

## Michigan State Report for VOR

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VOR Annual meeting

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### The Choice Resolution

The Choice Resolution is a statement by the Michigan Association of Community Mental Health Boards (MACMHB) confirming the right of CMH consumers to choose from an array of services and supports based on their needs and preferences. It was finally approved unanimously by all CMH agencies in the MACMHB in January 2011. It explicitly recognizes and honors differences in philosophy and service needs among the diverse population of CMH consumers.

The Choice Resolution was a response to calls by advocates and some state administrators to eventually eliminate specialized programs for people with Developmental Disabilities. These are programs that are provided in group settings with other people with DD such as day programs, sheltered workshops and other specialized community work and skill-building programs, and group homes. The advocates and state administrators claimed they only wanted the best for our family members, but they also recognized that with the state in financial distress, this was an opportune time to begin slashing funding for programs they claimed were discriminatory and isolating. They opposed the Choice Resolution.

### Advocates opposing the Choice Resolution

In two letters to the Michigan Association of Community Mental Health Boards, dated July 15<sup>th</sup> and December 15<sup>th</sup>, 2010, Dohn Hoyle from the ARC Michigan, Elmer Cerano from Michigan Protection and Advocacy Services, Norm DeLisle from Michigan Disability Rights Coalition, and Glen Ashley from UCP Michigan strongly expressed their opposition to the Choice Resolution claiming that it violated the rights of people with disabilities to integration in the community. They encouraged the MDCH to continue their immediate efforts to eliminate larger licensed community group homes housing more than six people, apparently without any regard for the wishes, needs, or choice of the people who actually live in these homes.

The first letter discusses experiences from the closure of Mount Pleasant Center, an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Bill Allen and Angela Martin, who were responsible for discharging people from Mount Pleasant and monitoring them afterwards, came to the conclusion that "smaller is better and smallest is best", the letter says. ***"They maintain that was true for every single person who moved back to the community, some 120 persons. Their extensive experience leads them to believe that this is true for anyone with a developmental disability who would be served by the public mental health system."***

The families of the people at Mount Pleasant Center are in a better position to respond directly to that statement, but I do know that the effects of the closure on former residents were mixed, with many families happy to have their family member living closer to them, but missing some of the services readily available at Mount Pleasant that are not available to them in community settings. Some of the former residents have required two hired staff people to be with them at all times to prevent injury to themselves and others. On July 28, 2010, in a meeting with a state senator from Ottawa County and family groups, Michael Head from the MDCH confirmed that **at least 10 people who were moved out of Mount Pleasant Center have died.**

To simply repeat the hyperbolic claims of consultants from the MDCH about the fate of former residents of Mount Pleasant Center without qualification does a great disservice to former residents and their families.

### **Advocates Supporting Choice**

On March 30<sup>th</sup>, 2011, ddAdvocates of Michigan, <http://ddadvocates.com>, an Internet-based network of organizations, formally announced its formation. Its purpose is to support individual choice, improve communication among grass roots organizations, and provide a medium for sharing information, concerns, and ideas for people with developmental disabilities.

Informally, organizations from Ottawa, Livingston, Wayne, and Washtenaw Counties, all members of ddAdvocates of Michigan, had already accomplished some of its goals: We disseminated information on proposed guardianship policies and, because of family responses to these policies, MDCH extended its comment period allowing more families to participate. We sent out information about hearings in Detroit held by the Federal Administration on Developmental Disabilities allowing many families, who would otherwise have not been informed about the hearings, to participate in person or in writing. We also encouraged families to respond on the ADD Web site to preliminary recommendations for its 5-year strategic plan this spring.

The ddAdvocates Web site is posting articles and comments on other policies and exemplary programs and residential options in our own communities.

This is from Ed Diegel, whose Web site hosts the ddAdvocates of Michigan:

“In the face of unprecedented fiscal uncertainty, political turnover and policy interpretations at the national, state and local levels it is imperative that we families and other advocates find a common ground and do the best grass roots lobbying possible on behalf of persons with Developmental Disabilities in Michigan.”

### **Attacks on Guardianship in Michigan**

A draft Technical Advisory was sent out for public comment in August 2010 by the Michigan Department of Community Health (MDCH). It was entitled *The Role of Guardians in Arrangements that Support Self-Determination for Individuals with Developmental Disabilities*. The advisory gave encouragement to CMH agencies to challenge guardianships when they believed the guardian was not representing the best interests of the individual, despite the

authority given to the guardian by the probate court to speak on behalf of and make decisions for the care of the person with a developmental disability.

[Self-Determination is a method of delivering services to people with developmental disabilities that ostensibly allows the individual with a disability to have more control over the services they receive, the people who provide the services, and the expenditure of public funds to pay for the services. This is an option that must be made available by CMH agencies for anyone who desires it, including people with the most severe disabilities who have guardians who speak on their behalf. People who want and need a more traditional program of services may choose not to use Self-Determination. In any case, a person-centered plan is used to develop an Individual Plan of Services.]

The draft policy encouraged CMH agencies to use the most aggressive methods available for dispute resolution with guardians, who are most often parents, siblings, other family members, or family friends of the disabled person. When there is a real or perceived disagreement between the guardian and the disabled individual, the draft policy wrongly assumed that the guardian was dismissing the “preferences, choices, and abilities” of the individual, thereby possibly violating the guardianship law. By equating a guardian’s disagreement with a person-centered plan with failure to fulfill responsibilities under Michigan’s guardianship law, the draft policy could do great damage to a process that is supposed to be a cooperative effort to design services that best meet the needs of a vulnerable person. Although challenges to guardianship are legal and may be necessary in some cases, to encourage the use of this legal tool to punish and pressure guardians to conform with the wishes of a local CMH agency is an improper use of these legal procedures and potentially harmful to the person with a disability.

### **Congregate residential and service options in Michigan**

Despite pressure from advocacy organizations to eventually eliminate all congregate care and “disability-only” services, there is a great deal of interest from local organizations to continue to provide care and services in group settings. Many families and their severely disabled family members rely on services provided through their local CMH agencies including day programs, community-based work and skill-building programs, and group homes. Personalized services that are provided in the individual’s home using only community resources are also needed, but not at the expense of more specialized services and residential options.

*The following are examples of family-directed programs* that provide supported living services, licensed group homes, or respite services with an emphasis on building community that includes groups specifically designed for people with disabilities, rather than leaving successful community living up to chance without the specialized services that many people need:

Intentional communities of Washtenaw: <http://www.intentcom.org/>

His Eye is on the Sparrow: <http://hiseyeonthesparrow.org/index.htm>

The Just Us Club: <http://justusclub.org/juckids.php>

Harbor House Ministries: <http://www.harborhouseministries.org/>

Covenant Enabling Residences of Michigan: <http://www.cermi.org/residences-muskegon.html>