Michigan Developmental Disabilities Council

2022-2026 Five-Year State Plan

Analysis of State Services, Issues, and Challenges

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Statement of Values

Mission:
To support people with developmental disabilities to achieve life dreams.

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

Values:
1. Including People with High and Complex Support Needs in all Activities. This 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.

2. Self-Determination. The Council advocates for systems and communities that support people with developmental disabilities to live the lives they choose, including living where they choose with whom they choose and receiving services the way they choose.

3. Consumers' Voice at the Policy Table. People with developmental disabilities and their families must be able to make their voices heard across the landscape of policy development.

4. Economic Justice. Improving the lives of people with developmental disabilities requires attention to economic justice and poverty. This attention opens opportunities for building partnerships with other economic justice advocates.

5. Community Inclusion. The Council works to ensure supports and accommodations for full access to community living and community engagement.

6. Rights of People with Developmental Disabilities. The Council helps people understand and exercise their rights. The Council advocates for accountability when governments or others ignore or violate those rights.

7. Diversity and Equity. The Council intentionally focuses on race, ethnicity, and other intersectional identities to eliminate historical and systemic marginalization and create.

Guiding Principle

The Council remains committed to support and expand opportunities for culturally diverse individuals with developmental disabilities and their families representing diverse racial, ethnic, and socioeconomicbackgrounds across the State of Michigan. We will seek to integrate an intersectional approachto increase the participation and leadership of people of color in DD Council activities and advocacy across the state. Our goal is to support individuals with developmental disabilities and their families in a culturally competent manner, which is responsive to their beliefs, interpersonal styles, attitudes, language, and ensure effective and meaningful opportunities for full participation in theircommunities.

Contextual Framing

- It is good to think of racial equity both as outcomes and as the process for achievingthe desired outcomes. As outcomes, we will achieve racial equity when a person's race no longer impacts the services and supports, they receive.
- Culturally competent means services, supports, and other assistance that is conductedor provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals who are receiving the services, supports, or other assistance, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program involved.

Cross-Cutting Themes

Diversify Partnerships - We will be intentional about who MDDC partners with – who, and what are they about so long-term impact can be achieved.

Education & Training - Prioritize communities of color for inclusion in learning opportunities.

Building Community / Culture / Identity – Foster a community for people who embody intersectionality to tell their story, celebrate their culture and embrace their identities.

Intersectional Data Measurement / Analysis - We will work towards developing a baseline to measure our journey to disability justice by having metrics at an individuallife level and for community life improvement.

Analysis

We will work towards developing a baseline to measure our journey to disability justice by having metrics at an individual life level and for community life improvement.

Adopted April 12, 2011
Revised April 6, 2021

SECTION I: COUNCIL IDENTIFICATION

PART A. **State Plan Period**:
October 1, 2021 through September 30, 2026

PART B. **Contact Person:**
Vendella Collins, Executive Director
Phone Number: (517) 335-3158
E-mail: collinsv1@michigan.gov

PART C. **Council Establishment:**
(i) Date of Establishment: July 21, 2006
(ii) Authorization: Executive Order
(iii) Authorization Citation: Executive Order 2006-12

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

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

Last Name	First Name	Agency/Org/Citizen Representative Code	Agency/Organization Name
Barnett	Lonnie	A8	Title V
Potter	Melissa	A1	Rehab Act
Fletcher	Ericka	B1	An Individual w/IDD
Johnson	Steven	B2	Parent
Junior	Jamie	B1	An Individual w/IDD
Kohler	Beth	B2	Parent
McWilliams	Mark	A5	Disability Rights Michigan
Matthews	Dennis	B2	Parent
Milberger	Sharon	A6	Michigan Developmental Disabilities Institute
Murphy	Jeremy	A7	Non-Profit
Perry	Blake	A9	Self-Advocates
Proctor	Suzanne	A7	Parent
Pullins	Price	A4	Title 19
Winslow	Sarah	B2	Parent
Rockwell	Kelly	A7	Non-Profit
Stumbaugh	Sheryl	B1	An individual w/DD
Anderson Tippett	Jeanne	A2	IDEA
Wamsley	Scott	A3	Older Americans Act
Van Zile	Marisa	B2	Parent of a child

Part E. Council Staff [Section 125(c)(8)(B)]:

Position or Working Title	Last Name	First Name
Executive Director	Collins	Vendella
Deputy Director	Bouraoui	Yasmina
Grants Manager	Jackson	Tedra
Resource Analyst	Vincent	Tracy
Public Policy Analyst	Williams	Brett
Community Inclusion Coordinator	Shehan-Boogaard	Mary
SAM Advisor	Hall	Renee
Secretary A	Vacant	Vacant
Executive Secretary	Vacant	Vacant
Communications	Vacant	Vacant

SECTION II: DESIGNATED STATE AGENCY [Section 125(d)]

PART A. The Designated State Agency (DSA) is:

Agency Name: Department of Health and Human Services
Official Name: Michigan Department of Health and Human Services (MDHHS)
Agency Address: 235 S. Grand Avenue
Agency City: Lansing
Agency State/Zip:MI,48913
Telephone: (517)373 3626
Email:hertele@michigan.gov

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

The Michigan Department of Health and Human Services (MDHHS) provides health, prevention, family, and residential supports to individuals with Intellectual and/or Developmental Disabilities (I/DD). The Medicaid program is housed within MDHHS.

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

The DSA has a Memorandum of Understanding/Agreement with the DD Council.

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

The MDHHS provides personnel processing through the civil service system. It also provides fiscal and accounting services to support DD 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:

PART A. State Information

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

Race/Ethnicity	Percentage of Population
White, alone	79.2%
Black or African American alone	14.1%
American Indian and Alaska Native alone	0.7%
Asian alone	3.4%
Native Hawaiian and Other Pacific Islander alone	0.03%
Some other race alone	1.9%
Two or more races:	2.5%
Two races including Some other race	NA
Two races excluding Some other race, and three or more races	NA
Hispanic or Latino (of any race)	5.3%

(ii) State Disability Characteristics:

Year	Total Served	A. Number Served in Setting of <6 (per 100,000)	B. Number Served in Setting of >7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2017	NA	NA	NA	NA	NA
2016	45,115	5,776	596	25,780	6,980
2015	45,115	5,776	596	25,780	6,980

a) Demographic Information about People with Disabilities

People in the State with a disability	Percentage
Population 5 to 17 years	4.8%
Population 18 to 64 years	12.2%
Population 65 years and over	34.3%

Race and Hispanic or Latino Origin of people with a disability	Percentage
White alone	14.1%
Black or African American alone	17.2%
American Indian and Alaska Native alone	23.8%
Asian alone	5.5%
Native Hawaiian and Other Pacific Islander Alone	NA
Some other race alone	10.8%
Two or more races	14.7%
Hispanic or Latino (of any race)	10.0%

Employment Status Population Age 16 and over	Percentage with a disability	Percentage without a disability
Employed	23.7%	66.7%
Not in labor force	73.2%	30.2%

Educational Attainment Population Age 25 and over	Percentage with a disability	Percentage without a disability
Less than high school graduate	16.8%	6.6%
High school graduate, GED, or alternative	36.8%	37.1%
Some college or associate degree	31.1%	32.6%
Bachelor's degree or higher	15.3%	33.7%

Earnings in Past 12 months Population Age 16 and over with Earnings	Percentage with a disability	Percentage without a disability
$1 to $4,999 or less	17.9%	9.3%
$5,000 to $14,999	21.4%	14.0%
$15,000 to $24,999	14.6%	13.4%
$25,000 to $34,999	12.9%	13.1%

b) Residential Settings

Poverty Status Population Age 16 and over	**Percentage with a disability**	**Percentage without a disability**
Below 100 percent of the poverty level	20.7%	10.1%
100 to 149 percent of the poverty level	11.7%	6.3%
At or above 150 percent of the poverty level	67.6%	83.7%

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

(i) Health/Healthcare:

According to America's Health Rankings in 2021, Michigan ranked between 27th and 41st, of all 50 states, on several health rankings: 27th in clinical care; 31st for social and economic factors; 35th for health behaviors; 37th for the physical environment; and 41st for overall health outcomes. Michigan has historically ranked in the bottom 10 states for this overall measure.

Racial disparities in health conditions exist in Michigan. According to the Michigan 2019 Health Equity Report, the mortality rate for kidney disease, in the state's African American population, was 1.9 times the rate of the state average, and 1.8 times the state average for the Arab American population. The mortality rate for diabetes, in the state's Arab American population, was 1.7 times the rate of the state average, and 1.6 times the rate of the state average for the African American population. Finally, the mortality rate for chronic lower respiratory disease (CLDR), in the state's Native American population, was 1.5 times the rate of the state average. These statistics show the need for a racial equity lens as health care programs and services are implemented.

As of June 18, 2021, Michigan has had 893,164 confirmed coronavirus cases and 19,612 total confirmed COVID-related deaths. Across the entire State of Michigan, 4,926,697 Michiganders, ages 16 and older, have received at least one dose of the coronavirus vaccine, and across the entire state of Michigan, 8,830,169 doses of the vaccine have been administered as of June 17. Additionally, as of June 11, the MDHHS reports that 852,204 Michiganders have recovered from the virus.

The COVID-19 pandemic has disproportionately impacted communities of color in Michigan. African Americans represent nearly 14% of the state's population, yet they represent 40% of the deaths from coronavirus. Among them, differences in exposure led to higher case rates among Black and African American persons early in the pandemic, when testing capacity was lower and more cases were likely, not captured. In addition, differences in the prevalence of underlying comorbidities have likely put Black and African American individuals at higher risk of severe outcomes COVID-19 disparities have also appeared by ethnicity. The cumulative COVID-19 case rate per million population among Hispanic and Latino persons in Michigan, has been over 70% higher than the rate in White populations. Executive Order 2020-55 created the Michigan Coronavirus Task Force on Racial Disparities to address these racial disparity issues related to COVID-19.

Medicaid Autism Applied Behavior Analysis Services

Michigan Medicaid covers Behavioral Health Treatment (BHT) services, including Applied Behavior Analysis (ABA), for eligible children under 21 years of age with Autism Spectrum Disorders (ASD). All children, including children with ASD, must receive EPSDT services that are designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions, so that health problems are averted or diagnosed and treated as early as possible. The Behavioral Health and Developmental Disabilities Administration (BHDDA) carries out the responsibilities for Medicaid ABA administration through a behavioral health managed care contract with ten regional Prepaid Inpatient Health Plans (PIHPs). The ABA services are delivered by specialty providers through a county-based community mental health services programs (CMHSPs) and includes assessment, direct adaptive behavior services for an individual or a group, as well as family support and training. Michigan Medicaid currently covers Applied Behavior Analysis (ABA) services for eligible children with autism spectrum disorder (ASD).

The 2019 appropriation was $192,890,700.00, with 7,081 persons served in FY19. There is a variety of outreach and collaboration at the regional and local levels to reach families with culturally and linguistically diverse backgrounds. ABA providers are also recruited and trained to meet the needs of the families.

Children's Special Health Care Services

Children's Special Health Care Services (CSHCS) is a program administered by MDHHS that provides early identification, diagnosis, and treatment of certain disabilities in children. CSHCS receives funds from the Maternal and Child Health Block Grant, federal match for beneficiaries with Medicaid coverage, and the state. The program includes the following services to children with I/DD 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 Family Center for Children and Youth with Special Health Care Needs, which is a program for families administered by families who have members with special health needs.

