Workgroup 5 Workgroup Focus Area:

Individuals Receive Quality, Life-Long, Person-Centered Services from Systems with Adequate Resources

Workgroup 5 Priority:

> <u>Priority 3</u>: 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.
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> <u>Priority 3 simplified version</u>: 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.

Universal Goal:

Californians with intellectual and developmental disabilities (I/DD) get innovative, person-centered, and culturally informed services throughout their lives from all systems, community organizations, and their communities. This supports people with I/DD to have agency over their decision making and live self-determined lives in their community how they want.

Systems and services are well funded by Federal (including Medicaid), State and other funding sources.

Problem Statement

Some important services and supports, like help with accessible and affordable housing, are not enough for all people who need them. It is even harder for people with I/DD to receive those services.

California is facing an affordable housing crisis as housing prices and rents have become among the highest in the nation. The affordable housing crisis disproportionately impacts people with I/DD as the vast majority live on fixed incomes that are at or near poverty level thresholds. People with I/DD face many exclusionary barriers in the housing market including facing adverse selection in rental markets, being unable to access credit for purchasing homes. Accessibility of housing remains a widespread obstacle.

People with I/DD are excluded or have a hard time getting services and supports from other systems or organizations that are supposed to serve them. As a result, the I/DD system has to fill in the gap or provide more costly services. These services may not be eligible for Medicaid/federal matching dollars. This can impact DDS's budget and force people into more restrictive settings to receive the services they need and are entitled to receive.

Some services and supports can still make it harder for people with I/DD to be included in the community or make their own choices. These service models can feel like old-style institutions. More innovative models are needed that do not put people with I/DD into separate places where they can only be with other people with disabilities and paid staff.

Students with I/DD are not provided equitable opportunities to be fully included in educational process. Research has shown that individuals who are included in the general education setting with the proper supports have better life outcomes. General education settings need to be more universally designed to include students of all abilities. Special education professionals need to evaluate regularly and provide the proper supports to maximize the opportunity for success of neurodiverse students in the general education setting. The Special Education system needs to be looked at closely and reforms should be considered so it offers more inclusive opportunities.

Students with complex needs do not have access to meaningful education opportunities with needed supports. This leads to lack of opportunities later in life, like employment. Lack of access to equitable education sets a trajectory for the rest of person's life.

There is lack of equitable access to safe, accessible, and timely transportation. This impacts people's ability to participate in their community, have jobs, and be fully included.

Those with I/DD also face what is known as the "disability tax", for example: paying for travel or tickets of support staff to access community or events, or travel to be with family (participate in family activities). This also makes it more likely that these people will be excluded from things that they want to participate in.

Root Causes of the Problem

Who is left behind:

- People with I/DD trying to access non-disability specific systems, like schools, transportation, housing.
- People with complex needs that require services and supports from multiple systems.
- Students with complex needs do not have access to meaningful education opportunities with needed supports. This leads to lack of opportunities later in life, like employment. Lack of access to equitable education sets the trajectory for the rest of person's life.
- People who speak languages other than English or whose native language is not English.
- People who need information in plain language or in ways other than writing.
- Individuals living in rural communities.
- Self-advocates with little to no natural supports.
- Immigrant communities and other individuals and families who speak English but are unfamiliar with the DD system's processes.
- 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.
- Individuals involved with the juvenile justice or criminal justice system.
- Individuals who are in conservatorship arrangements.

- Unhoused and underhoused individuals with I/DD.
- Individuals using augmentative communication devices or who need other communication supports.

Root Causes:

- Insufficient federal and state funding for essential supports like affordable housing.
- Vast systems that are inaccessible, culturally biased, and too complex to navigate.
- Duplication of services making it difficult to navigate the system, or no appropriate services exist to meet needs.
- Lack of data being collected regarding services desired, service satisfaction across all areas.
- Lack of access to services or chosen services.
- Lack of access to affordable housing, transportation, technology, the internet.
- Lack of consistent expectations and accountability for providers.
- Systems are not developed in person-centered manner.

Workgroup 5 is recommending short-term and long-term improvements to the services people receive when they live in their own of family homes.

Recommendation #1 and #2 are short-term improvements to Supported Living and Enhanced Supported Living Services.

Recommendation #3 proposes a long-term redesign of services provided to people who live in their own or family home.

Recommendation #1 - Supported Living Services

Why are we making this recommendation?

Supported Living Services (SLS) consist of a broad range of services to adults with developmental disabilities who choose to live in their own homes. Person can own or lease their home in the community.

SLS may include:

- help with selecting and moving into a home
- choosing personal attendants and housemates
- getting household furnishings
- common daily living activities and emergencies
- participating in community life
- managing personal finances, as well as other supports

Typically, a supported living service agency works with the individual to establish and maintain a safe, stable, and independent life in his or her own home. But it is also possible for some individuals to supervise their services themselves, to secure the maximum possible level of personal independence.

Currently, people have to wait to access SLS service because there are not enough providers. This also impacts quality of services being provided. Because SLS is provided in person’s own home, SLS providers and services are presumed to be compliant with Home and Community Based Settings rule. Additionally, SLS is not available if person chooses to live with their family based on their preferences and culture. Many families prefer to stay together according to their traditions. This service helps prevent people from moving to more restrictive settings.

What we recommend:

DDS shall work with Regional Centers to:

- Recruit providers of SLS services so that people do not have to wait to receive them.
- Create ways to make sure services are high quality, person-centered, and culturally informed.
- Develop a way to make sure that SLS is following Home and Community Based Settings rule requirements (HCBS rule), even though SLS settings are person's own homes and presumed to be HCBS compliant. DDS should consider using a client Advisory Council or another method to identify, review, and resolve problems.
- Make SLS service available to people living with family without having to move out of family home.
- Develop standard definition of SLS so that the service is provided consistently across the state.
- Individuals should have transparency into what SLS providers are billing for. This will help make ensure those services have actually been provided.

