

The background of the slide is a top-down view of a collaborative workspace. It features a large, hand-drawn diagram on a light-colored surface. The diagram includes a central yellow circle with a lightbulb and three lightning bolts, surrounded by various other elements: a magnifying glass, a blue circle with an eye, a red circle with a star, a green circle with a computer monitor, and an orange circle with a coffee cup. Dashed lines and arrows connect these elements, suggesting a flow of ideas and collaboration. Hands of people are visible, interacting with the diagram and writing on papers. The overall theme is one of creative problem-solving and teamwork.

MASTER PLAN *for* Developmental Services

Workgroup 2 Meeting #8

February 25, 2025

Housekeeping



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



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



- This meeting is being recorded.

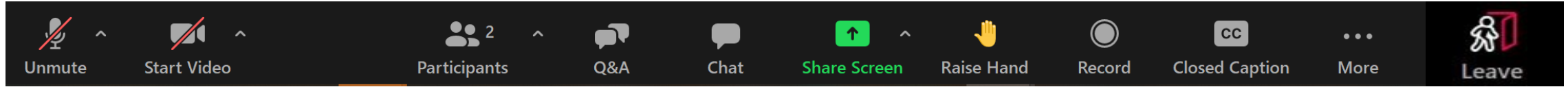


- Materials are available on the [Master Plan website](https://www.chhs.ca.gov/home/master-plan-for-developmental-services).
<https://www.chhs.ca.gov/home/master-plan-for-developmental-services>.



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

Zoom Instructions



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

Committee members can turn their webcams on/off

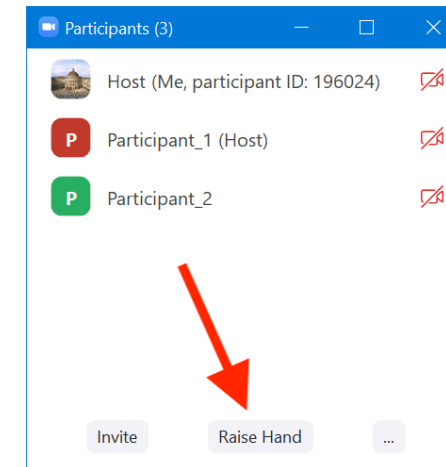
All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessibility barrier to a member of the committee

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

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



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Agenda



1. Welcome and Introductions
2. Where We Are Now and What Happens Next
3. Review Contents of the Master Plan and Where Workgroup 2 Recommendations Will Live
 - a. Conservatorship
 - b. Gap Analysis
4. Recommendations for Discussion Today
 - a. Behavioral Health (new)
 - b. Friendship and Romantic Relationships and Sexuality Training (new)
 - c. Generic Services Appeals (revised)
 - d. State Supplemental Payments (revised)
 - e. Single Application (revised)
5. Our Next Steps
6. Public Comment

Workgroup 2: Our Final Meeting is Today

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

| 2024 | | | | | 2025 | |
|--|--|--|--|--|--|---|
| August | September | October | November | December | January | February |
| Workgroup launch meeting | Discuss Priority/Universal Goal 1 | Discuss Priorities/Universal Goals 1 and 2 | Discuss Universal Goal 2 | Discuss Universal Goals 2 and 3 | Discuss Universal Goal 3 | Finalize workgroup recommendations |
|  |  |  |  |  |  |   |

What happens next?

DDS Master Plan Deliverable Timeline



The DDS Master Plan will incorporate workgroup, committee member and public participant feedback, with a final draft targeted for completion by March 31st.

Step 1: Finalizing Workgroup Recommendations

Workgroup Members will complete their recommendations **by the first week of March**

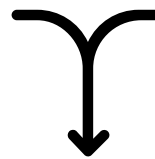


Workgroups will create **two categories** of recommendations:



Recommendations members agree should be in the Master Plan without changes

Or



Recommendations members agree **need more discussion** by the Committee

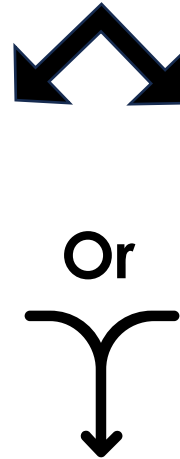


Thank you, workgroup members! They have completed their jobs at this point!

