The
MondayUpdate
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New department self-determination guideline announced

July 22, 2003, the Michigan Department of Community Health (MDCH) announced its Self-Determination Policy & Practice Guideline.

This guideline, which took effect Oct. 1, 2003, represents a very positive move for people with disabilities who wish to decide for themselves how they are going to live their own lives. Self-determination services may be scattered and intermittent and not uniform; services in Munising may not be the same as they are in Monroe.

Depending on the capabilities of local service providers, consumers may or may not have had the chance to effectively determine the course of their own lives. The new guideline may change all that.

Why all the fuss over self-determination? There are two answers. All people in this country are certainly entitled to the freedom to make choices about the direction their lives will take.

The second is people with disabilities must have the supports necessary to choose the way they live. To date, the quality and quantity of these choices have been wanting.

Why all the concern?. Says the MDCH website, (www.michigan.gov/mdch/) "….people who require support from the…system as a result of a disability should be able to define what they need in terms of the life they seek, should have access to meaningful choices, and control over their lives."

That said, the department's website lists four principles for self-determination:
- freedom: The ability for individuals, with chosen family and/or friends, to plan a life with necessary supports, rather than purchase a program;
- authority: The ability for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of a social network or circle of friends, if needed;
- support: The arranging of resources and personnel – both formal and informal – so to assist a person with a disability to live a life in the community, rich in community associations and contributions, and;
- responsibility: The acceptance of a valued role in a person's community through employment, affiliations, spiritual development, and general caring for others, as well as accountability for spending public dollars in ways that are life-enhancing.

Another source: a publication of the West Virginia Developmental Disabilities Council stated what self-determination is this way:

"Self-determined people are viewed as worthy of respect and valued by others. Many people with developmental disabilities have not had the opportunity to make their own choices or learn the skills…when we deny people with developmental disabilities the right to make (those choices)…we deny them the right to be valued and respected members of our communities.”

Imagine a world in which you awake each day to a life almost completely determined, not by you, but by other people. Possibly even a whole team of other people, of which you are not a member, you are just a task, a job.

Can you picture your entire day, after waking in the morning, given over to activity – or inactivity – planned by a team that functions under a largely generic program. The team plans your day and your week and spends the money allotted to you for supports and services. The team may do this without your input.

People with disabilities and advocates have for years been telling anyone who would listen, especially policymakers and service providers, of the benefits of self-determination.

Often, the very people who can determine the degree or even presence of a person’s self-determination may use criteria other than a person’s wish to decide his or her own life paths. These criteria may include the cost of, and concern for, the safety and welfare of the individual wishing to do his/her own determining.

The MDCH guidelines that was activated Oct. 1 are based upon the concept of a partnership with the consumer. From that partnership, says the guideline, comes the freedom to select service providers and take charge of resources without having to ask an authority figure for permission.

Support for self-determination for a person with disabilities comes from the local Community Mental Health service provider (CMHSP). As part of the new guideline, all CMHSPs across the state may offer help with a person’s budget and establishment of a person-centered environment.

Naturally, a consumer’s participation is strictly voluntary and the guideline requires full and complete information for those who do participate. At the heart of participation is person-centered planning.

A key feature of the guideline is that alternative approaches and resources must be available to the consumer. This means having access to any qualified provider who wishes to participate and having choices to make. This also means having authority over the budget that will pay for services.

What will make the guideline work? Good faith on the part of all concerned, plus complete involvement by consumers and those closest to them. The guideline will be most effective if each person involved knows what is expected of them in establishing and supporting plans. MDCH says there must be leadership, commitment and vision.

Through such dedication, the new self-determination policy guideline can become self-determination practice.

For more on the new guideline and the DD Council’s outlook, contact Tandy Bidinger at 517-334-7355, or email at bidingert@michigan.gov.

Fall’s the time for policymaker contact

Attention advocates!

State and federal representatives and senators are off summer recess and back at work in Lansing and Washington.

This time of refocusing presents a great opportunity to call, write or e-mail these individuals to remind them of the vital issues surrounding changing the system.

All policymakers have at least one year’s experience under their belts and those with just one year left will be looking to make their mark. No better forum than the advocacy for systems change.

This is also the time of year policymakers are filling out their calendars for the new sessions. It may be a good time for your RICC to invite him or her to attend your meeting over the Thanksgiving or Christmas holidays; get the RICCs name on the calendar early in the legislative year.

Plan to call or send a letter today. If you need assistance with your official's name/contact information, we can assist. Tandy Bidinger's phone number is 517.334.7355 and her e-mail is bidingert@michigan.gov

Potential topics for a call or letter could include:

- limited public transportation services/funding
- limited options and funding for affordable/accessible housing
- budget cuts which eliminate/reduce needed services.
- the "institutional bias" (nursing home/group home) in Medicaid funding, rather than community-based, in-home supports preferred by most people.

Whatever issue you discuss with your elected official, your message is strengthened when you describe barriers that you or other local people experience.

For example, talk about the limits on the hours you can work, or jobs you can take due to inadequate transportation services.

