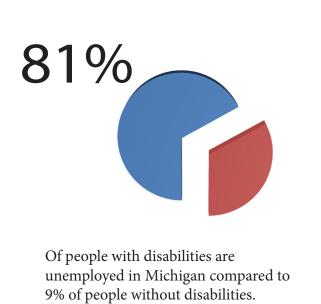


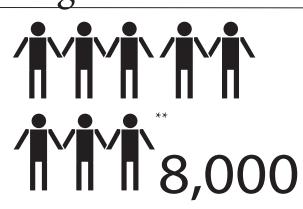
Michigan Developmental Disabilities Council 2015 Annual Report

Building Inclusive Communities One Step At A Time: Our Community Includes Everyone



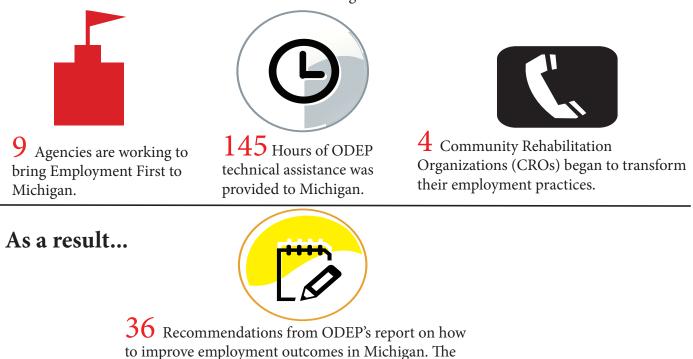
Employment First Transformation in Michigan^{*}





People with disabilities who work at sheltered workshops or facility-based settings make an average wage of \$2.75/hr. The 2015 minimum wage in Michigan was \$8.15/hr.

In response to the dismal employment outcomes in Michigan, the Council collaborated with other State agencies and the Office of Disability Employment Policy (ODEP) to help make Employment First a reality in Michigan.



report is available at www.michigan.gov/ddcouncil.

*Employment First in Michigan is a declaration of both philosophy and policy stating that individual integrated employment is the first priority and preferred outcome of people with disabilities.

represents a thousand people.

**Each



"Thank you everyone who helped make this a possibility. Before I started this class, I didn't think I'd ever get to live on my own or that I'd be able to hold a stable job; not one that I liked anyway."

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People have graduated from Leaders in Policy Advocacy (LIPA) project. Including 24 adults with a developmental disability and 43 parents of minor children with a Developmental disability.

Leaders in Policy Advocacy provides advanced training for adults with disabilities and parents of minor children with disabilities on how to achieve systems change.

- U.P. Graduate of LIPA

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Trainings were offered by Connections for Community Leadership (CCL), which included leadership trainings and disability pride trainings with RICC members and young adults. CCL supports people with developmental disabilities cultivate leadership skills. CCL achieves this goal through training facilitation, curriculum development, technical assistance, networking opportunities, peer-learning groups, social media, and introducing individuals and organizations to disability history, identity, and pride. CCL also provided leadership opportunities through the use of their Facebook pages and websites.

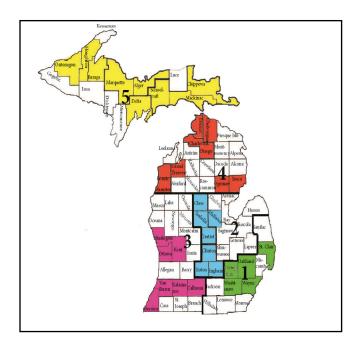




" I am going to think about the words I use a lot more. From now on I am going to be a better ally to my brother."

- Participant of CCL

Self-Advocacy: RICCs



Regional Inclusive Community Coalitions (RICCs) represent 5 Regions in Michigan. They are local grassroots groups of people that are funded and supported by the DD Council. Members include people with disabilities, family members, friends, local advocates, community leaders and service providers.

RICCs in each region continue to promote advocacy, systems change, and capacity building. Here are just a few ways RICCs in each region made a difference.

	-	
e :	0	Region 3: The Region 3 RICCs
continues to expand upon	continue to work with local	identified diversity as a key
person-centered planning	businesses on accessibility. The	issue in their RICCs. As a result,
(PCP) process training.	RICCs met with local businesses	each RICC did more outreach at
They have given trainings	and discussed ways owners could	fairs and expos. The goal was to
at their regional meeting	increase their access for people	get more people with different
and the 2015 RICC	with disabilities.	backgrounds to participate in
Summit.		RICC activities and advocacy.
Region 4: The Region 4	Region 5: The Region 5 RICCs	
RICCs connected with	participated in Disable the	
about 3,326 community	Label initiative to celebrate DD	
members at 16 events they	Awareness Month in March.	
hosted throughout the year.	Participants without disabilities	
These events were used as	had the opportunity to experience	
outreach opportunities to	what it is like to be a person with	
the community at-large.	a disability.	
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Advocacy in Action

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Responses given to the Michigan Department of Health and Human Services (MDHHS)/ Medicaid Services Administration (MSA) regarding draft polices. Examples of Council impact on draft policies: Durable Medical Equipment (DME), it is up to the recipient whether to receive reconditioned/rebuilt DME or to have new equipment issued under certain circumstances.

Notification of home and community-based options: certain facilities that go through a voluntary closure must inform their residents on home and community-based options rather than just referring to another facility.

Members of the Michigan legislature, both republicans and democrats, helped to reestablished the disability caucus along with Council support. This group will be focusing on specific policy and legislative issues that impact people with disabilities. The caucus is committed to advancing legislation to help people with disabilities.