Recommendation #2 – Enhanced Supported Living Services

Why are we making this recommendation?

Enhanced Supported Living Services is an alternate to residential care models. When people with IDD are asked where they want to live, most say they prefer their own home, rather than a group home. Enhanced SLS makes this possible even for individuals with complex behavioral or medical needs by providing the right supports in their own homes and communities.

DDS is only beginning to develop this service model. This service is highly flexible and individualized to meet each person's unique needs. If this service was more readily available in more places, individuals who have to move from place to place to get the supports they need could stabilize and stay in their own home and communities with support of right providers. Enhanced SLS can also prevent long hospital stays and placement disruptions. When individuals experience a crisis and go to the hospital, this service helps them return home quickly, rather than waiting weeks or months and sometimes years waiting for a new placement. It prioritizes stability, keeping individuals connected to their communities and supports.

Enhanced Supported Living Services providers are not limited by the rules of Community Care Licensing (CCL) allowing them to support individuals who may not qualify for medical or behavioral group homes. This approach can use trauma-informed and culturally responsive practices to make care respectful of individual's experiences and preferences.

<u>What we recommend:</u>

DDS should work with Regional Centers to:

- Continue to develop and expand Enhanced Supported Living Services model to provide individualized, trauma informed, culturally responsive services to individuals who choose this option in their own or family home.
- Proactively recruit Enhanced Supported Living Services providers. Develop policies and measures to prevent Enhanced SLS from turning into unlicensed group homes.
- Pay providers in a way that is enough to cover the cost of services and prevent adverse selection (providers not wanting to serve people with more needs). Rates should pay for different staff with different training that is needed to meet the needs of individuals. Rates need to be higher when providers serve people with more support needs.
- Provide information to people with I/DD and families about this option.

- Make Enhanced SLS service available to people living with family without having to move out of the family home.
- Evaluate this service option to serve youth with IDD.
- Explore how Enhanced SLS supports could be used in foster home settings for children with complex needs.

Recommendation #3 Long-Term Redesign of service for people who live in their own of family home.

Why are we making this recommendation?

Today's system of supports is complicated, disjointed, and divided into service types that limit rather that support access. There are Independent Living Services (ILS), Supported Living Services (SLS), personal care, personal attendant, and other "buckets" of services that are provided by various agencies and programs. These services depend on person continuously meeting criteria set by the system. These criteria can include where they live or how old they are. People need flexible supports that are responsive to their needs and are provided where (in home and in the community) and when people need them. Services need to follow the individual through their life and should not be disrupted by life transitions.

What we recommend:

DDS should work with individuals, families and other community partners to redesign services for individuals who live in their own or family homes using a flexible unified approach. This service approach should reflect these recommendations:

- Services should be based on person's needs and preferences, rather than their age, where or with whom they live, or other criteria. This includes people who live independently, with family, or with other people of their choosing. This means that services person receives are put together based on person's needs and preferences using person-centered planning process that looks at the whole person and their life goals. Access to services should not be based on a "package" of services available to them because they live with family or independently.

- Services should include and expand on the scope of services and supports currently available through SLS, Enhanced SLS, ILS, and other services available to individuals who live in their own or family home. Available supports should include services that enable people with significant support needs to live in the home of their choice in the community, similar to current Enhanced SLS model.
- Services should bring in additional supports, if the individual needs them to meet their accessibility, medical or behavioral needs. This way everyone can have the supports they need to live in the community. Individuals with complex behavioral or medical needs should be able to receive the right supports through this service in their own homes and communities.
- Services should be person-centered and culturally responsive and should support person's communication and language needs, including AAC and sign language.
- The services should evolve as a person goes through their life and life transitions without disruption, or as their needs change.
- Services should follow the individual where they go: home and community. This means supports are not tied to person's home or another specific location, like day program center. Services can follow the person as they participate in the community, civic life, work, advocacy, and more. This should be supported with access to transportation.
- Services should have enough providers so that people do not have to wait to receive them. This means DDS and Regional centers working proactively to recruit providers.
- Services should have a reimbursement structure that pays providers enough. Rates should reflect the cost of services and prevents adverse selection. Rates should reflect various levels of staff qualifications and training that are needed to meet different needs of individuals. Rates need to be tiered based on the person-centered support needs of the individual being served. Additional funding needs to be made available to

provide trainings on a regular basis for staff serving those with higher support needs (behavioral, medical, and other needs)

- This service should be high quality, person-centered, and culturally and trauma informed. There should be ways to measure this.
- There should be ways to make sure that services are following Home and Community Based Settings rule requirements (HCBS rule), even though home settings are the person's own or family homes and presumed to be HCBS compliant. DDS should consider using a client Advisory Council or another method to identify, review, and resolve issues related to complying with rule requirements.
- DDS should develop standard definitions and rules for this service approach so that the service is provided consistently across the state.
- Individuals should be able to know what providers are billing for. This will help make sure that services have actually been provided.
- Individuals and families should be given information about this option in plain language, in different languages and modalities.

Recommendation #4 – Innovative service models where people share resources and services.

<u>What we recommend:</u>

DDS should work with individuals with I/DD, families and other community partners to think about and develop innovative service models where people can share resources and services with others. This can include sharing staff or hours of support, for example "time banks". Such models can be called co-op models. These models could be more resource effective. These models can make it easier for people to get assistance from providers who are not their parents or relatives.

This model can be explored to develop supports for people with I/DD who live with their aging parent or caregiver who also need services and supports.

This model should reflect Department of Labor overtime compensation requirements.

DDS and Regional Centers should develop policies and oversight to prevent this model to be used to develop unlicensed group homes or similar models that are not based on person’s choice. DDS and Regional Centers should also develop ways to measure quality and outcomes of this service.

