



Aging Adults with Disabled/Dependent Children

Presentation to the House Appropriations – Health and Human Services Subcommittee

N o v e m b e r 8 , 2 0 1 7

T o m R e n w i c k
J e f f W i e f e r i c h
B e l i n d a H a w k s

Behavioral Health and Developmental Disabilities Administration

*Putting people first, with the goal of helping all Michiganders lead healthier
and more productive lives, no matter their stage in life.*

Introduction

- Discussion on aging parents who provide significant support and assistance to their adult children and a concern over what will happen to their adult children when they are no longer able to provide this support

Background Information

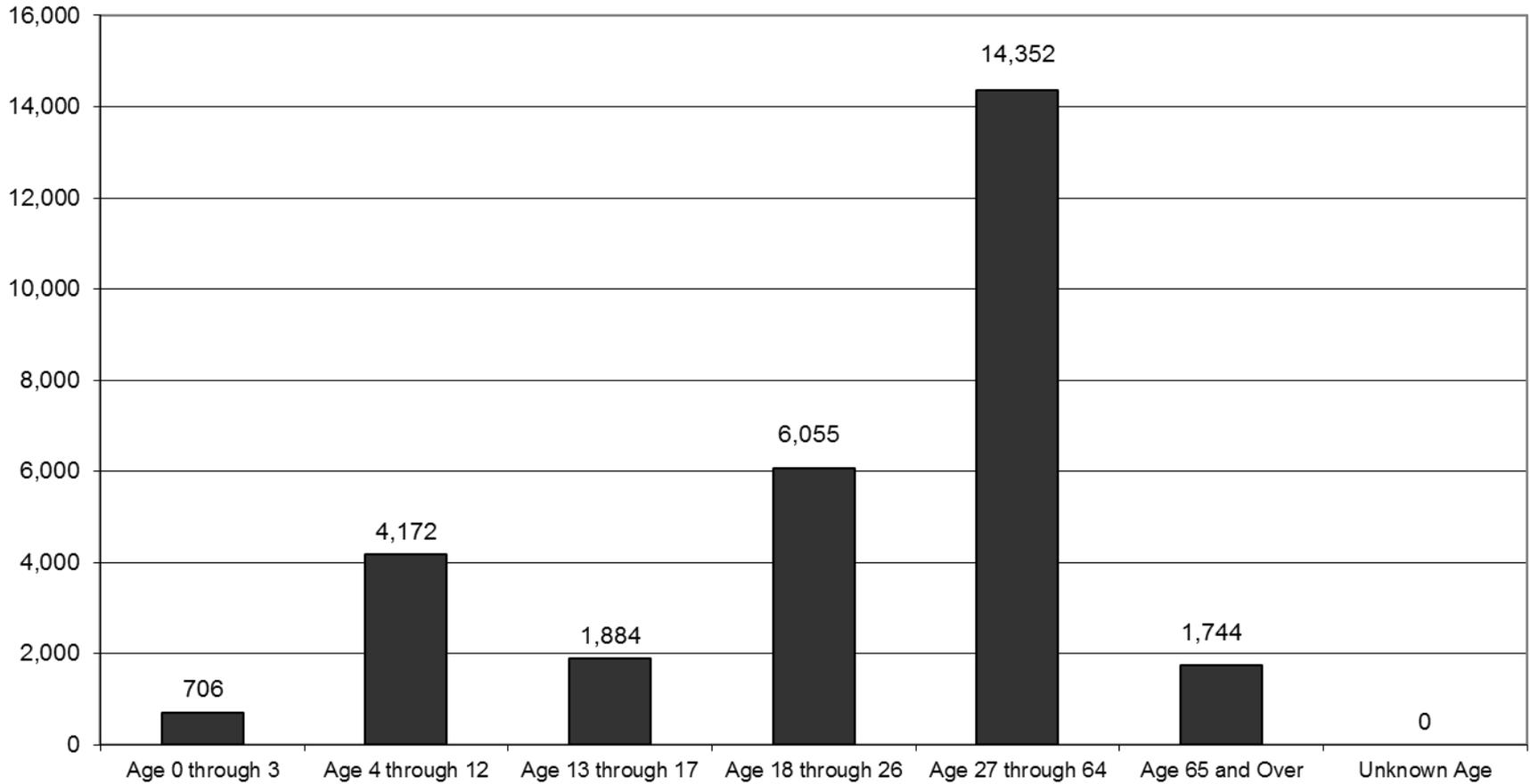
- MDHHS contracts with Prepaid Inpatient Health Plans (PIHPs) for the provision of the specialty carved out behavioral health care services covered under Medicaid and the Healthy Michigan Plan.
- PIHPS use Community Mental Health Services Programs (CMHSPs) and the CMHSP's provider network to deliver those services
- MDHHS also contracts directly with CMHSPs for the provision of general fund covered behavioral health services for eligible individuals.

