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# State Council for Developmental Disabilities

## Program Performance Report

### For Year 2017

State Council for Developmental Disabilities

## Section I: Identification

\* - Required input

To provide identifying information of the reporting Council

**1. State/Territory\***

California

**2. Federal Fiscal Year Reporting\***

October 1, 2016 through September 30, 2017

**3. Contact person regarding PPR information\***

Vicki Smith, Deputy Director of Regional Office Operations

**4. Contact person's phone number\***

916-322-8481

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**6. Executive Director name (if different from contact person)**

Aaron Carruthers, Executive Director

**7. Executive Director's phone number\***

916-322-8481

**8. Executive Director's email address\***

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## Section II: Comprehensive Review and Analysis

\* - Required field

### **Adequacy of health care and other services, supports and assistance that individuals with developmental disabilities in Intermediate Care Facilities (ICF) receive**

The State Council on Developmental Disabilities recognizes that eligibility for and access to entitlement services is critical to individuals with I/DD and/or cross-disabilities and their families. A lack of sufficient resources may limit housing access, determining transportation options – which may open up or limit recreational and job opportunities – and jobs represent an increase in the resources available to acquire safe, affordable, accessible housing. Because of the complexities of life associated with intellectual and/or developmental disabilities, the Council maintains a broad, encompassing State Plan, designed to address cascading factors that can place people with I/DD at risk, including health care. Initial assessment of disability can identify supports necessary to access a free, appropriate public education, which, in turn, leads to transitional and adult opportunities: choices about post-secondary education, independent living opportunities, and integrated, competitive employment.

The California Governor's budget (2017-18 May Revision) reported an estimated increase in the number of people with I/DD, who are clients of the state's Department of Developmental Services (DDS), with a total of 317,837 people expected to be served during the 2017-18 fiscal year. DDS administers the Home and Community-Based Services (HCBS-DD) Waiver (with the temporary HCBS Waiver extension approved through December 23, 2017), which provides for California's 'entitlement services' - case management, as well as the coordination and purchase of services and supports – for people with I/DD through its system of 21 regional centers (RCs).

The May Revision proposed a budget of \$466 million to serve people with I/DD. This figure is impacted by a number of factors, including increased caseloads, minimum wage and benefit increases (affecting costs for direct care workers, transportation, respite, and supported and independent living services), and the development of Safety Net Resources for individuals with I/DD

who are transitioning out of secured facilities. An additional expense for California's regional centers is the addition of psychologists to specifically provide assessments and behavioral health treatment recommendations for children with an Autism Spectrum Disorder (CHHSA/DSS, May 2017).

DDS has been working with and providing support to its RCs and vendors to assist with program transitions (in regard to community integration), pursuant to federal timeline requirements. "In recognition that service providers will need to continue taking steps towards modifying their services, the 2017 Budget Act (AB 97, Chapter 14, Statutes of 2017) contains \$15 million to fund changes that are necessary for providers to come into compliance with the HCBS rules by March 2022" (CMS HCBS Regulations, 2017).

In addressing recent Medi-Cal trends, the California Department of Health Care Services (DHCS) Research and Analytics Division reported substantial changes to health care delivery systems in its March 2017 update. Specifically: "Individuals eligible for Medi-Cal residing in rural counties have been shifted from Medi-Cal's traditional Fee-for-Service (FFS) delivery system to Managed Care plans. Children were transitioned from the Healthy Families Program (HFP) into Medi-Cal, and the Patient Protection and Affordable Care Act (ACA) has brought in millions of new Medi-Cal enrollees since December 2013." DHCS further reported that Medi-Cal enrollees currently represent, at 13,465,641, "approximately one-third of California's population." Of these, 2,004,353 (15%) are seniors and people with disabilities, 54% are female, 46% are male, and fewer than 1% of the total are in long-term care (CDHCS RASD, July 2017). Medi-Cal is also responsible for financially covering 95% of the services provided for those with I/DD in California who are residents of intermediate care facilities (CAHF, 2017).

California maintains four (4) distinct types of Intermediate Care Facilities:

- ICF/DD (Developmentally Disabled) – 16 or more beds
- ICF/DD-H (Habilitative) – 15 or fewer beds
- ICF/DD-N (Nursing) – 15 or fewer beds

\* DD-CNC (Continuous Nursing Care) – as determined by RCs

At the federal level, these are identified as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (CMS.gov, 2016). According to the California Association of Health Facilities (CAHF), there are currently “15 large ICF/DDs, approximately 723 ICF/DD-Hs, and 420 ICF/DD-Ns in California”. Of those residents (with I/DD) of intermediate care facilities, 6% are below the age of 22; 35% are between the ages of 22 and 45; 48% are aged 46-64; and 10% were 65 years or older. CAHF further reported that, of the 9,000 residents of ICF/DD facilities, 76% also “participate in off-campus day programs” (2017).

Individuals with I/DD who have financial assets or own property experience the risk of losing important public entitlements, such as SSI, if their assets are not accrued and managed properly. The 2010-14 American Community Survey reports that more than 50% of people with disabilities have self-care, cognitive, and/or independent living impairments (ACS, 2015, Table S1810, as reported in DHCD, 2017, p. 12), requiring some type of support or service. Navigating the world of family and special needs trusts, ABLE Act opportunities, and other resource protection options is complex and confusing for most people. Family (natural) supports are also subject to change, which can leave people with I/DD especially vulnerable.

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**Adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers receive**

While an estimated 706,500 people in California may meet the federal criteria for having an intellectual and/or developmental disability (I/DD), fewer than half (325,645) are actually identified and found eligible to receive case management and/or other services through the state's regional center system, leaving an estimated 380,000 or more people without valuable support services throughout the course of their lives (CA Dept. of Housing and Community Development, 2017; CA Dept. of Developmental Services, 2017). Of those people with developmental and/or cross-disabilities who are unserved by the state's

regional centers, there is little specific information available. As of December of 2016, according to the Social Security Administration, more than 916,000 “blind and disabled” Californians received SSI/OASDI benefits, with more than 731,000 people over the age of 18 receiving OASDI payments (SSA, Tables 2 and 3, 2016). The standard monthly federal SSI payment is \$731 (SSA, 2017).

Regional center supports, like all of California’s social services, are considered ‘voluntary’ and are *not* pushed on those who do not want or choose to accept them (with the possible exception of those individuals whose rights have been conserved through court action). DDS reports annually on its receipt of complaints, as registered by people with I/DD and/or their representatives, in regard to denials of rights (W&I Code §4731) by a regional or developmental center and/or service provider(s). Current data shows a 0.16 (per 1,000 clients) §4731 complaint submission rate (2016-17), which represents a slight increase of 0.03 complaints (per 1,000 clients) over those reported for the previous year. Of some concern is a general policy of (county) Public Administrator/Public Guardian/Probate Offices of referring cases involving people with I/DD (who may otherwise be without direct representation, natural family supports or other assistance in navigating the complex system of social support services) back to the local regional center for both eligibility &/or conservatorship consideration and, if deemed necessary, assistance.

Aging with insufficient income, assets and/or natural supports (due to a complex range of causal factors) is a significant risk associated with a subsequent loss of services, leading to the risk of isolation, homelessness, reduction in access to both physical and mental health care, etc. (Brown, et al, 2016). Within the regional center system in California, over 10% of RC clients are 52 years or older (DDS, 2017, p. 10). For those people living with aged parents (who may serve as primary caregivers and provide their adult children with residential [and other] supports), there is a genuine risk associated with the loss of parental supports. This may include – in addition to housing – the critical loss of direct representation, assistance with management of finances, behavior modification, oversight of medications and medical or dental treatment, etc. It is the combination of one or more of these factors that can deny, erode, or completely strip away precious housing and other resources for people with I/DD and/or cross-disabilities.



In 2017, California's median home prices ranged from \$340,000 (Sacramento area) to nearly \$1,200,000 (San Jose area), putting home ownership out of reach for many people and especially those with disabilities (who may choose or be unable to work or who may make low or sub-to-minimum wages). In Sacramento County, which has among the lowest median prices of homes within the state's metropolitan areas, Housing California reported a shortage of 2,505 affordable homes, with Sacramento County having "lost 66% of its state and federal funding for affordable homes, more than \$44 million annually" (as cited in the Sacramento Bee, 2017). Recent fires have further reduced California's housing, leaving thousands displaced and destroying 5,643 structures.

California, with a 2016 population of close to 39,250,017, already includes an estimated subpopulation of 118,000 homeless (U.S. Census Bureau, 2017; U.S. Interagency Council on Homelessness, 2016); fully one-third of California's homeless live in Los Angeles County (DHCD, 2017, p. 10). And in Sacramento County alone, approximately 55% (nearly 2,000) of the more than 3,500 homeless are unsheltered, living in parks, by the river, beneath freeway overpasses, etc. Of those who are living without shelter, 40% experience *chronic* homelessness, having been "homeless for more than a year or (who) have had multiple bouts of homelessness in the past three years, and have a mental, physical or developmental disability that keeps them from working" (Chabria, et al, 2017).

There is a lack of current research (in the US) related directly to disability and homelessness and it represents the gap *between* programs through which people with disabilities fall, with a cascading loss of supports and services. California is recognized as a state that supports freedom of choice, even when those choices are considered 'bad.' People with intellectual, developmental, and/or psychiatric disabilities are particularly vulnerable to a loss of services.

The Council's 5-year State Plan addresses all of these areas of concern: Self-advocacy, employment, housing health/public safety, education (throughout the lifespan) and formal and informal supports. In adapting the Council's work plan(s) for the upcoming 4 years, it may adjust the anticipated numbers of people served or activities planned, but it will not affect the range, depth or richness of advocacy, capacity-building, and systemic change efforts of the Council and its regional staff with and for people with intellectual and/or developmental and their families.

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## Section III: State Plan Implementation

\* - Required field

### A. Introduction

**Provide an executive summary with cohesive information that provides an overview of the report including, but not limited to the following: (1) targeted areas of emphasis, (2) strategies used to implement activities; (3) significant accomplishments and/or barriers to state plan implementation; (4) needs requiring state plan amendments**

The California State Council on Developmental Disabilities (SCDD) maintains careful attention to shifting priorities at the governmental, private, and community levels and is attentive to emerging trends and the needs of its important constituency. The state of funding, supports, and services, as well as federal and statewide social trends, has only increased the ongoing need for advocacy, capacity-building and systemic change on behalf of people with intellectual and/or developmental disabilities (I/DD). Based on the response and expressed need of people with I/DD and their families throughout the state, the Council's five-year State Plan includes six (6) goals and eighteen (18) objectives in the areas of self-advocacy, employment, housing, health and public safety, education throughout the lifespan, and generic services.

Throughout the course of the year and in the process of implementing the State Plan, the Council targeted and addressed every federal area of emphasis, engaging in efforts that included: advocacy, barrier elimination, capacity-building, coalition development and citizen participation, coordination with related Councils, committees and programs, demonstrations of new approaches to services and supports and/or projects and activities, informing (and working with) policymakers, interagency collaboration and coordination, and systemic change activities. In so doing, the Council met or exceeded its planned activities and numbers of people to be reached and/or served (with few exceptions) for all 6 goals and 18 objectives.

Council staff at headquarters and in 12 regional offices, infused throughout communities in California's 58 counties, held 918 training events (860 of which were linked with pre/post-tests and/or satisfaction surveys), reaching 670,989 family/self-advocates, community members and professionals (reaching people with information and technical assistance), often including and

empowering family/self-advocates as speakers and peer trainers in the process. To further extend its reach, the Council provided information electronically, reaching a total of 2,171,759 people through emails, website postings, and electronic newsletters. A total of 823 collaborative policy-level and planning meetings were held regionally and at the state level (with more than 5,700 people) to promote policy changes and/or appropriate supports and services for people with I/DD and/or cross-disabilities. Public testimony was given a total of 40 times, reaching 3,039 people engaged in legislative decision-making efforts. The Council partnered with individuals and agencies to provide conferences, media-based information (through newsletters, emails and posted website materials), and technical assistance to address both individual and systemic advocacy issues. In facilitating the work of self-advocates, Headquarter and regional staff provided facilitation, support and assistance, convening meetings and arranging travel for members of the Statewide Self-Advocacy Network, Self-Advocacy Advisory Committee, and Statewide (as well as local) Self-Determination Advisory Committees. The Council partnered to put together 7 major Self-Advocacy events and conferences, reaching 1,910 attendees.

A number of grant-funded and in-house, collaborative projects were implemented to address the Council's intent to drill down on topics such as self-advocacy, employment, health and public safety, and education (throughout the lifespan). The Council experienced minor challenges as one agency closed its doors prior to beginning the Council's project. Two other agencies have requested (and received) permission to extend their grant-funded projects and deadlines into the 2018-19 FFY. Likewise, some of the work planned for this year in Objective 6.1 has been extended into and is included in next year's work plan (2018-19).

While significant progress was made throughout the FFY 2016-17 State Plan period, the Council is especially excited about its success in several goal areas: Family/self-advocacy (#1) and work which included education throughout the lifespan (#5); employment (#2); and health and public safety (#4). These bodies of work reflect the Council's extraordinary efforts and accomplishments in capacity-building, systemic change, and advocacy.

#### Family/Self-Advocacy

The Council excelled in promoting and enhancing both family and self-advocacy, spanning two significant goal areas:

1.2 Statewide Self-Advocacy Network (SSAN) members and affiliated self-advocates have presented information and/or training at 38 peer-attended events, reaching a total of 2,496 people (Goal #1).

SCDD has been actively supporting the work of self-advocates, who are now, in larger numbers, increasing in their capacity as strong leaders and peer trainers throughout the state, providing information, peer-to-peer training, and outreach to others with I/DD and their family and community members.

While activities may be facilitated by staff, they are being completed by self-advocates (per Goal #1) and have extended to every one of the State Plan's 6 Goal areas (#1 Self-Advocacy; #2 Employment; #3 Housing; #4 Health & Public Safety; #5 Education throughout the Lifespan, & #6 Formal and Informal Community Supports).

