

### MASTER PLAN for Developmental Services

IN

DESIGN

FARCH

Workgroup 2 Meeting October 1, 2024

### Housekeeping (1/2)





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



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

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



This meeting is being recorded



Materials are available on the Master Plan website.



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

### Housekeeping (2/2)



Some Zoom features are not available for telephone-only participants

#### Agenda



- 1. Welcome and Introductions
- 2. Workgroup 2 Progress and Process for Creating "Big" Ideas and Recommendations
- 3. Review Problem Statement for Priority 1
- 4. Continue Brainstorming Priority 1 "Big" Ideas 4 and 5
- 5. Review Draft Recommendations Based on "Big" Ideas
- 6. Next Steps and Upcoming Meetings
- 7. Public Comment

Workgroup Meetings



MASTER PLAN for Developmental Services

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

2024					2025	
August	September	October	November	December	January	February
Workgroup launch meeting	Discuss Priority 1	Discuss Priority 1	Discuss Priority 2	Discuss Priorities 2 & 3	Discuss Priority 3	Finalize workgroup recommendations Finalize Master Plan in Spring
						2025

#### **Developing Our Recommendations**



- Discuss "big" ideas: Talk about ideas for recommendations. Think about public comments.
- **2. Draft recommendations**: Co-Chairs and staff will use the "big" ideas to develop draft recommendations.
- **3. Review with Workgroup**: Members discuss and revise draft recommendations.
- 4. Review with Master Plan Committee: Recommendations presented to the Master Plan Committee for feedback and approval.

#### Priority #1: Universal Goal



#### Our universal goal is:

Make it easier for people to get the generic services they need, when they need them. Generic services are services provided by a public agency and funded by the government.

Examples of generic services are In-Home Supportive Services (IHSS), Medi-Cal and services provided by the Department of Rehabilitation (DOR).

## Priority 1 Problem Statement (1/2) Where are we now? Who is left behind?



Who is left behind?

Generic services are hard for many people to get. They are harder for people in some groups to get. This is because of systemic barriers. These barriers may be caused by unfair rules, discrimination, or unfair treatment.

Groups left behind are:

- some people with disabilities;
- racial and ethnic minority groups;
- Immigrants;
- those whose preferred language is not English;
- those with low and very low incomes; and
- people who live in rural areas.

# Priority 1 Problem Statement (2/2) $\checkmark$ Where are we now? Who is left behind?



#### Barriers That Cause People to Be Left Behind

- Complicated eligibility rules and application forms. Referrals to services they are not eligible for;
- The digital divide limits access to on-line information and applications;
- Can't access information on mobile devices or unfamiliarity with apps;
- Fear of accessing generic services due to immigration status;
- Lack of qualified providers in rural areas or providers who speaks their preferred language; and
- Limited hours when government offices are open. Lack of transportation to government offices.

#### Our "big" ideas should help fix these barriers



#### "Big" Idea # 4: Help people get generic services

This help is called navigation supports. It must include peer support services provided by peers with disabilities. This means a peer can help another person get the services they need.

#### For this idea, think about:

- What services should navigators provide to help people?
- What ways can peers help self-advocates access generic services?
- What skills or knowledge should navigators have?
- Is there additional information or data we need about navigation supports?
- Are there questions or concerns about this idea?



#### "Big" Idea # 5: Expand Gap Funding

This means regional centers pay for some services while a generic service is not available. This happens when a generic agency agrees a service is needed but cannot provide it in a timely manner. For example, a managed care provider agrees applied behavioral analysis (ABA) is needed but doesn't have a provider.

#### For this idea, think about:

- What generic services should be prioritized for gap funding?
- When should a regional center provide gap funding?
- Is there information or data we need?
- Are there questions or concerns about this idea?





"Big" Idea #6: New ways for regional centers to provide a service and bill the generic services agency. This can be a test or a pilot program.

#### For this idea, think about:

- What is most important things to be part of this new pilot program? For example, the type of service? The kind of provider?
- Is there information or data we need?
- Are there questions or concerns about this idea?





Your "Big" Ideas

Any last "big" ideas that will make it easier for people to get the generic services they need, when they need them?



<u>Recommendation:</u> Create accessible, user-friendly plain language information, about generic services. This includes how to access these services and how to get help.

The information is:

- Available in multiple languages and accessible to those who use alternative communication methods or devices.
- Available in a variety of formats.
- Easy to use. Designed with the end user in mind. The end users are individuals and their families.
- Easy to access through state and local agencies, Regional Centers and community-based organizations. There are strategies to proactively outreach to communities that use fewer generic services.



<u>Recommendation</u>: First, clarify DDS' rules about generic services. And, then develop uniform, easy to use screening tools that refer people to the right generic services.

#### DDS' new rules about generic services must:

- Say what is and is not a generic service;
- Say when generic services are available; and
- Make sure the service meets the same need as the regional center service.

The regional center provides services that fall outside of the new rules. The person does not have to file an appeal if a service is denied. There should be a different way for regional centers to resolve their dispute with generic agencies.



<u>Recommendation</u>: First, clarify DDS' rules about generic services. And, then develop uniform, easy to use screening tools that refer people to the right generic services.

What is and is not a generic service. For example, Adoption Assistance Program (AAP) benefits are not a generic service. AAP provides cash benefits to families that adopt children with disabilities.

#### Be available. This means:

- It is provided on-time.
- It is the type, amount and duration authorized by the generic services agency. When making decisions about services, the agency must use its eligibility, assessment, or planning process.



<u>Recommendation</u>: First, clarify DDS' rules about generic services. And, then develop uniform, easy to use screening tools that refer people to the right generic services.

Meet the same need as the regional center service. For example, IHSS protective supervision makes sure a person is safe. Regional center respite gives a break from caregiving. If a parent provides IHSS protective supervision, they do not get a break. They should still receive respite.



<u>Recommendation</u>: First, clarify DDS' rules about generic services. And, then develop uniform, easy to use screening tools that refer people to the right generic services.

Develop user-friendly, uniform screening tools that refer people to the right generic service. These tools are:

- Based on DDS' generic service definition and the eligibility rules for the generic service;
- Designed with the end user in mind;
- Used by all Regional Center staff before a referral is made;
- Available in plain language and multiple languages;
- Developed first for common generic services provided by state and county health and human services agencies; and
- They provide state and local contact information.

#### **Our Next Steps**



#### At our October 29<sup>th</sup> meeting we will:

- 1. Finish Priority #1 Draft Recommendations
- 2. Develop a problem statement for Priority #2
- 3. Think about Priority #2 "Big" Ideas

#### **Upcoming Workgroup Meetings**



- Tuesday October 29, 2024
- Tuesday, November 19, 2024
- Tuesday, December 17, 2024
- Thursday, January 16, 2025
- Wednesday, February 25, 2025

#### **Public Comment**



Public comment period will be limited to no more than 30 minutes.

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

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

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

If you prefer to send comments in writing, email them to: <u>DSMasterPlan@chhs.ca.gov</u> or post them in the Q&A

# Thank you!

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

Wednesday, October 9, 2024 10:00 a.m. – 3:30 p.m. Location: Virtual and in San Diego at Sharp Prebys Innovation and Education Center, Executive Boardroom, 4th Floor, 8695 Spectrum Center Blvd, San Diego, CA 92123

For more information visit our <u>website</u>.

Send us your input at: <a href="mailto:DSMasterPlan@chhs.ca.gov">DSMasterPlan@chhs.ca.gov</a>