- In FY16, the public behavioral health system served more than 228,000 persons with serious mental illness, intellectual/developmental disabilities, substance use disorders and children with serious emotional disturbance
- MDHHS current data collection activities provide some broad information that may be helpful in discussing the issue at hand, but we may need to refine our data collection activities to specifically help in understanding where aging parents are providing supports to their adult children

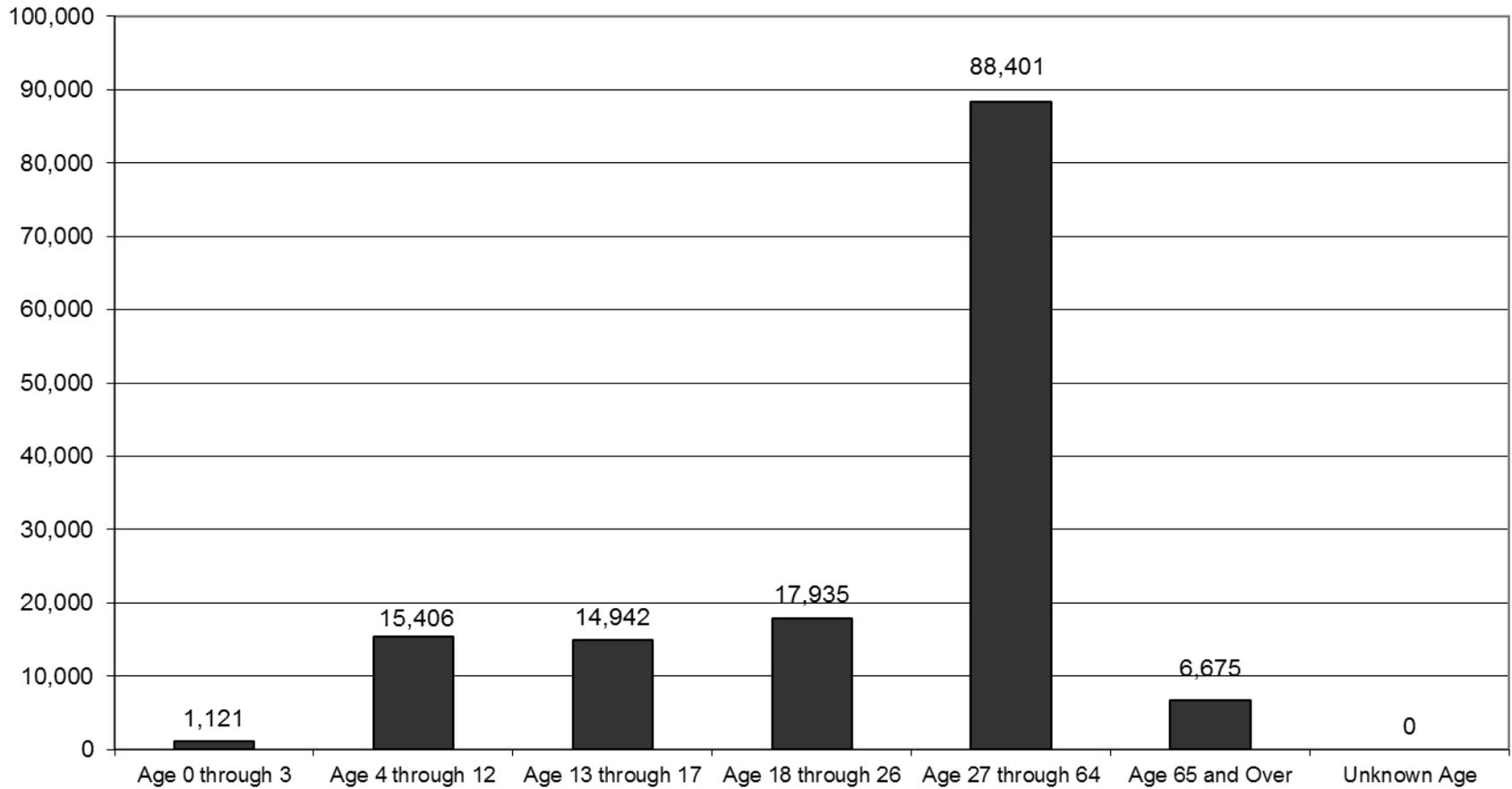
Age Range of Consumers Served by Population