Staff facilitation typically involves providing assistance with writing and completing/submitting speaker applications, developing and/or editing PowerPoint presentations, etc. As self-advocates become more experienced in conducting training, they have begun to consider the use of pre/post-testing, for the purpose of measuring increases in levels of participant knowledge and satisfaction.

Building the capacity of self-advocates (as peer trainers) has produced some tangible benefits. When self-advocates dedicate time and energy to interactive training and presentations, they also share their experiences, personal insights, and observations in response to questions, real-life scenarios and concerns from peers. Self-advocates have used this forum to demonstrate their skills at providing powerful individual advocacy, walking peers through the problem-solving process. There is a growing sense of credibility among self-advocates in response to peer-to-peer training. Systemically, it appears that self-advocates want to hear from one another, rather than from professionals who, instead, are simply asked to provide support and facilitation to self-advocate peer trainers.

Listed below are some of the peer-to-peer activities in which self-advocates have led and participated over the past year:

Webinars:

'I Got Hired'

California Employment Consortium for Youth (CECY)

Conferences:

Supported Life Conference

Statewide Self-Advocacy Conference

Youth Healthcare Transition Summit

Health Advocacy Summit

UCLA Tarjan Center Lecture Series: Insights from Self-Advocates about Research and Interventions for People with Developmental Disabilities

Trainings:

'How to do a Meeting'

Sacramento County Sheriff's Department Academy: LD-37 Persons with Disabilities

Self-Determination

Sacramento Police Department Academy: LD-37 Persons with Disabilities

'How to do a Presentation'

DSS Community Care Licensing: People with I/DD

'Crime Prevention'

'Emergency Preparedness'

'How to Take Medications'



2-Part Training: 'Models of Disability'

'Supported Decision-Making'

'Requesting Reasonable Accommodations'

Presentations/Meetings/Panels:

WCIL: 'Bottom Dollar' Documentary Panel

'Reaching your Dreams'

'Bottom Dollar'

San Diego People First

APSE & Self-Advocacy Board of Los Angeles

ARC Solano

DDS CAC meeting: Law Enforcement Trainings

SSAN Employment Panel

Self-Determination

Valley Mountain Regional Center CAC

Statewide Self-Advocacy Conference Panel: Bullying

DDS CAC meeting: Supported Decision-Making

CA Department of Mental Health: Affordable Housing for People with Disabilities

'Butte County Fire'

Stanford Community Health Center

Self-Advocacy Advisory Committee: Attendant Care

SSAN: LE Training

Westside Regional Center CAC: 'Transportation: Key to a Better Life'

Access Transit

ABLE Act

Sonoma Developmental Center Choices Project: Orientation

'Encouraging Social Success'

*The true measure of your worth includes all the benefits others have gained from your success. -- Cullen Hightower*

## Employment

2.2 The Council has solidified a foundation for building on competitive, integrated employment (CIE) efforts with both the passage of employment-related legislation and the issuance of the CIE Blueprint.

The Council has made strong progress toward making competitive, integrated employment (CIE) a core value and viable option for people with I/DD in California, working with legislators, federal partners, state agencies, local employers, and family/self-advocates. California's CIE movement is stressing that 'real work for real pay in the real world (with real risks)' means obtaining and retaining employment that is at or above minimum wage - with the same kind of opportunities for health benefits, advancement, promotion, and career growth - while working alongside people who are physically, developmentally, and

neurologically 'typical.' As part of this movement, people with I/DD will have the opportunity to do the work that they want to do and for which they are qualified, rather than simply accepting jobs that are offered but that may or may not match their actual abilities or vocational interests.

The Council sponsored AB 433 (Mendoza), which was adopted and incorporated into AB 1696 (Insurance Omnibus: Developmental Services), passed, and subsequently signed by Governor Brown. With the passage of this statutory language, the California Departments of Rehabilitation (DOR), Developmental Services (DDS), and Employment Development (EDD) will (in lieu of an MOU agreement between those same state entities) have the statutory authorization to share and reconcile data regarding the employment of people with I/DD with the State Franchise Tax Board. This regulatory change will allow the Council and its state agency and federal partners to monitor employment trends for people with I/DD and update the Council's (hosting of the) Data Dashboard on a timely basis. Up-to-date and accurate data also will inform the Council and its collaborative partners about current trends, based on geography, disability type and severity, ethnicity, or age, and facilitate the development of future employment-related recommendations and Council work on behalf of people with I/DD (SCDD, 2017).

Outside of its regular Council meetings, SCDD maintains an Employment First Committee (EFC) which meets quarterly. The EFC is a legislatively mandated body, on which sit Council members and California's member agencies, including its federal partners, Disability Rights California (DRC) and all three UCEDDs, and provides solid, research-based recommendations related to the employment of people with disabilities. Another important partner in the Council's work on employment-related issues is the California Employment Consortium for Youth (CECY).

The work of the Council's EFC has included providing input and updates on the progress and completion of the CIE Blueprint, a joint project between the California Departments of Education, Rehabilitation, & Developmental Services. Collaboration on the Blueprint includes DRC and SCDD, which hosts the State of California Developmental Disabilities System Employment Data Dashboard. The draft CIE Blueprint was posted for 4 to 5 weeks for public comment, with a focus on Section IV, with a 2 to

3-hour stakeholder teleconference in December. An Executive Summary for the public and for family/self-advocates is available in plain language and the Blueprint has been translated into six (6) languages, in addition to English, and is posted to California's Department of Health and Human Services website (CDHHS, 2017).

The statewide research and policy work conducted by the Council and its partners has produced a body of collaboration and up-to-date information, research, and recommendations that will support the various CIE/employment goals of each agency and department. The joint strategic planning and output over the course of these agencies' 5-year plans is intended to result in more jobs with better pay for people with disabilities in the state of California and serve as a healthy example of CIE to the rest of the country.

#### Health & Public Safety

*The American people must be able to trust that their courts and law enforcement will uphold, protect, and defend their constitutional rights. -- Loretta Lynch*

4.2 Over the past year, Council personnel have developed curriculum and provided training throughout the state to 2,225 law enforcement (LE) officers and recruits, EMS/fire personnel, mental health workers, state investigators (for licensed care facilities), and others in the public safety/emergency response field (Goal #4). Topics have included information about people with disabilities; disability recognition; victim/witness/suspect support/service needs, modifications and accommodations; abuse and risk factors; tactical considerations; crisis intervention; arrest/control issues; and effective communication and de-escalation techniques. Council staff are also inviting and including family and self-advocates in training public safety personnel, rather than simply talking 'about them' with class participants ("Nothing *about us without us*").

In the field of public safety (Goal 4), media reports and recently passed bills have focused attention on adverse law enforcement interactions with people with disabilities. In response to a series of recent events, extensive published material, and needs expressed by family/self-advocates, community members, and LE personnel, the Council has partnered with law enforcement

agencies throughout the state to provide subject matter expertise and POST-certified classes (California Commission on Peace Officer Standards and Training POST) to LE personnel and other first responders through academy and advanced officer trainings (Hause & Melber, 2016).

Legislation signed into law over the past 3 years has mandated disability-specific subject matter training for law enforcement officers – a subject matter that is not a typical area of expertise for LE training personnel. In departments throughout California, the continued certification of investigative and supervisory staff and field training officers is contingent on receiving these specialized trainings, for which departments may have no qualified in-house training personnel. Typically, public safety personnel request/accept/receive training only from other (active or retired) allied criminal justice agency personnel (e.g. LE officers/ investigators, prosecutors, judges, etc.).

In partnership with the California Highway Patrol, several Council personnel have received or are obtaining POST (Peace Officer Standards and Training) Advanced Instructor Core Competency (AICC) training and certification. This will allow (civilian) Council staff to provide subject matter expertise and training to both advanced officers and LE recruits in departments throughout California. As a result of this collaborative effort, the need of law enforcement agencies (LEA) for skilled training in meeting legislative mandates and in response to specific department requests, the Council is developing a credible reputation in LE circles for valuable training, expertise in responding to requests for information and/or technical assistance, and partnering with agencies to develop in-house peer trainers.

The Council's partnership efforts with LE agencies have yielded other benefits, as well. Council staff members/trainers and family/self-advocates are already changing the way that officers are trained in classroom settings. Family/self-advocates are now participating in providing disability-related information, role-playing opportunities, and real-life anecdotal information about their lives to law enforcement officers and recruits in ways that will affect how officers interact with people with disabilities throughout the course of their careers. Officers have reported that they benefit greatly from the opportunity to learn about disabilities from people *with* disabilities in the (relative) safety of a classroom environment, where they are free to ask questions and overcome the discomfort of asking deeply personal questions for public safety reasons.

In collaboration with UC Davis, the Council provided training to the California Department of Social Services Community Care Licensing Program Analysts (LPA), who are the primary investigators of suspected neglect and abuse in thousands of licensed residential facilities and adult day programs throughout the state. LPAs receive one week each year of continuing professional training. Council staff conducts two (2) out of the five (5) scheduled days of training (two [2] one-week sessions were held in both northern and southern California in 2017). The curriculum included in-depth information about I/DD and cross-disabilities, residential/program care, abuse, reporting, and investigative issues, and interviewing skills. Additionally, family/self-advocates participated as interview/presentation speakers, several of whom live in licensed facilities. UCD staff processes all evaluation data and reported high satisfaction rates in response to this training, which has resulted in a requested increase in the number of classes offered throughout the state for the upcoming year. DSS has also requested that Council (instructional) staff each participate in a 'ride-along' with an LPA, to provide a more in-depth understanding of the investigative role of the CCL Licensing Program Analysts.

Finally, family/self-advocate speakers, all of whom have the best expertise in regard to disabilities, are gaining experience and training in working with law enforcement officers and other investigative staff. It is possible, as this program progresses, that family/self-advocates could become certified trainers in their own right.

The Council's efforts in public safety issues have not gone unrecognized. As a result of its extensive work developing tools and providing training in the area of public safety and disaster preparedness, the Council is the recipient of the 2017 California Emergency Services Association's Gold Award, meant to honor an individual, group or organization for outstanding service in the Emergency Management field. The nomination was submitted by Chris Grant, from the San Bernardino Community College District, and was submitted "to formally recognize your organizations' dedication to making a difference by creating tools and partnerships that can be replicated throughout the state." The Association letter of acknowledgment stated: "This organization is driven by passion and commitment to go above and beyond in service to individuals with access and functional needs." Furthermore, "we could not agree more that your organization is deserving of this prestigious recognition."

*Our lives begin to end the day we become silent about things that matter. -- Martin Luther King, Jr.*

## Early Intervention, Education, Transition & Post-Secondary Education

5.2 The Council continues to receive ongoing requests for direct representation (Goal #5 – Education throughout the Lifespan) by family/self-advocates, specifically for meetings (e.g. IEPs, IPPs, etc.) within the early intervention, special education, transition, post-secondary academic and generic service/support systems. In collaboration with other agencies, the Council has worked to build a cadre of parent peer advocates, who are being trained and are willing to provide advocacy and direct representation for other parents of children with special needs at the local community level.

As the Council has refocused and deepened its work in providing individual advocacy, capacity-building and systemic change, personnel located throughout the state have fielded calls from family advocates, many of whom are desperately seeking someone with additional expertise to serve as a direct representative with and/or for them in IEP meetings. Many of these requests are generated by families who may be mono or bi-lingual (In the county of Los Angeles, which boasts more than a quarter of California's entire population, nearly 50% of *Los Angelinos* are Latino but not necessarily mono- or bilingual).

The Council and its regional staff have provided culturally responsive training through conferences, trainings and collaboration with agencies throughout California, working closely with Warmline and the Learning Rights Law Center (LRLC) to educate parents in navigating the special education system. This effort has provided rights training with a goal to develop a network of peer advocates to assist other parents of children within the special education system.

TIGER is LRLC's acronym for Training Individuals for Grassroots Education Reform. "TIGER is a hands-on, self-advocacy program designed and taught by Learning Rights, to foster the tools of families in need, so that they may successfully advocate within the special education system" (LRLC, 2017). In addition to direct representation and legal advice about education for low-income families, LRLC works closely with the Council's regional offices to provide training. Warmline Family Resource Center, a parent-staffed agency providing training, phone consultation, and resource/referral information for parents who have children with special needs, also partners with the Council and LRLC in these efforts.

Council staff has provided educational training to parents in English, Spanish, and other languages, as requested. By the end of August 2017, the Council and its collaborative partners had provided FAPE/IEP/PCP/ITP training (5.2 and 5.3) to 3,412 family/self-advocates and provided electronic materials, newsletters, flyers, brochures, and other resources to over 151,550 people. More importantly, the Council was responsible for training over 230 parents to become peer advocates who are now able to provide direct representation for other parents.

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**Cultural Diversity : Describe the Council's overall efforts to address the needs of individuals with developmental disabilities and their families of a diverse culture through its state plan supported activities**

The Council's cultural diversity efforts were implemented throughout the activities of the state plan and included the work of the Council's federal partners, the Department of Developmental Services, and local and other state-level agencies. Training was provided in languages other than English, as were handout materials. Conferences and events also included sign language, non-English interpretation and translated materials. The Council provides resource materials in other languages than English on its website and will translate materials, as requested, for specific purposes, resources and/or events. The Council's objective to collaboratively address Purchase of Service disparities within the 21 regional centers in California, in conjunction with the federal partners, has now been legislatively mirrored and will become an ongoing collaborative effort encompassing additional state and local partners.

Regional Council staff also reports regularly on emerging local and state trends and issues, based on observation and regular interactions within local communities. Of some rising concern has been a federal and state policy shift in providing/funding low-cost housing to those with low to very low income who are elders or homeless, specifically veterans. This trend has left people with I/DD somehow underrepresented on the housing front, as they are particularly vulnerable to joint factors of low income, inaccessible or unsafe housing, high housing costs, and a subsequent risk for homelessness.

