

### **SECTION 3**

#### **Assuring Active Engagement**

For many individuals with DD served by the public mental health system, their ability to communicate preferences, to express their personal goals, and to advocate effectively for themselves is challenged. These individuals live with ongoing and critical need for supports and services, interventions, or medical care that *may* require up to 24-hour assistance. They must be afforded the supports - such as skill-building, transportation, and assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) - to engage in activities that are chosen by them and meaningful to them. At the same time, the activities must provide them opportunities to have involvement and participation in the community and with friends and family, to be productive, and to be independent at the highest level of personal capacity and interest. No matter where individuals reside – at home with family, in group homes, or in places of their own – the appropriate mix of supports, services, interventions and/or medical care must also be provided, when needed, to assure that they are able to function at their highest possible capacity.

There are no formal definitions of “active engagement” and the term should not be construed as reconstituted “active treatment.” In fact, in order to be meaningful to the person, active engagement must be individually-defined, deriving from excellent person-centered planning. One person may find intrinsic reward spending two hours in a shop looking for a birthday card for his mother, while another would rather volunteer for two hours at the local animal shelter. For people with even the most profound impairments, the very act of going, with the necessary assistance, to the store and pharmacy to buy their own groceries and medications, engages them in daily activities where they will have opportunity to interact with people outside their homes, and be stimulated by the sights, noises, temperature changes, and smells in the environment. MDCH, along with The Standards Group (TSG), will develop definitions of, and standards for, active meaningful engagement that incorporate supports, learning, skills development, treatment, health and other related services that promote and facilitate supported independence, community inclusion and participation, and productivity, including employment and volunteerism. Therefore, the ARR and the responses to it focus on just one aspect of active engagement that has been addressed by the PPGs: the extent to which individuals with DD participate in chosen activities outside their homes.

Training, mentoring and guidance of direct care staff and case managers/supports coordinators are critical to the success of actively engaging people. Opportunities for renewal and extra support for staff that provide this care must become priorities for administrators and clinical specialists.

Person-Centered Planning presents the organizing principles for the development of individualized support plans that incorporate active engagement. Through the active involvement of those who know the person best, the PCP process can identify how to actively engage the individual when the individual might otherwise be left to repetitive “standardized” experiences that have no meaning and are so minimal as to constitute neglect or abandonment.

### **Environmental Scan**

Using information from the FY 09 CMHSP PPG data collection regarding the activities in which adults with DD were engaged in FY 08, evaluate the PIHP's current strengths, challenges and opportunities for improvement in being able to promote and provide occasions for adults with DD to participate in meaningful, chosen, activities within and especially outside of their homes. The evaluation should include assessing staff's knowledge, skills, and abilities to assist individuals in finding meaningful activities. It should also identify and describe barriers that exist with respect to the individuals' or families' interest, attitude and willingness to engage in activities outside the home.

### **Quality Improvement Plan**

Submit a plan with milestones and timeframes that:

- Addresses the challenges and opportunities for improvement in providing access to activities outside their homes that are meaningful to, and chosen by, adults with DD.
- Describes any training, mentoring and guidance for staff that will take place in this effort.
- Describes what strategies will be used with individuals and their families to promote their choice of and participation in activities outside their homes.
- Describes how (methodologies, frequency of involvement, level of authority in decision-making, and accommodations for involvement) individuals receiving services, their family members, advocates, providers and community members were involved in designing the plan and their strengthened role in its implementation.

MDCH expects that PIHPs will continue to be in substantial compliance with the standards relevant to this section including, the **AFP (see 2.3.4 Care Management and 2.10 Agency Practices)** and **other Medicaid, Mental Health Code and Contract requirements.**

## **SECTION 4**

### **Supporting Maximum Consumer Choice and Control**

Assurance of a range of meaningful choices through the services and supports made available to the individual is an obligation of the Michigan public mental health system. The PCP process must facilitate individual expression of personal preferences and desired outcomes for their life. This opportunity for individual expression is central to developing goals and with identifying the right mix of services and supports to achieve these goals, whether those supports are provided through the public mental health system or obtained from natural and community-available options. These personally-defined benchmarks for a life with meaning are what excellent person-centered planning (PCP) ought to achieve<sup>2</sup>. PCP is an ongoing process of unfolding discovery, not simply a planning event that results in choosing services to be authorized through the use of public funds. Increased direct control over the manner in which services and supports are provided accompanies the expansion of meaningful choices, so that these supports and services can successfully assist an individual to have an improved quality of life, defined within the context of their personal preferences.

