

The background of the slide is a top-down view of a collaborative workspace. It features a large yellow circle with a lightbulb icon and three lightning bolts, representing an idea or vision. Surrounding this central circle are various other elements: a blue circle with an eye icon, a red circle with a star icon, a green circle with a computer monitor icon, and an orange circle with a coffee cup icon. There are also several gears, puzzle pieces, and arrows scattered around, suggesting a process of design and development. Hands of people are visible, interacting with these elements, such as writing on a notepad, pointing at a diagram, and using a whiteboard marker. The overall theme is one of teamwork and creative problem-solving.

# MASTER PLAN *for* Developmental Services

**Workgroup 2 Meeting #6**

December 17, 2024



# Housekeeping



- Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta “Interpretación”. Luego haga clic en “Spanish” y seleccione “Mute Original Audio”.



- ASL interpreters have been “Spotlighted” and Zoom, automatic closed captioning is active.



- This meeting is being recorded.



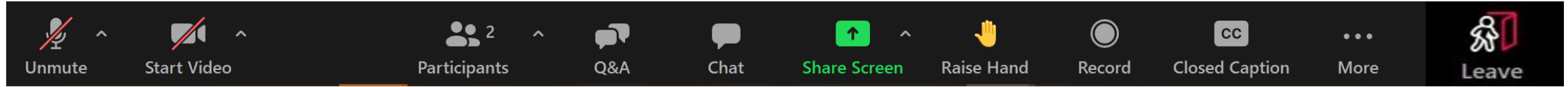
- Materials are available on the [Master Plan web page](#)



- Questions? Comments? Email [DSMasterPlan@chhs.ca.gov](mailto:DSMasterPlan@chhs.ca.gov)



# Zoom Instructions



Committee members can unmute their mic when it's their turn to speak

Committee members can turn their webcams on/off

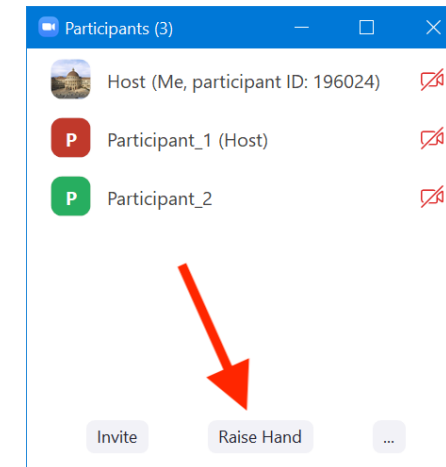
All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessibility barrier to a member of the committee

Raise your hand when you want to speak  
You may need to click on "Participants" and a new window will open where you can **"Raise Hand"**

Use the "leave" icon at the far right of the Zoom toolbar to leave the webinar at the end of the meeting



- Features will vary based on the version of Zoom and device you are using
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# Agenda



1. Welcome and Introductions
2. Review our Process and Progress for Creating “Big” Ideas and Recommendations
3. Review Priority 2/Universal Goal 2 Recommendations #4-7
4. Develop Problem Statement for Priority 3/Universal Goal 3: Help individuals and their families use community resources. These will help meet their basic needs. These will help support them being part of their community.
5. Discuss Priority 3/Universal Goal 3 “Big” Ideas
6. Next Steps and Upcoming Meetings
7. Public Comment



## **Workgroup 2 Priorities/Universal Goals**

**Priority #1/Universal Goal #1:** Make it easier for people to get the health and human services they need, when they need them. These services are called generic services.

**Priority #2/Universal Goal #2:** Make life transitions easier, better, and on time. Life transitions are moving to school services from early start, leaving high school and getting older. They also include changes to a person's family, health, career or immigration status.

**Priority #3/Universal Goal #3:** Help individuals and their families use community resources. These will help meet their basic needs. These will help support them being part of their community.









# Developing Our Recommendations

1. **Discuss “big” ideas:** Talk about ideas for recommendations. Think about public comments.
2. **Draft recommendations:** Co-Chairs and staff will use the “big” ideas to develop draft recommendations.
3. **Review with Workgroup:** Members discuss and revise draft recommendations.
4. **Review with Master Plan Committee:** Recommendations presented to the Master Plan Committee for feedback and approval.