Throughout California’s regional centers, there continue to be ongoing disparities in the purchase of services (in both Early Start and adult supports and services) for people with I/DD and their families “from communities of color (e.g. Latinos, African Americans and Asian)” (DDS, September 2017). Additional concerns include the long-awaited and much-delayed Self-Determination Program, dependent on final approval of the 1915 (c) HCBS Waiver application, which will allow self-advocates and families to make more independent choices about desired supports and services.

## B. Evaluation of State Plan Implementation

### **B1. Evaluation Activities**

The Council engaged in a mixed method (qualitative and quantitative) evaluative model for its work and collected and reported information about its activities in a variety of ways, maintaining transparency in the state plan implementation process. Staff documented and reported all work plan activities, events, trainings, etc. on a monthly basis. The narrative summaries of all activities were provided to all Council members and the public on a bi-monthly basis, so that regional work could be qualitatively assessed by the Council, its committee members, and the communities served throughout the state. Administrative staff produced at least 6 reports to track the Council’s quantitative progress toward meeting the overall targeted work, specific activities, grant-funded projects, and the number of people served, in this process.

### **B2. Evaluation Results**

In addition to collecting quantitative data about all activities, staff regularly queries participants for qualitative feedback about Council efforts. Narrative pre/post-test and survey information was uniformly positive, in response to specific training, projects, events and activities. Interestingly, family advocates and professionals tended to give higher satisfaction ratings, during and following activities, than did self-advocates. Large event feedback (e.g. conferences, fairs, and other outreach events) tends to be anecdotal, due to the nature of having so many people engaged in diverse activities. Because so much of the Council's regional and 'large event' work is collaborative, in nature, staff receives feedback from its collaborative partners in real time, adjusting outreach and engagement activities, curriculum and material distribution accordingly. This was especially true of law enforcement-related training, the evaluations for which were collected by individual agencies. Law enforcement agencies and personnel are all highly expressive and immediately abandon instructors and/or programs that are not effective or well-received. The Council's success in that environment has been particularly notable for success.

Staff reported that collecting satisfaction information (either in-person or over the phone/email) after events was especially cumbersome and impractical, as staff is heavily engaged in activities throughout the month. Event-based survey instruments also meet with some hesitancy, reluctance, and/or outright opposition on the part of attendees, who are focused on the event (e.g. training, etc.) and have limited time and attention to spare for activities that do not directly benefit or inform them. Ongoing mistrust associated with self-identification information has also prompted family/self-advocates to avoid completing any demographic information on satisfaction surveys, although they generally reported high rates of satisfaction with activities (with 90% to 100% satisfaction rates) in every Objective area, with the exception of Objective 3.1 (Housing). Largely – and when willing to complete satisfaction surveys and/or pre/post-tests, family/self-advocates reported being more empowered in both advocacy efforts and better able to give voice to what they want or what is important to them, following Council activities.

### **B3. Lessons Learned and Future work of the Council**

The work of the Council involves forward motion, while the data collection/evaluative process requires 'looking back.' The results collected through evaluation efforts have largely revealed no unexpected information regarding satisfaction with planned and actual Council activities, but have, rather, informed administrative and line staff regarding the data collection process itself. Regarding the state plan itself, there has been no need for revision, based on feedback from the first year's implementation and data collection efforts. Based on feedback from participants and/or collaborative partners, however, the Council does revise curriculum. Additionally, based on needs identified by regional staff, changes will be made to projected numbers within the work plan.

While Council staff worked with self-advocates in preparing for and presenting peer-led trainings, peer trainers were not aware that pre/post-survey were an integral part of identifying satisfaction and (if necessary) adjusting curriculum. Peers who led trainings without the benefit of staff assistance reported that it was especially difficult to administer pre/post-tests and surveys without one-on-one facilitation or assistance with paperwork, following presentations. Peer trainers will now attempt to use evaluation tools and, when available, staff will provide assistance with this process. Likewise, the in-house and Council project evaluation process is currently being revised, to bring sub-grantees into using evaluative models that are more consistent with the Council and its regional office revised data collection and reporting instruments, given changes to the federal performance measures.

The process of collecting demographic data from activity participants has become the most challenging component of the Council's evaluation/data collection efforts. Family/self-advocates have become strong proponents of and practitioners in carefully protecting hard-won civil rights and sheltering personal identifying and/or health information. In fact, the current political climate has triggered strong concerns about revealing personal information, which often includes ethnic/cultural identities, to any 'governmental entity.' The Council has worked hard, over a period of many years, to overcome distrust by people in underserved populations, many of whom (with their families) have suffered prejudice, injustice, limited opportunities and deprivation because of their countries/cultures of origin, sexual preferences/identities, limited proficiency in the use of English, (dis)abilities, and other characteristics that may identify differences that create a sense of 'being different' and, therefore, subject to deportation, service refusal, or social rejection. Regional staff reported back very quickly that, once they were directed to begin collecting

demographic information, activity participants were extremely reluctant – or refused outright – to publicly expose their diversity, regardless of assurances that such information would be used to better provide or enhance services, rather than deny those services. The Council is finding that now, once again, it is in a position of having to prove its trustworthiness as a strong advocate for people with I/DD and/or cross-disabilities, regardless of their diverse backgrounds and needs.

Objective 4.2 of the State Plan (Health and Public Safety) provided some unique challenges and opportunities, in addressing training needs of those within the criminal justice system. While the Council's regional personnel are all subject matter experts (whose training is valued throughout California), they are also, arguably, recognized as working solely in the social services field. Additionally, there are not insignificant cultural differences between the social support/service system and the criminal justice system, although personnel in both fields serve the same population(s). The challenging differences in perspective regarding 'mission' presented a potentially significant barrier for the Council's 'civilian' staff. In order to effectively engage law enforcement (LE) personnel in training, Council staff had to adjust to these cultural differences and take enforcement and officer safety responsibilities into serious consideration when presenting information about serving people with disabilities effectively.

Recent LE training opportunities and requests required regional staff to first have formal certification (Advanced Instructor Core Competency [AICC] certification) through California's Commission on Peace Officer Standards and Training (POST). Although not all law enforcement trainings (e.g. Crisis Intervention Team training, advanced officer trainings, etc.) require a fully POST-certified instructor, all LE recruit academy instructors must be AICC-certified through POST. This barrier became an opportunity for the Council to partner with the California Highway Patrol (CHP), allowing regional staff to join seasoned street officers and supervisory/command personnel (from the CHP and other emergency response agencies) and work and learn alongside one another in a series of 1-week classes to obtain full AICC certification as LE instructors. Each week of shared classroom interaction and presentations allowed officers to experience both Council staff humor, as well as staff expertise – both instructor attributes that are highly prized by professionals in law enforcement - and both necessary in bridging cross-cultural professional differences.

These joint (civilian/LE personnel) AICC classes allowed other challenges to surface, all of which had to be addressed by Council staff. Law enforcement officers are notorious for 1) having short attention spans in a classroom environment, 2) being highly kinesthetic learners, and 3) expecting high-quality information delivered in a fast-paced, engaging style, preferably with humor. Council staff was challenged with converting didactic information about disabilities, effective tactical communication, service/support systems, civil rights considerations, and officer safety issues into a curriculum that included a series of hands-on activities, scenario training opportunities and culturally appropriate, disability-related information that would enhance safe interactions between criminal justice personnel and people with disabilities. Council staff approached this challenge and converted it into an excellent opportunity to engage family/self-advocates with the LE training environment.

Council staff invited family/self-advocates with I/DD and/or cross-disabilities to come into LE classes (in conjunction with its now-certified Council instructors) as guest speakers and scenario trainers, each one bringing a completely different type of disability, life experience, and personality to every interaction. Officers and recruits engaged in wheelchair searches (looking for weapons, drugs and other contraband), intimidated by the frightening unfamiliarity of a colostomy bag (behind which knives had been stashed); they struggled through interviews with people with expressive language and sensory and motor impairments; and they listened to parents describe the desperation of being forced to call for help from law enforcement as an adult child's behavior escalated into uncontrolled violence against themselves and others – all the while being afraid that their desperately impaired (impaired by autism, by mental illness, by adverse reactions to medications) loved one could be shot and killed by law enforcement in the process of asking for 'help.'

During these classes, officers and recruits discovered that people with disabilities were just people; parent/self-advocates discovered that law enforcement officers were just people, too; and everyone discovered that the value of humor could be liberally applied - even to the topic of disabilities. At the end of trainings, guest speakers were then 'reintroduced' to class attendees, who were shocked to discover that most of the family advocates were law enforcement, either as officers and supervisors themselves, or as family members of LE officers, and all had a strong investment in officer safety. The Council's

classes were infused with humor and humanity and honesty and, sometimes, tears, and they were a hit with officers, family/self-advocates, and regional personnel, alike. In the aftermath of these classes, evaluations have uniformly reflected appreciation and surprise and satisfaction.

As a result of the Council's commitment to offering quality training opportunities by POST-certified subject matter experts and family/self-advocates with disabilities, law enforcement and other agencies have increased in their requests for public safety training around the complex topic of disabilities. The Council will continue to provide this training as opportunities – and challenges – arise.

#### C. Input on National Priorities

##### **Input on National Priorities**

As California has continued to develop the Self-Determination Program waiver for submission and final approval, Californians with I/DD and/or cross-disabilities, much like people across the nation, have expressed great fear about the possibility of reductions in Medicaid funding, along with uncertainties about other federal entitlements and programs providing critical services and supports to people with disabilities. Additionally, there is a tremendous need to update the national prevalence rate for people with I/DD, specifically, as an under-identified and/or served population that relies on both targeted and generic state and federal services/funding.

##### Emerging State Issues

*Insufficient (disability-specific) services available*



Families have reported that they believe that staff within the special education and regional center systems have an ongoing record of lying, being intentionally misleading, and/or ignoring family/self-advocates. In San Benito County, family advocates are concerned that changing school district structures will negatively impact/reduce full inclusion opportunities and perpetuate segregation of students receiving special education services. Although family advocates are aware that the Council does not provide direct representation, they still request assistance in finding advocacy for special education meetings, as paid advocates/attorneys represent an insupportable financial burden to families, who are also being turned down for advocacy requests by agency representatives (e.g. DRC/OCRA, etc.).

Parents are reporting that RCs and school districts have become 'siloe'd' systems. School personnel have reportedly 'soft-pedalled' standardized assessment and classroom reports so that parents are: 1) not made fully aware of a child's full range or combination of deficits; and 2) left simply 'hoping for the best' for a child's developmental progress and outcomes. Staff may 'label' students as having only a learning disability, rather than an intellectual/developmental disability. Schools/districts/SELPA's have also neglected to inform parents about cross-eligibility opportunities with the regional center system, leaving students without valuable RC services post-graduation. This lack of informed understanding leaves parents of young adults in an untenable position: Having been led to believe that their children are within low to normal ranges of performance, they are then hard-pressed to convince themselves, their children, and/or the regional center system that those same children now need RC services once school ends, even if they have received only a 'certificate of attendance' rather than a full diploma (if they have stayed in school and not dropped out in frustration over failing grades, bullying and poor self-esteem). Once these young adults reach the age of majority (at 18), they are highly unlikely to risk further humiliation by having to admit to a cognitive or developmental disability to receive RC services and/or SSI benefits (due to global delays), nor are they likely to grant parents the permission to do so on their behalf.

In several regions (e.g. Mariposa County, Riverside County, etc.), Council staff reports that transition services and/or programs are deficient or unavailable, and there is a reported shortage in the number of ABA providers available for after-school hours, which is a significant problem for school-aged children and their families and is creating long delays for those waiting for such services. Additionally, a number of counties have unilaterally cut IHSS 'protective custody' hours, without necessarily

understanding the complex safety/medical/care issues associated with a minor/adult child's specific disability/impairments. In completing this trifecta, RCs appear to be severely limiting or denying respite hours. Additionally, parent advocates in the Bay Area (Marin, San Francisco, Contra Costa, San Mateo, and Alameda counties) are reporting that RCs are not honoring regulatory timelines (e.g. assessments, eligibility rulings, IPPs, etc.). Children and young adults with special needs face specific challenges within the juvenile or criminal justice system, as there is a statutory question regarding funding responsibility for special education services while in custody (for those young adults aged 18-22).

*Insufficient (generic/public) services available*

In disaster-affected counties (e.g. Yuba, Sutter, etc.) residents (with disabilities) living independently reported that they were unable to comply with mandatory (fire/flood-related) evacuations, as there were no accessible transportation options available and ILS workers were unresponsive/unavailable. Many people with disabilities arrived at evacuation shelters without medications and/or modified equipment. Although shelter/public safety personnel attempt to obtain original or replacement medications, it can take 24-48 hours to do so.

Family/self-advocates in Riverside County (and others in California) have cited multiple code violations associated with locally determined budget priorities that do not address aging school facilities (e.g. active gas leaks, nonfunctioning heating/air/ventilation and fire suppression systems, major black mold/pest/vermin infestations and sewer line stoppages, broken windows/locks/gates, other hazardous materials and/or structural damage creating hazardous or uninhabitable conditions), which can increase the health and safety risks to otherwise compromised students with special needs, in addition to other students on campus(es).

Self-advocates have reported physical/service accessibility barriers (e.g. hotel accommodations without Hoyer lifts, etc.) when attending out-of-town meetings, and who report that - once they are dropped off at meeting/hotel locations, they are sometimes isolated from local or preferred restaurant locations without having to incur additional 2-way transportation costs. Ironically, people who use Paratransit services, rather than generic transportation systems, report that drivers frequently display a callous disregard for people with disabilities and can be rude, dismissive and/or arrogant, inconsistent in delivering riders to

appointments in a timely manner (despite scheduling buffers to accommodate for unexpected transportation issues/delays), and will simply leave if a rider is slow in exiting a building, foregoing any standard 5-minute 'grace period.' Conversely, riders are expected to endure substandard service, poorly maintained equipment (e.g. non-existent or substandard heating/air-conditioning during extreme weather, broken tie-downs, etc.), long (sometimes 1.5-hour or longer bus) rides, and drivers who 'handle' riders like excess, unwanted baggage.

