



***GETTING A LIFE IN WAYNE AND  
OAKLAND COUNTIES, MICHIGAN:  
USING SELF-DETERMINATION  
AS A FOUNDATION  
FOR ORGANIZATIONAL CHANGE***

A Case Study in the Organizational Transformation Series  
from the Center on Human Policy

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Many want to label and categorize Self-Determination as a program, a home, or a budget... It is about “getting a life.” It is about living in houses and homes, not residential settings or sites (Dehem, Kovach, & Devon, 2005, p. 29).

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## **INTRODUCTION**

Community Living Services (CLS) is a large nonprofit corporation that promotes “community inclusion, full citizenship, and a self-determined life” for people of all ages with developmental disabilities. The organization has undertaken significant transformation in the past 15 years. This report focuses on that transformation, particularly with respect to community living services.<sup>1</sup> It is based on a site visit to CLS, Inc. in May 2009, which included interviews with administrators of CLS and contracted service providers, direct support staff, individuals with disabilities, and family members, as well as review of documents.

## **BACKGROUND**

The state of Michigan originally formed Community Living Services (then called Wayne Community Living Services) in Wayne County (which encompasses Detroit and part of the outlying metropolitan areas) in 1984 as part of its efforts to close three institutions in Wayne County. The operation of CLS was transferred to the Detroit-Wayne County Community Mental Health Agency (D-WCCMHA) in April 1992 as part of a planned transfer of

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<sup>1</sup>This report is part of a series of case studies on organizational transformation from traditional facility-based services to individualized supports.

responsibilities from the state to local community mental health control. CLS incorporated as a nonprofit agency and contracted with D-WCCMHA to continue its programs. At the onset, through diligent negotiations and a dedication to systems change, CLS formed its Board of Directors for leadership that would represent the people it supports. The board is made up of people from advocacy organizations, people supported by CLS, and family members of people supported by CLS who also come from business (finance, legal, and human resource) backgrounds. These leaders have the personal and professional qualifications, as well as the dedication, to successfully navigate CLS through its transformation. The CLS Board Treasurer said it best, “As a banker and a brother of a person with a developmental disability, I have to make sound financial decisions that are balanced with what is best for business and what is best for the people we support” (Saules, 2009).

CLS is contracted by the Detroit-Wayne County Community Mental health Agency to be both a Manager of a Comprehensive Provider Network and a Support Service Provider. It assists people in developing a person-centered plan and creating an individual budget. The organization provides support coordination services (as well as other services, such as skill-building, behavioral health supports, respite, supported employment, gentle teaching) to assist people to obtain the supports and resources, formal and informal, that they need for inclusive community living. Finally, the organization contracts with a network of providers for community living supports and services.

At the outset, the organization developed many group homes, particularly 6-bed Intermediate Care Facilities for the Mentally Retarded (ICF/MRs). By the early 1990s, they had over 250 group homes operated by 60 providers, including 76 6-person ICF/MRs. Many

people spent their days in large segregated day programs, some serving 150 people, through contracted providers. The agency employed over 120 clinical staff. Support coordinators spent much of their time on paperwork. In summary, in their own words, “The organization was Medicaid-driven and clinician-driven; there was no person-centered planning nor much choice; we moved people like chess pieces” (Dehem, n.d.).

Since the mid-1990s, there has been significant organizational transformation at CLS, Inc. from a service model to a support model, based on the principles of self-determination. According to the director, at that point in time, they were proud of their accomplishments; they were serving a large number of people, and had helped many of them leave institutions. However, some of the people they supported began to be dissatisfied with the group home model of service: “People wanted fewer housemates. They wanted freedom from the structure of a group home and, in particular, from the controlled rigidity of life in an ICF/MR home....The focus became a clinical treatment milieu rather than what people and those close to them wanted in life” (Dehem & Chapman, 1997, p. 10). At the same time, agency and state administrators were learning about self-determination, and about innovative, individualized supports that were being developed in other places. Michigan was one of 19 states that applied for and received a self-determination grant from the Robert Wood Johnson Foundation from 1997-2000; WCLS was one of the pilot project sites in Michigan. This gave it the opportunity to begin implementing self-determination on an individual and organization-wide basis. This served as the springboard for organizational transformation that has continued to occur since that time.