Recommendation #5 – Day Programs

Why are we making this recommendation?

Today many day programs do not provide individualized, person-centered services that help people with I/DD to fully participate in the community. They are often done in separate places and buildings. They are often done in large groups that only include people with disabilities and paid staff. Activities may not reflect interests and preferences of people participating.

What we recommend:

DDS should work with people with I/DD, families and other community partners to develop day programs that are individualized, person-centered, culturally responsive and provide opportunities for people with I/DD to authentically participate in and contribute to their community. DDS should make sure that community inclusion and participation opportunities and supports are available to all individuals, regardless of the setting they live in.

Day services should include helping people explore and seek employment in the community.

Meaningful day activities must be supported with access to transportation.

Day programs must receive adequate funding and rates to provide individualized person-centered services, including to individuals with significant needs (including medical and behavioral needs). This will help prevent adverse selection.

Recommendation #6 - Technology

Why are we making this recommendation?

Technology of all kinds is important to all people to participate in the community. Reliable and affordable high-speed internet is needed to participate in most activities today. Having technology and high-speed internet is important for all communication and life activities, including connecting with family and friends, advocacy, work, learning, healthcare, and buying goods. Assistive technology and environmental accessibility adaptations (such as ramps) can help people be independent and to participate in the community. Technology can help better serve rural communities and underserved groups.

What we recommend:

Internet connectivity: The state should support people with I/DD and their families in getting needed technology, including internet or cellphone services. This will make it easier for people to access services and opportunities such as telemedicine, distance learning, jobs, or to be included in virtual communities and social media.

The state should explore non-Medicaid funding sources, state and federal funds to get rural communities stable connectivity (such as USDA broadband connectivity). The state should consider tax incentives for internet providers to expand their services, to provide low-cost options, and to provide internet to underserved communities.

Communication Supports: DDS, Regional Centers, and DHCS should work together to increase access to effective communication supports. This can include:

- Provide easy access to augmentative and alternative communication (AAC) evaluations and devices, including technologies such as tablets and smartphones. This should include ongoing services and supports to use and maintain AAC devices. If internet connectivity is required for use of communication device or technology, it should be included in the service.
- Proactively work to increase the number of organizations that provide translation and interpretation services to people with I/DD whenever needed (this should include ASL, cognitive interpretation, and more).
- Provide training for people with I/DD on how to use their communication devices and supports. Provide training to supporters of people with I/DD, including support staff and other professionals (for example: healthcare and behavioral health professionals) on how to support people with I/DD's communication needs, learn people's communication methods and technologies, and improve their own skills as communication partners.
- Individuals with I/DD should have access to these supports regardless of where they live.

Assistive Technology: DDS, Regional Centers, and DHCS should work collaboratively to:

- Make it easy and fast for people to get assistive technology they need. This includes clarifying roles and responsibilities of different agencies and funding sources to provide assistive technology.
- Provide insurance and accessible customer service support in case of an assistive technology malfunction or accident.
- Provide supports to make sure there are enough vendors with skills to provide assistive technology, equipment (like wheelchairs), and environmental accessibility modifications (like ramps, or wider doors) timely.
- Research, explore, and pilot independent living with use of technology. Expand access to innovative technology, such as

  "smart homes". Smart homes use technology to control and monitor devices remotely. This will help people with I/DD be more independent in their own homes. This can also help people with I/DD be less dependent on help of staff.
- Provide supports and learning opportunities to help individuals, their families, and their support staff to improve skills to use technology. This can include learning about how to use and maintain assistive technology, how to use technology like "Zoom", virtual meeting software that can help people in their daily lives.
- Provide access to assistive technology to people regardless of where they live.
- Make sure accessible technology devices like AAC are permitted at all public places and government facilities such as airports, immigration offices, jails, hospitals, and more.

<u>Virtual and Remote Supports</u>: DDS should offer more choices of virtual and remote supports, including hybrid models, to those who want them. Virtual and remote services should be made available based on person's preferences and not for provider or vendor convenience. Develop safeguards to make sure it is truly person's choice. Virtual and remote services should be provided in a culturally responsive way and in the language preferred by the individual with needed communication supports.

DDS should always provide in-person options and ways to receive services without using technology for those who prefer them, with needed supports.

DDS should remove geographic barriers, such as rules in the current vendorization process, and help people get remote services from providers statewide. Traditional services are usually based on where person lives or which Regional Center they are served by. This limits access to services for individuals in rural areas.

<u>Life Tracker System</u>: The State should develop a Life Tracker System that supports individuals from birth through end of life by providing them access to information about their services across all systems of

support. This includes Regional Centers, healthcare, behavioral health, schools, Department of Rehabilitation (DOR), and more. Individuals should have a choice to participate in Life Tracker system or not. Individuals should have a choice on what information about them should be shared in Life Tracker. Life Tracker should have client portal so people with I/DD can see important information themselves. This portal can be similar to “MyChart”, which is a patient portal tool in the electronic health record system. Using the portal people with I/DD should be able to communicate with their RC and providers by sending secure messages.

Life Tracker should be able to alert Regional Centers, providers, other systems of support, like managed care organizations and schools, to prevent late responses, lags in supports, and remove barriers to services. Each system of support should have their access to Life Tracker system based on their role in person’s life. This will help them track, deliver, monitor services, and to coordinate with other systems, if the person chooses that.

Life Tracker system can provide resources to individuals and families and support them in planning for and going through life transitions. This can include information about services and resources, support with paperwork, and more.

Recommendation #7 – grants and other funding sources

Why are we making this recommendation?

There are funding sources, such as grants, that people and organizations can apply for to do projects and try out new ideas. These funding sources are not through Medicaid but can help with providing money for innovative ideas and doing things to improve services and supports.

