California Council on Developmental Disabilities

2011-2016 State Plan

2014-15 State Plan Amendment - Update

Submitted on: Monday, March 2, 2015

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California State Council on Developmental Disabilities

1507 21st Street, Suite 210

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Section I: Council Identification

PART A: **STATE PLAN PERIOD** October 1, 2011 through September 30, 2016

PART B: **CONTACT** Interim Executive Director

Person: Dr. Michal C. Clark, Ph.D.

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PART C: **COUNCIL ESTABLISHMENT**

Date of Establishment: January 1, 1978

Authorization: California State Code

Authorization Citation: WIC Div. 4.5, Chapter 2, Article 1 (§4520-4555)

California State Welfare & Institutions Code (WIC) §4520 (a) A State Council on Developmental Disabilities with authority independent of any single state service agency is hereby created.

PART D: **COUNCIL MEMBERSHIP & ROTATION PLAN**

Date of Authorization (Revised): (Effective) January 1, 2015

Authorization Citations: WIC Div. 4.5, Chapter 2, Article 1 (§4520-4555)

WIC §4521 (b) There shall be 31 voting members on the state council appointed by the Governor from among the residents of the state, as follows:

(1) (A) Twenty members of the council shall be nonagency members who reflect the socioeconomic, geographic, disability, racial, ethnic, and language diversity of the state, and who shall be persons with a developmental disability or their parents, immediate relatives, guardians, or conservators residing in California. Of the 20 members:

(i) At least seven members shall be persons with developmental disabilities.

(ii) At least seven members shall be a person who is a parent, immediate relative, guardian, or conservator of a person with a developmental disability.

(iii) At least one of the members shall be a person with a developmental disability who is a current or former resident of an institution or his or her immediate relative, guardian, or conservator.

(B) To ensure that state council membership is geographically representative, as required by federal law, the Governor shall appoint the members described in clauses (i) and (ii) of subparagraph (A) from the geographical area of each regional office, if regional offices have been established by the council. Each member described in clauses (i) and (ii) of subparagraph (A) may, in the discretion of the state council, serve as a liaison from the state council to consumers and family members in the geographical area that he or she is from.

(2) Eleven members of the council shall include the following:

(A) The Secretary of California Health and Human Services, or his or her designee, who shall represent the agency and the state agency that administers funds under Title XIX of the Social Security Act for people with developmental disabilities.

(B) The Director of Developmental Services or his or her designee.

(C) The Director of Rehabilitation or his or her designee.

(D) The Superintendent of Public Instruction or his or her designee.

(E) A representative from a nongovernmental agency or group concerned with the provision of services to persons with developmental disabilities.

(F) One representative from each of the three university centers for excellence in the state, pursuant to Section 15061 et seq. of Title 42 of the United States Code, providing training in the field of developmental services, or his or her designee. These individuals shall have expertise in the field of developmental disabilities.

(G) The Director of Health Care Services or his or her designee.

(H) The executive director of the agency established in California to fulfill the requirements and assurance of Title I, Subtitle C, of the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 for a system to protect and

advocate the rights of persons with developmental disabilities, or his or her designee.

(I) The Director of the California Department of Aging or his or her designee.

(c) Prior to appointing the members described in paragraph (1) of, and subparagraph (E) of paragraph (2) of, subdivision (b), the Governor shall consult with the current members of the council, including nonagency members of the council, and consider recommendations from organizations representing persons with a broad range of developmental disabilities, or persons interested in, or providing services to, or both, persons with developmental disabilities.

(d) The term of each member described in paragraph (1) of, and subparagraph (E) of paragraph (2) of, subdivision (b) shall be for three years. The term of these members shall begin on the date of appointment by the Governor and these members shall serve no more than two terms.

(e) A member may continue to serve following the expiration of his or her term until the Governor appoints that member's successor. The state council shall notify the Governor regarding membership requirements of the council and shall notify the Governor, in writing, immediately when a vacancy occurs prior to the expiration of a member's term, at least six months before a member's term expires, and when a vacancy on the council remains unfilled for more than 60 days.

(Amended by Stats. 2014, Ch. 409, Sec. 7. Effective January 1, 2015.)

WIC §4521.6 For purposes of this chapter, the Governor's appointment of the Secretary of Health and Human Services, the Director of the California Department of Aging, Director of Developmental Services, Director of Health Services, and Director of the Department of Rehabilitation shall also constitute his or her appointment as a member of the State Council on Developmental Disabilities.

(Added by Stats. 2002, Ch. 676, Sec. 7. Effective January 1, 2003.)

WIC §4523 Persons appointed to membership on the state council shall have demonstrated interest and leadership in human service activities, including interest in Californians who have developmental disabilities, their families, services, and supports.

(Amended by Stats. 2002, Ch. 676, Sec. 9. Effective January 1, 2003.)

Council Members

#	Name	Organization	Appointed	Term Date	Designee
1	Almaliti, Feda	SCDD: Bay Area	2013-Jan-7	2019-Jan-6	
2	Blakemore, Catherine	Disability Rights California	1969-Dec-30	Ongoing	
3	Boomer, Daniel	Department of Education	1969-Dec-30	Ongoing	
4	Clyde, Nancy	SCDD: At Large	2013-Oct-23	2019-Oct-22	
5	Connolly, Lora	Department of Aging	1969-Dec-30	Ongoing	Okwuosa,Chisorom
6	Donabed, Rebecca	SCDD: Sequoia	2013-Jan-7	2019-Jan-6	
7	Dooley, Diana	Department of Health & Human Services	1969-Dec-30	Ongoing	Kent, Kristopher
8	Douglas, Toby	Department of Health Care Services	1969-Dec-30	Ongoing	Clarkson, Jonathan
9	Duley, Kraig (Max)	SCDD: North Bay	2010-Feb-19	2016-Feb-18	
10	Forderer, David	SCDD: Silicon Valley Monterey Bay	2012-Jul-11	2018-Jul-10	
11	Garnica, Carmela	SCDD: San Bernardino	2013-Jan-7	2019-Jan-6	
12	Hansen, Robin L., MD	UCEDD: UCD Mind Institute	1969-Dec-30	Ongoing	
13	Horne-Nutt, Charles	SCDD: North State	2014-Nov-26	2020-Nov-25	
14	Jacobs, Robert A., MD	UCEDD: USC Children's Hospital Los Angeles	1969-Dec-30	Ongoing	
15	Kapp, Steven	SCDD: At Large	2014-May-1	2020-Apr-30	
16	Lewis, Janelle	SCDD: NGA	2012-Jul-11	2018-Jul-10	
17	Lopez, April	SCDD: At Large	2012-Feb-2	2018-Feb-1	
18	Raynor, Olivia	UCEDD: UCLA Tarjan Center	1969-Dec-30	Ongoing	
19	Rogers, Santi	Department of Developmental Services	1969-Dec-30	Ongoing	Gelber, Eric
20	Smith, Sandra	SCDD: Sacramento	2014-Feb-6	2020-Feb-5	
21	Taylor, Robert M.	SCDD: North Coast	2014-Jul-21	2020-Jul-20	
22	Torlakson, Tom	Department of Education	1969-Dec-31	Ongoing	
23	Weller, Kecia	SCDD: At Large	2012-Jul-11	2018-Jul-10	
24	Williams, Kerstin	SCDD: North Valley Hills	2010-Jul-6	2016-Jul-5	

Council Members (Cont.)

#	Name	Organization	Appointed	Term Date	Designee
25	Yang, Ning	SCDD: At Large	2013-Aug-19	2019-Aug-18	
26	Xavier, Joe	Department of Rehabilitation	1969-Dec-30	Ongoing	Moore, Bill
27	Vacancy	SCDD: Central Coast			
28	Vacancy	SCDD: Los Angeles			
29	Vacancy	SCDD: Orange County			
30	Vacancy	SCDD: San Diego Imperial			
31	Vacancy	SCDD: At Large (DC)			

State Council on Developmental Disabilities Regional Offices:

1. North Coast
2. North State
3. Sacramento
4. North Bay
5. Bay Area
6. North Valley Hills
7. Silicon Valley Monterey Bay
8. Sequoia
9. Central Coast
10. Los Angeles
11. Orange County
12. San Bernardino
13. San Diego Imperial

PART E: COUNCIL STAFF

#	NAME	Position or Working Title	FT/PT %
1	Alipourfard, Karim	Community Program Specialist II	100%
2	Allensworth, Kristie	Assoc. Govtl. Program Analyst	55%
3	Arroyo, Christopher	Community Program Specialist II	100%
4	Bacigalupo, Anastasia	Regional Office Manager (RO 9)	100%
5	Baines, Benita	Dep. Dir. of Regional Office Operations	60%
6	Bchtikian,Marina	Office Technician - Typing	70%
7	Bgatov, Ekaterina	Office Technician - Typing	70%
8	Bingaman, Sonya	Regional Office Manager (RO 3)	70%
9	Bocanegra, Natalie	Staff Counsel III - Specialist	40%
10	Boren, Nicholas	Office Technician - Typing	100%
11	Bowling, Joseph	Regional Office Manager (RO 8)	80%
12	Brett, Michael	Office Technician - Typing	100%
13	Buell, Valerie	Office Technician - Typing	70%
14	Cach, Lynn	Staff Services Manager I	55%
15	Carruthers, Aaron	Chief Deputy Director	65%
16	Clark, Michal	Interim Executive Director	100%
17	Cruz-Zinn, Yolanda	Community Program Specialist II	100%
18	Da Silva, Lucia	Community Program Specialist II	100%
19	Eastman, Susan	Regional Office Manager (RO 11)	95%
20	Eby-McKenzie, Julie	Community Program Specialist II	50%
21	Eudy, Tammy	Office Assistant - General	55%
22	Fernandez, Janet	Assoc. Govtl. Program Analyst	100%
23	Fromm, Neil	Community Program Specialist II	100%
24	Garcia, Julian	Staff Services Analyst	55%
25	Geving, Michele	Community Program Specialist II	100%
26	Giovati,Bob	Dep. Dir. of Policy & Planning	100%
27	Goodman, Melody	Community Program Specialist II	50%
28	Gorny, Denise	Community Program Specialist II	100%
29	Grady, David	Regional Office Manager (RO 7)	100%
30	Harrell, Bruce	Community Program Specialist II	50%
31	Hernandez, Dena	Regional Office Manager (RO 6)	70%
32	Holloway, Dee Anne	Staff Services Manager I	55%
33	Joest, Dawn	Community Program Specialist II	100%
34	Johnson, Thomas	Office Technician - Typing	55%
35	Kroencke, Heather	Office Technician - Typing	80%
36	Ladao, Theresa	Office Technician - Typing	70%
37	Lucas, Jennifer	Community Program Specialist II	100%
38	Macias, Valarie	Office Technician - Typing	90%
39	Maitino, Robin	Executive Assistant	100%
40	Marshall, Deborah	Community Program Specialist II	100%

Council Staff (Cont.)

#	NAME	Position or Working Title	FT/PT %
41	May, Sarah	Regional Office Manager (RO 2)	100%
42	Meehan, Shannon	Community Program Specialist II	100%
43	Morley, Dawn	Regional Office Manager (RO 1)	70%
44	Newton, Roberta	Regional Office Manager (RO 10)	65%
45	Nieblas, Nelly	Legislation & Communications Mgr.	100%
46	Nolan, Mary-Agnes	CPS II (Self Advocacy Coordinator)	100%
47	Phillips, Robert	Regional Office Manager (RO 4)	95%
48	Rogin, Gabriel	Regional Office Manager (RO 5)	70%
49	Rollins, Kevin	Assoc. Info. Systems Analyst	55%
50	Ruder, Cindy	Community Program Specialist II	100%
51	Sanders, Charlene	Assoc. Govtl. Program Analyst	55%
52	Sigal, Rossana	Office Technician - Typing	100%
53	Smith, Vicki	Regional Office Manager (RO 12)	95%
54	Stives, Mary-Ellen	Regional Office Manager (RO 13)	70%
55	Tacan-Regan, Marigene	Office Technician - Typing	70%
56	Tigh, Robin	Office Technician - Typing	95%
57	Usac, Ronaldo	Community Program Specialist II	100%
58	Vacant	Planning & Program Specialist	100%
59	Vacant	Legislative Specialist	100%
60	Vacant	Community Program Specialist II	100%
61	Vacant	Community Program Specialist II	100%
62	Vacant	Office Technician - Typing	100%
63	Von Schimmelmann, Monique	Office Technician - Typing	70%
64	Von Thenen, Scarlett	Community Program Specialist II	100%
65	Wilson, Constance	Office Technician - Typing	50%

Section II: Designated State Agency

PART A:	**DESIGNATED STATE AGENCY**	Health & Human Services Agency
	Address:	1600 Ninth Street, RM 460
		Sacramento, CA 95811
	Phone:	(916) 654-3724
PART B:	**DIRECT SERVICES**	N/A
PART C:	**MEMORANDUM OF UNDERSTANDING/AGREEMENT**	N/A
		No agreement

PART D: **DSA ROLES AND RESPONSIBILITIES RELATED TO COUNCIL**

DSA is responsible for delivering the administrative services provided by the Department of Social Services (DSS) to the State Council, consistent with the provisions of an Inter-agency Agreement. The services provided include accounting, business services, personnel and some IT support.

PART E: **CALENDAR YEAR DSA WAS DESIGNATED** 1994

Section III: Comprehensive Review and Analysis

INTRODUCTION:

State Councils on Developmental Disabilities are funded by the Administration on Developmental Disabilities (AIDD) under federal law 42 USC 15021 §121 to "engage in advocacy, capacity building, and systemic change activities that contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life."

The SCDD is a California state agency established by federal and state law. Pursuant to the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402), SCDD is to develop and implement a State Plan to support advocacy, capacity building, and systemic change activities that are consistent with promoting a consumer and family-based system of services and supports. The Lanterman Developmental Disabilities Services Act (Welfare and Institutions Code, section 4540 et. seq.) directs SCDD to conduct activities related to meeting the objectives of the Plan, including activities to demonstrate new approaches to serving individuals with developmental disabilities and their families that are part of an overall strategy for systemic change.

In California, state funding for people with intellectual and developmental disabilities is far from ideal. While progress has been made, much work still needs to be done. The Council remains on the forefront of affecting significant policy, service, and systems change, in spite of considerable fiscal constraints and a woefully inadequate support network. For example, at the time the regional center (RC) system was created in California, the state's population was roughly 21,000, 000. In 2015, the state's population is over 38,000,000, with essentially the same RC infrastructure in place that existed forty-five years ago. This alone illuminates the magnitude of the problem.

