



Master Plan for Developmental Services Workgroup 5 Meeting #8

Summary

Thursday, March 6, 2025

11:00 a.m. – 2:00 p.m.

Virtual Zoom Meeting

Attendance

Workgroup Members in Attendance

- Shella Comin-DuMong
- Katharine Hayward
- Barry Jardini
- Jay Kolvoord
- Susan Stroebe
- Isabel Torres
- Glenis Ulloa
- Kendra Wagner

Facilitators and Workgroup Chairs/Leads in Attendance

- Elizabeth Hassler (Co-Chair)
- Anna Lansky (Facilitator)
- Kavita Sreedhar (Co-Chair)

Public in Attendance

Over 30 public attendees attended the meeting via Zoom video conference.

Welcome

Workgroup 5 Facilitator Anna Lansky and Workgroup 5 Co-Chairs Kavita Sreedhar and Elizabeth Hassler welcomed the workgroup members and members of the public to the meeting. Anna reviewed the agenda and community agreements to ensure a respectful and productive meeting.

Timeline for Creating Ideas and Recommendations (Slides 6-7)

Workgroup 5 Timeline (Slide 6)

This is the last workgroup meeting. Recommendations will be finalized in the next few weeks and sent to the Master Plan Stakeholder Committee for consideration.

DDS Master Plan Timeline (Slide 7)

On March 7th, the workgroup co-chairs and facilitators will meet to discuss recommendations from each workgroup that the workgroups identified as

needing more discussion. The Committee will meet for the last time on March 19th and discuss all of the recommendations that the co-chairs and facilitators decided need more discussion. If the Committee does not reach a consensus to approve all recommendations, the workgroup co-chairs and facilitators will meet one more time on March 21st for a final review. The Master Plan will be completed by March 31st.

Priority 3 Recommendations (Slides 8-52)

Priority #3 Summary of Recommendations (Slide 8)

Anna reviewed the list of recommendations for Priority 3 that were discussed in the February Workgroup 5 meeting.

Priority #3 Summary of Recommendations (Slide 9)

This meeting focused on new and updated recommendations for Priority 3 since the last meeting. Priority 3 is:

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 Draft Recommendation #9: School System (Slides 10-17)

Recommendation #9 is about the school system. At the time of the meeting, recommendation #9 was:

- Educational system and educator workforce development must be based on the principles of Universal Design for Learning to ensure that schools and educational organizations are competent to serve everyone, including individuals with I/DD, in an equitable and inclusive way.
- “Universal design for learning” framework for teaching and learning treats students’ varied physical, intellectual and learning needs as the norm, not an exception.
- Schools and teachers should receive adequate supports, training, and resources to make inclusion a reality. This includes making mental health supports, including counseling, in schools fully accessible to students with I/DD.
- The state should develop accountability measures for public education system. This can include metrics on graduation rates, transitioning into post-school education or jobs, and more.
- The state should do a gap analysis of the ways people with developmental disabilities are served by the school system in California. A gap analysis is a way to make sure that we know the ways the school system is and isn't working, so that it is easier to fix or change it. This study will help us see where schools are doing well and where schools are not providing fully inclusive, person-centered learning experience for

students with I/DD. This study should be done with input from individuals with I/DD and their families.

- California Department of Education and local partners should work with individuals with I/DD, their families, and other community partners to transition public education system to the Universal Design for Learning. This process should also develop and implement ways to fix gaps and issues.
- DDS and California Department of Education (CDE) should develop formal Memorandum of Understanding (MOU) or another formal agreement that will:
 - Clarify roles and responsibilities between school system and I/DD DDS system.
 - Identify which system is responsible for what services and which funding source/budget should pay for it.
 - Require and describe a process for collaboration and coordination at state and local level.
 - Require and describe a process on how schools and RCs/service coordinators should coordinate/collaborate on services and supports for school aged children to ensure continuity, consistency, and seamless services and supports.
- Schools should allow room for reasonable accommodations in all classes.
- Schools need to make sure the entire campus is accessible for everyone.
- Schools should have equal opportunities for everyone to participate in graduation activities and ceremonies.
- Schools should create a student advocate position (similar to RC's consumer advocates) who can provide support for students with I/DD and their families in IEP meetings or with finding resources.
- Partner with school systems and after-school programs to develop more inclusive before and after school support options for learning and skill development. Develop inclusive after school programs for youth ages 16-22, instead of day programs. This programming should support transition to post-school education and employment.
- Explore ways for school systems to use I/DD vendors to support inclusive before and after school programs.
- Ensure all school programming, including that which is funded through grants such as Expanded Learning Opportunities Grants, are fully accessible to students with I/DD with necessary accommodations and supports.
- Maximize use of Federal funding for Early Start and Special Education Grants. Partner with the school system to develop better relationships and inclusive programs that provide supports to individuals and families.