What we recommend:

The state of California, including DHCS and DDS, should explore and prioritize use of grant funding for innovative projects and pilot projects to try new services or ways to deliver services.

Develop a place where community partners, including diverse community organizations and nonprofits, and culturally diverse groups, can find information on federal or other funding opportunities or grants to apply for. This can be a web site or a regular newsletter.

Partner with researchers, universities, specifically University Centers for Excellence in Developmental Disabilities (UCEDDs), to explore innovative service models and opportunities.

Recommendation #8 – Specialized remote/virtual supports

Why are we making this recommendation?

Several states have developed and implemented a model where people with I/DD can get remote and virtual supports with physicians that are specialized in supporting people with I/DD. This can help states save money on emergency and crisis services, while providing services specialized for people with I/DD. When people and their families receive medical care from professionals that understand their needs, trips to the ER, costly hospitalization and first responder calls decrease.

What we recommend:

DDS and DHCS should partner with managed care organizations and community-based organizations to provide I/DD-specialized telehealth services to people with I/DD. This could allow individuals to connect quickly with a doctor at any hour of the day, 365 days a year, for any medical concern or for disability-specific advice.

Specialized virtual doctor or psychiatric appointments can help reduce costs associated with first responder calls, emergency department visits, urgent care usage and hospitalizations. This also helps rural families and individuals who cannot access the same resources as those who live in more urban areas. It gives them access to experts in their own home and communities.

Recommendation #9 - School System

Why are we making this recommendation?

AAIDD (https://www.aaidd.org/news-policy/policy/position-statements/education)

All children and youth with intellectual and/or developmental disabilities (I/DD) should receive a free appropriate public education that includes fair evaluation, ambitious goals, challenging objectives, the right to progress, individualized supports and services, high quality instruction, and access to the general education curriculum in age-appropriate inclusive settings. Parents and families must be supported as essential partners in the education and transition to adult life of their children.

People with I/DD continue to face many barriers in their education. Lifelong education is essential for all individuals with I/DD to have rich lives and to be part of their communities. The Individuals with Disabilities Education Act (IDEA) states: "Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities."

Many students with I/DD are kept in separate classrooms or schools, with few or no opportunities to learn, be with their peers without disabilities, and fully participate in school life. Many students with I/DD leave school unprepared for further education, employment, and independent living in the community. Many students and families are not included in assessing student's needs and their Individualized Education Programs (IEP) process.

Outdated, inaccurate beliefs about students with I/DD lead to low expectations, segregated classrooms, inappropriate disciplinary practices, and diminished accountability for students with disabilities.

What we recommend:

The state should make sure that educational system and educator workforce development is be based on the principles of Universal Design for Learning. This will help make sure that schools and educational organizations are competent to serve everyone, including people 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.

State needs to make sure that schools and teachers 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 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 whole campus is accessible for everyone.

Schools should have equal opportunities for everyone to participate in the graduation activities and ceremonies.

Schools should create a student advocate position (similar to RCs consumer advocates) who can provide support for students with IDD and their families in IEP meetings or 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 programing, 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.

Recommendation # 10 - Transition out of institutional settings

Why are we making this recommendation?

California has closed large state operated institutions for people with intellectual and developmental disabilities and supported many individuals move into the community. Many people remain in institutional settings like private Intermediate Care Facilities (ICFs), nursing homes, and other more restrictive settings that do not have to comply with Home and Community Based Settings (HCBS) rule requirements.

The "**Home and Community Based Settings Rule (HCBS Rule)"** is a federal rule that ensures people with disabilities who receive Medicaid services can live in the community, make their own choices about their care, and have the same rights as anyone else when accessing support services. It protects their freedom to live as independently as possible in their own homes or community settings. The rule protects individual choice. People receiving services get to decide where they live, what activities they do, and who provides their services based on their individual needs and preferences. The HCBS rule protects a person's right to live among others without disabilities in the community and not be segregated in specialized facilities. The HCBS rule protects people's right to privacy and control. This includes things like being able to lock your door, have visitors, and manage your own schedule. It also ensures that individuals are actively involved in planning their own support services, ensuring they are getting what they need.

What we recommend:

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.

Recommendation # 11– Contingency planning for potential budget cuts at the federal level

Why are we making this recommendation?

There is a possibility that under the current administration, Medicaid program funding may be reduced or have new restrictions placed on its use. Medicaid pays for a large portion of home and community-based services for people with intellectual and developmental disability in California and across the nation. In California that total is about 5 billion dollars, or one third of all funds for the statewide developmental disabilities system. Any cuts made to Medicaid funding will require difficult decisions to be made about how to use available funds. This recommendation aims to establish principles for decision-making around budget cuts.

What we recommend:

If California is faced with cuts to Medicaid program and funding, when considering budget and spending reductions, DDS should follow these principles and approaches:

For prioritization in the case of funding support reductions DDS should:

- 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 supports).

- 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 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.
- 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.

Recommendation # 12 – Housing and homelessness supports

Why we are making this recommendation:

Housing is both a basic need and a disability-related need for people with intellectual and developmental disabilities and their families. Without stable, accessible, and affordable housing, people cannot live independently or participate fully in their communities.

People with intellectual and developmental disabilities face many barriers to housing because of their disabilities:

- Landlords often discriminate against them.
- SSI and SSP benefits are too low to afford rent in most places in California.
- Many housing units aren't accessible for people with I/DD.
- Affordable housing and housing in general involves complex paperwork; applications and documentation can be overwhelming; people with executive functioning challenges need targeted support and expertise to fairly access existing systems and programs resources.
- Landlords, property management, leasing agents often practice adverse selection, relying on algorithms of exclusion around minimum income requirements, not having a credit profile, SB329 (California Fair Employment and Housing Act (FEHA) source of income protection), and are not transparent.
- Lack of accessible and adaptable units and no way to tie a needed rent subsidy to an accessible rental on the open market – meaning accessible units occupied by persons who can afford the rent, but do not need the accessibility features.
- Housing and service options available today do not fully meet the needs of individuals with complex needs.

