 2010 was 3,000. ACP caseload levels have decreased (year-to-year) due to a payment disparity between the combined SSI and Medicaid supplemental rates (\$979.88 per month), and relatively higher private care rates that typically start at \$1,500 per month. The payment disparity provides a provider incentive to offer placements to private pay families and individuals. Also, clients are being served longer in independent settings with services from such programs as Independent Living Services and Waiver Services.

FY 2010 Funding: Title XIX

FY 2010 People Served: 3,000

Effectiveness: The ACP Program provides pre-placement services and assistance with placement for adults who need care in licensed community placement settings (adult foster care facilities and homes for the aged facilities).

Post-placement/follow-up services are provided, as are transitional services for individuals relocated when nursing homes close. DHS collaboratively works within multi-agency protocols for emergency and non-emergency nursing home, adult foster care and homes for the aged closures where teams (including DHS Adult Services caseworkers) are alerted and brought in to assist clients residing in the home. The goal is to reduce transfer trauma and support clients in locating and moving into another nursing home or an alternative, safe living environment.

Specific ACP Program services include case management, counseling, education and training, health related services, information and referral, money management, pre-placement services, post-placement services and protection.

Slightly over one-third of AFC and home for the aged clients are over 65 and just under two-thirds are between 21 and 65 years old.

Availability of Assistive Technology: This program does not purchase assistive technology.

Unserved and underserved populations: The payment disparity provides a provider incentive to offer placements to private pay families and individuals. Clients receiving SSI or low Social Security check have a more difficult time finding an AFC or HA placement.

Interagency Efforts: ACP workers work collaboratively with hospitals, home care agencies and other community partners.

ADULT FOSTER CARE LICENSING

Program/Scope: In Michigan, Adult Foster Care (AFC) Homes are authorized, defined and regulated under the provisions of P.A. 218 of 1979, as amended, the Adult Foster Care Facility Licensing Act. This act regulates homes in the categories of:

- 1) Adult foster care family home means a private residence with the approved capacity to receive 6 or fewer adults to be provided with foster care for 5 or more days a week and for 2 or more consecutive weeks. The adult foster care family home licensee shall be a member of the household, and an occupant of the residence.
- 2) Adult foster care small group home means an adult foster care facility with the approved capacity to receive 12 or fewer adults to be provided with foster care.
- 3) Adult foster care large group home means an adult foster care facility with the approved capacity to receive at least 13 but not more than 20 adults to be provided with foster care.
- 4) Adult foster care congregate facility means an adult foster care facility with the approved capacity to receive more than 20 adults to be provided with foster care. The department is prohibited from issuing any new adult foster care congregate facility licenses, except one which is to replace an adult foster care congregate facility licensed on March 27, 1984 and the bed capacity does not exceed that of the licensed facility which it replaces.

Eligibility: An operation needs to be licensed under Act 218 as an adult foster care (AFC) facility if it provides personal care, supervision and protection in addition to room and board to 20 or fewer unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks for compensation.

Extent of Services: “Foster care” means the provision of supervision, personal care, and protection in addition to room and board, for 24 hours a day, 5 or more days a week, and for 2 or more consecutive weeks for compensation.

“Supervision” means guidance of a resident in the activities of daily living, including all of the following:

- a) Reminding a resident to maintain his or her medication schedule, as directed by the resident’s physician.
- (b) Reminding a resident of important activities to be carried out.
- (c) Assisting a resident in keeping appointments.
- (d) Being aware of a resident’s general whereabouts even though the resident may travel independently about the community.

“Personal care” means personal assistance provided by a licensee or an agent or employee of a licensee to a resident who requires assistance with dressing, personal hygiene, grooming, and maintenance of a medication schedule as directed and supervised by the resident’s physician, or the development of those personal and social skills required to live in the least restrictive environment.

“Protection”, means the continual responsibility of the licensee to take reasonable action to insure the health, safety, and well-being of a resident, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the licensee or an agent or employee of the licensee, or when the resident’s assessment plan states that the resident needs continuous supervision.

FY 2010 Funding: Adult foster care is typically paid for through the residents’ personal funds, including but not limited to long term care insurance, No-Fault and other accident related insurances; social security, social security disability and supplemental security insurance benefits; private savings,

pensions and family contributions; Mi-Choice Waiver, Medicaid supplement (also known as personal care or model payments) and CMH contract funds.

As of 9/30/2010, Michigan has 4,513 licensed AFC homes serving approximately 34,681 vulnerable adults. Of these, 1,118 are family homes, 2,861 are small group, 521 are large group, and 11 are congregate. Of the 4,513 AFC's licensed, about half are also certified to provide specialized programs to persons with developmental disabilities, mental illness or both. The 50 AFC licensing consultants processed 304 original license issuances, 2,313 renewals of licenses and investigated 1938 complaints in fiscal year 09/10.

Effectiveness: Licensing, oversight and regulation of these homes are the responsibility of the Michigan Department of Human Services, Bureau of Children and Adult Licensing, Division of Adult Foster Care and Homes for the Aged Licensing. Adult foster care regulation is required by federal law, specifically the Keys Amendment, for the protection of vulnerable adults in out of home care. Regulation of adult foster care homes is protection through prevention. PA 218 minimally requires biennial license inspections. Interim inspections are also conducted when facilities are on a provisional or temporary license. Facilities licensed for 7 or more are also inspected annually by the Bureau of Fire Safety, and biennially by local health authorities.

FY 2010 People Served: Adult foster care facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically disabled who require supervision on an ongoing basis but who do not require continuous nursing care.

All adult foster care licensees have access to the Long Term Care Workforce Background Check website that enables them to complete registry and fingerprint based background checks on their employees.

Availability of Assistive Technology: N/A

Waiting Lists: While there are many vacancies across the state for those persons who have private funds and can afford to pay private pay rates, there is always a need for more facilities that will accept low income individuals.

Unserviced and underserved populations: Low income vulnerable adults.

Interagency Efforts: The Division of Adult Foster Care and Homes for the Aged Licensing has historically collaboratively worked with local community mental health authorities, offices of recipient rights, adult protective services, law enforcement and local units of government. On a state level, the Division is actively engaged with the Department of Community Health, the Bureau of Fire Services, the Office of Services to the Aging, DHS Adult Services Program Office, as well as all legislators with expressed concerns. Additionally, the Division cooperatively works with both licensee and resident advocate organizations, as well as a statutorily required Adult Foster Care Advisory Council that advises the Division on the content of rules and their enforcement.

ADULT PROTECTIVE SERVICES

Program/Scope: The purpose of the Adult Protective Services Program (APS), administered by the Michigan Department of Human Services (DHS), is to provide protection to vulnerable adults ages 18 years or older who are at risk of harm due to the presence or threat of abuse, neglect or exploitation. The provision of Adult Protective Services is mandated by Public Act 519 of 1982. This critical program requires extensive coordination with support from, mental health, public health, law enforcement agencies, the probate court, aging networks as well as the general public.

Eligibility: The program's target population includes adults (18 years or older) who are vulnerable and in danger of being abused, neglected or exploited. Income or disability is not considered for eligibility.

Extent of Services (please provide information for each category):

The Adult Protective Services Program provides services to a growing number of cases. Total referrals grew 8.7 percent from 16,527 in 2009 to 18,992 in 2010. On average, 62 percent are assigned for investigation with approximately 30 percent substantiated.

There are 100 APS workers statewide. The majority of the APS workers are also responsible for Independent Living Services and Adult Community Placement cases in addition to APS responsibilities.

FY 2010 Funding: State Funds

FY 2010 People Served: 18,992 APS referrals received and 11,797 referrals investigated.

Effectiveness: Adult Protective Services may intervene whenever abuse to persons with disabilities is suspected. For example, when an adult with a disability seeks to become more independent, family members may be reluctant to "allow" the person to move to a more independent setting. The family member may control the person's funds and fear losing the money. Adult Protective Services can provide immediate protection from this kind of exploitation as well as from abuse and neglect. They may also facilitate the adult's move toward independence by introducing the array of community services available.

Availability of Assistive Technology: If an APS client is in need of assistive technology, there is a small amount of APS funds which may be used. However, all other sources must be exhausted prior to using the APS funds.

Waiting Lists (if applicable): Not applicable

Unserved and underserved populations: Multiple studies suggest that persons with developmental disabilities are victims of crime at rates of 4 to 10 times higher than reported (Sorensen, D. (2002). *The Invisible Victims: an update of an article originally published in Prosecutor's Brief: The California District attorneys Associations Quarterly Journal*). As abuse, neglect and exploitation of a vulnerable adult often rises to the level of criminal activity, it can be assumed that reports of abuse, neglect and exploitation of persons with developmental disabilities are also underreported to adult protective services

Interagency Efforts: APS works collaboratively with law enforcement, probate court, hospitals, home care agencies and other community partners.

CHILD DEVELOPMENT AND CARE

Program Description: Child Development and Care services are provided to qualified families when the parent(s) or substitute parent(s) is unavailable to provide care because of high school completion, employment, participation in an approved treatment program for a physical, mental or emotional condition (family preservation), or approved employment related activities. Families must submit an application and required verification and use an eligible child care provider.

The goal of the Child Development and Care program is to help preserve the family unit and to promote the family's economic independence and self-sufficiency by promoting safe, affordable, accessible, and quality child care for qualified Michigan residents.

Eligibility: All families must submit a signed, completed application for child care services to their local DHS office. They must be unavailable to provide the care due to a valid need reason, meet all eligibility requirements and use a provider who is licensed/registered by BCAL or who is enrolled by DHS.

There are four child care eligibility groups:

1. **Protective Services:** Families in this group are categorically eligible. There is no income contribution. Protective services families may be eligible for child care needed to participate in a DHS required treatment plan for social or health reasons
2. **Foster Care:** Licensed foster parents and DHS paid relative placements are categorically eligible. There is no income contribution. Foster parents may be eligible for child care services needed to work, to complete a high school education, to participate in a treatment activity for social or health reasons, or to participate in approved education and training activities.
3. **FIP Related:** Families in this group are categorically eligible. There is no income contribution. FIP recipients (including FIP recipients within the last 6 biweekly CDC pay periods for a FIP recipient whose case has been closed), and SSI recipients, may be eligible for child care services needed to work, to complete a high school education, to participate in a treatment activity for social or health reasons, or to participate in approved education and training activities.
4. **Income Eligible:** Families in this group are eligible based on family size and income. An income contribution is required. Only families whose income is within the DHS income scale may be eligible. Low-income families who are not eligible for other groups may be eligible if they need child care to work, to complete a high school education, to participate in treatment activities for social or health reasons, or to participate in approved education and training activities.

Extent of Services (please provide information for each category):

Extent of Services: The Child Development and Care program provides payments to eligible providers on behalf of parents who are receiving CDC assistance. The program area contracts with the Early Childhood Investment Corporation (ECIC) for consumer engagement services and services designed to enhance the quality of child care in Michigan.

FY 2010 Funding: The CDC program is primary federally funded. In FY2010, \$230.9 million was spent on the CD program. This funding includes CCDF, TANF, Title XX, Title IV-E and State General Funds.

FY 2010 People Served: On average, 63,643 children in low-income families or foster care placements received assistance for care each month in FY2010, while their parents participated in employment, training or education programs.

Program Effectiveness:

- CDC, in its current form, has been in place since July 1992, although the low-income portion of the program dates back to the 1970's.
- Parental Choice
A wide range of providers participate with the program. Currently, the CDC program in Michigan utilizes:
 - 4,338 Licensed Child Care Centers
 - 2,463 Licensed Group Child Care Homes
 - 5,304 Registered Family Child Care Homes
 - 15,230 Unlicensed Child Care Providers
- On average, 63,643 children received assistance for care each month in FY2010.
 - This assistance amounts to more than \$19.2 million monthly.
- In 2010:
 - 144 new instructors were trained to deliver the Great Start to Quality Orientation (a basic health and safety training requirement for unlicensed child care providers).
 - 1,340 trainings were offered.
 - 18,985 current or prospective providers completed the Great Start to Quality Orientation.
 - 29,834 children now have a child care provider with training in core health and safety topics, including first aid and CPR.
- In June of 2011, 57.5% of the children receiving CDC assistance were in a licensed/registered child care setting or in the care of an unlicensed provider who has completed 10 annual hours of training
- Michigan has no child care waiting lists. Such lists are common in other states.

Availability of Assistive Technology:

All parents in Michigan, including those qualifying for CDC, have 24/7 access to Great Start CONNECT, Michigan's online database that connects parents with child care provider referrals. Michigan is the first in the nation to develop a 24/7 comprehensive early learning database to improve child care quality. Families searching for child care use this database to easily search for a provider that meets the needs of their family.

Waiting Lists (if applicable): Not applicable.

Unserved and underserved populations: Low-income families (over 130% of FPG) with children.

Interagency Efforts: The Child Development and Care program office collaborates across agencies through a variety of mechanisms. Work is closely done with the Michigan Department of Education as well as the Department of Community Health.

CHILD WELFARE SERVICES-ADOPTION ASSISTANCE

Program/Scope: The Adoption Subsidy program provides support and/or medical subsidy to encourage the placement of special needs children (e.g., handicapped children, large sibling groups, older children, etc.) who have been in Michigan’s foster care program. Adoption Support Subsidy assists adoptive families with the costs of basic support and care for the adopted children. Support Subsidy rates are linked by law to the foster care payment rates. Medical subsidy assists adoptive parents covering the costs of necessary treatment for a physical, mental or emotional condition which existed (or the cause of which existed) prior to the adoption. Adoption Subsidy Assistance is a necessary tool to assist special needs children in achieving a permanent home instead of remaining in foster care.

Eligibility: Children are eligible if they 1) the child cannot or should not be returned to the home of his or her parents; 2) a specific factor or condition exists which makes it reasonable to conclude that the child cannot be adopted without providing adoption subsidy; 3) a reasonable effort is made to place the child without adoption assistance, except in cases where it would be against the best interest of the child due to the existence of significant emotional ties with the prospective adoptive parent(s); and 4) the child meets Michigan Special Needs requirements. .

Extent of Services (please provide information for each category):

	Support Subsidy	Medical Subsidy
FY 2010 Funding:	\$ 216 million	\$ 4.4 million
FY 2010 People Served:	27,500	1870

Adoption Subsidy has two components: Title IV-E and State Support Subsidy. Program benefits are the same for both components. Title IV-E Support Subsidy covers the cost of the support subsidy for children who meet Title IVE Foster Care eligibility requirements and have a special need. For children who do not meet the Title IV-E requirements, the State Support Subsidy is funded by TANF or by state funds depending on the income of the adoptive family. Beginning in FY 2011, the funding source is determined annually for children.

Effectiveness: 2605 department wards achieved a finalized adoption in FY 2010. 90% were determined eligible for adoption subsidy. By law, unless this is the only placement in the child’s best interest, efforts must be made to make a placement without a subsidy. Even when only one placement is available, the adoptive parents must specifically request an adoption support subsidy.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: Unserved population are foster care children under the care and supervision of the Department of Human Services who are under the age of 3 who do not meet any other qualifying factors under Michigan’s definition of “special needs”.

Interagency Efforts: With Medical Subsidy as a 100% state-funded program, interagency efforts are made with the Department of Community Health, local Community Mental Health Agencies, and other

community resources to determine if the needs of the child can be met by these resources with or without the support of the Adoption Medical Subsidy program.

CHILD WELFARE SERVICES – FOSTER CARE

Program/Scope: The Children's Foster Care Program provides placement and supervision of children who have been removed from their home due to abuse or neglect. The court authorizes removal of children from their parents and refers them to DHS for placement, care and supervision. Foster Care is viewed as a short-term solution to an emergency situation and permanency planning must continue throughout the child's placement in care. Foster care intervention is directed toward assisting families to rectify the conditions that brought the children in care through assessment and service planning. When families cannot be reunified, children must be prepared for safe, appropriate permanent placements through adoption, guardianship or another permanent placement.

The Children's Foster Care Program is closely tied to the Children's Protective Services Program, Family Preservation Initiatives, and the Adoption Program. The Children's Protective Services Program identifies those children who cannot be protected from abuse or neglect in their homes. CPS petitions the court, who must authorize the removal of the child from his/her home, and the court refers the child to DHS for placement, care, and supervision. Thus, CPS and the courts function as the entry point to the Foster Care Program. The goal of the Foster Care Program is to ensure the safety, permanence and well being of children through reunification with the birth family, permanent placement with a suitable relative, or a permanent adoptive home.

Eligibility: Children are eligible, when they are determined by the Juvenile or Family Court to need foster care, and are under the care & supervision of the Department of Human Services.

Extent of Services (please provide information for each category):

The provision of foster care services is a joint undertaking between the public and private sector. The purpose of foster care is to provide continuity, consistency, and permanence in a family setting for the growing child. If return home is not possible, alternative permanent plans must be pursued. Foster care policy provides caseworkers with a framework for child-focused, family-centered interventions to help achieve timely permanency planning decisions. Independent living services must be provided to older youth to ensure a successful transition to adulthood once they exit the foster care system. To improve outcomes for children and families in the foster care system, numerous child-focused, family-centered strategies are used: state and local recruitment and retention of foster homes targeting specialized groups of children, relative home licensing, concurrent permanency planning, permanency planning conferences with the involvement of parents, children, and foster parents and public/private partnerships. These strategies are achieved through self-evaluation, quality assurance and data-driven decisions.

DHS is continuing to explore how to collect quality data on the number of children in foster care with disabilities. The current system only captures disabilities associated with educational disabilities.

FY 2010 Funding: Sources of Financing

- Titles IV-E, IVB and XX of the Federal Social Security Act, Title XIX (Medicaid) for staffing costs only
- State Funds
- County Funds
- TANF for staff and foster care costs

- Chafee Foster Care Independence Program for Youth Transition
- Educational Training Vouchers
- Jim Casey Youth Initiative

FY 2010 People Served: 22,275 Foster Care children who were active during the period of 10/01/2009 to 09/30/2010.

Effectiveness:

- The number of Foster Care Program cases has been declining in recent years from a peak of 18,562 in 2003 to 15,567 as of September 30, 2010.
- At the end of FY 2010 there were 15,567 abuse/neglect wards under the supervision of the foster care program. 36% of foster children were placed with relatives, 12% of foster children were placed in their own home/legal guardian, 35% of foster children were in family foster homes, while the rest were in other living arrangements including emergency shelters, residential placements, etc.
- Michigan's public/private partnership is working together to license relative care givers making them eligible for the same training and support as unrelated foster homes. In FY 2010, 983 relative-only licenses were issued, an increase of 12% compared to FY 2009.
- Among children returned home, 2.4% of the children re-enter foster care within 12 months of reunification; which is below the national standard of 9.9% for foster care re-entries.