California's mental health system, by and large, ignores people (in crisis) with combined mental illness and I/DD (with or without substance abuse issues), relegating them solely to the RC system for any (emergent) services and supports. While patients with I/DD can and do receive ongoing psychiatric care (through Medicare/Medicaid/Medi-Cal coverage), there are few to no emergency resources available for those who become abruptly or critically unstable, fully psychotic, and/or violent. Because the RC system is not considered an 'emergency response' system, parents (many of them aging and/or otherwise incapable of 'handling' someone who is in a full psychiatric emergency), residential/day service providers and law enforcement are expected to somehow 'subdue' and 'manage' people with multiple diagnoses, rather than rely on acute emergency care through traditional mental health resources. Ironically, smaller, 'boutique' mental health providers/agencies – uniquely trained, experienced, and designed to serve people with dual diagnoses – are typically unable to qualify for MHSA RFPs and other grant opportunities, due to operational size and/or smaller working budgets.

Other public and private options are becoming more inaccessible to PwD and/or their families. Dental providers are more often refusing to accept Medi-Cal payments/reimbursements, leaving people with no local options. Affordable housing options, credits, tax breaks and other incentives are now being provided and/or subsidized for people who are homeless, veterans, elderly, and/or mentally ill, with little to no consideration given to people with I/DD, in regard to set-asides, incentives and/or supports. Finally, family members – who are, in increasing numbers, providing direct support and housing for people with I/DD – are finding it more difficult to obtain health care, IHSS, rental assistance and other forms of public assistance. These deteriorating family support systems are further destabilizing the health and safety of people with I/DD, putting them at even greater vulnerability and risk of homelessness. While self-advocates may be involved with peer-related support and advocacy groups, very few report that they

are actively aware of or involved with panels, committees, boards or other governance bodies that may provide for – or ignore – those issues affecting people with I/DD and/or their families, leaving advocacy efforts to others who may or may not have the necessary time and investment necessary for systemic change activities on behalf of people with I/DD and their families.

### *I/DD Systems of Service/Support*

People throughout the state have reported frustration that the SDP waiver has not yet been approved, limiting program and funding flexibility, although California continues to refine the program for eventual approval by the Centers for Medicare and Medicaid Services. Family/self-advocates report that ‘individual service/program choice’ is not solely a matter of personal preference, relating that many RC-vendored agencies and/or personnel lack the training, experience, and/or desire to be responsive to specific disabilities, behaviors, characteristics and their associated needs and risks. Still others report that the ongoing resentment and frustration of underpaid staff results in high levels of caregiver stress, poor quality of service, attendance, and reliability and - in some cases, client neglect and abuse.

As RCs are working to implement the Employment First policy, some program loopholes are surfacing. One RC has instituted a vendor numbering system for those agencies providing CIE opportunities, a system that confuses family/self-advocates, who would like to supplement CIE with supported employment but have been denied. Regional staff reported that a ‘former’ subminimum wage/sheltered workshop provider has developed a work-around, in regard to minimum wage requirements: It simply converted all workshop clients to become minimum wage employees for 1 hour each week, while continuing to operate as a standard day program for the remainder of that day and the rest of the week. This effectively allowed the program operator to decertify as a subminimum wage employer and completely bypass the Employment First/WIOA requirements (of job placement trial/counseling/etc.) *without* the required approval of a subminimum wage employment program option. Clients are now directly placed into a program for 1 hour/week *without* receiving the benefits of DOR job placement/training/counseling. While vendors complain that they are unable to remain in business, due to low rates, some family advocates are opposing across-the-board increases without programs being held to specific and measurable outcomes.

A broad coalition of family advocates (especially Latino parent groups) in Los Angeles County (in which there are 7 different RCs) are banding together to attend meetings and represent the interests of people with I/DD – even when not served by a specific RC. In more than one case, regional SCDD staff has provided input and a compilation of complaints (received by the Council) to the RC in question and its Board of Directors. In Ventura County, staff learned that the local RC had a long-standing MOU with the unified school district, prohibiting RC advocacy on behalf of students receiving special education services. Parents (whose children *are* eligible for and receive RC services) report that they are hesitant to request IEP assistance from RC service coordinators, who are not always familiar with the special education system and parent/child rights (One parent was quoted as saying, “Service coordinators don’t know *anything* about an IEP.”). In a single 2-month period within Orange County, the local Parent Training and Information Center (PTI) received 38 requests for assistance, as districts were denying children (specifically, those with Down Syndrome) placement in the least restrictive environment.

RC-vendored agencies/personnel complain that licensing requirements are highly restrictive and prevent them from serving clients with I/DD and meeting their preferences/needs more effectively. Residential care home operators reported that their residents are not allowed to grow fruit and vegetables for cooking in the home and are also not allowed to shop at local farmers’ markets. Others expressed frustration that, while they are required to have/maintain a 15-passenger van (for emergency evacuation purposes), such a large vehicle is costly, cumbersome and generally impractical for transporting residents to different locations and social activities during the evening or on weekends and holidays.

## Section IV: State Plan Implementation Progress Report

### Detailed Progress Report on Goals

#### Description

Self-Advocacy

#### Area Of Emphasis

| Area of Emphasis                 | Planned for this goal | Areas addressed |
|----------------------------------|-----------------------|-----------------|
| Quality Assurance                | true                  | true            |
| Education and Early Intervention |                       | true            |
| Child Care                       |                       | true            |
| Health                           |                       | true            |
| Employment                       |                       | true            |
| Housing                          |                       | true            |
| Transportation                   |                       | true            |

| <b>Area of Emphasis</b>                       | <b>Planned for this goal</b> | <b>Areas addressed</b> |
|---|------------------------------|------------------------|
| <b>Recreation</b>                             |                              | true                   |
| <b>Formal and Informal Community Supports</b> | true                         | true                   |

Strategies

| <b>Strategies</b>  | <b>Planned for this goal</b> | <b>Strategies Used</b> |
|--|------------------------------|------------------------|
| <b>Outreach</b>  | true                         | true                   |
| <b>Training</b>  | true                         | true                   |
| <b>Technical Assistance</b>  | true                         | true                   |
| <b>Supporting and Educating Communities</b>                        | true                         | true                   |
| <b>Interagency Collaboration and Coordination</b>                  | true                         | true                   |
| <b>Coordination with Related Councils, Committees and Programs</b> | true                         | true                   |
| <b>Barrier Elimination</b>   | true                         | true                   |
| <b>Systems Design and Redesign</b>                                 | true                         | true                   |
| <b>Coalition Development and Citizen Participation</b>             | true                         | true                   |
| <b>Informing Policymakers</b>                                      |                              | true                   |

| <b>Strategies</b>  | <b>Planned for this goal</b> | <b>Strategies Used</b> |
|--|------------------------------|------------------------|
| <b>Demonstration of New Approaches to Services and Support</b> |                              | true                   |
| <b>Other Activities</b>  |                              |                        |

3. Intermediaries/Collaborators

| <b>Collaborators</b>                                     | <b>Planned for this goal</b> | <b>Actual</b> |
|--|------------------------------|---------------|
| <b>State Protection and Advocacy System</b>              | true                         | true          |
| <b>University Center(s)</b>                              | true                         | true          |
| <b>State DD agency</b>                                   | true                         | true          |
| <b>Statewide Self-Advocacy Network (SSAN)</b>            | true                         | true          |
| <b>SCDD Self-Advocacy Advisory Committee (SAAC)</b>      | true                         | true          |
| <b>Other Self-Advocacy (SA) groups</b>                   | true                         | true          |
| <b>Independent Living Centers</b>                        | true                         | true          |
| <b>CRA/VAS</b>   | true                         | true          |
| <b>Regional Centers</b>                                  | true                         | true          |
| <b>Local Behavioral/mental health providers/agencies</b> | true                         | true          |



**Provide an overall cohesive description of (a) the extent to which progress is being made in achieving the intended outcomes of the Goal for the reporting year, (b) the extent to which each goal was or was not achieved for the reporting year, (c) where applicable, factors that impeded goal achievement for the reporting year, (c) needs that require substantive state plan amendment (goal only)**

The Council is heavily invested in capacity-building efforts on behalf of both family and self-advocates, putting together empowerment activities in every area of emphasis (e.g. child care, education/early intervention, employment, etc.). Not only did Council staff engage in system change efforts, but it also provided facilitation and tangible supports for family/self-advocates who desired training, information, and leadership and self-governance opportunities, with an emphasis on the rights of individuals and their families.

In addressing its self-advocacy goal, the Council met and/or exceeded its projected target numbers. More than 57% of those family/self-advocates participating in the work and related activities of this goal were self-advocates. While 97% of total respondents (Objective 1.1, FPM 2.3) reported having better advocacy skills after engaging in activities involving the Self-Determination Program (SDP) and person-centered planning (PCP), they were slightly less confident (91%) about those same advocacy skills in response to activities involving self-advocacy leadership opportunities, peer training efforts, and engagement in cross-disability leadership coalitions.

With nearly 156,000 square miles, 58 counties and a population of more than 39 million (which roughly translates into 250 people per square mile), California's State Council on Developmental Disabilities faces significant challenges in face-to-face outreach efforts, a process that requires creativity and a heavy reliance on social media to extend its overall reach. By engaging social media, the Council was able to reach more than 70,857 people with advocacy-related information, training and updates on current events affecting families and people with I/DD and/or cross-disabilities. This has been especially effective in soliciting input and personal stories from people in relation to policymaking efforts.

The Council (through Objective 1.2) also targeted statewide self-advocacy networks and organizations, using conferences as large-scale outreach vehicles for disseminating information, training and materials. The Council participated in (e.g. hosting, marketing, etc.) at least 9 large regional events (conferences), reaching more than 2,900 people directly. In facilitating, hosting and/or convening 593 family/self-advocate meetings, the Council and its regional staff provided support and information to more than 6,300 people.

Providing family/self-advocates with up-to-date information and material has been a central focus of the Council, which developed, updated, posted and/or distributed information and materials about advocacy to more than 182,909 people through the work of this goal. The GET SAFE (grant-funded) project also stressed the importance of networking skills/efforts by self-advocates, giving them information to assist in developing and sustaining local self-advocacy groups, with a focus on both urban and rural or isolated regions (e.g. Imperial County [with a population of fewer than 50 people per square mile and a total of 2,078 people with I/DD {2 per square mile}], the Encinitas area, etc.).

Peer training, specifically, exposed some challenges, as self-advocate/peer trainers learned how to develop and present curriculum/material, addressed logistics associated with marketing, scheduling and training activities, and (much like staff) experienced the challenges of collecting demographic information and administering pre/post-testing and/or satisfaction surveys to family/self-advocates. To increase accessibility, the Council focused on providing training and resource information in other languages, including Farsi, Spanish, Cantonese and Mandarin, and American Sign Language.

Council staff worked with more than 400 collaborative partners (including all of its federal partners) in coalition-building efforts throughout the state, reaching more than 16,200 self-advocates and 11,200 family advocates, in addition to training/educating over 7,800 community members and professionals through outreach/education efforts. 4,702 people took part in 170 (curriculum-based) trainings. The Council's work in promoting California's Self-Determination Program (SDP, which is a major barrier elimination and systems design/redesigning effort) included significant participation in regional and state-level advisory committees and the provision of facilitation, training and other tangible supports to self-advocates, to enhance their own participation efforts. The Council also promotes and maintains both the Statewide Self-Advocacy Network (SSAN) and the Self-Advocacy Advisory Committee (SAAC), which entails tangible support for self-advocate members, boardmanship training, and other types of facilitation. Throughout the federal fiscal year, the Council provided technical assistance at the local, regional and state levels, informing policymakers of the needs, efforts and strengths of self-advocates throughout the state.

The Council issued grants to two entities (GET SAFE [reaching 150] and the Peer Advocacy Connection [PAC]) targeting self-advocacy efforts, one of which has requested/received a project extension (due to unexpected staff turnover), taking its work into the 2017-18 federal fiscal year (PAC's *Supported Life Institute* project). A grant-supported project (*Empowering Asian Families*) under Goal 5 (targeting education [and advocacy efforts] throughout the lifespan) also included family/self-advocacy empowerment and outreach efforts (reaching 160), while including underserved limited English-proficient Asian populations.

Throughout the state, Council staff engaged in training activities that created, changed, supported and/or enhanced promising (104) and best (169) practices, largely associated with the SDP and PCP efforts. While the SDP is still in its pilot phase and not fully implemented, Council trainings have stressed the value of self-determination and person-centered planning, which continue to have an impact on policies and practices endorsed and used by California's 21 regional centers and their community-based vendor agencies.

Family/self-advocates (97-99%) were largely satisfied with the activities associated with the Council's self-advocacy goal area. Of those responding to Council inquiries, only 43% of family/self-advocates reported being in leadership positions or serving on cross-disability coalitions, policy/advisory boards and/or other governing bodies. Approximately 97% of family/self-advocates reported that they were better able to say what (services/supports) they wanted or what was important to them, following Council-supported activities. Although the Council is successfully meeting its objectives with its self-advocacy goal, the empowerment of family/self-advocates is a core value of SCDD, making this goal an ongoing and continuing effort.