The target group for CSHCS is children with physical disabilities who have the potential for long term disability, if untreated. 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 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. The FY19 funding was $231,514,600 with 50,211 persons served.

Children's Waiver Program

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. CMS approved the current five-year cycle effective 10/1/2019.

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.
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, environmental accessibility adoptions, and overnight health and safety support. The CWP is a statewide program.

The Children's Waiver Program changed from fee-for-service to a managed care program effective 10/1/2019. Because General Fund dollars have continuously decreased, some children and families have not been able to receive waiver services.

Child Welfare Services – Foster Care

The Children's Foster Care Program provides placement and supervision of children who have been removed from their home due to abuse or neglect. Foster Care is viewed as a short-term solution to an emergency 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, 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.

Between April 1, 2019, and September 30, 2019, 16% of the foster care children were identified as having the following disabilities: 1.75% cognitive impairment, .39% visually/hearing impaired, .5% physically disabled, 9.55% emotionally impaired, and 3.53% other medical condition requiring particular care.

In FY 2019, 20,062 foster care children were served.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)

The purpose of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is to provide necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate the effects of physical, developmental, behavioral, or mental conditions that are discovered in children, as early as possible, to assure early intervention. Providers are required to administer a series of screenings, assessments, tests, and measurements. EPSDT visits are to be performed in accordance with the American Academy of Pediatrics (AAP) periodicity schedule, its components, and medical guidelines.

Federal Mental Health Block Grant

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. 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 10 Prepaid Inpatient Health Plans (PIHPs) and 46 CMHSPs. Michigan was awarded a Federal Mental Health Block Grant in the amount of $18,174,635, plus a 10% set aside of $2,019,404 for FY 2020. Michigan 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.

Title V Maternal and Child Health (MCH) Block Grant

The Title V Maternal and Child Health (MCH) 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. Concern is for those with low incomes or limited access to or availability of care. In Michigan, Title V funding is used to support an array of programs and services within the Bureau of Health and Wellness (BHW) and the Children's Special Health Care Services (CSHCS) Division. Title V funding also supports the local MCH work of all 45 local health departments. In FY 2019, $18,855,463 supported services to 681,532 individuals (estimated count of individuals reached by Title V federal dollars and state match through direct, enabling, and public health services and systems).

This program supports health care and wraparound services for the MCH population to improve pregnancy outcomes; reduce maternal and infant morbidity and mortality; and improve the health and development of infants, children, and adolescents. It also provides specialty services and care coordination for children with special health care needs. Evaluation efforts are conducted by individual MCH programs and local health departments. National and state performance measures are also tracked by the Title V program.

Assistive technology is available for participants in the CSHCS program and for callers to MCH-related hotlines. Gaps in services exist based on geography and insurance coverage, as well as disparities in access to and usage of services for racial and ethnic minorities.

MCH programs use specific strategies, based on population and need and related to health equity and social determinants of health. Programs strive to support the provision of equitable and culturally competent services through family and consumer engagement; quality improvement projects; and data inventory projects to standardize collection and use of race, ethnicity, sex, language, and disability status data.

(ii) Employment:

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. Michigan data, for the 1st quarter of 2019, show that black Michiganders had almost twice the unemployment rate as their white counterparts (white: 3.4%, black: 6.7%). In 2016, the employment rate of working-age people with disabilities in Michigan was 33.6%, less than half the rate of 78.3% for persons without disabilities. Vocational Rehabilitation closures for 2017 indicate a racial disparity among those with closures who were employed (white: 41%, black: 24%), as well as among those with intellectual disabilities who were employed (white: 38%, black: 31%). The Michigan Developmental Disabilities Network's 2019 Report shows that, within the behavioral health system: (1) There continues to be a disconnect between the number of individuals with disabilities in Michigan who want a job in their community (53%); the number which have one (16%); and the number which have a job as a goal in their person-centered plan (22%). This indicates that there is a lot of room for improvement from within the Community Mental Health Service Providers (CMHSP) system, as it pertains to the focus on and the provision of employment services. (2) A large discrepancy remains among Pre-paid Inpatient Health programs (PIHPs) and CMHSPs as to the rate of employment for PWD's which they serve. For example, among CMHSP's, the statewide average is 9%, with a low of 2%, and a high of 30%. (3) 66 % of individuals with developmental disabilities who were "working", and served CMHSP programs in Michigan, are doing so in segregated, non-competitive employment settings. (4) 35% of PWD's served in 2017 (over 5,000 individuals) were working under sub-minimum wages, in facility-based employment, being compensated at an average wage of $3.61/hour.

Under the leadership of the DD Council, Michigan has been a recipient of technical support for systems change, capacity building and provider agency transformation, targeting employment through the Employment First State Leadership Mentoring Program (EFSLMP) of the U.S. Department of Labor, Office of Disability Employment Policy (ODEP), from 2015 through 2020. In 2016, multiple state departments signed a Transition to Employment Memorandum of Understanding with the goal of identifying various agency roles in transition. The Behavioral Health & Development Disabilities Administration (BHDDA) and both Michigan Rehabilitation Services (MRS) and the Bureau of Services for Blind Persons (BSBP), updated and signed a three-year joint Interagency Agreement in December of 2020, with the primary goal of increasing individual competitive integrated employment. Additionally, MRS and the Michigan Department of Education have signed an interagency agreement addressing the transition of school-aged youth to employment.

A summary of the employment status of 36,498 adults with DD and those with a dual diagnosis (co-occurring DD and mental illness), who received community mental health supports and services in FY 2017, showed that 9% were employed either full or part-time in competitive employment. Another 13% of the population was employed in nonintegrated, noncommunity settings. Comparing the same outcomes to the 2012 Michigan data, shows a 2%-point increase in the rate of competitive, integrated employment over the five-year period from 2012 to 2017 (7% to 9%) and a reduction in the rate of noncompetitive employment (18% to 13%).

Client Assistance Program

The Client Assistance Program (CAP) is one of Disability Rights Michigan, the state's protection and advocacy system, federally-funded programs. It is designed to assist individuals with disabilities in understanding and using rehabilitation and independent living services. CAP agencies work primarily with clients seeking or receiving services from the federally-funded state operated vocational rehabilitation (VR) system, the single largest program funded under the Act. CAP can also advocate for individuals eligible for services from an Independent Living Center and other Rehabilitation Act funded programs, and a state must designate a public or private entity to carry out CAP functions in order to receive any funds under the Rehabilitation Act. CAP is funded through the Department of Education, Rehabilitation Services Administration.

During FY 2020, the Michigan CAP provided information and referral services to 226 people, provided direct representation to 102 individuals, and trained 530 individuals on vocational rehabilitation services and Title I employment provisions of the Americans with Disabilities Act.

Employment Opportunities for Disabled Americans Act of 1986

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.

Michigan Rehabilitation Services

Michigan Rehabilitation Services (MRS), the general vocational rehabilitation program, currently operates under the Federal Rehabilitation Act of 1973, as amended. The mission of MRS is to develop customized workforce solutions for businesses and individuals with disabilities. Based on an assessment of eligibility and the need for services, the MRS counselor assists the individual in developing an Individualized 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 IPE. 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.

MRS works with business to find and retain qualified workers with disabilities. MRS also provides guidance regarding work-related and non-work-related injuries. MRS business network experts help employers keep valued employees on the job through disability adjustment counseling, medical case management, work risk analysis, and disability awareness/education.

MRS operates the 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, 13 vocational training programs, many support services, and placement services to individuals with disabilities. In addition, MCTI has increased opportunities for community-based training throughout the State of Michigan. In FY 2018, MRS assisted 5,554 employers to hire and retain qualified individuals with disabilities.

Michigan Bureau of Services for Blind Persons

The Bureau of Services for Blind Persons (BSBP) provides vocational rehabilitation, independent living and youth low vision services to individuals who are blind and visually impaired to promote employment, independence, and inclusion in their community. BSBP receives funding from the US Department of Education, Rehabilitation Services Administration, and the State of Michigan for the provision of Vocational Rehabilitation, Independent Living Older Blind and Pre-Employment Transition Services. BSBP also receives a grant from the Administration for Community Living (ACL) to provide Independent Living Part B services to non-vocational individuals who are blind or visually impaired. BSBP utilizes state funds to provide Youth Low Vision Services.

Supported Employment

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.

To participate in the supported employment program, a person must commonly have Medicaid and 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.

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 Michigan Department of Health and Human Services (MDHHS). The performance reports show CMHSP outcomes individually and in relation to other CMHSPs.

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.

Workforce Innovation and Opportunity Act Title I

The WIOA, which supersedes the Workforce Investment Act (WIA) of 1998, presents an opportunity to improve job and career options for our nation's workers and jobseekers through an integrated, job-driven public workforce system that links diverse talent to businesses. It is designed to increase access to, and opportunities for, the employment, education, training, and support services that individuals need to succeed in the labor market, particularly those with barriers to employment. It aligns workforce development, education, and economic development programs, with regional economic development strategies, to meet the needs of local and regional employers, and provide a comprehensive, accessible, and high-quality workforce development system. This is accomplished by providing eligible participants with access to high-quality Michigan Works! One-Stop Centers that connect them with the full range of services available in their communities, whether they are looking to find jobs, build basic educational or occupational skills, earn a postsecondary certificate or degree, obtain guidance on how to make career choices, or are businesses and employers seeking skilled workers.

Eligibility, for WIOA Title I services, relates to local determinations about the individual's need for and ability to benefit from services. A WIOA participant is an individual determined to be eligible to participate and who receives one or more WIOA-funded service(s) in a Michigan Works! Service Center or a Michigan Works! Satellite Office.

While under the Act, there is no set-aside funding for participants with disabilities. Funds may be used to purchase special tools, services, equipment, reader services, etc., to assist eligible participants with disabilities who are enrolled in the WIOA Title I Program.

There is strong youth partnership in a collaboration with multiple partners to encourage seamless transition to employment for students with disabilities. Local efforts vary by Michigan Works! Agency.

(iii) Informal and formal services and supports:

A wide network of formal and informal supports is key to keeping people with disabilities feeling supported and increases their social and economic participation in the community. Recognizing that individuals live within the context of their family and community, and the key role that families have in providing support is important. Individuals will achieve independence, self-determination, and integration into community life when they are supported in ways that maximize their capacity to best nurture and support their family members to achieve a good life. Described below are a listing of some of the key initiatives supporting formal and informal supports.

Division on Deaf, Deafblind and Hard of Hearing

The Michigan Division on Deaf, DeafBlind and Hard of Hearing (DODDBHH) within the Michigan Department of Civil Rights (MDCR) is established by the Division on Deafness Act. DODDBHH focuses on helping to improve the lives of Michiganders who are Deaf, DeafBlind, and Hard of Hearing, which make up approximately 7.4% of the total State of Michigan population. Their mission is affirming the indisputable right of persons who are Deaf, Deafblind, and Hard of Hearing to secure effective communication. It receives input from its Governor-appointed 13-member Advisory Council.

Michiganders who identify as deaf, deafblind, and hard of hearing include residents who communicate using sign language, tactile sign language, assistive technology, captioning services, or support service providers. Many state programs and services do not provide information in accessible formats. To help state programs understand this issue, DODDBHH partners with state agencies to help provide culturally and linguistically appropriate content, cultural competency training and outreach efforts to better serve our communities.

