

### WHAT IS THE WELCOME HOME INITIATIVE?

The Initiative is a Provincial government mandate to reduce the numbers of persons with mental handicaps residing in Provincial institutions by some 220 by March of 1988.

This in turn will require the fairly speedy development of a range of community resources throughout the province.

In addition to the 220 people returning from the institution it is estimated that at least another 220 people currently in the community will require interventive resources to prevent their institutionalization.

### Historical preconditions to the "Initiative"

A number of factors have been at work over a number of years. Some of them are:

1. The creation since the early 1970's of community resources in the areas of residential, vocational and educational services. The development of these have been painfully slow but it has built up a base of consumers, families and professionals/providers in the community who are showing "it can work".
2. Advocacy groups such as the "Association for Community Living," "C.A.M.R." Local Branches, "Citizen Advocacy" and "People First" who have lobbied publicly for the rights of people with mental handicaps to live and receive services in the community.
3. A national thrust towards deinstitutionalization in favour of community based services.
4. A Minister of Community Services who is sympathetic and supportive to the goals of community living.
5. The immediate issue of whether to spend several millions of dollars on fire upgrading on a "wing" at the Manitoba Developmental Centre (the province's largest institution) or invest it in the development of community options.

### Mechanisms to address the task

The approach being taken by the Provincial Government in addressing the task at hand is:

The development of a pyramid structure of committees for assessment, planning, approval and implementation for matching

individuals to new resources development. The committees are made up of both Government and community representatives who jointly problem solve and make decisions. The chair of each of these committees is the appropriate Government representative.

For example:

Provincial Steering Committee - chaired by Joe Cels, Ass't Deputy Minister and comprised of groups with a provincial scope (eg. the Association for Community Living, the Manitoba Developmental Centre).

Seven Regional Implementation Committees chaired by Regional Directors and comprised of representatives from those regions (eg. Local C.A.M.R. branch, Coalition of Rehabilitative Workshops, etc.)

One region, Winnipeg, which stands for over 60% of the population in the Province is further divided into six District Implementation Committees who plan for and make recommendations around individuals and service needs in each area of the city. The District Committees are chaired by the Area Director and are made up of service providers, family members and interested individuals who live in that area.

An example of how the various committee levels function would be:

- DISTRICT - identifies and plans around an individual from that area.
- REGION - approves the service which the individual will receive support from.
- PROVINCE - approves the funds to the region based upon projection of need for service development

In addition to these mechanisms, the Provincial Government has also entered into a contract with the Association for Community Living (as the single largest community representative for and provider of services to persons with mental handicaps). The contract establishes a formal working relationship with the Government and ensures a larger influence in policy setting for the Association. On the Government's side, they will receive technical and financial (e.g. Manitoba Marathon dollars) support in realizing the goals of the Initiative.

Current Status of "Initiative"

To date, numerous volunteer hours have been devoted to the project via the committees in problem solving and establishing new processes in preparation for the Implementation Phase of the Initiative. Budget submissions by each region of the province have also gone forward in anticipation of general service requirements for the fiscal year 1984/85. Traditional supports

in the communities have been minimal and insufficient to stop the flow of individuals to the institutions. It has been recognized by all parties that a number of basic changes and additions in service and service delivery needs to occur.

Following are a number of those changes:

A. How people receive services

Due to a number of factors, individuals have historically been "placed" in service as openings occur and usually with many competing for the same "spot". The needs assessment often had little relationship to the "spot" acquired due to lack of options. Plans around individuals were often no more specific around what type of supports (such as residential) that a person needed than to say "a level III group home in such and such a community"

The new process will see very specific planning done around individuals regardless of whether it is currently available. If it doesn't exist then the job at hand will be to create it rather than accept a compromise which may not succeed for the individual.

B. How services get developed

In order to apply consistency to the process of new service development (and to ensure the issues of "real" integration are being addressed) both a new format for proposal submissions and criteria for adjudicating them have been developed.

As well, the proposals will be dealt with initially by the District or Regional Implementation Committee in that area. As the Committees are made up of both Governmental and Community representatives, this brings a grass roots approach to complex issues of starting many new services while ensuring a community voice in the quality of services.

While the control of service development and individual planning is more dispersed thereby allowing for greater input by differing points of view some potential weaknesses still exist:

- like voting, outcomes depend upon who shows up to "vote"
- limited dollars
- pressing time factors for getting new services developed.

C. Funding

Significant rate changes have been introduced, especially in the area of residential services.

Residential rates are now based on a maximum of six individuals

living together, where previously it had been based on eight.

Day Service rates show a modest improvement but it is questionable as to whether it will be enough. The most important factor though besides the increase is the way money is attached. The traditional approach has been to fund facilities and services (eg. group homes) whereas the new process is to fund plans around individuals, requiring greater individualization, specificity and flexibility on the part of the plan and those providing the service.

#### The Value Base

Perhaps one of the hardest parts about developing a new system for identifying and meeting the needs of people through a democratic, committee approach is establishing a common values base. As values and terminology are varied (eg. integration can mean different things to different people) this will probably take some time and come about on an issue specific basis. The key at this point is that the process for making decisions is "consensus" as opposed to "majority rule". This forces discussions to continue until such time as a "common value" has been achieved on each issue.

The general interpretation of desired outcomes for the initiative has come from components of a policy statement by the Hon. Muriel Smith (May 11, 1984) which speaks to the creation of a wide range of coordinated and comprehensive quality services which will enhance the image of persons with mental handicaps and resulting in integration. Time will tell what the results of this approach will be and the effects it will have on the lives of handicapped persons.