

SPIL Monitoring Report  
June 17, 2022

**SPIL Objectives Update**

Systems Change: People with disabilities are actively engaged in promoting and advancing disability rights through advocacy and leadership initiatives.

- Increase consumer engagement in the CIL Network Legislative Day through educating participants on legislative issues and process
- Increase in number of CIL Youth Advocacy & Leadership programs
- Statewide CIL/Youth Leadership Summit planned and held

A meeting was held on May 17<sup>th</sup> with Jon Hart, lead CIL, and Theresa Metzmaker, Council member lead. We learned that legislative day will be conducted locally by each CIL throughout the remainder of the year due to COVID. Legislative meetings are ongoing throughout network.

Jon has started a work group regarding youth advocacy and leadership that Theresa and I will join. Jon and SILC will also be collaborating with MDRC on their YELL program (Youth Engaged in Learning and Leading) as a potential model for CILs. We are looking at aspects of the content of the Youth Leadership Forum and that will inform the design and content of the youth summit. We will research potential costs and funding sources with the goal of holding the summit in 2023.

CIL Director Jon Hart contacted all CIL directors for input about youth leadership curriculums and participation, five CILs replied, and meeting was held in February. MDRC was contacted on several occasions about YELL curriculum and a drive was set up to share materials. Several of the CILs do not currently have a program. DNSWM also inquired about the program and will have a person attend in the future. Planning for a follow up meeting with CIL champion, SILC and MDRC is in progress. Outreach for YELL curriculum confirmed.

During the first quarter of 2021/2022, the CIL directors discussed the format for this year's CIL Network Legislative Day as the pandemic has continued and will consider the method more fully in 2<sup>nd</sup> quarter. Also during this quarter, a Youth Leadership and Advocacy draft curriculum was shared with groups from DNEM, disAbility Connections, and MDRC. A meeting was held to discuss curriculums and set out the format. Consensus was reached on an 8-week curriculum with pieces pulled from each curriculum. A meeting will be set for late January 2022 to review the curriculums.

During the second and third quarter of 2021/2022, CILs held a discussion with directors and Teri Langley regarding availability of legislators for Advocacy Day at the Michigan State Capitol. There may be a possibility to meet with them individually via appointment. The result was an in person/hybrid CIL Legislative Day that was held in May 2022. The results of attendees are still being collected. It was a successful event and the Network Presented Champion Awards to legislators.

During these two quarters, the youth leadership group met to review curriculums. Four sections

have been established and will be adapted from MDRC YELL curriculum. Another meeting will be set for late March/early April to finalize curriculum and decide on format. DNEM offered resources to put it into multiple formats including google classroom if we would so desire. They will also offer curriculum design once all sections have been selected. The group finalized curricular pieces which will be adapted from MDRC's YELL curriculum and from DNEM's communication session. The curriculum is 8 weeks long and designed to be taught in 8 1-hour sessions or 4 2-hour sessions. Jon and the group will work with MDRC to get everything into an abbreviated format and adapt the DNEM curriculum into the YELL template. Once that is done a training session will be held to ensure fidelity to the approach. Curriculums may be used this summer if there is enough time or will be replicated as after school programs during the next fiscal year.

SILC staff met with Jon and MDRC to discuss reviving a full blown YLF in 2023. We are gathering with other partners including the DD Council to get this off the ground.

Personal Care Attendants: People with disabilities have access to a strong network of quality Personal Care Attendants (PCA) to assist them in gaining and retaining as much independence as they choose.

- Increase in PCA wages
- Increase in the # state agencies/partners that collaborate with IL Network on PCA issues
- Decrease in # of vacant PCA positions statewide

Earlier this year, SILC has become a member of the IMPART Alliance Coalition which is an MSU led research team and alliance focused on lifting PCA workers out of poverty, improving data to strengthen the workforce, and investing in workforce innovations. On February 2<sup>nd</sup> and 3<sup>rd</sup>, Council members Yvonne Fleener, Jan Lampman and I attended two Zoom meetings hosted by IMPART where over 150 people attended the 2-day convening meeting. Yvonne became a member of the Advisory Committee. We are setting up a Zoom meeting for next week with Lori Hill, Jan and me to review the content of the convening meetings and the roles that CILs and SILC can play in this effort.