You do not need to thoroughly understand how a system operates or is funded. Talk about your experience with a system and how it affects your life.

On the subject of advocacy, the DD Council will again host a legislative reception next year, affording Regional Interagency Coordinating Committees' (RICCs) members a chance to discuss vital issues. The date is Tuesday, Feb. 10. Site is again the Lansing Radisson Hotel.

Current RFP promises unusual challenges and special rewards

The newest DD Council Request for Proposals (RFP) was issued for two projects of statewide scope.

The RFP is still available – either hard copy or electronic – by calling 517-334-7342. However, proposals were due in the council office by noon, Sept. 25, 2003.

The bidders' conference for the projects was held in Lansing on Aug. 13.

The first of the two 2003 RFP sections is titled Person-Centered Planning and Self-Determination Evaluation Project.

According to Grants Manager Cheryl Trommater, the purpose of the project is to evaluate how well the public mental health system is doing person-centered planning and self-determination of supports.

Judith Webb, director of the Michigan Department of Community Health's division of mental health and quality planning, says most consumers report to the department's monitoring system that they have received their person-centered plan and they are satisfied with it.

The council's grants monitor, Glenn Ashley, says the grant results from advocates' continuing concerns about whether the concepts are being fully practiced and whether consumers are getting the information they need to use them effectively.

Trommater says the evaluation will consist of two studies:

The first, in 2003/2004, will gather baseline data about the implementation of person-centered planning and supports for self-determination for people with developmental disabilities.

The second, three to four years later, will examine the progress and lessons learned from the baseline.

The study will pose questions. They may include:
- does each consumer have a plan?
- were they able to decide the details of their respective PCP meetings?
- were they asked about their dreams and desires?
- how much do they control supports budgets?
- do they agree with the solutions arrived at?
- did people come up with ideas to help them become a part of the community?

Both studies will:
- prepare a report that will document differences in PCP between Michigan counties and between different mental health boards.
- identify what makes the difference for communities doing high quality person-centered plans and consumer-directed support for self-determination, and
- identify barriers and develop recommendations for addressing them. The objective is to increase the quantity, quality and diversity of the supports available for people with developmental disabilities.

The baseline data is expected to show how effective the use of person-centered planning (PCP) is in permitting a consumer to determine his or her own supports.

Ashley says the second study “will help us learn if self-determination is actually making a difference in consumers’ lives.”

Question of employment choices

The second project in the RFP is A Comprehensive Study of Supports for Employment. It is a one-year project.

Trommater says the project is intended to help the council find out:
- what employment services and supports are now available to people with disabilities in Michigan
- why the available supports have not made greater inroads into unemployment for people with developmental disabilities
- what changes in the services system might actually result in the jobs of their choice for most people with developmental disabilities who want to work, and
- what the council and other advocates could do to bring about those changes.

The council hopes to use the information from this study to develop future grant projects and advocacy strategies that will make a major difference in the job opportunities of people with developmental disabilities.

DD Council and MARO partner on 2003’s rehabilitation conference

One of the largest advocacy conferences in the state is the annual Michigan Rehabilitation Conference & Exposition.

This year, the DD Council is a theme partner at the conference in conjunction with UCP of Michigan and UCP of Metropolitan Detroit.

The annual conference is produced by the Michigan Association of Rehabilitation Organizations (MARO). Its director is Harry Smith.

The conference will be held November 3-5 at the Grand Traverse Resort in Acme. Governor Granholm has been invited to keynote the event.

John Sanford, director of the Recipient Rights Office, Michigan Department of Community Health will also keynote. More than 90 breakout sessions will be available. Staff of the Council participated in the selection of breakout sessions.

The theme of the conference is Choose What? Threaded throughout the event will be sessions about choice. According to Smith of MARO, the intent of the theme is to “communicate another period of significant ambiguity for both recipients and providers of services. One of the realities of the current environment,” says Smith, “is the thwarting of choice and control requirements contained in both federal and state law.

“The presentations should point consumers and practitioners toward effective pathways to obtain the results they desire in the face of a disconnect between authorized services and actual practice.”

The conference brochure and registration form are available on the web by going to www.maro.org and clicking on Seminars and Conferences.

Online registration is a feature of this web site. For a hard copy of the brochures, more information or answers to questions, contact Harry R. Smith at 517-484-5588 or hsmith2@maro.org.

Say ‘aah’ - RICC mini-grant a huge success

The ARC of Midland has just completed a Midland RICC mini-grant for dental services and the project far exceeded anyone’s expectations.

The RICC planned to recruit dentists to donate time for treatment of people with disabilities who did not have dental insurance.

The dentists met together, without agency people, and came up with a better plan. They decided to establish a dental clinic to serve low income people without insurance.

A local neighborhood medical clinic agreed to provide space for a dental equipment and treatment area.

The clinic also agreed to assist with billing Medicaid when appropriate. While the clinic is being set up, dentists have agreed to treat eople in their offices. All this was achieved in the first three months of the grant!

By the end of the grant year they had secured about $70,000 in funding from a variety of groups, foundations, and the faith community. This includes all money needed for renovations and setup of the clinic. They obtained 501(c)(3) status. They expect to have the clinic in operation shortly after the first of the year.