Step 2: Co-Chairs Review Recommendations

Co-chairs will meet to review both categories of recommendations. They will have two options for the recommendations

Move a recommendation into the **category for inclusion in the final Master Plan**



Move a recommendation in the **“needs more discussion” category** for the Stakeholder Committee to discuss on March 19th



Recommendations will then be shared with the Committee and Discussed on March 19th

Step 3: Stakeholder Committee Reviews Recommendations and the Draft Master Plan

On March 12th, Committee members will receive a plain language draft of the Master Plan with all workgroup recommendations.



On March 19th, the Committee will review the draft Master Plan and the recommendations from the co-chairs as needing more discussion



The Committee will decide which of these recommendations should be **included in the final Master Plan**

If the Committee decides recommendations need more discussion, **co-chairs will discuss** them on March 21st

Self-advocates on the Committee will have the option to join information sessions to review recommendations before the committee meeting on March 19th

Step 4: Finalizing Recommendations and the Master Plan

On March 21st, workgroup co-chairs and facilitators will review the recommendations the Committee indicated need more discussion. At the end of the meeting, there will be two categories of recommendations

Recommendations that will be included in the Master Plan

Recommendations will be included in the Master Plan for Developmental Services. The Committee will be notified of these additions.

Recommendations that will not be included in the Master Plan

Recommendations that are not included in the Master Plan will still live on the CalHHS Master Plan website in a separate document. The Committee will be notified and there will be a process for statements from Committee members who do not agree with the final decisions.

Moving Recommendations From Workgroups to Master Plan Topics



- Workgroups were created to help develop recommendations for the Master Plan. **Thank you, Workgroup 2 members, for getting this important work done!**
- Some workgroups made similar recommendations on the same topics.
- In the final Master Plan, recommendations will be grouped by topics. This will make the Master Plan clearer. It also means that recommendations will not be reported by Workgroups.

Proposed Master Plan Topics



- Below are draft Master Plan topics. These topics may change based on feedback and as we finalize recommendations.
 - Making Your Own Life **Choices**
 - Getting **Services** You Need and Choose
 - Being Part of and Being Served by a Strong **Workforce**
 - **Accountability and Transparency** in All Systems That Serve You
 - Systems Serve You and Others With **Equity**
- This means Workgroup 2 Recommendations may be in different topic areas.
- This will help the Master Plan be more cohesive. This means that things fit together in a way that is understandable to more people.

Master Plan Structure Examples: Workgroup 2 Recommendation on Conservatorship



- WG2 has recommendations on conservatorship
 - DDS and regional centers will reduce the number of high school students who are initially conserved. They will implement strategies to achieve this.
 - DDS and regional centers will implement strategies to help older adults avoid conservatorship.
- WG1 also has conservatorship recommendation on this topic:
 - Strengthen individuals' decision-making autonomy and minimize conservatorship.
- We may combine these recommendations in the topic "Making Your Own Life Choices".

Master Plan Structure Examples: Workgroup 2 Recommendations on “Gap Analysis”



- Two Work Groups have recommendations about doing “gap analyses”.
- We may put all the “gap analysis” recommendations in one place, as a single recommendation. For example:
 - WG2: The Californian Health and Human Services Agency (CHHS) and DDS will conduct a gap analysis about the availability of post-secondary services and supports people want.
 - WG2: Conduct a gap analysis of behavioral health services that are available to individuals with I/DD.
 - WG5: Conduct a gap analysis of the ways people with I/DD are served in systems across California throughout their lives.

What We Want to Achieve Today

1. Review new recommendations

- Behavioral Health
- Friendship and Romantic Relationships and Sexuality Education

2. Review proposed additions to current recommendations

- Generic Services Appeals
- State Supplemental Payments (SSP)
- Single Application

3. Discuss any recommendations requiring review by the Master Plan Stakeholder Committee

Workgroup 2 New Recommendation: Behavioral Health (slide 1 of 5)



Improve access to behavioral health services for people with I/DD who also have behavioral health disabilities. WG 2 and WG 5 have worked on this.

- 1. Conduct a gap analysis of behavioral health services** that are available to people with I/DD and a plan to address the gaps.
- 2. Develop a system of care** based on the principles that people with I/DD also have behavioral health disabilities and they need trauma informed care.
- 3. Help people with I/DD get coordinated Behavioral Health Services.**
 1. Expand the Medi-Cal enhanced care management benefit to people with I/DD who have behavioral health needs.
 2. Expand reduced Service Coordinator Caseloads to prevent the need for crisis services and for people living in some additional state-operated facilities.

