



Workgroup 5 Meeting October 25, 2024

Housekeeping (1/2)





Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."



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

 Please make sure you state your name & speak slowly before making comments to help our interpreters



This meeting is being recorded.



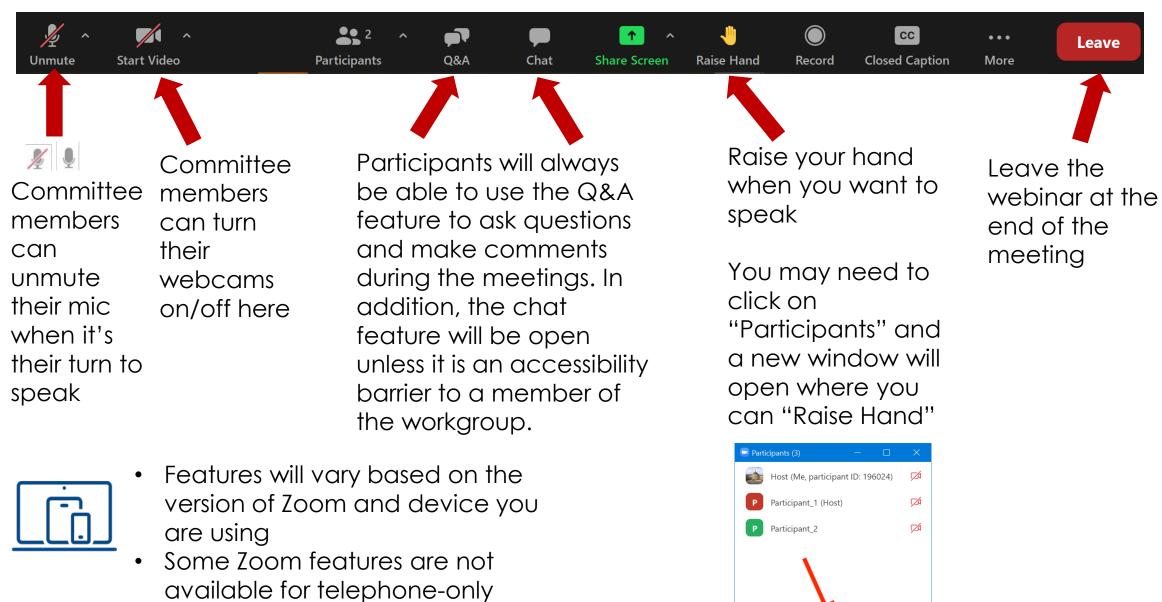
Materials are available at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services.



Questions? Comments? Email DSMasterPlan@chhs.ca.gov

Housekeeping (2/2)

participants



Agenda



- 1. Welcome and Community Agreements
- 2. Timeline and Process for Creating Ideas and Recommendations
- 3. Revisions to Priority #1
- 4. Priority 2 Review
- 5. Priority 2 Recommendations
- 6. Next Steps: Priority 3 Recommendations Development
- 7. Workgroup Teams Website and Upcoming Meetings
- 8. Public Comment



Community Agreements

- 1. Show respect toward others
- 2. Listen for understanding
- 3. Create a safe space for difficult conversations
- 4. Share time and space for everyone to contribute
- 5. Support an inclusive environment
- 6. Embrace collective wisdom
- 7. Build Community
- 8. Teamwork

Workgroup 5 will meet every month for six months. We will develop recommendations for workgroup 5 priority areas for the Master Plan

Nov 2024 (meeting scheduled for October 25)	Discuss Priority 2 Ideas and Recommendations
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Developing Our Recommendations





 Discuss recommendation ideas: Talk about ideas and get consensus for recommendations



2. Draft recommendations: Co-Chairs, workgroup and staff will use the ideas to develop draft recommendations.



- 3. Review recommendations with Workgroup: Members will review, discuss and revise draft recommendations
- 4. Review Recommendations with Master Plan Committee:



Recommendations will be presented to the Master Plan Committee for feedback and approval.

Revisions to Priority #1



Priority #1: Maximizing federal <u>funding</u> (change from "reimbursement") by increasing Medicaid enrollment for individuals and making eligibility processes easy on individuals and families.

Priority #1 <u>NEW</u> Simplified language: Bring more money for services to California by making it easy for individuals and families to sign up for Medicaid, if they are eligible.

<u>Previous version</u>: Make it easy for individuals and families to sign up for Medicaid if they are eligible. This will bring more money for services to California.

Revisions to Priority #1 cont.



Recommendation #1 – added a clarifying bullet point

Make it as easy as possible for individuals to enroll in I/DD Waivers and Medi-Cal through one simple process with supports.