Age	MI Consumers	I/DD Consumers	SUD Consumers	Dual Diagnosis
0-3	1,121	706	0	132
4-12	15,406	4,172	6	1,576
13-17	14,942	1,884	148	1,326
18-26	17,935	6,055	562	3,360
27-64	88,401	14,352	3,250	8,875
65+	6,675	1,744	64	1,189
Unknown	0	0	1994	0

**Persons with Intellectual/Developmental Disabilities (I/DD)
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2016
State of Michigan**



**Persons with Mental Illness
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2016
State of Michigan**



Numbers and Percentages of Persons with Mental Illnesses and Intellectual/Developmental Disabilities

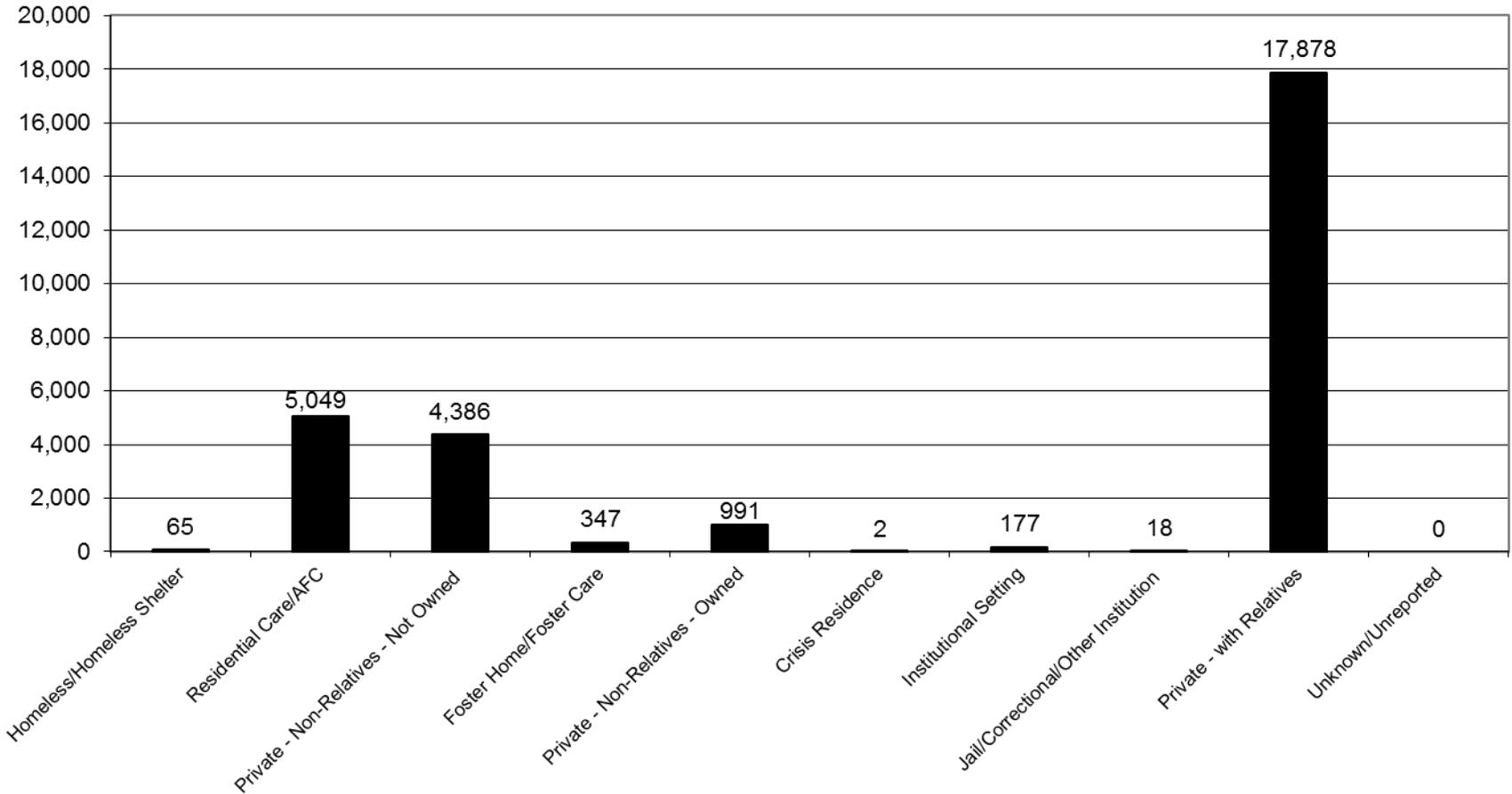
Who Received Services from CMHSPs

Fiscal Year 2016

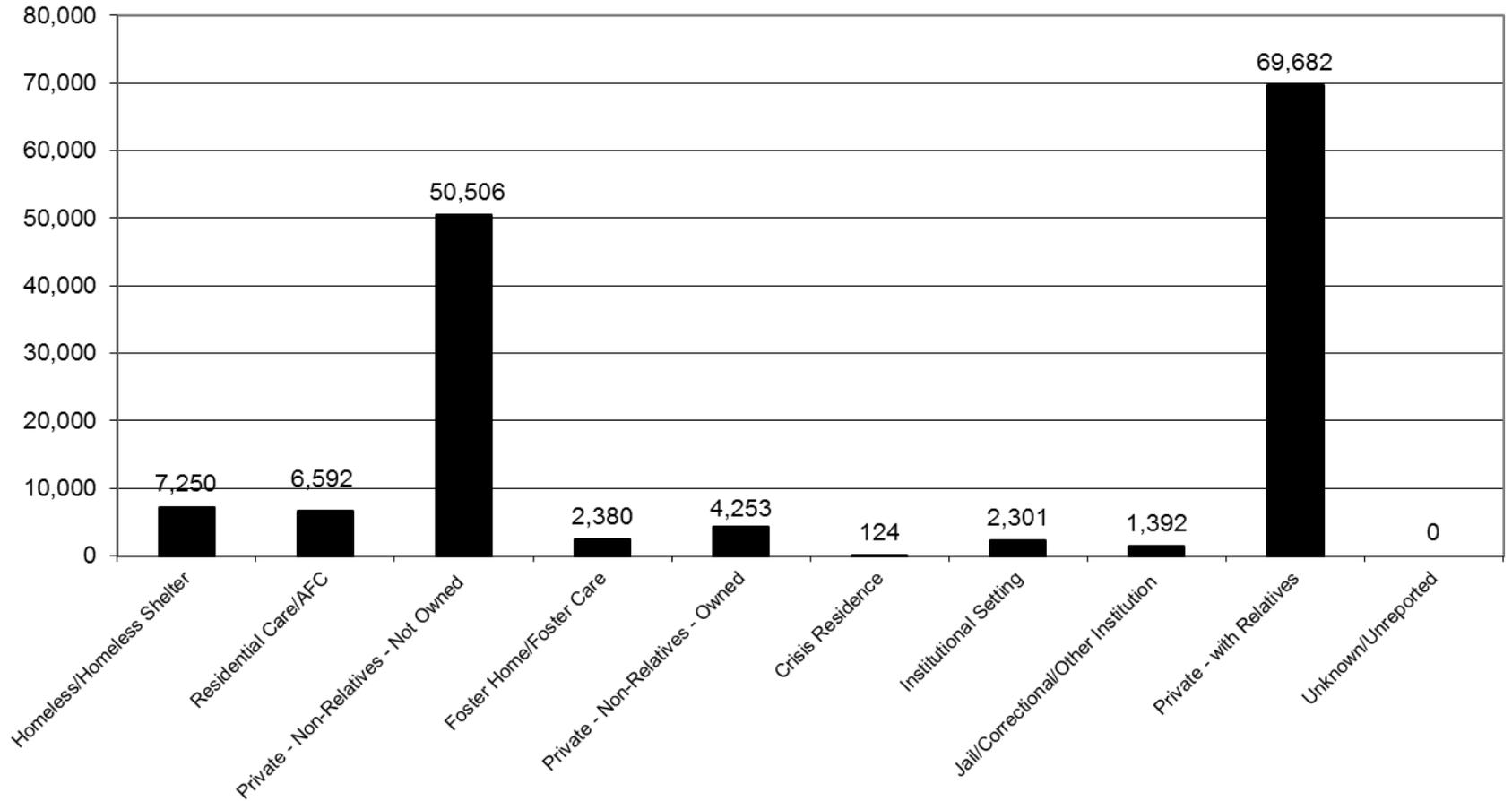