For more information on this highly successful grant enterprise, Pam Murchison at the Arc of Midland, 989-631-4439, email is: pmurchison@thearcofmidland.org.

Council committee and work group meeting minutes

Here are minutes from recent meetings of the Council’s committee and work groups.

The Housing Work Group meets quarterly and the Program Committee had not submitted minutes by presstime.

Health Issues Work Group

Members Present: Yvonne Fleener, chair, Vera Graham, RoAnne Chaney, Pam Hall, Val Yarger and Tony Wong. Staff present: Vendella Collins, Ivy Bedford, Glenn Ashley and Terry Hunt

Yvonne welcomed members and asked each to introduce him/herself. Yvonne summarized that at the April meeting we discussed inviting DCH director Janet Olszewski to our May meeting to determine her interest in using the Care Coordination model developed for CHSCS, and replicating this model in the CMH system. Upon reflection after the meeting, staff and Yvonne felt it may be premature to invite the director for this type of discussion. If we choose, we can invite the director in the future.

Motion by RoAnne Chaney to approve the February minutes as distributed. Vera Graham seconded the motion. Passed unanimously.

Motion by Vera Graham to approve the February minutes as distributed. RoAnne Chaney seconded the motion. Passed unanimously.

Glenn distributed information about the diverse patterns and trends identified at the Health Issues Focus Group. He also discussed impact and sustainability factors identified by the focus group, including advocating for rebuilding the infrastructure for health services, coalition building, educating the medical community and expanding from community organizing to community building.

Yvonne discussed the intensity of health issues on the table at this time and this intensity seems to be making it difficult to attract and retain members to address systems issues. Agency's staff and consumer advocates feel overwhelmed and unable to impact the enormous challenges confronting us. Glenn suggested a clear focus is critical. Yvonne suggested perhaps a conference or training could help us.

Glenn said the Health Issues Focus Group had lots to say and this is recorded in the document titled "Health: Focus Group Notes". Focus group participants reported on old grants that were very successful. The group offered many ideas for next steps. Glenn noted that previous council grants focused on research/medical issues, not health care access and service delivery issues.

The work group discussed establishing a health coalition to review models and successes, and suggest a direction for future grants.

Successes for consideration include:

Midland Dental – This was an initiative driven by dental professionals who wanted to improve access to services. These dentists developed their own plan and secured 15 volunteer dentists to staff a free clinic.

Family Empowered Coordinated Services – CHSCS has a good model, but perhaps there are additional models. Look for the best of the best practices. With data from group members and the focus group, we should be able to identify effective models and people who can explain the model. Our work group could analyze why things worked and suggest direction for future activities. Then, determine what potential role the council might play.

The Parent Advocacy Network and Parent Support Network are different, but both provide important assistance to mobilize families and push for change. This could be another possible direction for consideration.

Rebuild infrastructure

Focus group members felt coalition building clearly was very important and typically this involves providers, consumers, etc. Community building is different and involves not just consumers and providers, but also a much broader array of groups, such as government, employers, schools, churches, etc., to discuss how to make communities better. Both coalition building and community building are important, but are different from one another.

The focus group did not address Medicaid as a distinct issue, but looked at the issue in a global manner.

Cultural competence is important. The medical community wants data, numbers but generally does not pay attention to individual stories. All of this is important.

RoAnne said this shows the complexity of health care and the difficulty in selecting a particular focus.

Vera feels parents do not have one place to go to get current information and must discover resources one at a time. She suggested "one-stop shopping" but update information as things change. Rather than listing a person's name, list the position he or she fills in a health resource manual "tool kit," and who to contact.

Yvonne feels the focus group encourages the work group to focus on the system, not just a small piece. Several models include Early On, CHSCS, Midland dental services, etc.

Members discussed CHSCS as a potential model for adult services. The CHSCS model seems to offer many elements we want to consider. Who else do we want to involve in our discussions? Members suggested Paul Shaheen and Linda Potter.

Tony wondered if existing manuals for systems such as FIA, CMH, SSA, etc., might be helpful for parents and advocates to have. Systems are constantly in change an with on-going staff turnover, this makes it difficult for parents to get accurate, current information about services. Unfortunately, the agency manuals tend to be huge and complex and probably not very user-friendly for people outside the system.

Vendella reviewed the council's direction in trying to assure the council is building on previous successes and that all groups involved with the council are connected to, and aware of, each other's actions. The council is adopting a continuous improvement model to assure we accomplish what we set out to do. The council is using MSU faculty Pennie Foster-Fishman and Kevin Ford to assist us.

Vendella will be providing training for each work group through a series of three meetings. These meetings will assist in developing a process for drafting a work plan. Vendella hopes that each work group will have plans developed by October and she anticipates that the council will have an opportunity to review each plan by the first two council meetings in the new fiscal year.

By having a written work plan, the group has a road map. This plan helps others inside and outside of the council understand what is going on. Additionally, a good plan helps all members understand what responsibilities each of us has and time lines for accomplishment. A well-developed plan helps assure we all have a good understanding of exactly what the group is targeting. Each work group will have a standard format for work plans.