Family Support Services

Michigan has a program to help families who care for their children with severe disabilities at home. The Family Support Subsidy Program can pay for special expenses the family has while caring for their child with severe disabilities. This financial support may help prevent or delay placements outside the home. In other cases, the program may provide the funds necessary to allow children to return from placements outside the home. Supporting families of children with severe disabilities in this way allows families to stay together. It gives them flexibility in purchasing special services and saves money by avoiding or reducing the need for more costly placements outside the home.

The subsidy provides a monthly payment ($222.11) that the family must spend on special needs that occur because of caring for a child with a severe disability at home.

Uses for the subsidy might be the purchase of additional therapies, special equipment, special food, diapers, transportation costs, in-home specialized care, respite care, family counseling, support groups, general household expenses, family recreation and home remodeling to provide for the special needs of the child.

Habilitation Supports Waiver (HSW)

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.

Children's Home and Community-Based Waiver Services Waiver (CWP)

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 without 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.

Family Center for Children and Youth with Special Health Care Needs (Family Center)

Family Center for Children and Youth with Special Health Care Needs is the statewide parent-directed center within Children's Special Health Care Services (CSHCS. The primary role of the Family Center is to offer emotional support, information, and connections to community-based resources to families of children and youth with special health care needs. This includes all children who have, or are at an increased risk for physical, developmental, behavioral, or emotional conditions. Children are not required to be enrolled in CSHCS to receive services from the Family Center.

The Family Center also provides parental perspectives and input on healthcare matters, while focusing on families' access to coordinated systems of care. The Family Center operates from a family-centered care approach and promotes family/professional partnerships at all levels of care. This ensures that families participate in the decision-making process and are satisfied with the services they receive.

Autism Family Navigator

The Autism Family Navigator initiative is a collaboration lead by the Michigan Department of Health and Human Services, Michigan Department of Education, Michigan Department of Insurance and Financial Services, and the Autism Alliance of Michigan. The initiative is to increase the supports and services to family members with autism spectrum disorder. The collaborative is assessing the resources and policies within the state agencies, assisting with inquiries from family members and health care providers, increasing collaboration of autism agencies, and providing trainings to department service areas, families, and service providers. There is funding allocated, which supports a position at MDHHS and MDE and staffing at the Autism Alliance of Michigan.

Home Help

The Home Help program offers a range of Medicaid and non-Medicaid services to individuals, of any age, that require assistance to maintain and maximize functional capacity within their own homes. Non-Medicaid services 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).

For an individual to be eligible for Home Help the following criteria must be met:
Medicaid eligibility.
Certification of medical need by a Medicaid approved medical provider.
Need for service, based on a complete comprehensive assessment indicating a functional limitation of level three or greater for at least one activity of daily living (ADL).

The Home Help program served a monthly average of 10,059 people with developmental disabilities in FY 2020. The program allows people with a physical, mental, or cognitive disability to select their own provider for personal care services. These services provide support so people can continue to live independently in their own homes. As functionality declines, progressively increased supports will be offered to enable the individual to remain in their home.

MI Statewide Independent Living Council

The Michigan SILC works in partnership with Michigan Rehabilitation Services (MRS), Bureau of Services to Blind Persons (BSBP), Disability Network/Michigan, Michigan's statewide network of Centers for Independent Living (CILs), and other partner organizations to prepare the State Plan for Independent Living.

The SPIL sets the values, principles, and policy framework for the state’s SILS/CIL program. The SILC, Michigan’s 15 CILs and their association (DN/M) provide ongoing direction for implementation of the SPIL and operation of the program.

Input received led to specific themes including lack of accessible and affordable housing; lack of affordable, accessible, and reliable transportation; continued barriers to employment; a shortage of personal care attendants; a need for better emergency response systems; and an overwhelming sense of social isolation for people with disabilities. It is clear how each of these themes weave together and are interrelated in achieving real- life change and increased independent living opportunities for people with disabilities.

The mission of the Michigan Independent Living Network and the SPIL is that Michiganders with disabilities live independently and participate fully in their community. The SPIL has two primary goals and six focused objectives to measure progress and achievement of the mission:

People with disabilities participate in all aspects of society through inclusive and accessible communities.
The SILC is an effective coordinating, monitoring, and evaluating entity for the SPIL.

Peer Mentoring for Individuals with IDD

Peer Mentors are individuals with IDD who have a unique skill level from their experience utilizing services and supports to achieve their goals. A Peer Mentor offers first-hand experiences on how to use community mental health services and resources available to people with I/DD. Peer Mentors can help guide individuals towards greater self-advocacy, empowerment, and personal responsibility for their own success.

The DD Council provides Peer Mentoring 101 training designed for individuals with IDD, to become effective peer mentors to others with IDD. The training provides Peer Mentors with tools to guide peers to become better self-advocates, make their own choices, and develop leadership skills so that they may lead self-directed and more autonomous, satisfying lives. The Community Mental Health Service Provider (CMHSP) agency refers individuals to attend the training. Once trained, Peer Mentors complete a 90-hour supervised internship at their local CMHSP to gain experience and increase their skills. After certification, Peer Mentors are hired, or contracted with, their local CMHSP to provide peer mentoring services.

There is not parity in the system for how peer services, as outlined in the Medicaid Provider Manual, are being provided. Currently, there is not a requirement that every CMHSP provide peer mentoring as a service. However, there is a requirement that every CMHSP employ at least one Peer Support Specialist to provide support for individuals with mental health conditions.

Community of Practice (CoP) on Supporting Families

Michigan formed a Community of Practice on Supporting Families in 2019. This part of an initiative supported by The LifeCourse Nexus and NASDDS. Michigan's CoP is facilitated jointly by BHDDA and the DD Council, with additional membership from self-advocates and family organizations, MI-DDI, Children Special Health Care Services, and community mental health service provider agencies. The state team is focusing on enhancing the person-centered planning process and designed a pilot that will show that people with IDD will have a better quality of life when using the Charting the LifeCourse Framework and tools in the person-centered planning process.

The CoP state team is also working on strengthening relationships with stakeholders and educating families and individuals with IDD on the LifeCourse principles and tools.

(iv) Interagency Initiatives:

A variety of programs and services support individuals with disabilities. Programs and agencies engage in initiatives to improve and enhance community services, individualized supports, and other forms of assistance to individuals with developmental disabilities.

Centers for Independent Living (CILs)

Centers for Independent Living (CILs) focus on assisting persons with disabilities achieve self-sufficiency, remove barriers, and move into or maintain community based independent living. Centers for Independent are cross-disability service providers and work with persons with disabilities of any age. 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 fully participate 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. People with disabilities of all ages are eligible for Independent Living services. There is no means testing. There are currently 15 CILs in Michigan serving all counties in the state. In FY2019, 31,125 individuals were served.

CIL programs save the state money. For every $1 invested in CILs, the state saves $7. In addition, 78% of the goal's consumers set were met and 1,294 transitioned out of nursing facilities. CILs assisted 3,029 youth, ages 14-26, transition into adulthood through our partnership with Michigan Rehabilitation Services and the Bureau of Services for Blind Persons. Educated 63,234 people about disabilities through our community education and outreach programs.

CILs are engaged in a relationship with MRS that provides IL funds that are used to match federal funds to enhance our financial resources to serve youth with disabilities and adults seeking employment. CILs also work with Area Agencies on Aging to collaborate with options counseling and nursing facility transition.

Michigan Interagency Coordinating Council (MICC)

The MICC is a Governor-appointed body of Early On stakeholders with the purpose to advise and assist the Michigan Department of Education on matters related to Part C of IDEA. Eligibility for the MICC comes through an appointment of the Governor and the Council consists of 21 members. The MICC does not provide services to children but acts as an advisory body to the Michigan Department of Education around matters related to Early On (Part C of IDEA).

The MICC benefited from Part C's FFY 20-21's allocation (funding July 1, 2020 – September 30, 2021) totaling $10,394,241. Of that amount, an estimated $9,000 is budgeted to support participation of parents and provide operational support of the Council. State funding includes State School Aid Section 54d ($7.15 million) and Governor's Emergency Education Relief (GEERS) funding ($1 million)

The MICC approves the Annual Performance Report, charges ad hoc committees to address issues that arise from the field, supports the work of the State Systemic Improvement Plan (SSIP), reviews data and recommends targets for improvement.

Social Security Disability Insurance Benefits-Medicare

Medicare is a federal health insurance program administered through the Health Care Financing Administration of the Department of Health and Human Services. 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.

Medicare coverage is available to people aged 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. States must help pay some of the Medicare costs for beneficiaries who have limited income and resources. Under these programs, states help pay for Medicare Part A and Part B premiums, deductibles, and copayments. Some of these programs also pay additional

Medicare expenses for elderly and disabled people. Anyone who has Medicare can get Medicare prescription drug coverage (Part D). Some people with limited resources and income also may be able to get Extra Help with Part D. This Extra Help will help pay for the costs, such as monthly premiums, annual deductibles, and prescription copayments.

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.

Supplemental Security Income

Supplemental Security Income (SSI) is a federally funded program administered by the Social Security Administration under Title XVI of the Social Security Act. The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older, without disabilities, who meet the financial limits. People who have worked long enough may also be able to receive Social Security disability or retirement benefits as well as SSI.

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.

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 subjected to political pressures, it received regular increases, and it includes automatic Medicaid eligibility.

(v) Quality Assurance:

Quality assurance advances the values of rights, health and safety, choice, integration, relationships, and competence in the lives of people with developmental disabilities.

Adult Foster Care Licensing

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.

As of 7/31/2020, Michigan has 4,143 licensed AFC homes serving approximately 34,029 vulnerable adults. Of these, 709 are family homes, 2,831 are small group, 592 are large group, and 9 are congregate. Of the 4,143 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 234 original license issuances, 1,341 renewals of licenses and investigated 2,249 complaints through 7/31/2020 for FY 2020.

Licensing, oversight, and regulation of these homes are the responsibility of the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Division of Adult Foster Care and Camps Licensing. Historically, the works collaboratively with local community mental health authorities, offices of recipient rights, adult protective services, law enforcement and local units of government. Additionally, the Division cooperatively works with both licensee and resident advocate organizations, as well has a statutorily required Adult Foster Care Advisory Council that advises the Division on the content of rules and their enforcement.

Adult Protective Services

The purpose of the Adult Protective Services Program (APS) 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 public.

APS provides services to a growing number of cases. Total referrals grew 4.6 percent from 47,323 in 2018 to 49,483 in 2020. On average, 60 percent are assigned for investigation with approximately 33 % substantiated.

Child Welfare Services

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 the Department of Health and Human Services (DHHS) for placement, care, and supervision. Foster Care is viewed as a short-term solution to an emergency 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.

Disability Rights Michigan

Disability Rights Michigan (DRM) 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 DRM 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 fall into focus areas approved annually by the board of directors. The focus areas are established each year, with input from the people who are eligible for DRM services. DRM also conducts facility monitoring and system advocacy and provides workshops and seminars to professional and consumer groups. Current focus areas 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.

Michigan Developmental Disabilities Institute

The Michigan Developmental Disabilities Institute (MI-DDI) is Michigan's University Center for Excellence in Developmental Disabilities (UCEDD). UCEDDs are authorized under the Developmental Disabilities Assistance and Bill of Rights Act of 2000. MI-DDI was established at Wayne State University in 1983. The Institute's mission is to contribute to the development of inclusive communities and quality of life for people with disabilities and their families through a culturally sensitive, statewide program of training and education, community support and services, research, and sharing of information. MI-DDI collaborates with organizations throughout Michigan to develop innovative strategies for meeting the needs of diverse communities.