Demographic Characteristics	MI Consumers		I/DD Consumers		* Substance Use Disorder		Dual Diagnosis (MI & I/DD)		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age												
Residence												
Homeless/Homeless Shelter	7,250	5.02%	65	0.22%	571	9.48%	159	0.97%	702	2.16%	8,747	3.83%
Residential Care/AFC	6,592	4.56%	5,049	17.46%	228	3.78%	3,975	24.15%	474	1.46%	16,318	7.14%
Private - Non-Relatives - Not Owned by CMHSP/PIHP	50,506	34.96%	4,386	15.17%	1,139	18.91%	3,543	21.53%	4,992	15.33%	64,566	28.26%
Foster Home/Foster Care	2,380	1.65%	347	1.20%	12	0.20%	184	1.12%	223	0.68%	3,146	1.38%
Private - Non-Relatives - Owned by CMHSP/PIHP	4,253	2.94%	991	3.43%	250	4.15%	800	4.86%	321	0.99%	6,615	2.90%
Crisis Residence	124	0.09%	2	0.01%	0	0.00%	10	0.06%	6	0.02%	142	0.06%
Institutional Setting	2,301	1.59%	177	0.61%	84	1.39%	248	1.51%	139	0.43%	2,949	1.29%
Jail/Correctional/Other Institution Under Justice System	1,392	0.96%	18	0.06%	63	1.05%	35	0.21%	375	1.15%	1,883	0.82%
Private - with Relatives	69,682	48.23%	17,878	61.83%	1,683	27.94%	7,504	45.59%	6,541	20.08%	103,288	45.21%
Residential Arrangement Unknown/Unreported	0	0.00%	0	0.00%	1,994	33.10%	0	0.00%	18,796	57.71%	20,790	9.10%
	144,480	100.00%	28,913	100.00%	6,024	100.00%	16,458	100.00%	32,569	100.00%	228,444	100.00%
Total Served												
Persons Served by CMHSPs	144,480		28,913		6,024		16,458		32,576		228,444	

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance use disorder, but neither a intellectual/developmental disability nor a mental illness.