Vendella feels at least one and a half hours are needed for the first meeting. The group decided to meet twice in June, both the 12th and 24th of the month. The group will also meet on July 7 and Aug. 26.

Meeting adjourned.

June 12

Present: Vera Graham, Pamela Hall, Ivy Bedford, Valerie Yarger, Paul Shaheen, Terry Hunt, Beth Harvey, Vendella Collins. Telephone Participants: Theresa Arini, Todd Koopmans.

The members participated in exercises developed from the Organizational Learning manual. The exercised were: Discovering the Talent on Your Team and a Team Inventory. Using the Discovering the Talent exercise, the members listed what skills, knowledge and qualities they brought to the Work group individually. The group used the Team Inventory to discuss the skills, knowledge and qualities, in other words ,the talents of the members of the Health Issues Work Group.
The results of the exercises are listed below.

Knowledge, skills and abilities of team members:

- Knowledge of health care issues
- Tenacity
- Commitment to getting things done
- Team players
- Energetic
- Years of experience around table
- Cares about issues
- Task oriented
- Believes in people
- Leadership
- Knowledge of the big picture
- Focused
- Asks the tough questions
- Good follow through
- Good listeners
- Perseverance
- Good analytical, research and organizational skills
- Working knowledge of multiple organizations and community groups
- Knowledge of local, state and national trends
- Personal experience with disabilities
- Expertise with specific characteristics (senior, childrens and partnership issues)

What does this inventory tell us about our team?

- Motivated and interested in the issues
- Knowledge of different systems that are relevant to Health Issues
- Lots of experience
- Great potential to make positive things happen
- Good listeners
- Diverse expertise

How can we best utilize the talent on this team?

- Consistent determination
- Committed to the team process
- Variety of life experiences and journeys
- Different perspectives regarding the subject matter
- Covers the spectrum
- Comes with part of the solution
- People were part of the solution (took ownership)

What does this inventory tell us about the needed qualities on this team?

- Development of our own competencies
- Interface with systems
- Identify and remove barriers
- Cultural diversity
- Develop the capacity to advocate
- Build consensus of the group
- Maximize individuals to best utilize each person’s skills and abilities
- Links to legislature

- Who does this group need to involve (maybe not immediately, but at some point)?

- People who have control over the money (DCH)
- Medical experts
- Michigan State Medical Society (Kevin Kelly)
- Insurance Industry (including HMO's)
- Paul Reinhart (Medicaid Director)
- Dr. Kimberlydawn Wilson (Surgeon General)
- Consumers (current users of the system)

*This group needs to develop a "policy sheet" prior to inviting Surgeon General, Medicaid Director, etc. Have an agenda and ask where they stand on the created agenda, give them something to react to.

Tentative Mission Statement:
To increase the quality, availability and range of health services statewide and to expand awareness of the need and benefits of those services affecting people with developmental disabilities.

Next step: Define goals and/or objectives?

1) To expand awareness of the need for and benefits of Health Care services for PWDD.
3) Provide for continuity of care across lifespan
4) Shared decision making for care and coordination

The group concurred with her summary, but felt one issue discussed was missing: expand linkages with broader community. Members discussed ways to assure the primary focus of the Health Issues Work Group is for people with developmental disabilities. Group should maintain focus on children and youth. Be expansive to include PWD as

June 24

Members present: Yvonne Fleener, Ramona Adams, Pamela Hall, Terry Hunt, Vendella Collins, Val Yarger, Ivy Bedford, Beth Harvey, Vera Graham.

Members reviewed discussion of June 12th meeting for those participants who were unable to attend. Members discussed team inventory, invited members who did not participate in the previous discussion to take the inventory, share with group.
Members continued to refine mission statement.

Revised Mission Statement:
To increase the quality, availability and range of health care supports and services statewide.
Mission statement -
"Quality" includes: educational issues, should be family friendly
"Availability" includes: links to the right people, support from entire community, laws, quality assurance and access.
Objectives:

2) Provide for access to health and well being services - Living Healthy

a second level of thought process - strength in numbers.
Advocacy is "self-taught", a trial & error process. Group must create linkage between adult advocacy and children's issues.
Values include:
Serve as link to other groups (broader health care community)
Focus on children and adults with disabilities.
A health care system that meets the needs of people with disabilities is better equipped to meet the needs of all citizens.

Explore potential language regarding healthy living.

Review the Surgeon General's comments to determine whether the comments fit as part of our values/beliefs.(Family centered, community based, culturally competent, coordinated care.)

Children and adults bring different circumstances and language. We might consider "person centered" language.

The work group will have feedback opportunities as the council's grant monitor conducts his review of grant implementation.

Members selected the care coordination issue as the priority to focus on. What will it take to make this happen? The outcome is already in place in CSHCS contracts, so this provides a model for contrasting.