In addition to collaborating with our federal partners, the Council maintains a strong ongoing presence in the halls of the State Capitol in Sacramento. In recent years, The Council has spearheaded and supported numerous pieces of significant legislation, including, but not limited to Employment First Policy and Self-Determination initiatives. In the aggregate, these legislative milestones herald some of the most groundbreaking developments in California law since the Lanterman Act. While the Council itself has labored effectively for legislative change, our true strength lies in leveraging the relationships we have with like-minded organizations.

The Council has supported, and the Governor signed, significant pieces of legislation. However, it is not just legislative bills that ultimately become law which are noteworthy. Every legislative meeting and hearing involving topics impacting the community of people with intellectual and developmental disabilities is important to the larger mission. Private conversations with legislators and staff serve to advance the ongoing discussion. Public hearings offer the opportunity to showcase the Council and the vital topics we care about. While a particular bill may not succeed, it may still draw attention to and garner support for a key issue area, thus paving the way for possible future change. Legislative success is a marathon, not a sprint, and the Council is committed to effectively representing the interests of people with intellectual and developmental disabilities and their families in the Golden State.

In 2013, the Council pledged itself to support the planned downsizing and eventual closure of developmental centers (DCs), while at the same time assembling viable community supports for former DC residents. The Council - along with many others - has recommended replacing developmental centers with an enhanced community safety net, some of which will be state operated.

At the end of the 1960s, over 13,000 people resided in the DCs. While the seven original centers were considered innovative at the time, they are now being gradually phased out. It is estimated that by the end of 2015, less than 1,000 people will remain in the DCs. In spite of the checkered reputation the Developmental Centers maintain, not everyone is convinced that closing them down entirely is the wise thing to do. Some people have lived in DCs for decades, and transitioning these people into community settings is not without its challenges. The Council and similar organizations must remain steadfast in advocating for the most vulnerable in our society.

At the absolute core of the SCDD mission is the State Plan. The State Plan is the contract between the AIDD and the SCDD, as well as the contract between the SCDD and the people of the state of California. Everything the Council does from a policy standpoint must be filtered through and driven by the State Plan.

In summary, the Council has added key staff in a concerted effort to address these challenges and to adequately meet the challenges of the future. The Council will leverage its authority under state law to influence positive outcomes for people with disabilities. The Council will sharpen its focus on equity and diversity issues and remain involved in the process of closing Developmental Centers and moving residents into the community through a variety of mechanisms, including our policy work, our regional offices, and our Clients Rights and Volunteer Advocates contracts.

LOCAL OFFICES

The Council found the technical assistance from the MTARS team helpful in utilizing regional offices in a more cohesive and effective way. For example, the Council has drawn on the local office knowledge to inform Council policy decisions with information on local needs, disseminate information on Council policy positions, and approach local legislators in home districts.

With the changes brought about through AB 1595, the Council is positioned to further capitalize on the success of the regional office structure unique to California Regional managers and staff have a resonance and relevance in local communities that is unmatched nationally. To further amplify this proven concept, regional offices have been directed to channel all activities into conformity with State Plan goals and objectives. Regional offices track and capture information to determine if local issues have statewide implications, then funnel that data back to the Council for analysis.

By investing in regional offices rather than subcontractors, SCDD obtains the stability, professionalism, and institutional knowledge necessary to meet the mandates of the federal DD Act and the requirements of AIDD, both now and in the future.

GRANTS

Grants are one vehicle used by the Council to meet both federal and state mandates. Grant projects are a method of providing resources to initiate creative service and support models for Californians with developmental disabilities and their families. The SCDD is constantly looking for ways to extend its service reach. Finding and incubating innovative models is one effective way to do that. The Council seeks program development models that can show documentable success, and thus merit ongoing funding.

Grants are awarded on a federal fiscal year cycle, consistent with the goals and objectives outlined in the SCDD State Plan. While the grants provide for immediate funding leading to the creation or expansion of services, applicants are expected to secure ongoing funding for sustainability of the work proposed.

PART A: STATE INFORMATION Racial and Ethnic Diversity of the State Population

Race/Ethnicity	Percentage of Population
White alone	57.6%
Black or African American alone	6.2%
American Indian and Alaska Native alone	1%
Asian alone	13%
Native Hawaiian and Other Pacific Islander alone	0.4%
Hispanic or Latino of any race	37.6%
Some other race alone	17%
Two or more races:	4.9%

Poverty Rate 66.8%

State Disability Characteristics

Prevalence of Developmental Disabilities in the State 670,571

By calculating CA population and using Gollay and Association national prevalence estimate of 1.8 percent

Residential Settings

Year	Total Served	Number Served in Setting of 6 or Less (per 100,000)	Number Served in Setting of 7 or More (per 100,000)	Number Served in Family Setting (per 100,000)	Number Served in Home of Their Own (per 100,000)
2013	377	136.900	13.000	445.800	58.200
2010	372	138.800	12.100	371.300	57.800
2009	370	134.900	15.000	373.200	56.400
2007	366	130.100	17.600	0.000	52.600
2005	361	126.100	20.200	413.400	48.900

Demographic Information about People with Disabilities

People in the State with a Disability	Percentage
Population 5 to 17 years	3.8
Population 18 to 64 years	8.1
Population 65 years and over	37.6

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	10.8
Black or African American alone	14
American Indian and Alaska Native alone	15.9
Asian alone	7.6
Native Hawaiian and Other Pacific Islander alone	8.3
Some other race alone	6.7
Two or more races	9
While alone, not Hispanic or Latino	12.5
Hispanic or Latino (of any race)	7.3

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	20.9%	63.9%
Not in Labor Force	74.3%	28.3%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	29.7%	17.5%
High School graduate, GED, or alternative	25.2%	20.1%
Some college or Associate's degree	28.9%	29.9%
Bachelor's degree or higher	16.1%	32.5%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
$ 1 to $4,999 or less	30.6%	18.6%
$ 5,000 to $ 14,999	9.9%	8.9%
$ 15,000 to $ 24,999	16.2%	15.8%
$ 25,000 to $ 34,999	10.6%	11.9%

Demographic Information about People with Disabilities (Cont.)

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	18.5%	11.6%
100 to 149 percent of the poverty level	14.7%	8.5%
At or above 150 percent of the poverty level	66.8%	79.9%

PART B: PORTRAIT OF THE STATE SERVICES

Health/Healthcare

Health care delivery and access to health care in California is in the midst of significant changes, due to health care reform and budget shortfalls. Most adults and many children with developmental disabilities depend on Medi-Cal (Medicaid) for health services. The 2010 budget eliminated all optional benefits (dental, optometry, podiatry, hearing aids, durable medical equipment, etc.) for adult Medi-Cal recipients. The state was also moving towards managed care for Medi-Cal service delivery and seniors and most people with disabilities will be enrolled in managed care plans during the 2011-12 fiscal year.

Health/Healthcare (Cont.)

While 92.1% of children with special health care needs (CSHCN) are insured, only 73.6% of those with public insurance and 62.1% with private insurance have adequate coverage according to a report by Lucille Packard Foundation. That study also found that 15% of California families had difficulty accessing community based services, compared to 10.5% nationwide. California also ranks last in the nation on a Minimum Quality of Care index for CSHCN, which assesses adequacy of insurance, preventive care, and availability of medical home (17% in California vs. 40 % nationally).

A 2010 survey of physician participation in Medi-Cal showed that only about 68% of all physicians have some Medi-Cal patients. However, participation by specialists is lower than primary care or hospital-based physicians, with psychiatrists having the lowest participation (30%) rate. As reimbursement rates continue to decline, the number of physicians who accept new Medi-Cal patients has also declined.

California continues to move away from institutional care. Agnews Developmental Center, in the San Francisco Bay area, was successfully closed in 2010 and former residents now live in the community. Over 30 new homes and new service models were developed to address the needs of former residents. In addition to Agnews, Sierra Vista, a small institutional setting was also closed. The process has started towards the closure of Lanterman Developmental Center in Los Angeles.

Mental health care continues to be a challenge for people with and without developmental disabilities. Access to care is sporadic and very few people with developmental disabilities receive psychiatric services other than medications management. However, there are a few model programs in the state that address the needs of children and adults with developmental disabilities and serious mental health needs. Legislation to implement mental health parity and national health reform may have a positive impact on this serious need.

Employment

In California, people with developmental disabilities may receive job placement, job training, job coaching and other employment supports and guidance through the Department of Rehabilitation

(DOR) or through the Department of Developmental Services (DDS). Other key participants in promoting the employment of people with developmental disabilities include the Employment Development Department (EDD), which hosts the Governor's Committee on the Employment of People with Disabilities, and the Department of Education (CDE), which has primary responsibility for providing transition services, including administering such vocational preparation programs as Workability.

In 2004, California transferred most employment services for people with developmental disabilities from the Department of Rehabilitation, which administers the federally funded VR Program, to DDS through regional centers. While DOR continues to fund intake, placement fees for individual placements and some job coaching for people in supported employment, ongoing job coaching and other supports are funded through DDS. DDS may also fund other employment services through day programs.

Individual supported employment is typically integrated employment at minimum wage or better, while group employment is typically an enclave of workers with disabilities working alongside non-disabled employees, often paid at subminimum wage. In addition, DDS assumed responsibility for Habilitation Program services, including Vocational Rehabilitation/Work Activity Programs. These are segregated services, often in sheltered workshop settings, paying participants below minimum wage and were previously administered by DOR.

The American Community Survey (ACS) data for California indicates that, in 2007, approximately 8 out of 10 people with a mental disability (the category that most closely approximates developmental disability) were not in the workforce as compared to 3 in 10 people who do not have a disability. That dismal figure would be significantly lower if it counted only people earning at least minimum wage in integrated work settings. DDS reports that the number of people with developmental disabilities who are in integrated work settings as opposed to segregated settings has increased steadily, albeit modestly, in the past five years.

Employment (Cont.)

During the 2009-2010 legislative session, Assembly Bill 287 was passed. AB 287 required that the California State Council on Developmental Disabilities establish a standing Employment First Committee, charged with providing a report to the Legislature and the Governor that includes a proposed Employment First Policy by July 1, 2011 and annually thereafter. The report, currently in development, shall include, but not be limited to, identifying strategies, best practices and incentives for increasing integrated and gainful employment opportunities for people with developmental disabilities and recommending legislative, regulatory, and policy changes that would lead to improved employment outcomes. The Council's Employment First Committee includes all of the aforementioned state departments that are involved in delivering employment-related services and supports: DOR, DDS, EDD and CDE, as well as self-advocates, family members, advocates and other stakeholders.

Formal and Informal Services and Supports

California's Department of Developmental Services (DDS) is the primary source of services and supports for approximately 260,000 children and adults with developmental disabilities and 33,000 infants at risk of developmental delay or disability. These services are primarily delivered through the network of 21 nonprofit agencies called regional centers. Regional centers, in turn, contract with thousands of proprietary and nonprofit service providers throughout the state to deliver such services as transportation, child care, supported living, respite, etc. There are numerous other public and private entities that may also provide services to people with developmental disabilities and their families.

The Department of Rehabilitation (DOR) provides funding for employment programs. The DOR also houses the state's network of Independent Living Centers, which are of key importance to those individuals who may fall under the federal definition of developmental disabilities but who are not eligible for services from DDS due to the more restrictive definition used by the state.

The Department of Social Services (DSS) includes several programs of importance to people with developmental disabilities. They administer the In-Home Supportive Services (IHSS) program, a state and federally funded program to provide in-home attendant and caregiver services to seniors and people with disabilities. Additionally, DSS provides child welfare

services, including administration of the Adoption Assistance Program, which provides funding incentives for the adoption of children with special needs. DSS also oversees the licensing and monitoring of group homes, many of which are populated by people with developmental disabilities.

The Department of Health Care Services (DHCS) administers the Medicaid program (Medi-Cal in California), as well as the licensing and oversight of health facilities, including intermediate care facilities (ICFs) and skilled nursing facilities (SNFs). DHCS also administers California Children's Services (CCS), a program which provides diagnosis and treatment for children with a variety of chronic conditions that require long-term care. Eligible conditions are inclusive of cerebral palsy and available services include occupational therapy, physical therapy, feeding therapy, and nursing care. However, CCS is not an entitlement program and, with its modestly finite budget, is not always able to provide treatment for as long and/or as often as may be warranted.

With the bleak economic picture, many of the programs cited have suffered budget cuts that have impacted people with developmental disabilities. Among the hardest hit were family support services, social recreation programs, in-home supports, and services under Part C of IDEA (Early Start).

Over the past two decades, the demand for community services for people with developmental disabilities has increased significantly. This is due in part to population growth and the continuing trend of individuals moving from state-operated institutions, private MR/DD institutions, and other facilities to a range of smaller scale community residential and support options. These individuals in particular are likely to have complex and costly support needs. Most of the growing demand for DD community services in California is influenced by the following factors: 1) youth aging out of special education programs; 2) the increased longevity of persons with developmental disabilities; 3) the impact of the growing number of aging caregivers; and 4) relocation of residents with developmental disabilities from public and private institutions to community settings.

Interagency Initiatives

Given the geographic size, population density and cultural diversity of California, it should come as no surprise that the state's health and human service system is overwhelmingly complex. People with developmental disabilities are apt to receive services from a variety of sources, including the Departments of Developmental Services, Education, Rehabilitation, Social Services, Mental Health and Health Care Services, along with their network of local affiliates, as key partners. The federal partners, Protection & Advocacy and the three University Centers for Excellence in Developmental Disabilities (UCEDDs), are also prominent stakeholders. Amongst these major state departments exist a plethora of commissions, task forces, advisory committees and the like, many of which play a role in the coordination of services to people with developmental disabilities. To give a few examples:

In response to the well-known challenges of treating individuals who have a dual developmental disability/mental health diagnosis, the Departments of Mental Health and Developmental Services jointly established a Mental Health/Developmental Disability Collaborative in 1996. The Collaborative continues to meet quarterly and has been effective in mounting educational programs that have strengthened the clinical skills of therapists and social workers from each department. Further, the Collaborative has worked on streamlining referral processes; addressing gaps in resources; and coping with funding and regulatory issues.

Cross-disability groups come together in a variety of interagency initiatives. The Governor's Committee on the Employment of People with Disabilities includes representatives of relevant public and private entities involved in promoting improved employment outcomes for people with disabilities. Sacramento, the state capitol, hosts a number of annual events that celebrate the talents and promote the leadership of people with disabilities – among them, Capitol Action Day, the disABILITY Summit, the Youth Leadership Forum and the Respectability Conference.