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Transit providers attended a transportation summit in July 2015 to discuss a universal fare card. This card would allow people with disabilities to get a reduction in fare to use public transit across the state without having to certify in each county. Currently, the DD Council along with transportation providers, advocates, and department personnel, are working to finalize the statewide application for a reduced fare card for people with disabilities and seniors.



The Council helped to remove "crippled children" from 6 Michigan laws and statutes. This term has been in the public health code since at least 1921. This package of bills was introduced, passed, and was signed into law in only 5 months.

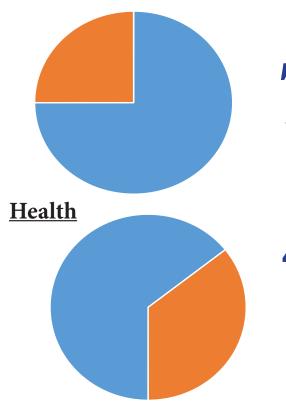
Council Participation in

National Core Indicators (NCI), started in 1997 as a way to track and measure key life indicators: employment, rights, service planning, community inclusion, choice, and health and safety outcomes for people the intellectual and developmental disabilities (I/DD) served by the public mental health system. Michigan started an NCI Advisory Group, which the Council was a part of, called the Developmental Disabilities Practice Improvement Team and the Quality Improvement Council. This group formed to analyze Michigan data and to make recommendations.

In January 2013, Michigan began to measure these life areas: Person-Centered Planning, Health, Living Arrangements, Relationships, and Employment of people with I/DD. These indicators summarize the surveyed results from personal interviews with people with I/DD and the background information provided by the community mental health system. Information from these interviews is used to understand the experience and outcomes of people with I/DD. It is also used to identify areas for continued improvement in the delivery of public mental health services.

The data shows the following:

Person-Centered Planning



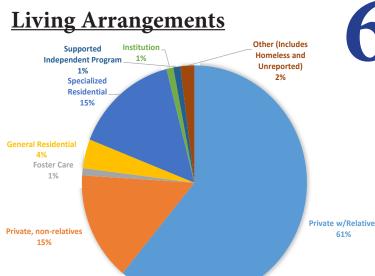
of people and their family received 75%

information that was easily understood to help in the person-centered planning process, while only 25 percent did not receive information.

of adults with disabilities are more likely to be physically inactive compared to only 26 percent of adults without disabilities who were surveyed.

National Core Indicators

68%



61%

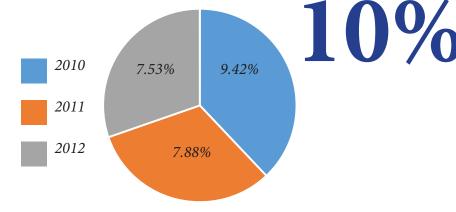
of people with I/DD live in private residence with parents. 15 percent live in supported or specialized residencies, or a private residence with non-relatives. Four percent live in general residential settings, while two percent live in other settings not listed. Finally, one percent live in foster care or an institution.

Relationships



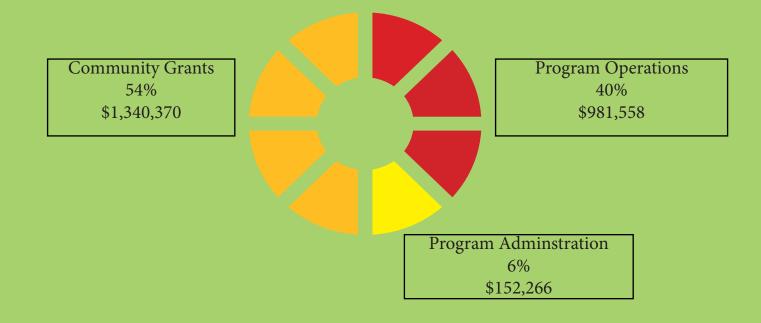
of individuals with I/DD report that they have friends, while 32 percent report that they do not have friends (outside of paid staff or family). People who live in their own home report more friendships than those living in group homes or parent's home.

Employment



Less than 10 percent of the approximately 31,000 adults with developmental disabilities (DD) served by the public mental health system were competitively employed from 2010-2012. The data shows Michigan is moving away from competitive employment for adults with DD in the public mental health system.

Financial Review



Council Members:

Chair: Kristen Columbus-*Family Member* **Vice-Chair**: Paul Palmer-*Self-Advocate*

Justin P. Caine-Self-Advocate Heidi A. DeVries-Self-Advocate Kristin L. Kleinheksel-Self-Advocate Jeremiah J. Prusi-Self-Advocate David J. Taylor-Self-Advocate Jill Barker-Family Member Robert L. Brown-Family Member Deborah Rock-Family Member Deborah Rock-Family Member Andrea Sargent- Family Member Richard Suhrheinrich-Family Member Marnie Wills-Department of Licensing and Regulatory Affairs Elmer Cerano-Protection & Advocacy Services Jane Reagan-Michigan Department of Education Deborah Wiese- Michigan Department of Health and Human Services Barbara LeRoy- DDI-University Centers for Excellence David T. Verseput-Michigan Department of Health and Human Services

Council Staff:

Vendella M. Collins-Executive Director Yasmina Bouraoui-Deputy Director Wendy Duke-Littlejohn-Executive Secretary Brett Williams-Public Policy Analyst Dee Florence-Advocacy Secretary Terry Hunt-Community Services Consultant Tedra Jackson-Grants Monitor Meredith Smith-Communications Representative Tracy Vincent-Resource Analyst

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