**4 Year Overview : A description of how the Council will use and build from knowledge gained and progress made to move forward in the next state plan cycle.(This section only applies to the PPR submitted for the Federal Fiscal Year 2020, which will be due by January 1, 2021)**

**5 Year Overview : For the final PPR of this state plan cycle, provide an overall analysis of the outcomes achieved during the five year state plan cycle. The description should include the extent to which diverse stakeholders are satisfied with council activities that promote self-determination and community participation for individuals with disabilities and families, results of other types of information gathering such as focus groups, surveys, or other feedback or input methods with individuals with developmental disabilities and families and major accomplishments and factors impeding goal achievement (if applicable).(This section only applies to the PPR submitted for the Federal Fiscal Year 2021, which will be due by January 1, 2022)**

Objectives

1. The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.

1. **Goal:** Self-Advocacy

2. **State Plan Objective** Objective 2

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3. **This Objective is**

Capacity Building

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4. **This Objective is**

Ongoing

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5. **This Objective is**

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|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | Yes                     |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

## **6. Stage of Implementation**

Implementation

### **7. Provide an overall description of this effort**

California is deeply committed to empowering people with I/DD and/or cross-disabilities in becoming self-governing and strong self-advocates. Due to the Council's extensive and ongoing work in this area, the community's expressed need for self-advocacy support services ranked sixth (6th) in importance through the State Plan development survey. Self-advocacy remains the Council's first area of

priority, however, as Objective 1.2 focuses on supporting self-advocacy networks and entities. Additionally, the work of this objective supports self-advocates in bringing information and training to peers and to peer advocacy-related activities. The Council also requires that functional administrative and financial backing is critical to establishing a strong foundation base from which self-advocates can learn and practice the principles of governance and share their skills with other self-advocates within their communities.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

### 8. Outputs Achieved

| Expected Outputs  | Achieved |
|---|----------|
| Travel/lodging/meeting arrangements for SSAN/SAAC members for 9 scheduled meetings; facilitation, as needed/requested by members for each meeting   | true     |
| Regularly scheduled/attended 4 meetings; list of ideas re: identified training needs; list of interested SA trainers  | true     |
| 8 planning/curriculum development meetings; 1 T4T curriculum with 1 pre/post-testing & 1 satisfaction survey instrument; 1 peer training curricula with 1 pre/post-testing & 1 satisfaction survey instrument | true     |

| Expected Outputs  | Achieved |
|---|----------|
| 10 T4T trainings; 1 list of trained/qualified SA trainers; 4 quarterly meetings with SA groups & other collaborators; 1 schedule of upcoming trainings; 10 peer trainings | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

In the course of promoting self-advocates in leadership and training roles, the Council engaged in facilitating two self-advocacy groups of its own, as well as meeting with other self-advocates and/or organizations 106 times, collaborating to create 8 self-advocacy conferences, and meeting with organizations about self-advocacy 30 times. The Council convened and/or facilitated 39 (in-person or telephone) meetings with SSAN members, serving 379 people, in the process. Through its work with SAAC, the Council convened 6 meetings, serving more than 100 self-advocates. In the course of work associated with this objective, the Council educated 5,300 self-advocates through trainings, 106 meetings with self-advocate groups, and other outreach efforts. Council staff met with 516 family advocates about self-advocacy topics and 1,869 others. The Council reached and educated an additional 21,054 self-advocates, 43,373 family advocates and 29,413 others by electronic means.

As a cross-disability group, SSAN was one of the Council's primary projects to strengthen connections between self-advocates throughout the state. Formed by the Council to foster leadership in self-advocacy, the SSAN membership consists of twenty-one (21) self-advocates throughout the state, representing all 12 of the Council's regions. Self-advocates who work at member agencies and organizations also hold seats, including one (1) member from each of the following: the Association of Regional Center Agencies (ARCA), California Foundation of Independent Living Centers (CFILC), Department of Developmental Services (DDS), Disability Rights California (DRC), and the University Centers on Excellence in Developmental Disabilities (UCEDDs) through the UC Davis MIND Institute, UCLA Tarjan Center, and USC Children's Hospital Los Angeles. While the SSAN began as a Council project, the goal for the group is now to become independent and (eventually) self-sufficient. It has taken time to negotiate an agreement about the focus and responsibilities of the SSAN. This past year, SSAN members and the Council formally agreed upon and drafted a Memo of Understanding, marking the clear relationship and roles of both entities. The Council's role is to plan four (4) 2-day meetings a year, pay for venues, travel, and per diem, arrange for speakers, facilitate in preparation and support, take/provide minutes, compile meeting packets, and provide any additional administrative assistance needed around meetings. SSAN members choose topics, develop agendas, and run meetings. In pursuit of more complete self-governance, members are now receiving training on SSAN's budget and expenditures.

The stated mission of SSAN is to "connect self-advocates, their communities and statewide organizations to increase leadership by persons with disabilities" ([https://scdd.ca.gov/wp-content/uploads/sites/33/2016/10/SSAN\\_0512.pdf](https://scdd.ca.gov/wp-content/uploads/sites/33/2016/10/SSAN_0512.pdf) ([https://scdd.ca.gov/wp-content/uploads/sites/33/2016/10/SSAN\\_0512.pdf](https://scdd.ca.gov/wp-content/uploads/sites/33/2016/10/SSAN_0512.pdf))). The group has voted to focus its activities on training members about content and speaking skills, in order to help develop presenters with the skills and preparation to train self-advocates and others in the community. To that end, four (4) SSAN meetings featured eight (8) trainings by self-advocates, given to 234 people, with an additional eight (8) train-the-trainer sessions (reaching 203 people). These trainings prepared members to deliver specific content in their own communities. Self-advocates have also led talks. In the course of one event, a self-advocate detailed the Oroville Dam breach that caused 188,000 people to be evacuated in northern California. The self-advocate shared her own evacuation experience and explained that others should learn about emergency preparation. Other SSAN topics included how to handle neglect by a caregiver, successful self-advocacy, supported



decision-making, bullying, new ABLE Act savings account rules, and tips on interacting with law enforcement and other first responders. Train-the-trainer presentations included topics on housing, health care, Bagley-Keene meeting rules, and general information about emergency preparation.

In addition to community work, SSAN members take part in work groups addressing key areas of advocacy. Council staff facilitated weekly SSAN officer teleconferences (with an average number of seven [7]) members and frequent work group conference calls. SSAN's workgroups met a total of 73 times. The Employment group met 9 times; the Self-Determination group met 9 times; the Communications group (which creates the SSAN quarterly newsletter) met 9 times; and the Legislation committee met 6 times. On a practical front and more than 85 times for nearly 600 people, Council staff provided support services to SSAN members (and their support staff), with financial support for food, travel, and lodging, the arrangements for meetings, facilitation, and other types of assistance.

The Self-Advocates Advisory Committee (SAAC) is populated solely by self-advocates. This committee has the stated mission to "be the Voice for all Californians with disabilities by promoting State Council participation and peer advocacy that advances independence and inclusion." Members of the SAAC are voting Councilmembers and meet a day before Council meetings to review the agenda for the upcoming Council meeting, discuss and clarify topics, and give feedback to various agencies that are formulating policies that impact people with I/DD. The Council provided tangible support to SAAC members 19 times, assisting more than 200 people.

In the past year, SAAC has actively reviewed and critiqued the Employment First report and the CIE Blueprint, a plan of action formulated by the California Departments of Developmental Services, Employment Development and Rehabilitation "to advance competitive integrated employment opportunities for individuals with intellectual and developmental disabilities."<sup>(1)</sup>

People First is a self-advocacy organization run by and for people with developmental disabilities, maintaining 13 chapters in a variety of regions of the state. Each People First region may have several chapters, and any self-advocate can start a chapter by using information from the People First website. Regional Council staff often facilitates People First meetings. In some cases, as with the Bay Area chapter, the Council's Bay Area office in Oakland hosts quarterly meetings. Council staff typically supports self-advocates during

meetings by providing information, assisting with negotiations for People First events, making announcements, photocopying materials for meeting and outreach, and occasionally conducting or arranging for training with an outside, collaborative organization. SSAN representatives typically report SSAN activities in People First meetings.

The Self-Advocacy Board of LA County (SABLAC) is non-profit organization run by and for people with developmental disabilities. Its stated purpose is to strengthen the self-advocacy movement in the Los Angeles region by helping to launch other self-advocacy groups, teaching individuals about rights, developing self-advocates' leadership skills and giving feedback on legislation and other governmental policy issues. Over the past year, SCDD staff facilitated all SABLAC meetings, helped members create strategies to self-advocate for issues.

Council staff engaged in collaborative meetings with 280 people, representing 30 partner organizations, to develop a list of training needs and a list of interested self-advocate trainers. Armed with the information about training needs, Council staff involved nearly 100 people in 20 meetings to develop and/or update training-for-trainers (T4T) curriculum, along with the development of pre/post-testing and survey instruments. An additional 23 meetings with more than 480 participants produced a list of qualified trainers, all of whom are self-advocates interested in conducting peer-to-peer trainings. Council staff then engaged in more than 100 meetings with 2,368 people. The Council trained 484 people in a total of 23 T4T sessions, to prepare self-advocates for training their peers. The Council facilitated 22 peer-to-peer trainings, reaching more than 530 people.

Council staff provided technical assistance specific to self-advocacy issues (e.g. providing referrals, information, and recommendations about best practices and how to navigate systems) in nearly 100 separately reported requests.

Of those reporting back about participation in activities associated with this objective, 95% of self-advocates and 99% of family advocates reported that they were able to increase their advocacy efforts, as a result of Council work in this area. For those engaging in activities, 91% reported that they are better able to say what they want, what is important to them or what services/supports they want. 97% of people with I/DD (who reported back) indicated that they were satisfied with project activities, while 94% of family members expressed satisfaction with activities.

Over the course of the past federal fiscal year, the SCDD has made tremendous strides in supporting self-advocates as they become trainers in their own communities and engage in increasing levels of self-governance and independence with their self-advocacy groups. The ultimate goal of this work is to create self-sustaining advocates who can train other advocates in pursuit of knowing and protecting their own rights and in developing and using their power in addressing policies that affect their lives and futures.

(1) CA Competitive Integrated Employment Blueprint (2017) [http://www.chhs.ca.gov/Pages/Competitive-Integrated-Employment-\(CIE\).aspx](http://www.chhs.ca.gov/Pages/Competitive-Integrated-Employment-(CIE).aspx)  
[http://www.chhs.ca.gov/Pages/Competitive-Integrated-Employment-\(CIE\).aspx](http://www.chhs.ca.gov/Pages/Competitive-Integrated-Employment-(CIE).aspx))

## 12. Expected Outcomes Achieved

| Expected Outcomes   | Achieved |
|---|----------|
| <b>The Council will promote self-advocates in leadership roles in statewide networks through the strengthening of a statewide self-advocacy organization and by supporting self-advocates</b> | true     |
| <b>Self-advocates will be engaged in planning efforts to train peers to become leaders and peer trainers</b>  | true     |
| <b>Self-advocates will have the knowledge to become peer trainers; self-advocates will have the knowledge to become leaders</b>   | true     |
| <b>Self-advocates will have the training/knowledge to develop training/leadership/self-advocacy skills</b>  | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

Although the Council met or exceeded all of its projected activities and outreach/training numbers for this objective, it also recognizes that the work of promoting self-advocacy is an ongoing, integral component in this network of supports and services necessary to ensure that people with I/DD and/or cross-disabilities have a voice in the decisions that affect their lives and communities. SCDD will continue to engage in supporting individuals with I/DD and those entities invested in their self-advocacy efforts and activities throughout the course of its 5-year State Plan.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

*Kerstin Williams was awarded a Certificate of Appreciation for representing her region with distinction for the past 6 years on the Council. Kerstin NEVER missed a Council or RAC meeting during her tenure. She also served as the Vice Chair of the SCDD Self-Advocates Advisory Committee. Kerstin said, "I enjoyed meeting and working with everyone on the Council and I will miss them. I am happy that I will get to be on the North Valley Hills Regional Advisory Council now."*

2. The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program.

1. **Goal:** Self-Advocacy

2. **State Plan Objective** Objective 1

3. **This Objective is**

Capacity Building

4. **This Objective is**

Ongoing

5. **This Objective is**

|   | <b>The Objective is</b> |
|---|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b> | Yes                     |
| <b>b. Targeted disparity *</b>                        | No                      |
| <b>c. DD Network Collaboration *</b>                  | No                      |

|  |   |
|--|---|
|  | <b>The Objective is</b>   |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No  |
| <b>e. A demonstration of projects or activities *</b>                          | Yes   |
|  | <b>Project Name*</b>  |
|  | 1) Students & Professionals with Disabilities (Peer Advocacy Connection – Supported Life Institute); 10/16. 2) Self-Advocacy & Leadership Training Conferences (Project Get Safe); 10/16. |
|  | <b>Original Start Date*</b>   |
|  | 10-01-16  |

**6. Stage of Implementation**

Implementation

**7. Provide an overall description of this effort**

The focus of Objective 1.1 is to provide collaboration, support, information, outreach, and training to Californians with I/DD and/or cross-disabilities and their families that will promote self-determination, person-centered planning and self-advocacy efforts throughout the state. As an advocacy, systems change and capacity-building entity, the California State Council on Developmental Disabilities has been in the forefront of the movement toward making self-determination and person-centered planning for the provision of supports and services for people with I/DD. This objective, in alignment with State Plan (development) survey results, formalizes the independent work of the Council in monitoring the planning and implementation of the statewide Self-Determination Program and preparing and bringing information and support to family/self-advocates. The Council has also been given statutory authority to engage in the work of this objective and provide statewide information-gathering/sharing activities with families and self-advocates with I/DD, in response to the Self-Determination amendment to the CMS HCBS Waiver.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

**8. Outputs Achieved**

| Expected Outputs  | Achieved |
|---|----------|
| Develop 1 handout each on PCP & SDP in plain language; distribute to 5,000 people, statewide; translate into Spanish, etc.; distribute to 2,500 people, statewide | true     |

| Expected Outputs  | Achieved |
|---|----------|
| <b>10 PCP &amp; 10 SDP trainings will be provided, reaching at least 500 people; 4 trainings will be in Spanish, reaching 50 people</b> | true     |
| <b>2x/year, provide support for the statewide SDAC, which will meet to monitor implementation of the SDP; support 10 local SDACs</b>    | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

The primary work of this objective, which reached nearly 20,000 people, focused on training and providing information about the SDP and PCP, with planned activities to support each person's desires and strengths when creating annual Individual Program Plans and/or Individual Education Plans. 97-98% of respondents reported an increase in their advocacy efforts, following participation in activities associated with this objective. Working with more than 400 community-based agencies and state agency-level partners and providing outreach, training, and information to professionals, Council activities trained or educated nearly 6,000 people, in addition to family/self-advocates who were reached through training-related activities.