Because California is relatively rich in public resources, people with disabilities, who may not fit within the state's definition for service eligibility purposes, have a number of alternative options for assistance. The state has a robust network of Independent Living Centers attached to the Department of Rehabilitation. Additionally, Caregiver Resource Centers provide support and referral to the families of adults who have a chronic health condition. The state's In-Home

Supportive Services (IHSS) program fills a crucial need in enabling seniors and adults with disabilities to remain in their own homes by providing attendant and housekeeping help.

Quality Assurance

In 2010, California's Department of Developmental Services (DDS) entered into a contract with the Human Services Research Institute (HSRI) and with the State Council on Developmental Disabilities to implement the National Core Indicators project. Prior to the initiation of NCI, from 1999 to 2010, the Council implemented another quality assessment tool, known as the Life Quality Assessment project, also under contract with the DDS.

With the entry of California into the NCI system, the HSRI database has effectively doubled. California decided that it would be most valuable to assess, not only California's performance against other states, but also the performance of each of its 21 community-based nonprofit regional centers against each other. In order to obtain a valid sample of each regional center, Council staff and contractors surveyed at least 400 consumers per regional center, for a total statewide of over 8,400 surveys completed.

In addition to the quality assessment work of the Council, California has a multi-tiered system for monitoring the care of persons with developmental disabilities, involving several distinct agencies. These include the Department of Public Health Services Licensing Division for oversight of health facilities, the Department of Social Services Community Care Licensing Division for oversight of non-health facilities, Adult Protective Services, Child Protective Services, the Protection & Advocacy agency, and the Area Agencies on Aging Office of the Long Term Care Ombudsman. However, in California, the regional centers play a central role in obtaining and monitoring community-based services for children and adults with development disabilities. Regional centers are statutorily mandated to conduct a minimum of one annual visit to all consumers in order to update the person-centered plan. In addition, for those who reside in an out-of-home setting, the regional center service coordinator is required to make four visits per year, with two of those visits being unannounced. There is an added layer of scrutiny for those with chronic health conditions and/or dual diagnoses. Increasingly, the regional centers have

Quality Assurance (Cont.)

been utilizing clinical teams, comprised of nurses, physicians, pharmacists, and psychologists, to ensure quality and continuity of care and to prevent excessive use of psychotropic medications.

Education/Early Intervention

Housing

Transportation

Child Care

Recreation

PART C: ANALYSIS OF STATE ISSUES AND CHALLENGES

Criteria for Eligibility of Services

California, as the only state with an entitlement statute, is obligated to serve all consumers eligible under the California definition. That definition changed and was narrowed in 2007. Previously, anyone with one of five diagnoses (i.e. mental retardation, autism, epilepsy, cerebral palsy, or conditions requiring services similar to those necessary for someone with mental retardation and identified as a substantial disability) was eligible for regional center services, but the term ‘substantial’ was subject to interpretation and might vary from area to area. In 2007, California clarified its definition of substantial disability, consistent with functional limitations in federal law. To be eligible for services in California, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely and present a substantial disability in three or more life areas, as defined in §4512 of the California Welfare and Institutions Code. Eligibility is established through diagnosis and assessment performed by regional centers.

Infants and toddlers (age 0 to 36 months), who have a known risk factor leading to developmental disabilities or who have a developmental delay, may also qualify for services. The criteria for determining the eligibility of infants and toddlers is specified in §95014 of the California Government Code. As a result of the budget crisis, Early Start eligibility was restricted in 2009 to only include those categories required by federal law. Previously, California

law was more expansive, having included infants at risk due to a variety of prenatal, postnatal, or environmental factors. When Early Start eligibility was narrowed, the state expanded upon an existing Prevention program, which offers genetic testing and counseling, to also include information and referral and periodic monitoring of developmental milestones for children who previously would have been, but are no longer, eligible for Early Start services.

Because California continues to uphold the entitlement to community-based services and supports and maintaining no waiting lists, its criteria for eligibility continues to be narrower than the federal standard. Individuals whose disability originated before the age of 22 (but after the age of 17) are not eligible for services from the Department of Developmental Disabilities, which administers the State's Lanterman Act, codified under Welfare & Institutions Code (WIC) §4400 et seq. Also, individuals whose disability originates from a condition other than those five enumerated under the Lanterman Act are not typically eligible either, which includes, for example, those with an acquired or traumatic brain injury. Those individuals who are excluded from eligibility for DDS services are, however, typically eligible for other services, including special education, rehabilitation services, and independent living center services.

Analysis of the Barriers to Full Participation of Unserved and Underserved Groups of Individuals with Developmental Disabilities and their Families: Factors which constitute a barrier to access to needed and appropriate services

Consumers with Multiple Disabilities: The need to access multiple medical specialists and/or public service systems can increase barriers to services, including possible disagreements over which agencies are responsible for providing services. Testimony at State Council meetings has identified particular difficulties for consumers who also have mental health needs. Consumers with multiple disabilities can face additional barriers if accessibility planning is only done with the primary disability in mind. A mental health program may not be prepared for the physical access needed by an individual in a wheelchair, or consumers with cognitive impairments who are also blind may find there are no consumer-friendly materials written in Braille. Consumers

Consumers with Multiple Disabilities (Cont.): with developmental disabilities, who are also deaf/hard of hearing, have reported communication barriers in accessing programs.

Linguistic and Cultural Accessibility: One of every four Spanish-speaking California households, and three of every ten households speaking Asian/Pacific languages, are considered linguistically isolated – having no one in the household over the age of 14 who speaks English well. This is a barrier for consumers and families trying to access supports and services.

Geographic Accessibility: Although California is home to three of the nation's ten largest cities, it is also home to numerous rural or geographically isolated communities. Alpine County, the state's smallest, is home to only 1,175 residents and has no incorporated cities in the entire county. San Bernardino County alone covers the same geographic area as the combined states of Maryland, Delaware, New Jersey, and Rhode Island. It is a shorter distance to drive from Washington D.C. to Chicago, Illinois, than to drive the length of California. This has major service implications, especially for consumers who need specialty health care and other services. Consumers and families have testified to the Council that they have six-hour drives each way to reach medical specialists. This would be a difficult schedule for anyone, but is especially difficult for those with disabilities who are frequently on specific medication and feeding schedules (Census Bureau).

State vs. Federal Definition: California is home to 37,253,956 residents and, of that total, an estimated 670,571 residents meet the federal definition of developmental disabilities (by using the Gollay and Associates' National Prevalence estimate of 1.8%). By contrast, the Department of Developmental Services follows a more restrictive state definition and has a current caseload of just over 260,000. Without the benefit of entitlement to services, there are service barriers for those who meet the federal but not state definition. This is particularly true for adults with disabilities. During their schooling years, the educational system will fund many of the needed services, regardless of whether the individual falls under the federal or state definition (Census Bureau).

Availability of Assistive Technology

The Department of Rehabilitation (DOR), in conjunction with Assistive Technology (AT) users, AT providers and state agencies, coordinates California's efforts to expand and improve access to AT under the Tech Act of 1993. The AT Network's primary mission is to reduce barriers people with disabilities often face in obtaining AT, promote increased public awareness of what AT can do for people with disabilities, and to develop strategies to decrease duplication among state agencies and other helping organizations. The AT Network maintains a database of AT resources and providers in California and helps locate sources of AT for specific disabilities. The AT Network also provides low-interest loans and can assist with an AT Loan Guarantee Program to purchase AT devices up to a maximum of $20,000. Disability Rights California, SCDD's federal DD partner, also has a federal grant to provide AT advocacy and information. Funding for AT is available from a variety of public and private sources to include Medi-Cal/Early Periodic Screening Diagnosis and Treatment (EPSDT), Special Education, California Children's Services, Department of Rehabilitation (DOR), Regional Centers, nonprofit disability organizations and community-based organizations. Each program has eligibility criteria. Please see attachment for details on eligibility and services of each program.

Medi-Cal/EPSDT recipients may qualify for medically necessary durable equipment and services if "necessary to protect life, to prevent a significant illness or disability, or to alleviate severe pain."

AT equipment, accommodations and training are an identified service under the IDEA. If the need is identified in a student's Individual Education Program (IEP) as necessary to assist a child in the educational process, the device and/or service may be purchased by the school district.

California Children Services (CCS) is a statewide program for children under the age of 21, who have physical disabilities and meet specified financial guidelines. CCS may provide medically necessary AT services and equipment related to the child's eligible condition, including durable medical equipment, medical supplies, medical appliances and electronic communication devices.

DOR provides information, evaluation, and funding for technology to help working and/or older individuals go to work or live more independently. DOR vocational and training services include

evaluation and assessment to determine the needs for rehabilitation technology. Vocational rehabilitation provides training on the use of adaptive equipment.

Regional centers have the flexibility to purchase services and supports aimed at alleviating the impact of a person's disability, promoting the social, personal, physical or economic habilitation or rehabilitation of the individual, and enabling the person to achieve and maintain an independent, productive life. Regional centers provide, procure and/or coordinate services and supports for individuals as determined by the planning team and contained in the person's Individual Program Plan (IPP).

Non-Profit Disability Associations: Some charitable or disability organizations sponsor equipment loan programs and can provide information about other funding resources. Some of these groups include: the March of Dimes, United Way, Easter Seals Society and the Muscular Dystrophy Association.

Community Organizations: Local community organizations may provide assistance to help purchase equipment for persons within their community. A complete list of community organizations is available from the local Chamber of Commerce. Some of these groups include the Elks, Kiwanis, Rotary, and Lions clubs, as well as the Veterans of Foreign Wars (VFW) and Shriners Hospitals.

Waiting Lists Numbers on Waiting Lists in the State

Year	State Population (100,000)	Total Served	Number Served Per 100,000	National Average Served Per 100,000	Total Persons Waiting for Residential Services Needed in the Next Year as reported by the State Per 100,000	Total persons waiting for other services, as reported by the State Per 100,000
2010		217451			0.000	0.000

Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

California does not have any official waiting lists for services for people with developmental disabilities since there is a statutory entitlement to services. However, realistically there are situations in which a needed service is not immediately available in a given geographic location. For example, the San Francisco Bay area has one of the highest costs of living in the nation. In the past few years, a number of providers have closed their programs, due to reductions in provider rates. In that area, there are shortages and limited options for certain services. The need for ABA providers continues to grow and the supply does not yet meet the need in some areas of the state. Some of the rural areas have long faced shortages of a variety of providers. To some degree, this void is being addressed creatively, through such innovations as telemedicine and self-directed service delivery.

To the extent possible, provide information about how the State selects individuals to be on the wait list:

- [ ] Yes/No
- [x] Other: Not Applicable

Entity who collects and maintains wait-list data in the State: Case management authorities:

- [ ] Providers
- [ ] Counties
- [ ] State Agencies
- [x] Other: Not Applicable

A state-wide standardized data collection system is in place:

- [ ] Yes/No
- [x] Other: Not Applicable

Individuals on the wait list are receiving (select all that apply):

- [ ] No services
- [ ] Only case management services
- [ ] Inadequate services
- [ ] Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- [ ] Other: see description below
- [x] Not applicable

Other services:

- [x] Not Applicable

Other Services Description(s):

- [x] Not Applicable

Individuals on the wait list have gone through an eligibility and needs assessment:

- [ ] Yes/No
- [x] Not Applicable

Use space below to provide any information or data related to the response above:

- [x] Not Applicable

There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

☐ Yes/No

☑ Not Applicable

Specify any other data or information related to wait lists:

☑ Not Applicable

Summary of waiting list Issues and challenges:

☑ Not Applicable

Analysis of the adequacy of current resources and projected availability of future resources to fund services:

California has been mired in an economic downturn for the past several years. As a result, the system of developmental disability services has experienced significant budget cuts. Although the state has upheld its entitlement to developmental disability services promised in the Lanterman Act, the reality is that there have been reductions in services, reductions in operations, and reductions in provider rates throughout the state. However, a gradual fiscal recovery is now underway in California. Thus, the current budget for human services in the Golden State is looking is somewhat better than in recent times.

Looking at the big picture in this issue area, the Governor's 2015-2016 proposed budget includes a total of $142 billion ($31 billion General Fund and $89.2 billion other funds) for health and human services that serve low-income, vulnerable individuals and families. The budget plan provides an increase of $66 million (and additional amounts in future years) for In-Home Supportive Services (IHSS) to pay for overtime, pursuant to federal regulation, though this matter is still playing out before the courts. Also included is $100 million for childcare, as part of the early childhood education initiative (along with additional resources within Proposition 98).

Analysis of the adequacy of current resources and projected availability of future resources to fund services (Cont.):

It includes $44 million for CalWORKs, $8 million to restore eligibility in the Early Start Program for infants and toddlers at risk of a developmental disability, and $5 million for additional services to combat child sexual exploitation. The budget includes $190 million ($89 million General Fund) in 2014-15 and $320 million ($151 million General Fund) in 2015-16 for behavioral health treatment (BHT) services for individuals with Autism Spectrum Disorder, up to 21 years of age. SB 870 (Committee on Budget and Fiscal Review), Chapter 40, Statutes of 2014, requires DHCS to implement BHT services (including Applied Behavioral Analysis) in Medi-Cal to the extent required by the federal government. In July 2014, the federal government required BHT services be covered under Medicaid Early and Periodic Screening, Diagnosis and Treatment requirements.

The Department of Developmental Services (DDS) estimates the number of persons with developmental disabilities receiving services and supports in the community will increase from 278,593 in the current year to an estimated 288,317 in the budget year. It is estimated that only 951 individuals will reside in state developmental centers by the end of 2015-16, down from 1,143 as of January 7, 2015. The Governor proposes an overall 2015-16 budget for DDS of $5.7 billion ($3.3 billion General Fund), which is a net increase of $246 million (4.5 percent) over the updated current year budget. The Governor's budget increases funding for the developmental centers by $34.7 million ($33.6 million General Fund) in the current year, for a total budget of $562.9 million ($309.6 million General Fund); and decreases funding by $47.7 million ($29.8 million) in the budget year, for a total budget of 515.2 million (279.8 General Fund).

In summary, while significant challenges remain, DDS and the Council remain committed to the preservation of services and supports as the state transitions out of the recent fiscal crisis.

Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

The Department of Developmental Services currently operates four State developmental centers (DCs) which are licensed and certified as Skilled Nursing Facility (SNF), Intermediate Care Facility/Mentally Retarded (ICF/MR), and General Acute Care hospitals (GAC).

The Department also operates Canyon Springs in Cathedral City, Riverside County, which is a smaller, state-operated community facility (CF) licensed as an ICF/MR facility.

The primary mission of the DC/CF facilities is to provide 24-hour habilitation and treatment services for residents with developmental disabilities designed to increase levels of independence, functioning skills, and opportunities for making choices that affect a person's life including the identification of services and supports and options for transition into the local community.