CLS Wayne County has 3,000 people enrolled in services; 1,000 people live at home and receive only supports coordination services; 1,900 people have an individual budget and receive additional supportive services. Of the 1,900, 700 have self-determination services and their individual budget payments flow through a fiscal intermediary. CLS Oakland County supports 600 people, all of whom receive services and have an individual budget paid through a fiscal intermediary agency. The individual has the option to contract directly with a staffing agency (73% in CLS Wayne County and 65% in CLS Oakland) and share the management duties of the direct care staff, or they direct hire their own staff (27% in CLS Wayne County and 35% in CLS Oakland), meaning they are the employer of record and fully manage their direct care staff. These individuals live in their own homes, rather than contracting with providers to operate licensed group homes. Since 1995, the number of individuals in licensed group homes has decreased from over 1,200 to about 700; at the same time, the number of individuals in their own homes has increased from 300+ to almost 1,200. Additionally, CLS has expanded its ability to offer self-directed support by expanding into Oakland County and Kentucky, as well as by expanding into services for homeless people and elderly people. In an effort to share what it has learned and help others to learn about self-determination based support models, CLS has established the Center for Self-Determination, a national training, consulting, and technical resource center designed to help advance self-determination based support models nationally.

### ***STATE CONTEXT***

Change at CLS has occurred within the context of significant change in the state, particularly in relation to community living, self-determination, and managed care.

Community living and self-determination. The state of Michigan has long been a national leader in the development of supports that promote inclusive community living and self-determination. In the 1980s, the state focused on supporting children to live with families, rather than in institutions or group homes (Taylor, 1991). In 1995, the State of Michigan, through an effort initiated and led by advocacy groups and later partnered with the Arc of Michigan, UCP Michigan, and Autism Society of Michigan, lobbied to replace, in state statute, the term “Mental Retardation and Related Disabilities” with “Developmental Disabilities.” These efforts broadened the definition, which then supported the development of a unique 1915(b) Medicaid waiver. This waiver eliminated waiting lists for people who met the definition of having a developmental disability and allowed a person who met the institutional level of care the option of supports in the community (Hoyle, 2009). Since that time, the state has become a national leader in supporting people with developmental disabilities and moved in the direction of support all people (children and adults) to live in the community rather than institutions, through the close of its state institution. At one time, there were 13 institutions, and only 1 now remains, which is scheduled for closure in 2009. In a national analysis, Michigan was ranked 6<sup>th</sup>, overall, in its use of Medicaid services in a manner that helps to create a “quality, meaningful and community inclusive life” (Bragdon, 2009, p. 3).

As noted previously, from 1997-2000, the state had a grant from the Robert Wood Johnson Foundation for a self-determination pilot project, which included Wayne Community Living Services. As part of this project, there were statewide self-determination trainings,

leadership forums, and conferences. Since 2000, self-determination and the option for self-direction of services is part of state policy.

Managed care. Since 2002, in Wayne County, Michigan, through the Detroit-Wayne County Community Mental Health Agency, all developmental disability, mental health, and substance abuse services were transitioned to the managed care system, a pre-paid, capitated system. The Detroit-Wayne County Community Mental Health Agency, with whom CLS contracts, was also required to introduce competition at the service level.; developed a system of six competitively bid Managers of Comprehensive Provider Networks (MCPNs); CLS was selected to be one of the 3 MCPNs for people with developmental disabilities. Individuals choose their managed care network. Everyone who enrolls or switches from another MCPN must be served as there are no waiting lists in Michigan for people receiving Medicaid funded services. Each person selects a Manager of a Comprehensive Provider Network (MCPN), gets assigned a rate based upon prior funding and encounter data for each person, and then a per member per month fee is paid to the MCPN. The total amount of funding available for the month is adjusted by the county among case rate levels so as to balance across eligible active members.

## ***ORGANIZATIONAL CHANGE AT CLS***

### **Strategies for Change**

Following the RWJ self-determination project, Michigan adopted a statewide policy of self-determination. In Wayne County, following the project, there has been ongoing effort to transform the organization based on the principles of self-determination, and make the option of self-determination available to all people. The organizational transformation has

entailed a multipronged approach. Key components and strategies of this process are highlighted below (described in more detail in Dehem, 2008; Dehem, & Chapman, 1997; Dehem, Kovach, & Devon, 2005; Taverna, 2009). As noted earlier, the focus of this study was community living, so more emphasis is placed on information related to this area.

Creating a new mission and vision as the centerpiece of change. CLS has used the concept of self-determination as a foundation for its organizational transformation. The principles of self-determination include: Freedom: to decide how one wants to live their life; Authority: over a targeted amount of dollars; Support: to organize resources in ways that are life enhancing and meaningful to the individual; Responsibility: for the wise use of public dollars and the recognition of the contribution individuals with disabilities can make in their communities; Confirmation: of the important role that self-advocates must play in a newly redesigned system (Nerney & Shumway, 1996). Based on these principles, the Vision of CLS is: People will fully participate in their communities and have a quality of life which comes from freedom and its responsibilities, the authority to make their own life decisions, and the control of resources to implement them. The mission of CLS is: To assist and advocate for each person; To control and exercise authority over their own lives; To live a life of freedom, opportunity and relationships, as family, friend and neighbors; To share in full community membership and citizenship. It has been critical not only to articulate this vision and mission, but to keep them visible to all who are involved with CLS in any way, through trainings, conferences, in organizational materials, and so forth.

