Attendance

Workgroup Members in Attendance

- Alessandra Aldai
- Brian Zotti
- Carl Poulin
- Carolina Navarro Garcia
- Chloe Medina
- Dustlyne Beavers
- Elena Tiffany
- Gloria Wong
- Dr. Larry Yin
- Kaitlynn Truong
- Katie Hynes
- Mariana Molina Nava
- Marie Poulson
- Rebecka Crowley

Facilitators and Workgroup Chairs/Leads in Attendance

- Yvette Baptiste (Co-Chair)
- Edith Arias (Equity Lead)
- Catherine Blakemore (Facilitator)

Public in Attendance

Over 90 public attendees attended the meeting via Zoom video conference.

Welcome and Introductions

Workgroup 2 facilitator Catherine Blakemore welcomed workgroup members and the public to the meeting. She introduced workgroup members who were unable able to attend the first meeting. Catherine then reviewed the agenda.

Timeline and Process for Creating "Big" Ideas and Recommendations (slides 5-6)

Co-chair Yvette Baptiste reviewed the timeline and process for developing recommendations. Yvette said the workgroup will usually talk about one priority per meeting. Yvette explained that the workgroup meetings will focus on getting big ideas from the group. Then the co-chairs and facilitator will use the group's big ideas to develop draft recommendations. The workgroup will discuss and workshop the draft recommendations. The workgroup's recommendations will be presented to the Master Plan Committee for feedback and approval.

Finalize Workgroup 2 Priorities (slides 7-8)
Yvette reviewed the workgroup priorities, which were revised after the last full committee meeting. Catherine explained the priorities are goal statements which explain "where we want to be."

Using the Equity Tool for Priority 1 (slides 9-11)
At the last workgroup meeting Equity Lead, Edith Arias, presented the Equity Tool and explained how it will be used to help develop recommendations. At this meeting, the workgroup talked equity for priority 1. Our Priority1 goal is: "make it easier for people to get the health and human services they need, when they need them." These services are called "generic services." Catherine asked the workgroup members for examples of generic services. Members identified many different examples of generic services which people served by a regional center might need. Examples of generic services identified include:
- In-Home Supportive Services (IHSS);
- School services;
- CalFresh - Electronic Benefit Transfer (EBT);
- Social Security Supplemental Security Income (SSI);
- Women Infants and Children (WIC);
- California Children's Services (CCS);
- CalAIM Community Supports;
- Legal Services;
- Communication Supports;
- County Behavioral Health Services (medications, psychiatry, addiction support); and
- Applied Behavior Analysis (ABA).

A member asked that the WG not limit priority 1 to health and human services. Another member noted that Lanterman Act 4435.2 requires providing to the legislature a definition of generic services by 7/1/2025.

Catherine explained that the workgroup would develop a "problem statement" for priority 1. The workgroup discussed the barriers to accessing services which individuals might experience. Workgroup members contributed many different examples of barriers. Examples of barriers included:
- Lack of information about the generic services they can get and how to get them or an understanding of all the steps they need to complete.
- Complicated rules about who can and cannot get a generic service.
- People being referred to services they are not eligible for.
- Multiple complicated application forms
- A lack of help to fill out the forms or help when people face a barrier to getting the services. Regional Centers are not always able to help coordinate services
- Lack of help transitioning from high school to adult services. There is not an easy way to get new classes or services. This transition is very rocky

- Long delays to get a generic service including waiting lists for a provider. ABA services, for example, can be delayed for 9-12 months.

Additional mentioned barriers include:
- An absence of qualified providers
- Lack of transportation to apply for and access services; and
- Low-wage workers and others who may not have the flexibility to apply for services during the hours government offices are open.

Members also raised that the Lanterman Act mandates Regional Centers to ensure access to generic services and pointed to CA Welfare and Institutions Code statute and the Little Hoover Commission Strategy for Change.

Brainstorm Priority 1 "Big Ideas" (slides 12-18)
Catherine explained there were five big ideas which came out of the workgroup discussion and public comment during the last meeting. Yvette explained that the questions to be thinking about were, "what is the change we want to see" and "what is the strategy for making the change." We do not need to identify every implementation idea. These big ideas would become recommendations.

Workgroup members discussed the big ideas for priority 1. Members provided thoughts and suggestions about **big idea #1:** Create plain language information, about generic services. This includes how to access these services. Themes emerged from workgroup members thoughts about big idea #1:
- Make the information available in multiple languages
- Make the information accessible to people using use alternative communication methods and accessible to people with disabilities.
- Formats should include web-based information that is accessible to people who use mobile phones, printed materials, and videos.
- Make the information intuitive and easy to use. Have it available on different websites. And affirmatively outreach to different communities.
- Tell people how to get help.

The group discussed **big idea #2.** During this portion of the discussion, workgroup member Katie Hynes presented ideas about how to create a screening tool that works across and between various systems. Workgroup members provided reactions to the presentation and suggestions for how such a tool could be designed.

There was a robust discussion about this topic verbally and in the Q&A and chat. Feedback on this idea included:
- Making sure the tool can be used by all types of users and is available in plain language and multiple languages.
- The tool should ensure someone is likely eligible before making a referral and give individuals a chance to decline a referral.

- Providing a hand-off to a point of contact for human support would be a good feature.
- Ensure the tool is used in a standardized way across Regional Centers; and

The workgroup discussed **big idea #3.** During this portion of the discussion, workgroup member Brian Zotti presented ideas about how to develop a common application for generic services. Brian explained that an application like this could be piloted at first, and then expanded over time. The application could help people know what services they are eligible for. It could also help make sure that people get the services they want and need.

Workgroup members provided reactions to the presentation and suggestions for how the application could be designed. There was enthusiasm for the idea and feedback included:
- Caution that data privacy is an important concern to keep in mind
- Consider the need for interagency cooperation and implementation agreements to break down the barriers.
- Consider focusing on California's health and human services programs first.
- Consider having the system indicate wait time for enrollment if there are waitlists and have the Regional Center provide services in the meantime
- Update the system frequent (possibly daily) so it is current.

Catherine Blakemore explained that the big ideas #4 and #5 during the next workgroup meeting. She also asked workgroup members to share their own big ideas for priority 1. Ideas shared included: how people could be supported with navigating services and the need for gap funding. Catherine thanked the group for their ideas.

Review Upcoming Meetings (slides 19 - 20)
Yvette Baptiste reviewed the upcoming workgroup meeting dates. Catherine explained that workgroup members may reach out to her and the co-chairs to provide input if they cannot attend any of the upcoming workgroup meetings.

Public Comment
At the end of the meeting, there was a 30-minute public comment period. A summary of public comments is included are available with other meeting documents on the Master Plan for Developmental Services web page.

Meeting Materials:
- Discussion PowerPoint and other meeting documents are available on the Master Plan for Developmental Services web page.