Availability of Assistive Technology: Staff provides assistance if a customer has an identified need.

Waiting Lists (if applicable): N/A

Unserved and underserved populations: There are gaps in services based on geography.

Interagency Efforts: DHS collaborates with multiple state agencies as well as private agencies.

HOME FOR THE AGED PROGRAM

Program/Scope: In Michigan, Homes for the Aged (HFA) is defined and regulated by the Public Health Code, Public Act 368 of 1978, and the Life Safety Code of Act 207, Public Acts of 1941, and its amendments, as well as HFA administrative rules. Homes for the Aged means a supervised personal care facility other than a hotel, adult foster care facility, hospital, nursing home, etc., that provides room, board and supervised personal care to 21 or more unrelated, and non-transient individuals age 60 or over.

A Home for the Aged includes a supervised personal care facility for 20 or fewer individuals, age 60 or older, if the facility is operated in conjunction with, and as a distinct part of, a licensed nursing home.

Eligibility: An operation needs to be licensed under Act 368 as a home for the aged (HFA) if it offers or provides supervised personal care in addition to room and board to 20 or more unrelated, non-transient individuals age 60 or over.

Extent of Services:

Homes for the aged facilities provide supervised personal care in addition to room, board. Supervised personal care means guidance of or assistance with activities of daily living provided to the resident by a home or an agent or employee of a home. Activities of daily living means activities associated with eating, toileting, bathing, grooming, dressing, transferring, mobility, and medication management. Room and board means the provision of housing and meals to meet the needs of the resident.

FY 2010 Funding: Homes for the Aged care is typically paid for through the residents' personal funds, including but not limited to long term care insurance; social security, social security disability and supplemental security income benefits; private savings, pensions and family contributions; Mi-Choice Waiver, and Medicaid supplement, also known as personal care or model payments.

FY 2010 People Served: Homes for the aged primarily serve persons 60 years of age or older who do not require continuous nursing care. However, people with similar diagnosis that are also compatible with that population, may also be admitted to a home for the aged with a Bureau of Children and Adult Licensing Director's age waiver approval.

Effectiveness: Licensing, oversight and regulation of homes for the aged are the responsibility of the Michigan Department of Human Services, Bureau of Children and Adult Licensing, Division of Adult Foster Care and Homes for the Aged Licensing. Homes for the Aged regulation is required by federal law, specifically the Keys Amendment, for the protection of vulnerable adults in out of home care. Regulation of homes for the aged is protection through prevention. PA 368 minimally requires annual license inspections. Interim inspections are also conducted when facilities are on provisional licenses or are under Corrective Notice Orders. All FHA Facilities are also inspected annually by the Bureau of Fire Services.

As of 9/30/2010, Michigan had 196 licensed HFA homes serving approximately 14,844 aged persons. Six full-time HFA licensing staff processed 8 original license issuances, 97 renewals of licenses and investigated 137 complaints in fiscal year 09/10.

Availability of Assistive Technology: All homes for the aged licensees have access to the Long Term Care Workforce Background Check website that enables them to complete registry and fingerprint based background checks on their employees.

Waiting Lists: While there are many vacancies across the state for those persons who have private funds and can afford to pay private pay rates, there is always a need for more facilities that will accept low income individuals.

Unserved and underserved populations: Low income vulnerable adults.

Interagency Efforts: The Division of Adult Foster Care and Homes for the Aged Licensing has historically collaboratively worked with local community mental health authorities, offices of recipient rights, adult protective services, law enforcement and local units of government. On a state level, the Division is actively engaged with the Department of Community Health, the Bureau of Fire Services, the Office of Services to the Aging, DHS Adult Services Program Office, as well as all legislators with expressed concerns. Additionally, the Division cooperatively works with both licensee and resident advocacy organizations.

NURSING HOME LICENSING AND CERTIFICATION

Program/Scope: For Michigan licensure purposes, nursing homes are defined and regulated under provisions of Act 368 of 1978 as amended (Public Health Code). The code definition of a nursing home is "a nursing care facility, county medical care facility, but excluding a hospital or facility created by Act 152 of Public Acts of 1985, as amended, that provides organized nursing care and medical treatment to seven or more unrelated individuals suffering or recovering from illness, injury, or infirmity." Under this definition, hospital long term units function are federally certified as Medicare and/or Medicaid participating nursing homes, but are licensed as part of the overall hospital license.

ELIGIBILITY: All facilities meeting the definition of a nursing home must be licensed. Nursing home participation in the Medicare and Medicaid programs is voluntary.

Extent of Services (please provide information for each category):

Michigan has approximately 450 nursing homes, with a capacity of approximately 51,000 beds. The statewide average resident census in those beds is about 90 percent at any given time. Regulation is accomplished through the Division of Nursing Home Monitoring, with field offices in Lansing, Gaylord and Detroit. Each nursing home is surveyed (inspected) for federal certification purposes within a window of every 9 to 15 months with an average of every 12 months. A full licensure survey is conducted every two years under provisions of the Michigan Public Health Code. Additional survey visits are conducted to follow-up on correction of deficiencies and for complaint investigations. Complaints involving nursing homes are handled by the Division of Operations, Complaint Unit. A 24 hour complaint hotline number records complaints and concerns of the public. The hotline number is 1-800-882-6006.

Effectiveness: The survey protocols for inspections of nursing homes are very detailed according to federal guidelines. They include sampling residents for detailed evaluations of adequacy of facility services in key areas such as resident quality of life, quality of care, and residential rights. Full effectiveness is constrained by survey staff reductions, most recently due to "early out" retirement incentives created by the Michigan Legislature.

Nursing homes must demonstrate compliance with the requirements of the Americans with Disabilities Act, and with the requirements of the Office of Civil Rights in order to receive Medicare/Medicaid certification.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: The Division of Nursing Home monitoring works closely with the Division of Operations, the Medical Services Administration (Medicaid), the Bureau of Fire Services in a cooperative effort to evaluate nursing homes' compliance with State and Federal requirements for health and safety of residents.

STATE DISABILITY ASSISTANCE

Program/Scope: The State Disability Assistance (SDA) program provides financial assistance to Michigan's disabled low-income adults to meet basic personal and shelter needs. SDA is a cash assistance program for disabled adults, caretakers of disabled individuals and persons age 65 or older. SDA recipients have little or no money to pay for living expenses such as rent, heat, utilities, clothing, food or personal care items and SDA is intended to meet these basic needs.

Eligibility: To be eligible for SDA an individual must:

Financial - To be eligible for SDA, applicants must meet income and asset requirements. The asset limit for SDA is \$3,000. Most types of earned and unearned income are counted when determining eligibility. However, most SDA recipients do not have assets or income. A full-time minimum wage job exceeds SDA income eligibility standards.

Non-Financial – A person must meet disability criteria, be caring for a disabled person, or over the age of 65. An individual meets disability criteria for SDA if:

- The individual is receiving Social Security Income (SSI), Social Security benefits based on their own disability, or Medicaid due to a disability
- The individual meets the federal Social Security Administration (SSA) disability standards with the exception of duration. SDA has minimum disability duration of 90 days
- The individual is age 65 or older, and has applied for benefits with the SSA
- The individual is receiving services from Michigan Rehabilitation Services
- The individual is receiving special education services through a local intermediate school district and is under the age of 26
- The individual is caring for a disabled person when assistance is medically necessary for at least 90 days and the disabled individual and the caretaker live together.
- The individual is residing in an adult foster care home, home for the aged, a substance abuse treatment center (SATC), or a county infirmary
- The individual is receiving post-residential substance abuse services. Individuals are SDA eligible for 30 days following discharge from the SATC
- The individual has an AIDS diagnosis

Extent of Services (please provide information for each category):

The monthly maximum benefit for FY 2011 is \$269 (\$423 for a married couple). SDA recipients are eligible for Food Assistance Program benefits. In FY 2011, SDA recipients with no other income are eligible to receive \$200 per month in food assistance. SDA cases can be composed of a single person or spouses who live together. The FY 2011 appropriated caseload is 10,165.

Effectiveness: The State Disability Assistance (SDA) program provides interim financial assistance to Michigan's neediest disabled adults. Disability is a factor for all individuals found eligible for this program. Benefits are meant to help meet basic personal and shelter needs. Without SDA most recipients would be homeless. Michigan recovers all SDA General Funds payment amounts when individuals are found eligible for Supplemental Security Income (SSI). In FY 2010.

A large measure of SDA success is found in annual recipient turnover rates. While monthly and annual average recipient counts remain between 10,000 and 11,000, the annual turnover rate is greater than

100%. The turnover rate (or churn) reflects subsequent receipt of SSI, and other outcomes allowing individuals to no longer require SDA. As recipients move from SDA to SSI, they are replaced by newly eligible SDA recipients. In summary, while year-over year caseload counts appear relatively static, in actuality SDA is among Michigan's most dynamic programs and quickly meets intended goals.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

Department of Energy, Labor and Economic Growth

BARRIER FREE DESIGN

Program/Scope: Accessibility within the built environment in Michigan has long been the focus of the Michigan Barrier Free Design Law. The initial act was adopted in 1966 (P.A. 1, 1966) and revised under Act No. 177 of the Public Acts of 1975. The purpose was to expand the scope of application to include all building types where employment opportunities exist, or where services to the public were available.

This law now provides the basis for accessibility by all persons throughout all buildings and structures. The law provides for: the development of standards for construction and remodeling of buildings and structures; the investigation of complaints of noncompliance; review and approval of alternative methods of achieving compliance; and the granting of variances from the requirements.

Applicability: All new construction and alterations of existing buildings are required to provide for access by all persons.

Extent of Services:

Through state and local code administration agencies, the requirements are applied at the time of construction. This method of administering the law includes plan reviews prior to construction, on-site inspection during construction, and a final review before occupancy is granted. Additionally, the investigation of complaints of noncompliance includes a system involving local and state code officials.

FY 2010 Funding: N/A

FY 2010 People Served: N/A

Effectiveness: This system of application has provided for the safe access of all buildings and structures. Staff within the Bureau of Construction Codes provide oversight for the effective administration of these regulations. The Department of Consumer and Industry Services is committed to devoting the necessary resources to assure the continued effectiveness and success of the program.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

MICHIGAN COMMISSION FOR THE BLIND

Program/Scope: The mission of the Michigan Commission for the Blind (MCB), an agency within the Michigan Department of Energy, Labor & Economic Growth, is to provide opportunity to individuals who are blind or visually impaired with opportunities for employment and independence through a variety of service programs. These include:

1. Rehabilitation Services, which include vocational evaluation, training and placement services to working-age people who are legally blind;
2. The MCB Training Center, a short-term residential training center in Kalamazoo, which provides nearly 17,000 hours of instruction yearly in Braille, mobility, adaptive living skills, and adaptive technology;
3. The Business Enterprise Program (BEP), which licenses people who are blind to operate vending locations in private, federal, and state buildings, including cafeteria and vending operations;
4. The Independent Living (IL) Program, which provides a variety of specialized services to individuals age 55 and over who are legally blind and whose primary goal is to maintain their independence in their homes and communities;
5. The Youth Low Vision (YLV) Program, which assists students (ages birth through 26 years with an acuity of 20/70 or less in the better eye or with a restricted field of 20 degrees or less) with low-vision exams when not covered by insurance and with the purchase of devices worn in the head such as microscopes, telescopes, and prescriptions when not covered by insurance.
6. Business Services for employers, to provide employment opportunities for MCB consumers and ongoing support for employers of these individuals.
7. The MCB Braille and Talking Book Library, which provides services including Braille and audio Talking Books to individuals throughout Michigan who are blind or visually impaired or who cannot use standard books due to other disabilities.

Eligibility: To be eligible for MCB services (other than the Braille & Talking Book Library or the Youth Low Vision Program, which have their own requirements as described above), a person must be a resident of the state of Michigan and meet at least one of these criteria:

- Visual acuity with best correction must be 20/200 or worse in the better eye, or
- Visual fields must subtend an angle of less than 20 degrees in each eye, or
- Visual acuity with best correction must be 20/100 or worse in the better eye with a prognosis of rapid deterioration.

Extent of Services:

FY 2010 Funding: \$28.8 million (This includes \$4 million in ARRA funding.)

FY 2010 People Served: 2,751 people served

The Michigan Commission for the Blind has approximately 115 full-time employees.

Effectiveness: MCB has been very effective in advocating for, and providing services to, individuals who are blind or visually impaired. MCB's Vision 2020 initiative is an integral part of its strategic planning and organizational development efforts. While MCB has been successful in increasing its share of federal funding under the Rehab Act, its capability to match federal appropriations with non-federal dollars remains a challenge.

Availability of Assistive Technology: MCB provides assistive technology training, equipment, and software consistent with each individual's specific plan for rehabilitation and employment. The MCB

Training Center provides assistive technology training, and the center is currently undergoing an extensive renovation which includes an expanded technology center with state-of-the-art equipment and an expanded technology curriculum.

Waiting Lists: N/A

Unserved and underserved populations: MCB continues in its efforts to ensure that MCB services are available to all Michigan residents who are eligible. Specific outreach efforts are ongoing with tribal groups and organizations representing other minority and underserved populations.

Interagency Efforts: MCB continues in its collaboration with Michigan Rehabilitations Services (DELEG), the Michigan Commission on Disability Concerns (DELEG), the Michigan Department of Education, other Michigan state government departments, disability-related organizations, Michigan Works!, the Michigan Optometric Association, and the Michigan Society of Eye Physicians and Surgeons to ensure that those who are eligible for MCB services are aware of these services, and to ensure that job-ready MCB consumers are aware of available employment opportunities.

Department of Career Development

CLIENT ASSISTANCE PROGRAM

Program/Scope: The Client Assistance Program (CAP) is the client rights mechanism authorized in the 1973 Rehabilitation Act as amended (The Act). Michigan Protection and Advocacy Service, Inc. was named the designated state agency for CAP in 2004. CAP services are available statewide to applicants and participants in programs funded under The Act. These include: Michigan Rehabilitation Services, Michigan Commission for the Blind and Centers for Independent Living.

Extent of Services: CAP exists to advise applicants, participants, and former participants of rights and services available to them under The Act. The major objectives of CAP include: providing information and referral; describing and clarifying agency procedures and policy; facilitating clear and productive communication between service provider and the customer; receiving complaints and negotiating resolutions when possible; representing customers in the appeals process to insure fair resolution; and identifying systems problems and recommending appropriate systemic reforms. The CAP has the authority to pursue both administrative and legal remedies. The toll-free number is 1.800.288.5923 Voice and TTY.

Eligibility: Current participants, applicants or former participants of programs under The Act including programs offered by Michigan Rehabilitation Services, Michigan Commission for the Blind, and Centers for Independent Living. Service area is statewide.

During FY 2010, the Michigan CAP provided information and referral services to 263 people, provided direct representation to 194 individuals, and trained 453 individuals on vocational rehabilitation services and Title I employment provisions of the Americans with Disabilities Act.

Effectiveness: The Client Assistance Program responds to all requests for assistance, including information and referral services regardless of the surface merit of those requests. CAP must ensure that a request has merit before direct representation is provided. Barriers to fully serving the eligible population are limited funding/staffing and public awareness of the program's existence.

Availability of Assistive Technology: The Client Assistance Program is not a direct provider of assistive technology.

Waiting Lists: Not applicable

Unserved and underserved populations: The Client Assistance Program responds to all populations who contact our agency.

MICHIGAN REHABILITATION SERVICES

Program/Scope: The vocational rehabilitation program, which exists in all 50 states, was created by federal legislation in 1920. Michigan Rehabilitation Services (MRS) currently operates under the federal Rehabilitation Act of 1973, as amended and Title IV of the Workforce Improvement Act. The Mission of MRS is to assist individuals with disabilities to achieve employment and self-sufficiency. MRS is an agency of the Department of Energy, Labor and Economic Growth (DELEG) and a partner in the One-Stop Michigan Works! Centers for provision of employment and training services. MRS helps people prepare for, enter, engage in, or retain employment with a variety of services that are planned to meet the needs of the customer.

Based on an assessment of eligibility and the need for services, the MRS Counselor assists the individual in developing an Individual Plan for Employment (IPE). The IPE reflects the vocational goal of the individual, specific services needed to achieve that goal, vendors selected by the customer, and time frames for completion of the plan. The counselor provides vocational counseling and guidance and coordination of services and resources. Examples of services may include assistance with training, job placement, assistive technology, job accommodations, or physical and mental restoration. Services to businesses include job retention, return of injured workers, pre-screened worker referral, job site accommodations, ADA information, and disability awareness training.

Eligibility: Applicants are eligible for services if they have a physical or mental disability that constitutes or results in a substantial barrier to employment and can benefit from vocational rehabilitation services and want to enter, engage in, or retain employment. Eligibility will continue to be reassessed throughout the rehabilitation process. If at any time, the customer is no longer eligible, as indicated in clear and convincing evidence, their case will be closed.

Extent of Services: Services are provided in all 83 counties of the state through 35 MRS offices or One-Stop Michigan Works! locations. In FY 2010, MRS served 51,473 people and helped 7,374 people find jobs. Approximately 87 percent of the people served have a disability that meets the federal criteria for significant disability.

MRS operates Michigan Career and Technical Institute (MCTI), a post-secondary residential vocational trade-training program in Plainwell, Michigan housing over 350 students. The program provides intense literacy and math instruction, 14 vocational trade training programs, many support services and placement services to persons with disabilities.

MCTI training was expanded into the Detroit area with the creation of MCTI East in FY 2010. Customers can participate in assessment or pre-vocational development, customized employer training off-site and C.N.A. or Dialysis Technical training on-site.

In FY 2011, the Michigan Commission on Disability Concerns (MCDC) and the Division on Deaf and Hard of Hearing (DODHH) transitioned to MRS. MCDC serves as the only state agency that responds to and advocates on behalf of issues affecting all of Michigan's citizens with disabilities. MCDC serves as a resource and information and technical assistance source to employers, state agencies, people with disabilities, families, and the general public. In addition, the MCDC provides state and federal disability civil rights training and technical assistance, as well as disability awareness.

MCDC has been a major player in, and has had a major impact on, ADA implementation for both public and private sectors in Michigan. The agency also plays an important role in enhancing employment opportunities for people with disabilities. This is accomplished through MCDC's work in making society aware of the strengths and abilities of people with disabilities and the economic advantages of investing in those abilities.

MCDC also hosts the annual Michigan Youth Leadership Forum. This annual forum brings 30 high school students with disabilities from across the state for five days of learning and sharing about disability history, culture, legal statutes, and opportunities for leadership.