Providing education, training, and technical assistance. As a first step, agency leadership had to relearn how and what to lead. Then, they had to provide education,

training, and technical assistance to agency staff and the staff of contracted provider agencies. They spent a lot of time and resources doing training by bringing in experts, to help build the capacity of the staff and organization as a whole to provide supports that aligned with the new mission and vision (e.g., person-centered planning, individualized supports, gentle teaching, building community connections and relationships, organizational implementation of individual budgets and consumer control, etc.). Originally, most of the training resources were focused on staff, but in recent years, more training is directed toward individuals and families, assisting them to learn about self-determination and self-direction. Additionally, the organization uses many individuals with disabilities and families to help provide training. Finally, the organization has offered training to community organizations, such as schools and police officers, to raise awareness about the role they can play in supporting community inclusion.

Changing operations and finance systems to align with self-determination. There were a number of components to this aspect of transformation (Dehem, 2008; Taverna, 2009). These included:

- The development of person-centered planning and individual budget processes, as well as “unbundling” service expenses and tying them to an automated database that incorporates a written, authorized process.
- The development of specialized financial positions with skills in money management, negotiation, and meeting facilitating. These specialized positions were developed through restructuring and shifting existing personnel resources.
- The development of protocols that ensured continual communication between

individuals/families, personal agents, operations directors, and other stakeholders with financial analysts.

- The preparation of training modules and materials that are user friendly to the person and family members were developed. Materials to educate people about this. People with disabilities involved in helping develop these materials.

Shifting from residential services to residential supports. This involves shifting away from provider operated group homes to assisting people to live in homes they own or rent, with housemates of their choice, and support staff of their choice. In the case of CLS, it is not a provider of residential supports, but contracts with providers for this. So, the shift away from provider-operated group homes necessitated much education, training, technical assistance, and financial incentive to contracted providers. Some of the key components of this included:

- Offering education, training, and technical assistance for providers. The first aspect of this was education about the new mission and vision that was being implemented. Accompanying this, there was significant opportunity for education, training, and technical assistance related to implementing this mission and vision (e.g., as noted above). CLS invited providers to submit proposals for assistance to transition people out of group homes. CLS provided help with cost shifting, with shifting from licensed group homes to people's own homes, where they sign the lease, and with meeting the costs associated with transformation. CLS encouraged providers to gain experience in offering individualized supports by working with people they already

knew, and by “starting small,” and working with a few people at a time, rather than trying to help everyone at once.

- Forming a “blue ribbon” committee of providers. Prior to the organizational transformation, some of the providers in the county had already been making efforts to support people in self-determination, within the context of a system that was not entirely conducive to this. As CLS began its transformation, they invited these providers to be part of a workgroup to share strategies and help promote further self-determination. Over time, particularly as other providers realized that this was the direction that CLS was headed, they were interested in joining this group. Over time, this group has served as a platform to build trust and understanding about the mission and changing direction of CLS; the meetings have been vital to “turning the corner” on the skepticism and fears associated with self-direction (Dehem, Kovach, & Devon, 2005).
- Establishing incentives to reward effort and excellence. In 2007, CLS implemented a policy of not paying for vacancies in group homes; group homes providers now absorb some of these former costs. CLS does pay for all vacancies in self-directed situations. A premium staff rate is applied to budgets that involve self-determination: Provider reimbursement in Michigan is \$12 per hour, but CLS paying \$13 an hour when people live in their own home. They are able to direct these additional resources toward self-determination, since it saves the maintenance expense of a group home.

Transitioning from vocational service contracts to community employment. CLS has transitioned from vocational service contracts to community employment and skill building contracts, with a rate structure that pays its contractors higher rates for providing these services. They have assisted a number of people to develop microenterprises. They choose to limit access to workshops, and are working with like-minded providers to reduce and eliminate segregated employment. At the same time, they are directing resources to helping people find employment in the community through an employment incentive project or “finders fee,” a one-time payment for assisting an individual with a developmental disability to secure community employment.