The PCP process is a critical component of both the educational system and the community-based network of adult supports and services for persons with I/DD. In addition, PCP is one of the most critical elements of the SDP.

The Council's regional offices engaged in a massive effort to educate people in the community of people with I/DD about self-determination, while assisting regional centers to prepare SD programs and the sign-up process. Council staff also facilitated the registration process for the DDS's official train-the-trainer SD courses. This training course was designed to establish best practices and uniform training that will be given throughout the state.

In 2013, state Senate Bill 468 (codified as Welfare and Institutions Code §4685.8 et seq.) created California's Self-Determination Program, operated through the regional center (RC) system and available to all RC clients. This program will give people with disabilities more control and freedom to choose inclusive, community-based activities, services and providers, rather than those available through RC vendors alone. The Council now has the statutory authority to convene and support local SDAC meetings and to coordinate a Statewide Self-Determination Advisory Committee (SSDAC), comprised of the chairs (or their designees) of all 21 local self-determination advisory committees (SDAC). In the 2016-17 federal fiscal year, the Council worked with 1,136 people on SDAC committees.

In the 2017 federal fiscal year, the Council put on two statewide SDAC meetings a year, provided staff support for all of the 21 local SDACs, and educated 10,944 self-advocates, 11,393 family advocates and 5,942 professionals and others about self-determination and person-centered planning. As part of this effort, Council staff has given 125 in-person training sessions to 3,687 people to prepare for the launch of the Self-Determination Program (SDP).

At present, DDS is making adjustments to meet federal requirements to get the Self-Determination Program (SDP) funded and implemented in California. While California's SDP has not formally become available to all RC clients, the Council has reached out in public gatherings of family/self-advocates, service providers and other stakeholders to educate them about Self-Determination, how to sign up for the state's list, and how to conduct SDP planning meetings, once the program is fully launched. Through Council facilitation, training, and support, more than 10,944 self-advocates and 11,393 family advocates participated through activities that gave them

knowledge about SDP and person-centered planning (PCP), in order to increase their control and choices. Through the work of its state plan, the Council has kept people informed about SDP and PCP by electronically sending information a total of 96 times, reaching more than 56,500 people.

Statewide, the Council provided 77 SDP trainings in English, teaching more than 2,500 people about the principles of self-determination and the SDP. An additional 12 SDP trainings were provided in Spanish to over 180 attendees. The Council also produced 13 SD-related handouts, distributed to more than 19,000 people in (plain language) English and 7 in Spanish, distributing this material to more than 3,000 people. Staff produced 5 PCP handouts in (plain language) English, distributing them to more than 16,000 people. One handout was translated into Spanish and disseminated to another 5,130 people. These materials were also posted to the Council's website. Council staff conducted 28 PCP trainings in English, reaching 870 people, while 8 more trainings were given in Spanish to an additional 120 people.

The Council's 125 training presentations included a 2-hour training, reaching 40 parents and organized by Families for Early Autism Treatment (FEAT). This comprehensive SDP presentation contained information about changes in the I/DD system, addressing Home and Community-Based Services, IPP basics and SD resources provided in English, Spanish and Chinese.

Through a constant effort throughout the last fiscal year, Council staff has helped prepare for the launch of the DDS SD program by staffing 21 local SDACs, facilitating 2 statewide SDACs, conducting 125 trainings (in English and Spanish), and providing SD and PCP education at 61 events to reach (in person) a total of 28,279 self-advocates, family advocates, professionals, and other interested members of the public.

For face-to-face outreach, Council staff targeted large events among family and self-advocates, distributing information about SDP and PCP. Staff distributed 19,347 SDP and PCP handouts in person through consistent efforts at 61 educational outreach events in all 12 regions of the state. They shared information, introducing the SDP and PCP concepts and giving technical assistance at events including 4 special education back-to-school nights and highly attended conferences on disability issues, such as: Disability Capitol Action Day

and Multicultural regional center events. The Council also planned and coordinated a Self-Determination Community Forum in the Fresno area, collaborating with the Exceptional Family Center. Over 450 self-advocates attended, were educated on SD, and given printed information and resources.

The Council was instrumental in providing tangible assistance, information, and material resources for the 2-day Supported Life Conference, which was attended by at least 350 people. Information and training was provided by staff, covering topics about health, employment, housing, Individual Program Planning, Individual Educational Planning, emergency preparedness, Family Resource Centers, Rights and Responsibilities, Independent Living, Supported Living, Self-Determination, and recreation. SCDD staff engaged in conversations and technical assistance about RC services, employment, and people with I/DD transitioning from school to college or work. The Council provided training and resources around the issue of school-based and adult bullying throughout the state. This included cyberspace, workplace, and LGBTQ- related incidents of bullying, as well as resources and tips for stopping or reducing those incidents.

Staff gave resource information at the UC Davis Mind Institute's Assistive Technology Resource fair on Self-Determination, RC services and Individual Program Planning (IPP). The Assistive Technology forum highlighted individuals with I/DD who use communication devices and assistive technologies to be independent, as the Communication Technology and Education Center (CTEC) has assisted them to become independent and self-directed. In Fremont, staff hosted, with support from the Alameda Co DD Council and CRIL, a Wireless Assurance event to provide cell phones and data plans to people meeting low-income and public benefit eligibility requirements. During the event, people from Alameda, Contra Costa and Santa Clara counties received information and services in Farsi, English, Spanish, Cantonese and Mandarin, as well as ASL.

The bulk of the Council's work is handled in-house and/or in collaboration with local, regional or state-level agency partners. As a way of encouraging new and innovative programs and practices and/or subject matter expertise that is beyond the capacity of regional staff, the Council also issues grant-based Requests for Proposals (RFPs) on a yearly basis. Because the Council has extensive experience with thousands of (yearly) regional activities, events and projects, it engages in much the same processes as its sub-grantees, in regard to the actual planning and execution of activities. Sub-grantees, however, are now being held to the standard of reporting back to the

Council through AIDD's list of federal performance measures, in regard to the execution and report(s) of activities, a process which has proven to be an ongoing work in progress. The Council is continuing to refine the RFP and grant-reporting requirements, in order to more closely monitor the progress of sub-grantee projects on a timely basis.

*Empowering Asian Families* (supported and largely reported in objectives under Goal 5), in the 3rd of 3 Council grant-funded conferences designed to reach the Asian community, provided information specifically about self-determination, person-driven planning resources, and person-centered planning, reaching nearly 150 family/self-advocates and other attendees. Information was provided in English and Chinese.

Yet another grant-funded project (*GET SAFE: Self-Advocacy and Leadership Training Conference[s]*) reached 160 family/self-advocates and others with skill-development information and training about self-advocacy, networking and the process of building local self-advocacy groups.

An unexpected benefit of implementing the federal evaluation tools in reporting outcomes involved more complete reporting from sub-grantees, allowing the Council more information with which to assess implementation and outcomes of sponsored projects.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved |
|--|----------|
| People will have information about PCP/SDP   | true     |
| Family/self-advocates will have increased knowledge of the SDP and may access/benefit from the SDP, when available, including underserved populations who are Spanish-speaking, etc. | true     |

| Expected Outcomes   | Achieved |
|---|----------|
| The SDP and SDAC work connected with local regional centers will be monitored; family/self-advocates will be empowered in self-governance/advisory capacity | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

While SCDD met or exceeded its projected numbers for this objective and its work plan activities, that work will continue for the remainder of the 5-year State Plan period, pending additional information from regional staff and/or Californians about changing needs. Based on expressed needs by family/self-advocates and observed needs by regional staff, and those needs identified through the State Plan (development) survey, the Council will continue to review and update its materials about the PCP and SDP programs, and translate that information into other threshold languages (as requested), post it on the SCDD website and distribute it in accessible formats throughout the state. The Council will continue to provide outreach and training about PCP and SDP regional communities in California. SCDD will also continue to provide support to its statewide and regional DACs in the course of the State Plan's remaining 4 years.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

*Yesterday, I was at a meeting at the Monterey County SELPA office and a Program Specialist made a point to tell me how valuable your articles are! She specifically referenced the last one on behavior and said she is forwarding it to her parents. She said it's a hot topic for her because she is telling parents that they need to stop picking their child up from school as frequently as they are doing, in response to behavior problems. Her stance has been that, in doing this, they aren't solving anything for the long-term.*

*One of the anticipated - yet nevertheless exciting - outcomes of this project has been the amount of support and awareness raised in the consumer and professional communities. Many attendees of the training conferences either approached the GET SAFE trainer after the presentation to convey their appreciation, or contacted GET SAFE to ensure that they could schedule this training in the future, even if the training could not be provided for free.*

## Individual & Family Advocacy Performance Measure

### Description

Self-Advocacy

Race/Ethnicity

| <b>Race/Ethnicity</b>                                     | <b>#</b> | <b>%</b> |
|---|----------|----------|
| <b>White, alone</b>                                       | 0        |          |
| <b>Black or African American alone</b>                    | 0        |          |
| <b>American Indian and Alaska Native alone</b>            | 0        |          |
| <b>Hispanic/Latino</b>                                    | 0        |          |
| <b>Asian alone</b>  | 0        |          |
| <b>Native Hawaiian &amp; Other Pacific Islander alone</b> | 0        |          |
| <b>Two or more races</b>                                  | 0        |          |
| <b>Race unknown</b>                                       | 0        |          |

Gender

| <b>Gender</b> | <b>#</b> | <b>%</b> |
|---------------|----------|----------|
| <b>Female</b> | 0        |          |
| <b>Male</b>   | 0        |          |

| <b>Gender</b> | <b>#</b> | <b>%</b> |
|---------------|----------|----------|
| <b>Other</b>  | 0        |          |

Category

| <b>Category</b>           | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| <b>Individual with DD</b> | 0        |          |
| <b>Family Member</b>      | 0        |          |

Geographical

| <b>Geographical</b> | <b>#</b> | <b>%</b> |
|---------------------|----------|----------|
| <b>Urban</b>        | 0        |          |
| <b>Rural</b>        | 0        |          |



I. Output Measures

| Objective   | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|---|---|---|
| <p>The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.*</p> | 5347  | 516   |
| <p>The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program.*</p>  | 10944   | 11393   |
| <p><b>Total # of Output Respondents</b></p>   | 16291   | 11909   |

II. Outcome Measures

| <b>Performance Measures</b>                                     | <b>Percent (%)</b> |
|---|--------------------|
| <b>IFA 2.1 Percent of people with DD who increased advocacy</b> | 97                 |
| <b>IFA 2.2 Percent of family members who increased advocacy</b> | 98                 |

Sub-Outcome Measures : The number (#) of people who are better able to say what they want/say what is important to them

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.*</b> | 4866  | 479                     |
| <b>The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program.*</b>  | 10725   | 11165                   |

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>Total # of Sub-Outcome Respondents</b>                          | 15591   | 11644                   |
| <b>IFA 2.3 Percent of people better able to say what they need</b> | 96  | 98                      |

Sub-Outcome Measures : The number (#) of people who are participating in advocacy activities

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.*</b> | 5080  | 490                     |
| <b>The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program.*</b>  | 8974  | 9342                    |

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>Total # of Sub-Outcome Respondents</b>                             | 14054   | 9832                    |
| <b>IFA 2.4 Percent of people participating in advocacy activities</b> | 86  | 83                      |

Sub-Outcome Measures : The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.*</b> | 5080  | 490                     |

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program.*</b> | 3174  | 3304                    |
| <b>Total # of Sub-Outcome Respondents</b>  | 8254  | 3794                    |
| <b>IFA 2.5 Percent of people on cross disability coalitions</b>  | 51  | 32                      |

**IFA 3 The percent of people satisfied with a project activity\***

98

**IFA 3.1 Percent of people with DD satisfied with activity\***

97

**IFA 3.2 Percent of family members satisfied with activity\***

99

## System Change Performance Measures

### Description

Self-Advocacy

SC 1: Output Measures - The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

| Objective   | SC 1.1<br>Number of policy/ procedures created/ changed | SC 1.2<br>Number of statutes/ regulations created/ changed | SC 1.3.1<br>Number of promising practices created | SC 1.3.2<br>Number of promising practices supported through Council activities | SC 1.3.3<br>Number of best practices created | SC 1.3.4<br>Number of best practices supported through Council activities | SC 1.3<br>The number of promising and/or best practices created and/or supported | SC 1.4<br>Number of people trained/ educated | SC 1.5<br>Number of Systems Change activities with other organizations |
|---|---|--|---|--|--|---|--|--|--|
| <p><b>The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.</b></p> | 0   | 0  | 12  | 43   | 2  | 69  | 126  | 1869   | 102  |

| <b>Objective</b>  | <b>SC 1.1<br/>Number of<br/>policy/<br/>procedures<br/>created/<br/>changed</b> | <b>SC 1.2<br/>Number of<br/>statutes/<br/>regulations<br/>created/<br/>changed</b> | <b>SC 1.3.1<br/>Number<br/>of<br/>promising<br/>practices<br/>created</b> | <b>SC 1.3.2<br/>Number<br/>of<br/>promising<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3.3<br/>Number<br/>of best<br/>practices<br/>created</b> | <b>SC 1.3.4<br/>Number<br/>of best<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3<br/>The<br/>number of<br/>promising<br/>and/or<br/>best<br/>practices<br/>created<br/>and/or<br/>supported</b> | <b>SC 1.4<br/>Number<br/>of<br/>people<br/>trained/<br/>educated</b> | <b>SC 1.5<br/>Number of<br/>Systems<br/>Change<br/>activities<br/>with other<br/>organizations</b> |
|---|---|--|---|--|--|---|--|--|--|
| <b>The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program.</b> | 1   | 0  | 1   | 48   | 5  | 93  | 147  | 5942   | 196  |