The Division on Deaf and Hard of Hearing (DODHH) of the MCDC, located administratively in MRS, provides its services available to the estimated one million deaf and hard of hearing Michigan residents. Services include: providing technical assistance to government and businesses on communication accessibility; interpreter service to state government agencies; qualifying interpreters; publishing the annual TTY, Service and Interpreter Directory; presenting orientation to deafness seminars; and reporting on legislation affecting the deaf and hard of hearing population. The DODHH's advisory council consists of 13 gubernatorial-appointed members, who provide a deafness and hard of hearing perspective on a variety of issues.

The DODHH qualifies approximately 200 interpreter candidates per year, and administers a continuing education program for over 400 certified and qualified interpreters.

Over 65 percent of the people served at MRS are referred from educational, health organizations, or other individuals. In FY 2010, MRS assisted 4,369 employers to hire 3,546 and retain 823 qualified persons with disabilities. The top five services to businesses included employee recruitment, employee retention, interviewing and hiring assistance, consultation on ADA, and disability sensitivity training. The average number of hours worked by customers who achieved employment was 32 hours per week. The average wage for customers who went to work was \$13.17 per hour.

FY 2010 Funding: \$14,502,187

FY 2010 People Served: 51,473

Availability of Assistive Technology: MRS has developed a special project designed to improve AT service, both to internal and external customers. The project is in process of implementation and will develop new strategies for improving staff training related to AT and for enhanced AT services with customers.

Waiting Lists: N/A

Unserved and underserved populations: No unserved or underserved populations have been identified through our last statewide Needs Assessment. Outreach procedures continue to identify emerging unserved or underserved populations. MRS will be developing strategies to improve services and outcomes for minority populations. Target populations will be determined following completion of the next statewide Needs Assessment.

Interagency Efforts: MRS currently has interagency agreements with the Michigan Departments of Community Health, Education, Health and Human Services, as well as with Michigan Works! and Adult Literacy to help better serve Michigan's citizens with disabilities.

Department of Natural Resources and Environment

DEPARTMENT OF NATURAL RESOURCES ACCESS MICHIGAN OUTDOORS

Program Description: The Michigan Legislature created the first fledgling agencies to manage and protect our resources, and, in 1921, combined them all into one unit called the Michigan Department of Conservation. As more demands were placed on our resources by a growing society, the term *resource use* signaled a new era in conservation. Renamed the Department of Natural Resources in 1968 to shoulder broader responsibilities, the Department continues its evolution today in response to changing resource needs and priorities.

The DNRE is committed to the accessible use and enjoyment of the state's natural resources for current and future generations. Providing greater access to outdoor recreation in Michigan is key to increasing meaningful participation for people of all abilities. The DNRE Access Michigan Outdoors initiative is a collaboration system that will enable us to create our state access plan; work with other regional groups to create regional access; develop training and resources to support access planning in local communities across Michigan; and develop partners and sponsors for creating access, by pledging financial, service or technical support (for the planning, technology, marketing or construction of accessible elements and/or the purchase of adaptive equipment) using the model developed by Kellogg's Access To Recreation Initiative. Within DNRE's core mission is the challenge of maintaining a balance between protecting and preserving the unique natural and cultural resources while providing access to land and water based recreation.

Under Title II of the ADA it is the Department's responsibility to ensure that all services, programs or activities, when viewed in their entirety, are readily accessible to and useable by persons with disabilities. This programmatic access requires that individuals with disabilities be provided an equally effective opportunity to participate in, or benefit from a public entity's programs and services. When choosing a method of providing program access, the Department will give priority to the one resulting in the most integrated setting to encourage interaction among all users.

Eligibility: Any citizen or visitor to the state of Michigan

Availability of Assistive Technology: Assistive technology is used to overcome barriers to access in the outdoor environment and approach access by providing support to all the ways individuals interact with their environment. An increasing amount of assistive technology is becoming more broadly available to accommodate a wide range of individual preferences, abilities and methods of use.

Waiting Lists: The aging infrastructure associated with parks, recreation areas, boating access sites, trails, pathways, beaches, harbors, wildlife/game areas, forests, streams, rivers, inland and great lakes is compounding. Accessibility is limited by the ability to renovate existing amenities and to create new accessible outdoor recreation opportunities. Citizens and visitors are in need of more opportunities to access these programs across the state.

Unserved and underserved populations: Work is being done to increase awareness and involvement of persons of all abilities, means, or location in planning and creation of outdoor recreation

opportunities. Those populations that are underserved for outdoor recreation include: persons with disabilities, persons in metropolitan areas, and persons of limited means.

Interagency Efforts: Collaborative efforts and partnerships are established with federal, state, and local government agencies, educational institutions, non-profit and commercial including but not limited to: Access to Recreation; Brain Injury Association of Michigan; National Wild Turkey Federation (NWTF) and Wheelin' Sportsmen; Michigan Sports Unlimited; Michigan Recreation & Park Association (MRPA); Universal Design Consultants; Michigan Centers for Independent Living; Safari Club; Michigan Protection and Advocacy Service, Inc.; Association of State Employees with Disabilities; Russell Designs; Michigan Paralyzed Veterans of America; Michigan Association of Recreation Vehicles & Campgrounds; Michigan United Conservation Clubs (MUCC); Michigan Association of Gamebird Breeders and Hunting Preserves; Bay-Arenac Behavioral Health Organization; Michigan Rehabilitation Association etc. **State of Michigan departments and other offices:** Community Health; Labor and Economic Growth, Military and Veterans Affairs; Transportation; Environmental Quality; Developmental Disabilities Council; Commission of Disability Concerns; Commission for the Blind etc.

Department of Transportation

JOB ACCESS AND REVERSE COMMUTE (JARC)

Program/Scope: JARC is now a formula program instead of a discretionary program as was the case in the past. It provides funding for local programs that offer job access and reverse commute services to provide transportation for low income individuals who may live in the city and work in suburban locations. Funds are allocated through a formula based on the number of low income persons.

Eligibility: Program is available to public, private, and private non-profit agencies. The allocations are made to designated recipients in urban areas over 200,000 population (60% allocation), and to the states for areas under 200,000, population (20% of allocation) and non-urbanized areas (20% of allocation). States and designated recipients must select sub-recipients competitively.

Extent of Services (please provide information for each category):

Extent of Services: Level of services varies significantly from locality to locality and is not available in all areas of the state

FY 2010 Funding: The FY2010 federal apportionment to Michigan agencies was \$5,059,542

FY 2010 People Served: 234,360 (this is only for services in rural and small urban areas. Ridership for all urban areas (combined) is not available at this time.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): Level of services varies significantly from locality to locality. In some areas, the service provider may be at capacity and may not be accepting new customers. The funding that MDOT provides for this program is used to sustain existing services. MDOT is not accepting applications for new services.

Unserved and underserved populations: N/A

Interagency Efforts: N/A

NEW FREEDOM PROGRAM

Program/Scope: New federal program funded by Section 5317 encourages services and facility improvements to address the transportation needs of persons with disabilities that go beyond those required by ADA. It provides a new formula grant program for associated capital and operating costs. Funds are allocated through a formula based upon population of persons with disabilities.

Eligibility: Program is available to public, private and non-profit agencies. The allocations are made to designated recipients in urban areas over 200,000 population (60% of allocation), and to the states for areas under 200,000 populations (20% of allocation) and non-urbanized areas (20% allocation). States and designated recipients must select sub-recipients competitively.

Extent of Services (please provide information for each category):

Extent of Services: Level of services varies significantly from locality to locality and is not available in all areas of the state

FY 2010 Funding: The FY2010 federal apportionment to Michigan agencies was \$3,343,707

FY 2010 People Served: 20,862 (this is only for services in rural and small urban areas. Ridership for all urban areas (combined) is not available at this time.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): Level of services varies significantly from locality to locality. In some areas, the service provider may be at capacity and may not be accepting new customers. The funding that MDOT provides for this program is used to sustain existing services. MDOT is accepting applications for new services but local match is required.

Unserved and underserved populations: N/A

Interagency Efforts: N/A

PUBLIC TRANSPORTATION SYSTEMS

Program/Scope: Two forms of public transportation are available to people with disabilities to get to work, for errands, or for leisure activities. They include 1) "Linehaul, or fixed route" – regularly scheduled public bus service that may be available to the degree that days and hours of operation and accessibility to people with disabilities make it available, and 2) "Demand-Response" - commonly known as Dial-A-Ride.

In 2009, 79 transit systems received local bus operating (LBO) assistance funds. These systems serve the general population but also meet the needs of people with disabilities to the degree to which they are affordable. In addition, there were 40 systems that received specialized service funds which are primarily targeted to serve seniors and persons with disabilities.

Eligibility: While the target group for public transportation services is the general population, the Americans with Disabilities Act has strengthened access rights to these systems for people with disabilities.

Extent of Services: (please provide information for each category):

Extent of Services: Level of services is determined by local authorities and agencies, thus varying significantly from locality to locality, and is not available in all areas of the state.

Service Supported By Local Bus Operating Funds:

FY 2009 Funding: \$166,624,000 (includes marine service)

FY 2009 People Served: 100,591,057 (includes marine service)

Specialized Service:

FY 2009 Funding: 4,100,100

FY 2009 People Served: 1,451,276

Total ridership during FY 2009 was 102,042,333. A total of 92,621,758 rides were provided by urbanized systems, including 8,584,208 (9 percent) for seniors and people with disabilities.

Non-urbanized ridership was 7,144,300, including 3,252,048 (46 percent) for senior and people with disabilities. Specialized service provided another 1,451,276 rides to mainly senior and people with disabilities. And 824,999 rides were provided by Marine service Total state funding for operating FY 2009 was \$170.7 million.

Effectiveness: The public transportation system can be a powerful resource for increased independence, inclusion and productivity for people with disabilities. With appropriate implementation, the Federal Transit Act and the ADA can help assure the rights of people with disabilities to access these systems. In Michigan, these rights were also strengthened by the 1978 amendment to Act 51 which requires that 100 percent of buses for fixed-route services purchased with state support be lift-equipped and buses for demand response services must be equipped based upon input from local advisory councils comprised of seniors and people with disabilities.

Major concerns remain, however, including cost, availability and accessibility. While much of the general population may be only inconvenienced by the lack of accessible, affordable transportation, many people with disabilities find these barriers to be a serious impediment to their mobility and may result in their inability to travel altogether. Meeting the needs of all those who need transportation will continue to be a major challenge for the new millennium.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): Level of services varies significantly from locality to locality. The funding that MDOT provides for this program is used to sustain existing services. MDOT is not accepting applications for new services.

Unserved and underserved populations: N/A

Interagency Efforts: N/A

Federal Programs

EMPLOYMENT OPPORTUNITIES FOR DISABLED AMERICANS ACT OF 1986

Program/Scope: Section 1619 of the Employment Opportunities for Disabled Americans Act creates a Social Security program to meet the special needs of people with disabilities who are working and whose income exceeds "substantial gainful activity" levels, but are not yet completely self-supporting. As an incentive to people with disabilities who are trying to work, Section 1619a provides special cash benefits to those whose income has exceeded SGA levels. The 1619b provides special SSI recipient status for Medicaid eligibility purposes to those workers with disabilities.

Eligibility: To qualify for 1619a and b work incentives, an SSI beneficiary must: 1) Show continued eligibility for the SSI program based on disabilities, i.e. he or she may not have medically improved to the point that Social Security disability criteria are no longer met; 2) For the 1619a program, gross earnings must be at, or above, \$1000/month; 3) For the 1619b program, continuing eligibility for Medicaid purposes must be shown until earnings reach a substantially higher plateau that takes into account the person's ability to afford medical care and his or her normal living expenses.

Extent of Services (please provide information for each category):

Extent of Services: As of December 2009, 294 people were in the 1619a program and 2,934 people were in the 1619b program in Michigan. Together, a total of 1.86 percent of all SSI recipients with disabilities in Michigan, ages 18 to 64, participated in the 1619 programs. The average monthly earnings of 1619a participants in Michigan was \$1,230, and the average monthly earnings of 1619b participants was \$1,151 in Michigan.

Effectiveness: Because of its efforts to promote independence and productivity, 1619 is an exemplary Social Security program. To be truly responsive to the needs of people with disabilities, however, the program must: 1) be extended to recipients of SSDI; 2) fully recognize the specific needs of people with disabilities (i.e. greater living expenses, medical expenses, etc.); and 3) increase outreach efforts to assure that all potential beneficiaries are aware of, and understand, their rights under Sections 1619a and b.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

Program/Scope: Disability insurance benefits, administered by the Social Security Administration, are a provision of the Social Security Act. The program is funded through the Social Security Trust Fund by FICA taxes from wage earners who are covered by the program. SSDI provides monthly disability insurance benefits to workers with disabilities and their eligible dependents. It also provides health care coverage under Medicare medical insurance. The amount of an individual's monthly benefits depends on the amount of wages earned by the person while working.

Eligibility: SSDI targets people with physical and mental disabilities who are connected to the work force. Their disability must prevent them from doing their usual work and any other work they might reasonably perform considering their age, education, past work experience and functional limitations. They must not be doing substantial gainful activity (SGA) of more than \$1000 per month. The disability must be expected to last for a period of 12 months or to end in death. There is a five- month waiting period before benefits can begin. Children must become disabled before age 22 to qualify for benefits under the category of Childhood Disability Benefits, which are payable to the disabled adult children of Social Security beneficiaries.

Extent of Services (please provide information for each category):

Through 2009, 342,481 people with disabilities in Michigan received SSDI benefits. There were 293,299 disabled workers, 8888 disabled widows and widowers, and 40294 disabled children receiving benefits in Michigan. Workers benefits averaged \$13,452 per year, disabled widow(ers) averaged \$9,228 and children's benefits averaged \$8988.

Effectiveness: Though limited, and sometimes considerably less than the poverty level, SSDI remains an important resource for people with disabilities as it promotes a level of independence for its beneficiaries. It allows people to make choices about where they live and with whom and provides for some of the supports needed to live independently in the community.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

SOCIAL SECURITY DISABILITY INSURANCE (SSDI) BENEFITS - MEDICARE

Program/Scope: Medicare is a federal health insurance program administered through the Health Care Financing Administration of the Department of Health and Human Resources. It provides medical insurance protection to people who are over 65, who have been receiving SSDI for 24 months, or who have end stage renal disease. People are enrolled in the program through the Social Security Administration. Medicare consists of two parts; Part A, which includes hospitalization, skilled nursing facilities, home health care and hospices; and Part B, which includes physician care, outpatient hospital service, diagnostic tests, ambulance service, other medical services and durable medical equipment.

Eligibility: Medicare coverage is available to people age 65 and older, people with permanent kidney failure, and people receiving SSDI, including disabled adult children or workers receiving a Social Security benefit. Medicare begins after receiving SSDI for a period of 24 months. People over 65 who are at or near the poverty level (income up to \$923 per month for an individual, \$1,235 for a couple) may be eligible for Qualified Medicare Beneficiary (QMB) status with premiums, co pays and deductibles being paid by the state through the Medicare program. Those with slightly higher incomes (up to \$1103 a month for an individual, \$1,477 for couples) may qualify for Specified Low-Income Medicare (SLMB). The QMB is also known as Medicare Savings for Qualified Beneficiaries.

Extent of Services (please provide information for each category):

Most people receive Part A premium free as part of their Social Security benefits. Most people pay a premium for Part B, which, in 2011, is \$115.40 per month. When hospitalized, the Medicare beneficiary must pay the first \$1132, then all covered services are paid for the first 60 days. Part B has an annual deductible of \$162. Once this deductible is met, Medicare generally pays 80 percent of the approved charges for physician and other medical services. Beginning in January 2006 Medicare added a prescription drug benefit program, Part D, it is available to all persons who are eligible for Medicare regardless of age or income. Those of limited income and resources may qualify to have all or part of their premiums, co-payments and deductibles paid.

Effectiveness: Although Medicare is clearly an important source for providing health care coverage for people with disabilities, it certainly cannot be considered comprehensive. Its deductibles, limited coverage and the two year waiting period make it an important, but limited resource.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

SUPPLEMENTAL SECURITY INCOME

Program/Scope: Supplemental Security Income is a federally-funded program administered by the Social Security Administration under Title XVI of the Social Security Act. It provides direct cash payments to people who are 65 or older, blind or disabled. The program is needs based with specific income and resource limits. SSI is an income maintenance program to help recipients meet basic needs. In addition to a monthly check, recipients also receive automatic Medicaid eligibility through the Michigan Department of Human Services. There are also special work incentives to encourage people with disabilities to attempt work without jeopardizing needed SSI benefits.

Eligibility: To be eligible in 2011, an individual living independently must have a countable income of less than \$674 a month. A couple must have less than \$1011. Some income is excluded and does not count against the payment. Countable resource must not exceed \$2,000 for an individual and \$3,000 for a couple. Excluded resources may include a home, household goods, a car and certain prepaid funeral expenses. Children under 18 are also eligible. Some of the income and resources of parents are considered in determining the child's eligibility for SSI.

Extent of Services (please provide information for each category):

In December 2010 there were 253,549 recipients receiving SSI payments in Michigan. 237,034 of those recipients were blind or disabled. The State of Michigan supplements an individuals monthly SSI payments by \$7.00 to \$179.30 depending on the recipient's living arrangements and circumstances.

Effectiveness: The SSI program is clearly a critical resource for people with disabilities in Michigan. It has significant advantages over state financial assistance programs in that it is less subject to political pressures, it received regular increases, and it includes automatic Medicaid eligibility.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

HEAD START ACT

Program/Scope: The Early Head Start/Head Start program provides comprehensive developmental services to preschool children from low income families, fostering their development and enabling them to deal more effectively with their present environment and later responsibilities in school and community life. The program may be administered by any local government, federally recognized Native American Tribe, or private non-profit agency that meets staffing and other grant application requirements. Grantee agencies may subcontract with other child serving agencies to provide services.

Eligibility: The target population for the program is prenatal through age 5 whose families meet the federal poverty level guidelines. Head Start can accept children with disabilities who do not meet the poverty guidelines, although at least 90 percent of enrollees in each Head Start program must meet these guidelines. At least 10 percent of the enrollment opportunities in each program must be available for children with disabilities using the criteria from P.L. 101-467, IDEA.

Extent of Services (please provide information for each category):

FY 2010 People Served/Funding: Total funded enrollment for the Early Head Start/Head Start program for FY 2010 in Michigan was 37,668, with 4,238, or 11.06 percent, diagnosed as disabled.

FY 2010 Funding: The federal Head Start allocation for Michigan was \$242,511,360, inclusive of Tribal and Migrant Head Start, Early Head Start.

Effectiveness: The fulfillment of the 10 percent disability requirement has been met in Michigan. It allows many families to enroll in an inclusive setting, leading to better opportunities for a fully inclusive education in the future.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): Varies dependent on grantee location and funding availability

Unserved and underserved populations: N/A

Interagency Efforts: N/A

FEDERAL RENTAL ASSISTANCE PROGRAM

Program Description: Limit to one paragraph

Federal rental assistance program (U.S. Department of Housing and Urban Development Housing Choice Voucher program) which assists extremely low-income, very low income, and low income individuals in paying their rent.