Moving away from agency-based clinical services. In the past, CLS had approximately 128 clinicians (nurses, psychologists, etc.) on their payroll. However, it wanted to move away from a medical-based, clinician based model of services. According to the director, “there were clinicians on everyone’s team, and we were always talking about diagnostic issues and treatment goals; it seemed that the service was the outcome, rather than people getting a life. Also, there was very little accountability for whether their services were effective.” CLS had an opportunity to have an out of state company come in and offer employment to the clinicians. Now, it contracts for clinical services, and the clinicians provide services that the individual desires and needs as decided upon by the individual and their circle of support. Clinicians no longer direct the planning process; it is directed by the individual and their circle of support. It has worked to create a balance, wherein the clinicians are not necessarily altogether out of people’s lives, but where they do not play a dominant role. The clinicians do not automatically come to planning meetings, or CLS staff may arrange separate meetings to

address the clinical issues. In addition, protocols were developed for all stakeholders, accompanied by training on the protocols, to assist in reducing unnecessary or duplicative clinical services. Clinical savings have been in excess of \$1 million per year.

Reducing guardianships. To administrators at CLS, it seemed that guardianship and self-determination are antithetical (Newman, 2009). The chairperson of its Board has been a national leader in alternatives to guardianship, so he helped spur the organization to focus some energy in this direction. CLS supports people in moving away from traditional guardianship situations to having friends or relatives with Powers of Attorney or having no legal representative at all. Through informed consent board meetings with independent advocates, it has assisted several hundred people, who now have just powers of attorney, or have had guardianship entirely eliminated. The agency has also provided training and education about alternatives to guardianship to all stakeholders, including local judges.

Changing roles of staff. In particular, it was critical to change the roles of the service coordinators and supervisors. Previously, people in these positions spend a lot of time doing paperwork. Now, the service coordinators are “personal agents,” and focus on helping people connect to formal and informal supports, relationships, and so forth. Supervisors are Coaches, who focus on training and mentoring in the person-centered planning and individual budgeting.

Revising the Quality of Life standards. CLS has revised their quality of life standards based on the guide, “Real Life Quality Standards,” produced by the Center for Self-Determination (Nerney, 2005). The “Real Life Quality Standards” focus on five typical human aspirations: health and safety, a place of one’s own, community membership, long-term

relationships, the production of income, and control of transportation. These quality standards are used as part of the person-centered planning process at CLS.

Diversification of the funding base. CLS has developed subsidiary companies to support its mission and values. These include Liberty Hill Housing Corporation, a nonprofit company providing low-income housing options to people supported through CLS and The Center for Self-Determination, a nonprofit training and resource company supported self-determination initiatives. CLS branched out to another state by contracting with Kentucky to transition people with developmental disabilities out of institutions and into the community and offer self-determination services to people with developmental disabilities living in their own homes. More recently, CLS branched out through new contracts to other areas such as services for seniors and for people who are homeless.

### **Markers of Change**

CLS, Inc. has chosen to track certain data as partial indicators of change toward assisting people with community inclusion, full citizenship, and a self-determined life. For example, the number of people with self-directed budgets began at zero in 1997 and was at more than 600 in 2008. As previously noted, since 1995, the number of people in licensed homes has decreased from 1,200 to 700; at the same time, the number of people living in their own homes has increased from 400 to more than 1,100. People who had powers of attorney versus guardianships increased from 53.7 (per 1,000 people) in 2004 to 154 in 2007. The average person per household has decreased from 2.8 in 2001 to 2.22 in 2008. Data from two provider organizations in Wayne County reveal that the rate of staff retention is much higher with self-determination; staff turnover was 87% in group homes, as compared to the

teens or less when people hire their own staff. Other data indicate an overall lower rate of recipient rights and fire safety incidents with self-determination, and that, overall, self-determination costs are lower than traditional services. Finally, satisfaction surveys reveal a 95% or higher satisfaction rate for people who are supported by CLS.

At CLS, there is recognition that these data are only partial indicators of the extent to which the organization, and people's lives, have changed. For example, self-determination is about more than just helping people move from licensed to unlicensed settings, or to settings with fewer housemates. It is primarily the stories of transformation in people's lives, a transformation that cannot be quantified or measured, that are the ultimate markers of organizational change. The following are two examples:

Laurie.<sup>2</sup> When she was 18, Laurie moved out of her parents' home and lived in a series of relatives' homes and foster homes. In between places, she sometimes lived on the streets and drank heavily. Laurie then moved into a home with another woman with a disability, with staff hired through a provider agency. However, she had difficulty with the rules and structure. A CLS staff member, Bill, who specializes in Gentle Teaching had been working with Laurie, and he offered to help her make a change in her living situation. Laurie and Karen had become acquaintances through seeing each other around the neighborhood. Karen, who rents a house, was looking for a housemate to share the rent. Bill, as well as Laurie's support coordinator, Terri, assisted Laurie to work out arrangements with Karen. Laurie has shared a house with Karen since October 2006. In addition, Laurie hires Karen as a live-in companion. When Laurie first moved in, Karen struggled a little to figure out how best to support Laurie,

