|  |  |  |  |
| --- | --- | --- | --- |
| **Life Area** | **Barrier** | **Hearing Location: Detroit** | **Hearing Date: 12/09/2019** |
| Accessibility  | * Public housing elevators out of service/lack of auditory technology, wheel chair user and visually impaired forced to use stairs/safety compromised/imprisoned in apartments for five weeks causing cancelation of medical appointments and no access to life essentials
* Public housing accessible units not on first floor, lack of ramps
* Crumbling sidewalks, non-existing sidewalks, and streets impact mobility and safety
* Lack of IL services for blind people (training on employment and computers/braille/daily home living skills) and mobility training with the closing of BSBP sites and lack of resources to travel to Kalamazoo site and not allowed to access services outside of county of residence
* Lack of equal treatment - denied access to Planet Fitness by staff who perceived lack of staff to assist and perceived liability issues associated with PWD; community assumptions that blind people will burn down the building while cooking
* Blind population is much bigger than the current compliment of blind services can reach
* Everything a blind person needs for daily living is cost prohibitive for someone living on a fixed or low income
* SILC should play a role in bringing a diverse group of disability providers together at the state level for collaboration and coordination
 |  |  |
| Assistive Technology | * Lack of computer and AT training for blind people with closing of BSBP sites and lack of resources to travel to Kalamazoo site
 |  |  |
| Education |  |  |  |
| Employment | * Business leaders/owners/managers need to be more flexible in finding appropriate placements in their businesses for people with disabilities, must stop the hiring and firing cycle by providing appropriate training and lifting on the job restrictions placed on disabled employees
 |  |  |
| Health Care | * Medicaid qualifying income thresholds too low
* Lack of access to health care advocates
* Insurance premiums too high for low income
* Lack of education of health care providers on making health care more accessible
* Prescriptions are unaffordable
* HIPPA violations by providers (asking for SS# while in the waiting room with others around/discussing their medical issues in front of the public) and lack of doctors office/nursing facility accessibility (iPads required to sign in do not have voice technology)
* Focus on connecting disability talent with living wage job providers with opportunity for advancement. Promote talent within the disability community to the employment sector, not the disability
 |  |  |
| Housing | * Lack of affordable and accessible housing
* Accessible apartments lacking safety equipment like shower grab bars, hallway rails, curb cuts
* Accessible apartments do not meet ADA guidelines making it very difficult for people with blindness in common hallways (no braille signage or handrails for guidance), bathrooms and kitchens
* Privatization of existing subsidized housing options increases cost
* Lack of partnering with developers/construction contractors/elected officials/planning commissions to educate on positive impact of universal design
* Lack of security and adequate external lighting around public housing and Detroit in general especially for blind people
 |  |  |
| Other Supports | * Food stamp assistance amounts and qualifying income thresholds too low
* Lack of relationships between elected officials and disability community in terms of understanding basic needs
* Lack of ATMs and grocery store checkouts with voice assisted technology, physical assistance with shopping, and enough electric scooters
* Lack of accessible laundromats in terms of machines being marked for blind people
* Increased food insecurity
* Lack of quality independent living assistants that are paid a living wage and care about the person they are assisting and not abusing the person receiving services
 |  |  |
| Recreation | * Lack of community based accessible recreation opportunities
* Being told they could not come to Plant Fitness due to lack of staff to assist and perceived liability issues
 |  |  |
| Relocation | * Lack of access to information/advocates for community transition
 |  |  |
| Transportation | * Limited public transportation hours of operation
* Length of time to get a ride/length of time to get to destination/length of time to get picked up
* Lack of overlapping service areas
* Negative effect on access to and maintaining employment/health care/shopping for basic life essentials
 |  |  |
| Dreams and What Is Good in Life! | * Working, helping others and feeling like I’m contributing and making a positive difference in the lives of others and my community
* Feeling like I belong
* Being creative
* Being able to get up and out into my community
* Being able to serve others
* Connection with other people and not feeling isolated
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Life Area** | **Barrier** | **Hearing Location:****Virtual Zoom Meeting Statewide** | **Hearing Date: 12/10/2019** |
| Accessibility  | * Lack of access to local government, local government not responsive to ADA community compliance complaints
* Lack of American Sign Language interpreters at government meetings
* Lack of advocacy services at CILs
* Lack of a functioning IL program in Michigan
* Lack of leadership opportunities for PWD and opportunities to be at decision making tables in all situations
* CILs should educate local business about accommodations and access to public spaces for all disability types
* CILs should have goals to increase their diversity and cultural competency