Eligibility: For the Michigan State Housing Development Authority program, income level must be at or below 50% of area median income; not a sex offender with a state registrant requirement, and a resident of or work in the county of the state where assistance is received. Preference is given to homeless families.

Extent of Services (please provide information for each category):

Extent of Services: N/A

FY 2010 Funding: N/A

FY 2010 People Served: N/A

Program Effectiveness: N/A

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): This is waiting list information submitted to HUD in April 2011.

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	52,316		
Extremely low income <=30% AMI	49,301	94.24%	
Very low income (>30% but <=50% AMI)	2,900	5.54%	
Low income (>50% but <80% AMI)	115	.22%	
Families with children	*		
Elderly families	810	1.55%	
Families with Disabilities	2,628**	5.02%	
Race/ethnicity - American Indian	653	1.25%	
Race/ethnicity - Asian	121	.23	
Race/ethnicity – Black	26,259	55.19%	
Race/ethnicity– Native Hawaiian/Other Islander	51	.10%	
Race/ethnicity – White	20,093	38.41%	
Hispanic	1,598	3.05%	
Non-Hispanic	46,391	88.67%	
Race/ethnicity – none indicated	4,483	9.09%	
*Information not available. Family members not listed on database at time of application, head of household only.			
**Head of household is classified as disabled.			



Unserved and underserved populations: N/A

Interagency Efforts: The MSHDA Housing Voucher Program Division has worked with the Michigan Department of Community Health on an application for vouchers for non-elderly disabled individuals transitioning from nursing homes. Funding was not received.

Public Entities

CENTERS FOR INDEPENDENT LIVING (CILs)

Program/Scope: Centers for Independent Living (CILs) are the first stop for people with disabilities and their families. They are community organizations run by people with disabilities for people with disabilities. They help individuals of all ages and all disabilities obtain whatever services they need to preserve their right to decide their own lives and to fully participate in society. CILs work to:

- Provide individual and systems advocacy
- Connect individuals with community resources
- Facilitate peer support
- Support independent living skills

Each CIL is unique and programs can vary from Center to Center. However most CIL services also include:

- Transition to community based living
- School to work transition
- Housing advocacy
- Transportation advocacy
- Leadership training

They are *consumer-driven* because people with disabilities form a majority of their governing boards, as well as a majority of their staffs and a majority of individuals in decision-making positions. They are *community-based* because they are designed and operated by people with disabilities within their local communities.

The goal of CILs is to assure that people with disabilities have the services and supports essential to make informed choices, to have personal control over their own lives, and to participate to the fullest extent possible in the everyday activities of work, home, family, and community.

CILs are authorized under Title VII of the federal Rehabilitation Act and are supported by funding from a variety of federal, state, and local sources.

Eligibility: People with disabilities of all ages and characteristics are eligible for IL services.

Extent of Services (please provide information for each category):

There are currently 15 CILs in Michigan serving all counties; however, there is insufficient capacity to serve each of those counties 100%.

FY 2010 Funding: \$17,353,543

FY 2010 People Served: 30,257

Effectiveness: Thousands of people with disabilities are able to function as more independent members of their families and communities due to the efforts of local CILs. Increasing sensitivity to abilities, needs, and human dignity of people with disabilities testifies to the success of CIL advocacy efforts.

There continues to be a critical need for funding to expand IL services and supports to currently unserved and underserved Michigan communities.

Availability of Assistive Technology: All Michigan CILs have staff members fully trained in assistive technology. Many CILs have technology labs where people can try out different types of assistive technology.

Waiting Lists (if applicable): N/A

Unserved and underserved populations: N/A

Interagency Efforts: N/A

MICHIGAN PROTECTION AND ADVOCACY SERVICE, INC.

Program/Scope: Michigan Protection and Advocacy Service, Inc. (MPAS) implements the federally-mandated rights protection and advocacy programs and the Client Assistance Program, including the protection and advocacy program authorized by the Developmental Disabilities Assistance and Bill of Right Act.

The mission of MPAS is to advocate and protect the legal rights of people with disabilities.

Programs services include information and referral and short term technical assistance to all eligible populations. Cases are accepted for direct representation, including legal representation where they meet priorities approved annually by the board of directors. The priorities for direct representation are established each year with input from the people who are eligible for MPAS services. MPAS also provides workshops and seminars to professional and consumer groups.

Current priorities include: eliminating abuse and neglect; improving rights protection systems; eliminating employment barriers; improving access to necessary services; and ensuring the right to high quality education.

Eligibility: Individuals with any disability are eligible for MPAS services.

Extent of Services (please provide information for each category):

In FY2009, 220 persons with developmental disabilities received direct representation. A total of 1,515 persons with developmental disabilities received information and referral services. Also, 1,058 people with developmental disabilities, their families and advocates were trained in self-advocacy, special education, housing and employment rights.

FY 2010 Funding: \$1,286,252

FY 2010 People Served: 4,964

Effectiveness: Client satisfaction surveys indicate 75% of respondents are satisfied with the services delivered by Michigan Protection and Advocacy Services, Inc.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: Woman, Arab, Chaldean, Native American, Asian, rural residents, African-American residents.

Interagency Efforts: Common Disability Agenda, Michigan Alliance for Families

WAYNE STATE UNIVERSITY, DEVELOPMENTAL DISABILITIES INSTITUTE

Program Description: The Developmental Disabilities Institute (DDI) is Michigan's University Center for Excellence in Developmental Disabilities (UCEDD). They are one of 67 UCEDDs throughout the 50 states and in U.S. possessions such as Guam and the U.S. Virgin Islands. DDI was established in 1983 at Wayne State University by the Federal Administration on Developmental Disabilities (ADD), U.S. Department of Health and Human Services. DDI is mandated by ADD to provide statewide services and programs designed to enhance the lives of persons with disabilities. DDI's programs and services accomplish the following:

- Provide education
- Assist community agencies and human service systems as they shift policies and procedures to support consumers in making choices and controlling their own lives
- Investigate processes and products through systematic qualitative and quantitative methods
- Conduct research, and
- Produce and distribute products that inform and contribute new knowledge.

Eligibility: Individuals with developmental disabilities, their families, professionals, paraprofessionals, policymakers, students, and other members of the community that may provide services, supports, and assistance for persons with developmental disabilities.

Availability of Assistive Technology: N/A

Waiting Lists (if applicable): N/A

Unserved and underserved populations: Hispanic and Arab

Interagency Efforts: DDI collaborates with organizations throughout Michigan to develop innovative strategies for meeting the needs of diverse communities.

Extent of Services (please provide information for each category):

Extent of Services:

FY 2010 Funding: N/A

FY 2010 People Served: 20,000

Program Effectiveness: N/A

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]

(i) Criteria for eligibility for services:

The following is an analysis of state services only. Children's Special Health Care Services - The target group is children with physical disabilities who have the potential for long term disability if untreated. All other program services are available to enrollees: 1) under 21 who have an eligible diagnosis; and 2) of any age with cystic fibrosis or coagulation defects. Children's Waiver Program - The CWP enables Medicaid to fund services for children up to age 18, with developmental disabilities, who live in the homes of their birth or legally adoptive parents regardless of their parent's income. Early And Periodic Screening, Diagnosis, And Treatment Program - EPSDT visits, also known as well child visits are a covered benefit for all eligible Medicaid beneficiaries under 21 years of age. Family Support Services - The target population of Family Support Services is persons (children and adults) with developmental disabilities and their families. Independent Living Services - The following individuals are eligible for Independent Living Services; 1) SSI recipients who need services and 2) Medicaid recipients who need services. Office of Recipient Rights - Any individual receiving services from a state operated psychiatric hospital or center for persons with developmental disabilities is eligible for rights protection services from the ORR. Older Adults With Developmental Disabilities - Programs funded by the Older Americans Act are available to people who are 60 years of age and older. Supported Employment - A person must have a disability so significant that he or she would not be able to work without ongoing support services. Special Education Preschool Incentive Grants - Children who will become age 3 during the school year are eligible for services until they reach age 6. The Early On® Program - Eligibility includes children from birth to age two who are experiencing developmental delays and/or who have a diagnosed physical or mental condition that has high probability of resulting in a developmental delay. Adult Community Placement – DHS provides program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Adult Protective Services - The program's target population includes adults who are vulnerable and in danger of being abused, neglected or exploited. State Disability Assistance - To be eligible for SDA, applicants must meet income and asset requirements. A person must also meet disability criteria, be caring for a disabled person, or over the age of 65. Michigan Commission for the Blind - A person must be a resident of the state of Michigan and meet at least one of these criteria; 1) Visual acuity with best correction must be 20/200 or worse in the better eye or; 2) Visual fields must subtend an angle of less than 20 degrees in each eye or; 3) Visual acuity with best correction must be 20/100 or worse in the better eye with a prognosis of rapid deterioration. Michigan Rehabilitation Services - Applicants are eligible for services if they have a physical or mental disability that constitutes or results in a substantial barrier to employment and can benefit from vocational rehabilitation services and want to enter, engage in, or retain employment systems for people with disabilities. Eligibility for federal programs such as, Employment Opportunities for Disabled Americans Act of 1986, Social Security Disability Insurance Benefits, Social Security Disability Insurance Benefits – Medicare and Supplemental Security Income, have common eligibility requirements, such as assets, income, etc... Depending on the program an adult with a disability may be forced into poverty to qualify for the support he or she needs to live.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:

Asian families may be discouraged from seeking help due to racism, cultural barriers, and lack of knowledge of available services. African American families have shown an underutilization of family

support programs. Families are not aware of programs or do not know of the eligibility criteria, and services are not provided in a culturally competent way. Hispanic/Latino families underutilize systems due to family support systems, possible migrant status and language barriers. American Indian families are unserved and express a lack of trust in government programs or may even be referred to reservation agencies. Arab/Chaldean families are densely populated in southeast Michigan. The major barrier may be communication, both written and verbal by the case worker. Barriers to service persist for these unserved and underserved groups. There are too few trained bicultural and bilingual professionals available to provide accessible, culturally competent outreach and services.

In 2010 disability was the basis of 751 (19.72%) complaints to the Department of Civil Rights. There are also barriers inherent in the eligibility criteria state for state programs. Children's Waiver Program - When the CMHSP submits a prescreen, they are attesting to the fact that the child is in their priority population and therefore, per the Michigan Mental Health Code, the CMHSP is responsible to serve the child with General Fund dollars. Because General Fund dollars have continuously decreased recently, the amount of service these children and families may be impacted negatively. Family Support Services - Individuals with developmental disabilities and families who do not qualify for Medicaid or Children's Special Health Care Services may not be able to receive services through the local community mental health service programs especially with severe cuts to the General Fund in the State of Michigan budget. Supported Employment - Individuals with severe intellectual disabilities are the most underserved population although efforts are being made to improve this situation. Maternal And Child Health Block Grant - There are gaps in services based on geography and insurance coverage, as well as disparities in access to and usage of services for racial and ethnic minorities. Special Education Preschool Incentive Grants - Preschool children requiring services are located through Child Find efforts as part of the Special Education system. The Carl D. Perkins Vocational And Technical Act Of 2006 - The population of unserved and underserved varies by local educational agency offering programs. Adult Community Placement - The payment disparity provides a provider incentive to offer placements to private pay families and individuals. Clients receiving SSI or low Social Security check have a more difficult time finding an AFC or HA placement. Adult Protective Services - As abuse, neglect and exploitation of a vulnerable adult often rises to the level of criminal activity, it can be assumed that reports of abuse, neglect and exploitation of persons with developmental disabilities are also underreported to adult protective services. Child Development Care - Child Welfare Services-Adoption Assistance - Unserved population are foster care children under the care and supervision of the DHS who are under the age of 3 who do not meet any other qualifying factors under Michigan's definition of "special needs. Child Welfare Services - Foster Care - There are gaps in services based on geography. Home For The Aged Program - Unserved population are low income vulnerable adults. Michigan Commission For The Blind - Specific outreach efforts are ongoing with tribal groups and organizations representing other minority and underserved populations. Michigan Rehabilitation Services - No unserved or underserved populations were identified through the last statewide needs assessment. Outreach procedures continue to identify emerging unserved or underserved populations. MRS will be developing strategies to improve services and outcomes for minority populations. Department Of Natural Resources - Populations that are underserved for outdoor recreation include: persons with disabilities, persons in metropolitan areas, and persons of limited means.

(iii) The availability of assistive technology:

Michigan has a three year State Plan for Assistive Technology approved by the Rehabilitation Services Administration. The plan is administered through Michigan Disability Rights Coalition. Assistive Technology for persons with developmental disabilities is available through a variety of services and supports. Major supports systems, including special education, Michigan Rehabilitation Services,

Michigan's various Medicaid waivers and the programs that implement them (like the mental health system) all can provide AT to eligible persons with developmental disabilities. In addition, the Michigan Technology Loan Fund and the ATXchange can support the use of AT for persons not eligible for these other programs. Finally, the ADA and Section 504 can support the purchase of AT as an accommodation to persons with developmental disabilities in employment, and physical and program access.

The current plan covers fiscal years 2009 through 2011 and includes the following services:

Device Reutilization:

Michigan administers the ATXchange (ATX) for individuals with an AT device wishing to either sell it or give it away. Individuals can also post items they are looking for and receive an e-mail when something is available in that category.

Device Demonstration:

The goals of the Michigan's Plan for AT include increasing access to AT by targeting individuals and entities in the areas of education, employment, community living and information technology/telecommunications. Michigan has targeted priority to first unserved then to under served geographic areas of the state for this funding. The priority for services is to people who are not eligible to receive services or have assistive technology services paid for through other agencies or organizations. The program is also identifying opportunities to leverage collaborative advocacy efforts by providing demonstrations within specific systems and or focus areas.

The Superior Alliance for Independent Living Center (SAIL) has received a subcontract to provide device demonstrations to residents of the fifteen counties of the Upper Peninsula to explore the benefits of AT and make informed decisions. Michigan's Upper Peninsula is a remote, rural part of the state that is historically underserved.

State Financing Activities:

United Cerebral Palsy of Michigan operates the Michigan AT Loan Fund to provide low interest loans to people with disabilities so they can purchase AT. The Michigan Assistive Technology Loan Fund allows people with disabilities and seniors (or their family members) to purchase assistive technology devices or services, including modification of vehicles and homes. Loans may also cover cost of training to use the purchased equipment, warranties, and service agreements.

MDRC also transferred ownership of the Michigan Telework Loan Fund which provides loans for the purchase of equipment for people with disabilities to work at home or operate home businesses.

State Leadership Activities:

Michigan's program subcontracts with consumer-directed organizations to provide training statewide. Michigan also provides, in partnership with local groups; toll-free information and referral services, information through presentations at conferences; and collaboration on publications and training materials about AT. Primarily, public awareness is provided through their web site, the Assistive Technology Connections newsletter and through working with Michigan's Centers for Independent Living to help increase their capacity for provision of information and assistance about assistive technology.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop.	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2010	99.600	1	1.000	1.000	1.000	1.000

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

Michigan is a managed care state. Medicaid funds are dispersed to the Pre-paid Inpatient Health Plans who then cover the funding needed for beneficiaries at each Community Mental Health Services Program (CMHSP) according to the individual's needs identified in their yearly plan of service. Because it is a managed care system and via an agreement with CMS, there is no waiting list for supports and services for individuals who are served by Medicaid. No zeros can be entered in DD Suite.

There is a waiting list for children served by the Children Waiver Program (CWP), offering necessary services and supports beyond what is available under the Medicaid State Plan to children with DD whose needs have placed them at risk for health, safety and/or out-of-home placement.

Finally, there is also a waiting list for services for individuals who do not qualify for Medicaid. Technical guidelines have been issued for establishing and managing a general fund waiting list.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list:

The order of priority on the waiting lists shall be based on the individual's severity and urgency of need (MH Code, 330.1124(2)). The individual's prioritization on the wait list shall be based upon the following information and criteria for each of three groups: 1. Adults with Serious Mental Illness (SMI) 2.Children with Serious Emotional Disturbance (SED) and 3.Persons with Developmental Disabilities (DD). Priorities are determined by Severity of: mental illness; functional impairment; Domains; Risk Factors/Degree of Risk, Existence of complex, co-occurring condition, such as SUD or significant medical condition (additive to mental illness); Developmental profile/status; Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or complex condition; Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.

d. Entity who collects and maintains wait-list data in the State:

Case management authorities

Providers

Counties

State Agencies

Other:

e. A state-wide standardized data collection system is in place:

Yes/No

f. Individuals on the wait list are receiving (select all that apply):

No services

Only case management services

Inadequate services

Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)

Other: see description below

Other services: None

Other services description(s): None

g. Individuals on the wait list have gone through eligibility and needs assessment:

Yes/No

Comments for the above: None

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

Yes/No

i. Specify any other data or information related to wait lists: None

j. Summary of waiting list Issues and Challenges: None

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

Medicaid provides for Mental Health, Developmental Disabilities (D.D.) and Substance Abuse Services in Section 2 of the Medicaid Provider Manual, including a variety of waiver (Sec.3, B3's, etc.) services. Michigan does have a flexible array of services available for persons with D.D. Michigan closed the remaining ICFMR (Intermediate Care Facility for the Mentally Retarded) in 2010 and the last residents have now been transitioned to community settings. The total number of persons with developmental disabilities (PWDD) served in fiscal year 2010 was 40,195. The total number of PWDD seeking services is unknown.

Michigan Medicaid waivers provide flexible services to persons with D.D., both adults and children. Some may have dual diagnosis, D.D. and mental illness. The Habilitation Supports Waiver serves approximately 8,000 persons with D.D. Serving children, there is the children's waiver program serving approximately 460 children under the age of 18 with D.D. and the Children with Serious Emotional Disturbance program, serving approximately 330. Both are very important to keep children at home with their families.

For the uninsured, there are limited amounts of Community Mental Health (C.M.H.) General Fund dollars, but they were recently cut. The amount and type of C.M.H. resources vary in different parts of the state depending in part on where the person lives and chooses to receive services: Community

Mental Health (C.M.H.) or other entity, such as an Office for Services to the Aging or another waiver agent. Advocates and consumers report that the various C.M.H.'s differ in the type and quality of supports they offer. Regional variations are reported as well.

The projected availability of services in the future is uncertain, because although the Governor has stated his plan not to reduce the Medicaid budget, with the future of the Affordable Care Act, and the Federal Debt limit impact on Michigan still unknown, it's hard to predict. There is still the possibility of a federal block grant for the Medicaid program, which would be very negative for Michigan's Medicaid program. The demand for mental health services and Medicaid continues to rise as Michigan continues to recover from the recession.

