

MASTER PLAN for Developmental Services

11

DESIGN

FARCH

Workgroup 2 Meeting #4

October 29, 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 "Español" y seleccione "Silenciar audio original".



• ASL interpreters have been "Spotlighted" and Zoom, automatic closed captioning is active.



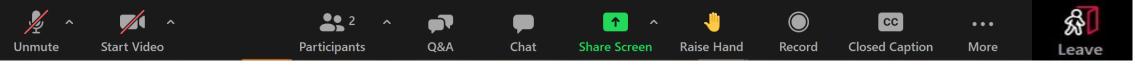
- This meeting is being recorded.
- Materials are available on the <u>Master Plan web page</u>



Questions? Comments? Email <u>DSMasterPlan@chhs.ca.gov</u>

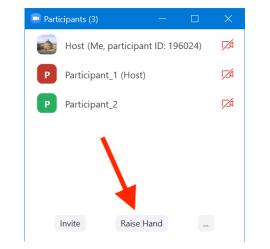
Zoom Instructions





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 accessbiilty 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
- Some Zoom features are not available for telephone-only participants

Agenda



- 1. Welcome and Introductions
- 2. Review our Process and Progress for Creating "Big" Ideas and Recommendations
- 3. Review Draft Recommendations for Universal Goal 1: Make it easier for people to get the generic services they need, when they need them
- 4. Develop Problem Statement for Universal Goal 2: Make life transitions easier, better, and on time
- 5. Review Universal Goal 2 "Big" Ideas
- 6. Next Steps and Upcoming Meetings
- 7. Public Comment

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 1	Discuss Priority 1&2	Discuss Priority 2	Discuss Priorities 2 & 3	Discuss Priority 3	Finalize workgroup recommendations Finalize Master Plan in Spring
						2025

Our Priority One Recommendations:



Universal Goal: Make it easier for people to get the generic services they need, when they need them.

We have 5 Recommendations for Priority 1.

- We finished recommendations 1, 2, and 5. You can review these in the Workgroup <u>2 Members Only folder</u>.
- We will finish recommendations 3, and 4 today.
- 1. Create Accessible, User-Friendly Plain Language Information About Generic Services. This includes how to access these services and how to get help.
- 2. Clarify the definition of generic services. The definition must be easy to understand by individuals and their families. It must be uniformly used by all regional centers.
- 5. Clarify that regional centers can pay for services when a generic service is not available. Develop ways for regional centers to be reimbursed for the generic services they provide.

Our Priority One Recommendations:



Universal Goal: Make it easier for people to get the generic services they need, when they need them.

We will finish recommendations 3, and 4 today:

- 3. Develop user-friendly, universal tools to help people get the services they need and keep their benefits.
- 4. Help people get generic services. This help is called navigation supports. It must include peer support services provided by peers with disabilities.

Draft Recommendation 3: Uniersal Screening tools to get people the right generic services and keep their benefits



The California Health and Human Services agency working with its departments and stakeholders will develop universal screening tools.

These tools should be used by service coordinators before they make a referral to a generic services provided. Tools should also help people keep their benefits. They can also be used by others who make referrals. Individuals and their families may use the tools. These are the "end-users".

The screening tools must be:

- Easy to use.
- Designed with the "end-user" in mind.
- Available in plain language and accessible formats.
- Available in multiple languages.

Draft Recommendation 3: Universal Screening tools to get people the right generic services and keep their benefits



The generic services screening tools must be:

- Based on the rules for generic services or ways to keep benefits.
- Available to all generic services agencies, navigators, and community-based organizations.
- Used by all regional centers before making a referral.

The tool to help people keep their benefits must be:

• Used by all regional centers each year to help people keep their benefits.

Both tools must be:

- Updated to include new generic services rules or changes to benefits.
 - For example, to help people who work keep Social Security benefits, the amounts they can earn must be updated each year.