A person-centered planning approach is utilized, involving the resident and the parents or other appropriate family members or legal representatives, developmental center and regional center staff, to identify and meet service and treatment needs of the residents. Services are designed to include activities that involve all aspects of daily living including residential services through skill training, specialized medical and dental health-care, physical/occupational/speech therapies and language development, to leisure and recreational opportunities. In addition, residents under age 22 attend school either in the community or in DC/CF classes. Adults participate in a wide variety of vocational and skill-development programs both at the DC and/or in the local community.

Admission to one of these facilities requires a court order and is based on a formal determination that the DC/CF is the most appropriate residential setting available to insure the individual's health and safety. Referrals for admission are made through the 21 Regional Centers located throughout the State of California. Regional Resource Development Projects at each DC also play an important role in assisting in activities related to admissions, transition planning, deflection, and resource development.

Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive (Cont.):

Persons admitted through the criminal justice system receive competency training as well as behavior support and intervention needed to transition successfully into the community. Porterville Developmental Center operates the Secure Treatment Program designed specifically for individuals who have: 1) mild to moderate range of intellectual disability, 2) have come in contact with the legal system, 3) have been determined to be a danger to themselves or others and/or incompetent to stand trial, and 4) have been determined by the court to meet the criteria requiring treatment in a secure setting.

Over the past few years, a changing population within each of the developmental centers and community facility (DC/CF) as residents continue to transition into community settings and fewer consumers are admitted into a state operated facility. This change in population requires adjustments in both service delivery needs and staff support needs. In response to these changing needs the DCD has developed a number of initiatives underway to improve and expand on the delivery of services while continually assessing the needs of the population. (Source: DDS)

It is estimated that 951 individuals will reside in the remaining 4 DCs by the end of 2015-2016, a substantial reduction from the 1,143 who resided in these homes as of January 7, 2015. In addition to the aforementioned state-operated ICF/SNF facilities, there are hundreds of privately operated ICF-DD, ICF-DDN, ICF-DDH and skilled nursing facilities throughout the state which cumulatively serve an additional 9,200 people.

Many of the ICF facilities are similar in operation to a typical group home, housing up to 6 residents in a residential setting. To the extent that funding permits, California's DDS has been offering financial incentives to residential providers to encourage the downsizing of larger ICF facilities. By and large, residents of privately operated ICF facilities are entitled to and typically receive, the same day/vocational services offered to all adults with developmental disabilities in California despite the requirement that ICFs provide continuous active treatment. Regional centers provide the same level of oversight for individuals residing in ICFs that they do for clients who reside in community-based facilities or who receive supported living services.

Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive (Cont.):

Clients are visited a minimum of four times per year. As with any category of provider, there are exemplary ICF facilities and those who provide minimally adequate services but overall, there are no indications of a major gap or crisis in the administration of services and supports in the state's network of private ICFs.

California's state-operated facilities, on the other hand, have a troubling history of questionable performance. For example, in 2010, each of the state-operated facilities demonstrated areas of significant deficiency and was required to submit a Plan of Correction. Additionally, two state-operated facilities were cited by the Federal Department of Justice under CRIPA (Civil Rights of Institutionalized Persons Act) for major lapses in client medical treatment, supervision, safeguards, behavioral intervention, and rights protections. Although follow-up surveys demonstrate that client safeguards and rights protections have improved, concerns about the quality of medical care and psychological/behavioral intervention services remain. Additionally, while California's efforts to reduce its institutional population are generally viewed favorably, there are some unfortunate consequences to the downsizing. As facilities close dormitories and reassign staff, there are increased instances whereby more aggressive clients may come into contact with vulnerable individuals. Also, moving people out of these facilities can be a major culture shock when the DC has been their home for many years.

To the extent that information is available, the adequacy of home and community-based waivers services (as authorized under §1915[c] of the Social Security Act [42 U.S.C. 1396n{c}]**):**

California's Home and Community-Based Services Waiver program is by far the largest in the nation. 95,000 people are currently receiving services under the (HCBS-DD) waiver. The waiver provides a broad array of service options which enable individuals to reside in their family home with appropriate supports instead of placement in a more restrictive intermediate care facility. Among the services available under the HCBS waiver are: Homemaker Services, Home Health Aide

To the extent that information is available, the adequacy of home and community-based waivers services (as authorized under §1915[c] of the Social Security Act [42 U.S.C. 1396n{c}]) **(Cont.):**

Services, Respite Care, Habilitation, Environmental Accessibility Adaptations, Skilled Nursing, Transportation, Specialized Medical Equipment I Supplies, Chore Services, Personal Emergency Response System (PERS), Family Training, Adult Residential Care, Vehicle Adaptations, Communication Aides and Behavior Intervention Services. California continues to expand its use of Federal HCBS Medicaid waivers to reduce the usage of institutional care whenever appropriate.

The HCBS Waiver has enabled California to continue funding the Lanterman Act entitlement to services although state budget cuts have clearly reduced some service options. With the reduction in provider rates, there has been a detectable slippage in the quality of services available. Nevertheless, and especially as compared to other states, California has been able to serve more individuals in integrated community settings and without waiting lists as a result of the HCBS waiver.

California's State Plan was developed "from the ground up." Over a two year period, the Council's network of 13 regional area boards (now referred to as regional offices with the passage of AB 1595 in 2014) developed local strategic plans, involving their communities in the process, with direct input from the community, and was crafted by using the goals and objectives identified locally. Thus, the Council believes the Plan submitted accurately reflects the priorities put forth by people with developmental disabilities and their loved ones throughout the state. Those priorities demonstrate the unique nature of California's developmental disability service system as well as the realities of our state’s unique challenges.

California does not have a formal waiting list for service. With some exceptions as noted, services are generally available and accessible throughout the state. It is true that recent budget cuts have reduced access to some services, most notably social and recreational programs. The best way for the Council to influence the problem of service cuts is through public policy outreach. Furthermore, much of the Council's plan addresses a major issue heard repeatedly. Many service recipients, service providers and other stakeholders identify the complexity of the

To the extent that information is available, the adequacy of home and community-based waivers services (as authorized under §1915[c] of the Social Security Act [42 U.S.C. 1396n{c}]) **(Cont.):**

disability/health/education/human service system as a major roadblock to understand how to access services and to know what one is eligible for. In response to this problem, California's Council put a high priority on training and system navigation activities.

The Plan includes many objectives related to educating people with developmental disabilities and families about their rights and about service options. The Council proposes to train direct care staff, other professionals, public officials and first responders to better understand the needs of people with developmental disabilities. In response to the diversity of the state and the complexity of the system, the Council intends to ensure that presentations and publications are always available in threshold languages and plain language versions. This movement toward creating plain language resources is a high priority for the Council.

The Council also recognizes the need to address systemic changes on a statewide level such as an Employment First Policy and Self-Determination. The State Plan includes such statewide initiatives.

PART D: RATIONALE FOR GOAL SELECTION

California's State Plan was developed "from the ground up." Over a two-year period, the Council's network of thirteen (13) regional area boards developed local strategic plans, involving their communities in the process. The State Plan was crafted by using goals and objectives identified locally. The Council believes that, as a result, the Plan submitted truly reflects the priorities put forth by people with developmental disabilities and their loved ones throughout the state. Those priorities demonstrate the unique nature of California's developmental disability service system as well as the realities of our current socio-economic times. As reported earlier, California does not have a formal waiting list for service. With some exceptions, as noted, services are generally available and accessible throughout the state. It is true that recent budget cuts have reduced access to some services, most notably social and recreational programs. The best way for the Council to influence the problem of service cuts is through public policy outreach. Further, much of the Council's State Plan addresses a major issue heard over and over. Most service recipients, service providers and other stakeholders identify the complexity of the disability/health/education/human service system as a major roadblock to understanding how to access services and to know for what one is eligible. In response to this problem, California's Council placed a high priority on training and system navigation activities. The Plan includes many objectives related to educating people with developmental disabilities and families about rights and about service options. Too, the Council proposes to train direct care staff, other professionals, public officials and first responders to better understand the needs of people with developmental disabilities. In response to the diversity of the state and the complexity of the system, the Council intends to ensure that presentations and publications are always available in threshold languages and plain language versions.

The Council also recognizes the need to address systemic changes on a statewide level, such as an Employment First Policy and Self-Determination Initiative. The State Plan includes such statewide initiatives.

PART E: COLLABORATION

As a Network:

The Council and its federal partners, Disability Rights California (DRC) and the three University Centers for Excellence in Developmental Disabilities (UCEDD) (Tarjan Center at UCLA, USC Children's Hospital, and UC Davis M.I.N.D. Institute), systematically and routinely collaborate on common goals and issues of concern to people with developmental disabilities in California. This is accomplished through joint meetings to provide updates on activities being addressed by each individual organization for the purpose of sharing information and developing collaborative activities designed to achieve common goals and objectives of the group. It is also accomplished through the participation of DRC and the UCEDDs as members of the Council and the Council's participation on the UCEDDs community advisory committees. Collectively, the federal partners have identified priority issues and developed position statements with regard to each of those areas, including the preservation of the developmental services system in California, public benefits and services, health care, education, community inclusion, freedom from harm, the prevention of abuse, neglect and victimization, advocacy services and supports, funding for services and supports and employment. These areas of common interest are continually reviewed and strategies for individual and collective activities identified and pursued toward common goals and within each partner agency's general mandate.

With each other: (e.g. describe the plans the Council has to collaborate with the UCEDD[s]. Describe the plans the Council has to collaborate with the P&A.)

Individually, each federal partner collaborates with one or more of its other partners on specific projects. For example, the Council is mandated to develop an Employment First report with proposed policy and long-term strategies to increase employment options for individuals with developmental disabilities. While DRC's participation in this process focuses on the legal aspects of employment, the UCEDDs contributed through their emphasis on education and transition. DRC and the Council work collectively on public policy and budget issues, as well as the specific focus on protecting rights of people with developmental disabilities.

With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the state agency responsible for developmental disabilities services)

Individually and collectively, the federal partners are part of a larger collaborative, with organizations and agencies focused on in-home supports services, education, health and insurance issues, community living and housing, seniors and senior services and supports, as well as a myriad of other social services designed to keep Californians healthy and engaged in community life throughout the life span. This collaboration is implemented through monthly meetings with the California Collaborative, sponsored by AARP and the SCAN Foundation, the co-sponsorship of training and information forums, the development of joint policy statements, and other common goals and objectives to harness the power of a spectrum of social services and agencies, etc. As an example, the Council is currently co-sponsoring the Association of California State Employees with Disabilities annual training symposium, aimed at increasing employment opportunities for people with disabilities in state government. The Council, its federal partners, and other social service organizations have issued collective statements and positions on matters of public policy to the California Legislature and federal and state public agencies that reflect common positions on issues of concern to the people of California.

Section IV: 5-Year Goals

Goal 1: Self-Advocacy

Individuals with developmental disabilities have the information, skills, opportunities and support to advocate for their rights and services and to achieve self-determination, independence, productivity, integration and inclusion in all facets of community life.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	
Health	
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	**X**
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	
Other Activities	
Outreach	**X**
Supporting and Educating Communities	**X**
Systems Design and Redesign	
Technical Assistance	
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	**X**
Disability Rights California (State Protection & Advocacy System)	**X**
UCEDD	**X**

Planned Collaborators

County and local collaborators

Goal 1: Self-Advocacy **Individuals with developmental disabilities have the information, skills, opportunities and support to advocate for their rights and services and to achieve self-determination, independence, productivity, integration and inclusion in all facets of community life.**	
1.1	**The Council will train, support and empower 1,450 self-advocates and continue to promote stability and expansion of the statewide self-advocacy network through financial and in-kind support. This will include cross-disability and youth disability organizations.**

Planned Implementation Activities:

1. **The Council will develop/use 'Facilitation Standards' Policies.**

   a. Council staff will produce a Facilitation Standards Guide and Training Manual and train field staff on its use.

2. **Regional Council offices will maintain and support a local representative to the Statewide Self-Advocacy Network (SSAN).**

   a. Support will include travel and per diem expenses, facilitation (on an as-needed basis), and in-kind support (e.g. meeting space, technical services, and assistance in producing training materials, reports, & training, etc.).

   b. The Council will host SSAN meetings and post meetings on its central website.

3. **Council staff will maintain collaborative relationships with (adult, youth, and cross-disability) self-advocacy groups throughout the state.**

   a. Collaboration may include meeting with and/or training of (adult and youth) self-advocates (with intellectual, developmental and/or cross-disabilities) in statewide, regional, and/or local venues.

   b. Regional Council staff will attend meetings of local self-advocacy groups, as appropriate.

Timelines:

1. **The Council will develop/use 'Facilitation Standards' policies.**

   a. 'Facilitation Standards' policies will be developed/implemented by **September 30, 2015**.

   b. Staff training will begin within 2 months (**May 2, 2016**) and will continue through the end of the current 5-yr. State Plan cycle (**September 30, 2016**).

   c. All new staff involved with facilitation issues will be trained in the Facilitation Standards policy **within 3 months of date of hiring**.

2. **A local representative will be identified and appointed to the Statewide Self-Advocacy Network (SSAN) within six (6) months of a position being announced as vacant.**

   a. Once appointed, local SSAN representatives will attend **quarterly meetings** throughout the federal fiscal year (as they are practicably able), for the duration of the 5-yr. State Plan cycle (**through September 30, 2016**) and submit invoices for state-approved expenses to Council staff for processing **within two months (60 days) of any event**, for the purpose of reimbursement.

   b. **As requested**, Council staff will make arrangements for travel, lodging, and meal costs on a state-approved per diem basis for those SSAN members to attend quarterly meetings. Travel arrangements will be confirmed and communicated to SSAN members **one week prior to the actual date of travel**.

   c. The Council will provide the SSAN meeting space for **quarterly meetings**. Council staff will post location/time/agenda information to its statewide website at least **ten (10) days prior to a scheduled meeting**, per Bagley-Keene open meeting requirements.

   d. **As requested** and per Council policy, Council staff will facilitate the production and posting of meeting agendas, minutes, training/presentations, and other materials.

3. **Regional Council staff will identify local (youth, adult, and cross-disability) self-advocacy groups and, as appropriate, attend monthly or quarterly meetings.**

   a. Regional staff will work with the local SSAN representative to provide outreach/training presentations to local self-advocacy groups, **as invited or as opportunities arise**.

   b. At least 1,450 (youth, adult, and cross-disability) self-advocates will be reached by Council efforts (through facilitation, training, conference, or other outreach efforts) by **September 30, 2016**.