**Persons with Intellectual/Developmental Disabilities (I/DD)
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2016
State of Michigan**



**Persons with Mental Illness
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2016
State of Michigan**



- **Conclusion: the current data available provides a broad perspective on the age ranges of the individuals served and where they are living, but doesn't really provide specific information on where aging parents may be providing supports to their adult children**

Person-Centered Planning and the Use of Natural Supports

- PIHPs and CMHSPs are required to use person-centered planning processes to develop an individual's plan of service
- Person – centered planning processes include a review and identification of the natural supports – such as the assistance provided by parents, that will be used to help the individual achieve their desired outcomes
- If the availability of natural supports provided by aging parents changes, then the individual plan of service should be adjusted accordingly

Medicaid Covered Services Limitations

- Medicaid and Healthy Michigan Plan funds cannot be used to cover room and board expenses
- covered services and supports must generally have a habilitative or skill acquisition component to them as opposed to simply providing general supervision

Moving forward

- How do we improve data collection to ensure we are able to identify where supports are provided by parents?
- How do we identify where more proactive planning needs to take place to address the declining ability of aging parents to provide such supports?
- How do we ensure that PIHPs and CMHSPs are meeting person-centered planning requirements in the area of natural supports?
- What are our opportunities to use information now becoming available through the use of standardized assessments, such as the SIS, for data driven policy development and decision making in this area?
- What s the possibility of adding a service focused on ensuring that needed supervision is provided as opposed to those that require skill maintenance or development?

In the meantime

Aging parents who are providing supports and services to their adult children:

- **should make sure they are fully participating in the person-centered planning process for their adult children and that the process includes discussion on any changes in the natural supports they are able to provide**
- **should contact the PIHP's Customer Services area for assistance if the person-centered planning process is not properly addressing the use of natural supports**
- **Can contact the Behavioral Health and Developmental Disabilities Administration's Customer Services area if they need further assistance (844) 275-6324**

Questions or Comments

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Good Morning, I'm Sara Grivetti, the CEO of Disability Network/Michigan. I am also a rehabilitation counselor and working towards my PhD in rehabilitation for people with disabilities at Michigan State University. Today, I am here to represent the collective voice of Michigan's 15 community-based organizations that assist people with disabilities, all types and all ages. You may know us as Independent Living Services within the MDHHS budget.

In the recent weeks, I've met with several of you independently to discuss our resource needs for the FY 2019 budget. Therefore, I don't plan on being repetitive in my message. Today I'd like to share more information about the impact our organizations have made in their communities through sharing a few stories.

In 1990, the American's with Disabilities act was signed into law by President Bush. This was a sweeping piece of civil rights legislation that offered a glimpse of hope for equality. However, 27 years later we are reminded that legislation does not necessarily guide human behavior. People with disabilities remain disproportionately unemployed. And, this is not due to a lack of desire to work, this has more to do with perceptions of employers, lack of access to transportation and limited access to college or vocational training programs. In addition, we are spending millions of Medicaid funds to keep people in nursing homes, who do not require 24/7 care, but with the right supports they can transition back into the community saving the state millions of dollars per year.

People often associate disability with the wheelchair user, the person who is blind or maybe your constituent who has a child with Autism. However, as you know, disability is so much broader than that; it is the person who is recovering from a drug addiction, a young adult with a learning disability, a Veteran returning from combat with PTSD, the child born with Cerebral Palsy, the person who acquired a brain injury in a car accident on the way home from work or your aging parent that would not relate with having a disability, but rather has hearing loss due to aging.