PLEASE NOTE: this is a newly revised version of housing recommendations. The previous version is available for reference in the Appendix.

<u>What we recommend</u>:

- Housing First:
    - The state should Update California law to adopt “Housing First” principals as a system-wide value. Housing First principals state that everyone is ready for housing regardless of the complexity or severity of their needs. This principal will replace any “housing readiness” model language that requires a person to meet some standard before being allowed to obtain housing of their choice.

- Home and Community Based Settings Principles:
    - The state should make sure that all investments and efforts to develop affordable and accessible housing options for individuals with I/DD fully align with "Home and Community Based Settings" (HCBS) core principles and requirements.

- Finding Affordable Housing
    - DDS should make sure people with intellectual and developmental disabilities (I/DD) and their families can get quick local help to find housing no matter where they live, or which Regional Center serves them. These services are called Housing Access Services.
    - DDS should Update payment rates to Housing Access Services providers so they can afford to serve everyone and provide high-quality support.

- Affordable Housing and Rent Help
    - The state should help people with I/DD and their families use existing affordable housing programs, rent subsidies, and other community resources without unnecessary hurdles.
    - Rent Subsidy Program: The state should identify and fix gaps in housing and service programs. DDS should implement and fund a Rent Subsidy program that

provides funding to close the gap that currently exists with other rent subsidy programs. This can include providing rent subsidies while people wait for HUD vouchers. DDS and Regional Centers should partner with local housing authorities and managed care organizations to design one seamless process for people to get rent subsidies.

  - DDS should make sure people can get a Housing Needs Assessment and Housing Access Services when they have a crisis, are found to be at-risk, or any time they have a need.
  - DDS should work with housing authorities and other development agencies to create special rent programs or reserved housing units and rent help for people with I/DD.
  - The state should stop unfair housing practices like refusing renters based on where their money comes from or their lack of credit history.
- State Supplemental Payment Program
  - The state should increase the State Supplemental Payment (SSP) program to provide housing assistance for people with I/DD who pay more than 40% of their income toward housing costs, so they can reduce the risk of homelessness and have a choice about where they live.
  - The program should provide benefits up to a certain amount that can be used for things like:
    - Rent
    - Mortgage and interest payments and insurance for a person’s home and property taxes
    - Manufactured home lot rental
    - Utilities like heat, air conditioning, electricity, water, sewer, garbage and phone
- Making Homes Accessible
  - DDS should work with Regional Centers to create a clear and easy process for people with I/DD to request home modifications, no matter what kind of services they receive.

  - DDS should make sure people can get accessibility updates in their homes whether they rent or own and provide funds to remove modifications if a landlord requires it when they move out.
  - DDS should use data to count people's needs, improve the process, and make sure funding and access is fair.
- Life Changes and Moving Support
  - DDS should develop a statewide plan to help people transition to new housing or services, including help with rent, deposits, utilities, and furniture – for all ages and stages.
  - DDS should make sure there are supports for smooth transitions from different living situations, like group homes, foster care, shelters, or family homes, to more independent living.
- Specialized Housing
  - DDS should expand housing options like medical and behavioral homes, foster homes, and other settings, but also make sure they focus on personal choice, independence, and inclusion.
  - DDS should make sure housing policies follow fair rules and meet the needs of all individuals.
  - DDS should make investments to ensure that all residential settings fully comply with Home and Community Based Settings rule, provide regular compliance reviews and oversight, with individual's and family input.
- Legal Help for Housing Issues
  - The state should make sure people can get quick, local, legal help if they need it.
  - The state should provide funding for staff to Legal Aid and advocacy organizations to deliver housing-targeted legal help, advocacy, and to stop local unfair housing practices.
  - The state should create a way to count and report how many people need housing–targeted legal help, of what type, actions needed, entities involved, service

    provided, and the final outcomes. This will help improve the State's housing rights protection, advocacy, anti-discrimination, fair-housing, and other important laws.
  - People with I/DD can be underserved by the broader Legal Aid community. Related to housing, certain legal aid organizations in California receive funding to serve the public with housing matters but have not been able to effectively serve the I/DD community.
  - The state should complete a review to identify the barriers legal practitioners face when trying to serve individuals with I/DD and then a plan developed to address these barriers. These barriers may be knowledge of the law, connection to expert resources, and/or experience working and communicating with individuals with I/DD.
- Planning for Aging Caregivers
  - DDS and Regional Centers should help families plan for long-term housing and residential care before aging caregivers can no longer provide support. Use tools like legacy homes, special needs or pooled trusts, and future planning programs.
  - Regional Centers should help families coordinate supports to plan for using their home to provide the housing and services needed for their relatives with I/DD during their lifetime.
- Building More Housing
  - DDS should use existing and new resources and programs to create more affordable housing and accessible housing for people with I/DD across California.
  - The state should create a dedicated funding source or a specific funding incentive in the state budget to build community-based affordable and accessible housing units for adults with developmental disabilities. A dedicated funding source or development incentives exist for other populations and at-risk groups such as