Workgroup 2 New Recommendation: Behavioral Health (slide 2 of 5)

4. Expand the behavioral health services to individuals living in their own home or family home. For example:
 - **Strategies and assessment tools to address risk, and unmet complex needs of individuals with I/DD.** Training for individuals doing these assessments including about least restrictive community options.
 - **The development of person-centered crisis care plans** for people with I/DD and their families and care-givers including the specific services available through regional centers and system partners during the crisis.
 - **Training and support for families and care-givers to better address needs of at-risk individuals and unmet complex needs** including individually tailored ways to de-escalate behaviors, environmental modifications and timely access to additional supports and services.
 - **Further expansion of Systemic, Therapeutic, Assessment, Resources and Treatment (START) Teams** so the prevention and early intervention services are readily available to individuals served by all 21 regional centers.
 - **Behavioral Health services to parents** and other caregivers beyond peer support.

Workgroup 2 New Recommendation: Behavioral Health (slide 3 of 5)



5. **Expand current Behavioral Health Workforce Initiatives including those developed by the Health Care Access and Innovation (HCAI). For example:**
- **Expand HCAI's Workforce Pilot Projects** to pilot individuals with BA/BS degrees and unlicensed Social Workers with Master's Degrees to provide evidenced based interventions using a standard curriculum the provider delivers, and appropriate supervision. Consider setting training and certification requirements for the specific intervention.
 - **Increase the availability of HCAI internships at Regional Centers, University Centers for Excellence in I/DD and other programs** serving individuals with I/DD and behavioral health needs. A focus of these internships could be in rural communities, and other underserved communities.
 - **Expand the pre-service and in-service training** to include the needs of people with I/DD and co-occurring behavioral health needs.
 - **Work with community colleges and state colleges and universities to develop new or expand existing pathways for students** to serve people with I/DD and co-occurring behavioral health needs. This should include people with disabilities.

Workgroup 2 New Recommendation: Behavioral Health (slide 4 of 5)



6. **Change billing practices and rules so allow new service delivery models to be billed** across all funding sources. For example, allow billing for:

- Interventions provided by the new types of providers described on the prior slide.
- Group therapy services.
- Behavioral health intervention services provided on the same day as a health care visit. This allows treatment of the whole person.
- Behavioral health services provided based upon symptoms in addition to mental health diagnosis.
- Behavioral health care for parents who are the primary providers of behavioral health services in the home.

Workgroup 2 New Recommendation: Behavioral Health (slide 5 of 5)



1. Do you agree, disagree or want changes to the Behavioral Health recommendation?
2. Do you think the MP Stakeholder Committee should discuss this recommendation?

Workgroup 2 New Recommendation: Relationships and Sexuality (slide 1 of 3)

- **The Self-Advocate group recommends adding recommendations about friendship and romantic relations and sexuality education to WG2 recommendations for transition-aged youth.** This is important because:
 - **People with I/DD are disproportionately lonely** and experience abuse and bullying. They want friends, romantic relationships, marriage and children as part of a good and normal life. These are different than relationships with paid support.
 - **Sexuality education is not always provided to people with disabilities** in high school.
 - **People with I/DD live in settings which don't have privacy** for intimate relationships.
 - **Natural supports, including friendships are important for social networks** and supports.
 - People with I/DD need to **learn how to prevent abuse and understand boundaries about appropriate and inappropriate touching.**

Workgroup 2 New Recommendation: Relationships and Sexuality (slide 2 of 3)

1. DDS, the State Department of Education and diverse self advocates should **identify best-practice comprehensive sexuality education materials for students with I/DD**. These materials and training should be provided by school districts, regional centers and community-based organizations (CBOs).
2. DDS should provide guidance about how regional centers can **use the social recreation category to fund “speed date,” “speed friendship,” and other inclusive social gatherings**.
3. Provide **training for adults and their families and caregivers about the social rights of adults and safe sexuality**.