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<sup>2</sup>All names in these accounts are pseudonyms.

who in addition to having a mild intellectual disability also has a mental health label of “reactive/affective disorder.” Karen said that the “gentle teaching” support provided by Bill to both Laurie and herself has helped them get through the difficulties, such as when Laurie becomes depressed or anxious. In addition to the “gentle teaching” support, Laurie regularly sees a psychologist; however, in the past year, she has decreased her usage of this. She also has a support coordinator at CLS who helps with annual planning, and implementation of that plan. They meet together approximately nine times per year. For one thing, Laurie would like another job. Right now, she works at McDonalds two days a week, and does some pet sitting for neighbors. Overall, the ability to hire Karen, someone whom she knows and trusts, is key to the success of this arrangement for Laurie. While Karen provides support and guidance, it is within the context of a positive , caring relationship.

Harry and Eleanor. Harry and Eleanor met and became friends when they were both in Plymouth Regional Center. After leaving Plymouth, they both moved around a lot, and lost touch for awhile. Harry lived in another regional center, a group home, and then a couple of supported living situations with roommates. Eleanor also moved around from a group home to a supported apartment. Harry asked CLS for Eleanor’s number, and they were able to begin spending time together again. They got married 11 years ago. Harry explained that his brother was best man at his wedding: “I told him, I was best man at your wedding, so now it’s your turn to be my best man.” At first, after getting married, they could not move in together, since they were being supported by different residential service providers. Staff at CLS told them about self-determination, which was just beginning as a pilot project in Michigan. They switched to a provider agency that was involved with the self-determination initiative. Harry

and Eleanor’s support coordinator assisted them in selecting the apartment. The provider agency gave them names of potential support staff, and assisted them in conducting interviews and hiring the staff. Currently, they have one staff person who works from 8:00a.m.-4:00p.m., and another who works from 4:00p.m.-9:00p.m. They do not need staff overnight. Additionally, they have a personal agent, Joe, who they see approximately every 2 weeks, who helps them with annual planning, as well as implementing the plan. Both Harry and Eleanor used to work in sheltered workshops, and both do not want to spend time in one again. Joe has assisted Harry to start his own arts and crafts business; he sells them at various community events and gatherings. Eleanor spends her days doing a variety of things, including learning to use the computer, swimming, self-advocacy work, and household errands and chores.

There are many aspects of life that Harry and Eleanor feel are different and better with self-determination. They appreciate being able to interview and hire their own staff. In the past, neither of them had much choice about housemates or staff. With their van, and staff assistance in driving, they are able to make their own plans about daily and weekly activities: “We go where we want to, when we want to.” They are also able to hold onto their own money, and make decisions about how to spend it. Harry has family members who live nearby. He did not used to be as comfortable inviting them over to visit when he lived in a group home, as he used to feel that even during these visits “like someone was watching over my shoulder.” Now, both he and Eleanor enjoy having family or friends over. Harry and Eleanor are both very involved in self-advocacy, so that other individuals with disabilities can have same opportunity that they do self-determination.

## **Additional Initiatives**

Since 2000, CLS has developed a number of new initiatives as a means of promoting self-determination. The agency has expanded its services into Oakland County, Michigan, and, on a much smaller scale, into Louisville, Kentucky. Additionally, in Wayne County and Oakland counties, CLS is serving homeless people and elderly people, with services that incorporate self-determination. Finally, as noted earlier, CLS is host to the Center for Self-Determination. Each of these initiatives is described briefly below.

### CLS/Oakland County

Oakland County, a large county north of Detroit, historically had only one choice of agency that served people with developmental disabilities, primarily through group homes. CLS/Oakland is supported by the Oakland County Community Mental Health Authority as a core provider. The Authority wanted more than the one core provider they had at the time serving individuals with developmental disabilities and further wanted one that exclusively was designed to support people using a self-determination philosophy and the tools of individual budgets, fiscal intermediaries, and independent support coordinators. The Authority chose CLS through an RFP process. Initially, until the program was up and running and office space was established, administrators of CLS/Oakland County, who had been long-term employees at CLS/Wayne County, worked from their offices in Wayne County.