  veterans, seniors and people with mental illness. Similar program needs to be established for people with I/DD.
  - DDS should increase support for existing programs that help build housing in communities.
  - DDS should increase funding for and exploring new ways to use Community Placement Plan (CPP) and Community Resource Development Plan (CRDP) programs. This can include using these programs for developing non-licensed community housing, maintaining existing housing, providing rent subsidies and more.
  - DDS needs to make sure that CPP and CDRP funding is distributed and used equitably across the state.
  - DDS should provide downpayment assistance or Gap Financing through their Housing Initiative program or seed funding for ARF (Adult residential Facility)/Multiplex owners who can provide housing for people with I/DD.
  - The state should incentivize cities and Counties to allocate affordable housing for individuals with IDD (15-30% of the units in each new development) and for professionals who are hired in the developmental services industry.
  - Accessory Dwelling Units (ADU) Funding: DDS should establish a low-interest loan program for families and individuals with I/DD to develop Accessory Dwelling Units (ADU) to support long-term housing needs of individuals with I/DD. Examples of ADUs include converting part of a home to a separate dwelling unit, a basement apartment, a garage converted into living space.
- State Tax Incentives, Property Tax Incentives and Affordable Insurance
  - The state should explore state tax deductions or property tax incentives for companies, people, owners, and organizations that rent housing units to people with I/DD.
  - The state should explore state insurance collective to provide affordable property insurance to providers or entities who serve and house individuals with I/DD in

    residential settings they own or lease. This will help serve people who have complex needs.
- Better Data Tracking
    - DDS should improve data collection to track prevention, at-risk events, homelessness, housing threats, who needs/get legal help, outcomes, who gets what resources, who needs what services, and other needs of people with I/DD.
    - DDS should use data to ensure fair policies and better access to housing programs, target prevention activities, homelessness, and rent money help received.
- Stronger Government and Partner Agency Collaboration
    - The state should Improve teamwork between state, the federal government, and local agencies to increase housing access, homelessness, and prevention needs.
    - Via legislation, the state should establish cross-sector partnerships by requiring formal agreements between DDS, RCs, and CA housing agencies to ensure equitable access to state-funded and locally allocated affordable, accessible, and supportive housing resources.
    - DDS should create a special housing division within the department to focus on people's community-based affordable and accessible housing issues, data, community involvement.
    - DDS should form a Housing Advisory Committee that includes experts and people with lived experience who can help DDS and its partner agencies.
- Fair Housing Laws
    - The State should support laws that protect fair housing rights for people with I/DD, remove barriers, and prevent discrimination.
    - The state should enforce laws that are intended to protect people with I/DD.
    - The state should fix laws that need to be updated or changed to better protect people with I/DD.

  - The state should track, report, address new and emerging technology, programs, apps, that may accidentally discriminate against, leave out, or otherwise be bad for people with I/DD trying to live in their community and access housing.
  - The state should develop ways to make sure that people can get help, report problems, and overcome barriers or siloes that prevent them from participating in programs, services, and resources.
- Clear Housing Information
  - DDS and Regional Centers should provide easy-to-understand information on housing options, tenant rights, and available supports, services, and resources.

Recommendation # 13 – Services for individual with complex cross-system needs.

- 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 Ukera – 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.

APPENDIX

Previous version of housing recommendations:

1. **Housing First**. The state should Update California law (Welfare and Institutions Code comprising the Lanterman Act) to adopt "Housing First" principals as a system-wide value, and insert housing first language:

   "Housing First: Everyone is ready for housing regardless of the complexity or severity of their needs."

   This principal will replace any "housing readiness" model language that requires a person to meet some standard to prove they are worthy, or they must be easy to serve, or they must first be successful in other settings before being allowed to obtain housing of their choice, in a community of their choice, on their own or with the people, services, and supports they choose.

2. **Home and Community Based Settings principles.** The state should make sure that all investments and efforts to develop affordable and accessible housing options for individuals with I/DD fully align with "Home and Community Based Settings" (HCBS) core principles and requirements. HCBS Rule focuses on making sure individuals receiving Medicaid services can live in integrated community settings, full access to community and community resources. It makes sure that individuals with I/DD have personal autonomy and choice in their home, including the ability to control their daily schedules, visitors, and personal space, all based on their individual needs and preferences.

3. **Housing Access Services**. DDS should make sure all individuals with I/DD are able to receive person-centered housing access services regardless of where they live, or which Regional Center serves them. DDS need to make sure there is a choice of housing access service providers in all parts of California. DDS should create an expectation for Regional Centers to recruit Housing Access Services providers in the areas they serve. DDS should create accountability measures to make sure this happens. Regional Centers should receive resources to recruit providers.

DDS needs to review the rates paid to housing access service providers to make sure they are enough to cover the cost of services and to attract and keep high quality providers.

4. **Rent Subsidy.** Rent subsidies are provided by the government or organizations to help low-income individuals or families cover a portion of their rental costs, making housing more affordable.

   DDS should implement and fund a Rent Subsidy program that provides funding to close the gap that currently exists with other rent subsidy programs. This can include providing rent subsidies while people wait for HUD vouchers. This rent subsidy should not duplicate other resources (for example supports available through Medi-Cal or HUD). DDS and Regional Centers should partner with local housing authorities and managed care organizations to design one seamless process for people to get rent subsidies.

   DDS should partner with HUD and local housing authorities to develop a voucher set aside that is specific for people with I/DD.

   The state should change state law (SB329 FEHA) to protect people who use vouchers from discrimination by landlords. This kind of discrimination is called source-of-income discrimination and is used against voucher users by landlords. Currently, even with FEHA, there are ways that some landlords discriminate against people who use vouchers. The state should amend the Law to eliminate those loopholes.

   DDS should partner with federal, state, and local programs, including Medi-Cal, Behavioral Health housing programs, to make sure that people with I/DD are served by those programs equally.

   DDS should develop statewide guidance on what is "demonstrated risk of homelessness" for people of all ages who live in their own of family homes. The same definition should be used by all Regional Centers when people are asking to pay for rent, mortgage, or lease because they are at risk of losing their housing. This became possible in 2024 when changes were made to state law on when regional centers can pay for rent and similar expenses (WIC Section 4646.5(i)).

DDS should provide downpayment assistance or Gap Financing through their Housing Initiative program or seed funding for ARF (Adult residential Facility)/Multiplex owners who can provide housing for people with I/DD.
The state should incentivize cities and Counties to allocate affordable housing for individuals with IDD (15-30% of the units in each new development) and also for professionals who are hired in the developmental services industry.