Michigan Long-term Care Ombudsman Program

This program aids Michigan residents who reside in nursing homes, homes for the aged and adult foster care homes. Ombudsmen advocate for the resident in the facilities, guided by the wishes of the resident. All services are provided under strict confidentiality. Ombudsmen cannot share information about the resident or the resident's concerns without the resident's permission.
The Michigan Long Term Care Ombudsman Program is funded by federal and state government. There is no cost to residents or families for ombudsman services.

Office of Recipient Rights

The Michigan 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. Any individual receiving services from a state operated psychiatric hospital is eligible for rights protection services from the ORR.

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.

The Office of Recipient partners with the State Hospital Administration and the Behavioral Health and Developmental Disabilities Administration in ensuring rights protection for all individuals receiving public mental health services in Michigan.

(vi) Education/Early Intervention:

Michigan is falling short on education needs, according to the 2021 KIDS COUNT® Data Book, a 50-state report of recent household data developed by the Annie E. Casey Foundation analyzing how families have fared between the Great Recession and the last year, before the COVID-19 crisis. Michigan's lowest national rank was again in Education at 41st in the country. In 2017-2019, 125,000 young children were not in school. Michigan is one of just 16 states that provides less funding to its highest-poverty districts than to its lowest-poverty districts. When schools are not equitably funded, learning environments and student outcomes suffer. The majority of third graders and eighth graders are partially or not proficient in reading and math, respectively. Most high schoolers graduate on time. However, there are disparities in educational achievement based on race, disability, language, and socioeconomic status.

According to the Michigan School District Report, it indicates that 2017-2018 graduation rate for students with disabilities, using 4-year graduation cohort, was 57.5% (excluding certificate of completion), which is significantly lower than that of students without disabilities (83.7%). Conversely, the dropout rate for students with disabilities (14.0%) was higher than the rate of their counterparts (8.0%).

Career and Technical Education: Carl D. Perkins Vocational and Technical Act of 2006

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 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. All students are expected to meet program standards, with or without accommodations.

All students 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.

Early On

Early On Michigan is Michigan's system for providing services and supports to infants and toddlers, birth to age three, and their families, who have developmental delays or are at risk for delays due to certain health conditions. The system is designed to help families find the social, health, and educational services to promote the development of their infants and toddlers. Early On emphasizes early identification, referral, and intervention.

Eligibility for supports and services is determined by one of two methods: evaluation by appropriate professional(s) to determine if there is a developmental delay; or verification that the child has a diagnosed disability or "established condition".

Early intervention is a key factor for prevention, early planning for appropriate education, the provision of assistive technology, and connecting families with other services. The effectiveness of Early On Michigan is rooted in the active engagement and participation of families in the planning and intervention process to address the needs of the child within the family structure.

For the program year 2019-2020, 21,739 children/families were served. Based on the target of serving 3% of the birth to three population, Early On should serve approximately 13,286 children and their families for the upcoming program year. Early On is a collaborative effort between MDE, MDHHS, and other community-based partners with the intermediate school districts serving as the lead agency at the local level.

Michigan Career and Technical Institute

The Michigan Career & Technical Institute (MCTI) is an educational center for adults with disabilities in Michigan. It is the 2nd largest rehabilitation training center in the country. MCTI offers Career Assessment Services that help students explore job options. MCTI also offers the following services: medical and counseling services, occupational therapy, interpreters for deaf students, classroom and job accommodations, and job placement services.

MCTI has 13 training programs. Each program has an active advisory committee made up of people who work in the same business. Our committees help make sure our curriculum and equipment meet business standards.

Special Education Preschool Incentive Grants

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 three to five with Individual Education Programs (IEPs). Children aged two, and who will be three 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.

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

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. 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 Head Start

Head Start 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 target population for the program is prenatal through age five 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% of enrollees in each Head Start program must meet these guidelines. At least 10% of the enrollment opportunities in each program must be available for children with disabilities using the criteria from P.L. 101 467, IDEA.

(vii) Housing:

Twenty-two years after the Supreme Court's ruling in Olmstead, there are still far too many people who could live in the community, but who are instead living in congregate settings because of a lack of access to the home and community-based services (HCBS) they need to do so.

The COVID-19 pandemic has laid bare the fact that institutionalization of people with disabilities is a matter of life and death. More than one-third of COVID-19 deaths were in nursing homes and other institutions (and disproportionately, institutions that predominantly serve people of color). Nationally, nearly 200,000 individuals suffered COVID-19-related deaths in those institutions. Fortunately, COVID-19 has created an urgency to expand and strengthen the HCBS system, and Congress recently reauthorized and expanded eligibility for the Money Follows the Person program, which helps transition people out of nursing homes and other institutions back to their community.

Nationally, the American Rescue Plan is providing a total of $12.7 billion, through an increased federal match, that can be used to transition people out of institutions, divert admissions, and serve people on waiting lists. This increased funding opportunity will provide states with an additional Federal Medical Assistance Percentage (FMAP). FMAP is a percentage of what a state spends on Medicaid and publicly funded healthcare services. This increased FMAP funding offers an important opportunity for advocates to build relationships with their Medical Services Administration to help decide how this increased funding with be utilized. MDDC has engaged in advocacy, and will continue to do so, to utilize a portion of the increased FMAP for increases to direct support professional's wages. We are seeking at least an additional $2/hr. base pay rate increase. MDDC would like to see a portion of the FMAP increase go to covering additional waiver slots to aid transition from nursing homes and other congregate settings to an HCBS compliant setting. Currently there are 30 counties participating in this program.

Through data reported on persons service by the mental health and developmental disabilities services in Michigan in 2019, of the 50,242 persons for whom residential living services were reported, 53% of individuals lived privately with relatives, and the remaining 41% live in other living arrangements. Of those living with relatives, 37% of them were over the age of 26, compared to 84% of those over 26 living in other living arrangements.

A staffing crisis persists in the community mental health system. Even if desirable housing can be secured for non-licensed settings, the staff recruitment and retention challenges are overwhelming in providing supports and services for both nonprofit providers and individuals directly hiring their direct support staff.

Racial disparities in homelessness are dramatic. Catastrophic events from slavery to legal segregation, have led to the systematic denial of access and equal rights for black Michiganders. While many of these events are regarded as historic, the longstanding effects of discrimination perpetuate disparities in housing and other sectors. Many of these disparities directly contribute to black Michiganders experiencing higher rates of homelessness than all other populations. Michigan's non-homeless population is 79% white; 14% black; 6% other; and 1% American Indian/Alaska Native. Michigan's homeless population is 52% black; 45% white; 2% American Indian/Alaska Native; and 1% other.

The average monthly income for a person experiencing homelessness is $662, which is not enough money to afford rent and living expenses in Michigan. Despite deepening our understanding of how far-reaching racial inequity is within the housing and homeless service system, there is still much work to do to transform our services to be more just and equitable.

Of the homeless population in Michigan, 44% have a disability and 56% do not have a disability. Of those with disabilities, 66% have a significant mental health condition, 43% have a physical health condition, 26% have a substance abuse disorder; 25% have a chronic health condition; and 15% have a developmental disability. Despite these facts, people experiencing homelessness are less likely to have health insurance than the general population.

Barrier Free Design

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

Eviction Diversion Program

The Eviction Diversion Program was created to help Michigan families weather the economic hardships brought on pandemic-related economic dislocation. The program was designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes. The program utilizes a special court process to get fast rental assistance for renters who have been impacted. In 2020, the program had provided payments of $17 million to property owners for back rent, keeping 5,200 families in their homes. About 47% of tenants receiving assistance under the program identify as African American. By the end of the 2020, the Michigan State Housing Development Authority projected that the program will have allowed 16,000 households to remain in their homes during the COVID-19 pandemic — providing a crucial bulwark against housing insecurity.

MI CHOICE Waiver Program

Through MI Choice, eligible adults who meet income and asset criteria can receive Medicaid-covered services like those provided by nursing homes but can stay in their own home or another residential setting. The waiver became available in all Michigan counties October 1, 1998. Each participant can receive the basic services Michigan Medicaid covers, supports coordination, one or more services in the waiver. As of June 2021, the current waitlist is around 1800 persons, and there is a 90-day wait to have someone enrolled in the program (this is down from an average wait time of 110 days in 2019). Additionally, it is presumed that there is a lack of information being distributed to persons who might qualify for the voucher, and that if this happened, there would be a much longer waitlist.

Project Based Vouchers

The Project Based Voucher (PBV) program is a component of the Michigan State Housing Development Authority's (MSHDA) Housing Choice Voucher (HCV) Program. MSHDA's PBV program targets extremely low income (30% AMI) supportive housing target populations to include: Homeless - two Categories (literally homeless, and/or domestic violence survivors), Chronically Homeless, and Special Needs as indicated within the most current Low-Income Housing Tax Credits - Addendum III. Project based rental assistance is attached to specific housing units that are determined to be decent, safe, and sanitary through the Housing Quality Standards Inspection. There is at least a year long wait for accessible affordable housing. The average person holds a project-based voucher for at least seven plus years. 47 of the 83 Michigan Counties have

Project Based Vouchers (PBV) program within their county. Many counties have waiting lists, and if they waiting lists are too long, they are closed.

(viii) <u>Transportation:</u>

Today there is some form of public transportation in all 83 counties in Michigan. There are currently 81 transit systems receiving local bus operating (LBO) assistance funds, including four passenger ferry service agencies. These systems serve the general population and meet the needs of people with disabilities to the degree to which they are affordable. In addition, there are 37 systems that receive specialized service funds which are primarily targeted to serve seniors and individuals with disabilities. Funds are made available to public and non-profit agencies. The level of services is determined by local authorities and agencies, thus varying significantly from locality to locality.

Total public service ridership during FY 2019 was 80,425,172. A total of 73,854,875 rides were provided by urbanized systems, including 8,712,575 (12 percent) for seniors and individuals with disabilities. Rural ridership was 6,570,297 including 2,958,934 (45 percent) for senior and individuals with disabilities. Specialized service provided another 1,233,759 rides to senior and individuals with disabilities, and 1,021,282 rides were provided by Marine service.

The public transportation system can be a powerful resource for increased independence, inclusion, and productivity for individuals with disabilities. MDDC worked with transportation providers to institute a Universal Reduced Fare Card which eliminated to need for riders who qualified for reduced fares to file multiple applications if traveling across provider boundaries. Currently there are 30 counties participating in this program and MDDC continues to advocate to increase participation from additional providers. One of the obstacles that we will need to overcome is the "territorial" views by some providers. They are very protective of how the agency operates and what is charged to their ridership.

As demonstrated in the number of rides provided by Michigan's transportation providers, public transportation is a critical component of the state's infrastructure. MDDC continues to advocate with individuals and other advocacy organizations to expand routes, hours of service, and accessibility the public transportation system.

New Freedom Program

New Freedom activities encourages services and facility improvements to address the transportation needs of individuals with disabilities that go beyond those required by ADA. It provides a new formula grant program for associated capital and operating costs. Funds are available through the FTA Section 5310 program. Funds are made available to public, private, and non-profit agencies, and are competitively selected. Level of services varies significantly from locality to locality and is not available in all areas of the state. In FY2019, there were 15 agencies in the New Freedom program. In FY2020, there were 13 new agencies starting to provide New Freedom activities. There were 22,357 people served in FY2019. Funding this program has increased service for individuals with disabilities. Some systems have been able to increase their daily service hours and others are increasing coordination with other human service agencies. Mobility management increases transportation proficiencies, including strategies that improve travel options, incentives to use the most efficient option for each trip and promote public transportation.

