Creating Change: Systems Transformation Aimed at Creating Person-Centered and Community Focused Services

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Supports for people of all ages with
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Community Living Services of Oakland County
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Supports for people of all ages with
developmental disabilities in Oakland County, MI
The History in Michigan

- Person-Centered Planning was adopted into our state law in 1996.
- First Robert Wood Johnson grant sites for Self-Determination (CLS was a grantee in 1997).
- Michigan’s Managed Care system for all Community Mental Health supports (including services for people with I/DD) began in 1998.
Present Structure in Michigan

- Statewide there are 10 regional managed care entities that receive capitated funding to serve all Medicaid beneficiaries in their catchment area.

- All of the entities maintain an open front door for new people/families to access services. No waiting lists.

- Strict timelines for commencement of services are outlined in the contracts – i.e. 14 days for initial plan; services must start within 14 days of planning meeting.
No More Institutions

- On September 10, 2009, Michigan became the largest state (by population) in the US to close its last state institution; there are 12 other states.

- We are very proud of Michigan’s commitment to person-centered, community-based supports.
Community Living Services of Oakland County

- Individualized, Community-Based services for all.
  - No group homes - everyone signs their own lease or owns their home, or lives with their family.
  - No new referrals or authorizations for building-based day programs, sheltered workshops, or other segregated environments – everyone is supported in their local community, as opposed to disability specific building programs.
Adapted from the MPF "Owning the Process / Individual Budgeting" Viewing Guide.
Leadership

- Self-Determination / Individual Budgets
- Conflict Free Support Coordination
- Supported Decision Making Approaches / Alternatives to Guardianship
- Tenancy Rights – Personal homes verse congregate living
- Permanency Planning related to children
- Employment First - Unapologetic commitment to Income Generation for ALL
Never Forget Our Purpose

Our purpose is to provide assistance and support so that people with disabilities can enjoy the same basic life quality as other human beings.

“Life, Liberty, and the Pursuit of Happiness”
United States Declaration of Independence, July 4, 1776
So the big question is:

*How do we define a good quality of life?*
Real Life Quality Outcomes/
Universal Human Aspirations

- Living in a Home That You Control
- Being an Active and Contributing Community Member
- Maintaining Existing Relationships
- And Making New Friends
- Earning Income
- Being Healthy & Safe
Presuming Competence is Key to Person-Centered Planning

Similar in concept to “presumed innocent”.

All individuals are presumed competent under Michigan’s state law, regardless of disability label.
Always Remember:

It’s our responsibility to make sure a person’s PERSON-CENTERED Planning meeting does not get high jacked by well meaning, but overly assertive others.
Clinical Costs

Wayne

Million $

FY 2002: 6
FY 2009: 3.4
FY 2010: 2.1
FY 2011: 1.5
FY 2012: 1.3
FY 2013: 1.2

Clinical Costs
Everything Starts With Person-Centered Planning

Person-Centered Planning discussions include:

- Personal interests
- Strengths
- Dreams and wishes

and balance...

- Health Needs
- Safety Issues & Risks
- Support Needs
How is Quality Measured?
Lots of “Process” data collected

(but is that telling us what we really need to know?)

✔ Were PCP Meetings held?
✔ Were forms completed?
✔ Were check boxes checked?
✔ Were timelines met, etc......
Lots of "Process" data collected
(but is that telling us what we really need to know?)

- How responsive is our system to the changing needs of the people we serve?
- Do our funding strategies incentivize the outcomes we hope to see?
- Are our efforts truly making a difference?
Real Life Quality Outcomes/
Universal Human Aspirations

Living in a Home That You Control

Being an Active and Contributing Community Member

Maintaining Existing Relationships
And Making New Friends

Earning Income

Being Healthy & Safe
Note: In early 1990s CLS supported 1450 people living in 250 homes—licensed for “6 beds”. As of 9/7/16- 397 persons live in 85 group homes; avg 4.4 persons per licensed home.

Count in “Own Home” does not include persons living at home with family.
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Goal: To increase the number of working aged adults in *integrated employment* at a *competitive wage* with supports as needed.
Standards:

• **Integrated Employment**: Refers to individualized work paid directly by employers, occurring in a typical community-based work setting (elbow to elbow with workers without disabilities).

• **Competitive Wage**: At least minimum wage, paid directly to the person.
Integrated Competitive Employment Data
*(does not include microenterprises)*

Ages 26 to 65: % Generating Income

- FY1314-Q4: 34.85%
- FY1415-Q1: 36.04%
- FY1415-Q2: 38.02%
- FY1415-Q3: 38.04%
- FY1415-Q4: 38.13%
- FY1516-Q1: 39.52%
Oakland Employment Dashboard
As of 8/14/17

Employment Trend Annually by CPA w/o Exclusions

- FY11: 11.4%, 20.6%
- FY12: 9.8%, 15.6%, 12.6%
- FY13: 9.5%, 13.0%, 12.4%, 15.9%
- FY14: 9.0%, 13.2%, 12.6%, 13.3%, 16.2%
- FY15: 9.1%, 13.8%, 14.7%, 15.4%, 14.7%
- FY16: 8.6%, 13.7%, 12.6%, 13.4%, 17.2%
Reframing the questions we ask . . .

We used to ask, “Do you want to work?”

Now we ask all working aged adults, “What kind of work do you want to do?”
Success

what people think it looks like

what it really looks like
The goal is NOT to have great services; the goal is to HAVE A GREAT LIFE!
be the change you wish to see in the world...

-gandhi

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