The Direct Service Provide (DSP) wage coalition has met monthly since the last SILC meeting. We have strategically stopped contacting legislators for the months of July and August, picking up the mantle again after Labor Day. Jan spoke to Jim Stamas last week and stated that the budget negotiations are going well and that the wage increase that the legislature passed until Sept 30<sup>th</sup> will continue in the new budget. The question is will it be \$2.00 or something higher? Members of the coalition have also been meeting with leaders in the state budget office and DHHS to discuss how best to roll these increases into the provider rates while simultaneously addressing the fact that \$2 is still not enough to bring DSPS to a living wage. The living wage sweet spot should be closer to \$18 or \$19 per hour and that is the goal that we will stretch toward after the budget is approved for this year. To that end, the coalition has asked the firm of Great Lakes Economic Consulting to do an economic impact study related to a \$1 and \$5 increase in DSP pay. That report should be out in the very near future. We intend to use it as we meet with legislators and the state departments to help make the case for increasing the wages further. The individuals who did the study are Robert Kleine, former State Treasurer, and Mitch Bean, former director of the House Fiscal Agency. They are highly

respected with both sides of the isle in the legislature. Once the budget is put to bed, the coalition plans to start some work on the federal infrastructure legislation in earnest.

The PCA team met with the IMPART Alliance leaders on November 11<sup>th</sup> and January 13<sup>th</sup> and discussed the MICA (Michigan Industry Cluster Approach) grant project. This is an industry collaborative to expand direct care across Michigan called the DCW Expansion Collaborative. The grant is through Michigan Department of Labor and Economic Opportunity (LEO). It is employer led in partnership with Michigan Works Office, Educational Institutions and Impart Alliance. The idea is to bring statewide employers that have a common problem together, in this case it is the direct care worker shortage to find common solutions together. SILC team members joined the coalition and attended the first meeting on January 14<sup>th</sup>.

During the second and third quarters of 2021-2022, the alliance achieved an additional \$2.35 per hour for DSPs. Currently, we are asking the legislature for an additional \$126,000,000 to allow for the average wage for DSPs to move to at least \$18 per hour. The DSP wage coalition has met with several key legislators and the administration to advocate for this additional increase. We know that wages for DSPs is a priority for the governor and the Senate appropriations Chair, Jim Stamas. We need our constituents to continue to reach out to legislators to encourage them to support this additional money for wages.

In June 2021, leaders from the statewide DCW Advisory Committee are hosting three interactive, informational webinars for DCW employers, trainers, DCWs and others to learn more about the competencies and other plans related to DCWs, provide input, and ask questions. IMPART Alliance also issued an important and time sensitive request for advocacy on behalf of direct care workers. The House budget includes 2.8 million to build a statewide DCW training and credentialing infrastructure (HB 5784 (H-1), Section 1970, pages 247-8). Such an infrastructure would be a major step forward in terms of professionalizing, expanding, and stabilizing this critical workforce. These goals are in Michigan's best interest as the economic security of DCWs has an impact on Michigan's capacity for economic and workforce development. Our understanding is that the legislature hopes to wrap up the state budget by the end of June. We therefore have a short window of opportunity to urge the Conference Committee to include the \$2.8 million in funding for the training infrastructure in its final recommendations.

In May 2022, CMS published a [final rule on reassignment of Medicaid provider claims](#). The rule includes provisions that will help direct care workers who provide home and community-based services (HCBS) get important benefits like health insurance and job training. By helping to address one of the key causes of the [severe shortage](#) of direct care workers, this rule will help improve and stabilize the workforce, which is critical to improving the quality and availability of services for older adults and people with disabilities. The rule also will help to level the playing field between agency-employed workers and independent practitioners.

Emergency Preparedness: People with disabilities and communities are prepared for emergency situations.

- Increase # of people with disabilities who have registered Smart 911 profiles
- Increase # of state/county emergency plans that include plans for people with disabilities
- Increase # of CIL people with disabilities who complete a personal emergency plan

On May 19<sup>th</sup>, SILC convened an Emergency Preparedness work group. Members include Frank, Jamia, Allen, Mark, Maria Paton-Glassbrook (DNCA) and Jessica Hester who is the Regional Disability Integration Program Lead from the American Red Cross of Michigan. We discussed SILC's and CILs roles on EM preparedness; and discussed areas of need/barriers on EM preparedness; state environment and system overview on accommodations for those with disabilities in context of emergencies; transitions of care at points of contact with health caregivers and when transitioning back home; communication, work flow, and tools; FEMA overview and how it integrates with state; and shared ideas for future planning. The team's homework was to research what other state partners we need at the table to achieve our outcomes.