5. **State Supplemental Payment program:** The state should increase the State Supplemental Payment (SSP) program to provide housing assistance for people with I/DD who pay more than 40% of their income toward housing costs, so they can reduce the risk of homelessness and have a choice about where they live.
   The program should provide benefits up to a certain amount that can be used for things like:

   - Rent
   - Mortgage and interest payments and insurance for a person's home and property taxes
   - Manufactured home lot rental
   - Utilities like heat, air conditioning, electricity, water, sewer, garbage and phone

6. **Accessibility and Environmental Adaptations**:

   DDS should develop a consistent statewide way for people with I/DD and their families to request and receive accessibility and environmental adaptations services in the most efficient and simple manner possible. Accessibility and environmental adaptations are things like ramps, widening of doors, and making bathrooms wheelchair accessible.

DDS should make sure individuals are able to get accessibility and environmental adaptations in the home they own or rent. For rented homes, DDS should provide funding for adaptations removal, if that is necessary when person moves out.

DDS should establish a way to collect data on individual requests to a Regional Center for accessibility and environmental adaptations and/or removal, including requests made vs. requests funded; source of request (individual or regional center); source of funding; how long did it take to approve, fund and finish the project, if the project was in owned or rental home. This data and analysis will help improve the program over time.

7. **Transition funding** – transition funding, including transitional rent, helps people move into their own home which can include security deposit, deposits for utilities, first and last month's rent, basic home furnishings and supplies.

   DDS should review and improve how transitional services are provided and funded statewide. DDS should develop a comprehensive approach to provide supports for all transitions including, but not limited to moving out of institutional settings, residential settings, family home into independent living. Transition services should include all necessary supports for an individual to successfully establish a household, including security deposits, credit check costs, application fees, utilities deposits, and other move-in assistance and costs.

8. **Housing Development**:

   <u>Dedicated funding source or incentives for housing development for people with I/DD</u>. The state should create a dedicated funding source or a specific funding incentive in the state budget to ensure there are enough community-based affordable and accessible housing units for adults with developmental disabilities. A dedicated funding source or development incentives exist for other populations and at-risk groups such as veterans, seniors and

people with mental illness. Similar program needs to be established for people with I/DD.

<u>Accessory Dwelling Units (ADU) Funding</u>. DDS should establish a low-interest loan program for families and individuals with I/DD to develop Accessory Dwelling Units (ADU) to support long-term housing needs of individuals with I/DD. ADU is a secondary dwelling on the same lot as a primary residence. ADUs can be used for additional living space. Examples of ADUs include converting part of a home to a separate dwelling unit, a basement apartment, a garage converted into living space, a "mother-in-law" cottage, and a detached garage with a rented apartment above. This approach can allow individuals to live with roommate(s) of their choosing. This can provide additional housing flexibility and options for individuals with I/DD. This model can be paired with live-in caregiver models. Live-in caregiver models allow to use housing cost as part of the reimbursement to a caregiver for providing services and is eligible for Medicaid match (with CMS approval). It can be an effective way to reduce cost of housing and way to provide supports and companionship.

<u>Community Placement Plan (CPP) and Community Resource Development Plan (CRDP)</u> funds can be used by Regional Centers to develop safe, affordable, accessible, and sustainable homes. CPP and CRDP funds create permanent housing through the “Buy It Once” model where a housing developer organization (HDO) owns the property to be used only by individuals receiving regional center services. To receive these funds, the regional centers must submit a housing proposal to DDS, requesting approval of CPP and CRDP funds to buy or develop of HDO-owned housing for individuals with I/DD.

DDS should increase funding for both Community Placement Plan (CPP) and Community Resource Development Plan (CRDP) programs.

DDS should analyze how CPP and CRDP programs to better understand how they are used across the state to make sure all areas of the state have equitable access to these resources.

DDS and Regional Centers should simplify and streamline the application process for these funds while maintaining process integrity. DDS should incentivize collaboration with community-based organizations, and other housing partners such as housing focused non-profit groups and businesses to encourage expanded integrated and inclusive housing for individuals served by Regional Centers.

Community Placement Plan – The Community Placement Plan (CPP) enables Regional Centers to submit annual proposals to DDS for the development of new resources, with a primary though not exclusive focus on housing resources. Recommendation:

- DDS should pilot use of CPP to develop innovative non-licensed housing models. This can include models that support housing stabilization, aging in place, support victims of domestic violence.
- DDS should pilot use of CPP funds to preserve existing licensed residential care homes developed outside the Buy It Once model.

Community Resource Development Plan – The CRDP is a program where Regional Centers may submit proposals to DDS annually requesting investment in a multifamily affordable and accessible housing project. Investments typically provide $100,000 to $150,000 per unit in exchange for which the developer/owner agrees to reserve those units for persons referred by the Regional Center. Recommendation:

- DDS should explore structuring CRDP investments as rent/operating subsidies.

- DDS should coordinate annually with state housing agencies such as TCAC, CDLAC, HCD and CalHFA, and the affordable housing development community to ensure CRDP program and funds are designed to maximize leveraging of housing opportunities.

9. **Residential settings**. DDS should continue to develop capacity within a variety of residential settings, including group homes and foster homes, so that this option is available to those individuals who choose it. Review residential settings policies and expectations to make that these settings maximize person's autonomy, self-determination, and community inclusion. Make intentional investments to ensure that all residential settings fully comply with Home and Community Based Settings rule, provide regular compliance reviews and oversight, with individual's and family input.

10. **Data**. DDS should improve data collection on individuals who are homeless, at-risk of becoming homeless, transient, and more. Better data can be used to improve supports, inclusion in existing affordable housing systems and programs, and to advocate for funding and resources.