Draft Recommendations 3: Discussion About Screening Tools



For the uniform screening tools to help people get generic services and keep their benefits 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?



The California Health and Human Services (CHHS) agency working with its departments and stakeholders will develop an online application system. The system will provide an easy way to apply for all CHHS generic services. This is called a single application.

This single application will be used by individuals and families when they apply for services. It may also be used by regional center staff and navigators who help people get services. Other CHHS departments will use the application to determine benefit eligibility. These are called "endusers".



The web-based system must:

- Be easy to use. It must be in plain language.
- Be created with the needs of the "end-user" in mind.
- Meet disability access standards.
- Be available in multiple languages.
- Provide people 24-7 access to their information.



The web-based system must also:

- Make sure that personal information is entered one time.
- Offer a written application option. This means information could be entered on-line by someone you trust.
- Be available on mobile devices and smart phones.
- Be updated when rules or policies change.
- Protect privacy and personal data. Meet required state and federal security standards.



Examples of how an online single application can make it easier for people to apply for and keep their services.

- Remind people when they need to take action. For example, provide a document.
- Tell people if they are eligible for a service.
- Set-up appointments and send updates about the application or services.
- Send messages in the way a person chooses. For example, email, text, or mail.
- Send messages in the person's preferred language.
- Offer help if needed, through chat, phone, email, or in-person.

Draft Recommendations 3: Discussion About Single Application Tools



For the single application tool recommendations think about?

- Is there anything missing from this recommendation?
- Is there anything you want to change?
- Is there information or data we need?
- Is there a website you use that you think does a good job? For example, a website for your health care provider, bank, shopping, traveling, filing taxes?
- Are there questions or concerns about this recommendation?

Draft Recommendation 4: Help people get generic services. These are called navigation supports. They must include peer support services from peers with disabilities



- 1. Individuals and their families can get help to access generic services. They have choices about who can provide this support.
- 2. Navigator services must include supports from peers with disabilities. This support must be developed with input from individuals with I/DD who receive regional center services.
- 3. DDS should make sure that navigation services can get federal funding. This will help increase funding for navigation services.

Draft Recommendation 4: Help people get generic services. These are called navigation supports. They must include peer support services from peers with disabilities



- 4. DDS develops common services that navigators provide. These should be developed with stakeholders. For example:
 - Provide information and training about generic services. This includes eligibility requirements, how to access services, how to get help.
 - Help with generic services applications and annual review forms.
 - Help talking to generic service agencies. This can be about their application, assessment or notices from the agency.
 - Collaboration with other navigators and agencies to make sure the person gets the right help at the right time.

Draft Recommendations 4: Help people get generic services. These are called navigation supports. They must include peer support services from peers with disabilities



- 5. DDS develops common skills and knowledge for navigators. These should be developed with stakeholders. For example:
 - Communication skills.
 - Interpersonal and relationship-building skills.
 - Navigation and advocacy skills.
 - Community education and training skills.
 - Outreach skills.
 - Knowledge of the regional center system. Knowledge of the generic service system(s).
 - The needs of the community they will serve.

Draft Recommendations 4: Help people get generic services. These are called navigation supports. They must include peer support services from peers with disabilities



- 6. DDS develops common reporting used by all navigators. This is developed with stakeholders. For example:
 - Demographic data about each person who was helped.
 - The kind of service(s) provided to each person.
 - The outcomes. For example, the generic services the person received. Or the skills the person learned.

The information and outcomes are reported to DDS at least once a year.

Draft Recommendations 3: Discussion About Single Application Tools



For the single application system recommendations think about?

- Is there anything you learned from the Navigation Learning Session that should be included here?
- Is there anything missing from this recommendation?
- Is there anything you want to change?
- Is there information or data we need?
- Are there questions or concerns about this recommendation?