There are a range of options and mechanisms to facilitate choice and control. However, it is of utmost importance to recognize the federal BBA requirements that entitle individuals to their choice of Medicaid providers. Through PCP, individuals can determine how the services and supports can assist them in meeting their life goals and can individualize that support to meet their needs. PCP that is meaningful is at the heart of supporting choice and control. Effective PCP is derived from the individual's knowledge and understanding of PCP, from informed choice, and from genuine support from throughout the system (administrative level, providers, etc).

Independent facilitation of the PCP process can result in an improved experience for both the individual and their chosen participants, and for the agency charged with plan development and implementation. All individuals must be informed about, and have access to, the independent facilitation of the PCP process except those receiving only short-term outpatient services or medications. In order to be accessible to the individual, the independent facilitators must be available across the service area. A list of independent facilitators and their credentials must be given to individuals who are pre-planning their PCP process.

Maximum choice and control is often obtained through arrangements that support self-determination, enabling the individual to control his/her access to provider arrangements

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<sup>2</sup> "Individuals," for purposes of the discussion of and requirements for person-centered planning and independent facilitation, means adults with serious mental illness, adults with co-occurring serious mental illness and substance use disorder, children with serious emotional disturbance, and people with developmental disabilities who are served by the public mental health system. Arrangements that support self-determination as a matter of policy are available to adults. Similar arrangements that offer direct control over providers of services are available to the parents or legal guardians of minor children.

and specifically tailored service options through the control of an individual budget composed of the funds that make up the costs of authorized supports and services. Direction and control over these funds allows the individual, often with support from chosen family members and friends, to directly manage their direct care workers and providers, and to achieve greater value in the outcomes of services obtained. All individuals in each CMHSP and across every PIHP must be fully informed of, and provided expanding opportunities to choose to participate in, consistent and easy access to arrangements that support self-determination. Direct control over the resources allotted for supports and services allows for the person, with chosen allies, to achieve power to control provider arrangements so that services match personal preferences. Inherent in arrangements supporting SD is authority over the use of an individual budget so that the person may achieve efficiency and best value outcomes on their own personal terms.

MDCH will develop markers and apply them to existing policy that gauge the effectiveness of PCP; how PCP is applied when working with children, youth and families; the availability of independent facilitators; and the access to, and use of, arrangements supporting SD for adults. Technical guidance will expand from MDCH outreach efforts to learn successful practice methods in other locales. Therefore, the ARR and the PIHP responses to it will focus on only the subjects of the data collected through the FY 09 PPGs.

### **Environmental Scan**

Describe and analyze the extent to which PCP is practiced well, for individuals with DD, and separately for adults with mental illness. Apply consumer stakeholder feedback as a yardstick in gauging the experience of the individual of focus in the PCP process to better delineate the elements of success and need for improvement, by population group. Using information from the FY 09 CMHSP PPGs, evaluate the extent to which the PIHP has implemented arrangements that promote SD (including the availability of fiscal intermediaries) and PCP independent facilitation. From the PPG Self Determination Table #6, determine the methods and scope of training and mentoring that is provided to individuals who receive services, their family members, staff, and providers, and whether it is sufficient and effective. Finally, identify the PIHP's strengths, challenges, and opportunities for improvement in assuring availability of SD arrangements, fiscal intermediary services, and independent facilitation of PCP.

### **Quality Improvement Plan**

Submit a plan with milestones and timeframes that:

- Outlines plans for improving the PCP experience and outcomes for persons with DD and for persons with MI so that elements of the environmental scan of current practices can be improved.
- Addresses the challenges and opportunities for improving access to SD arrangements, fiscal intermediaries and independent facilitation of PCP.

