Michigan State Report
May 31, 2020
Jill Barker, VOR Michigan State Coordinator

Here are links to posts on my blog, The DD News Blog, that describe local and state issues concerning people with intellectual and developmental disabilities (IDD):

6/24/19: Washtenaw County CMH Board hears from families and people with developmental disabilities, 6/21/19

The Washtenaw County Community Mental Health (WCCMH) *agency provides services to adults with a mental illness, children with a severe emotional disturbance, and individuals with a developmental disability, residing in the county. People with mental illness comprise the vast majority of the County's caseload and the WCCMH Board does not often hear directly from families of people with DD. A member of the WCCMH Board requested that time be set aside to hear from those families. Michigan's Community Mental Health system has been chronically underfunded with cuts to services. Most adults with DD live at home with their families and receive "community living services" that support people in their own or their family's home. The experiences described here are not far removed from those of families throughout the state:*

…"Some parents spoke of their children being exposed to abuse and neglect in other settings outside of their own homes and many spoke of the difficulty in hiring Medicaid-funded support staff at poverty level wages. One parent told of how the CMH system has moved the chains and bars from institutions to his home, where he cannot find staff to take care of his son with extreme behavioral difficulties. Others were very happy with the services their loved ones were receiving and said that they were life sustaining for their families and liberating for their disabled family members. They did not want the services discontinued. Parents also expressed how sleepless nights and relentless caregiving responsibilities had pushed them to the brink of exhaustion and beyond. Another called the contemplation of removing services as reckless and irresponsible and another mentioned that there was no end in sight to caregiving responsibilities for people with lifelong disabilities. Another said that using our loved ones as pawns to get more money from the state was reprehensible."…

12/13/19: **Testimony on special wage certificates for people with disabilities**

To the U.S. Commission on Civil Rights from Jill R. Barker, Ann Arbor, Michigan

Excerpt:

"I am the parent of two adult sons with profound intellectual and developmental disabilities (IDD). … my sons are not capable of work of any kind, although there are many services and protections that are afforded to them that improve and maintain the quality of their lives.

"I belong to local and national disability organizations that acknowledge a broad spectrum of ability and need and avoid proclaiming … what all people with disabilities can and can't do. Only by empowering individual voices of people with disabilities (including legal guardians) and their families to advocate for their own needs and preferences will we ever get to a system of care and services that is in synch with the needs of this diverse population…"

1/7/20: **Public forums on the future of Michigan's behavioral health system (a.k.a. Community Mental Health)**

Comments on The vision MDHHS is proposing:

"For many years, Medicaid Health Plans, both for profit and nonprofit, have been trying to get their hands on Medicaid funds for behavioral health services (CMH) with promises that they can do it better and for less money than the public agencies that most people rely on. For some very good reasons, people don't believe them. Medicaid Health Plans do not have experience providing the social service supports people with IDD and other disabilities need to survive (housing, case management, caregiving, family supports, health maintenance, etc.). When medical health systems are

faced with limitations on funding through a managed care system, they naturally turn to denying and limiting services to the people they are supposed to serve.

“Let's not kid ourselves. The community mental health system leaves much to be desired with its inability to recognize or serve the full continuum of services that are needed by this diverse population.

“The State's proposals for reforming the behavioral health system…do not tell us what they are trying to reform other than a system of financial management for Medicaid funds. It seems to me this is starting at the wrong place again with the wrong people….”

2/21/20: **Michigan: Radical proposals to change Medicaid services for IDD put our loved one's right to services at risk**

This is from One Voice – A Michigan Parent/Family advocacy organization in support of individuals with Intellectual and Developmental Disabilities.

“…MDHHS is moving toward a model that calls for Specialty Integrated Plans that combine behavioral and physical health plans under one umbrella that appears to most likely place Medicaid under private control…**”**

“Nowhere has anyone publicly detailed what is failing in our existing systems or how to improve these shortcomings. It is our belief that this is simply a plan to eliminate financial risk for the state, reduce support and services for our I/DD family and ultimately privatize Community Mental Health services…”

Michigan response to the Covid-19 pandemic

All bets are off with what the state will do if and when things get back to normal. In response to the crisis, Michigan’s governor put in place stay-at-home orders in March 2020. Despite protests against them that received national attention, polls showed that around 70% of the population supported the governor’s executive orders to contain the spread of the virus. Protests have in large part resembled partisan political rallies in support of the President, rather than grass roots efforts to reverse state government policies.

According to the state Website, Michigan Coronavirus Data:

As of 5/29/20, there have been 57,397 confirmed cases in Michigan. 5,491 coronavirus-related deaths have been reported since March 18, 2020. The majority of cases have been in Southeast Michigan. Confirmed cases and hospitalization are trending downward.

Long Term Care Data:

Skilled Nursing Facilities are the focus of data collection, with nursing facilities in more densely populated areas having a greater concentration of cases. Rural counties have the least, but it is evident that there are outbreaks in smaller cities like Marquette and Kalamazoo. Although licensed group homes are designated as long term care facilities, there is no reporting of cases on the state website.

I know of one case of a group home resident who contracted Covid-19. This person spent a few days in the hospital and did well. When it was time to leave the hospital, however, the guardian found out that half the group home staff had quit and they could no longer take care of her. She finally was moved to a temporary placement in a rehabilitation facility.

The state is under a stay at home order until June 12, 2020. There have been gradual opening up of activities allowing gatherings of 10 or fewer people and some store openings where social distancing is assured.

Testing availability has improved, but it is still a problem.