On August 5, 2021, SILC convened an Emergency Preparedness team meeting. During this meeting, Rodney Garrot, Regional Disability Integration Specialist, External Affairs, FEMA Region 5, joined SILC's Emergency Preparedness team and we explored potential collaborations with FEMA.

Maria Paton-Glassbrook, DNCA Community Resilience Coordinator, created and sent CIL Emergency Preparedness data assessment tracking templates and instructions for each CIL to capture the total number of consumers who have an emergency preparedness plan and basic supply kit, the total number of consumers enrolled in Smart911.com, and each county's total Smart911.com enrollments. Since sending these templates on August 18, she has not met with other CILs. Her next steps are to identify a contact at each CIL who will administer these templates with their consumers to establish baseline emergency preparedness data. She is available to provide future training on administering these templates.

November 2021 Meeting:

- Jessica Hester talked about VOAD which is voluntary organizations active in disaster. There is a National VOAD, their website is [www.nvoad.org](http://www.nvoad.org) There may be interest with the CIL Network to join VOAD.
- Jamia Davis talked about including our statewide partners in our SILC outreach effort to reach out to unserved and under-served populations.
- Allen Beauchamp was going to look into local emergency preparedness plans to see if their plan reflected any of the five pillars within the SILC document from 2016-2017. Talked about taking the five pillars and operationalizing them.
- Mark discussed reaching out to legislators regarding policies to be more inclusive during the planning stage. Integrate the Red Cross and FEMA, how do we launch and operationalize?

2016-2017 Five Pillar Recommendations

1. The Council and CILs should collaborate on finding appropriate grant resources to supplement staff training on emergency planning, including finding opportunities to have staff be certified preparedness trainers to assist consumers in their individual preparedness efforts.
2. Intake for consumers at the CIL level should include assessments on individual emergency preparedness and whether services are needed.

3. Centers for Independent Living across the state should create connections with the local emergency management agencies in their regions to offer services such as accessibility reviews of emergency shelters and other relocation and service locations to ensure access for all persons with disabilities.
4. The Council should engage the Governor's office on the inclusion of persons with disabilities on emergency management councils, including the Michigan Citizen-Community Emergency Response Coordinating Council.
5. Emergency Planning Officials should look to develop resource opportunities to grow diversity within emergency management professionals to include persons with disabilities.

- The CILs are implementing #2 and #3.
- #1, #4 and #5 need to be flushed out and operationalized.
- #1: Resources: Going forward, SILC could budget for emergency preparedness statewide CILs training. The National VOAD may also provide.
- Jamia mentioned have estate planning in place.
- Frank mentioned engaging care givers and that we shouldn't overlook diverse communities and partnering with them.
- Person Center Planning (PCP) process is done in the mental health field. CILs have adopted this process putting the person with the disability at the center of their own life plan starting with their dreams and making it an executable plan. Emergency preparedness component should be part of the PCP process.
- Frank provided a link to website [www.fivewishes.org](http://www.fivewishes.org) which provides advance care planning.
- We need to partner with Vocational Services such as DHS, Easter Seals etc.
- What do we need to be effective, we need person power, finances, and communication.

#### Ideas for Operationalizing the Five Pillars:

- Card with five pillars on it to look/see what the goals are.
- Add pillars to the SILC website.
- SILC to be a voice to agencies about the importance of Emergency Preparedness.
- Steve will look for certified preparedness trainings.
- Maria can provide what the CILs are doing.
- FEMA and Red Cross update at the next meeting.
- Steve will reach out to Michigan Councils to strengthen statewide efforts.

During the 1<sup>st</sup> – 3<sup>rd</sup> quarters of 2021/2022, the EP team has been meeting on a monthly basis and report the following:

- MPHI (Michigan Public Health Institute) and U of M are creating a toolkit on emergency preparedness for older adults, intersects with disabilities community. Fayana Richards and Sue Ann Bell from MPHI and U of M, respectively, spoke with Maria and Ann Craig from DN Mid-Michigan to discuss first steps of partnering together and potentially standardizing Ann Craig's MY3P (My Personal Protection Plan) peer group curriculum on emergency preparedness for the MPHI statewide toolkit. MPHI wishes to facilitate focus groups of people with disabilities to ensure representation and voices of people with disabilities as part of the creation of this toolkit.
- Looking for web-based resources to SILC website, forward them to Steve Locke