The mental health parity portion of the Affordable Care Act would be very helpful to persons with disabilities in Michigan, and the DD Council has been advocating for it for several years. Attempts to introduce Michigan legislation for mental health parity have been unsuccessful. Access to health care for the uninsured and underinsured is a major challenge in Michigan; this includes persons with mental illness (M.I.), D.D and substance abuse (S.A) issues.

A continuing barrier to Medicaid services is transportation. Although a covered benefit according to Medicaid policy, availability is limited and not well understood by some beneficiaries (according to consumers and advocates). In some areas of the state it is more available than others (same source). The recent increase in fuel prices has made it harder to obtain volunteer drivers.

A recent budget cut that will be a challenge to persons with D.D. is the Medicaid Home Help program's IADL (Instrumental Activities of Daily Living) services for those persons who do not need ADL (activities of daily living. This will be very difficult for those persons living independently in their own homes in the community, often alone.

Michigan is in the process of developing a program for people with dual eligibility, those persons with both Medicaid and Medicare which could benefit many persons with D.D., as long as it is designed with their input and participation in the process. Perhaps it will include elements similar to the home help I.A.D.L. program once it is launched.

Another difficult to access item under the current Medicaid system is durable medical equipment. It is hoped this may be addressed in the new program targeting dual eligibles.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

Michigan has also allowed more funds in the Medicaid budget for transition. What is working well is a Medicaid Administration policy exception to allow nursing facility residents to use their patient pay amount for the first six months to pay to maintain their community housing, if they are expected to return to the community within that time. This makes it much more likely for them to transition back home, since they still have a home to return to. Michigan's transition policy allows for transition to AFC's which may be an improvement from nursing facilities, but is still not true community living as we envision it.

Although transition, like other Medicaid services, is a statewide program its availability varies greatly across Michigan. Perhaps due to budgetary concerns, some Medicaid Waiver Agents do not conduct transitions or do very few of them, while others conduct many of them. Centers for Independent Living,

C.I.L.'s also do a much smaller number of transitions in Michigan, and receive funding from the State for their work. Nursing Facility Diversions are also part of the work the MI Choice programs do. This is to prevent unnecessary institutionalizations.

One of the main criticisms of Adult Foster Care Homes (AFC's) are that persons with developmental disabilities are not getting adequate person centered planning (PCP). In some AFC Homes, according to anecdotal reports from consumers and advocates, residents are not setting their own bedtime, social or career planning, meals that are suited to their nutritional needs, etc... . Some AFC settings seem to have a one size fits all approach. It has been reported that some AFC's don't assist residents in locating or facilitating individual's transportation needs; instead a van takes residents only on group outings.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

It is a good program and many people benefit from it. In fiscal year 2011 it has served approximately 11,000 adults aged 18 and over with physical disabilities or who are frail elderly. This program does seem to be cost efficient compared to institutional settings, however, it is inadequate if Michigan is looked at as a whole. There are waiting lists that last several months to years. At the current time, Michigan has 7,000 people statewide on the waiting list.

Some people end up in nursing facilities while waiting, which may have been unnecessary if they had received home and community based waiver services when requested, or within a reasonable time. In addition, there are most likely a significant number of eligible people out there who didn't bother to put their name on the waiting list, when they heard how long it was. This situation is expected to continue as no increase in funding for the program was made in FY 2012.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]

The principles of self-advocacy, independence, self-determination, and person centeredness are embodied in the Michigan Developmental Disabilities Council's mission, vision, and work, and determine the goal selection process to support people with developmental disabilities (pwdd) in building meaningful, purpose driven lives.

All pwdd deserve the same opportunities to engage in family support, transportation, education, health, and housing activities with friends or family of their choosing and in ways that are meaningful to them. Self-advocacy means pwdd speaking up and speaking out for their rights, or having someone say it for them. Self-determination is the right of a person to determine his/her own destiny. It's power lies in the right of choice. With self-determination comes the responsibility of shaping the direction of one's own life.

Person centeredness focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them, to create a life plan.

Pwdd can and must have a positive impact on services and supports by actively participating in community agency boards and councils.

The Council wants pwdd to have early and regular opportunities for successful experiences in decision

making. The experiences that empower people to make choices and take risks can enhance one's sense independence and capabilities. The Council's aim is to empower pwdd to have well defined self-concepts, enhanced ability for independence, and support for greater self and family expectations regarding levels of independence.

There is still a disparity in how well supports for self-determination are provided for pwdd, from the full range of supports to help self-advocates make decisions and direct their own services, to places where resistance is still deep-rooted, and support for self-determination is minor. In many areas, there remains confusion about definitions, practices, and rights.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

The DD Partner agency Executive Directors meet on a regular basis to keep each other up to date on state and federal public policy impacting the lives and livelihood of people with disabilities. Critical issues that the Michigan DD Network have identified and are jointly addressing include: the development a of a common disability agenda for the state legislature; education; family training and support; performance improvement and quality of life outcomes for adults with development disabilities; family support; private institution closing for children with DD recipient rights; self-advocacy/self-determination; violence and abuse; and seclusion and restraint.

Through this process, each agency designs their role in advocating for commonly agreed upon outcomes. As an example; MPAS takes a case and systemic advocacy role with its access authority, public policy and litigation capacity. The DD Council creates a forum in which open and frank discussions can take place and critical information can be disseminated throughout the state's disability community. The UCEDD maintains a critical role in research, validation and documentation of state of the art approaches to responding to the needs of people with disabilities in a fully inclusive community.

The DD Network also, formed a State Self-Advocacy Team that developed a strategic plan for fostering self-advocacy and self-determination in Michigan. This team attended the regional self-advocacy summit in Ohio. As a result of that meeting, the DD Network has committed to work together to fund identified initiatives. We are jointly developing individuals with disabilities as peer support and leaders. The UCEDD has a council grant for self-determination and is developing curriculum for peer support training. The PAS has served in advisory capacity in both initiatives. The DD Council developed a peer mentoring program to train people with developmental disabilities to become effective peer mentors to others with DD.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

The UCEDD jointly serves on the DD Councils' Individual and Family Support, Education and Advocacy Work Group and the Program Committee therefore jointly developing position papers, responses to proposed policies, and RFPs to be issued by the council. In FY 2011 the UCEDD performed a post-secondary education needs assessment for the council and has signed onto a memorandum of understanding to help further advocacy of this cause.

MPAS jointly serves on the DD Councils' Individual and Family Support, Education and Advocacy

Work Group and the Public Policy Committee therefore jointly developing position papers, responses to proposed policies.

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

MPAS and the DD Council are members of the Michigan Department of Natural Resources (DNR) Accessibility Advisory Council; in this capacity they provide guidance and advice about the accessibility of DNR programs, facilities and services throughout the state. MPAS partners with election officials to improve the access to the polls on Election Day. The Council is working with the DNR to develop a series of videos featuring people with disabilities utilizing the accessible features of the state parks.

The DD Council works closely with the Michigan Disability Rights Coalition, UCP Michigan, UCP of Metro Detroit, The Arc of Michigan, local arc chapters, The Disability Network and local Centers for Independent Living to support the self-advocacy networks known as Regional Interagency Consumer Committees (RICCs). Additionally, all parties above, including DDI and MPAS were involved in the council's intense process of developing the 5-year plan, which focuses primarily on self-advocacy and self-determination. The abovementioned organizations will also have a role in implementation of the new plan.

DDI serves on the management team of the state planning (PTI) for special education called the "Michigan Alliance for Families"(a project of the Arc Michigan). DDI and the Council serves on the Michigan Department of Community Health's DD Performance Improvement Team (PIT), which is developing policy, technical papers, data collection methodologies and best practice information related to self-advocacy and self-determination.

Section IV: 5-Year Goals [Section 124(4); Section 125(c)(5) and (c)(7)]

Goal 1: Leadership Development

Create a broad range of leadership development opportunities for people with disabilities, their families, and allies. Offer varied opportunities that:

- A. Meet people where they are, and support them to address their needs and wants;
- B. Offer support with developing the skills needed to take on the leadership tasks they want to do;
- C. Support them to learn to be leaders at whatever level they aspire to;
- D. Get more people with developmental disabilities involved in developing state policy; and
- E. Support and coordinate the activities of developing leaders across the state toward influencing state, local, and federal policy and its implementation in ways that reflect the Council's mission, vision, principles and values.

1.A Flexible Basic and Intermediate Leadership Development

Fund a state level project to offer a range of leadership development opportunities that meet people where they are in terms of experience and what they hope to learn. The project will work with the Council's Regional Coordinators, providing them with training, technical assistance and support in leadership development. In return, the Regional Coordinators will support the project by providing coordination of and liaison with local and regional leadership development activities, supporting the project's recruitment activities, locating venues, arranging logistics, and carrying out other project-related activities that require knowledge of the region.

Leadership development opportunities provided will include:

- A. Leadership development training and support for people with developmental disabilities and their family members, including people with intellectual disabilities. People will have opportunities to meet their expressed needs and wants, and to develop whatever level of self-awareness, disability culture and pride, self-advocacy, and/or leadership role they seek.
- B. Support and technical assistance on leadership development for Regional Interagency Consumer Committees (RICCs) and other local organizations and groups. Groups will have access to training that ranges from basic disability identity and pride, through developing the skills needed to take leadership in local activities, and learning to serve on the boards and committees that shape local services.

The project will put particular emphasis on including people with intellectual disabilities as participants.

Implementation Activities

The project will work with the DD Council's Regional Coordinators, RICCs, and other local groups to provide a range of basic and intermediate leadership training, technical assistance and other learning experiences. Peer mentors, Local Leaders, and other people with disabilities who are competent and knowledgeable about leadership development will work as trainers and co-

trainers. Participants will include people with intellectual disabilities. The range of training and technical assistance will include, but not be limited to:

- A. Training, support and technical assistance for RICCs' leadership development.
- B. Support for RICC members and other people with DD and their families to find ways to participate in developing state policy in areas that affect their lives.
- C. Supporting people with disabilities and their families who want to find self-worth and disability pride, including special efforts with adolescents and young adults.
- D. Working with parent groups to support people with disabilities and their families to learn about disability pride from a young age.
- E. Training on disability history, culture, and pride across the lifespan.
- F. Mentoring programs that use the talents and skills of experienced advocates and retirees to support people with disabilities to learn leadership skills.
- G. Supporting people with disabilities and family members to develop capacity to serve on local and regional boards, commissions, councils, and advisory groups by enabling them to:
 - 1. Find out about bodies that exist in their area;
 - 2. Learn the skills they need to serve on the bodies that relate to organizations and government functions they care about; and
 - 3. Find out what steps they need to take to get appointed to the bodies that interest them.

Timeline

2012 – 2016

Resources

Federal:	FY 2012: \$116,250.	FY 2013: \$155,000.	FY 2014: \$155,000.
	FY 2015: \$155,000.	FY 2016: \$155,000.	FY 2017: \$38,750.
Match:	FY 2012: \$38,750.	FY 2013: \$51,667.	FY 2014: \$51,667.
	FY 2015: \$51,667.	FY 2016: \$51,667.	FY 2017: \$12,917.

Implementing Groups: Michigan Disability Rights Coalition, Regional Coordinators.

1.B Leaders in Policy Advocacy

Fund an intensive leadership development program for adults with disabilities and parents of minor children with disabilities. Participants will learn to:

- A. Be effective public policy advocates at state and federal levels.
- B. Become leaders in the disability advocacy movement in Michigan and at the national level.
- C. Recognize and promote state of the art and leading edge best practices.
- D. Take leadership roles in the public discussion of principles and policies that affect their lives and their role in the community.

The project will work with the Council's Regional Coordinators, providing them with training, technical assistance and support in leadership development and public policy advocacy. In return, the Regional Coordinators will support the project by providing coordination of and liaison with local and regional leadership development activities, supporting the project's recruitment activities, locating venues, arranging logistics, and carrying out other project-related activities that require knowledge of the region.

Implementation Activities

The project will provide intensive training for adults with disabilities and parents of minor children with disabilities on how to achieve systems change. Trainees will commit at the beginning to complete the entire class schedule, homework, class assignments and one major project.

A. The project will:

1. Select participants who demonstrate:
 - a. Diversity of all kinds – racial, cultural, socio-economic, age, education, type of disability, geographic residence; and
 - b. Desire, commitment, and ability to do the work, invest the time and effort, and become leaders in advocacy at local, state and national levels.
2. In the first year, train one cohort. In the second, train two. After that, train three to four cohorts a year, with training for each cohort in a different region of the state.
3. Work with the DD Council's Regional Coordinators, who can support the project's recruitment, locating venues, arranging logistics, and other activities requiring knowledge of the region.
4. Identify and contract with trainers who are competent, have national and regional perspectives on issues, and understand the depth and breadth of the disability rights movement. Include qualified Michigan-based experts, Michigan Partners in Policymaking graduates, peer mentors, Michigan Partners for Freedom Local Leaders, and other people with disabilities as trainers and co-trainers.
5. Assess whether overnight sessions are necessary to achieve the Council's purpose for the project, but assure that training includes time for both formal and informal learning.
6. Support participants in finding ways to take part in developing state and federal policy in areas that affect their lives.
7. Assure that each new graduate has a basic advocacy support network by linking each graduate with:
 - a. Their fellow graduates, both those from the same cohort and those who graduate before and after them.
 - b. Their local RICC, local advocacy groups, and other disability-related organizations;
 - c. Connections beyond the disability network, including people and groups who can support them to run for public office, serve on school boards, and work with issues beyond disability, such as fair housing, human rights, and diversity; and
 - d. Local and/or state mentors, including people who are retiring, to provide support on specific content areas or particular expertise.

B. Members of each training cohort will:

1. Develop a shared vision of a community and services system that promotes self-determination and full inclusion of people with developmental disabilities.
2. Work together, and with trainers, to gain self confidence, learn, and become comfortable in sharing their experiences and views with others.
3. Learn how to move the shared vision toward reality by:
 - a. Advocating for inclusion and self determination in a variety of ways, and in a variety of venues.

- b. Organizing and leading advocacy efforts that include multiple strategies for reaching their objectives.
 - c. Working with policy makers to show them how to base public policy decisions on the experiences of those who need and use services.
- C. When participants successfully complete the program, they will have capabilities that include, but are not limited to, the ability to:
1. Describe the history and development of disability advocacy, including the parents' movement, the self-advocacy movement and the independent living movement.
 2. Explain the importance and relevance of the values underlying their shared vision, including inclusion, universal education, choice, consumer control of resources, supported competitive employment, home ownership, and control of one's residence.
 3. Show knowledge and understanding of Michigan's DD services system, including assistive technology and family support services.
 4. Plan and carry out advocacy strategies on legislative issues.
 5. Outline specific strategies for achieving inclusion, universal education, and self determination for people with developmental disabilities, including grassroots organizing and using the media.
 6. Understand parliamentary procedure, how to conduct a meeting and serve on boards, commissions, councils and advisory groups.

Timeline

2013 – 2016

Resources

Federal:	FY 2013:	\$75,000.	FY 2014:	\$175,000.
	FY 2015:	\$225,000.	FY 2016:	\$250,000.
Match:	FY 2013:	\$25,000.	FY 2014:	\$58,333.
	FY 2015:	\$75,000.	FY 2016:	\$83,333.

Implementing Groups: Grantee to be selected, Regional Coordinators.



Goal 2: Self-Advocacy Network

Maintain a self-advocacy network across Michigan by supporting Regional Interagency Consumer Committees (RICCs) as grassroots groups of people with developmental disabilities, their family members, and allies. Each RICC works to support people to take control of their own lives by making their own choices. It also provides a forum to address local issues; advocates for needed changes in its community, and informs the DD Council about local conditions for people with developmental disabilities.

2.A RICC Network Certification

On acceptable application, certify each Regional Interagency Consumer Committee (RICC), based on a RICC work plan designed to advance local priorities and achieve systems change.

RICCs will:

- A. Base their work on DD Council values and priorities.
- B. Develop their capacity for community organizing and support members to develop self-advocacy and leadership skills.
- C. Work with the Council's Community Service Specialist (See 2.B.) and its Regional Coordinators (See 2.F.)

The Council will provide:

- A. Grants to pay for the RICCs' operating costs.
- B. A Community Service Specialist to work with Regional Coordinators to support and guide RICCs and to support other Council activities in that region.
- C. Information and technical assistance on the Michigan Legislature and legislative issues through its Public Policy Committee and workgroups. (See 2.E.)

Implementation Activities

Certification may provide each RICC with up to \$4,000 to carry out its work plan. The Council will also provide:

1. The support of the Community Service Specialist (See 2.B.)
 2. Training and technical assistance (See 2.G.)
 3. Opportunities to interact with other RICCs (See 2.C.)
 4. Occasions for access to state legislators.
 5. Access to other resources.
 6. Five Regional Coordinators (See 2.F.) across Michigan, and
 7. Training and support for RICC Coaches (See 2.D.) for RICCs that want them.
- B. The Council's Public Policy Committee and workgroups will provide RICCs with information and technical assistance on the Michigan Legislature, legislative issues, and how to advocate with the legislature.
- C. RICC activities may include:
1. Educating and empowering consumers about self-advocacy and their rights and responsibilities.
 2. Increasing consumer participation in all levels of policymaking.
 3. Building community coalitions.
 4. Sponsoring informational events.

5. Providing training and support for advocates to rally around issues that affect the lives of people with developmental disabilities.

D. RICCs' charge also includes:

1. Recognizing the diversity within each Michigan community and addressing the needs of culturally-diverse people with disabilities.
2. Working to increase the involvement of people with high and complex support needs in RICC and community activities.

Timeline

2012 – 2016

Resources

Federal: \$180,000 per year.

Match: \$30,000 per year.

Implementing Groups: Community Service Specialist, Regional Coordinators, Public Policy Committee, Workgroups.

2.B Community Service Specialist (CSS)

The Council will employ a Community Service Specialist (CSS) at the state level to:

- A. Oversee and coordinate RICC activities, and provide technical assistance to RICCs and communities.
- B. Administer the RICC certification process.
- C. Provide and arrange training and support for RICC members, Coaches, and leadership, and for Regional Coordinators.
- D. Provide expertise in assigned areas of emphasis to RICCs and the Council.

Implementation Activities

The Community Service Specialist will establish and maintain the statewide network of RICCs. His or her duties include:

- A. Oversight of RICCs, including
 1. On-site, written, and telephone consultation to RICC leaders, Coaches, and Regional Coordinators.
 2. Assuring that RICCs:
 - a. Have people with developmental disabilities in the leadership roles.
 - b. Have multicultural participation.
 - c. Focus on community inclusion and systems change.
 - d. Base their work on the DD Council's values.
- B. Developing and maintaining the RICC Handbook.
- C. Reviewing RICC reports.
- D. Providing staff support for the Council of RICC Chairs (CRC).