Deliverables:

1. Facilitation Standards Policies

2. Facilitation Standards Guide and Training Manual

3. A sustainable and functioning Statewide Self-Advocacy Network (SSAN)

4. Quarterly SSAN meetings

5. Material posted on Council website (e.g. annual SSAN report, meeting agenda/times/location, etc.)

6. Self-Advocate Satisfaction Surveys (on a yearly basis)

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Regional staff will be administering surveys/evaluations with local self-advocates to determine regional needs and/or satisfaction with Council efforts.

3. The development of documents, training materials, manuals, etc. and website-posted events will be used to evaluate the timely production of deliverables.

Goal 2: Rights Training & Advocacy

Individuals with developmental disabilities and their families become aware of their rights and receive the supports and services they are entitled to by law across the lifespan, including early intervention, transition into school, education, transition to adult life, adult services and supports, and senior services and supports.

Area of Emphasis	Planned
Administration	
Child Care	
Cross-Cutting	
Education & Early Intervention	**X**
Employment	**X**
Formal and Informal Community Supports	**X**
Health	**X**
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	**X**
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	**X**
Other Activities	
Outreach	
Supporting and Educating Communities	**X**
Systems Design and Redesign	
Technical Assistance	**X**
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	**X**
Disability Rights California (State Protection & Advocacy System)	**X**
UCEDD	**X**

Planned Collaborators

N/A

Goal 2: Rights Training and Advocacy **Individuals with developmental disabilities and their families become aware of their rights and receive the supports and services they are entitled to by law across the lifespan, including early intervention, transition into school, education, transition to adult life, adult services and supports, and senior services and supports.**	
2.1	**At least 1,700 individuals with developmental disabilities and their families (100 of whom will be non-English speaking) and support/professional staff will increase knowledge and skills so as to effectively access needed educational and/or community-based services through at least 50 trainings, conferences, workshops, webinars, and/or resource materials developed by the Council on topics such as rights under IDEA, California's Lanterman Act, etc. annually. Training outreach efforts will reach a minimum of 25 local schools, Special Education Local Plan Areas (SELPA), Community Advisory Committee (CAC)s, Family Resource Centers, provider organizations and others in order to improve outcomes for youth and adults with developmental disabilities.**

Planned Implementation Activities:

1. **Council staff will develop IEP, Educational Rights and/or Due Process training.**

   a. Council staff will produce a curriculum model that can be used statewide and train field staff on its use.

   b. Staff will arrange for presentation materials to be translated into Spanish, plain language, and/or additional languages, as appropriate.

2. **Council staff will develop training about the California Lanterman Developmental Disabilities Services Act (WIC §4500 et seq), including the Persons with Developmental Disabilities Bill of Rights (WIC §4502 et seq).**

   a. Council staff will produce a curriculum model that can be used statewide and train field staff on its use.

   b. Staff will arrange for presentation materials to be translated into Spanish, plain language, and/or additional languages, as appropriate.

Planned Implementation Activities (Cont.):

3. **Council staff will schedule/hold at least 50 trainings with (adult, youth, and cross-disability) advocacy and self-advocacy groups, professionals, and family and community members throughout the state, reaching at least 1,700 people with training and supplemental materials.**

   a. Training may be given in a variety of ways, to include small groups, conferences, workshops, and/or webinars. Staff may hold training in agency, private, educational, state, regional, or community settings and will specifically target local schools, Special Education Local Plan Areas (SELPA), Community Advisory Committees (CAC), Family Resource Centers, provider organizations and others for at least 25 of the 50 trainings.

4. **Council staff will work with its federal partners to access/market to those people who may benefit from and/or desire training and/or to provide training in their own area(s) of expertise.**

   a. Council staff will work with its federal partners for marketing/advertising training opportunities.

   b. Staff will collaborate with federal partners and partner in joint training events. Training may be given in a variety of ways, to include small groups, conferences, workshops, and/or webinars. Staff may hold training in agency, private, educational, state, regional, or community settings and will specifically target local schools, Special Education Local Plan (SELPA), Community Advisory Committees (CAC), Family Resource Centers, provider organizations, etc.

Timelines:

1. **Council staff will develop IEP, Educational Rights and/or Due Process training.**

   a. Staff will develop statewide training curriculum by **September 30, 2015**.

   b. Council **s**taff will be trained on delivering curriculum by **November 30, 2015**.

   c. Staff will begin training by **February 1, 2016**.

   d. Materials will be translated into plain language by **February 1, 2016**.

Timelines (Cont.):

2. **Council staff will develop training about the California Lanterman Developmental Disabilities Services Act (WIC §4500 et seq), including the Persons with Developmental Disabilities Bill of Rights (WIC §4502 et seq).**

   a. Staff will develop statewide training curriculum by **September 30, 2015**.

   b. Council staff will be trained on delivering curriculum by **November 30, 2015**.

   c. Staff will begin training by **February 1, 2016**.

   d. Materials will be translated into plain language by **February 1, 2016**.

   e. Materials will be translated into Spanish by **June 1, 2016**.

3. **Council staff will schedule/hold at least 50 trainings with (adult, youth, and cross-disability) advocacy and self-advocacy groups, professionals, and family and community members throughout the state, reaching at least 1,700 people with training and supplemental materials.**

   a. 50 training sessions will be completed by **September 30, 2016**.

   b. 1,700 family and self-advocates, professionals, and/or community members will be trained by **September 30, 2016**.

4. **Council staff will work with its federal partners to access/market to those people who may benefit from and/or desire training and/or to provide training in their own area(s) of expertise.**

   a. As Council staff schedules training, it will contact local regional centers and other federal partners to market training and access client contact information for outreach and training purposes on an ongoing basis, through **September 30, 2016**.

   b. Staff will give its federal partners the opportunity to conduct joint training through **September 30, 2016**.

Deliverables:

1. Statewide IEP, Educational Rights and/or Due Process training model (in plain language and Spanish)

2. Statewide California training model for the Lanterman Developmental Disabilities Services Act and the Persons with Developmental Disabilities Bill of Rights (in plain language and Spanish)

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Regional staff will be administering surveys with local self-advocates to determine satisfaction with Council efforts.

3. Events and the production of documents, training, manuals, etc. will be used to evaluate the timely success of most deliverables.

Goal 3: Quality Assurance & Innovation

Individuals with developmental disabilities and their families express the degree to which they are satisfied with their services and the extent to which they feel their needs are being met.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	
Health	
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	
Other Activities	
Outreach	
Supporting and Educating Communities	
Systems Design and Redesign	**X**
Technical Assistance	
Training	
Intermediaries/Collaborators	**Planned**
DDS	**X**
Disability Rights California (State Protection & Advocacy System)	**X**
UCEDD	**X**

Planned Collaborators:

N/A

Goal 3: Quality Assurance & Innovation **Individuals with developmental disabilities and their families express the degree to which they are satisfied with their services and the extent to which they feel their needs are being met.**	
3.1	**On a statewide and local level, the Council will advocate and promote innovation in service delivery including, but not limited to, self-determination.**

Planned Implementation Activities:

1. **The Council will oversee the process of establishing bylaws for the development of regional Self-Determination Advisory Committees (pursuant to SB 468 [Emerson]) by local regional centers.**

2. **Regional Council office staff will work with regional centers throughout the state to recruit members for local Self-Determination Advisory Committees.**

3. **Council staff will work with its federal partners and self-advocacy groups to develop training (in plain language and Spanish) on the Self-Determination Program for family and self-advocates, professionals, and community members.**

   a. Staff will offer training throughout the state on Self-Determination to self-advocacy groups, involving self-advocates and/or family members as peer trainers, where possible, in the language of preference.

4. **Council staff will work with its federal partners and self-advocacy groups to develop and distribute training materials (in plain language and Spanish) on the Self-Determination Program.**

   a. Staff will identify materials that will best serve self-advocates, family members, professionals and the public and translate those materials into plain language, Spanish, and other languages (as requested).

5. **Council staff will solicit feedback from self-advocacy groups and others to determine public satisfaction with training and other services.**

   a. Regional Council staff will attend meetings of local self-advocacy groups to solicit input and feedback.

Timelines:

1. **The Council will oversee the process of establishing bylaws for the development of regional Self-Determination Advisory Committees (pursuant to SB 468 [Emerson]) by local regional centers.**

   a. Council staff will identify which of the 21 regional centers are actively engaged in implementing the Self-Determination Program by **September 30, 2015**.

   b. Staff will work collaboratively with regional centers to establish bylaws for regional Self-Determination Advisory Committees through **August 30, 2016**.

2. **Regional Council office staff will work with regional centers throughout the state to recruit members for local Self-Determination Advisory Committees.**

   a. Regional Council staff will work with self-advocates and family members to forward nominations to the regional Self-Determination Advisory Committees of local regional centers by **September 30, 2016**.

3. **Council staff will work with its federal partners and self-advocacy groups to develop training (in plain language and Spanish) on the Self-Determination Program for family and self-advocates, professionals, and community members.**

   a. Regional staff will collect and/or develop material pertinent to the Self-Determination Program by **September 30, 2015**.

   b. Staff will translate material pertinent to the Self-Determination Program into plain language, Spanish, and other languages (as necessary or requested) by **September 30, 2016**.

4. **Council staff will work with its federal partners and self-advocacy groups to develop and distribute training materials (in plain language and Spanish) on the Self-Determination Program.**

   a. Staff will develop and/or assemble training materials (in plain language and Spanish, where appropriate/requested) on the Self-Determination Program for public distribution by **September 30, 2016**.

5. **Council staff will solicit feedback from self-advocacy groups and others to determine public satisfaction with training and other services.**

   a. Regional Council staff will distribute/collect surveys to solicit input and feedback from family and self-advocates, professionals, and/or community members following training sessions, public meetings, conferences, etc., through **September 30, 2016**.

Deliverables:

1. Bylaws for (Regional Center) Self-Determination Advisory Committees

2. Nominations (recruitment) of family members and/or self-advocates to regional Self-Determination Advisory Committees

3. Self-Determination training curriculum

4. Training materials about the statewide Self-Determination Program

5. Material posted on Council website (e.g. annual SSAN report, meeting agenda/times/location, etc.)

6. Completed surveys

Evaluation Methodology:

4. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

5. Regional staff will be administering surveys with local self-advocates to determine satisfaction with Council efforts.

6. Events and the production of documents, training, manuals, etc. will be used to evaluate the timely success of most deliverables.

Goal 4: Public Safety Outreach

Public safety agencies, other first responders and the justice system get information and assistance to be knowledgeable and aware of the needs of individuals with developmental disabilities so they can respond appropriately when individuals with developmental disabilities may have experienced abuse, neglect, sexual or financial exploitation or violation of legal or human rights.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	**X**
Health	
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	**X**
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	
Other Activities	
Outreach	**X**
Supporting and Educating Communities	
Systems Design and Redesign	
Technical Assistance	**X**
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 4: Public Safety Outreach **Public safety agencies, other first responders and the justice system get information and assistance to be knowledgeable and aware of the needs of individuals with developmental disabilities so they can respond appropriately when individuals with developmental disabilities may have experienced abuse, neglect, sexual or financial exploitation or violation of legal or human rights.**	
4.1	**The Council will maintain or develop collaborative relationships with local law enforcement agencies and others to improve the awareness and education of public safety personnel and the justice system on the unique needs of individuals with developmental disabilities.**

Planned Implementation Activities:

1. **Regional Council staff will contact local/regional law enforcement agencies to identify trends and needs regarding law enforcement interactions with persons with disabilities.**

   a. Staff will familiarize themselves and develop contacts with the law enforcement entities within their catchment areas.

   b. Staff will survey law enforcement agencies to determine, if possible, the percentage of enforcement-related contacts involving people with disabilities.

2. **Selected regional Council offices will implement the Cycle 37 grant program, using the 'Get Safe' curriculum to provide training for first responders (e.g. law enforcement, EMT/paramedics, fire personnel, hospital and court staff, etc.).**

3. **Council staff will facilitate collaborative interactions between local law enforcement agencies and self-advocacy groups.**

   a. Collaboration may include meetings with and/or training of (adult and youth) self-advocates (with intellectual, developmental and/or cross-disabilities) in statewide, regional, and/or local venues, relating to law enforcement and other first responders.

   b. Staff will identify law enforcement/P.O.S.T. recruit training academy staff responsible for teaching recruits and/or advanced officers about persons with disabilities (e.g. LD-37 [Persons with Disabilities], Crisis Intervention Team training, etc.).

   c. Staff may arrange for speakers (for training sessions) and/or meetings between first responders and family and/or self-advocates.

   d. Staff will provide assistance, information, and/or training, as requested, to agencies in jurisdictions in which PERT (Psychiatric Emergency Response Team) programs are implemented.

Timelines:

1. **Regional Council staff will contact local/regional law enforcement agencies to identify trends and needs regarding law enforcement interactions with persons with disabilities.**

   a. Council staff will develop a list of investigative and/or training contacts with law enforcement agencies and/or academies within their catchment areas by **September 30, 2015**.

   b. Where possible, staff will survey local law enforcement agencies to identify the percentage of enforcement-related contacts involving people with disabilities by **January 1, 2016**.

2. **Selected regional Council offices will implement the Cycle 37 grant program, using the 'Get Safe' curriculum to provide training for first responders (e.g. law enforcement, EMT/paramedics, fire personnel, hospital and court staff, etc.).**

   a. Regional offices will offer 'Get Safe' training within their local jurisdictions to first responders through **September 30, 2016**.

3. **Council staff will facilitate collaborative interactions between local law enforcement agencies and self-advocacy groups.**

   a. Staff will identify law enforcement/P.O.S.T. recruit training academy staff responsible for teaching recruits and/or advanced officers about persons with disabilities by **July 30, 2015**.

   b. Staff will offer first responder agencies opportunities to meet with self-advocates for outreach, training, or information-gathering by **September 30, 2015**.

   c. Staff will arrange for speakers for training sessions and/or meetings, as requested, between first responders and family and/or self-advocates through **September 30, 2016**.

   d. Staff will provide assistance, information, and/or training, as requested, to agencies in jurisdictions in which PERT (Psychiatric Emergency Response Team) programs are implemented through **September 30, 2016**.

Deliverables:

1. ‘Get Safe’ curriculum

2. Pre/Post tests and/or survey/evaluation results from trainings

Evaluation Methodology:

7. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

8. Regional staff will be administering evaluations/surveys with local self-advocates, family members, and/or first responders to determine satisfaction with Council efforts.

9. Events and the production of documents, training, manuals, etc. will be used to evaluate the timely success of most deliverables.