 |  |  |
| Assistive Technology | * Increase technology services
 |  |  |
| Education | * Increase partnerships between educators, CILs and MRS to improve student transitions for middle and high schoolers and begin transition earlier than 18 years old
 |  |  |
| Employment | * Increase employment services
* CILs should employ affirmative action, hiring and advancing employment people with significant disabilities
* CILs do not employ affirmative action and are full of nondisabled vocational rehabilitation Counselors
* Increase volunteer opportunities for PWD at CILs
 |  |  |
| Health Care | * Lack of direct care staff due to low wages
* CILS should educate businesses about inclusive hiring strategies
 |  |  |
| Housing | * Lack of affordable and safe housing
* Lack of safe and accessible shelters
 |  |  |
| Other Supports | * Lack of systems advocacy advocates for PWD
* Increase community building, self-help and peer support opportunities
* CILS do not provide advocacy or peer support services
* Decrease PWD’s dependency on state systems and teach empowerment and self-advocacy skills
* Educate PWD about state systems and how to use them
* Increase access to technical expertise and attorneys who have disabilities for pro bono work on individual legal issues
* Increase CIL services to and participation by more minorities across all demographics
* CILs should provide leadership and advocacy training
 |  |  |
| Recreation | * Develop the disability community, increase diversity and promote disability culture through the arts
* Increase recreational options especially for youth with disabilities
 |  |  |
| Relocation |  |  |  |
| Transportation | * Lack of reliable public transportation options in rural areas
* Lack of access to medical transportation
 |  |  |
| Dreams and What Is Good in Life! | * Feeling empowered as a self-actualized person, making my own decisions and challenging professionals who think they know what is best for me
* Witnessing people with disabilities standing up for themselves and advocating for community change
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Life Area | Barrier | Hearing Location: Flint (in person only) andLansing/ Statewide via Zoom Meeting | Hearing Date: 12/18/19 and 12/19/2019 |
| Accessibility  | * Limited access to information, physical access, and state systems due to ADA non-compliance and systemic barriers at the local, state and federal levels
* Sidewalks in disrepair are not accessible
* Abelism, bigotry and retaliation by CILs
* Dissenting voices are not welcomed by CILs
* CIL meetings are not open to the public
* Being denied a seat at the table by non-disabled people
* CILs are not providing advocacy services
* CILs have discriminatory job descriptions by including requirements that are not essential job functions like having a drivers license, verbal communication, lifting requirements, etc.
* CILs are not accessible – physically, transportation-wise and communication-wise
* CILs should be striving to change the social context in which PWD live
* Direct housing and transportation advocacy is needed
* CILs need to move beyond barrier identification and actually begin removing barriers
* CILs should take consumer control and consumer satisfaction more seriously
* CILs need to drop the business model and get back to grass roots advocacy
* Lack of access to Area Agencies on Aging
* Information is not provided in alternative formats
* Time of day and day of week for disability events sometimes creates access issues
* CILs should respond to community access issues that are brought to their attention
* IL values must be identified, measured, and monitored for fidelity to IL philosophy
 |  |  |
| Assistive Technology | * CILs do not provide assistive technology training or education on how to use the technology
* Need more computer training around voice to text programs
 |  |  |
| Education |  |  |  |
| Employment | * Must continue to implement competitive integrated employment efforts
* Consumers need jobs with opportunity for advancement, we are tired of collecting and pushing shopping carts and being token disabled employees
* CILs must stop collaborating with sheltered workshops and others who suppress and profit off the disability community
* Denied job promotion and position on employee board due to disability, relegated to being a cart pusher
 |  |  |
| Health Care | * Prescriptions are cost prohibitive
* Valuable CMH services being shut down, where are we to go next for these services?
 |  |  |
| Housing |  |  |  |
| Other Supports | * Peer support groups should be about connection
* Food insecurity and continued cutting of already meager food stamp allowance
 |  |  |
| Recreation |  |  |  |
| Relocation |  |  |  |
| Transportation | * Curb cuts, where they exist are in disrepair and are dangerous
* Lack of accessible pedestrian signals at crosswalks
* Long wait times for public transportation and long distance to bus stop
* Lack of intercounty public transportation options
* More shelter and safety at bus stops, need more stops near apartment complexes and student housing
* Must have more accessible crosswalk signals
 |  |  |
| Dreams and What Is Good in Life! | * Having a car, house, being independent, and being engaged and having a mom that cares.
* Have a job. Pride in job. Use job as way through disability. Don’t like being labeled disabled.
* Being able to go out to places and do things. Because then I can interact with people and get to know them.
* Finding Disability Network Capital Area and the activities there.
* Being able to help other people teaching the art classes.
 |  |  |