- E. Developing and disseminating, annually, a certification packet for response by RICCs and developing RICCs. The CSS will:
 1. Support applicants in developing and submitting certification requests.
 2. Review the requests and recommend certification, as appropriate.
- F. Working with the Regional Coordinators, Council committees and workgroups, and Council grant projects to provide and arrange training and support for RICC members, Coaches, and leaders, and for Regional Coordinators, as appropriate.
- G. Providing expertise in assigned areas of emphasis to RICCs and the Council; and informing the Council and its committees and workgroups about RICC activities.

Timeline

2012 – 2016

Resources

Cost is in Payroll/Administrative.

Implementing Groups: RICCs, Council committees, workgroups, and grant projects, as appropriate.

2.C Council of RICC Chairs (CRC)

The Community Service Specialist (CSS) will support the functioning of the CRC to promote advocacy and information sharing among RICC Chairs.

Implementation Activities

The CSS will convene and conduct regular CRC meetings as forums for sharing information and supporting advocacy for systems change. He or she will schedule speakers and hold regional meetings as the RICCs request them and the Council determines need.

Timeline

2012 – 2016

Resources

Implementing Groups: RICCs, Community Service Specialist.

2.D Establish Volunteer RICC Coaches

Improve the effectiveness of RICCs as self-advocacy networks by establishing and supporting volunteer RICC Coaches for RICCs that want them. Coaches will support the RICC as a group and its leaders as individuals, while enabling and following the direction of the RICC’s leadership. They will be local people; and might be RICC members, people with developmental disabilities, peer mentors, family members, advocates, and/or service providers. The Council, through its Community Service Specialist and Regional Coordinators, will provide coaches with training, technical assistance, and guidance for their work.

Implementation Activities

The Council will adopt a standard description of the role and functions of a volunteer RICC Coach, and will establish standards for selecting coaches. At minimum, volunteer RICC Coaches will:

- A. Understand and value inclusion, self-determination, diversity, social and economic justice and other DD Council values.

- B. Demonstrate good, clear communications skills.
- C. Have time available to support their RICC at meetings and between meetings.
- D. Be free to support the RICC to advocate vigorously for needed changes in their community and its services system.

The Council's Community Service Specialist (CSS) will oversee the activities of volunteer RICC coaches, providing or arranging training, technical assistance, and guidance directly and through the Regional Coordinators.

Timeline

2012 – 2016

Resources

Implementing Groups: Community Service Specialist, Regional Coordinators, RICCs.

2.E Support RICCs in Public Policy Advocacy

The DD Council's workgroups and its Public Policy Committee will support the RICC network in developing focused public policy advocacy; especially with the Michigan Legislature. (See 7.A.) The committee and workgroups will collaborate with each other and work through the Regional Coordinators to provide RICCs with the information they need on public policy issues and support for advocating with state legislators.

Implementation Activities

The Public Policy Committee will take the lead on this effort. It will:

- A. Provide the RICCs with information about the Michigan Legislature and how it is organized, including how to interact with legislators and their staffs.
- B. Gather information about the Michigan Legislature's committee assignments, and match that information against the list of Regional Interagency Consumer Committees (RICCs), to determine which legislative committee members and chairs were elected from which RICC areas.
- C. Coordinate the Council's workgroups' efforts to develop and provide information and technical assistance to the RICCs on how to address Legislative issues.
- D. Assure that the relevant RICCs have the information they need to advocate with the legislators who are working on or considering specific legislation.

Timeline

2012 – 2016

Resources

Implementing Groups: Public Policy Committee, workgroups, Council staff, Regional Coordinators.

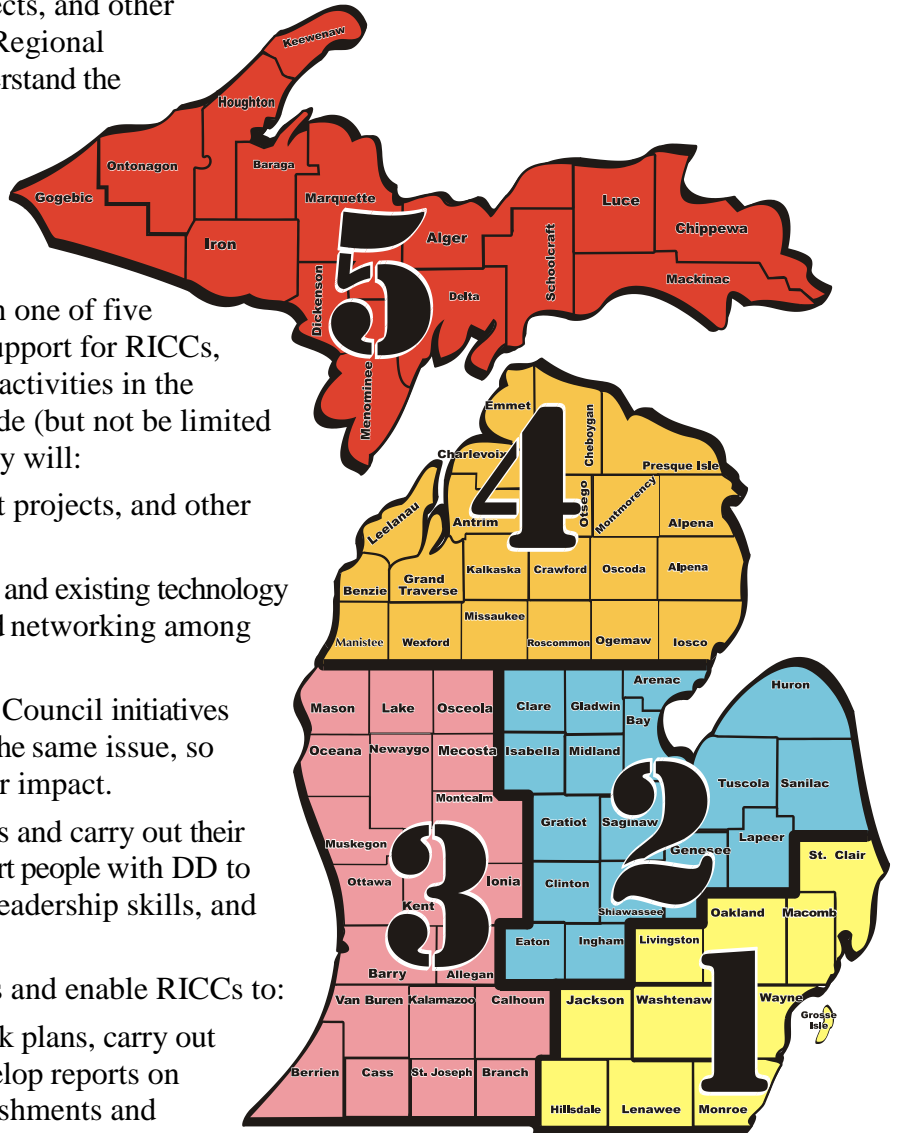
2.F Regional Coordinators

Define and establish five regions in Michigan. In each region, provide a Regional Coordinator to support RICCs, Council grant projects, and other Council activities in that region. Regional Coordinators must know and understand the region and be familiar with area resources, customs, and culture.

Implementation Activities

Fund five grant projects, each to provide a Regional Coordinator in one of five regions of Michigan to provide support for RICCs, grant projects, and other Council activities in the region. Their activities may include (but not be limited to) any of those listed below. They will:

- A. Support RICCs, Council grant projects, and other Council activities to:
 1. Learn about local resources and existing technology that can improve sharing and networking among Council initiatives.
 2. Come together with other Council initiatives when they are working on the same issue, so that they can have a bigger impact.
 3. Meet Council requirements and carry out their missions in ways that support people with DD to make decisions, develop leadership skills, and live the lives they choose.
- B. Support basic RICC functions and enable RICCs to:
 1. Set priorities, develop work plans, carry out needed activities, and develop reports on RICC activities, accomplishments and expenditures.
 2. Assess their needs and choose the training that will support the work they plan to do.
 3. Recruit RICC coaches and reinforce their support for RICC leaders.
- C. Support Council grant projects in their activities in the region by:
 1. Supporting the *Flexible Basic and Intermediate Leadership Development* project to provide a range of leadership development opportunities.
 2. Supporting the *Leaders in Policy Advocacy* in the region, including working with them to assure that each new graduate has a basic advocacy support network.
 3. Working with the *Community Organizing* project to support their efforts to make community organizing training available and to develop peer to peer contacts in the region.
 4. Using training, technical assistance, and information provided to them by the *Advance Self-Determination* project to:



- a. Oversee, support, and coordinate activities of Local Leaders (people with disabilities who are trained and supported to promote self-determination) in the region.
- b. Support Local Leaders to connect with resources for moving to the next level of leadership.
- 5. Supporting *Partners in Medicaid Policy* and the Health Issues Workgroup to build working relationships in the region.
- 6. Supporting the *Peer Mentoring* project, by working with them to arrange internships with Community Mental Health Programs and memberships in their local Regional Interagency Consumer Committees (RICCs) for *Peer Mentoring* graduates.
- D. Work with DD Council committees and workgroups to provide support and information to RICCs in the region about issues in the lives of people with DD and about how they can advocate effectively and educate state legislators about how the issues affect people with DD.
- E. Develop and carry out ongoing assessment of how well the Regional Coordinator process is achieving the Council’s intent and meeting the needs of Council initiatives in the region.

Timeline

2012 – 2016

Resources

Federal:	FY 2012: \$281,250.	FY 2013: \$375,000.	FY 2014: \$375,000.
	FY 2015: \$375,000.	FY 2016: \$375,000.	FY 2017: \$93,750.

Match:	FY 2012: \$ 93,750.	FY 2013: \$125,000.	FY 2014: \$125,000.
	FY 2015: \$125,000.	FY 2016: \$125,000.	FY 2017: \$ 31,250.

Implementing Groups: Community Service Specialist, RICCs.

2.G Menu of Technical Assistance and Training

Offer RICCs a menu of technical assistance and training. Council staff, working with Regional Coordinators, grantees, and other partners, will develop a range of resources and a system to connect RICCs with a broad range of training. Topics must focus on providing support for RICCS to:

- A. Operate effectively as organizations.
- B. Advocate well in their communities.
- C. Understand the issues that affect the lives of people with disabilities and their families in their area.

Current or former Council grantees, Council staff and workgroups, Regional Coordinators, or other organizations or groups may provide training and technical assistance. RICCs may pay for it, as needed, from their certification budget.

Implementation Activities

The Community Service Specialist will coordinate the efforts of the Regional Coordinators, grantees, Council workgroups, and other partners to develop a broad menu of technical assistance and training to meet RICCs’ needs. The process will include developing a mechanism for seeking out and receiving proposals for training to be provided, and for selecting the training to be included on the menu. The menu might include (but not be limited to) training, technical assistance, and information on:

- A. Basic self-worth and disability pride.
- B. Basic and intermediate advocacy training.
- C. Focused public policy advocacy, including how to interact with policymakers.
- D. Person-Centered Planning and Self-Determination.
- E. Community organizing.
- F. Getting appointed to and serving on a board or commission.
- G. Supporting people to tell their stories about their journeys to independence.
- H. The rights and responsibilities of public transit users.
- I. Working with generic social and recreational organizations to make their programs accessible to people with disabilities.
- J. How people with developmental disabilities can ask for social, recreational and leisure opportunities and how they can incorporate those choices in their Person Centered Plan (PCP).

Timeline

2012 – 2016

Resources

Implementing Groups: Community Service Specialist and other Council staff, Grantees, Public Policy Committee and workgroups, Regional Coordinators, RICC budgets.

2.H Community Organizing

Fund a project to provide training on the history, principles and methods of community organizing, support trainees and local groups that want to organize around common issues, and facilitate development of peer to peer learning networks to sustain the learning opportunities and extend them statewide. The project will provide training and support to DD Council members, staff, and committee and workgroup members; Regional Coordinators and other grantees and partners, as needed; and RICCs, including RICC Coaches, leaders, and members.

Implementation Activities

Fund a state level grant project to develop or adapt training on the history, principles and methods of community organizing, support groups that organize around common issues, and facilitate development of peer to peer learning networks on community organizing, advocacy methods, and specific disability issues. The project will make its training and support available to everyone who partners with the DD Council or uses DD Council resources. Trainees will include Council members and staff; RICC members, leadership, and coaches; Regional Coordinators; workgroup members, committee members, grantee staff and participants; staff of DD Act partners, and staff of community and state level partners.

The project will work with DD Council staff and the Regional Coordinators to:

- A. Start by developing or adapting instruction that provides a general overview of the history of disability advocacy, basic grounding in disability identity and pride, and community organizing. The project will begin providing the training for the Council, RICCs and other groups before the end of the first year and continue training throughout the first two or three years. Training will include:
 - 1. The history of disability advocacy and providing basic grounding in disability identity and pride.

2. The history of community organizing, its purposes and reasons for doing it, basic principles, and common language.
 3. Fundamental roles in community organizing, types of recruitment, how to do local outreach and fundraising, and how to plan a campaign.
 4. The various models for community organizing, what they have in common, the different methods they use, and how to match a community organizing model with what a group hopes to accomplish with it.
 5. Opportunities for participants to identify and organize around disability issues from a common agenda determined by participants.
 6. Encouragement for participants to do local outreach to other organizations working on common issues.
 7. Developing peer to peer contacts in each community and group the project works with; to build a statewide network of organizers working on disability issues and to assure sustained availability of the mutual support and the learning opportunities after the grant is over.
- B. Throughout the project, once training has started, the project will support quarterly gatherings for participants, to:
1. Provide mutual support;
 2. Gauge progress on the common agenda; and
 3. Provide opportunities for participants to share lessons, stories, and victories.
- C. The project will gradually move into technical assistance, working with specific RICCs and others, and with the network, to:
1. Support development of the actions and campaigns participants want to do, and
 2. Establish and strengthen the peer to peer contacts that connect the network and assure that mutual support and learning opportunities continue to be available after the end of the grant.

Timeline

2012 – 2016

Resources

Federal:	FY 2012:	\$93,750.	FY 2013:	\$106,250.	FY 2014:	\$85,000.
	FY 2015:	\$80,000.	FY 2016:	\$80,000.	FY 2017:	\$ 20,000.
Match:	FY 2012:	\$31,250.	FY 2013:	\$35,417.	FY 2014:	\$28,333.
	FY 2015:	\$26,667.	FY 2016:	\$26,667.	FY 2017:	\$ 6,667.

Implementing Groups: Disability Advocates of Kent County, Council members and staff, committees and workgroups, RICCs. Regional Coordinators, other grantees, other state and local partners.



Goal 3: Self-Direction and Self-Determination.

Support statewide availability of and access to the tools and supports that people with developmental disabilities in Michigan need to control their services and live self-directed, self-determined lives.

3.A Advance Self-Determination

Build on Michigan Partners for Freedom (MPF), to continue its efforts to increase demand for self-determination, expand the work statewide and get self-determination to those with the highest needs. Provide training, technical assistance, and consultation for people with developmental disabilities, their families, and other allies; and develop and maintain curriculum and materials on self-determination.

Work with the Council's Regional Coordinators, who can support the project's recruitment, locating venues, arranging logistics, and other activities requiring knowledge of the region. Train and support them to reinforce the project's oversight and coordination of local and regional activities for expanding self-determination. Provide them with information about relevant policy developments and the national self-determination movement so that they can strengthen project efforts to disseminate information. Support Regional Coordinators in working with Local Leaders (people with disabilities who were trained and supported by MPF to promote self-determination in their local areas). Regional Coordinators will provide liaison with the Local Leaders, support and coordinate their activities, process their paperwork and arrange reimbursement to them.

Develop recruitment, training and support for parents of people with developmental disabilities, and enable them to get information and materials to parent groups about self-determination and alternatives to guardianship.

Implementation Activities

Fund a state-level training and technical assistance project to advance self-determination, increase demand for it, expand the work statewide, and get it to those with the highest needs. Work with and support the Council's Regional Coordinators to enable them to provide liaison, coordination and support for the project's local and regional activities. The project will:

- A. Provide training, technical assistance, and consultation on self-determination. Introduce and reinforce self-determination in each region by:
 1. Providing community-level training to people with disabilities, their family members and other allies on what self-determination is and how to get support for it.
 2. Informing and supporting people with disabilities on how they can choose their own services provider, supports coordinator, place to live, who they live with, and daily activities.
 3. Using the services of the Regional Coordinators to provide liaison, coordination and support for local and regional activities, arrange venues and logistics, publicize activities, disseminate information, and recruit participants.
- B. Develop and maintain the curriculum, information, and materials needed to support the various kinds of training on self-determination needed to build on Michigan Partners for Freedom (MPF), widen the project's audience, and expand it statewide.
- C. Provide Regional Coordinators with:
 1. Training and technical assistance on self-determination to enable their work in support of local and regional activities for expanding self-determination.
 2. Information on policy developments that affect self-determination.

3. Information about, and connections with, the national self-determination movement.
- D. Support Regional Coordinators to work with the Local Leaders (people with disabilities who were trained and supported by MPF to promote self-determination in their local areas). Train Regional Coordinators to:
 1. Provide oversight, support, and coordination for Local Leaders.
 2. Recruit new Local Leaders.
 3. Support Local Leaders to connect with additional training and advocacy groups that can support them in moving to the next level of leadership.
- E. Develop specific recruitment, training and support for parents of people with developmental disabilities. Prepare them to provide information to parent groups on self-determination and alternatives to guardianship. Begin with parents in “Early On.”
- F. Convene an annual Local Leaders’ Summit, to provide Local Leaders with training, networking, and linking with other leadership development groups that can support local leaders move to the next level.

Timeline

2012 – 2016

Resources (Late start in 2012.)

Federal:	FY 2012:	\$116,250.	FY 2013:	\$155,000.	FY 2014:	\$155,000.
	FY 2015:	\$155,000.	FY 2016:	\$155,000.	FY 2017:	\$38,750.
Match:	FY 2012:	\$38,750.	FY 2013:	\$51,667.	FY 2014:	\$51,667.
	FY 2015:	\$51,667.	FY 2016:	\$51,667.	FY 2017:	\$12,917.

Implementing Groups: Arc Michigan, Regional Coordinators.

3.B Peer Mentoring

Expand the Council’s peer mentoring initiative to train people with disabilities to provide their peers with advocacy support that promotes self-determination; shows peers how to direct their own lives; and reinforces their efforts to become better self-advocates, make choices, and develop leadership skills.

- A. Target services that promote self-determination and support peers to direct their own lives.
- B. Train peer mentors to support people with developmental disabilities to become better self-advocates, make their own choices, and develop leadership skills.
- C. Use a train-the-trainer model.