To carry this out, the system must have:

a contract between the client and health care system must be signed.

agree on services needed

medical and social services components are contractually obligated

money to support the model

model is flexible to respond to changing needs

strategic planning must occur (18 - 24 months)

consumers voices must be equal

TQM feedback

economic rationale to sustain it

research/evaluation /demonstration

look for an operational model from which you can plan a program

Barriers:

initial cost of care coordination

philosophical differences

current CMH system - too rigid

consumer's mistrust of system

inconsistent services options across the state

tension/friction between private and public health care system for providers

current system does not want to change

lack of trained people

Meeting adjourned at 3:30.

July

Members present:
Yvonne Fleener, Paul Shaheen, Pamela Hall, Tony Wong, RoAnne Chaney, Val Yarger, Beth Harvey, Ramona Adams.
Staff: Vendella Collins, Terry Hunt, Ivy Bedford

Vendella opened the meeting by welcoming members and ecapping activities at the last meeting. At that meeting, members were asked what they wanted the work group to be known for based upon outcomes achieved. Vendella's summary of member suggested outcomes included:

1. improved health care services which improve functioning for pwdd and this serves as a star model for the country
2. access is increased to services
3. health issues have been recognized and new legislation on access is adopted
4. developed new care coordination model which is based on effective policy
5. effective public awareness campaign
6. created positive changes in health care system
7. educated consumers
8. pwdd are living longer and healthier
9. partnerships reflect values of inclusion
10. simulated development of partnerships with stakeholders with emphasis

on “healthy living”. (Tony - effective treatment before it becomes chronic).

11. new model of care coordination is in place that focuses on healthy living.

Based upon these outcomes and other discussion at our previous meetings, Vendella drafted a revised mission statement

1. Expand awareness of the need and benefits of services for PWDD
2. Provide for access for health and well being services - Living Healthy
3. Provide for continuity of care across lifespan
4. Shared decision making for care (care coordination)
5. Pursue opportunities to educate consumers, providers, policy makers and others so improve knowledge on healthy living.
6. Develop partnerships with health care advocates and other interested stakeholders.
7. Provide political advocacy for policies which support activities of group (health issues).

Conditions that must be in place before can begin:

a. relationships between group and decision makers (local and state)
b. know who has relationships, be ready to carry message

Opportunities we can create

a. Networking - utilizing system for communication AAA, CIL, RICC, ARC, Partners, grads,Parents, use existing relationships/links;
b. Legislative reception - foster relationships

Other issues discussed include:

and objectives for consideration at today’s meeting.

Revised/draft Mission Statement:
To increase the quality, availability and range of health care supports and services statewide.

Revised/Draft Objectives

c. develop relationships that don’t currently exist
d. develop database of relationships (who knows whom, how they know each other)
e. anticipate potential political successors (new policymakers)
f. cultivate and share media relationships
g. develop coalition capacity - inventory other groups interest in health issues
h. become perceived as <u>key</u> player in elections

Barriers to success
Budget/resources
- time (individuals time to decide-take action
- prioritize work schedule
- fear of politics, getting involved
- number of issues - crafting a cohesive message - developing a group focus
- disorganization
- lack of unified front that effectively addresses issues, elections and election outcomes.

local level - attend events sponsored by legislators invite target group, media, legislators consumers, theme for event, ½ day agenda, use to educate, expose to issues, build relationships empower consumers.

Work Groups’ efforts will address systems advocacy, but will not include assistance to individuals to help them access services they need. A grant we develop may provide this type of support.

The HIWG has $1,500 to support the work group meeting and related expense

The work group can develop "white papers" and provide other kinds of advocacy supports.

Meeting adjourned

Multicultural Committee

Present:

Mitzi Allen Larry Betz Vera Graham
Terry Lerma, Chair Rick Van Horn

Agenda:

I. Call to Order
II. Approval of Minutes
III. Approval of Agenda
IV. Introductions
V. Old Business –
  A. Meeting times, days, dates for next fiscal year
  B. Time Commitments on Action Plan
  C. Comments on Preface
VI. New Business
  A. Glenn Ashley presentation to Committee
  B. Vendella Collins presentation to Committee
VIII. Adjournment

I – Chair Lerma called the meeting to order.

II – Graham moved to accept the minutes, seconded. Passed unanimously.

III – Items VI B and C tabled. Date and time to be determined. Under new business, Graham discussed Committee outreach to families and communities of color. Allen wishes to discuss the health fair. Graham moved to approve today's agenda. Seconded and passed unanimously.

IV – Members introduced themselves. Betz is the Committee's new representative from the Michigan Department of Civil Rights and brings extensive experience in community outreach to the table. He is very knowledgeable about diversity issues and is a welcome addition to the Committee.

V – The Committee discussed meeting dates for the coming fiscal year. Graham moved to accept the schedule. Seconded and passed. The dates in 2003 are:

Aug. 13, Sept. 17, Oct. 17, Nov. 10 and Dec. 8.

Dates for 2004 are:

Jan. 12, Feb. 9, March 8, April 12, June 14, July 12, Aug. 9, Sept. 13, Oct. 11, Nov. 8, and Dec. 13.

Please note that meetings will be held in the DD Council office's conference room in Lansing. Effective Nov. 10, 2003, meetings will begin at 9:30 a.m. and run until noon. Dates and times are subject to change, so please check with the council office – 517-334-6123 – for confirmation.