The level of service varies significantly from locality to locality. Michigan Department of Transportation is accepting applications for New Freedom expansion activities and local match is required.

(ix) Recreation:

People with disabilities have a right to be fully included in their communities. Part of inclusion is removing barriers so that all people, including those with disabilities, have an equal opportunity to enjoy the benefits of parks and recreation. In Michigan, park and recreation agencies are leading these efforts by providing access for all community members.

Department of Natural Resources Access Michigan Outdoors

The Department of Natural Resources is committed to the accessible use and enjoyment of the state's natural and cultural 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. Within the Department'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 people of all abilities. 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.

In 2007, the Department's Accessibility Advisory Council (AAC) was created with a purpose to provide guidance to the Department and outreach to the public. The AAC is an external body consisting of private citizens, appointed by the Director, who demonstrate a clear interest in improving accessibility to Michigan's resources. The AAC provides guidance to the Department to develop, manage and plan opportunities for those of all abilities to enjoy Michigan's natural and cultural resources. The AAC also strives to educate citizens on the importance of accessibility and to involve citizens in the planning and development of facilities and programs that are accessible to all users. Collaborative efforts and partnerships are established with federal, state, and local government agencies, educational institutions, non-profits, and other organizations to inform the work of the AAC.

Assistive technology is used to overcome barriers 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 available to accommodate a wide range of individual preferences, abilities, and methods of use.

The Department has made great strides in providing accessible recreation for all users statewide by installing accessible playgrounds, shooting ranges, fishing piers, kayak launches, ADA campsites and much more, as well as providing special hunting opportunities for people with disabilities.

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

Use the sub-sections to summarize the Councils' comprehensive analysis of the extent to which individuals with developmental disabilities directly benefit from the available community services, supports, and other assistance provided in the state. Focus on the ability of individuals with developmental disabilities to access and use services provided in their communities; to participate in opportunities, activities, and events offered in their communities; and to contribute to community life.

Describe how people experience the services and supports they receive or do not receive, and how they view their lives rather the service system. Summarize the Council's analysis of obstacles that impact the ability of people with developmental disabilities and their families in the state to fully participate in and contribute to their community through full integration and inclusion in economic, political, social, cultural, and education activities. Fields required are noted by the * sign.

(i) Criteria for eligibility for services*:

There are many commonalities among eligibility criteria for federal programs, such as the Employment Opportunities for Disabled Americans Act of 1986, Social Security Disability Insurance Benefits, Social Security Disability Insurance Benefits – Medicare and Supplemental Security Income, including assets, income, etc. These programs often force adults with disabilities into poverty to qualify for the support they need to live.

Children's Special Health Care Services - The target group 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.

Children's Waiver Program (CWP) – Enables Medicaid to fund services for children up to age 18 with I/DD, 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.

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. Individuals must need a need assistance with at least one ADL to be eligible for ILS.

Office of Recipient Rights – Provides direct rights protection services to recipients in state- operated hospitals and centers, as well as consultation to their family members.

Older Adults With I/DD – Programs funded by the Older Americans Act are available to people who are 60 years of age and older. The Specialty Supports and Services Waiver, for individuals with I/DD provides an extensive array of community based, I/DD specialty services and supports are under Medicaid when delivered under the auspices of the waiver by an approved PIHP.

Supported Employment - A person must have a disability, so significant, that he or she would not be able to work without ongoing support services and be enrolled in Michigan's HCBS waiver.

Great Start Readiness Program (GSRP) - The eight risk factors used to determine GSRP eligibility are: 1. Extremely low family income 2. Low family income 3. Diagnosed I/DD or identified developmental delay 4. Severe or challenging behavior 5. Primary home language other than English 6. Parent(s) with low educational attainment 7. Abuse/neglect of child or parent and 8. Environmental factors.

The Early On® Program – Eligibility includes children, birth to three, who are found eligible under developmental delay if they have a delay of 20% or one standard deviation below the mean in one or more developmental domains (physical, cognitive, communication, social-emotional or adaptive). A child is found eligible under established conditions when there is documentation of the diagnosis provided by a health or mental health care provider who is qualified to make the diagnosis. ACP– DHS provides program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Clients are Medicaid eligible and receive SSI or Social Security.

Adult Protective Services - 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.

State Disability Assistance - To be eligible for SDA, applicants must meet income and asset eligibility requirements. A person can also meet non-financial eligibility requirements by meeting disability criteria, be caring for a disabled person, or over the age of 65.

Bureau of Services for Blind Persons - 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, or 4)the individual must have visual fields that subtend an angel of less than 40 degrees in each eye with a prognosis of rapid deterioration.

Michigan Rehab Services- Applicants are eligible for services if they have physical or mental impairment that constitutes or results in a substantial barrier to employment and if they require MRS services to prepare for, secure, retain or regain employment consistent with their abilities and capabilities. Applicants who have been determined to have a disability under the SSDI (Title II) and/or SSI (Title XVI) program of the Social Security Act shall be considered to have a significant disability and presumed to be eligible for MRS services provided they intend to achieve a 92-employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Applied Behavior Analysis Services (ABA) - Michigan Medicaid currently covers ABA services for children with ASD who meet the medical necessity within the policy. The ABA policy covers children under 21 years of age through the EPSDT benefit.

Analysis of state services

Michigan offers a wide array of waivers, beyond straight Medicaid. However, challenges exist in the implementation of supports and services throughout the state. The availability of services outlined in the Medicaid Provider Manual varies greatly. There is little accountability by the DD Agency and recipient rights officers are employed by the agencies providing the services. The presumed conflict of interest is a barrier to many beneficiaries filing complaints.

Publicly funded mental health services should be accessible regardless of Medicaid eligibility. State law requires CMHSPs to be the safety net for persons who have nowhere else to turn and those who have no insurance. The public system was never intended to serve only those who are Medicaid eligible. However, the divestment of state funding into the system has left many individuals with unmet needs. Individuals not eligible for Medicaid are placed on waiting lists and./or left without services or assistance. Disabilities, substance use disorders, and mental health crises occur independently from Medicaid status. Previously, CMHSP's had robust programming in place to help in acute and emergent situations, however, state funding was cut and never restored leaving them with no choice but to drastically reduce the people they serve.

There are also substantial variances in access to specialized supports and services for people with intellectual/developmental disabilities (I/DD) across the state. This is mostly due to the geographical regions of the state. Michigan is extremely diverse when comparing counties in the southeast part of Michigan to the upper north-west part of the state. These variances include population index, access to goods and services, access to medical and psychological treatment, and other HCBS provisions and services. One county (Keweenaw) did not have a single physician registered within that county, and according to an article published in M-Live. "Three-quarters of Michigan counties have a shortage of physicians in at least one primary care field, according to a report released this week by Citizens Research Council". There is a lack of adequate supports and services for people with I/DD as well as access to medical professionals able to identify medical needs of the individual in the rural parts of the state.

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

A Comprehensive Statewide Needs Assessment (CSNA) was conducted in 2020 in Michigan by the Office of Rehabilitation and Disability Studies at Michigan State University, and the Michigan Rehabilitative Services. The following populations were identified as unserved and underserved populations with disabilities.

Cultural Minority Residents

Michigan has one of the highest racial segregation indexes in the United States. This historical fact contributes to communities of color having all types of disparities in access to education, employment, services, and health services across the board. This is compounded for individuals with disabilities.

Cultural minority groups in Michigan include Hispanic/Latino residents, specifically in the mid and southwestern section of Michigan; Black/African American, in many of the urban cities; Native Americans, in the Upper Peninsula and Northern Michigan; and Asian or Pacific Islanders, specifically Arab and Arab Americans and Hmong residents in the southeastern part of the state.

Black and African American persons have faced greater unemployment than white persons. Michigan unemployment was already about twice as high in black persons before the pandemic. However, black Michiganders were also much more likely to lose their jobs during the pandemic's peak in the spring, 2020 and Michigan's April-June 2020 Black unemployment rate of 35.5% was the highest in the country. African American families continue to have underutilized family support programs. Families do not know of eligibility criteria and communities of color disproportionately suffer from a shortage of doctors and primary care services. Increased access to high-speed internet and telemedicine and other forms of remote medical care may contribute to overcoming obstacles, including transportation and physician shortages, that otherwise prevent or diminish care for this and other vulnerable communities.

Hispanic/Latino families underutilize systems, due to family support systems, possible migrant status, and language barriers.

Arab/Chaldean families are populated in southeast Michigan. Furthermore, 0.6% of U.S. population and 2.1% of Michigan residents (the estimated number of 211,539) identify their ancestry as Arab. Wayne County of Michigan is composed of 5.6% Arab residents and the city of Dearborn was 45.0%. According to the Arab American Institute (2020), Detroit is one of the top five metropolitan areas with Arab American populations. The major barrier is language and a lack of culturally accessible programs and services. A DD Council project in the 2017-2021 plan focused recruitment into these target populations and located training locales to be within these communities to increase acceptability and ease transportation barriers.

Native Americans living on reservations are also vulnerable. These families express a lack of trust in government programs and are often referred to reservation agencies. The Indian Health Service has noted that "American Indian and Alaska Native people have long experienced lower health status when compared with other Americans". They have lower life expectancy (5.5 years less than the all-races population) and their inadequate education, higher poverty rates, and cultural differences have also led to a disproportionate disease burden. Native Americans also have issues accessing care, partly because their health programs are underfunded but also because one-fourth of Native Americans have reported experiencing discrimination when they do go to the doctor or a health clinic.

Asian families may be discouraged from seeking help due to racism, cultural barriers, and lack of knowledge of available services.

Limited English Proficiency According to the US Census, the top three languages spoken by individuals over five years of age in Michigan are English (8,476,289); Spanish (273,148), and Arabic (135,336) speakers.

Students and Youth with Disabilities

The recently amended Rehabilitation Act of 1973 by Title IV of WIOA underscores the need for provision of Pre-employment transition services (Pre-ETS) for students with a disability. Young customers (ages younger than 25 years) were most likely to be determined eligible but least likely to achieve an employment outcome when compared to other age groups. Their competitive and integrated employment or supported employment (CIE/SE) rate was lower (42.4% for MRS; 31.2% for BSBP) than that of adults (64.8% for MRS and 34.0% for BSBP). The commonly addressed issues were the following: inadequate staffing, difficulty navigating multiple systems, inadequate skills training programs, limited access to services, discontinuity of VR agency service provision, lack of interagency collaboration, lack of disability trained professionals. Both students and parents indicated pre-employment transition services (e.g., job exploration counseling, work-based learning experiences) were strongly needed

Autism Spectrum Disorders (ASD)

Youth with Autism Spectrum Disorders (ASD) have been identified as the primary emerging population in Michigan as either currently, or predicted to be, an underserved population. Of those served by MRS services, almost 8% of customers reported having primary or secondary impairments caused by ASD, with most of these participants younger than 25 years at application (82.4%), male (84.6%), white (85.6%) and unemployed at IPE (91.1%). Half of them reported having less than 12 years of education, 41.4% high school diploma or equivalency, and 7.4% special education certificate at IPE. Although the overall CIE/SE rate of the participants with ASD (53.9%) was slightly lower than those without ASD (55.9%), the CIE rate of this group (52.0%) was higher than their counterparts (40.6%).