- Ideally, Emergency Plans and Smart911 Accounts set up would be routed to Debug → that creates a report that falls right into the 704 (now PPR) report
- Had a question for clarification. Standardization for MY3P? Any healthcare setting model for MY3P or input from healthcare providers? Such as “5 Wishes Program” for a DNR
- Opportunity for us to capture the resources in one place
- Friction between people with disabilities and the medical model. Need to create language where it’s more acceptable. IL Philosophy grew out of medical model and away from it.
- Medical professionals such as Frank can help educate IL Philosophy
- Brought up history of institutionalization, education from medical professionals and DN staff and patients
- AAP created Emergency Preparedness Program. Families and youth find it necessary and useful to look at their children in person-centered way.
- Title V Plan (Maternal and Child Healthcare) addresses emergency planning. Public health professionals have not been on SILC, could provide the Title V and services perspective. SILC and Dept. of Public Health should partner. Dept. is obligated with state and local dollars to do this emergency preparedness work through health lens.
- Michigan AAP and AMFP influencing our preparedness work? Frank attending AMFP Conference soon, will do some networking.
- MI Prevention Program, which has one fire dept. liaison and one Disability Network liaison per region of the state, has smoke detectors and devices for people who are deaf/hard of hearing to distribute. Chaunise Johnson at DN Detroit Wayne County has helped get over 40 smoke detectors/devices installed and has a LOT of consumer interest. She and the fire dept. overwhelmed with installations, need more people to help.
- Steve noted that some public housing landlords, mgmt. require hard-wired smoke detectors.
- Jamia suggested incorporating existing outreach events to help with installation. Vendor tables and tents set up in the city, free cellphones for people eligible for Medicaid, food stamps, they confirm last four of your social security number to confirm eligibility, wonder if that’s an opportunity for sign-up. Who funds it? How can CILs piggyback off that?
- Updates from the Upper Peninsula: Last time, had talked about fire dept. doing walk-throughs in homes.
- Population up here has a lot of volunteer fire depts. In our areas, have been familiarized with more facilities to set up walk-throughs. Talked to Julie Shaw, Executive Director at SAIL. She was director of one of the senior centers and was involved with reporting to the Marquette County Emergency Preparedness and Response Office to let them know about certain individuals that might need to be checked on, or might need additional services in case of emergency. Still waiting to hear back from those we’ve been in contact with on this initiative.
- Frank’s networking in the UP? Still going, Maria shared contacts from SPIL Emergency Preparedness Working Group. Current employer has most of focus, but once start connecting with individuals it will continue to grow.
- Emmet County Health Dept. contact was made, yet to work with him on emergency preparedness initiative. Maybe an area we can explore on emergency response and with

surrounding counties.

- Tribe Clinic has emergency response team primarily focused on covid but now focusing on disasters such as Gaylord tornado.
- Jessica Hester, can introduce Maria to disability specialists throughout Michigan (she sent a map of the directors.) Making Red cross training available to non-volunteers is a big focus of the Red Cross right now. Red Cross has a program called Sound the Alarm to install alarms, could help with MI Prevention.
- Red Cross is a 96% volunteer organization, their capacity is taken up during disasters such as Gaylord tornado. Maria suggested more integration with MI VOAD to help disability-specific resource deployment.
- 16 total Smart911 accounts registered for consumers (from DNCAP and WNWCD)
- Twice monthly recurring meeting time established for every 2nd Wednesday and Thursday of the month for 13 CILs who participate in SPIL Emergency Preparedness Working Group: AACIL, DNMM, DAKC, SAIL, DNWCD, DNL, DNWM, DMSWM, DNNM, The Disability Network Genesee County, disAbility Connections Jackson, DNEM, DNCAP
- Clinton County Central Dispatch partnership forming with presentation set for October 12, 2022
- 4 total emergency preparedness plans created for consumers (from DNCAP and WNWCD)

Diversity and Inclusion: All people with disabilities - including people in unserved or underserved populations - are welcomed, respected and actively included in community activities to reduce social isolation.

- CIL D&I Pilots
  - ABLEISM identified as “Best Practice” for CIL staff
  - ABLEISM training provided to 10 CILs
  - DNA – **14 CILs** utilize IL Philosophy Training
  - CoP – Team met to review DDC CoP
    - DD Council will be launching the public facing side of the CoP in the fall of 2022
- DD Council’s Communities of Practice – I am an active member of the CoP and we meet monthly. I participated in a 3-day Transformational Leadership Forum hosted by Georgetown University last month. CIL involvement in this initiative will probably occur in the last year of the SPIL. We continue to meet on a monthly basis.