Goal 5: Emergency Preparedness

Individuals with developmental disabilities and their families get the information to be prepared for emergencies.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	
Health	
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	**X**
Other Activities	
Outreach	
Supporting and Educating Communities	
Systems Design and Redesign	
Technical Assistance	
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators:

N/A

Goal 5: Emergency Preparedness **Individuals with developmental disabilities and their families get the information to be prepared for emergencies.**	
5.1	**At least 300 individuals and families will be prepared in case of an emergency through the efforts of the Council in collaboration with others.**

Planned Implementation Activities:

1. **Council staff will conduct a survey of local, regional, and state disaster response agencies (e.g. FEMA, Red Cross, OES, and local fire, EMS, and law enforcement departments, etc.), to identify information, training, and/or resources that would benefit people with disabilities on a local, regional, and/or statewide level to prepare for disasters.**

   a. Council staff will identify and collect contact information in regard to regional agencies responsible for local, regional, and/or statewide disaster response.

   b. Staff will collect and/or develop emergency preparedness planning information, training materials, and develop a list of resources for use by family and self-advocates throughout the state.

   c. Staff will produce an Emergency Preparedness Guide and Training Manual for people with disabilities and train field staff on its use.

2. **Council staff will collaborate with emergency preparedness and disaster response agencies throughout the state.**

   a. Collaboration with emergency/disaster response agencies may include participation in training and monthly or quarterly meetings, sharing of training and other information and resources, and/or collaboration between disaster response agencies and family and/or self-advocates.

3. **Regional Council staff will facilitate and/or provide disaster/emergency preparedness training to family and self-advocates with disabilities, professionals, and service providers.**

   a. Training may be provided by agencies and/or personnel in the emergency/disaster response field, or by regional staff.

Timelines:

1. **Council staff will conduct a survey of local, regional, and state disaster response agencies (e.g. FEMA, Red Cross, OES, and local fire, EMS, and law enforcement departments, etc.), to identify information, training, and/or resources that would benefit people with disabilities on a local, regional, and/or statewide level to prepare for disasters.**

   a. Council staff will identify and collect contact information in regard to regional agencies responsible for local, regional, and/or statewide disaster response by **August 1, 2015**.

   b. Staff will collect and/or develop emergency preparedness planning information, training materials, and develop a list of resources for use by family and self-advocates throughout the state by **October 30, 2015**.

   c. Staff will produce an Emergency Preparedness Guide and Training Manual for people with disabilities and train field staff on its use by **February 1, 2016**.

2. **Council staff will collaborate with emergency preparedness and disaster response agencies throughout the state.**

   a. Collaboration (e.g. joint training, meetings, technical assistance, etc.) with emergency/disaster response agencies will continue through **September 30, 2016**.

3. **Regional Council staff will facilitate and/or provide disaster/emergency preparedness training to family and self-advocates with disabilities, professionals, and service providers.**

   a. Training may be provided by agencies and/or personnel in the emergency/disaster response field, or by regional staff through **September 30, 2016**.

Deliverables:

1. Contact information (may include resource directories, contact lists, web-based information, etc.) for emergency response agencies

2. Emergency Preparedness Guide and Training Manual, curriculum and disaster preparedness resource materials

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Family and self-advocates and professionals will be provided with evaluations to determine satisfaction with Council efforts.

3. Events and the production of documents, training, manuals, etc. will be used to evaluate the timely success of most deliverables.

Goal 6: Adult Transition

Young adults with developmental disabilities and their families get the information and support to be prepared for and experience a successful transition to adult life.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	**X**
Employment	
Formal and Informal Community Supports	
Health	
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	**X**
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	**X**
Other Activities	
Outreach	
Supporting and Educating Communities	
Systems Design and Redesign	
Technical Assistance	
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 6: Adult Transition **Young adults with developmental disabilities and their families get the information and support to be prepared for and experience a successful transition to adult life.**	
6.1	**Students with developmental disabilities and their families will receive information, advocacy and support during transition to adult life.**

Planned Implementation Activities:

1. **Staff will work with local districts to reach out to self-advocates and families transitioning into adult systems of care/service.**

   a. Staff will provide families and self-advocates with transition information to promote opportunities for personal independence, self-determination and self-governance.

   b. Information will be provided in plain language, Spanish, and/or other languages, as requested.

2. **Council staff will collaborate with regional, state and federal partners to develop a 'Road Map' of available services/supports for transition into the adult service system.**

   a. Council staff will work to decentralize 'Road Maps' for statewide use.

   b. As developed, Road Maps will be posted to the Council website.

3. **Council staff will hold interagency 'transition panels' for community discussion and training, in regard to adult transition needs.**

   a. Guest speakers will be invited to present from the Council's federal partners and the education and adult service fields (e.g. DOE/PSE, DOR, and/or DRC staff, regional centers, etc.).

   b. Presentations may range from regional center services, post-secondary education options, employment first, medical/health-related issues, transportation, independent living, personal safety, recreation, child care, conservatorship and/or other legal issues, community-based and in-home supports and services, etc.

4. **In addressing transition activities, Council staff will establish and maintain collaborative relationships with youth and cross-disability self-advocacy groups throughout the state.**

   a. Collaboration may include meeting with and/or training of youth self-advocates (with intellectual, developmental and/or cross-disabilities) about issues relating to transition.

Timelines:

1. **Council staff will collaborate with regional, state and federal partners to develop a 'Road Map' of available services/supports for transition into the adult service system.**

   a. Staff will develop an initial 'Road Map' model by **September 30, 2015**.

   b. Council staff will work to decentralize 'Road Maps' for statewide use by **May 30, 2016**.

   c. Road Maps will be posted to the Council website as they are completed, through **September 30, 2016**.

   d. 'Road Maps' will be translated into plain language, Spanish, and/or other languages (as requested) by **August 1, 2016**.

2. **Staff will work with local districts to reach out to self-advocates and families transitioning into adult systems of care/service.**

   a. On an ongoing basis, staff will provide families and self-advocates with transition information to promote opportunities for personal independence, self-determination and self-governance, through **September 30, 2016**.

3. **Council staff will hold interagency 'transition panels' for community discussion and training, in regard to adult transition needs.**

   a. Transition panels will be scheduled periodically, as needed/requested, through **September 30, 2016**.

4. **In addressing transition activities, Council staff will establish and maintain collaborative relationships with youth and cross-disability self-advocacy groups throughout the state.**

   a. Staff will make and maintain contact with youth self-advocacy groups during the course of the traditional school year, through **September 30, 2016**.

Deliverables:

1. Transition information (e.g. information/materials about adult systems of care/service, Employment First, Self-Determination, self-advocacy, etc.)

2. Regional service 'Road Maps'

3. Generic/state-level service 'Road Map'

4. Translated material(s) – Plain language, and/or Spanish, etc.

5. Transition panels and presentations

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Regional staff will administer evaluations after presentations to local self-advocates in order to determine satisfaction with Council efforts.

Goal 7: Early Start

Children birth to 3 who are at risk of, or have, a developmental delay and their families receive the early intervention services they need to achieve their potential.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	**X**
Employment	
Formal and Informal Community Supports	
Health	
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	
Other Activities	
Outreach	
Supporting and Educating Communities	
Systems Design and Redesign	
Technical Assistance	**X**
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 7: Early Start **Children birth to 3 who are at risk of, or have, a developmental delay and their families receive the early intervention services they need to achieve their potential.**	
7.1	**Parents of young children and professionals who work with them will learn to navigate the service system and understand their rights through 5 annual trainings and materials presented by the Council. The Council will continue to work with its federal partners and other community-based advocacy organizations to provide advocacy to parents who face barriers in accessing education and community-based services.**

Planned Implementation Activities:

1. **Staff will collect and/or develop and disseminate information and materials about the regional center system, IFSPs, early intervention, community supports/services, and child care, etc.**

   a. Staff will have materials translated into plain language, Spanish, and other languages, as requested.

   b. Council staff will post and/or update information and materials on its website.

2. **Council staff will collect and/or develop and disseminate information and materials about the educational system, parent/child educational rights, IEPs, and due process.**

   a. Staff will have materials translated into plain language, Spanish, and other languages, as requested.

   b. Council staff will post and/or update information and materials on its website.

3. **Council staff will collect and/or develop and deliver training curriculum on the regional center system, IFSPs, early intervention, community supports/services, and child care, etc.**

   a. Staff will provide training in other languages or will provide requested translation services during presentations, as requested.

   b. Staff will provide supplemental materials in plain language, Spanish, and/or other languages, as requested.

Planned Implementation Activities (Cont.):

4. **Council staff will collect and/or develop and deliver training curriculum on the educational system, parent/child educational rights, IEPs, and due process.**

   a. Staff will provide training in other languages or will provide requested translation services during presentations, as requested.

   b. Staff will provide supplemental materials in plain language, Spanish, and/or other languages, as requested.

Timelines:

1. **Staff will collect and/or develop and disseminate information and materials about the regional center system, IFSPs, early intervention, community supports/services, and child care, etc.**

   a. Staff will collect &/or develop materials by **August 1, 2015**.

   b. Council staff will have materials translated into plain language, Spanish, and/or other languages, as requested, by **May 1, 2016**.

   c. Council staff will post and/or update information and materials on its website by **September 30, 2015**.

2. **Council staff will collect and/or develop and disseminate information and materials about the educational system, parent/child educational rights, IEPs, and due process.**

   a. Staff will collect &/or develop materials by **August 1, 2015**.

   b. Staff will have materials translated into plain language, Spanish, and other languages, as requested, by **May 1, 2016**.

   c. Council staff will post and/or update information and materials on its website by **September 30, 2015**.

Timelines (Cont.):

3. **Council staff will collect and/or develop and deliver training curriculum on the regional center system, IFSPs, early intervention, community supports/services, and child care, etc.**

   a. Staff will collect &/or develop curriculum by **August 1, 2015**.

   b. Staff will provide training in other languages or will provide requested translation services during presentations, as requested, through **September 30, 2016**.

   c. Staff will provide supplemental materials in plain language, Spanish, and/or other languages, as requested, by **May 1, 2016**.

4. **Council staff will collect and/or develop and deliver training curriculum on the educational system, parent/child educational rights, IEPs, and due process.**

   a. Staff will collect &/or develop curriculum by **August 1, 2015**.

   b. Staff will provide training in other languages or will provide requested translation services during presentations, as requested, through **September 30, 2016**.

   c. Staff will provide supplemental materials in plain language, Spanish, and/or other languages, as requested, by **May 1, 2016**.

Deliverables:

1. **Training curriculum**

   a. The regional center system, IFSPs, early intervention, community supports/services, and child care, etc.

   b. The educational system, parent/child educational rights, IEPs, and due process, etc.

2. Information and materials in plain language, Spanish, etc.

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Regional staff will be administering evaluations/surveys to determine satisfaction with Council efforts, following training events.

3. Website-posted events and the production of documents, training, manuals, etc. will be used to evaluate the timely success of most deliverables.

Goal 8: Employment First

The State of California will adopt an Employment First policy which reflects inclusive and gainful employment as the preferred outcome for working age individuals with developmental disabilities.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	**X**
Formal and Informal Community Supports	
Health	
Housing	
Quality Assurance	
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	**X**
Interagency Collaboration and Coordination	
Other Activities	
Outreach	
Supporting and Educating Communities	
Systems Design and Redesign	**X**
Technical Assistance	
Training	
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 8: Employment First **The State of California will adopt an Employment First policy which reflects inclusive and gainful employment as the preferred outcome for working age individuals with developmental disabilities.**	
8.1	**The State Council's Employment First Committee will continue to identify strategies and monitor progress towards implementation of the Employment First Policy.**

Planned Implementation Activities:

1. **Council staff will provide facilitation and other support to the Employment First Committee.**

   a. Council staff will facilitate the development, production and posting of meeting agendas, minutes, training/presentations, and other materials.

2. **Council staff will collaborate with its federal and community partners and policymakers in working with the California Employment Consortium for Youth and Young Adults with Intellectual and Developmental Disabilities (CECY).**

   a. Staff may attend meetings, engage in committee work, and/or otherwise participate in employment-related activities, conference calls, and/or conferences through CECY.

Timelines:

1. **Council staff will provide facilitation and other support to the Employment First Committee.**

   a. **As requested** and per Council policy, staff will facilitate the production and posting of meeting agendas, minutes, training/presentations, and other materials for the Employment First Committee.

   b. Council staff will provide facilitation during Employment First Committee meetings, **as requested** by self-advocates.

   c. **The day prior to each scheduled Employment First Committee meeting**, Council staff will provide facilitation to self-advocate members of the committee for a pre-meeting. This will continue, as scheduled, through **September 30, 2016**.

2. **Council staff will collaborate with its federal and community partners and policymakers in working with the California Employment Consortium for Youth and Young Adults with Intellectual and Developmental Disabilities (CECY).**

   a. Staff will attend meetings and participate in CECY activities through **September 3, 2016**.

Deliverables:

1. Material posted on Council website (e.g. annual Employment Firsts report, meeting agenda/times/location, committee minutes, etc.)

2. Participation in CECY functions and/or attendance at CECY meetings, as scheduled.

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Website-posted material and the production of documents, meeting minutes, etc. will be used to evaluate the timely success of most deliverables.

Goal 9: Employment/PSE Advocacy

Working age adults with developmental disabilities have the necessary information, tools and supports to succeed in inclusive and gainful work opportunities.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	**X**
Formal and Informal Community Supports	
Health	
Housing	
Quality Assurance	
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	**X**
Interagency Collaboration and Coordination	
Other Activities	
Outreach	**X**
Supporting and Educating Communities	
Systems Design and Redesign	**X**
Technical Assistance	
Training	
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 9: Employment/PSE Advocacy **Working age adults with developmental disabilities have the necessary information, tools and supports to succeed in inclusive and gainful work opportunities.**	
9.1	**Individuals with developmental disabilities, their families and others who support them are informed about the benefits and opportunities of employment and post-secondary educational (PSE) options through 10 trainings, workshops, webinars, and/or conferences, annually.**

Planned Implementation Activities:

1. **Council staff will collect/develop 'Employment First' materials and information about post-secondary education (PSE) options and benefits.**

   a. Council staff will obtain information about PSE benefits and/or opportunities.

   b. Council staff will obtain information about successful employment models (e.g. work training, internships, volunteer-to-hire, ICE [integrated, competitive employment] and micro-business opportunities, etc.).

   c. Staff will arrange for materials to be provided in plain language, Spanish, and/or other languages, as requested.

   d. Staff will provide written and/or electronic copies of material to the public.

2. **Staff will work with community and federal partners to develop and/or offer training and outreach presentations regarding PSE and employment options for youth and adults with developmental disabilities and their families.**

   a. Where requested, training will be provided in other languages or translated.

   b. Presentations may be provided through conferences, small group training, seminars, etc.