VI – Outreach: Members discussed the responsibility of the Committee to increase participation of people of color in the council's policymaking, planning, and service design. Committee members discussed cultural traditions that have been successful in outreach to underserved populations. African Americans, American

Indians and Latinos believe they must take care of their own. Therefore, most do not access services. Betz said his experience shows two barriers to getting persons of color involved: the cultural gap and the issue of trust.

Thus the Committee embarked on an outreach project that might be a method of conducting outreach on the council's behalf. This would be through a Regional Interagency Coordinating Committee (RICC) and help council members become aware of the need and benefits of such outreach.

Allen suggested working with an active RICC, such as Genesee. Betz agreed, noting that the Fair Housing Center in Flint did a study indicating that 30% of city households, in the 2000 Census, said they had one or more persons with a disability. Add to that the city's economic problems and there are some issues, Betz noted. There are a number of issues that are beyond the range of the council, but there are a number of Flint people who could benefit from making contact with the council.

Betz said that the Committee, working through the RICC, could hold its meeting in Genesee County. The Committee should contact the Genesee RICC and see if they are interested in piloting a local outreach. Discussion continued on the possibility of partnering with other community agencies. Committee Chair Lerma asked Allen to contact Kathy Flowers, chair of the Genesee RICC, to see if they would be interested in forming a partnership. Allen will try to schedule the meeting for Aug. 13, 2003.

Council Support

Under discussion at the July 7, 2003 council meeting were its areas of emphasis and possibly identifying new areas to match current trends. Currently the council has identified three areas: education, transportation, and employment. No mention was made of closing cultural gaps or diversity. Graham explained that she had attempted to bring this oversight to the council's attention by making a motion to include cultural competency. Allen said outreach, then, must begin with the Committee doing the outreaching.

In lieu of adopting or adding cultural competency as a goal, council said it would distribute a future questionnaire to agencies that serve or represent people of color. Committee members said that is not enough and Lerma will prepare a letter to the council asking, "How dies the council plan to build the issus of diversity and competency into each of the areas of emphasis?" And, "How can the Committee assist the council in this task?"

Graham suggested videotaping the Genesee Committee meeting and showing it on local public access television channels. Of course, council members and persons from local media would also be invited, as would local parent-teacher organizations. Consumers and parents who did attend could be tracked to see if the outreach was successful.

Graham presented a suggested design for a council brochure to be used to promote the Committee/outreach program. She titled it "Diversity Now." Members present thought the concept of a brochure of this type would be a good idea and asked Van Horn to incorporate Graham's design and prepare a draft for the next meeting.

Upcoming events: Lerma announced a three-day seminar in Wayne County in late September titled "Working with Children of Color – Safeguarding the Lives of

Children." The Committee might wish to have a presence there. Lerma will check on what is viable.

Health Fair, Sept. 27, 2003, 10 a.m. – 2 p.m., at the Cristo Rey Church, 201 W. Miller, in Lansing. The health fair is targeting Latinos in the area. The Committee will man a display booth during the fair. Van Horn will set up the display. Betz, Graham and Lerma will staff the board for an hour. Allen will take down the display after the fair.

Allen also reported that the National Council on Disability who is holding a forum on Monday, Jan. 28, 2004 in Washington, D.C. The topic is "Outreach – People with Disabilities from Diverse Cultures."

Lerma said the MARO conference in November had accepted her proposal outline for a Committee presentation.

At next month's meeting, individual work plan responsibilities should be assigned. Allen said that because the Committee had already presented its action plan to the council, the printed plan will not have to follow the format dictated by the council. The Committee's 2004 action plan will reflect the new format.

Lerma will not attend the August meeting.

Graham moved to adjourn the meeting, Betz seconded. Passed.

Meeting adjourned at noon.

Education Work Group

June meeting.

Members present: Andre Robinson, Mark McWilliams, Glenn Ashley, Bud Kraft, Dohn Hoyle, Lynne Tamor, Marta Hampel, Susan Ball, Veena Rao, Vera Graham

Members present by phone: Gwen Pierce, Karen Mussaro-Mundt, Jane Reagan, Cheryl Cormier-Kuhn

Mark McWilliams motioned to approve previous meeting minutes. Andre Robinson Seconded. Motion approved.

Lynne indicated that the Position on Inclusive Education needs to reference that this was adapted from the Council's "Everyone Together" project. The Position on Inclusive Education needs to be distributed to all members not present to receive and see the outcomes of the work group activity.

Discussion took place on the State Board presentation to be held on June 26, 2003. The tentative plan involves a presentation by SEAC, Bill Miller, and a representative of the DD Council about good, inclusive education. Bill Miller has updated the past Broad Universal Education, 18-26 age programs, and the Pathway to Kindergarten Statements.

The amount of time to present is unknown. DD Council will present first. It is expected that each person will present 15-30 minutes. The presentation to the State Board needs to be different than what was presented to the Council last March. The group needs to try to obtain a video of an inclusive class to show the State Board. The group wants the Board of Education to understand the following:

1) Why Inclusive Education is important.
2) Why Inclusive Education is good for everyone
3) Show what good Inclusive Education looks like. Teach the State

Board of Education to benefit all students.