Implementation Activities

Working in partnership with mental health boards and Michigan Department of Community Health (MDCH), and collaborating with the Council’s Regional Coordinators:

- A. Provide intense peer mentoring trainings in each of the Council’s regions, at no cost to trainees.
- B. Provide funding for training materials and trainees’ lodging, food, and other costs.
- C. Train participants to become certified peer mentors.
- D. Support participants to learn to empower people with developmental disabilities to direct their own lives and advocate for themselves.

- E. Arrange for graduates to intern with Community Mental Health Programs upon completion of their training.
- F. Require graduates to become members of their local Regional Interagency Consumer Committees (RICCs).

Timeline

2012 – 2016

Resources

Federal: \$25,000 per year.

Implementing Groups: Council staff. Regional Coordinators. Mental Health boards. Michigan Department of Community Health (MDCH).

3.C Continuum of Care Bodies – Local Projects

Fund local projects to support the meaningful involvement of people with disabilities and advocacy organizations in their Continuum of Care bodies (CoCs). [CoCs are local or regional planning bodies that coordinate Federal housing and services funding for homeless people.] Projects will advocate for the needs of people with developmental disabilities and inform decision makers about the importance of affordable, accessible, inclusive housing for people with disabilities.

Implementation Activities

Local projects will:

- A. Support people with disabilities and advocacy organizations to learn about federal, state and local housing assistance, resources and funding.
- B. Expand disability representation on their CoC by:
 - 1. Supporting people with disabilities to become CoC members, and
 - 2. Encouraging other disability advocacy organizations to participate with their CoC.
- C. Cooperate with and support other organizations that advocate on housing issues.
- D. Collaborate with state and national housing policy advocates for people with disabilities, and advocate for the housing needs of people with disabilities.
- E. Educate CoCs and other community leaders in the housing arena on the need to include people with disabilities in decision-making processes.
- F. Provide leadership development opportunities, training and support for people with disabilities in regard to housing issues.
- G. Cooperate with a Council-funded, external, cross-project evaluation.

Timeline

March 2011 – September 2014

Resources

Federal:	FY 2012:	\$125,000.	FY 2013:	\$125,000.	FY 2014:	\$31,250.
Match:	FY 2012:	\$41,667.	FY 2013:	\$41,667.	FY 2014:	\$10,417.

Implementing Groups: Local projects by Community Housing Network in Oakland County, Copper Country Community Mental Health, Disability Advocates of Kent County, and the Cross-Project Evaluation (3.D) by Wayne State University.

3.D Continuum of Care Bodies – Cross-Project Evaluation

Evaluate the local projects in “Working with Continuum of Care Bodies” by providing formative and summative evaluation across the projects.

- A. Develop information that supports the projects to improve their operation, assesses how well they implement the Council’s requirements, and is suitable for sharing with others interested in developing similar programs.
- B. Evaluate their outcomes, analyze how they are achieved, and compare the effects of different approaches in different communities.

Implementation Activities

- A. Support the projects to improve their internal evaluation and provide for data collection across the projects.
- B. Involve people with disabilities and family members from the local projects in every aspect of the evaluation.
- C. Develop a process, which includes consumers and local project staff, for setting outcome indicators and developing common data elements, to enable aggregation of information across projects.
- D. Assess each pilot’s process for implementing the Council’s requirements, and each pilot’s results.
- E. Compare project designs and methods, and their relationships with outcomes and participant satisfaction.
- F. Organize quarterly round table meetings for the projects and evaluation team.
- G. Provide quarterly formative feedback to the projects.
- H. Assess changes in collaboration among people with disabilities and housing organizations.
- I. Gauge the degree to which projects enable people with disabilities to participate in CoCs and housing advocacy.
- J. Measure the achievements of the projects’ advocacy activities.

Timeline

March 2011 – September 2014

Resources

Federal:	FY 2012:	\$45,000.	FY 2013:	\$45,000.	FY 2014:	
		\$22,500.				
Match:	FY 2012:	\$15,000.	FY 2013:	\$15,000.	FY 2014:	\$7,500.

Implementing Groups: Local projects by Community Housing Network in Oakland County, Copper Country Community Mental Health, Disability Advocates of Kent County, and the Cross-Project Evaluation (3.D) by Wayne State University.

3.E Minority Family Support for Education – Local Projects

Improve educational services, retention, and postsecondary outcomes for minority children with disabilities by continuing to fund minority family support projects that will support families to:

- A. Find their way through the educational services available for their students with disabilities.
- B. Assure that their students get the educational services they need.
- C. Become active members of their children’s educational experiences.

Implementation Activities

Provide information and referral, training, mentoring, and individual assistance to minority families and youth with disabilities through native languages and culturally appropriate activities and interventions. Support them to:

- A. Understand the developmental and educational needs of their students with disabilities and the importance of taking active part in their students’ educational experiences.
- B. Navigate the educational system and make sure that their students get:
 - 1. Better Individualized Education Plans (IEPs).
 - 2. Appropriate special education supports and services.
 - 3. Placements in inclusive general educational settings that support students’ ability participate fully in their communities.
 - 4. Transition plans with all the required elements for those over age 14.
- C. Develop a cross-project network to share resources, experiences, and activities (e.g., speakers, conferences, train-the-trainer events). All local projects will comply with cross-project evaluation requirements.

Timeline

2009 –2012

Resources

Federal: FY 2012: \$122,499.

Match: FY 2012: \$40,833.

Implementing Groups: Arc of Kent County, Disability Connections, Wayne State University, Developmental Disabilities Institute, Wayne State University Center for Urban Studies (Cross-Project Evaluation).

3.F Minority Family Support for Education – Cross-Project Evaluation

Evaluate the local projects in “Minority Family Support to Improve Education Outcomes” by providing formative and summative evaluation across the projects.

- A. Develop information that supports the projects to improve their operation, assesses how well they implement the Council’s requirements, and is suitable for sharing with others interested in developing similar programs.
- B. Evaluate their outcomes, analyze how they are achieved, and compare the effects of different approaches in different communities.

Implementation Activities

- A. Support the projects to improve internal evaluation and provide for data collection across the projects.
- B. Involve people with disabilities and family members from the pilots in every aspect of the evaluation.
- C. Develop a process, which includes consumers and local project staff, for setting outcome indicators and developing common data elements, to enable aggregation of information across projects.
- D. Assess each pilot's process for implementing the Council's requirements, and each pilot's results.
- E. Compare project designs and methods, and their relationships with outcomes and participant satisfaction.
- F. Organize quarterly round table meetings for the projects and evaluation team.
- G. Provide quarterly formative feedback to the projects.

Timeline

2009 –2012

Resources

Federal: FY 2012: \$17,499.

Match: FY 2012: \$5,833.

Implementing Groups: Wayne State University Center for Urban Studies with local sites Arc of Kent County, Disability Connections, Wayne State University, Developmental Disabilities Institute,



Goal 4: Information on Supports and Services

Assure that information on supports and services, across the lifespan, is easily accessible and widely available to people with developmental disabilities, their families and allies.

4.A Health Issues Workgroup

Support a Health Issues Workgroup to increase the quality, availability and range of health care supports and services for people with DD in Michigan.

Implementation Activities

Develop and carry out the Council's health issues advocacy strategy. Educate legislators, policymakers, and the general public about the health care needs of people with disabilities; and explore opportunities to improve health care services for persons with disabilities in Michigan. Work with the Michigan Consumers for Healthcare Advancement (MCHA) and with the Council's Regional Coordinators (See 2.F.) to get RICCs involved with MCHA, and to provide information and training to people with disabilities and their allies on the impact of health care reform.

Timeline

2012 – 2016

Resources

Federal: \$1,500 per year.

Implementing Groups: Health Issues Workgroup. MCHA. Regional Coordinators. RICCs. Council staff.

4.B Individual and Family Support, Education and Advocacy Workgroup

Continue the Individual and Family Support, Education and Advocacy Workgroup to advocate for providing needed services and supports to people with developmental disabilities and their families throughout the lifespan, in areas including: education, transition, future planning, aging services, information dissemination, self-determination, and disability pride.

Implementation Activities

The workgroup will:

- A. Advocate on education, futures planning and aging, information dissemination, self-determination and disability pride, and transitions throughout the lifespan.
- B. Form partnerships with state and local service providers, peer mentors, RICCs, Michigan Partners for Freedom (MPF) Local Leaders, independent facilitators, and others to coordinate informational seminars on a variety of topics.

Timeline

2012 – 2016

Resources

Federal: 2012: \$9,400. 2013: \$4,500. 2014: \$4,500. 2015: \$4,500.
2016: \$4,500.

Implementing Groups: Individual and Family Support, Education and Advocacy Workgroup.



Goal 5: Community Inclusion

Support full community inclusion for people with developmental disabilities in Michigan.

5.A Including Our Neighbors

Continue to create neighborhood level ownership of the issue of inclusion for people with disabilities, particularly for people with the highest support needs. Build caring relationships with neighbors that improve quality of life, social networks, housing, employment and other outcomes, while supporting people with disabilities in being contributing members of their communities.

Implementation Activities

Fund a state level project that will contract with about 18 local projects.

- A. Each local project will work within a small community or neighborhood, to plan and do activities based on local control, self-help and collective action.
- B. Grassroots neighborhood or community groups will carry out the activities with people with disabilities and their allies, using existing resources and relationships.
- C. Community scan or resource mapping will identify the strengths, opportunities, needs and gaps upon which projects will base their activities.
- D. People with disabilities, including those with the highest support needs, will get the supports they need for full participation.
- E. Each project will support a person with disabilities to get or create employment, get housing with needed supports, expand their circles of support, access civic and recreation activities, and/or gain community support for systems changes that improve quality of life for people with disabilities and their communities.

Timeline

2009 – 2014

Resources

Federal:	FY 2012:	\$156,000.	FY 2013:	\$78,000.	FY 2014:	\$39,000.
Match:	FY 2012:	\$52,000.	FY 2013:	\$26,000.	FY 2014:	\$13,000.

Implementing Groups: Michigan Disability Rights Coalition

5.B Including People with Complex and High Support Needs

Fund a study to determine:

- A. How other groups include people with complex and high support needs in their leadership development, public policy advocacy, and community activities.
- B. How the Council can better include and support them in its activities.

Implementation Activities

The project will:

- A. Conduct an international literature search.
- B. Consult with experts in the field.

- C. Identify groups that are doing an especially good job of including and supporting people with complex and high support needs in activities that involve leadership skills, decision making, and complex interactions. Examine their practices and pinpoint those that support the inclusion.
- D. Create a report on the problems encountered and the best practices identified.
- E. Present the report to focus groups of people with complex and high support needs and a focus group of Council grantees.
- F. Based on the report and the focus groups, develop recommendations for how the Council can:
 - 1. Improve how much and how well it includes people with complex and high support needs in its activities.
 - 2. Improve how well it supports their full participation in activities like planning and decision making.
 - 3. Advocate for and support inclusion of people with complex and high support needs in other activities at local and state levels.

Timeline

2012 – 2013

Resources

Federal: FY 2012: \$80,000.

Match: FY 2012: \$26,667.

Implementing Group: Community Living Services.

5.C Diversity Committee

Support a Diversity Committee to address diversity issues throughout the work of the council, placing value on all individuals and their perspectives, and promoting an environment in which all are included. Diversity includes race, gender, creed, age, life-style, national origin, disability, educational background, and income level.

Implementation Activities

Make the DD Council and all its activities culturally competent so that people with disabilities from diverse populations, can achieve equity of access and participation. The committee will:

- A. Convene a meeting on a monthly basis which will include the RICC diversity coordinators.
- B. Work to identify and address diversity issues as they arise, and make recommendations to council.
- C. Work to identify and remove barriers that prevent people from diverse populations with disabilities from being included in the work of the council.
- D. Help to raise awareness of the DD Council in diverse communities.

Timeline

2012 – 2016

Resources

Federal: 2012: \$10,000. 2013: \$1,500. 2014: \$1,500. 2015: \$1,500.
2016: \$1,500.

Implementing Group: Diversity Committee.



Goal 6: Community Education

Support education on disability issues for service providers, professionals, and the general community, to improve their understanding of what life is like for a person with disabilities, and of the talents, abilities, contributions, preferences and needs of people with disabilities.

6.A Michigan Disability Housing Workgroup

Continue to support the Michigan Disability Housing Workgroup to work with Disability Network Michigan and other partners to develop and implement advocacy strategy on housing for people with disabilities. Educate legislators and policymakers regarding the housing needs of people with disabilities and explore opportunities to expand support services for persons with disabilities.

Implementation Activities

The workgroup will continue to monitor, and to advocate for the needs of people with DD, with the Michigan State Housing Development Authority, Housing Resource Centers, the Michigan Affordable Housing Conference, the legislature, local housing authorities, and agencies that develop and regulate group homes.

Timeline

2012 – 2016

Resources

Federal: \$1,500 per year.

Implementing Groups: Michigan Disability Housing Workgroup, Disability Network Michigan, local disability networks, Michigan Disability Rights Coalition, United Cerebral Palsy, Community Housing Network, Community Housing Network, and other partners.

6.B Economic Justice Workgroup

Establish an Economic Justice Workgroup to advance economic justice for people with developmental disabilities and other devalued groups.

- A. Develop and recommend the Council's policy on economic justice.
- B. Develop and recommend the Council's strategy for achieving economic justice. Address barriers to achieving human dignity, living a life of one's choice, and having adequate food and shelter, education and employment, health care and housing.
- C. Inform the Council and RICCs on issues related to economic justice.

Implementation Activities

Create and support a DD Council Economic Justice Workgroup to:

- A. Develop and recommend the Council's policy on economic justice.
 1. Address policies and programs that force people with disabilities to remain single and live in poverty, including Social Security and Supplemental Security Income, Medicaid, Programs of the Department of Housing and Urban Development, Food Stamps, and other programs that address poverty.

2. Identify and address societal and legislative barriers to economic justice, including lack of access to education, income security, a societal safety net, and basic rights in the workplace.
 3. Examine the aspects of impoverishment that are imposed by the system of services for people with DD. These include a person's:
 - a. Lack of real control over the way dollars for services are spent.
 - b. Lack of even small amounts of money to spend on personal purchases, relationship-based activities and community membership.
 - c. Enforced inability to develop capital assets like savings, home or car ownership, inventory, etc.
- B. Based on the Council's policy on economic justice, develop and recommend its economic justice strategy, an Economic Justice Action Plan. Focus it on supporting people with DD to get out of enforced poverty, find meaningful employment, produce income, and contribute to their own support.
 - C. Develop partnerships with groups that are working for economic justice for other devalued groups that live with enforced poverty.
 - D. Pursue a partnership with the Michigan Business Leadership Network, to develop a mutual understanding of disability as an aspect of diversity, and of employers' expectations when hiring.
 - E. Educate legislators and policymakers about economic justice and how it affects people with developmental disabilities.
 - F. Provide information on economic justice to the Council's Public Policy Committee for distribution to Regional Coordinators and RICCs.
 - G. Review reports from Council grants that relate to economic justice.
 - H. Create and support an Employment Subcommittee.
 - a. Base the Subcommittee on the principles that people with disabilities of all ages value work, should be fairly compensated for their work, are free to choose their work, and should have broad access to competitive employment.
 - b. The subcommittee will explore existing models and identify best practices for supporting people with DD to get meaningful employment and the means to produce income.
 - c. As part of the Economic Justice Workgroup's Action Plan, the subcommittee will develop recommendations for employment best practices and access to meaningful employment for people with DD.

Timeline

2012 – 2016

Resources

Federal: \$4,500 per year.

Implementing Groups: Economic Justice Workgroup, RICCs, The Council.



Goal 7: Public Policy Advocacy

Improve the lives of people with developmental disabilities in Michigan by advocating for change in policy, laws, and systems; assuring that the consumers can make their own voices heard at the policy table.

7.A DD Council Advocacy Development

Develop, support, and deliver advocacy by, with, and on behalf of people with developmental disabilities, assuring that their own voices are heard at the policy table. Advocate for changes that will enable them to live as they choose, where they want and with the people they want, fully included in their communities. Champion their rights to direct their own lives, decide how services are provided to them, and work in jobs they choose. Work with the Council's Regional Coordinators to support Regional Interagency Consumer Committees (RICCs) in learning about:

- A. Issues that affect the lives of people with developmental disabilities and their families on which advocacy can improve policy and practice; and
- B. How they can advocate effectively and educate state legislators about the needs and preferences of people with developmental disabilities and their families.

Implementation Activities

The Council's Public Policy Committee (PPC) and workgroups (See 2.E.) will develop advocacy information and create advocacy products to provide to the Council and to the Regional Coordinators (See 2.F).

- A. Each workgroup will develop information about legislation and other policy initiatives that are pending and under development.
- B. The information will enable the Council and the RICCs to advocate for changes in policy, laws and systems on issues that may include those identified by RICCs, grant projects, and Council committees and workgroups.
- C. The PPC will coordinate workgroups' development of information and products (as in 2.E), including position papers, talking points, alerts, training, and technical assistance to enable ongoing advocacy by the Council and RICCs.

Timeline

2012 – 2016

Resources

Implementing Groups: PPC. Workgroups. Regional Coordinators, RICCs, Council staff.

7.B Partners in Medicaid Policy

Continue to fund Partners in Medicaid Policy, to advocate for drastically reshaping the state's health care delivery system for people with DD. The project will:

- A. Identify barriers to consumer access to Medicaid services.
- B. Find opportunities for people with developmental disabilities to make their needs known and influence the way funding and services are provided to them.
- C. Build partnerships, sharing information and promoting policy advocacy about Medicaid among advocacy organizations and provider groups.
- D. Develop and carry out a broad-based advocacy plan to increase access to health care for Medicaid recipients.

- E. Position the DD Council, Health Issues Workgroup, RICCs, Regional Coordinators, and partners and allies to continue the effort after the grant project is over.

Implementation Activities

- A. Work with the Health Issues Workgroup to identify and begin to build working relationships with people with developmental disabilities and their allies, RICCs, health care provider groups, health advocacy groups, and the Governor’s recently appointed Health Insurance Reform Coordinating Council.
- B. Participate in the Michigan Consumer Coalition for Healthcare Advancement (MCCHA), which is working to develop a unified statewide coalition to provide a consumer voice in carrying out health care reform. Enable the DD Council, Health Issues Workgroup, and other partners to support and take part in the MCCHA.
- C. Working with these partners, collect information about how Medicaid policy and the Affordable Care Act impact consumer access to health care. Examine:
 - 1. The barriers to people with developmental disabilities in Michigan getting the comprehensive health care services they need.
 - 2. The specific Medicaid policy issues that create barriers to access and play a part in limiting availability of comprehensive health care services.
 - 3. The opportunities for people with developmental disabilities and their allies to get their voices heard, make their needs known and influence the way funding and services are provided.
- D. Review and analyze the information collected and develop a policy report with:
 - 1. Analysis of the policy barriers to access and availability of comprehensive health care services.
 - 2. Recommendations on policy and advocacy, and on setting priorities among the needs identified.
 - 3. A collaborative, broad-based advocacy plan.
- E. Share information, build advocacy partnerships on common issues, and launch an advocacy campaign that will:
 - 1. Monitor the Affordable Care Act and Medicaid policy and implementation.
 - 2. Mobilize consumers and providers to advocate for Medicaid reform and the Affordable Care Act to meet the needs of people with developmental disabilities.
 - 3. Work together to position the DD Council, its Health Issues Workgroup, RICCs, Regional Coordinators, and other allies to maintain needed partnerships and continue advocacy activities after the grant project is over.
- F. Carry out the advocacy plan, adapting it as needed to reflect successes and other changes to the environment, and positioning the DD Council and its allies to continue after the grant project is over.