Timelines:

1. **Council staff will collect/develop 'Employment First' materials and information about post-secondary education (PSE) options and benefits.**

   a. Council staff will obtain information about PSE benefits and/or opportunities by **September 1, 2015**.

   b. Council staff will obtain information about successful employment models by **September 1, 2015**.

   c. Staff will arrange for materials to be provided in plain language, Spanish, and/or other languages, as requested, by **April 1, 2016**.

   d. Staff will provide written and/or electronic copies of material to the public by **April 1, 2016**.

2. **Staff will work with community and federal partners to develop and/or offer training and outreach presentations regarding PSE and employment options for youth and adults with developmental disabilities and their families.**

   a. Where requested, training will be provided in other languages or translated through **September 30, 2016**.

Deliverables:

1. Written &/or electronically accessible information/material about 'Employment First' and PSE in plain language, Spanish, and/or other languages, as requested

2. Training sessions on 'Employment First' and/or PSE

Evaluation Methodology:

3. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

4. Regional staff will be collecting evaluations from self-advocates and family members to determine satisfaction with Council efforts.

5. Website-accessible information, events and the production of documents, training, manuals, etc. will be used to evaluate the timely success of most deliverables.

Goal 10: Health

Individuals with developmental disabilities understand their options regarding health services and have access to a full range of coordinated health, dental and mental health services in their community.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	
Health	**X**
Housing	
Quality Assurance	
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	
Other Activities	
Outreach	**X**
Supporting and Educating Communities	**X**
Systems Design and Redesign	
Technical Assistance	
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 10: Health **Individuals with developmental disabilities understand their options regarding health services and have access to a full range of coordinated health, dental and mental health services in their community.**	
10.1	**Self-advocates, family members and advocates will receive information/training on, Medi-Cal (Medicaid) managed care and the implementation of the 1115 waiver and other health-related initiatives, including the availability of alternative sources for free or low cost health care services.**

Planned Implementation Activities:

1. **Council staff will collaborate with its federal and community partners to provide accessible health information to self-advocates and family members.**

   a. Staff will participate in regional and/or statewide 'wellness' projects, trainings, forums, health fairs, and other public outreach efforts.

   b. Staff will obtain/provide information and updates regarding 'anesthesia dentistry' options.

   c. Council staff will provide information regarding regional telemedicine/telehealth options.

   d. Staff will post health-related materials on the Council website (e.g. health/medical service 'Road Maps,' information about low-cost health coverage/care options, etc.).

2. **Regional Council staff will provide information regarding changes to Medi-Cal, long-term care, and other provisions of the Affordable Care Act (ACA).**

   a. Information may be provided via brochures, flyers, newsletters, email, training, seminars, etc.

   b. By request, information will be provided in plain language and/or the language of choice..

Timelines:

1. **Council staff will collaborate with its federal and community partners to provide accessible health information to self-advocates and family members.**

   a. Staff will participate in regional and/or statewide 'wellness' projects, trainings, forums, health fairs, and other public outreach efforts through **September 30, 2016**.

   b. Staff will obtain/provide information and updates regarding 'anesthesia dentistry' options through **September 30, 2016**.

   c. Council staff will provide information regarding regional telemedicine/telehealth options through **September 30, 2016**.

   d. Staff will post health-related materials on the Council website (e.g. health/medical service 'Road Maps,' information about low-cost health coverage/care options, etc.) by **September 30, 2015** and update, as needed, on an ongoing basis.

2. **Regional Council staff will provide information regarding changes to Medi-Cal, long-term care, and other provisions of the Affordable Care Act (ACA).**

   a. Information may be provided via brochures, flyers, newsletters, email, training, seminars, etc. on an ongoing basis, through **September 30, 2016**.

   b. **On an as-needed basis and/or by request**, training and materials will be provided in plain language and/or the language of choice.

Deliverables:

1. Health information training, seminars, and/or outreach events

2. Brochures, flyers, handouts, ‘Road Maps, etc. in accessible languages, and written and/or electronic formats

Evaluation Methodology:

6. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

7. Regional staff will collect evaluations from self-advocates and/or family members to determine satisfaction with Council efforts.

8. Website-based material or information and the production of documents, training, etc. will be used to evaluate the timely success of most deliverables.

Goal 11: Housing Access

Individuals with developmental disabilities have access to affordable and accessible housing that provides control, choice and flexibility regarding where and with whom they live.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	
Health	
Housing	**X**
Quality Assurance	
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	**X**
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	
Other Activities	
Outreach	**X**
Supporting and Educating Communities	**X**
Systems Design and Redesign	
Technical Assistance	
Training	
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 11: Housing Access **Individuals with developmental disabilities have access to affordable and accessible housing that provides control, choice and flexibility regarding where and with whom they live.**	
11.1	**At least 100 individuals with developmental disabilities and their families will receive information on available housing options, annually.**

Planned Implementation Activities:

1. **Council staff will collect, develop, and disseminate information about residential options.**

   a. Where available, staff will collaborate with local disability coalitions to develop a 'Road Map' for residential/housing options and related services (e.g. independent living services, etc.).

   b. Staff will post current information to the Council website, in regard to low-cost housing options and/or related services.

   c. Staff will collect, maintain, and provide information about residents' rights and information about how to identify, report, and/or oppose NIMBY ('not in my backyard') incidents.

   d. Staff may disseminate information about low-cost housing options by using email, newsletters, web articles, etc.

2. **Council staff will work with collaborative partners to provide outreach and training to self-advocates and families about affordable and accessible housing options.**

   a. Staff will attend Self-Determination events, self-advocacy meetings, transition fairs, etc., in order to provide training about housing options for people with developmental and cross-disabilities.

   b. Staff will provide information at information fairs and in other public, conference, and/or group venues about available and accessible housing and related services.

Timelines:

1. **Council staff will collect, develop, and disseminate information about residential options.**

   a. **S**taff will collaborate with local disability coalitions to develop a 'Road Map' for residential/housing options and related services (e.g. independent living services, etc.), to be available by **May 1, 2016**.

   b. Staff will post current information to the Council website, in regard to low-cost housing options and/or related services by **June 1, 2016**.

   c. Staff will collect, maintain, and provide information about residents' rights and information about how to identify, report, and/or oppose NIMBY ('not in my backyard') incidents, through **September 30, 2016**.

   d. Staff may disseminate information about low-cost housing options by using email, newsletters, web articles, etc., through **September 30, 2016**.

2. **Council staff will work with collaborative partners to provide outreach and training to self-advocates and families about affordable and accessible housing options.**

   a. Staff will attend Self-Determination events, self-advocacy meetings, transition fairs, etc., in order to provide training about housing options for people with developmental and cross-disabilities through **September 30, 2016**.

   b. Staff will provide information at information fairs and in other public, conference, and/or group venues about available and accessible housing and related services through **September 30, 2016**.

Deliverables:

1. 'Road Map' for low-cost residential/housing options

2. Information and resources (Council website)

3. Updates about affordable/low-cost housing options and related services

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Regional staff will be collecting satisfaction surveys and evaluations from self-advocates to determine satisfaction with Council efforts.

3. Website-posted information and the production of documents, training, updates, etc. will be used to evaluate the timely success of most deliverables.

Goal 12: Housing Development

Affordable and accessible housing units are developed in local communities to expand housing options for individuals with developmental disabilities.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	
Health	
Housing	**X**
Quality Assurance	
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	**X**
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	**X**
Other Activities	
Outreach	
Supporting and Educating Communities	**X**
Systems Design and Redesign	
Technical Assistance	
Training	
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 12: Housing Development **Affordable and accessible housing units are developed in local communities to expand housing options for individuals with developmental disabilities.**	
12.1	**The Council will collaborate with local non-profit housing corporations to monitor and influence the housing plans of municipalities to reflect the needs of individuals with developmental disabilities. This will include publicizing and opposing any incidents of "not in my back yard" (NIMBY) that are made known to the Council, which will then collaborate with federal partners, advocates, public interest law firms, and others to ensure that the media and government officials are aware of such incidents.**

Planned Implementation Activities:

1. **Council staff will petition local housing authorities for affordable, accessible housing options for people with developmental disabilities.**

   a. Where available, staff will collaborate with local housing coalitions to petition for additional set-aside HUD/Section 8 housing units for people with developmental disabilities.

   b. Staff will work with local and regional public and private entities to plan for and/or develop, where possible, low-cost housing options for people with developmental and cross-disabilities.

   c. Council staff will work to craft language to provide for inclusive, affordable and accessible housing planning, development and building options within local and/or regional housing ordinances.

2. **Council staff will work with local and federal collaborative partners to collect information, as available, and publicize and report incidents regarding "not in my back yard" (NIMBY) events within their regions.**

   a. Staff will actively oppose restrictive attempts to exclude people with developmental and cross-disabilities from having equal access to fair housing.

   b. Council staff will immediately refer people with developmental and cross-disabilities who have cases involving (attempted or advertised) NIMBY exclusions to civil rights advocacy agencies (e.g. DRC, Fair Housing/Human Rights Commissions, ACLU, California Department of Housing and Community Development, etc.), and public interest law firms, etc.

Planned Implementation Activities (Cont.):

2. **Council staff will work with local and federal collaborative partners to collect information, as available, and publicize and report incidents regarding "not in my back yard" (NIMBY) events within their regions.**

   c. Staff will report incidents of (attempted or advertised) NIMBY exclusions to housing officials within local municipalities, the media, and local, regional, and state representatives.

Timelines:

1. **Council staff will petition local housing authorities for affordable housing options for people with developmental disabilities.**

   a. Where available, staff will collaborate with local housing coalitions to petition for additional set-aside HUD/Section 8 housing units for people with developmental disabilities through **September 30, 2016**.

   b. Staff will work with local and regional public and private entities to plan for and/or develop, where possible, low-cost housing options for people with developmental and cross-disabilities through **September 30, 2016**.

2. **Council staff will work with local and federal collaborative partners to collect information, as available, and publicize and report incidents regarding "not in my back yard" (NIMBY) events within their regions.**

   a. Staff will actively oppose restrictive attempts to exclude people with developmental and cross-disabilities from having equal access to fair housing **as they occur and through September 30, 2016**.

   b. Council staff will **immediately (as discovered/reported)** refer people with developmental and cross-disabilities who have cases involving (attempted or advertised) NIMBY exclusions to civil rights advocacy agencies (e.g. DRC, Fair Housing/Human Rights Commissions, ACLU, California Department of Housing and Community Development, etc.), and public interest law firms, etc., through **September 30, 2016**.

   c. Staff will report incidents of (attempted or advertised) NIMBY exclusions to housing officials within local municipalities, the media, and local, regional, and state representatives through **September 30, 2016**.

Deliverables:

1. This is largely an objective rooted in civil activism, the product of which is not always obvious or tangible. It is the intent of the Council to create an inclusive environment within California that recognizes, respects, validates, and upholds the inherent civil rights of people with developmental and cross-disabilities to live in a place of their own choosing, without fear of disability-related bias and exclusion. To that end, Council efforts within this objective are designed to support those civil rights, raise public/official/media awareness of violations of those rights, and encourage public officials and private entities to expand housing opportunities and affordable, accessible residential resources for people with developmental and cross-disabilities throughout California.

2. Staff will both write and collect press releases, post information on the Council website, and provide information to public and private officials.

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

3. Regional staff will be using surveys and evaluations to determine satisfaction with Council efforts.

4. Website-posted material and the production of documents, training, press releases, etc. will be used to evaluate the timely success of most deliverables.

Goal 13: Generic Services

Individuals with developmental disabilities and their families have access to community based services and supports available to the general population (such as recreation, transportation, childcare, etc.) that enable them to live productive and inclusive lives.

Area of Emphasis	Planned
Administration	
Child Care	
Community Supports	
Cross-Cutting	
Education & Early Intervention	
Employment	
Formal and Informal Community Supports	**X**
Health	
Housing	
Quality Assurance	**X**
Recreation	
Transportation	
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	**X**
Interagency Collaboration and Coordination	
Other Activities	
Outreach	
Supporting and Educating Communities	
Systems Design and Redesign	
Technical Assistance	
Training	**X**
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 13: Generic Services **Individuals with developmental disabilities and their families have access to community based services and supports available to the general population (such as recreation, transportation, childcare, etc.) that enable them to live productive and inclusive lives.**	
13.1	**The Council will collaborate with and provide advice to local community agencies and organizations –including child care, recreation, transportation and others - to protect the rights of individuals with developmental disabilities and ensure their inclusion in the community.**

Planned Implementation Activities:

1. **Council staff will provide governing bodies, advisory entities and members of the community information about people with developmental and cross-disabilities and their needs within the community.**

   a. Council staff will solicit information from local and regional self-advocates about issues of importance, in regard to supports and services within the communities in which they work and live.

   b. Staff will post information (via social media, email, newsletter, website, etc.) regarding current events of importance in regard to people with developmental disabilities and their rights and services. This information will be provided to self-advocates, family members, professionals, policymakers, and members of the public and private sector.

2. **Council staff will collaborate with local, regional and and/or statewide entities for the purpose of identifying, obtaining, and/or protecting access to appropriate community-based services for people with developmental and cross-disabilities.**

   a. Staff will attend meetings of advisory boards, commissions, committees, etc. to represent the interests and needs of people with developmental disabilities (e.g. Mayor's Commission on Disabilities, CECY, county multi-disciplinary teams, elder/child/dependent adult death review teams, regional transportation commissions, recreation councils, etc.).

   b. Council staff will petition advisory boards, commissions, committees, etc. for equal access for people with developmental and cross-disabilities to current, expanded, or new community-based public and/or private services.

Timelines:

1. **Council staff will provide governing bodies, advisory entities and members of the community information about people with developmental and cross-disabilities and their needs within the community.**

   a. Council staff will solicit information from local and regional self-advocates about issues of importance, in regard to supports and services within the communities in which they work and live **on an ongoing basis through September 30, 2016**.

   b. Staff will post information (via social media, email, newsletter, website, etc.) regarding current events of importance in regard to people with developmental disabilities and their rights and services through **September 30, 2016**.

2. **Council staff will collaborate with local, regional and and/or statewide entities for the purpose of identifying, obtaining, and/or protecting access to appropriate community-based services for people with developmental and cross-disabilities.**

   a. Staff will identify and make contact with local advisory boards, commissions, committees, etc. (e.g. Mayor's Commission on Disabilities, CECY, county multi-disciplinary teams, elder/child/dependent adult death review teams, regional transportation commissions, recreation councils, etc.) for the purpose of attending meetings and/or joining the body in question by **October 1, 2015**.

   b. Staff will attend meetings of advisory boards, commissions, committees, etc. to represent the interests and needs of people with developmental disabilities (e.g. Mayor's Commission on Disabilities, CECY, county multi-disciplinary teams, elder/child/dependent adult death review teams, regional transportation commissions, recreation councils, etc.) through **September 30, 2016**.

   c. Council staff will petition advisory boards, commissions, committees, etc. for equal access for people with developmental and cross-disabilities to current, expanded, or new community-based public and/or private services through **September 30, 2016**.