The DD presentation wants to demonstrate education at an early age is the key to true inclusive education and leads to inclusive jobs and inclusive communities too.

Discussion took place on No Child Left Behind (NCLB). It needs universal education.

It was discussed that Andre's speaking points for the June 26th presentation include:

1) Many students don't get to interact until college with their peers
2) Schools have failed for employment as outcome for persons with developmental disabilities.
3) Adult world is changing/State of Inclusion is very poor in Michigan

Discussion took place about the 50th Anniversary of Brown vs. Board of education. Segregation for minorities was ended in May of 1954. This may be incorporated in discussions regarding special education.

Discussion took place on wanting the State Board to take a position to end segregation in 2004. Education is a service, not a place.

Mark McWilliams presented an outline for the presentation he drafted during the discussion. The outline included: buildings are being built with operations funds, and outcomes on adult system have not been positive. Scores provide pressure for pushing students out of school and increasing the number of dropouts.

Discussion took place that the DD Council title should read Universal Education, not Inclusive Education. Bud will proceed to see about changing the title.

An action plan was discussed. The plan is to have the State Board adopt position on Universal Education. The Action plan will outline what activities should be included as projects or advocacy by the Council.

IDEA Reauthorization was discussed. The Senate Bill is due out later this week. There will be changes. Bill HR.2210 was introduced to make Head Start part of the education system.

Longitudinal (historical) Study issues were highlighted. The two current Council education projects include:

- Early Childhood, which is a 2-year MSU project. They have improved their committee to include parents. The Education Work Group requests that they update the work group at the next meeting on July 2, 2003.

- "Everyone Together", which is a 5-year UCP project.

July meeting.

Members Present: Sherry Cormier-Kuhn, Andre Robinson, Marta Hampel, Lynne Tamor, Karen Massaro-Mundt, Susan Ball, Bud Kraft

Members Present by Phone: Jane Reagan, Gwen Pierce, Vendella Collins

Discussion took place on the March 2003 Position on Universal Education Statement. It was discussed to change the title to Policy on Universal Education, add the original footnote, and move the asterisk up by the title.

The previous meeting minutes were reviewed. The approval was tabled until the next meeting.

It was felt that the presentation to the State Board of Education was effective and went well. The flow was good. Statewide Education Advisory Committee (SEAC) presented before the Education Work Group, then Sylvia Kloc followed. The amount of time the change would take was of concern. Action was not taken by the Board.

It was discussed to write a thank you letter to the State Board of Education and ask what action they will take. SEAC position is expected to be an action item at the next Board meeting.

Vendella Collins provided a fairly extensive discussion about Organizational Learning process of continuous improvement and action plan development. All workgroups will use this process and there is generally a series of 3 working sessions. Some groups may be able to finish in fewer sessions. It was agreed that the first meeting needs to be face to face to be most effective.

An Education Action plan needs to be developed for the Council's consideration. Each work group will be using this Organizational Learning process to develop action plans. The question was raised: How does the Education Work Group fit into the Council's efforts? The work plan will establish an education platform and develop a vision for the Council's consideration.

It was discussed that every work group will have a work plan that will be an annual process. Anyone at anytime can see where the group is and where they are going. It will permit the Council members to engage in discussion and permit an ongoing dialog with the Council.

It was discussed to have the work plan developed by September. If the work plan is topical, then the issues can address quick response needs. Two meetings in 1 month can be set up, if needed.

There was a group discussion that indicated the need of new members to "come up to speed" and for all members to get to know each other better. It was discussed that this process might lead to a longer planning process, or it might lead members to feel that the current direction is the one the group wishes to continue and that creating a plan of work is relatively simple.

Ideas need to be given to the Council for projects. Objectives and strategies around projects need to be developed. Portions of the Organizational Learning include review mission, strength/inventory of member's talents, and goal affirmation/strategy development.

The Rapid Response Policy draft was discussed and it will be handed out at the July Council meeting. Vendella will e-mail the draft to the Council members for review.

It was discussed to have Esther Onaga come to the Education Work Group to present on the project. Bud will follow up on this.

Discussion took place on who to send the Position on Universal Education to. It should be sent to legislators and policymakers.

Gwen Pierce made the motion to send Governor Granholm a thank you letter for vetoing charter legislation. Andre Robinson seconded and the motion was approved. Lynne Tamor will draft the letter for July 8

Council review supporting the veto for all publicly funded schools. A copy of Policy on Universal Education will be sent to the legislators and policymakers.

Discussion took place on a possible meeting with all members of the work group face to face. The agreed upon date is August 6th.