Timeline

2011 – 2014

Resources

Federal: FY 2012: \$80,000. FY 2013: \$80,000. FY 2014: \$20,000.

Match: FY 2012: \$26,667. FY 2013: \$26,667. FY 2014: \$6,667.

Implementing Group: Health Issues Workgroup.

7.C Transportation Workgroup

Continue to support a Transportation Workgroup to develop and carry out the Council’s transportation advocacy strategy. The workgroup will:

- A. Provide recommendations to the Council on positions related to transportation issues; and
- B. Educate legislators and policymakers about the transportation needs of people with developmental disabilities and creative ways to leverage transportation funds.

Implementation Activities

The workgroup will monitor changes in transportation legislation and policy and continue to advocate with the Department of Transportation and the Michigan Legislature for a statewide transit plan for a seamless regional and cross-county transportation system with statewide funding. It will work with RICCs, the Council’s Regional Coordinators, and transportation coalitions such as “Let’s Get Moving” to encourage inter-local agreements to facilitate transit across county lines.

Timeline

2012 – 2016.

Resources

Federal: \$3,800 per year.

Implementing Group: Transportation Workgroup.

7.D Public Policy Committee

Support a Public Policy Committee to contribute to, and advocate for systems change and public policies that positively affects people with disabilities, enhance individual choice, and assure that all citizens have the supports they need to function as independent members of the community.

Implementation Activities

The committee will:

- A. Support the RICC network in developing focused public policy advocacy.
- B. Develop, support, and deliver advocacy for and with people with developmental disabilities (PWD), so that their voices are heard at the policy table.
- C. Advocate for systems change that shifts laws, policies, procedures to be more responsive to the needs and choices of people with developmental disabilities.

Timeline

2012 – 2016

Resources

Federal: 2012: \$1,500. 2013: \$1,500. 2014: \$1,500. 2015: \$1,500.
2016: \$1,500.

Implementing Group: Public Policy Committee.

7.E Emerging Issues

Hold at least 1.5% of the Council’s grants budget in reserve for developing responses to emerging issues and unanticipated needs.

Implementation Activities

Unanticipated needs or emerging issues suitable for use of this funding may be identified by workgroups, committees, or Council members. The Council Director, in consultation with the Council Chair, will assign responsibility for developing a plan and a budget for addressing any issue or need identified as a

target for this funding. The Executive Committee, with confirmation by the Council, will approve the allocation of funds and initiation of the project or initiative.

Timeline

2012 – 2016

Resources

Federal: \$22,500 per year.

Match: \$7,500 per year.

Implementing Groups: DD Council, staff, grantees as needed.

7.F Evaluation of the DD Council’s New Plan Direction

Fund a state-level project will provide external evaluation of the new projects and initiatives emerging from the DD Council’s 2012 DD State Plan. The evaluation will:

- A. Assess how well the council’s new direction is accomplishing what the council hopes, as defined in its Statement of Values; and how well the new ways of doing the work are achieving the targeted outcomes.
- B. Support plan participants in developing internal evaluations and in setting common data definitions and developing methods for collecting information that allow comparison across projects and initiatives. Plan participants include:
 1. DD Council operations, including support for the RICCs and operations of the Public Policy Committee and all work groups.
 2. Grant projects including Partners in Medicaid Policy, Michigan Peer to Peer Supports to Advance Self-Determination Project, Regional Coordinators, Community Organizing, Basic and Intermediate Leadership Development, Advance Self-Determination, and Leaders in Policy Advocacy.
- C. Assist participants in using evaluation information and processes to improve their operations.
- D. Support the Council’s efforts to establish an environment in which learning is understood to come from both successes and mistakes.
- E. Develop interim products and a final report suitable for dissemination to others interested in developing similar programs. Products will include, but not be limited to:
 1. Annual reports with information that can help participants improved their efforts, including positive findings and information about successes, as well as recommendations for changing activities.
 2. An interim product in the fourth year, with recommendations to the Council for changes in its upcoming Five-Year DD State Plan and in its evaluation process.
 3. A final report that will cover the successes and failures of the Council’s overall approach to this Five-Year DD State Plan.

Background

The Michigan Developmental Disabilities Council’s (DD Council’s) 2012 DD State Plan defines a new approach to the Council’s work over the next five years. It focuses on reinforcing the Regional Interagency Consumer Committee (RICC) self-advocacy network across Michigan, strengthening support for RICCs and, in general, for people with developmental disabilities and their families to make their voices heard in shaping legislation, rules, policy and practice that affect their lives.

The new plan will implement this focus through initiatives to strengthen self-advocacy, leadership development, self-determination, community inclusion, and public policy advocacy. In addition, the plan

emphasizes collaboration and meeting the needs of consumers, meeting them where they are in terms of experience and what they hope to do. The plan’s major initiatives are expected to work together and reinforce each other’s work to support people with DD and their families to live self-determined lives in inclusive communities, develop leadership skills, advocate for themselves and others, and influence public policy.

The plan’s structure is very different from previous Council plans. The design of individual grant projects and their intended inter-relationships mark a sweeping departure from the way the Council has worked in the past. Each project’s work will be intertwined with the efforts of the RICCs, of several other major grant initiatives, and of the Council itself. All of these participants will be striking out in new directions, working in new territory. Because the Council has not worked this way in the past, we expect that questions, problems, challenges, and barriers will spring up in unexpected places. Grantees will need to be especially versatile, flexible, and able to respond to the problems and needs that emerge along the way. The council has also determined that it will need an external evaluation of the new direction of its plan.

Implementation Activities:

- A. Evaluate the DD Council’s new plan activities, using a design that is based on a logic model and includes:
 - 1. Assistance to plan participants in improving internal evaluation;
 - 2. A process for data collection across plan participants, to assess the success of the council’s new direction.
- B. Periodic report to the Council, including data analysis, highlights of positive findings, and recommendations for change in activities, future Council planning efforts, and implications for positive systems change in carrying out the council’s new DD State Plan. Products will include, but not be limited to:
 - 1. Annual reports with information that can help participants improved their efforts, including positive findings and information about successes, as well as recommendations for changing activities.
 - 2. An interim product in the fourth year, with recommendations to the Council for changes in its upcoming Five-Year DD State Plan and in its evaluation process.
 - 3. A final report that will cover the successes and failures of the Council’s overall approach to this Five-Year DD State Plan.
- C. Develop reports suitable for dissemination that can be used by participants, by others interested in similar activities, and by the Council in planning its future efforts.

Target Population

Projects and initiatives participating in DD Council’s 2012 DD State Plan, RICCs, the Council, Council staff and people with developmental disabilities and their families.

Time: FY 2012 – FY 2017

Resources:

Federal:	FY 2012:	\$ 93,750.	FY 2013:	\$125,000.
	FY 2014:	\$125,000.	FY 2015:	\$125,000.
	FY 2016:	\$125,000.	FY 2017:	\$ 31,250
Match:	FY 2012:	\$ 31,250.	FY 2013:	\$ 41,667.
	FY 2014:	\$ 41,667.	FY 2015:	\$ 41,667.
	FY 2016:	\$ 41,667.	FY 2017:	\$ 10,417.

Outcomes and Indicators:

HO.5.b.1 Evaluation design in place and functioning.

HO.5.b.2 Recommendations that can be used by participants and the council in future planning, and by others interested in developing similar programs.

HO.5.b.3 Critical stakeholders are informed about the success of the council's efforts.

Implementing Group: Wayne State University, Center for Urban Studies



Section V: Evaluation Plan [Section 125(c)(3) and (7)]

PART A: Outline:

The Michigan Developmental Disabilities Council (DD Council) five-year plan will measure the progress made in achieving goals for the state plan using three methods 1) staff monitoring, which includes, quarterly program reports and site visits, 2) project evaluation reports submitted by each grantee, and 3) a state-level project will provide external evaluation of the new projects and initiatives emerging from the DD Council's 2012 DD State Plan.

All grantees provide quarterly reports on project activities to the council grants staff. Staff monitors the reports to measure progress and determine if any technical assistance, clarification and/or corrective actions are needed. Additionally, grants staff will regularly make site visits to projects, and attend advisory meetings, training, or other grant activities. The in-field observations coupled with the quarterly reporting will help staff assure that progress is being made.

Evaluation is required for each grant the council funds. The grantee is allowed to select the best evaluation method for the project and participants. Past evaluation methods have included: pre and post tests, verbal or written surveys, and focus groups. Grantees will continue to report evaluation results to the council.

Some projects will employ a cross-project evaluation to determine the efficacy of council activities in different geographic areas across the state.

The state level evaluation will assess the impact of the strategic plan in accomplishing the council's goals, as defined in its Statement of Values; and how well the new ways of doing the work are achieving the targeted outcomes. It will support plan participants in developing internal evaluations and in setting common data definitions and developing methods for collecting information that allow comparison across projects and initiatives.

Plan participants include:

1. DD Council operations, including support for the RICCs and operations of the Public Policy Committee and all work groups.
2. Grant projects including Partners in Medicaid Policy, Regional Coordinators, Community Organizing, Basic and Intermediate Leadership Development, Advance Self-Determination, and Leaders in Policy Advocacy.

The state level evaluation project will assist participants in using evaluation information and processes to improve their operations; support the Council's efforts to establish an environment in which learning is understood to come from both successes and mistakes; develop interim products and a final report suitable for dissemination to others interested in developing similar programs.

PART B: Methodology to determine needs being met and Council results being achieved:

All grantees provide quarterly reports on project activities to the council grants staff. Project level information

includes: How have your project results compared with the results you expected; what barriers have you encountered and what has been done to overcome; What has the project changed, a) for participants?, b) for systems?; What's the most important thing you learned? Within each project, there may be one or more activities relating to advocacy, systems change and capacity building, outreach, training, technical assistance, supporting and educating communities, interagency collaboration, coordination with other programs, barrier elimination, systems design and redesign, coalition development and citizen participation, informing policymakers and demonstration of new approaches to services and supports. Activity level information includes the number of participants and the type of participants in the activity, i.e., people with developmental disabilities and families by race/ethnic group, people with developmental disabilities by level of supports needed, etc. Quarterly reports are entered in the DD Suite.

Each project will also submit an annual program and evaluation report. The annual report is a summary of the project's activities and achievements for the year and to-date. Grantees also describe how people with disabilities and their families participated in planning, implementing and evaluating the project. The evaluation plan includes an analysis of the project's progress toward achieving its objectives, in terms of its work plan and of the council's targeted outcomes and indicators. The results of the consumer satisfaction survey including an analysis of what the consumer satisfaction responses mean for the project. The report also describes how the survey responses and other assessments will be used to improve the project.

The state level evaluation project requires periodic reports to the Council, including data analysis, highlights of positive findings, recommendations for change in activities, future Council planning efforts, and implications for positive systems change in carrying out the council's new DD State Plan. Products will include, but not be limited to:

1. Annual reports with information that can help participants improved their efforts, including positive findings and information about successes, as well as recommendations for changing activities.
2. An interim product in the fourth year, with recommendations to the Council for changes in its upcoming Five-Year DD State Plan and in its evaluation process.
3. A final report that will cover the successes and failures of the Council's overall approach to this Five-Year DD State Plan.

The project will develop reports suitable for dissemination that can be used by participants, by others interested in similar activities, and by the Council in planning its future efforts.

PART C: Council's role in reviewing and commenting on progress of the Plan Goals:

The Council has a Strategy Team which coordinates an overall robust strategy for the DD Council to assure Council resources have the greatest positive impact on systems for lasting change in the lives of people with disabilities. The representation of all workgroups and committees on the strategy committee assures on-going communication among the workgroups, committees, and the Council. The role of the Strategy Team is to:

- A. Review and recommend to the full council the development process for the Five-Year Strategic State Plan.
 1. Review and recommend substantive issues, opportunities, and information to the council for appropriate committee, workgroup, or full council action.
 2. Review and recommend the establishment, restructuring, or dissolution of work groups, ad-hoc workgroups, or committees, and their goals and objectives.
- B. To develop strategies for assuring that the Council's program efforts:
 1. Are evaluated for adherence to Council intent and for positive outcomes in the lives of people with disabilities
 2. Lead to sustainable capacity development and systems change; and
 3. Broadly disseminate findings and other information developed by Council-sponsored efforts.
- C. Share information widely on issues and topics which address the scope of issues which affect PWDD with the Council, workgroups, committees, and RICCs.

D. Report recommendations of the Strategy Team to the full council for action.

The Program sub-committee provides oversight to the Council's Grants program. It oversees, on behalf of the Council, implementation and evaluation of the grants included in the Council's Five-year Strategic State Plan.

The objectives of the Program Committee are as follows:

A. To insure that grants projects are developed in accordance with Council intent as described in the Council's Five-Year Plan.

1. Assist and oversee staff work in developing strategies for carrying out grant-related plan objectives by reviewing and approving requests for proposals (RFPs);
2. Periodically review and make recommendations to the Council's Executive Committee regarding procedures to award grants.

B. Receive and periodically review reports from selected grant projects in order to:

- i. Assess progress in implementing specific initiatives;
- ii. Assist Council staff and grantees with solving complex implementation problems, and;
- iii. Support staff monitoring efforts by reviewing project progress reports and recommending alternative approaches when grant contract compliance is questioned.

C. Review strategies developed by the Strategy committee and develop an implementation plan and/or dissemination plan as appropriate.

All Council workgroups and committees, including the Strategy Team, are Chaired or Co-Chaired by a Council member, and typically include several Council members.

PART D: How the annual review identify trends and needs and for updating the Comprehensive Review and Analysis section:

The Council has an annual two day retreat during the month of May, where it conducts business including an annual review of the Council budget; a review of emerging trends and needs; and a review of project ideas in light of emerging trends and needs. The Strategy Team, which has the responsibility of reviewing and recommending substantive issues, opportunities, and information to the council for appropriate committee, work group, or full council action, makes a presentation to the Council with its recommendations for the next year. It is at this point that the Council determines any adjustments which need to be made in the state plan, through the state Plan Amendment process.

The annual review is also a time to hear about timely or emerging issues of relevance to the Council. In May 2011, a speaker, David Petoniak, was brought in to talk about "The Importance of Belonging." The discussion addressed how being connected to the people we love is critical to our emotional and physical well-being. Many people with developmental disabilities are sick from loneliness. This workshop addressed ideas for moving beyond interventions and coverage to a system that supports enduring, freely chosen relationships. This was particularly relevant to the Michigan DD Council, which had recently reaffirmed the importance of inclusion of people with complex and high support needs in its planning process.

Every Council meeting, including the annual business meeting, includes written updates from each work group and committee, and presentations to the Council, as appropriate to keep council members abreast of emerging issues and trends in life areas.

Section VI: Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B \$	Other(s) \$	Total \$
1. Community Education	6000	0	6,000
2. Community Inclusion	236,000	78,667	314,667
3. Information on Supports and Services	6000	0	6,000
4. Leadership Development	116,250	38,750	155,000
5. Public Policy Advocacy	200,050	66,683	266,733
6. Self-Advocacy Network	555,000	185,000	740,000
7. Self-Direction and Self-Determination	489,998	163,333	653,331
8. General Management	983,589	345,400	1,328,989
9. Functions of the DSA	50,000	0	50000
10. TOTALS	2,642,887	877,833	3,520,720

Section VII: Assurances [Section 124(c)(5)(A)-(N)]

State DD Council Assurances Section 124 (c)(5)(B-N)

The Michigan Department of Community Health provides the following assurances to support the Michigan Developmental Disabilities Council Five Year Plan 2012-2016.

(B) USE OF FUNDS

- (i) not less than 70 percent of such funds will be expended for activities related to the goals of the Council Five Year State Plan;
 - (ii) such funds will contribute to the achievement of the purpose of Subtitle B of Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 and in various political subdivisions of the State;
 - (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;
 - (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
 - (v) part of such funds will be made available by the State to public or private entities;
 - (vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-
- (I) contribute to the achievement of the purpose of this subtitle; and
- (II) are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION. -The State assures that there will be reasonable State financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST. -No member of the Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

(E) URBAN AND RURAL POVERTY AREAS. -Special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

(F) PROGRAM ACCESSIBILITY STANDARDS. -Programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including

accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

(G) INDIVIDUALIZED SERVICES. - Any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

(H) HUMAN RIGHTS. - The human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION. - The State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.


(J) EMPLOYEE PROTECTIONS. - Fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) STAFF ASSIGNMENTS. -The staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) NONINTERFERENCE. -The designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

(M) STATE QUALITY ASSURANCE. - The Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES. -The plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

 7/16/11

Designated State Agency Representative Signature and Date

 7/26/11

Council Chairperson Signature and Date

Assurances submitted

Approving Officials for Assurances:
 For the Council (Chairperson)
 For DSA, when not Council

Section VIII: Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The link to the draft plan was e-mailed to over 800 contacts in our database on May 23, 2011, with a notice that it was available for review and comment through July 7, 2011 on the DD Council website at www.michigan.gov/ddcouncil. Individuals needing accommodations were given the opportunity to contact the Council so that they could be receive the draft plan in alternative formats, as necessary.

An in-person review was made available at the Council offices on June 15, 2011 from 9:00am – 3:00pm at the Michigan Developmental Disabilities Council, 1033 South Washington Ave, 3rd fl.*, Lansing, MI 48910.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

A decision was made to refer to the general projects and outcomes of past grantees, without referring to the "brand-name" products these grantees developed, so that aspiring bidders to the Council's new Five Year Plan would feel like they had the freedom to develop new ideas and directions in a project area.

Throughout the Plan, wording was changed to reflect the need to support (rather than help or assist) persons with disabilities to do a number of activities...develop their leadership skills, support efforts to do community organizing, etc... Under 1B, the importance of recognizing and promoting state of the art and leading edge best practices was emphasized. Under 2H., the proposed train the trainer model was developed and replaced by a peer to peer model to build a network of organizers working on disability issues and to assure mutual support and learning.