Low-income individuals. It is known that persons with disabilities have lower incomes, on average, than persons without disabilities in Michigan. Low-income individuals are more likely to have chronic illnesses, and the impact of those illnesses can be more severe. People with low incomes are also disproportionately racial and ethnic minorities. Being low-income, they may be less likely to have coverage and, as a result, have less interaction with the healthcare system. People with lower incomes are more likely to have co-occurring health issues—meaning they might have behavioral health issues, such as depression or substance use problems, as well as chronic medical conditions like obesity or diabetes.

Geographic areas are underserved. Those who live in certain rural or inner-city areas have a shortage of qualified health care professionals. As of March 31, 2021, Michigan needs another 1,000 + health care professionals, to meet primary, dental, and mental health care professional shortages according to the U.S. Health Resources and Services Administration, or HRSA. This includes the need for an estimated 594 primary care doctors for areas representing 3,098,332 residents in 24 geographic areas affecting 61 population groups. This includes the need for an estimated 414 dental professionals for areas representing 1,729,048 Michigan residents in one geographic area affecting 64 population groups.

LGBTQ+ population

Nearly one in five members of the LGBTQ community has avoided seeking medical care because they have faced or fear facing discrimination. Within the LGBTQ community, there are also significant racial differences. For instance, black transgender women are disproportionately infected with HIV. Discrimination against LGBTQ people is associated with higher rates of psychiatric disorders, substance abuse, and suicide.

Individuals with high and complex support needs are not included or identified consistently in any demographic collection system. There is anecdotal evidence that this group is not included in planning, leadership, and decision-making activities in society. The DD Council funded a major national study to identify how to include this population, and required follow-up actions, which was published in June 2013. The most significant barrier identified was the lack of transportation.

Barriers to inclusion focused on full inclusion (having the supports needed to engage in the agenda) and true influence (feeling that input and contributions impacted the outcomes of the meeting or policies of the organization).
There are also barriers in the eligibility criteria state for state programs.

Barriers in eligibility criteria for state programs

Children's Waiver Program: There are a limited number of enrollments (approximately 469), for this waiver with the eligibility based on severity of need and income. When the CMHSP submits a pre-screen, 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 who does not have Medicaid with General Fund dollars, which have continued to decrease, negatively impacting services.

Family Support Services

Individuals with I/DD and families who do not qualify for Medicaid or CSHCS are not able to receive services through the local CMH service programs 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.

Maternal and Child Health Block Grant

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 continue to exist. Great Start Readiness Program - 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 SSDI checks have a more challenging time finding an AFC or HA placement. Adult Protective Services - 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 individuals with I/DD 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 MDHHS who are under the age of three 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.

VR

Specific outreach efforts are ongoing with tribal groups and organizations representing other minority and underserved populations.

Department of Natural Resources

Individuals with I/DD, persons in metropolitan areas, and persons of limited means are underserved.

(iii) The availability of assistive technology:

Assistive Technology in Michigan 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. 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.

Michigan has a three-year State Plan for Assistive Technology approved by Michigan Rehabilitation Services. The plan is implemented through The Michigan Assistive Technology Program at Michigan Disability Rights Coalition, https://mymdrc.org/assistive-tech. The State Plan for Assistive Technology covers fiscal years 2018 through 2020 and includes the following services:

Device Reutilization:

The Assistive Technology Xchange (ATX) is operated by Michigan's AT Program (MATP) on a platform provided by the Nebraska AT program. Annual changes and updates to the platform are voted on and paid for by all states that use the platform. People learn about the site through a variety of advertising including brochures, PSAs, social media, and articles in newspapers and newsletters. They also can learn about the site through organizations and agencies that provide other MATP services with the AT Program and from presentations by AT Program staff members.

Additional information is available on the site through a list of frequently asked questions (FAQs) which provides information about the ATX and MATP policies. The webpage for the ATXchange can be found at: https://atxchange.org/.

Michigan Assistive Technology Loan Program (MATL):
Since 2006, the MATL has been facilitated by United Cerebral Palsy Michigan (UCP-MI). UCP-MI partners with Michigan State University Federal Credit Union (MSUFCU) to offer the financial loans for the purchase of AT. Michigan Assistive Technology Program (MATP) operated by Michigan Disability Rights Coalition provides financial support through a subcontract with UCP-MI for the MATL.

MATL offers financial loans for Michigan residents who are people with disabilities, older adults with disabilities, and/or family members of people with disabilities. It offers applicants assistance to find appropriate technology, find technology needs assessments and competitive prices for equipment. MATL refers calls to www.atxchange.com for the buying/selling of used equipment. There is no minimum loan amount, and the maximum loan amount is $30,000.

Device Demonstration:
The purpose of a device demonstration is to compare the features and benefits of a variety of devices to make an informed decision about whether the device(s) will help. Device demonstrations can include one device or multiple devices. The attendees have a chance to learn about each device in a hands-on demonstration. They are also be given information about how to contact funding sources, vendors, repair services or other services.

Short-Term Device Loan:
After the person who will use AT participates in a device demonstration, Michigan's Assistive Technology Program’s (MATP) Short-Term Device Loan (STL) activity allows a person with a disability to borrow equipment, free of charge, from MATP’s inventory. Device loans during this period are used only to help the borrower to make an informed decision about acquiring a device. Therefore, the

program is limited to the person with a disability who will be using the device as assistive technology. The length of the short-term loan is typically 14 to 30 days.

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 webinars and blogs and social media, 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.

Alt+Shift Lending Library:
The Michigan Department of Education operates the Alt+Shift Lending Library which contains assistive technology equipment and software that is available to Michigan's PK-12 public schools and affords districts the opportunity to try assistive technology with a student who has an Individualized Education Program (IEP) to assess effectiveness at meeting their needs prior to purchase. Length of loan will vary depending on individual plans for data collection and consideration of assistive technology needs.

Institutes of higher education (IHEs)/educator preparation institutions (EPIs) can borrow assistive technology equipment and/or software from the lending library for a period of one week for the purpose of exposing university students entering the educator profession to options for addressing the needs of students with disabilities.

(iv) Waiting Lists:

The Michigan Mental Health Code defines the parameters for who a CMH can place on a waiting list. Medicaid beneficiaries, who have been determined to meet medical necessity criteria for a service, are prohibited from being placed on a waiting list. People served through state general funds can be placed on a waiting list excluding those in urgent or emergent situations. Those in urgent or emergent situations must be served immediately.

MDHHS established a technical advisory for establishing and managing a general fund waiting list.

The Waiting List data is collected annually by MDHHS through the Annual Submission per Legislative requirement (through the Annual Appropriations Act).

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

Michigan legislature has a statutory obligation to present the governor with the subsequent year's budget by July 1, of the current fiscal year. Due to COVID-19 and the impact it had on the state budget, there were many uncertainties as to the fiscal stability the State of Michigan would be facing. As the budget is proposed, debated, and funding allocations are being set, there are revenue generating conferences that help this process set projected income levels so that the legislature has an idea as to the total capital resources that may be expected for the upcoming fiscal year.

Initially, the thoughts were that Michigan may see a shortfall in total revenue caused by the pandemic. However, the last revenue estimate, in May 2021 included an unexpected $1 billion surplus, not including the additional $10 billion in total federal relief spending Michigan is set to or has received. Under the previous $3.1 billion allocated through federal funds, $238.8 million was earmarked to public safety and healthcare workers, $530 million was earmarked to support for schools which should include disability services for students (designed to supplement state allocated funds, not supplant them). A portion of $3.1 billion funding was not allocated due to conflicts within negotiations between the Governor and the legislature.

The Executive budget proposal included over $7 million in disability assistance payments under public assistance, $194,000 in protection and advocacy support, a $2/hr. increase paid to direct care workers to address the shortage and decline of this workforce, and a passthrough of $3.1 million for the Michigan Developmental Disabilities Council.

As the budget made its way through the process, the senate version included the wage increase for direct care workers, the house version installed a $100 placeholder for further discussions through conference committee negotiations.

As mentioned, there is a far greater allotment of financial resources than what was expected in the initial budget proposals. The final budget is expected the third week in September of 2021.

The proposed state budget included additional federal covid relief funding allocations, and the state has greater state generated revenue than previously expected. Advocates, including MDDC, are advocating for increased funding for direct care workers increased wages, increased supports and services for home and community-based services, and additional MI-Choice waiver slots. However, how those additional resources will be allocated is yet to be determined.

According to the data retrieved from the State of the States report, there was a decline in HCBS spending during the period of 2016 and 2017; from a high of approximately $790 million down to $725.7 million. Even though, during this time, there was a decline in total spending, an increase in HCBS spending would be expected in Michigan as the population ages, as the state advances to full federal HCBS compliance, and as the full 1915(i) waiver authority is implemented.

In 2018, Michigan ranked 17th in supported employment spending, utilizing approximately $25.46 million dollars. Even though Michigan ranked 17th in spending, it lagged behind the national average of wages earned by individuals receiving supported employment services. In the section "in an individual job with publicly funded supports" employees were paid $1.04/hr. less than the national average for "mean hourly wages earned in two weeks". It is reasonable to assume that the mean hourly wage will increase as future reports are released due to an increase in Michigan's minimum hourly wage law passed in 2017. However, there are still inherent problems that must be addressed in order to advance equity and equality for people with disabilities to gain competitive integrated employment with commensurate wages and benefits.

In general, employment continues to be elusive to people with disabilities. Little progress has been made in the transition from segregated subminimum wage workshops to community based competitive integrated employment (CIE). Employers tend to not hire a person with a disability due to the misunderstanding of accommodations and what that could mean for the employer. Vocational Rehabilitation needs to improve responsiveness and supported employment efforts so those with more complex needs can transition to CIE, and other people with disabilities can receive the supports needed to be successful in the employment setting of their choosing.

MDDC and the Self-Advocates of Michigan (SAM) are combining efforts to eliminate subminimum wage employment in Michigan. They have begun to conduct research to identify best practices from states that have successfully eliminated the use of 14(c) certificates either through a phase out approach or other means.

Michigan Department of Health and Human Services (MDHHS) has approximately $31.5 billion dollars allocated in the FY2021-2022 proposed budget. Even though the Senate and House have not finalized budget negotiations as of September 13, 2021, advocates are optimistic that the budget will include several provisions MDDC has been advocating for inclusion. These items consist of an increase in the hourly pay for direct care workers, additional funding for home and community-based waivers, an increase in waiver slots for transition from nursing homes and long-term care settings to HCBS compliant settings.

One identified issue regarding Michigan Behavioral Health Developmental Disabilities Administration (BHDDA), is that there are not enough FTE's within BHDDA to provide the level of services expected by residents of Michigan. An example of this, there is an estimate that approximately 50K individuals will be enrolled into the 1915(i) waiver, however, it is expected that there will only be two individuals reviewing eligibility of the waiver participants. This administration is chronically understaffed, and the DD Council continues to advocate with leadership to address this critical issue. There are discussions that suggested that BHDDA is being allocated additional FTEs to aid in the department's obligations to the people of Michigan, however, due to the FY2021-2022 budget not being finalized at the drafting of this plan, this remains uncertain.

