Developmental Services Lifelong Continuum of Care Diagram

Partnerships Support for an individual is a partnership among the individual, family, service providers, community, and government. The role of each party varies by individual, with continuity over the lifespan.

Community Inclusion People are included and

engaged in their communities. Inclusion is achieved and facilitated by everyone in the community.



Choice & Flexibility Each of us is entitled to have a broad array of choices about how we live our lives and what support look like. Formal support is flexible and adaptable to individual needs and preferences.

Coordinated Access, System Navigation, & Quality Outcomes

Support exists that is based on these principles, and if it does not there's a clear path to solve problems or challenges.

Housing

Continuing Education & Independent Living Skills

Legal/Financial Support Planning for Aging

People need different types and amounts of support over the course of their lives. Formal support [provided by government] complements and supplements natural support provided by family and community.

Birth & Infancy to 5

Parental Care School Years Age 14-21

Family Care / School Years Age 14-21

Health Care

Diagnosis & Early Intervention

Transportation

Education Vocation/Employment/Retirement

Quality Flexible Wraparound Support

Developmental Services Lifelong Continuum of Care

Principles for Developing A Continuum of Support

The Developmental Services Lifelong Continuum of Care model illustrated in the diagram and explained in this document puts the person at the center. It highlights key principles upon which support within the service system should be based, ensuring that people are supported across the entire lifespan. Each person served within Maine's Continuum of Care will transition effectively through to adulthood and into the community through a series of informal and formal partnerships providing support necessary to achieve community inclusion.

Person Centered. The person drives the planning process. The person, family, and community are all involved in planning support as lives evolve over time. Support is based on the needs, goals, and preferences of the individual and change over the lifespan. Self-advocacy and self-determination are primary values.

Partnership. Support for an individual is a partnership among the individual, family, service providers, community, and government. The role of each party varies by individual, with continuity over the lifespan.

Community Inclusion. People are included and engaged in their communities. Inclusion is achieved and facilitated by everyone in the community.

Choice and Flexibility. Each of us is entitled to have a broad array of choices about how we live our lives and what support looks like. Formal support is flexible and adaptable to individual needs and preferences.

Coordinated Access, System Navigation, and Quality Outcomes*. Support exists that is based on these principles, and if it does not, there's a clear path to solve problems or challenges.

Lifespan. People need different types and amounts of support over the course of their lives. Formal support [funded by government] complements and supplements natural support provided by family and community.

Support, both natural and formal, is designed to meet all the needs of a person including: healthcare; diagnosis & early intervention; reliable transportation; education; vocation/employment/retirement; quality flexible wraparound support; affordable, stable housing; continuing education & independent living skills; legal/financial support; and planning for aging.

- *Coordinated Access: Planning, coordinating, and monitoring all services necessary to enhance the lives of people with ID/DD, facilitated by case management.
- *System Navigation: People using services are supported by case managers to understand what services and support options are available, and how to access and utilize them when and where they're needed.
- *Quality Outcomes: The services, support, and/or interventions address the needs and achieve the goals included in the Person-Centered Plan (PCP).