Priority 2: Make Life Transitions, Easier, Better and On-Time



Equity Analysis

Universal Goal: Make life transitions easier, better, and on time. Life transitions are moving from Early Start to school services. They also include leaving high school, getting older and entering the regional center system at any age.

Discussion:

The Universal Goal says where we want to be.

Is there anything missing from this universal goal?

Priority 2: Make Life Transitions, Easier, Better & On-Time



Equity Analysis: Where are we now? Presentations to help us think about this question:

- Tim Jin, DDS: Transitions from high school, to college and work
- Dr. Marie Poulsen: Transitions from Early Start to school services

Think about transitions:

- Early Start to school services.
- Transitioned-aged youth to post high school services.
- Adult services to older adult services.
- When a person enters the regional center system, at any age.

Discuss:

- 1. Who is left behind?
- 2. Why are they left behind?



Presentation: Dustlynne Beavers

What is Person-Centered Planning (PCP)? PCP is about the person's future and their goals. It puts the person at the center of the planning process. It encourages self-determination. Focuses on possibilities over current options. And, thinking about how to make the person's life better rather than focusing on services.

It is based on these principles:

- Individuality
- Choice
- Empowerment
- Strengths



How Individual Program Plans (IPP) Are Different From Person-Centered Plans:

- More structured. Follows the guidelines set by the state and regional centers.
- Historically based on a medical model, more deficit. based. DDS' new IPP template incorporates more personcentered thinking.
- Focus is on specific services and supports that regional centers will provide.
- The goal is to meet the individual's need. IPPs may be less flexible in addressing personal choices.



DDS plans to add Person-Centered Futures Planning to its list of services.

This service would:

- Assist individuals during major life transitions.
- Help develop circle of support.
- Look at where the individual lives and their activities.
- Develop long-term goals and outcomes.

This service would be provided by individuals who completed a personcentered thinking course.

Providers would be regional center vendors.



RCs provide some specialized transition support:

1.Reduced case loads for some individuals who receive services.

• For example, individuals in Early Start

2. Coordinated Career Pathways help individuals leaving high school and individuals working in subminimum wage settings move to competitive integrated employment (CIE). Services include:

- Develop a Person-Centered Career Plan. Help to implement the plan. This includes help getting regional center and generic services.
- **3. Coordinated Family Supports** help adults living in their family home. One target group is older adults. Services include:
 - Help plan for the future. Coordinating services. Help getting regional center or generic services.

4. Independent Facilitators help individuals transition to the Self-Determination Program.²⁷



During life transitions, all individuals have an option to develop a personcentered plan (PCP). They also get information about a person-centered planning.

Think about what we learned today:

- What is important to include in a person-centered plan?
- Who should help develop the person-centered plan? What qualifications should they have?
- What kinds of information do individuals need about person-centered plans?
- Are there other things we should consider?

Brainstorming Priority #2 Big Ideas



Other "Big" Ideas

Think about other big ideas. What would make life transitions easier, better, and on time in the following areas:

- Early Start to school.
- School to adult services, college or work.
- Adult services to older adult services.
- When a person enters the regional center system, at any age.





At our November 19th meeting we will:

- 1. Continue discussing Priority #2 "Big" Ideas
- 2. Develop and review Priority #2 Draft Recommendations

Upcoming Meetings



Workgroup Meetings:

- Tuesday, November 19, 2024
- Tuesday, December 17, 2024
- Thursday, January 16, 2025
- Wednesday, February 25, 2025

Full, Public Stakeholder Committee Meeting

November 6, 2024 10am – 1pm (Zoom only)

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, <u>email them to</u> <u>DSMasterPlan@chhs.ca.gov</u>, or post them in the Zoom Q&A

Thank you!

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

Wednesday, November 6, 2024 10:00 a.m. – 1:00 p.m. Location: Virtual Meeting Only – Zoom

For more information visit our website at <u>Master Plan web page</u>

Send us your input at: <u>DSMasterPlan@chhs.ca.gov</u>