From the outset, they were clear that they were not going to establish group homes. They also do not promote sheltered work, although some people who receive their supports are in sheltered work programs. This actually creates an opportunity for them to introduce people to the possibility of individualized employment and day supports. As the director put

it, “You’ve got to have a way to introduce people to another way.” Often, as CLS presents new possibilities and opportunities (e.g., microenterprises, college classes, volunteer work, etc.), people start scaling back on sheltered work either partially or entirely.

One of the unique aspects of CLS/Oakland County is independent support coordination; that is, support coordination provided by people who are not employees of CLS, Inc. In Wayne County, the support brokers are employees of CLS, although they are working on establishing some independent support coordinators. The independent support coordination was easier to establish in Oakland County, as the organization was new and thus did not have a pre-existing structure of embedded support coordination. Family members can be hired as support coordinators, but guardians may not be hired. Some support coordinators work with only one or a few people; the maximum number of people they can work with is 20.

Funding for community living and day times is mixed together. This increases flexibility, avoiding a separation between day and residential services. In addition, as an administrator noted, “It helps, with the combined funding, because staff are not in a position to say, ‘That’s not my role.’”

Growth in the organization has been rapid; they support almost 600 people. When people first come into the organization, support coordinators assist them in creating an initial plan and a budget. About one-third direct hire their staff, and the other two-thirds use a staffing agent. They use some of the Wayne County agencies who are familiar with self-determination, as well as some new ones that have been developed. According to an administrator, “Some organizations have embraced this; others still need education. “

Overall, according to an administrator, “Satisfaction is very high, and people hear from other by word of mouth and transfer to CLS/Oakland.” Again, their satisfaction is best illustrated through their stories, as demonstrated in the following examples:

Eddie. Eddie, who is 24 years old, was born with cerebral palsy. When he was young, his family moved around a lot due to his mother’s work. Thus, he had to change schools frequently, and had a difficult time meeting people and making friends. They were living in Baltimore when he finished high school. After that, his mother wanted him to move into a group home. Instead, Eddie moved back to Michigan and lived with his grandmother for six months. Then, he contacted a community housing organization in order to find a housemate; this organization referred him to CLS. Then, as Eddie put it, “I contacted CLS and learned about self-determination and my life hasn’t been the same since. It changed my whole life around.”

In 2004, Eddie began working with a support coordinator from CLS. His first priorities were finding a place to live, a housemate, and support staff. Over the last five years, he has tried out a variety of living situations and housemates. For awhile, he hired a live-in staff person. That arrangement did not work well, so Eddie found another housemate, a man who also uses support services. With assistance from his support coordinator, Eddie hires his own staff, using a fiscal intermediary to help pay them.

Eddie’s support coordinator, Sharon, has also worked with him to establish his own business. He is a disc jockey, specializing in salsa. Sharon helped him organize a fundraiser in order to purchase equipment for his business. Eddie has a friend who is a DJ who has taught him how to use some of the equipment; in addition, Eddie has taught himself how to use

much of the equipment. Sharon has helped him with a number of other things, including finding other paid work, applying for and maintaining benefits, enrolling in community classes, and meeting other people. For a time, Eddie worked as a peer housing specialist on a grant-funded project. He has also begun doing public speaking about self-advocacy and self-determination, including some out-of-state travel to conferences. He took a public speaking course in order to increase his speaking skills and confidence. He is on the Oakland County Mental Health Consumer Advisory Committee and on the Oakland County/CLS Citizens Advisory Committee. In 2009, Eddie was honored statewide as Youth Advocate of the Year. Eventually, he would like to study music at the college level and get his driver's license.

Jacob. Jacob, who is 26 years old and has Down Syndrome, moved into an apartment with his friend Kevin in September 2008. Since he was in high school, he has consistently talked about his desire to move out of his parents' house, as his older brothers had done before him. The last few years that he lived at home, Jacob's parents began preparing him for this move by creating for him his own apartment space within their house. Jacob's parents and his support coordinator, Patti, assisted with all the preparations for the move, including selecting an apartment, and hiring support staff. Jacob and Kevin were friends, and decided they would like to be roommates. They share 56 hours of staff support per week; in addition, Lisa provides Jacob with an additional 7 hours of support per week. Jacob and Kevin use a staffing agency, who introduces them to potential staff, that they then interview and select from.

Jacob attends Oakland University's transition program, an inclusive program through the Rochester community schools, on the Oakland University campus. At OU, he also swims

with the Masters Swim program. It is through OU that he met his housemate; also, at OU, he met Lisa, who was volunteering with the program there, and then began providing support to Jacob, when he was still living with his parents. When Jacob graduates from OU, he will hire Lisa to provide additional hours of assistance to him with work and other pursuits.