    DDS and Regional Centers should update the Special Incident Reporting (SIR) process to allow reporting of homelessness, situations that can put an individual at-risk of homelessness, events that result in homelessness, housing crisis, or to make formal Welfare and Institutions Code 4418.7 Notice to Regional Center and DDS (that a person is at-risk of losing housing). Ensure that reporting of the housing need or problem identified in the SIR is a mandatory Regional Center reporting event to DDS for review to spot geographic trends or threats. These SIRs should trigger service coordination supports to address the risk.

    DDS should update the IPP (individual program planning) form to include key questions that look at an individual's housing situation, preferred living option, housing stability, at-risk status, accessibility needs, homelessness risk, or circumstances that can lead to homelessness (for example couch surfing, eviction, aging caregivers, emerging accessibility needs, etc.). These data points should be compiled by DDS to determine the scope and type of risks to housing, independence, and community living goals people are experiencing. The information will inform the IPP process in addressing an individual's housing needs, preferences, and risks. The process should ensure that housing needs/events reported through the SIR At-Risk process or information gathered through the IPP process results in a referral for Housing Access, housing stabilization, and/or enhanced case management services.

11. **System-level work**:

    Via legislation, the state should establish cross-sector partnerships by requiring formal agreements between DDS, RCs, and CA housing agencies to ensure equitable access to state-funded and locally allocated affordable, accessible, and supportive housing resources.

    DDS should establish an ongoing Housing Advisory Committee that should include diverse and experienced individuals and agencies with subject-matter expertise. The purpose will be to study, assess, and advise on elements of the housing-related policies, needs, data, tasks, integrations, and ideas presented and recommended by the Master Plan for Developmental Services. The committee can also advise DDS on other state, federal, and local housing policy or housing development opportunities.

    DDS should establish a permanent Housing Division within DDS to work on the community-based affordable and accessible housing needs of the individuals with I/DD and families it serves, including state and local housing policy, direct services, and housing development.

    DDS should create a new executive-level position within DDS and a team that will lead the work to address housing related challenges for people with I/DD, coordinate housing policy development efforts with Regional Centers and other federal, state and local partners. The new DDS Housing Division will:

- Participate with others on a newly established DDS Housing Advisory Committee;
- Participate on California's Interagency Coordinating Council on Homelessness;
- Participate or collaborate with California's consolidated housing and housing finance department (still to be formed);
- Lead the work to ensure access to affordable and accessible housing statewide, housing development, funding and financing, vouchers, rental subsidies, housing authority relations;
- Coordinate with other partners, including local housing authorities, Continuums of Care organizations and others on housing-related data collection, data integrity, and data use and reporting around housing needs, homelessness, at-risk status & events, prevention, Downs Syndrome/dementia housing, and identification & reporting of precursors to homelessness;
- Provide leadership, action, and oversight on developing and integrating services to address individuals with I/DD and their families housing needs, homelessness and homelessness prevention, accessibility, community outreach, capacity building, integration with existing state, federal, local housing structures, expanding services where needed, and protecting & enhancing housing rights.

- Provide regular periodic reports on the results of the housing efforts and data collected; make the data readily available to the public for their information.

12. **Plain language information.** DDS and Regional Centers should develop plain language accessible information for individuals and families about housing supports, tenant rights, and more. DDS and Regional Centers should make this information available in other languages and modalities.
13. **Office of Client Rights Advocacy housing advocacy resources**.

The state should provide additional resources for OCRA to provide training and technical assistance to legal services and advocacy organizations to better support people with I/DD. The state should give additional resources to the Office of Client Rights Advocacy to provide timely advocacy and legal assistance to individuals with I/DD and their families experiencing discrimination and barriers to housing. Fund additional positions at each regional center's Office of Client Rights Advocacy to:

- Protect individual fair housing rights;
- Address instances of suspected discrimination and adverse selection by landlords, property management companies, leasing representatives, or online and paper applications;
- Help solve general housing-related problems;
- Write supportive or explanatory legal communications which individuals/families may need;
- Address incidents of suspected landlord law violations, exploitation, abuse, illegal or improper evictions, illegal or improper Notices, etc.
- Collect and compile data related to the types of activities and numbers of individuals/families receiving OCRA's housing-related services; partner with regional centers and DDS on use of the data; and
- Develop regular reports on the results of the data, which may then be used to inform new services, strategies, programs, or collaborations.

14. **Succession Planning for Aging Caregivers**: DDS should make housing and services succession planning for individuals who live with aging caregivers part of planning process. When individual with I/DD lives with a parent or caregiver who is aging, it is important to think and talk about where the individual is going to live and what services they would need if their parents or caregivers are no longer able to support them. It is good to start planning early and have this conversation with the services coordinator when person turns 40, or at a life transition, or when person asks for Coordinated Family Supports or SLS in the family home. It may be important to talk about what will happen to the home where the individual currently

lives, what services may be needed if things change, what can be done to help the person stay in their own home if their caregiver has to move from the home, or passes away. It also may be important to discuss who can continue provide support to the person, whether it could be other family members or a provider. Services coordinator, the individual and their family can put together a plan for the future (succession plan). Others who can help develop this plan can include:

- Legacy Home Planning
- Coordinated Future Planning
- Estate Planning
- Golden State Pooled Trust
- CalABLE Accounts
- Special Needs Trust review
- Trust Management

This planning can help avoid crisis, keep the individual in their preferred housing situation, and can prevent a person from moving to a more restrictive setting away from a person's home community, circle of support, and known providers.

15. **Funding.** The DDS should explore sources of funds for use on statewide housing-related needs such as security deposit loans or grants, rent subsidies, environmental accessibility modifications and removals. This can include funding such Harbor Village funds, CDBG, HOME, TBRA, CalAIM/MediCal, managed care, waivers, Prop 1, transitional rent or other new or existing programs.