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- Includes the 2009 baseline numbers from the PPGs and targets increasing the penetration (i.e. percentages) of individuals using SD arrangements, the availability of fiscal intermediaries, and opportunity for the use of independent facilitation of PCP for each year of the plan.
- Describes how feedback (e.g., satisfaction, quality of life survey or other methods gathering direct feedback) will be obtained from the individuals who use these arrangements in order to determine the kinds of further improvement that could be made.
- Describes any training, informational materials, or technical assistance that will be given to individuals, family members, staff and providers.
- Describes how (methodologies, frequency of involvement, level of authority in decision-making, and accommodations for involvement) individuals receiving services, their family members, advocates and providers were involved in designing this plan, and their strengthened role in its implementation.

MDCH expects that PIHPs will continue to be in substantial compliance with the standards relevant to this section, including the **EQR** (see Standards VI & VII), **AFP** (see 2.2 and 3.2 Person Centered Planning and 2.11 Self Determination), Person-centered Planning Guideline, Attachment 3.4.1.1; Self-determination Policy and Practice Guideline, Attachment 3.4.3; and Customer Services Standards, Attachment 6.3.1.1 of the **Contract**, **and other Medicaid and Mental Health Code requirements.**

## **SECTION 5**

### **Expanding Opportunity for Integrated Employment**

For the past 20 years, employment as a route to both gaining an income and obtaining and enhancing community membership, has been a stated goal for each person who depends upon the public mental health system. With employment, one's personal capacity to choose and control one's life direction becomes significantly real. The Medicaid benefit package offered through the specialty supports and services plan provides many options for supporting the development and maintenance of employment where that is a goal for any adult served. Often the support includes individuals being given the chance to learn about opportunities for employment, to consider those opportunities during the PCP process. The PIHP must assure that individuals served in workshop settings routinely have opportunities to explore and access community opportunities for employment. It is expected that, as one of the highest priorities, public mental health agencies will actively assist adults served to obtain competitive work in integrated settings\* and provide the supports and accommodations that are necessary.

PIHPs must regenerate their partnerships with other entities providing employment supports to all covered population, such as community employers, Michigan Rehabilitation Services (cash match), Intermediate School Districts, Michigan Commission for the Blind, Centers for Independent Living, Michigan Works, employment service providers, temporary services, and/or other agencies. Involvement of local business must be garnered; and local barriers to employment for persons with mental illness or DD must be explicitly addressed as a community project. The PIHP must have adequate staff who are trained and charged with job development; assigned to assist individuals in retaining supported employment opportunities; and assigned to assist people with Social Security benefits to understand and use work incentives to start or return to work.

System-wide adoption of the evidence-based practices for supported employment for persons with mental illness is also expected. Other existing programs, especially Clubhouse, Supported Employment, Assertive Community Treatment (ACT), and Co-occurring Disorders: Integrated Dual Disorders Treatment (COD: IDDT), must have an active focus on competitive employment.

\*"Competitive work in integrated settings means work in the community for which anyone (with or without a disability) can apply and that pays at least minimum wage."

#### **Environmental Scan**

Review existing agreements, as well as informal relationships, with such community entities described above to determine the breadth and depths of the employment partnerships. Evaluate staff capacity for assisting individuals with job development and retention and Social Security Benefits. Analyze current employment status data (in quality improvement file), supported employment service data (in encounter files), and Performance Indicator data for all the PIHP's adult service recipients to determine need for interventions. Finally, identify the



PIHP's strengths, challenges and opportunities for improvement in assuring access to, and assistance with, obtaining and retaining employment for all adults who choose it.

#### **Quality Improvement Plan**

Submit a plan with milestones and timeframes that:

- Addresses the challenges and opportunities for improvement in assuring access to, and assistance with, obtaining and retaining employment for adults who choose it.
- Identifies what new partnerships will be pursued and/or existing partnerships enhanced.
- Describes any training for staff and individuals that will occur.
- Provides 2009 baseline information on each population's aggregate employment status and aggregate supported employment service experience and the percent of increases for each year of the plan.
- Identifies how the PIHP will integrate the focus of competitive employment in other services, such Clubhouse, ACT, and COD: IDDT.
- Describes how (methodologies, frequency of involvement, level of authority in decision-making, and accommodations for involvement) individuals who receive services, their family members, advocates, providers, and community employers were involved in designing this plan and their strengthened role in its implementation.

MDCH expects that PIHPs will continue to be in substantial compliance with the standards relevant to this section, including the **AFP (see 2.4 Employment)** and **other Medicaid, Mental Health Code and Contract requirements**.