• Increased outreach and education about Medicaid waivers and other available services, particularly to immigrant and non-English speaking communities. This can help ensure that all eligible individuals are aware of and can access the services they need.

Workgroup 5 Priorities



Priority 2: Integrate waiver and State Plan services across systems to improve quality of life and outcomes.

Priority 2 Simplified version: Connect the different types of services that people with developmental disabilities use in California (Regional Center, schools, mental health, and more). This will help all the systems work together to help people live better lives and reach their goals.

Use the Equity Tool to Review Priority #2



Let's discuss how we will use the Equity Tool to consider:

- 1. Universal Goals > Where do we want to be?
- 2.**Problem Statements** > Where are we now? Who is left behind?
- 3. Causes of Problems → Why is there a problem?
- 4.Information > What data do we need to understand the issues?

Think About the Equity Tool: Our Goal



- **1. Universal Goal Setting** → Our Priority #2 tells us where we want to be.
- Individuals with I/DD can fully participate in community life when all systems make sure individuals and families can easily get services with supports and accommodations they need.
- When systems are designed, the needs of individuals with I/DD are fully incorporated into the design. Systems are intentionally designed to empower individuals to control and direct their own services and to provide individuals with leadership opportunities to control their lives.
- Systems support individuals and families with robust coordination and navigation of services to ensure holistic and seamless approach to supports.
- Systems work collaboratively to prevent and eradicate discrimination, segregation, and institutional practices and fully include people with I/DD.

Equity Tool: Develop Problem Statements



2. Problem Statement (example) → Where we are now

People with I/DD experience disproportionate barriers in accessing services and supports from healthcare, behavioral health, education, housing and other systems.

Equity Tool: Develop Problem Statements cont.



- 2. Problem Statement (example) → Where we are now? Consider equity issue who is left behind?
- People with I/DD in context of non-disability specific systems.
- People with complex needs who require services and supports from multiple systems.
- People who speak languages other than English, need information in plain language or in ways other than writing.
- Self-advocates with little to no natural supports.
- Immigrant communities who speak English but are unfamiliar with many different systems and how to access them.
- People from different cultural backgrounds where other factors pose as barriers such as guilt, shame, fear of stigma, fear of government, fear of green card issues, fear of "public charge" implications, etc.





- 3. Causes of Problem → Why is there a problem.
- Discrimination: people get denied services on the basis of having an intellectual or developmental disability. Lack of enforcement of antidiscrimination laws protecting individuals with I/DD.
- Segregation: systems tend to segregate people with I/DD into separate service delivery structures.
- Lack of understanding of roles and responsibilities among systems: Systems at all levels, from top administrations to providers, do not understand their obligation to serve people with I/DD just like anyone else and to provide disability related

Equity Tool: Cause of the Problem cont.



- 3. Causes of Problem → Why is there a problem.
- Lack of disability-related and other accommodations people need. This
 includes information accessibility.
- Learning about disabilities is not fully incorporated into the training and development of healthcare, BH, educational and other professions. There is lack of awareness of the obligation to serve all individuals regardless of the disability status in the most integrated setting and providing necessary accommodations.
- Systems do not have robust service coordination for their own services or coordination with other systems. Individuals and families have to navigate services and systems on their own with limited information.

Equity Tool: Information We Need



- **4. Information** → What data or information will help answer questions we have and make a recommendation?
 - Service Gap Analysis may be needed
 - Data showing rate of access to healthcare and behavioral health services for people with I/DD as compared to their peers without disabilities to determine presence of disparities.

Brainstorming Priority #1 Big Ideas



We are going to talk about "big" ideas. For each big idea think about:

For each idea think about:

- What is the universal goal that we are trying to achieve?
- What problem are we trying to solve?
- What is the root cause of the problem?
- What information do we need to help us develop recommendations?

Priority #2 Recommendations



Recommendation #1 – Medicaid Authorities

State needs to structure Medicaid authorities in a way that facilitates seamless and easy access to services and supports, and does not create barriers or duplication. Reginal Centers will support individuals and families in understanding and navigating available options.

Priority #2 Recommendations cont.



Recommendation #2 - Systems navigation and coordination

Make it easier for individuals and families to find and use services by ensuring systems support individuals and families with robust coordination and navigation of services they provide, and connect and coordinate with each other to ensure holistic and seamless approach to supports.