Workgroup members gave the following suggestions to improve the recommendation:

- Add paraprofessionals and interdisciplinary team members such as speech therapists, co-teachers, OTs, PTs and APE instructors along with the behavioral educational aides as part of the IEP process
- The gap analysis should inform the memorandum of understanding (MOU) update
- Housing services should be discussed with transition age youth in mind
- Students should always be involved in IEP meetings as per the self-determined model of learning
- DDS should perform a gap analysis to determine which students are on the diploma track and which need extra assistance to reach their goals
 - The gap analysis should include data and analysis that has already been collected at the state level
 - The gap analysis also should guarantee input is collected from individuals and families from different backgrounds
- Funding of services should not depend on if a student receives a diploma or a certificate of completion
- Students with I/DD should be included in all social recreational programs at school like school dances and other events, not only graduation ceremonies
- There should be a student counselor who works specifically with students with I/DD for college and career counseling
 - College and career counseling should include Think College options
- DDS should identify more opportunities to partner with school system and community-based organizations

Priority 3 Draft Recommendation #10: Transition Out of Institutional Settings (Slide 18)

Recommendation #10 is about transitioning out of institutional settings. At the time of the meeting, recommendation #10 was:

Using the experience and lessons learned from closing state operated institutions, DDS should develop and implement a plan to support individuals to move from institutional settings into community settings with appropriate supports.

Workgroup members gave the following suggestions to improve the recommendation:

- Change the wording to state “move from institutional settings into community settings with an appropriate rent subsidy that follows the person and other appropriate supports.”
- This recommendation should cover any setting that falls under home and community-based settings, intermediate care facilities, and skilled nursing facilities

Priority 3 Draft Recommendation #11: Contingency Planning for Potential Budget Cuts at the Federal Level (Slides 19-26)

Recommendation #11 is about planning for potential budget cuts at the federal level. At the time of the meeting, recommendation #11 was:

There is a possibility that under the current administration, Medicaid program funding may be reduced or have new restrictions placed on its use. If California is faced with cuts to Medicaid program, when considering budget reductions, DDS should follow these principles and approaches:

- Preserve all aspects of the Lanterman Act entitlement. Keep eligibility standards where they are. Everyone should continue to have access to supports, even if they are reduced.
- Keep commitment to inclusive, person-centered services in the community. Prioritize supports that keep people in their own homes, their communities, and at their jobs.
- Prioritize services that support independence and quality of life. This can include skills building and creative use of technology to reduce need for in-person supports, where appropriate (e.g., through enabling technology, remote monitoring, and remote mental health support).
- Prioritize early start services and services supporting life transitions (from school to work, from day programs to work, with aging caregivers, family grief, to senior services)
- Prioritize creative approaches that allow individuals to share services and supports, and help use natural and community resources:
 - Prioritize creative use of funds, limiting the need for licensed settings that are costly and more restrictive. This can include shared time banks, expansion of family home agency services, direct care in the family home.
 - Prioritize housing as a disability related need (e.g. Housing First) to lower overall costs.
- Prioritize creative approaches that allow individuals to share services and supports, and help use natural and community resources:
 - Prioritize participant-directed and self-directed services for creativity within budgets that may be fixed.
 - Prioritize keeping access to respite services.

- Consider expanding community living services with roommates that person chooses. Ensure compliance with HCBS rules.
 - Prioritize HCBS compliance across all settings to maximize quality of life and independence of choice, regardless of federal and state climates that impact people's lives.
 - Strengthen natural supports, including family resource centers and Circle of Friend systems
- Prioritize creative approaches that allow individuals to share services and supports, and help use natural and community resources:
 - Strengthen generic services and the capacity for regional centers to provide technical assistance to generic services systems and providers on serving people with I/DD.
 - This can include strengthening ability of Regional Centers and Services Coordinators to work with and coordinate with schools to ensure children receive services they need.
- Ensure direct support professionals have access to healthcare benefits.
- Give people informed choice on sharing their demographic or legal status information to protect privacy.
- Prioritize Get Out the Vote, People First, and civic engagement efforts that create and increase platforms for self-advocates and families to be heard.
- Create and strengthen advisory committees that prioritize self-advocates, to make sure that systems are working as well as they can with expert (lived and living experience) feedback.