# Workgroup Meetings

**Workgroup 2 will meet monthly for six months. We will develop recommendations about generic services for the Master Plan for Disability Services.**

2024					2025	
August	September	October	November	December	January	February
Workgroup launch meeting  	Discuss Priority/Universal Goal 1  	Discuss Priorities/Universal Goals 1 and 2  	Discuss Priority/Universal Goal 2  	Discuss Priorities/Universal Goals 2 and 3  	Discuss Priority/Universal Goal 3	Finalize workgroup recommendations   <div data-bbox="2186 873 2476 1130"> <b>Finalize Master Plan in Spring 2025</b> </div>





# Priority 2/Universal Goal 2: Review Recommendations



**Today we will review 4 new recommendations. These are from our November “Big Ideas” discussion.**

**Our universal goal is to: make life transitions easier, better and on time. Today's recommendations are in these areas:**

1. Adults who are aging
2. Support for people with I/DD who are parents or becoming a parent
3. End of Life Planning
4. Entering the regional center at any age. (This topic is also being discussed by Workgroups 1 and 5. Our ideas will be shared with them.)



## **Priority 2/Universal Goal 2: Recommendation 4: Adults who are aging (slide 1 of 5)**



**Adults who are aging should get the Recommendation 1 supports they choose. These are: information, person-centered planning and navigation supports.**

### **They should also get:**

- Access to community services they choose. This should include services for seniors. Regional center should fund any needed supports.
- More flexible ways to get vendored services. For example, attending a day program part-time. Additional supports so they can live in their own home.
- Access to support groups with their peers, lead by peers.



## Priority 2/Universal Goal 2: Recommendation 4: Adults who are aging (slide 2 of 5)



### They should also get:

- Help connecting them to the senior services and other community services they choose. This help can include:
  - A navigator or service coordinator with knowledge about older adults with I/DD disabilities. Knowledge of community services, resources and benefits.
  - A continuation and expansion of the Coordinated Family Supports (CFS) program. CFS should help people who live independently and offer options for more direct support.



## Priority 2/Universal Goal 2: Recommendation 4: Adults who are aging (slide 3 of 5)



**They should also get help when they can't manage their benefits or their Self Determination Program (SDP) budget/spending plan. Family members or natural supports may no longer be able to help. This means:**

- New ways to help with government benefits such as IHSS, Medi-Cal and SSI.
- New ways to get help with SDP Spending Plan and Budgets so the person can stay in the SDP.
- Ways to get help could include:
  - A navigator with expertise in benefits or benefits counselor.
  - Expanding Coordinate Family Supports to include direct help with benefits or a Self-Determination Spending Plan and Budget.
  - Individuals should not be conserved to get help with benefits or SDP. They should get information about why conservatorship is not necessary and about legal tools they can use. These are: Representative Payee for SSI, a limited power of attorney to help with other benefits and finances, and an Advanced Health Care Directive to help with health care decisions.



## Priority 2/Universal Goal 2: Recommendation 4: Adults who are aging (slide 4 of 5)



### There should also be:

- A “gap” analysis of community-based services for older adults. This means looking at: current services, where services are available and where they are not. It also looks at new services people want. It develops a “road map” to fill gaps. This is an opportunity to be more innovative about what services look like.



## Priority 2/Universal Goal 2: Recommendation 4: Adults who are aging (slide 5 of 5)



### There should also be:

- Increased services for adults with Down Syndrome and other disabilities with dementia or at risk of dementia. This includes:
  - New ways to get accurate assessments. Increasing the number of assessors who know about Down Syndrome and dementia.
  - DDS should work with the Department of Aging to expand the number of Alzheimer's Disease Centers. This includes making sure these Centers have knowledge of I/DD and adequate funding to be able to provide assessments.
  - New services models including where people live. DDS should coordinate with the Department of Aging as it develops ways to get assessments and new services models.