Our organizations touch people with all disabilities, regardless of how and when they are acquired. And each one of the people we impact deserve dignity and respect, and most importantly the right to direct their lives, their care, and their supports in the manner they choose. Independent Living Services provides supports that are designed to be empowering, self-directed, and focused on ability, not disability.

If you remove the 'DIS' from disability, what word do you have? You have Ability. Our goal is to reframe disability, not just for the person with the disability, but for the community. Our mission is to help communities see Ability through a new lens... *EmployAbility*, *ApproachAbility*, *ReliAbility*...this paradigm shift is what promotes change in our communities, it's what helps employers open their doors to new types of abilities, it's what changes our healthcare systems to be more person-centered, it's what helps people with disabilities lead full and exciting lives, contributing at work, education and in the community.

Promoting equal access and full participation into society comes at a cost. Each year you make decisions on what programs and services to fund, many in which impact the lives of people with disabilities; Michigan Rehabilitation Services, Medicaid Services, Behavioral Health, Aging Services, Disability Determination Services, etc. Those examples represent governmental programs, and don't even include not-for-profit organizations that are also funded to help people with disabilities.

But, the cost to society if we don't support these programs, is much higher. The costs come in the form of the Corrections system at \$35,000/year per inmate (Vera Institute of Justice, 2015), Nursing Homes at \$95,000/year (Genworth, 2017), and reliance on SSI equates to \$9,000/per individual, per year (SSA, 2017). In 2016, Michigan had nearly 274,000 people receiving SSI, and interestingly 84,000 resided in Wayne County (SSA, 2016).

Investing in programs such as Michigan Rehabilitation Services and Independent Living Services, saves tax payers money by helping people find employment, earn competitive wages, reduce or eliminate reliance on benefits and increases consumer spending. But, its more than finding a job; it's about ensuring you have transportation, safe and affordable housing, in some cases, personal assistant services to help you get ready for work, access to quality healthcare to manage disability issues, and for people who have been chronically unemployed it's also about ensuring they have access to supports along their journey to economic self-sufficiency, to help pick people up when they feel beaten down.

Recently, a young lady named Crystal proved that our supports offered her hope when she found little in her own environment. Crystal had been working with one of our Disability Network offices since she was in middle school, learning skills that would help her succeed in the real-world. She was receiving special education services, had little family encouragement and was heading towards a life dependent upon public benefits. With the support from the staff at Disability Network she was able to graduate from high school at age 18, not 26, obtain her driver's license and find a job at a nursing home as a nursing aide. Crystal is now married and between her and her husband's incomes they are not dependent on the government to meet their basic needs.

Patricia has a mobility disability; she can walk very little and usually uses a power chair when she is in the community. Patricia's house has four steps at the entrance which doesn't seem like a lot, but if you can't navigate stairs, four steps presents a significant barrier. Patricia often needed to be carried out of her home, and the lack of access created a significant safety hazard in the event of an emergency.

Disability Network coordinated volunteers from Habitat for Humanity and secured funding from community resources to build a ramp so she can now independently come and go and feel safe in her home. Doing this has prevented Patricia from entering a nursing home.

My final example is called Project Hope which serves Veterans on the Eastside of the state, including the Thumb. This program is for Veteran's who are homeless or at risk of losing their homes. The services we provide include connection to the VA and other community resources,

along with case management to help obtain stable housing. Our service Veteran's deserve a safe and stable home to return to after the sacrifice they have made for our freedom.

The services we provide through Disability Network organizations are as diverse as the disability-types we represent. However, the best way to summarize our work, is we support people to obtain economic sufficiency, supports to live in the community and help them experience life in the same way we all want to experience life with dignity and respect.

Thank you for your time today and most importantly thank you for your ongoing support of Disability Network's Independent Living Services.

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