Workgroup 2 New Recommendation: Relationships and Sexuality (slide 3 of 3)

4. **Expand PEERS training**, which is an evidence-based social skills training for autistic adolescents and adults and those with other disabilities.
5. **As part of each person's IPP, talk about increasingly expanding circles of support and circles of friends** to create social networks.
6. **DDS should host PSA film contests about friendship, dating, parenting, and inclusive neighborhoods** filmed in partnership with people with I/DD.

Discuss

1. Do you agree, disagree or want changes to the Friendship, Romantic Relations and Sexuality Education recommendations?
2. Do you think the MP Stakeholder Committee should discuss this recommendation?

Workgroup 2 Recommendation Addition: Generic Services Appeals (slide 1 of 2)



- Our Generic Services recommendations say: **Remove the requirement that individuals with I/DD and their families appeal the denial of a generic service.** This requires changes to the Lanterman Act.
- A WG2 member suggests we make the following additions to this recommendation:
 - **If a person wants to appeal a denial, the regional center should help them get an attorney or agency to help.** If the attorney does not work for a legal aid program and requires payment, the regional center should pay for the attorney.
 - **The regional center can't use information it learns when helping a person access a service or benefit against the person.** For example, if the RC learned something about the person's disability when writing a letter to support an SSI appeal, they can't use that information to terminate eligibility.

Workgroup 2 Recommendation Addition: Generic Services Appeals (slide 2 of 2)



1. Do you agree, disagree or want changes to the Generic Services recommendation?
2. Do you think the MP Stakeholder Committee should discuss this recommendation?

Workgroup 2 Recommendation Addition: State Supplemental Payments (slide 1 of 5)



- Our “Increase access to basic needs” recommendation says: **California should increase the State Supplemental Payment, so all SSI recipients get a cash benefit that is above the federal poverty level (FPL).** The law should change so the SSP amount is increased each year by an annual Cost-of-Living Adjustment (COLA).
- **A Self-Advocate recommends that our recommendation also address the SSI “marriage penalty.”**
- **What is the “marriage penalty?”**
 - When two SSI recipients are married, each person’s SSI benefits are reduced by 25%. This means:
 - In 2025 the individual SSI benefit is \$11,604 a year. If there wasn’t a “marriage penalty,” their combined SSI benefit would be \$23,208 a year. With the “marriage penalty,” their combined SSI benefit is \$17,400 a year.
 - The federal government decided that a married couple is better off because they can share expenses. However, SSI benefits are not reduced for two unmarried SSI recipients who live together.

Workgroup 2 Recommendation Addition: State Supplemental Payments (slide 2 of 5)



- **The California State Supplemental Payment currently addresses part of the “marriage penalty.”**
 - The individual annual SSP amount is \$2870.40. The total annual SSI/SSP amount is \$14,474.40. **The total individual SSI/SSP payment is \$1,175.60 below the Federal Poverty Level (FPL).**
 - A married couple annual SSP amount is \$7280.52. Their total annual SSI/SSP amount is \$24,680.52. **The total married couple SSI/SSP payment is \$3530.52 above the FPL.**
 - The reason for this difference is because California calculates couples' SSI benefit at higher rate than the federal government calculation. It is about 80% of the individual benefit. **This means couple's SSP amount of \$606 a month is more than double the individual's SSP amount of \$239.**

Workgroup 2 Recommendation Addition: State Supplemental Payments (slide 3 of 5)



- **There are ways California could do more to reduce the “marriage penalty.”** Both of these ways would increase couples SSI/SSP levels to 125% of the Federal Poverty Level. Individual benefits would still be at below 100% of FPL.
 - **Make a bigger reduction to the marriage penalty. This means that couples would receive about 90% of individual SSI benefits plus the state individual supplements.** For example, in 2025 their total SSI/SSP benefit would be about \$26,623. This means the couples benefit would be \$186 above 125% of the Federal Poverty Level (FPL). 125% of FPL is \$26,437.50.
 - **Eliminate the “marriage penalty.” Increase the SSP benefit to give each individual who is married the same SSI/SSP benefits as an individual.** For example, in 2025 this means the couples annual SSI/SSP benefit would be \$28,948.80. This is \$2,511.30 above 125% of the FPL. 125% of FPL is \$26,437.