Systems Change SC 2: Outcome Measures

| <b>Outcome Measures</b>                            | <b>Number(#)</b> |
|--|------------------|
| <b>SC 2.1 - Efforts that led to improvements *</b> | 3                |
| <b>SC 2.2 - Efforts that were implemented *</b>    | 382              |



Sub-Outcome Measures

| Objective   | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|---|--|---|---|--|
| <p><b>The Council will promote self-advocates in leadership roles in statewide networks a) through the strengthening of a statewide self-advocacy organization and by supporting self-advocates; b) within cross-disability leadership coalitions; and c) in training other self-advocates to become leaders.</b></p> | 0  | 0   | 2   | 143  |

| Objective  | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|--|--|---|---|--|
| The Council will increase knowledge about self-determination and person-centered planning by monitoring, supporting and actively engaging in the implementation of the Self-Determination Program. | 0  | 0   | 0   | 139  |

## Detailed Progress Report on Goals

### Description

Formal & Informal Community Supports

Area Of Emphasis

| <b>Area of Emphasis</b>                       | <b>Planned for this goal</b> | <b>Areas addressed</b> |
|---|------------------------------|------------------------|
| <b>Quality Assurance</b>                      | true                         | true                   |
| <b>Education and Early Intervention</b>       |                              |                        |
| <b>Child Care</b>                             | true                         | true                   |
| <b>Health</b>                                 |                              |                        |
| <b>Employment</b>                             |                              | true                   |
| <b>Housing</b>                                |                              | true                   |
| <b>Transportation</b>                         | true                         | true                   |
| <b>Recreation</b>                             | true                         | true                   |
| <b>Formal and Informal Community Supports</b> | true                         | true                   |

Strategies

| <b>Strategies</b>                           | <b>Planned for this goal</b> | <b>Strategies Used</b> |
|---|------------------------------|------------------------|
| <b>Outreach</b>                             | true                         | true                   |
| <b>Training</b>                             | true                         | true                   |
| <b>Technical Assistance</b>                 | true                         | true                   |
| <b>Supporting and Educating Communities</b> | true                         | true                   |

| <b>Strategies</b>  | <b>Planned for this goal</b> | <b>Strategies Used</b> |
|--|------------------------------|------------------------|
| <b>Interagency Collaboration and Coordination</b>                  | true                         | true                   |
| <b>Coordination with Related Councils, Committees and Programs</b> | true                         | true                   |
| <b>Barrier Elimination</b>   | true                         | true                   |
| <b>Systems Design and Redesign</b>                                 | true                         | true                   |
| <b>Coalition Development and Citizen Participation</b>             | true                         | true                   |
| <b>Informing Policymakers</b>                                      | true                         | true                   |
| <b>Demonstration of New Approaches to Services and Support</b>     |                              | true                   |
| <b>Other Activities</b>  |                              |                        |

3. Intermediaries/Collaborators

| <b>Collaborators</b>                        | <b>Planned for this goal</b> | <b>Actual</b> |
|---|------------------------------|---------------|
| <b>State Protection and Advocacy System</b> | true                         | true          |
| <b>University Center(s)</b>                 | true                         | true          |
| <b>State DD agency</b>                      | true                         | true          |
| <b>Regional Centers</b>                     | true                         | true          |

**Provide an overall cohesive description of (a) the extent to which progress is being made in achieving the intended outcomes of the Goal for the reporting year, (b) the extent to which each goal was or was not achieved for the reporting year, (c) where applicable, factors that impeded goal achievement for the reporting year, (c) needs that require substantive state plan amendment (goal only)**

In addressing formal and informal community supports (Goal 6), the Council and its regional staff collaborated with approximately 760 community, regional and state-level agency partners to provide outreach, training, technical assistance and other services to family/self-advocates and others. The activities included every area of emphasis except for early intervention/education and health, both of which were the subject of other specific, discrete goals (and associated activities) within the Council's State Plan. Although the Council's activities included demonstrations of new approaches to services and supports, there were no grant projects assigned specifically to activities associated with formal/informal community supports. All other strategies (e.g. barrier elimination, coalition development and citizen participation, etc.) were used with the Council's activities. The work of this goal also addressed capacity-building, collaboration with the Council's federal network/partners, advocacy efforts, system change, and activities designed to address targeted disparities.

The Council served more than 9,500 self-advocates and 17,400 family advocates, through the (in-person, educational) work of this goal, with high satisfaction rates, ranging from 94-99%. Although only 67% of activity participants (overall) reported that they served on cross-disability coalitions policy/advisory boards, and/or in other leadership positions, 89% reported that they participated in advocacy activities. Approximately 82% of family/self-advocates responded that they increased their advocacy as a result of Council work. In contrast, 96% of respondents said that they were better able to say what they want, say what services and supports they want, or say what is important to them, in the aftermath of Council activities.

The Council was able to support or create 619 promising or best practices, engaging in more than 430 systems change activities with its collaborative partner agencies. The Council engaged in improving or implementing policies, procedures, statutes, or regulations and improving and/or implementing promising or best practices in 627 activities. Two-hundred sixteen (216) activities were designed/implemented to transform fragmented approaches into coordinated and effective systems for people and their families across a range of formal and informal support/service systems.

The Council encountered a number of interesting barriers and opportunities, while engaging in activities associated with Objective 6.1 - the objective in which service/support disparities are addressed, in partnership with the federal partners (all 3 UCEDDs and California's protection and advocacy agency). As a joint collaborative project, the Council and its partners are working on purchase-of-service (POS) disparities (for underserved populations seeking supports/services through California's system of 21 regional centers). Specifically, the consortium will be translating terms and service codes into Spanish (and, later, other threshold languages) for greater accessibility (for family/self-advocates and others). As the Council began this project, ABX2 1 (Thurmond) went into effect, requiring the state's Department of Developmental Disabilities (DDS) to engage in much the same work, though not through the same (Council) project.

The collaborative soon learned that the POS terms would first have to be converted to plain language, prior to attempting a Spanish translation (an onerous task, given the specificity of regulatory language). Furthermore, the team determined that POS descriptions should be needs-based, thereby allowing family/self-advocates to build service planning requests on client needs, rather than simply planning around a sterile menu of available services. Additionally, the Spanish versions of terms can be translated in very different ways, based on diverse regional and/or migrant populations and associated dialect differences. The team has partnered with a number of family/self-advocates who are willing to assist with translations and/or 'vet' terms for meaning and accessibility.

In response to these presenting challenges, the Council made contact with one of California's Mexican Consulates, which has now become a strong addition to the collaborative team, offering meeting space, free translations and interpreting, outreach/contact information, and other services. An official with the Consulate reported that it has been challenging to gain access to and/or the trust of Mexican nationals living in California, in order to assist with their service referrals and needs. (\*Note: The Council has also experienced reluctance on the part of Spanish-speaking families [and others] to self-identify during sponsored activities. Family/self-advocates and others began refusing to sign in at Council-sponsored events, once regional staff began asking for demographic information [based on AIDD reporting requirements], forcing staff to perform simple head counts because no one was willing to fill out sign-in sheets.) With the collaboration of Mexican Consulate officials/staff, the collaborative team is now moving forward with the work of this objective, which has been shifted forwarded into the 2017-19 work plans. Additionally, Council staff will be able to offer services to those Mexican nationals who, as residents and workers in California, may have been disconnected from the supports/services available through Consulate services.

With DC transitions to community placements, regional staff experienced some overlaps and/or duplicate efforts with DDS, as the Council attempted to survey current residents (and/or family members) and those transitioned residents (and/or family members) of the state's closing developmental centers (DC). Many people were reportedly resistant to filling out additional surveys and frustrated by the sheer number of pollsters collecting data for different agencies/purposes. As a result, the Council completed 171 (87%) of the planned (200) resident surveys of and 96 (48%) of the planned (200) transitioned residents' (movers') surveys. Although regional staff did not collect the targeted number of surveys, the surveys that were collected gave a representative picture for the recommendations that were provided to the Council for further consideration (as described in more detail with Objective 6.2).

Council staff trained more than 6,469 family/self-advocates about such topics as personal/civil rights, available regional center and other (formal and/or informal) community supports and services, personal safety, person-centered planning and the Self-Determination Program (SDP), conservatorship (and alternatives), boardsmanship/governance, HCBS, transportation, and/or other generic services. Regional staff provided technical assistance to more than 1,700 family/self-advocates and reached over 763,600 people through electronic media (e.g. newsletters, eBlasts, eMails, website postings, etc.). In policy-related activities, staff held more than 225 meetings with 688 policymakers, testified 17 times before 1,254 people, and engaged in addressing policy change issues 120 times.

Having revised its timeline (to complete planning and begin translations in 2019, which will move training forward), the Council will move the unfinished work of Objective 6.1 forward into the 2018 and 2019 FFY, beyond which there will be no significant or substantive changes made to the planned work or objectives within this goal.

**4 Year Overview : A description of how the Council will use and build from knowledge gained and progress made to move forward in the next state plan cycle.(This section only applies to the PPR submitted for the Federal Fiscal Year 2020, which will be due by January 1, 2021)**

**5 Year Overview :** For the final PPR of this state plan cycle, provide an overall analysis of the outcomes achieved during the five year state plan cycle. The description should include the extent to which diverse stakeholders are satisfied with council activities that promote self-determination and community participation for individuals with disabilities and families, results of other types of information gathering such as focus groups, surveys, or other feedback or input methods with individuals with developmental disabilities and families and major accomplishments and factors impeding goal achievement (if applicable).(This section only applies to the PPR submitted for the Federal Fiscal Year 2021, which will be due by January 1, 2022)

Objectives

1. The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate.

1. **Goal:** Formal & Informal Community Supports

2. **State Plan Objective** Objective 2

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3. **This Objective is**

Individual & Family Advocacy

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4. **This Objective is**

Ongoing



**5. This Objective is**

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|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

**6. Stage of Implementation**

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Implementation

**7. Provide an overall description of this effort**

California continues to engage in the process of de-institutionalizing residents of its remaining developmental centers (with the government proposal to close all by 2021), decentralizing the care and housing of residents with I/DD, developing community-integrated residential/care options, and transitioning DC residents into inclusive communities of their (and/or their family members') choice. As California - and its State Council on Developmental Disabilities - is fully committed to the concept of person-centered planning, self-determination, and self-governance, the Council has committed to outreach and training efforts to ensure that 'movers' from DCs and their family advocates receive sufficient information, knowledge and skills to be directing partners in this process.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

**8. Outputs Achieved**

| Expected Outputs   | Achieved |
|--|----------|
| Poll/survey & data/results from 200 family/self-advocates; anecdotal data from transitioned residents, stakeholders, & community | true     |
| 4 quarterly meetings; 1 list of transition findings & recommendations  | true     |
| 1 curriculum; 13 trainings (Council & RACs); 120 family/self-advocates reached   | true     |

| Expected Outputs   | Achieved |
|--|----------|
| 5 curricula; 20 trainings; 450 family/self-advocates reached | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

As the California Department of Developmental Services (DDS) progresses toward the final closing of its remaining developmental centers (DCs), the Council has surveyed and assisted people in making that transition and given those residents still in institutional settings information and skills for a future community-based life. California's Governor has implemented a plan that is moving 513 residents of the four (4) remaining DCs into community-based residential settings by 2021.

DDS held informational meetings for family members and conservators of people living in DCs. In an information meeting, DDS representatives reported that more than 100 people had transitioned into the community from Sonoma's DC and that 112 homes would be ready for occupancy by the beginning of 2018. As of the end of 2017, DDS reported that Sonoma was still slated for closure by the end of 2018. Fairview and the General Treatment Area (GTA) of Porterville DC were scheduled to close by 2021.[1]

The State Council conducts the annual Quality Assurance survey which populates its report of the National Core Indicators (NCI) with data about people with I/DD, who are served by the state's regional center system.[2] Overlapping surveys proved to be a competing barrier to gaining cooperation of all potential respondents for the Council's State Plan/work plan purposes. Survey/interview responses highlighted the need to provide safety net systems for movers, to provide them with opportunities to explore and learn about their new settings. Some additional recommendations included: 1) provide for the development of accessible savings accounts; and 2) ensure that all Californians with I/DD have access to the same level of services and supports offered/provided to DC residents/movers.

Staff presented curricula developed specifically for self-advocates still living in DCs, designed to give them knowledge and skills to adjust and function in the community. 36 trainings were provided to DC residents. 15 trainings provided information on available supports and services in the community, reaching 412 people. Two (2) trainings explained how to use public transportation in communities into which DC residents planned to transition and live.

Four additional trainings on personal and civil rights were given to 104 individuals living in institutions. Staff gave presentations on self-advocates' rights (to accessible supports and services, facilities, etc.), as outlined in the Americans with Disabilities Act (ADA) and California's Lanterman Developmental Disabilities Services Act. Staff gave nine (9) trainings to 446 residents of DCs about leading their own individual program planning (IPP) meetings, concepts of person-centered planning, and the self-determination program.

In addition to holding and facilitating trainings at DCs, Council staff coordinated and collaborated with DC staff and community partners to host resource fairs, highlighting those supports and services available in community-based residential settings. SCDD personnel worked with Fairview DC to hold the 2017 Community Options Fair. Forty-five (45) vendors attended, providing advocacy training and information on aspects of community life, ranging from IPP meetings to community resources, CalABLE savings accounts and rights, inclusion, affordable housing, and emergency preparedness. SCDD also coordinated a similar community options event at the Sonoma DC. And Porterville DC.

The Council collaborated with self-advocates and Disability Rights California staff to hold the California Memorial Project, a ceremony honoring those who have lived and died as residents of California's DCs. Council staff collaborated with the local regional center to provide Sonoma DC residents with information on homes that are being developed to accommodate their moves from DCs.