Deliverables:

1. Attendance at meetings or assignment to advisory/governing bodies at the local, regional, and/or state levels

2. Information (e.g. through social media, emails, newsletters, websites, etc.)

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Website-posted information and the production of documents, notices, meeting minutes/agendas, etc. will be used to evaluate the timely success of most deliverables.

Goal 14: Public Policy

Public policy in California promotes the independence, productivity, inclusion and self-determination of individuals with developmental disabilities and their families.

Area of Emphasis	Planned
Child Care	**X**
Education & Early Intervention	**X**
Employment	**X**
Formal and Informal Community Supports	**X**
Health	**X**
Housing	**X**
Quality Assurance	**X**
Recreation	**X**
Transportation	**X**
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	**X**
Informing Policymakers	**X**
Interagency Collaboration and Coordination	
Other Activities	
Outreach	
Supporting and Educating Communities	
Systems Design and Redesign	**X**
Technical Assistance	
Training	
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 14: Public Policy **Public policy in California promotes the independence, productivity, inclusion and self-determination of individuals with developmental disabilities and their families.**	
14.1	**In taking and communicating the Council's position on proposed state and federal legislation and proposed regulations that impact people with developmental disabilities, legislators and local officials will be educated and informed on issues that impact the lives of individuals with developmental disabilities. Legislative staff will be encouraged to utilize the expertise of the Council and staff on issues that impact the community.**

Planned Implementation Activities:

1. **The Council will work to advance legislation promoting its key policy objectives.**

   a. Council staff will identify, research, track, and support bills advancing child care, education and early intervention, employment, formal and informal community supports, health, housing, quality assurance, recreation, and transportation for the I/DD community.

2. **The Council will partner with the Lanterman Coalition to promote their "10%" agenda.**

   a. Council will attend and actively participate in planning sessions to develop and implement strategies leading to increased funding for the system of services and supports for people with developmental and cross-disabilities in California.

3. **Council staff will meet with legislators and their staffs to explain the SCDD mission and to garner support for the State Plan goals.**

   a. Council staff will schedule meetings with elected officials and their staff members.

   b. Council staff will do a 'meet and greet' at the State Capitol for legislators and their staff.

   c. Council staff will also use Council members as well as volunteers to meet with legislators and their staff.

4. **Council staff will increase public awareness of the Council goals, services, and mission**.

   a. Council will use media outlets and other methods of public outreach.

Timelines:

1. **The Council will work to advance legislation promoting its key policy objectives.**

   a. Staff will begin meetings with legislators and their staff by **January 30, 2015** and will continue through **September 30, 2016**. All new Council staff involved with legislative issues will participate.

2. **The Council will partner with the Lanterman Coalition to promote their "10%" agenda.**

   a. Deputy Director of Policy and Planning and Legislation and Communications Manager will partner with the Lanterman Coalition on behalf of the Council through **September 30, 2016**, or **until the "10% Campaign" formally concludes**, whichever comes first.

3. **Council staff will meet with legislators and their staffs to explain the SCDD mission and to garner support for the State Plan goals.**

   a. Staff will begin meetings beginning by **January 30, 2015** and will continue through **September 30, 2016**.

4. **Council staff will increase public awareness of the SCDD goals, services, and mission**.

   a. Council will use media outlets and other methods of public outreach, with particular emphasis on efforts concentrated during the current legislative session, which is scheduled to end on **September 11, 2015**.

Deliverables:

1. List of bills tracked, supported, and opposed to be maintained on Council website

2. Council will maintain a Legislative and Public Policy Committee

3. Calendar of Lanterman Coalition meetings attended and narrative of results produced

4. List of meetings attended with legislators and/or their staff, and a synopsis of what was discussed

5. List of media activities conducted

Evaluation Methodology:

1. A website report will document the bills tracked and the issue areas. This report will also have an "end of session tally," indicating the number of bills that failed, bills that passed and were signed by the Governor, or bills that passed but were vetoed by the Governor.

2. The ultimate determination of success or failure will be based on whether the system of services and supports for people with developmental disabilities in California actually experiences an increase in funding – at any level – as a direct result of the campaign. Raising awareness of the need for additional funding and the numerous problems facing this complex system, however, also yields a benefit that is difficult to measure but is still legitimate.

3. Follow-up phone calls, surveys, and visits will be conducted to determine whether or not legislators and staff have an increased awareness or have a more sympathetic view of the broader Council mission, as a result of visits.

4. The number of press releases, email blasts, radio interviews, etc. will be compared to those same activities from 2014 to determine net percentage increase in 2015.

Goal 15: Multicultural

Individuals with developmental disabilities and their families have access to information and resources in ways that reflect their language and cultural preferences.

Area of Emphasis	Planned
Child Care	**X**
Community Supports	**X**
Education & Early Intervention	**X**
Employment	**X**
Formal and Informal Community Supports	**X**
Health	**X**
Housing	**X**
Quality Assurance	**X**
Recreation	**X**
Transportation	**X**
Strategies	**Planned**
Barrier Elimination	
Coalition Development and Citizen Participation	
Coordination with Related Councils, Committees and Programs	
Demonstration of New Approaches to Services and Supports	
Informing Policymakers	
Interagency Collaboration and Coordination	
Other Activities	**X**
Outreach	
Supporting and Educating Communities	**X**
Systems Design and Redesign	
Technical Assistance	
Training	
Intermediaries/Collaborators	**Planned**
DDS	
Disability Rights California (State Protection & Advocacy System)	
UCEDD	

Planned Collaborators

N/A

Goal 15: Multicultural **Individuals with developmental disabilities and their families have access to information and resources in ways that reflect their language and cultural preferences.**	
15.1	**Materials developed by the Council will be translated into threshold and plain languages.**

Planned Implementation Activities:

1. **Council staff will establish a budget to cover reasonable expenses associated with adapting and translating materials used in training, outreach, and marketing efforts, survey/evaluation instruments, and website postings, as well as costs associated with interpreters for presentations.**

2. **Council staff, to the extent possible/practical, will provide materials in plain language format.** (*Note: Some information may be legal or highly technical in nature and the adaptation to plain language may substantially limit the substance of the material.)

   a. When the adaptation of written material to plain language is not possible, staff may provide reasonable adaptation through direct facilitation.

3. **Council staff will identify a critical list of materials to be translated for people with developmental disabilities and their families, who may be more comfortable with information provided in a plain language format or other language(s) than English.**

   a. Materials may consist of training curriculum, handouts, brochures, flyers, survey/evaluation instruments, website/email-based material, etc.

   b. Staff may collect previously translated, adapted and/or otherwise accessible materials from available sources (e.g. California State Library Braille and Talking Book Library, National Library Service for the Blind and Physically Handicapped, etc.) for use.

4. **Council staff will identify appropriate interpretation and translation service providers.**

   a. Staff will work toward contracting with individuals and/or agencies skilled and experienced in translating English into other threshold languages.

   b. Council staff will submit selected materials for translation or adaptation into other identified languages.

Timelines:

1. Council staff will establish a budget to cover reasonable expenses associated with adapting and translating materials by **September 30, 2015.**

2. Council staff, to the extent possible/practical, will provide materials in plain language format through **September 30, 2016.**

   a. When the adaptation of written material to plain language is not possible, staff may provide reasonable adaptation through direct facilitation, **as requested, through September 30, 2016**.

3. Council staff will identify a critical list of materials to be translated for people with developmental disabilities and their families on an ongoing basis through **September 30, 2016.**

   a. Staff may identify and collect previously translated, adapted and/or otherwise accessible materials from available sources (e.g. California State Library Braille and Talking Book Library, National Library Service for the Blind and Physically Handicapped, etc.) for use by **February 1, 2016**.

4. Council staff will identify appropriate interpretation and translation service providers by **September 30, 2015.**

   a. Staff will work toward contracting with individuals and/or agencies skilled and experienced in translating English into other threshold languages by **September 30, 2015**.

   b. Council staff will submit selected materials for translation or adaptation into other identified languages through **September 30, 2016**.

Deliverables:

1. List of materials to be adapted and/or translated

2. List of appropriate interpreters, translators, and/or other sources for adapted/translated materials

3. A Council budget for costs associated with translations/adaptations/interpreting services

Evaluation Methodology:

1. Regional and HQ Council staff generates Activity Reports to document the actual work of the Council. Monthly Activity Reports document the type and purpose of specific activities, the need(s) addressed by any activity, numbers of people (i.e. those who have been reached, affected, trained, or somehow served, etc.), federal areas of emphasis and performance measures used to determine the success/failure of a given activity, emerging issues, etc.

2. Regional staff will be collecting surveys/evaluations from self-advocates and family members to determine satisfaction with Council efforts.

3. Website-posted materials and the production of documents, training, manuals, etc. will be used to evaluate the timely success of most deliverables.

Section V: Evaluation Plan

It has been an ongoing work in progress to elicit consistently accurate quantitative and qualitative data from regional staff and report it in such a way as to adequately and accurately convey the range of issues facing people with developmental disabilities throughout the state of California. While - with the advent of AB 1595 (Chesbro) - the structure of the Council's relationship with its regional offices has now aligned with federal standards, the shift has not been without significant challenges. Developing activities that cover the range of goals and objectives within the State Plan has been traditionally reflective of regional issues, sometimes to the exclusion of the rest of the state. As a result, the Council's capacity to pursue consistent data collection and analysis has been negatively impacted.

Due to these recent structural, policy, and personnel changes within the Council, basic fieldwork data collection, evaluation, reporting, and analysis processes have now changed in some critical ways, many of which may be evident in the development and structure of the 2015 State Plan Amendment – Update, and which will reflect in the quality and consistency of data reported during the next federal fiscal year cycle.

Regional and HQ staff document work with a standard activity report, through which staff identifies the specific goal areas being addressed, as well as federal areas of emphasis, strategies, and performance measures used. Each report records narrative and anecdotal data about the event or work, in addition to emerging issues of significance - statewide, regionally, or locally. All individual activity reports are analyzed by at least two administrative staff to ensure that the work is reflective of the Council's goals, policies, and mission. On a bi-monthly basis, this information is collected, collated, and reported to the Council; on a monthly basis, it is forwarded to AIDD, as part of the current reimbursement justification process. This 'vetting' process has given staff the opportunity to carefully evaluate reporting standards, activities, and data accuracy. Staff training and support will provide ongoing adjustments to this process, as necessary.

Much of the reporting of last year's work was quantitative; the next federal fiscal year's reporting is expected to demonstrate a shift toward more substantive, qualitative results, although it may be several years before this process is fully perfected. Staff will be working together to develop consistent evaluation instruments that reflect consistent activities that are replicated throughout the state, allowing for more valid comparison and evaluation of similar activities. Staff is addressing the concept of pre/post-testing for training events and working to collect anecdotal data from people with developmental disabilities throughout the state. This shift in connecting needs to objectives and developing activities to address the identified/reported needs

will lead to a more organic reporting of activity results. In closing the loop between needs and activity-based outcomes, it is expected that the next State Plan development process will become a natural and successful transition for the Council.

The Council will continue to collect and report quantitative data, identifying numbers of services provided, trainings given, collaborative meetings held/attended, etc., but staff understands that, even at the federal level, the work of the Council is really about people and the lives that are enhanced and changed for the better. Within the current State Plan Amendment – Update, separate, discrete evaluation methodologies have been built into every objective. Ideally, this will draw direct correlations between identified needs, stated objectives, completed activities, and reported outcomes. The Council will continue to report to AIDD on an annual basis, but the monthly internal reporting process will streamline that process and incrementally build a year-end report throughout the course of the year. This process will allow staff to analyze progress toward the successful completion of an objective and its planned activities and to objectively assess outcomes to develop a list of best practices that can be replicated throughout the state.

Section VI: Projected Council Budget

GOAL	TITLE	SUBTITLE B $	NON-FEDERAL SHARE $	TOTAL
1	Self-Advocacy	$711,399	$0	$711,399
2	Rights Training/ Advocacy	$711,399	$1,733,800	$2,445,199
3	Quality Assurance	$47,427	$2,273,200	$2,320,627
4	Public Safety Outreach	$47,427	$0	$47,427
5	Emergency Preparedness	$47,427	$0	$47,427
6	Adult Transition	$284,560	$0	$284,560
7	Early Start	$284,560	$0	$284,560
8	Employment First	$474,266	$0	$474,266
9	Employment/ PSE Advocacy	$284,560	$0	$284,560
10	Health	$189,707	$0	$189,707
11	Housing Access	$142,280	$0	$142,280
12	Housing Development	$47,427	$0	$47,427
13	Generic Services	$521,693	$0	$521,693
14	Public Policy	$711,399	$0	$711,399
15	Multicultural	$237,133	$0	$237,133
16	General Management	$1,666,341	$230,000	$1,896,341
17	Functions of the DSA	$50,000	$340,000	$390,000
TOTAL		$6,459,004	$4,577,000	$11,036,004

Section VII: Assurances

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124(c)(5)(A-N) in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

- [x] Assurances submitted

Approving Officials For Assurances

- [x] For the Council (Chairperson)
- [x] For DSA, when not Council

Section VIII: Public Input and Review

PART A: How the Council made the Plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council utilized its network of area boards to develop and publicize its plan. In 2009-10 each area board developed a local plan (updated annually), which was reviewed by the local community. The State Plan was then crafted by utilizing the common themes and priorities identified in the local plans.

The subsequent draft State Plan was disseminated throughout the state for comment beginning in January 2011. The plan was posted in both English and Spanish on the Council website with a link that enabled viewers to submit comments via email and a list of public forums to which the public was invited to comment on the plan. Nine (9) public forums took place in January through March, attended by 255 people. Following these public forums, the draft Plan came before the Council at its May meeting. Based on feedback from Council, the plan was further refined for final approval at its June 15, 2011 Executive Committee meeting. The approved plan was then posted for the required 45 day review.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

There were few substantive recommendations for revisions to the 2012-2016, 5-Year State Plan. Except as noted below, input was largely positive and complimentary. The ground-up methodology the Council used to develop the State Plan resulted in a product that reflected and responded to the priorities contributed at both local and regional forums. SCDD believes that its goals, objectives and priorities effectively reflect the cultural, ethnic and language diversity of communities throughout the state.

The Council approved the 5-Year State Plan for 2012-2016 on May 25, 2011. The Council recommended that the Plan's objectives and strategies include measurable outcomes. Accordingly and where appropriate, numerical objectives were developed, referencing back to the objectives crafted by the local area boards. The State Plan will be reviewed and updated on an annual basis.