Parallel to the issues highlighted above, there are substantial challenges to contractual oversite between the department and the CMHSPs and PIHPs. Advocates began working with the department and officials of the state's 10 PIHPs to address the level of supports and services provided to beneficiaries. As mentioned in subsequent areas, there is a lack of consistency in how supports needs and services are identified, how those supports and services are delivered, and to what level they are provided to the beneficiary. Advocates are unwavering that contractual obligations must be enforced, there must be strict adherence to conflict free case management, there must be meaningful development of person-centered plans, there must be comprehensive individual plans of service meeting the needs, wants, and desires outlined in the PCP, and full transparency must be a principal component of all operations. MDDC continues the advocacy for these issues and principles.

Michigan is transitioning from a 1915(b) waiver into a 1915(i) waiver which will have some positive impacts on many people who qualify for HCB services. One of the improvements is those who are medically needy, qualify for HCBS, and with incomes up to 150% of the federal poverty level can be enrolled into the 1915(i)-waiver program. MDDC reached out to the department to advocate for no reductions to supports and services during this transition.

The components of the 1915(i) include Community Living Supports, Enhanced pharmacy, Environmental Modifications, Family Support & Training. Fiscal Intermediary, Housing Assistance, Specialized Medical Equipment & Supplies (Assistive Tech), Respite, Skill Building, Supported/Integrated Employment, and Vehicle Modification (Assistive Tech).

One of the major problems faced is the limited number of staff who will be determining eligibility for 1915(i) waiver during the transition. As of September 13, 2021, there are only two staff dedicated to examining eligibility. There is estimated 50,000 reviews that will need to be examined. MDDC and other advocates are greatly concerned that there is inadequate number of staff persons who will be assigned to review eligibility requirements leading to an extreme back-log of applications. There has been, and continues to be, advocacy outreach to the department and legislature to ensure there is adequate funding for the staff needed to prevent the anticipated back-log.

There is an opportunity for the state to receive an increase in the Federal Medical Assistance Percentage (FMAP). The increase of 10% will be based on the total dollars spent on Home and Community Based Services (HCBS) from April 1, 2020 through March 31, 2021. Michigan Department of Health and Human Services met the extended submission date of July 12, 2021. An estimate of enhanced FMAP could reach $140 million net which would help greatly with expanding and implementing HCBS throughout Michigan. These funds must be utilized by the end of FY2024.

(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 closed its last residential institution in 2009. Since the closing of the last institution in Mount Pleasant, Michigan, people with I/DD have increased options to live and receive supports and services in the least restrictive setting of their choice.

There are multiple living options for people with I//DD such as independent living (the preferred option in many cases but the least available), group homes, group living arrangements, adult foster care facilities, family dwellings, and assisted living. Even though there are increased community options for people with I/DD to live in a home and community-based setting, due to limited professionally trained supports there remain challenges regarding people with I/DD and people diagnosed with Autism being able to exercise this option. Many are being placed in facilities due to behavioral challenges. This can happen through judicial admission as well as other intervention methods. There is a shortage of facilities specifically designed to treat people with I/DD who display disruptive episodic acts of aggression and people diagnosed with Autism who may display similar characteristics.

An additional component to individuals being admitted to medical facilities rather than receiving supports and services in a community setting is the involvement of guardians. Guardians can approve medical admissions to psychiatric hospitalizations without ever meeting their ward. Michigan needs a much stronger focus on increasing specialized facility programs such as acute services and supports settings (integrated health homes) rather than admissions to medical and psychiatric hospital facilities. A level of care analysis would ensure proper placement of service.

Over the past eighteen months during the COVID-19 pandemic, there have been barriers to transitions from nursing level of care facilities into facilities of least restrictive environments. If a person who lived in a congregate setting contracted COVID-19 and is placed into a long-term care facility or a COVID-19 Recovery Center, their original location may not be reserved for their return, creating uncertainties for themselves and their families. MDDC has advocated for this issue to be addressed and corrected.

The State Long-Term Care Ombudsman reports that there are several components to securing successful transitions from nursing level of care back to the community. One being the person not only receives the supports and services needed to recover, but that no harm will befall the patient once they leave this level of care. The second may fall on the staff's level of training and expertise in transitions back to the community. During site visits, the State Long-Term Care Ombudsman aggressively looks for those individuals with I/DD who could be transitioned safely back to a least restrictive setting of the individual's choice. This can be accomplished through qualifying the individual for one or more of the habilitative support waivers the state offers.

Even though there is a varying degree of the quality of services, supports, transition services, etc., there is an open line of communication between advocates, advocacy organizations, legal services such as Elder Justice and Disability Rights, stakeholders, and others with Medical Services Administration (MSA). MSA oversees many of the programs impacting seniors and people with disabilities. There are monthly meetings with MSA to discuss and find solutions to the issues outlined within this section. This relationship has been in existence for over a decade, and advocates (including the Michigan Developmental Disabilities Council) have been able to identify and solve problems before they have reached catastrophic proportions.

Through cooperation with MSA and the extremely tight network of advocates and advocacy organizations, some progress has been made to improve the supports and services available people with I/DD. Advocates are hopeful that with the adaptation of the 1915(i) waiver, the continuity of supports and services throughout the state will be enhanced so that the gaps identified in subsequent sections will be filled. Advocates are working to also improve support and service parity across Michigan, contract compliance from the provider networks, conflict free case management, as well as increased transparency and reporting of CMHSPs and PIHPs performance metrics.

However, through cooperation with MSA and the extremely tight network of advocates and advocacy organizations, some progress has been made to augment the supports and services available people with I/DD. Advocates are hopeful that with the adaptation of the 1915(i) waiver, the continuity of supports and services throughout the state will be enhanced so that the gaps identified in subsequent sections will be filled.

Michigan is in the process of implementing a transition from 1915(b) and (c) waivers to a 1915(i). During this transition, it currently operates under the 1115 provision that allows for a smoother transition as progress continues.

(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))):

- Summarize the Council's analysis of the adequacy of services provided through home and community-based waivers for people with developmental disabilities authorized under Section 1915(c) of the Social Security Act.
- Adequacy may be described in terms of quality and/or population served versus need.
- Information about home and community-based waivers services is **required** per Section 124(c)(3)(C)(viii).

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

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

The council's work in the last plan led us to a focus on cultural and linguistic competence and work to increase the underrepresentation of people of color in the work of the council. In 2017, the council was accepted into the National Community of Practice (CoP) on Cultural and Linguistic Competence in the DD System. Our participation in the CoP led us to look inward at our operations and programs. In 2018, the council contracted with Allies for Change to increase our knowledge as individuals (staff, council members, and grantees) on racial equity. In 2019, the council adopted a value on 'Diversity and Equity'. Subsequently, each new grantee, fresh staff, and new council members have participated in a racial equity training.

Lack of culturally sensitive services (especially, services for refugees or specific racial groups); Difficulty accessing services (e.g., lack of awareness about agency services, unwillingness to seek help, distrust of government agencies); Communication/language barriers (e.g., lack of qualified interpreters or bilingual staff); and Difficulty transferring education and training to U.S. workforce are pervasive in Michigan. These issues led the council to adopt the following a guiding principle for our work.

'We remain committed to support and expand opportunities for culturally diverse individuals with developmental disabilities and their families representing diverse racial, ethnic, and socioeconomic backgrounds across the State of Michigan. We will seek to integrate an intersectional approach to increase the participation of people of color in DD Council activities and advocacy across the state. Our goal is to support individuals with developmental disabilities and their families in a culturally competent manner, which is responsive to their beliefs, interpersonal styles, attitudes, language, and ensure effective and meaningful opportunities for full participation in their communities'.

The importance of a seat at the table cannot be overstated. Now, more than ever, it is imperative that we equip individuals with developmental disabilities and their families to advocate for what they want and need to live self-determined lives in an inclusive community. The inconsistent way services are provided across the state highlights the need for the council to education on rights and what to do if your rights are violated. We also understand the need a diverse group of strong disability leaders to take over and lead the movement in Michigan. Our disability leaders are aging and retiring. Building leadership within our unserved and underserved populations will help to ensure the disability movement in Michigan is diverse and inclusive. The objectives and activities in goal one, are designed to increase the engagement, advocacy and leadership of people individuals and their families. Our three mandated self-advocacy objectives are included in goal one, along with our network collaboration objective, support for the Self-Advocates of Michigan.

Far too often across Michigan, things that should not be allowed in the system can happen and persist. We have learned that between every CMHSP and PIHP, the array of services actively available is not consistent, and implementation of the IPOS varies greatly. There have been reports that some providers were using assessment tools to reduce levels of supports and services rather than to accurately identify needs, wants, and desires of the individual to live full community inclusive lives. Students, who should be eligible for CMH services, are denied in their communities and made to seek all services from the education system. The education system is not adequately preparing students to work. The vocational rehab system denying claims of people with high and complex support needs. Goal two, in our plan, is about working to reform the approach to disability services and supports.

The Council will provide and support education on disability issues to increase understanding and change the culture in Michigan to promote full inclusion. Public input revealed the need for a statewide community inclusion campaign. In goal three, we also seek to work on inclusion by convening two communities of practice.

One, will enroll minority serving organizations and help them address on issues or ableism and other systems of oppression in their service. The second, will enroll disability organizations and help them address racism, bias, and cultural and linguistic competence.

Collaboration [Section 124(C)(3)(D)]

Michigan Developmental Disabilities Council, Michigan Developmental Disabilities Institute (MI-DDI, Michigan's UCEDD) and Disability Rights Michigan (DRM, Michigan's P&A) have an exceptional working collaboration on virtually all aspects of the Council's work and work that impacts people with disabilities. Collectively as a network, we are in continuous communications discussing the components of our individual work and how we can align our efforts to best impact the goals and outcomes of our objectives. Each rely on the others expertise in areas of advocacy, research, and law. Outlined below are several mechanisms by which the entities collaborate to achieve outcomes consistent with the Council purpose. Specific collaborative projects that they are jointly working on is described in Part E. under the section DD Network Collaboration.

Home and Community Based Services (HCBS) requirements

All three entities have taken independent roles in the implementation process. However, they all work together to ensure that the needs of individuals receiving HCBS are met, fully and completely. MDDC public policy staff is on the Heighten Scrutiny Review team, MI-DDI has been instrumental in the survey and the design of questions, distribution, and analysis, DRM is working with MDDC public policy staff on responding to Medicaid proposals impacting the delivery of HCBS.

Medicaid

Michigan's P&A, MDDC policy staff and DRM's Government Relations Director are in continuous communications regarding policy, legislative, and other issues pertaining to Medicaid implementation. Through this communication, we have a strong focus on potential scenarios where the organizations can either partner and respond or take a collective proactive action. It would be difficult to demonstrate an "annual" approach to establish a collaborative agreement between the three entities, simply because we are in constant communication and collective efforts that are primarily initiated by a need being presented at any given time.

The DD network-MDDC, DRM, and MI-DDI are members of the Olmstead Coalition, a group of 28 different organizations, which has met monthly with MSA for over a decade to discuss the issues impacting people with disabilities and seniors. The Coalition also meets monthly, outside the meeting with MSA, to address issues such as identifying pitfalls with transition services, security, and privacy concerns with electronic visit verification, addressing Medicaid policy proposals, and drafting responses to state and federal notices for information. Through this relationship, the coalition was able to help the state understand the problems beneficiaries experience and work towards solutions that would work for the state and those receiving benefits.