- Make Enhanced Care Management (ECM) available through Medi-Cal to individuals with I/DD. Ensure ECM coordinates with Reginal Centers.
- Establish a more efficient communication system between the regional centers, service providers, and individuals and families. Communication needs to be supported in the language preferred by the individual and their family, and should be in plain language.
- There needs to be accountability and performance metrics which provide information on how well the system is doing in supporting navigation, coordination, and communication that ultimately translates into outcomes for the individual and state.





Recommendation #3 - preventing and eliminating discrimination

Strengthen existing efforts to prevent and eliminate discrimination against individuals with I/DD. This includes:

- Active enforcement of the ADA, Section 504 of the Rehabilitation Act, Section 1557 of the Affordable Care Act, and other antidiscrimination laws protecting individuals with I/DD
- Targeted outreach and education, including information about providing accommodations, if needed, to individuals with I/DD.
- Technical assistance, training, and outreach to help professionals and organizations understand their rights, responsibilities, and mandates to serve individuals with I/DD





Recommendation #4 - training professionals

Partner with educational and credentialing systems to incorporate learning about disability as a natural part of human experience in educational programs for healthcare, BH, educational, and other professionals. Ensure systems and professionals are aware of their legal obligation to serve all individuals regardless of the disability status and providing necessary accommodations to ensure equitable services for individuals with ID/DD.

 Conduct awareness building and education for general community as well.

Priority #2 Recommendations cont.



Recommendation #5 - resourcing the systems

Improve current systems to meet the unique needs of individuals with I/DD by providing adequate resources, ensuring robust provider capacity, and developing funding models that ensure access, choice of providers, availability of disability related accommodations and accessibility supports to people with I/DD that allow individuals to be served in a culturally appropriate and person-centered way.

 Services across the system should be adequately resourced to provide individualized supports, allow agencies to collaborate effectively, and implement innovative solutions that could improve quality of life outcomes.

Priority #2 Recommendations cont.



Recommendation #6 - Holistic healthcare

Develop equitable medical and behavioral health care where all aspects of an individual's health are addressed and not overlooked because they have a disability. This will lead to healthier individuals with disabilities living a better quality of life.

Priority #2 Recommendations



Recommendation #7 - Quality of Life Metrics

Develop Quality of Life Metrics with focus on defining measurable outcomes prioritizing quality of life for individuals with developmental disabilities, such as independent living, education success, and mental well-being. Use these metrics to evaluate how well services across systems are working together to achieve these goals.

- By focusing on the quality of life metrics, the system becomes more accountable to the actual needs of individuals, leading to better coordination, more effective services, and ultimately, a higher standard of living for people with developmental disabilities.
- By prioritizing quality of life, the system will not only provide immediate support but also equip individuals with the skills, education, and resources to lead more independent, fulfilling lives. This leads to longterm improvements in their quality of life and their ability to thrive within their communities.

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Workgroup 5 Priority #3



Priority 3: Innovate and expand person-centered and culturally informed service types that support community living and can be covered by Medicaid or other systems, such as housing or transportation, to promote inclusive systems and communities.

Priority 3: Create new and expand person-centered and culturally informed services (such as housing, transportation, education, local resources, and more) that support people to live in their community how they want. Make sure Medicaid or other programs can pay for these services.

Priority #3 Information



 What information and data is needed to help workgroup #5 develop recommendations for Priority #3?

Workgroup Teams Website



There are two important areas in the Workgroup Teams website. We want to make sure you know about them and can use them.

Workgroup 5 Protected Folder

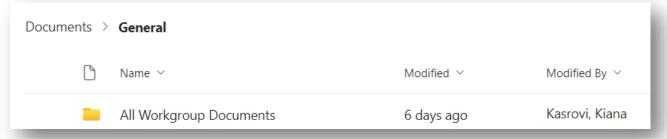
- A place for members of Workgroup 5 to develop documents
- Members can make comments and edits to documents
- Only Workgroup 5 can see these files
- Workgroup 5 members cannot go into other Workgroup's protected files

Workgroup Teams Website



Other Workgroups' Materials

- There is a folder called All Workgroup Documents
- All five workgroups have a separate folder inside this folder
- You can look at the documents and materials other workgroups place in their folder
- You cannot edit or leave comments in these documents
- Items you might see from other workgroups are things like survey responses and completed data requests



Workgroup Teams Website



How to get help

- We recorded a training held on 10/24
- It provides instructions and answers to questions
- It is in the Instructions folder in the Teams site
- You can also contact Anna for additional help

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Public Comment

Public comment period will be 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 or post them in the 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. – 3:30 p.m. Location: Virtual on Zoom

For more information visit the Master Plan for Developmental Services Website.

Send us your input at: DSMasterPlan@chhs.ca.gov