## Priority 2/Universal Goal 2: Recommendation 4: Discussion Questions



**For our recommendation about “Adults Who Are Aging” think about:**

- Is there anything missing from this recommendation?
- Are there any changes you want to make?
- Is there information or data we need?
- Are there questions or concerns about this recommendation?



## **Priority 2/Universal Goal 2: Recommendation 5: People with I/DD Who Are Parents or Becoming Parents (slide 1 of 2)**



**Individuals who are parents or becoming parents should get the Recommendation 1 supports they choose. These are: information, person-centered planning and navigation supports.**

### **They should also get:**

- Information about pregnancy complications.
- Support if they need help arranging health care appointments. Help obtaining the accessible health care services they need.
- Help interacting with courts and Child Protective Services. The goal should be to coordinate services among all agencies and providing supports which meet the parents' needs.
- Help obtaining housing, government benefits available to individuals who are parents, and other services.



## **Priority 2/Universal Goal 2: Recommendation 5: People with I/DD Who Are Parents or Becoming Parents (slide 2 of 2)**



### **DDS working with the State Department of Social Services and Child Welfare Agencies should:**

- Develop additional ways to support people with I/DD who are parents. This support should be based on effective models. They should also offer supports which meet the diverse needs of people with I/DD including race and cultural needs.
- Develop plain language information for people with I/DD who are involved with the child welfare and court system. The information should explain child welfare system processes and court process. It must be developed in consultation with individuals with I/DD who are parents and other stakeholders.
- Develop and provide training for regional center staff, child welfare staff, and health care professionals about the needs of parents with I/DD and strategies to meet those needs.



# Priority 2/Universal Goal 2: Recommendation 5: Discussion Questions



**For our recommendations about “Individuals with I/DD who are parents or becoming parents” think about:**

- Is there anything missing from this recommendation?
- Are there any changes you want to make?
- Is there information or data we need?
- Are there questions or concerns about this recommendation?



## **Priority 2/Universal Goal 2: Recommendation 6: End of Life Planning**

**End of life planning should be available for older adults and individuals with I/DD who have serious health conditions. They should get the Recommendation 1 supports they choose. These are: information, person-centered planning and navigation supports.**

### **In addition, end of life planning should include:**

- Opportunities for intensive care planning, for people with serious health conditions. Care options should include options such as hospice.
- Information about Advanced Health Care Directives, and help completing the forms.
- Information about choosing a substitute decision-maker. This person can help make health care decisions when the individual can't do so.
- Information about “estate planning” such as a will. This means individuals can make their own decisions about who should get their property. This should include help to complete simple wills and other documents.



# Priority 2/Universal Goal 2: Recommendation 6: Discussion Questions

**For our “end of life planning recommendations” think about:**

- Is there anything missing from this recommendation?
- Are there any changes you want to make?
- Is there information or data we need?
- Are there questions or concerns about this recommendation?



## **Priority 2/Universal Goal 2: Recommendation 7: Improving the experience of people who enter the regional center system at any age (slide 1 of 2)**



**To support individuals and families who are new to the regional center system, they should get the Recommendation 1 supports they choose. These are: information, person-centered planning and navigation supports.**

### **In addition, regional centers should:**

- Connect the individual and family with support groups. These can include support groups run by regional centers, Family Resource Centers and community-based organizations.
- Expand the number of peer-support groups for individuals, lead by peers, who become eligible for regional center services as adults.



## **Priority 2/Universal Goal 2: Recommendation 7: Improving the experience of people who enter the regional center system at any age (slide 2 of 2)**



### **To address delays in obtaining an assessment and initial IPP, DDS should:**

- Expand the kinds of licensed professionals who can conduct assessments. For example, using a licensed clinical social worker to complete assessments.
- Expand when a regional center can accept an evaluation from another entity as its assessment. For example, an evaluation done by Children's Hospital, or another governmental entity such as a school district.
- Develop guidance about other ways to obtain information about an immigrant's developmental milestones and health history when written records are not available.



# Priority 2/Universal Goal 2: Recommendation 7: Discussion Questions

**For our recommendations about “individuals who enter the regional center system at any age” think about:**

- Is there anything missing from this recommendation?
- Are there any changes you want to make?
- Is there information or data we need?
- Are there questions or concerns about this recommendation?