Currently, Jacob is exploring a lot of interests, some of which may turn into paid work. Like Eddie, Jacob loves music, and has been learning about being a DJ; Eddie has been serving as a mentor, assisting him to learn about the equipment and other skills. Patti is helping him create a website and do the paperwork required to establish a DJ. As part of this, Jacob took a course offered by CLS on microenterprises, and is receiving assistance from CLS to form a business plan. He currently is gaining experience as a DJ by hosting an on-air show every Friday morning at Oakland University's radio station. Also, he took a course at Community Media Network, a media public access organization. After the course, David and a friend expressed interest in continuing their involvement at Community Media Network. So, now, the two of them co-host a TV show, "Community Corner." Each show they interview guests about community resources and issues that affect the lives of people with disabilities. He has taken public speaking courses, as well as video production and editing classes. Recently, he applied for a position doing training in self-determination and self-advocacy for others with disabilities and staff at a local university. Finally, Jacob volunteers at the Michigan Humane Society and the Rochester Hills Public Library.

Jacob's parents feel that the move has worked out well, and they feel that Jacob is very content with his move and his current living arrangement. They observe that, "Lots of parents think it's their responsibility to keep their children forever; in that mode, you don't

get much willingness to try other things.” For them, while as parents they always keep a watchful eye on Jacob, the key to this move and all else that Jacob is involved in is their openness to letting him try out new experiences and pursue opportunities as they arise.

### Kentucky

CLS has been a provider in Louisville, KY, as a contractor with the Commonwealth of Kentucky, since 2007. The purpose of this initiative is to reduce the number of people in facility-based services. Currently, 25 people are supported by CLS/Kentucky, and all are people with mental health and developmental disability labels, most of whom have spent the majority of their lives in institutions, who have posed challenges for other providers. Some of these people were already living in homes of their own receiving traditional supports and are now receiving self-determination supports. All people are living in the community, in homes of their own, with greater control over their lives and services, supported with individual budgets. A CLS administrator attributes the success of this program, in part, to the “strong spirit of support and gentle teaching”(Dehem, 2008).

### Services for Older Adults and Adults with Physical Disabilities

CLS contracts with the Area Agency on Aging, the Senior Alliance, the City of Detroit and Allen Park, and the Information Center, Inc. to provide services to older adults and adults with physical disabilities living in Wayne, Oakland, Macomb, and Washtenaw counties. Through CLS, there is a network of qualified and experienced support service agencies. Individuals can choose the support service agency that best suits them. Available services include: community living support, community—based adult day services, personal care services, homemaker services, in-home respite care, home health aide services, home

delivered meals, environmental modifications and durable medical equipment, home maintenance, and Michigan Choice Waiver services (similar to those services provided within a nursing home, only in the person's home). CLS currently serves over 200 seniors, all of whom are being served in ways that incorporate person-centered planning and self-determination.

### Services for People who are Homeless

CLS offer services to homeless individuals and families living in the City of Detroit. In 2008, CLS assisted 94 families to move out of a shelter and into affordable community housing. CLS does this by helping families locate and move into permanent, safe housing and by providing resources that assist financially with rent subsidy, money management education, and locating and securing employment. CLS provides transportation to assist families to set up a household, get children in school, address medical needs, and reconnect with family and community supports. Supportive services are offered such as life skills training, substance abuse service and education, individual and family counseling, housing maintenance, job development, job placement, and the like. The approach of the program is to do "whatever it takes" to help families.

### Center for Self-Determination

The Center for Self-Determination was established in 2000, under the auspices of CLS. The Center is a nonprofit collaborative organization offering technical assistance and training dedicated to advancing the principles of self-determination (Dehem, 2008). The Center has been a resource on self-determination for CSL, as well as for individuals, organizations, and many other entities nationally and internationally.

## LESSONS

Based on challenges and successes, CLS has learned a great deal about organizational change and implementation of self-determination. They have been very reflective in much writing about what the key elements and are. Their summary about what it takes includes: changing mission and vision of the agency; leadership and stakeholder buy in; self-advocate and stakeholder involvement in new system development; communication, education, and training (Taverna, 2009). Some further lessons (also addressed in varying ways in other reports and documents) include:

- There is need for clarity about what self-determination means within the context of the service system. When self-determination was first initiated, it was not always clear to people with disabilities and families what that meant in terms of control of money and services. For example, one staff person reflected, “People thought that if they ate less, they could save that money and spend it on other things.” In this sense, their individual budget is not “their money.” They can, however, use their budget to make choices and decisions about the services they receive. Individuals and families have benefited as CLS staff have developed more clarity in the way self-determination is explained and promoted.
- Conversion from a service to support model requires a changing role for residential service providers. With the shift to self-determination, there is still a role for residential providers, as many individuals and families want assistance with managing their support staff. The role for residential providers involves a change from operating residential settings to assisting and supporting people to live in

homes of their own with the support of staff and other family, friends, and community members. At CLS, this meant assisting providers to make this change. In other organizations which provide services themselves, such a change could be made within the organization itself.