Workgroup members gave the following suggestions to improve the recommendation:

- Eliminate “even if they are reduced” from the first bullet and insert “access to necessary supports”
- Avoid the word “prioritize” and replace it with “promote” or “support”
- Remove “Prioritize creative use of funds, limiting the need for licensed settings that are costly and more restrictive. This can include shared time banks, expansion of family home agency services, direct care in the family home.”
- Change the wording of “consider expanding community living services with roommates that person chooses. Ensure compliance with HCBS rules” to “continually limiting or reducing the need for licensed and restrictive settings”

- Rather than use the words “reduced” or “lowered” with respect to budgets, use the phrase “budget adjustments.” Remove the word “fixed” from budgets
- Add therapeutic respite services for behavioral support needs
- Add healthcare and housing benefits for support professionals
- Add a clause that states “Provide them the supports to participate intentionally and to include the parent or natural supporter’s voice”

Priority 3 Draft Recommendation #12: Housing and Homelessness Supports (Slides 28-50)

Recommendation #12 is about housing and homelessness supports. There are 16 parts of the recommendation. Below you will see the titles of each section. To see the full text of each section of the recommendation, please refer to the PowerPoint from the meeting.

- Housing First
- Home and Community Based Settings Principles
- Finding Affordable Housing
- Affordable Housing and Rent Help
- State Supplemental Payment Program
- Making Homes Accessible
- Life Changes and Moving Support
- Specialized Housing
- Legal Help for Housing Issues
- Planning for Aging Caregivers
- Building More Housing
- State Tax Incentives, Property Tax Incentives and Affordable Insurance
- Better Data Tracking
- Stronger Government and Partner Agency Collaboration
- Fair Housing Laws
- Clear Housing Information

Workgroup members gave the following suggestions to improve the recommendation:

- Families with I/DD children should qualify for housing supports
- Adverse selection should be addressed to prevent evictions for people with additional needs or behavioral issues
- Inclusive housing options should include individuals living with family members and expand supportive options like medical and behavioral homes
- Legal supports and access to representation should be provided for this population
- The future planning tool should be included in the IPP

- Income from state property, such as developmental centers, should be used to support community-based affordable housing
- Caregiver supports should be expanded to include accessory dwelling units
- Data on homelessness prevention and new initiatives should be tracked and analyzed

Priority 3 Draft Recommendation #13: Services for Individuals with Complex Cross-System Needs (Slides 51-52)

Recommendation #13 is about planning for potential budget cuts at the federal level. At the time of the meeting, recommendation #13 was:

- DDS and DHCS should prioritize the development of support models in crisis homes to include therapeutic, trauma informed care models, including drug and alcohol co-occurring models to fund facilities that specialize in care for people with IDD.
- DDS and DHCS should explore and make available models that differ from traditional ABA models for people with I/DD that require alternative approaches.
- DDS should explore and pilot funding of Ukeru – a crisis management technique rooted in the belief that the use of physical restraints is unnecessary and unproductive.
- DDS should expand individualized residential homes for youth. DDS should create pathways for long term wrap around services for families and single child residential homes.
- DDS should evaluate and provide short term single person residential homes for people with I/DD with supports to transitions back to family home or community living.

Workgroup members gave the following suggestions to improve the recommendation:

- DDS and DHCS should prioritize the development of homes for people with Alzheimer's

Next Steps – Advancing Recommendations to the Committee (Slide 53)

The workgroup agreed that the recommendation about planning for potential budget cuts at the federal level needed more discussion at the upcoming workgroup co-chair meeting.

Public Comment (Slide 54)

At the end of the meeting, the workgroup co-chairs and facilitator supported a 30-minute public comment period. A summary of public comments are included in the Public Comment summary document which is available with

other meeting documents on the Master Plan website (
<https://www.chhs.ca.gov/home/master-plan-for-developmental-services/>)

Meeting Materials:

- Discussion PowerPoint and other meeting documents can be found on the [Master Plan website \(https://www.chhs.ca.gov/home/master-plan-for-developmental-services/\)](https://www.chhs.ca.gov/home/master-plan-for-developmental-services/)