Workgroup 2 Recommendation Addition: State Supplemental Payments (slide 4 of 5)



Possible Recommendations:

1. **Ask California to support federal legislation to protect SSI and other social security benefits when people with I/DD want to marry. For example, in 2024 there were two bills that tried to protect these rights:**
 1. One bill proposed to eliminate the reduction in SSI benefits for people with I/DD who got married.
 2. Another bill proposed to allow people with I/DD who got married to keep their Disabled Adult Child (DAC) Social Security benefits in addition to their SSI benefits.
 3. Another idea is to change the amount of assets people who marry can have. Currently an individual can have \$2,000 in assets. A married couple can have \$3,000. It would be helpful to increase a couple's assets to \$4,000.
2. **Ask California to analyze the cost and benefits of making more reductions to the SSI “marriage penalty” or eliminating the SSI marriage penalty.** Obtain input from diverse stakeholders, including self-advocates, after the analysis is complete.

Workgroup 2 Recommendation Addition

State Supplemental Payments (slide 5 of 5)



1. Do you agree, disagree or want changes to the draft recommendations to have California supports federal changes to the marriage penalties that impact people with I/DD?
2. Do you agree, disagree or want changes to the draft recommendations of asking California to analyze the costs and benefit of using the SSP payment to reduce or eliminate the marriage penalty?
3. Do you think the MP Stakeholder Committee should discuss this recommendation?

Workgroup 2 Recommendation Addition: Single Application for California Health and Human Services (CHHS) (Slide 1 of 4)



- Our priority: “Make it easier for people to get the health and human services they need, when they need them” includes a recommendation to **“Develop a single-on-line application to apply for and receive health and human services.”**
- Members of WG 2 who worked on this recommendation, suggest the following:
 - **We say that one way to implement this recommendation would be to expand what the BenefitsCal on-line application system currently does.** Today, it allows people to apply for some CHHS benefits.

Workgroup 2 Recommendation Addition: Single Application for California Health and Human Services (CHHS) (Slide 2 of 4)



- **We more fully describe the functionality that the Artificial Intelligence (AI) driven single application system will have.** The recommended additions are:
 - The system will proactively fill out application and other forms using existing data. It will identify missing or incomplete information. It will make service recommendations based on services the person has used in the past.
 - Similar to BenefitsCal it will support enrollment by using a network of community-based partners and service centers to provide in-person or phone-based assistance for individuals who need help navigating the system.
 - Prioritize users who have an immediate crisis (for example homelessness, domestic violence, food insecurity, medical emergency).
 - Provide information and training for users and department staff. This includes videos, help-desk, and in-person assistance.

Workgroup 2 Recommendation Addition: Single Application for California Health and Human Services (CHHS) (Slide 3 of 4)



- We more fully describe the technical requirements of the system. Additional recommendations are:
 - The system must integrate with existing department databases and case management systems. This will make sure it is “backwards compatible.”
 - Multiple agencies must standardize their data fields and definitions to have smooth integration.
 - Standardize data-sharing frameworks and data sharing agreements and protocols. These must make sure there is compliance with all privacy laws.
 - Prevent misuse or fraudulent enrollments through built-in tools.
 - System adaptability to future changes in policy, technology, data security and user needs. Innovation to look at new technologies.
 - Performance Metrics and Reporting. In addition to user feedback this includes service use rates, user satisfaction scores, and processing times.

Workgroup 2 Recommendation Addition: Single Application for California Health and Human Services (CHHS) (Slide 4 of 4)



1. Do you agree, disagree or want changes to the draft additions to the single application recommendation?
2. Do you think the MP Stakeholder Committee should discuss this recommendation?

Are there other recommendations you want the MP Stakeholder Committee to consider?

- The Master Plan Stakeholder Committee will review WG Recommendations at its March 19th meeting.
- Are there specific recommendations you want them to review?
- These could be recommendations that:
 - Not everyone on our WG agrees with.
 - You think need more discussion
 - Are very important and want to share with the MP Committee.

Our Next Steps



- The Master Plan Draft Report will be submitted to the Committee for review on March 12.
- Our final Committee meeting is on Wednesday, March 19, 2025 – 9:00 to 3:30pm.

Public Comment



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

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

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

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

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

Thank you!

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

Wednesday, March 19, 2025

10:00 a.m. – 3:30 p.m.

Location: Virtual and in-person at CA Lottery 700 North 10th Street,
Sacramento, CA 95811

For more information visit the Master Plan website at:
www.chhs.ca.gov/home/master-plan-for-developmental-services

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