- There is need for organizations, such as CLS, that provide support coordination and promote self-determination, to work in partnership with residential service providers to help ensure safety and promote quality. For an entity such as CLS, which is working to promote self-determination, there is a critical need to work in partnership with providers. With providers no longer the source of a comprehensive range of supports within a group home, there is particular need for close communication and collaboration between various organizations and entities that are involved in people's lives to help ensure safety and promote quality.
- Provider agencies must devise new ways of training, mentoring, and monitoring staff. When staff work together in group homes, it is easier for supervisors and more experienced staff to provide on-the-job training and mentorship. In contrast, when staff are working alone, with people in their own homes, provider organizations must create other opportunities for staff to share knowledge and experience. Similarly, when staff work together in group homes, it is easier for supervisors to monitor them. When staff are working in people's homes, provider organizations need to ensure that monitoring continues to occur.
- The individual budget method as well as consumer based value purchasing has been instrumental in meeting the rigors of a long-term managed care system. Managed

care poses challenges to supporting people with disabilities, who have ongoing support needs. In particular, it is challenging due to fixed and diminishing rates for services. However, with the transition to self-determination and individual budgets (IB), costs have not risen. In fact, the average costs of self-directed budgets versus group homes as been consistently lower (the only exception being 2007, which was the first full year of a policy change of not paying for vacancies in group homes; group home providers now absorb some of those costs; at the same time, a premium staff rate is paid to self-determination budgets; at the same time, both self-directed and group home costs were lower in 2007 than in 2006). As people transitioned, living expenses been absorbed in a variety of ways: by live-in companions who pay a share; decreased maintenance and overhead; not paying for clinical services the person does not need or use. In addition, because people are more satisfied with their lives, this has translated into less need for higher cost interventions to assist people who are dissatisfied. As the IBs start out, there may not be savings right away, but down the road this typically starts to occur. Additionally, the individual budgets have fostered effective financial planning. As one administrator commented, “We have a reasonable handle on how much money we’re going to need for that particular year. We can look at our revenues and annualize them and I can tell you right now where we’re going to end up.”

- Particular attention must be placed on helping individuals establish community connections and relationships. As provider organizations shift away from managing people’s homes and lives, there is extra need for support brokers and direct support

staff to assist them in establishing a network of community connections and relationships, which can provide invaluable support to people as they pursue self-determination and self-direction, can contribute greatly to people's quality of life, and can help serve as a "safety net" in times of need or crisis.

- For a large organization, assisting many people to move away from traditional services can be a very long process; at the same time, new individuals and new initiatives provide opportunity to offer self-determination and individualized supports to others. For a large organization, with many traditional group homes and other services, it can be a time-consuming endeavor to assist people in the move to their own homes and self-determination. This process can take several years or more, and requires a tremendous amount of commitment from an organization. At the same time, once the organization has mechanisms in place to offer self-direction and individualized supports, these can be offered to new individuals who come to the organization for assistance; additionally, through special initiatives, such as those undertaken by CLS, the organization can offer these types of supports in new geographical regions or to new populations of people (e.g., elderly, homeless).
- Blurred funding for day and community living increases flexibility. From the start, CLS/Oakland County has used blurred funding of day and residential supports. In this way, support people do not have to fit into narrow boxes in terms of what types of support they provide, and in what locations.

## **CONCLUSION**

The organizational transformation that has occurred at CLS is due to their ongoing commitment to a vision of quality lives in the community for individuals with disabilities, as well as to the multiple strategies they have used to create change. Over the last 15 years, CLS, Inc. has demonstrated the application of principles of self-determination to organizational transformation. For them, this has meant not just changing one small aspect of the organization, but undertaking change in the organization as a whole. This sort of change takes a tremendous amount of time and energy; their work at this is ongoing. At the same time that they are working to assist the people they already support to transition from group-based services to self-determination, they offer self-determination to all new people who enter the organization, and they have created new initiatives to offer self-determination in different geographic areas as well as to different populations (e.g., people who are elderly or homeless). Their experience offers a wealth of strategies to other organizations, in similar or differing contexts and circumstances, that are seeking to begin a process of transformation in their organizations and in the lives of those they support.

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