## Priority #3: Universal Goal

**Our universal goal is:** Help individuals and their families use community resources. These will help meet their basic needs. These will help support them being part of their community.



# Priority 3/Universal Goal 3 Problem Statement



Where are we now? Who is left behind?

**To develop our problem statement, we should answer these questions:**

**1. Where are we now? What are the barriers to achieving our universal goal?**

**2. Who is left behind? Who is not using community resources? Who can't use them? Who does not have them?**

**Our “big” ideas should help fix these barriers**



# **“Big” Idea 1: Accessing benefits and services to meet basic needs**

## **Accessing benefits and services to meet basic needs**

### **Develop or expand local resource guides to help people meet their basic needs. This should:**

- Provide information about food banks, help finding housing, and other support services.
- Be developed with community-based organizations.
- Be in plain language and easy to access online.
- It should be available to people with I/DD, family members, service coordinators and other navigators who help people access services.

## **What Other “Big” Ideas Do You Have?**



## “Big” Idea 2: Improving Access to Transportation



### Improve access to transportation

- **Work with state and local transportation agencies to improve community walkability/rollability.** Provide accessible transportation and transportation systems which allow users to easily connect from one system to another system. Options should be available for travelers of all ages and abilities.
- **Increase flexibility of ways RC provide transportation** to include shared ride services to help people access their services, jobs, education, and their community.
- **Work with regional center service providers who have physical locations to locate near public transportation.** This will increase access.
- **Identify innovative ways to expand transportation to services in rural communities.**

**What Other “Big” Ideas Do you Have?**



## “Big” Idea 3: Helping individuals with I/DD and their family be part of their community

**Support people to be part of their community.**

Some “Big” Ideas to achieve this are:

- **Increase opportunities for people with I/DD to participate in local community programs, services and activities.** This should include payment of class fees. Provide support, as needed to foster that participation.
- **Increase opportunities for people with I/DD to be volunteers.** Regional centers and local community-based organizations should develop or expand partnerships to connect people who want to volunteer.
- **Increase access to state, regional and local parks.** Increase physical accessibility, plain language signage, and information about activities.

**What Other “Big” Ideas Do You Have?**



# Brainstorming Priority #3/Universal Goal 3 “Big” Ideas



## Other "Big" Ideas

### **Think about other big ideas to meet our Universal Goal:**

Help individuals and their families use community resources. These will help meet their basic needs. These will help support them being part of their community.

### **What Other “Big” Ideas Do You Have?**



# Our Next Steps

**At our January 16<sup>th</sup> meeting we will:**

1. Review Priority #3/Universal Goal 3 Draft Recommendations
2. Continue to discuss Priority #3/Universal Goal 3



# Upcoming Meetings

## Workgroup Meetings:

- Thursday, January 16, 2025
- Tuesday, February 25, 2025

## Full, Public Stakeholder Committee Meeting

- Wednesday, January 8, 2025
- Wednesday, February 12, 2025
- Wednesday, March 12, 2025



# Public Comment



Public comment period is limited to no more than 30 minutes.

If you want to make public comment regarding the topics of this meeting, please raise your hand and we will call on you in the order shown in Zoom.

At 2 minutes you will be asked to complete your thought to ensure everyone who wants to has a chance to speak.

Please let us know if you need additional time as a disability related accommodation to make your comment.

If you prefer to send comments in writing, [email them to DSMasterPlan@chhs.ca.gov](mailto:DSMasterPlan@chhs.ca.gov), or post them in the Zoom Q&A



# Thank you!

We look forward to seeing you at the next **Master Plan Committee** meeting.

Wednesday, January 8, 2025

10:00 a.m. – 3:30 p.m.

Location: Virtual and in Los Angeles at Special Needs Network Los Angeles, 1968 Adams Blvd. Los Angeles, CA 90018

For more information visit the [Master Plan web page](#).

Send us your input at: [DSMasterPlan@chhs.ca.gov](mailto:DSMasterPlan@chhs.ca.gov)