Additional entities that MDDC, MI-DDI, and DRM work collaboratively with are Michigan Disability Rights Coalition, the Arc Michigan, Michigan Mental Health Association, Disability Network Michigan, and United Cerebral Palsy – Michigan, Michigan Department of Health and Human Services (MDHHS) Medical Services Administration (MSA), Behavioral Health Developmental Disability Administration (BHDDA); just to list a few. What makes Michigan unique, is how close we all work together to advocate for people with disabilities and the relationships we have built with the administering state agencies.

Collaboration [Section 124(C)(3)(D)]

Describe how, through interagency agreements or other mechanisms, the UCEDD(s) and P&A will collaborate with the Council to achieve outcomes consistent with the Council purpose. Information about DD Network collaboration is required per Section 124(c)(3)(D).

- As a Network: Describe the planning of collaborative efforts (other than the required Collaboration activity of the Council, P&A, and UCEDD(s), and how each entity will use their resources in collaboration with the effort(s) that are supported by the Comprehensive Review and Analysis.
- With each other: Describe plans the Council has to collaborate with the UCEDD(s). Describe plans the Council has to collaborate with the P&A and how each of these plans will assist in the Council purpose.
- With other entities: Describe how the DD Network will collaborate with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services, to assist with the goals and outcomes of the Council's 5 year state plan. Identify the organizations and summarize the collaborative activities planned, such as joint meetings, joint public education events/initiatives joint trainings, etc.

PART E. 5-YEAR GOALS [Section 124(4); Section 125(c)(5)]

In our 2022-2026 plan the council will continue support for the Self-Advocates of Michigan (SAM), the statewide self-advocacy organization. The council provides financial and other support including, employing the advisor to SAM. The advisor provides technical assistance and support. She also coordinates the support by each of the DD Network partners. Supporting the SAM board is also network collaboration activity. Each organization provides specialized support for one of the board's three committees. This plan also has two grant projects aimed at advancing the leadership of people with intellectual disabilities and developmental disabilities. One requirement of each project is for people with developmental disabilities who are leaders to be part of the staff and training teams. Additionally, as leaders of Michigan's self-advocacy movement, SAM plans to provide these opportunities through their engagement and education of self-advocates. Through our focus on diversity and equity we seek to increase the participating of self-advocates with multiple culture identities in all advocacy efforts and coalition building activities. SAM is in the coalition phase on work to abolish sub-minimum wage. There are organizing efforts underway to establish a coalition to address the direct care crisis. The council plans to employ a robust engagement and recruitment strategy to involve self-advocates in these efforts.

Targeted Disparity

Disparities persist for people of color in every category of the service array in Michigan. Given the disparate treatment and legal impoverishment of people with disabilities in society, we can assume that the disparity of people of color with developmental disabilities are even greater. While quantitative data doesn't exist on people of color with developmental disabilities and/or their family members, anecdotally, we know that they are underrepresented at policy tables, in advocacy, and by advocacy organizations. In this plan the council intends to address this underrepresentation by intentionally focusing on race, ethnicity, and other intersectional identities to eliminate historical and systemic marginalization and create systems change. Through our activities and advocacy, our goal is to increase the number of disability leaders and advocates from African American, LatinX, Asian American, Arab-American, and Native-American communities.

This plan contains four activities aimed at addressing our targeted disparity, (1) Strengthening Communities of Color Through Leadership, (2) Race, Equity, Advocacy and Disability (READ initiative, (3) Disability Inclusion Community of Practice and (4) Cultural and Linguistic Competence Community of Practice. Additionally, all council grant project staff will come together at least quarterly to learn and discuss how to operationalize racial equity and culture and linguistic competence in the implementation of project activities; and coordinate activities, exchange information, assess progress on common goals, and provide mutual support.

DD Network Collaboration

Michigan Developmental Disabilities Council, Michigan Developmental Disabilities Institute (MI-DDI, Michigan's UCEDD) and Disability Rights Michigan (DRM, Michigan's P&A) collaborate on virtually all aspects of the Council's work and the work that impacts people with disabilities.

The DD Network is focusing on the following collaborative efforts, which are also reflected in the state plan goals and objectives, as joint areas of focus:

Community of Practice in Cultural and Linguistic Competence in the DD System
The three organizations are members of the State Leadership team for the Community of Practice in Cultural and Linguistic Competence in the DD System. The DD Council convenes the COP, the P&A representative serves as the Council's diversity champion, and the UCEED participates in the initiative. As part of this body, they are working together to change the system as well as our respective agencies serves to deliver our advocacy, research, and services in a more culturally competent manner.

Self-Advocates of Michigan (SAM)
SAM is an advocacy organization comprised of people with I/DD. They are self-governed, self-directed, and each committee is supported by staff from MI-DDI (membership committee), DRM (outreach), and MDDC (public policy). The DD network meets monthly to coordinate goals and objectives to increase support for SAM to become more involved within the community, promote advocacy, provide valuable information to other individuals with disabilities through webinars and web presence, and responding to legislative and policy initiatives.

Employment First

Under the leadership of the DD Council, DD network partners have collaborated on Employment First advocacy in the state since 2014, when they collaborated to produce their Employment First in Michigan advocacy report. Since that time, Michigan has been a recipient of technical support for systems change, capacity building, and provider agency transformation targeting employment through several initiatives, including the Employment First State

Leadership Mentoring Program (EFSLMP) of the U.S. Department of Labor, Office of Disability Employment Policy (ODEP), since 2015; and the Workforce Innovation Technical Assistance Center (WINTAC), since 2017. Some of the technical support has been targeted toward systems change at the state policy level. It has helped to identify priorities, align systems, and improve communication and cooperation among government agencies through the development of memoranda of understanding (MOUs) and other interagency agreements. The 2019 report on Employment First, spearheaded by the DD network, noted where employment conditions have improved, what challenges remain, and what policy and practice changes are required to continue Michigan's improvement in providing access to competitive, integrated employment for people with disabilities. Of note, the number of adults earning minimum wages or better, had increased from 32% in FY2012 to 65% in FY2017. The number of 14(c) certificates used in the state had decreased significantly from 8,226 in 2012 to 5,159 in 2019. For that report, the UCEDD conducted the data analysis, the P&A assisted with the writing, and the DD Council underwrote the technical assistance required to produce and publish the report.

Evaluation Plan [Section 125(C)(3) And (7)]

To measure the progress made in achieving the five-year plan's goals, the Michigan DD Council will conduct evaluation activities that includes both implementation assessment and outcome measurement. The implementation assessment will document the extent to which the planned activities were implemented. The outcome measurement will assess the plan's achievement of the outcomes outlined in the plan. The evaluation will include the grant projects, council led and supported activities, and the efforts to support Michigan's self-advocacy network.

Grantees

Grant projects provide quarterly reports on project activities to the DD Council grants staff, via the DD Suite system. In the quarterly reports, the grantees document the progress on each activity from their work plan. As part of their application process, grantees create a work plan that specifies their project's objectives, the activities needed to reach those objectives, and a timeline for the activities. Performance measures will be tracked and reported on as part of quarterly and/or annual reports submitted to the DD Council.

Staff will review the projects' quarterly reports to determine what progress has been made during the most recent period and whether any technical assistance, clarification, and/or corrective actions are needed. In addition to gathering information from reports, grants staff will regularly make site visits to projects, attend advisory meetings, trainings, or other grant project activities. These in-field observations coupled with the quarterly reporting will assure that progress is being made towards the identified outcomes.

The five-year plan contains key outcomes that each project was expected to achieve. At the start of each project, the grantee will select outputs and indicators to serve as evidence of progress towards each outcome. The selection of these indicators, as well as how they will be measured, is subject to approval from council staff. In the past, grantee projects have collected data to measure indicators through: pre/post-tests, interviews, written surveys, and focus groups. Grantees will report evaluation results as part of their annual report requirement.

The annual report is a summary of the project's activities and achievements for the year and to-date. They are required to address the following questions: How has the project results compared with the results 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 is the most important thing 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 novel approaches to services and supports.

Grantees also describe how individuals with I/DD and their families participated in planning, implementing, and evaluating the project. The grantee's evaluation plan includes an analysis of the project's progress toward achieving its objectives, in terms of its work plan and of the targeted outcomes, outputs and indicators. The results of the consumer satisfaction, including an analysis of what the consumer satisfaction responses mean for the project, are also included. The report also describes how the survey responses and other assessments will be used to improve the project.

Council Activities

Evaluations will be distributed to participants of all DD Council sponsored activities and/or workshops. They will be collected and analyzed to determine if changes need to be made in the recruitment, delivery, or content. Many of the outcomes for these activities are about increasing the knowledge of people with I/DD and family to advocate for what they want. Professionals attend a lot of our activities to provide better, more informed supports to the people they serve. Many of the outcomes are long term and often we cannot prove a causal relationship between the council activity and change in an individual's life. Much of the data from these efforts are anecdotal. We often know that the initiative is working due to an increase in requests for a topic or a system partnering with us to provide information for their recipients. Often, we hear from individuals or families about how attending an activity led to a change in their life.

Self-Advocacy

In concert with the Self-Advocates of Michigan, we will support efforts to obtain input from self-advocates. This may include, listening sessions, community conversations, online surveys, social media polls, public comment at meetings, etc. We will collect and analyze what needs the self-advocates have identified, their satisfaction with the Council activities, other activities they think would satisfy those needs, etc. This information will be gathered continuously as the self-advocates implement their work.

The Program Committee provides oversight to the DD Council's Grants program. It oversees, on behalf of the DD Council, implementation and evaluation of the grants and activities included in the state plan. Staff responsible for education and training update the committee.

The DD Council has an annual two-day retreat, where it conducts business including an annual review of the DD Council budget; receives information on emerging trends; and if necessary, considers new project ideas. The annual review is also a time to hear about timely or emerging issues of relevance to the DD Council. Routinely, staff updates the Council on issues that may require a system- level solution, or additional topics that may require action in the future.

The DD Council's Public Policy Committee (PPC) provides direction to the policy advocacy of the DD Council. PPC will receive regular reports and updates from staff on issues of importance or that require action. Through monthly meetings, PPC will interface with stakeholders statewide and provide information on the latest federal, state and when appropriate local issues affecting the lives of individuals with I/DD in Michigan. Every DD Council meeting, including the annual retreat, includes written updates advocacy issues, and presentations to the DD Council, as appropriate to keep DD Council members abreast of emerging issues and trends in goal areas.

<u>SECTION V: PROJECTED COUNCIL BUDGET</u> [Section 124(c)(5) (B) and 125(c)(8)]

Goal	Subtitle B $	Other(s) $	TOTAL
1. Self-Advocacy & Leadership	$1,123,200	$231,667	$1,354,867
2. Service System Reform	$915,400	$149,666	$1,065,066
3. Community Engagement & Education	$986,900	$141,667	$1,128,567
4. General management (Personnel, Budget, Finance, Reporting)	$608,600	$0	$608,600
5. Functions of the DSA	$50,000	$0	$50,000
6. TOTAL	$ 3,684,100	$ 523,000	$ 4,207,100

SECTION VII: PUBLIC INPUT AND REVIEW [Section 124(d)(1)]

The plan was made available for public comment on the Council's website. It was available as a PDF and as a text file for ease of use for screen readers. The documents were accompanied by a link to an online survey to provide comments. The notice of public comment was sent via email to over 800 individuals and organizations.

We also offered an opportunity to make an appointment to review a hard copy of the plan in the council office.