Public Policy Committee

Attending:

Tony Wong
Tandy Bidinger
Tracy Vincent
Rick Van Horn
Terry Hunt
Bud Kraft
Jane Reagan
Andre Robinson
Duncan Wyeth
Robyn Saylor
Elmer Cerano
Kathy Flowers
Trent Edgen
Todd Koopmans
Jane Sptizley
Stu Lindsay

Agenda

1. Welcome and Introductions
2. Approval of Minutes
3. Schedule future meetings for fiscal year 2004
4. Guest Speaker Stu Lindsay of M.D.O.T.: Transportation Updates
5. Medicaid Waivers and Buy-In: Update
6. Education Legislative Updates: IDEA Reauthorization and MI Charter Schools
7. Olmstead Issues: MI Choice Update
8. Mental Health Parity
9. Rapid Response Policy
10. Organizational Learning
11. Budget Updates
12. Other

Welcome and introductions were done.

Jane Reagan motioned to approve minutes from previous meeting. Elmer Cerano seconded. Motion approved.

Future meeting dates for the Public Policy Committee for fiscal year 2004 were discussed. The meetings will be held on the 2nd Tuesday of each month, excluding February and November. Jane Reagan moved to adopt the meeting dates. Adopted by consensus.

Tony Wong gave an update on the Medicaid Buy-In. On July 2, 2003, Governor Granholm signed bills HB4270 and SB22. The program is required to be up and running by January 1, 2004. People with disabilities will be able to earn as much as they want without losing their Medicaid benefits. People who earn less than $22,450 will not have to pay a premium. People who earn more than $22,450 will be able to keep Medicaid by paying a premium of approximately $50 per month. If a person earns more than $75,000 per year, they will have to pay a full premium (between $6,000 and $10,000 per year). There will be a sliding scale between these end points. Under the new law, the individuals savings limit will increase to $75,000 from $2,000 and people will be able to set up unlimited retirement funds. To qualify, a person must either be on Medicaid or qualify for Medicaid criteria (but not on spend down).

If a person on Medicaid stops working involuntarily, their assets will be protected for two years. After two years, a person will have to spend down if they still do not have a job. The conversion to a home down payment may avoid losing all the equity. There is no current incentive to work if a person is on spend down. A person is not eligible for buy-in if they are on spend down, however, hopefully there will be other changes in the future that would be helpful.

MI Choice Waiver was discussed. They are re-opening the MI Choice Waiver with a limited number of slots. A person can contact their waiver agent. The issue of concern is that the state may not monitor the services. There is a shortage of home care workers and the workers who provide quality service don't stay long because of the lack of benefits and pay. A plan needs to be put in place to attract others to the field. It was suggested to have a long-term care summit and invite Michael Dashline to tell people what his suggestions are. Infrastructure grants help states with long term care.

Education legislative updates were provided. The Charter School bill has been moving along. There are Senate and House differences such as the number of Charter Schools being offered. The Republicans seem to be in favor of Charter Schools and the Democrats seem to be opposed. There are concerns for children with disabilities. The Charter Schools seem to be picking and choosing which children they want.

The Education Work Group reviewed the material that was approved at the May DD Council meeting. They believe it was not fully adopted by the Council. It was discussed to change the title from Inclusive Education to Universal Education. They will bring both documents back to the Council.

IDEA Reauthorization was discussed. The House passed its version and the Senate passed its version but they don't agree.

Olmstead issues were discussed. An Olmstead Task Force may be required in settlement of Olmstead cases. Pat Cannon, the Governor's liaison to the disability community, may be able to assist with this.

Discussion took place on Mental Health Parity. Senate Health Committee is considering Senate Bills 4 & 5, Mental Health Parity and Substance Abuse Parity. It has not been voted on yet. It is currently being discussed and testimony was taken.

The draft DD Council Rapid Response Policy was discussed. A Rapid Response Policy and Procedures Draft is going to the Council for consideration today. It was discussed that the Public Policy Committee needs to develop more position statements for the Council's consideration. Other work groups would address concerns in their area.

Michigan Protection and Advocacy Service wrote a response letter to Representative Brandenburg and he did not reply to the response. The group was given copies of the letter. The Public Policy Committee is not planning to respond at this time.

Governor Granholm signed House Bill No. 4333 which amends the Michigan Vehicle Code to increase the fine for illegally parking in a space designated for the use of persons with disabilities.

The Circuit Court settled the California case regarding sidewalks and accessibility. The case had been expected to go to the U.S. Supreme Court (the Barden vs. Sacramento settlement requires the city of Sacramento to devote funds 20% of designated transportation funds for the next 30 years to improve sidewalks, crosswalks and curb ramps).

Guest speaker, Stu Lindsay, from the Michigan Department of Transportation (M.D.O.T.), gave transportation updates.

Between 1995 and 2002, there was a 50% increase of people with disabilities using public transportation. People with disabilities are a very important part of the customer base in public transportation. M.D.O.T. is focusing on improving regional interconnection transportation services and maintaining the existing level of services. The state may need a different system to expand a radius of available services. Stu will be invited back on August 12th.

Duncan Wyeth announced he will be leaving MRS and the Council in the future. He has accepted the position of executive director of the Michigan Commission on Disability Concerns. He intends to remain active with the Council's Public Policy Committee.

Next meeting: August 12th, 10:00 am – 12:00 pm, Michigan State Police Training Academy

Meeting adjourned.