The Council met or exceeded its expected targets, in regard to the federal performance measures. 95% of responding self-advocates and 100% of family advocates reported that they were satisfied with project activities. 100% of those responding believed that they were better able to say what services and supports they want or what is important to them. 70% of self-advocates and 75% of family advocates specifically responded that they increased their advocacy as a result of Council activities.

[1] “Developmental Center Closure/Transformation” (11-15-2017) <http://www.dds.ca.gov/DevCtrs/>

[2] Human Services Research Institute (2016) *Adult Consumer Survey: California Statewide Report, Fiscal Year 2014-2015*. California Department of Developmental Services. Sacramento, CA: Human Services Research Institute.

## 12. Expected Outcomes Achieved

| Expected Outcomes   | Achieved    |
|---|-------------|
| <p><b>The Council and its collaborative partners will have up-to-date knowledge about resident welfare, DC transition/closure status, and the availability of integrated community supports/services for people with I/DD &amp;/or cross-disabilities transitioning out of institutional care &amp; into community settings</b></p> | <p>true</p> |
| <p><b>Stakeholders that provide integration supports/services will have knowledge about family/self-advocates transitioning into community settings and will provide continuity of medical insurance &amp;/or community-based supports/services with no lapse in/loss of coverage</b></p>   | <p>true</p> |
| <p><b>The Council will be knowledgeable on current issues affecting transition of DC residents with I/DD &amp;/or cross-disabilities into home/community-based settings</b></p>   | <p>true</p> |

| Expected Outcomes  | Achieved |
|--|----------|
| <b>Family/self-advocates with I/DD &amp;/or cross-disabilities involved in transitioning from DCs to community settings will have the knowledge to advocate for appropriate, safe, integrated, generic services to meet their unique, individual needs</b> | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

While the Council achieved all other targets within this objective, staff was able to gain information from only 87% of transferring residents' family members and 48% of transitioned residents, stakeholders and/or community members. Ultimately, the information was obtained from other sources, as the state now has legislative mandates to collect the same type of data. Where possible, the Council will simply use available (new) data, rather than burden residents/movers and/or their family members with additional surveys.

The Council is fully committed to monitoring the DC closure process and, the satisfaction, welfare and safety of those residents who are transitioning out into communities throughout California. Some of the surveys (received from family advocates) seemed to indicate that the DC closure/resident transfer/moving process is now becoming 'real' for those family members who may not have believed that 'this day would ever come.' As a result, there were a number of comments reflecting anxiety about the availability, readiness, and/or adequacy of community-based services and supports. Interestingly, these comments were made in the aftermath of training (provided by the Council), which triggered a sense of this 'new reality' and are confirmation that training has been effective. The Council will continue to provide information and training to family/self-advocates, preparatory to - and as an ongoing part of - the active and post-transition process. Additionally, the Council will continue to provide information and training to those agencies and personnel that provide services to family/self-advocates who may be unfamiliar with community-based support systems.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

**2.** The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.

**1. Goal:** Formal & Informal Community Supports

**2. State Plan Objective** Objective 3

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**3. This Objective is**

Individual & Family Advocacy

**4. This Objective is**

Ongoing

**5. This Objective is**

|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |



## 6. Stage of Implementation

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Implementation

### 7. Provide an overall description of this effort

In response to Council's State Plan survey, 34.9% of respondents (family, self-advocates, professionals, and others) stated that they wanted more information, resources, and/or technical assistance in the area for formal and informal supports, including information in Spanish - and that, specifically, in regard to RC services. This is especially telling, given the purchase-of-service disparities identified by regional centers throughout the state, in regard to the offer and/or provision of services equally to diverse populations. While Objective 6.1 addresses the need for the 1) POS guidelines to be translated into threshold languages and 2) training to provide language-accessible training throughout the state, Objective 6.3 is designed to address those services/supports that may fall within and/or outside of the direct purchasing authority of regional centers (e.g. transportation, public entitlements, extended child care, etc.). The Council's training, technical assistance efforts and recourse provision in Objective 6.3 are designed to address those community-based needs and service, which is inclusive of providing RCs with training and/or technical assistance, as well.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

**8. Outputs Achieved**

| Expected Outputs   | Achieved |
|--|----------|
| 1 curriculum; 13 trainings; 120 family/self-advocates reached  | true     |
| 1 current, comprehensive list of formal/informal service/support trends throughout the state   | true     |
| 3 curricula; 25 trainings (reaching 600 people) for RC, transportation &/or generic services; 24 eBlasts, 12 newsletters, etc.; 2,000 people reached; technical assistance, as requested; 12 technical assistance request logs | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

For self-advocates and family members attempting to obtain community-based services, the Council provided culturally accessible information, training, technical assistance, referrals, advocacy and overall capacity-building. Regionally, staff maintained collaborative relationships with local and state governmental and private agencies, engaging in system change efforts in communities statewide. As part of this effort, regional Council personnel collected information, reporting services and needs at 63 meetings to 1,113 people on regional advisory committees and State Council.

The Council engaged in extensive, in-person outreach, training, and technical assistance to improve access to regional center services, transportation, public benefits, child care, and recreation, reaching 8,363 self-advocates and 16,318 family advocates. Staff conducted 166 training sessions for 4,599 people. The overall satisfaction rate was 99-100% for training and event attendees. In addition, staff provided family and self-advocates, community members, and professionals with technical assistance, referrals, and information more than 1,100 times. Additional information was shared electronically more than 800 times, extending the Council's reach to an additional 567,388 people.

Training topics were as diverse as the regional needs of the state. Staff provided 76 trainings to 1,211 people (23 of which were in Spanish, reaching 501 people) about the regional center (RC) system and services. Because so many people with I/DD do not have access to a vehicle of their own, 11 trainings to 723 people informed self-advocates about transportation options and how to navigate local public transportation. Training was given (in English and Spanish) to family/self-advocates and members of the public about systemic advocacy, as well. Another 79 trainings addressed a number of generic services, such as giving testimony and influencing public policy, Social Security eligibility, public entitlements, community resources, the ABLE Act, In-Home Supportive Services, Medi-Cal, conservatorship and alternatives, disparity in purchase-of-services (through the RC system), and other topics by request and/or of regional significance. The Council also provides accessible training to family/self-advocates, as well as community-based agencies and personnel, associated with diverse cultures and/or cross-disabilities.

Outreach efforts to diverse communities (e.g. Spanish-speaking, Chinese, Japanese, and Vietnamese), Pacific Islanders, Russian, immigrants from Persian Gulf areas [speaking Farsi], and Native Tribal communities) included conferences, trainings, and outreach events (with translations provided), translated print resource materials, and cross-cultural meetings, presentations and committee

activities, and systemic advocacy. The Council partnered with Disability Rights California to present training for 26 monolingual Vietnamese-speaking family/self-advocates, who gave feedback from the Vietnamese community that they needed more support in accessing regional center and other generic services.

More than 150 activities and events were targeted for Spanish-speaking communities, sometimes in conjunction with other cultural communities. Council staff collaborated with Far Northern Regional Center and Rowell Family Empowerment of Northern California to create a multicultural conference. Attended by 10 self-advocates, 50 family advocates and 96 professionals, this conference on cultural understanding and competency included a keynote speaker, who provided definitions for cultural competency, family traditions and explained about components and concepts that 'make a community.' Other components of the conference included a presentation by a Native Prayer (with the Paskenta Tribe), a report on Purchase-of-Service (POS) disparities by the local RC, and a presentation by the Anderson Ballet Folklorico.

Council's regional staff's planning efforts have begun with the Asian Pacific Islanders with Disabilities of California (APIDC), in collaboration for the Disability Awareness Walk-n-Roll event. Staff has also been invited to present at the APIDC Annual Conference in 2018 at Anaheim. Staff provided systemic advocacy training to the Japanese Speaking Parent Association of Children with Challenges (JSPACC), reaching 38 family/self-advocates and others.

The Council coordinated and hosted the CHOICES conference, attended by 400 self-advocates, 10 family advocates and 90 professionals. Council staff partnered with a self-advocate to serve as Master(s) of Ceremonies, with Aaron Carruthers (SCDD Executive Director) providing a keynote address. A panel of four (4) self-advocates spoke about their lives over the past 30 years. As part of the conference, staff coordinated a demonstration micro-business fair. Regional Council staff facilitated conference, scheduling speakers and legislators, and ensuring that Spanish and Japanese interpreters were provided. Council staff provided legislators with introductions and a folder of supplemental information

55 Spanish attendees were reached at Festival Educacional, in Los Angeles. The presentation included a review of the services typically provided to people with developmental disabilities and/or their families, such as IHSS, Social Security benefits (SSI), special education, Medi-Cal, higher education, Section 8 housing, etc.

The Destellos de Angeles/Conexiones Educativas Conference, held in southern California, reached approximately 2,500 monolingual Spanish-speakers (1,000 self-advocates and 1,500 family advocates) with information about special education rights and supports, emergency preparedness, IHSS benefits, health care for people with I/DD, and RC services.

One of the Council's regional office serves as the hosting site for Conexiones Educativas, a monolingual Spanish-speaking support group with an average attendance of 27-30 family advocates. SCDD staff, alongside Cecilia Mercado, Executive Director for Conexiones Educativas, provides information to families, answers questions and provides recommendations

Through its relationships with more than 700 community partners, the Council gives voice to its constituency of family/self-advocates by maintaining a systemic advocacy profile in California, as staff participates on, collaborates with, and/or provides information, technical assistance, and resources to councils, committees, boards and other governing bodies providing public and private governance at the state and local levels. These relationships also foster opportunities to engage in innovative projects, such as developing inclusive playgrounds, library programs, assistive technology, with Council input.

The Council's objective to maximize the quality of and access to services for self-advocates and their families addresses a wide-range of issues, making it the most active objective. SCDD staff had in-person education and collaboration with 37,565 people, 24,681 of whom were family and self-advocates. More than half a million more people were reached with additional educational information.

## **12. Expected Outcomes Achieved**

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| Expected Outcomes  | Achieved    |
|--|-------------|
| <p><b>Family/self-advocate Council/RAC members will be informed &amp; able to collect/evaluate data &amp; assess progress toward implementation of the HCBS Settings Rule throughout California</b></p>  | <p>true</p> |
| <p><b>Council will develop/maintain strong agenda for 1) monitoring the current formal/informal services/ supports throughout the state &amp; 2) directing policy, advocacy, &amp; capacity-building activities to address &amp; decrease service/support gaps for family/self-advocates with I/DD &amp;/or cross-disabilities</b></p> | <p>true</p> |
| <p><b>Based on requests for technical assistance, family/self-advocates &amp; other stakeholders will have knowledge &amp; increased technical assistance &amp; training to access quality supports &amp; services that are available to the general population</b></p>  | <p>true</p> |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

This objective represents a large part of the Council's mission in outreach and training efforts on behalf of family/self-advocates and others. While the Council fully met and/or exceeded its targeted activities for this objective, there may be increased demand for training as full inclusion requirements draw near(er) through impending HCBS deadlines. Family/self-advocates, professionals, and others frequently question and weigh what services are the (current) responsibilities of the regional center system and what services must be obtained outside of that system.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

**3. The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California's Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish-speaking self-advocates and families.**

**1. Goal:** Formal & Informal Community Supports

**2. State Plan Objective** Objective 1

**3. This Objective is**

Capacity Building

**4. This Objective is**

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Ongoing

**5. This Objective is**

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|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | Yes                     |
| <b>c. DD Network Collaboration *</b>   | Yes                     |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

**6. Stage of Implementation**

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Implementation



## 7. Provide an overall description of this effort

Although the Council has monitored, for some time, the disparity in services purchased for and provided to linguistically/culturally diverse Californians with I/DD and/or cross-disabilities (as compared to those received primarily English-speaking Californians), it determined to address these disparities more directly. The primary focus of this objective involves reaching out to the under-served, Spanish-speaking (although SCDD also added 1 Asian language for the) family/self-advocate population of California, in collaboration with the Council's four (4) federal partners (California's protection and advocacy agency and three University Centers for Excellence in Developmental Disabilities [UCEDDs]): Disability Rights California (DRC), the Tarjan Center at the University of California Los Angeles (UCLA), the University of Southern California (USC), Children's Hospital Los Angeles (CHLA), and the University of California Davis (UCD) MIND Institute. With complete and culturally/linguistically competent translations of material (in both Spanish and additional Asian Language), the Council intends to provide extensive training to family/self-advocates, regional center staff, service providers and others, thereby decreasing disparities in the information, services and supports requested of and provided through the regional center system.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

## 8. Outputs Achieved

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| Expected Outputs  | Achieved |
|---|----------|
| 1 consortium of English &/or Spanish-speaking stakeholders, collaborators, &/or federal DD partners; 4 meetings; 1 list of recommendations to reduce language-based POS disparity in Spanish-speaking population of family/self-advocates with I/DD | true     |
| 1 lexicon of appropriate industry-specific terminology in English; 1 list of appropriate, industry-specific translations in Spanish; local field-testing of translations in 12 regions; 12 lists of recommendations for editing                     |          |
| 1 list of English descriptions of (POS) services available through RC funding; 12 eBlasts; 1 website posting  | true     |
| 1 list of POS-related descriptions translate into Spanish; 1 posted list on Council's &/or other website(s); 12 eBlasts; 1 website posting  | true     |
| 1 posting, once available, of Spanish NCI material(s) to website(s); 12 eBlasts; reach 1,500 people   | true     |
| 1 curriculum; 250 family/self-advocates will be trained; 12 trainings   |          |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

Although the Council's planned work in this area involved decreasing disparities in information, services and supports received by linguistically/culturally diverse Californians with I/DD, it also extended beyond these original parameters to address community-level issues, as well. The Council accomplished this work through community outreach efforts, local collaborations, committee work, trainings and conferences, policy work, technical assistance and translation of outreach and training material.

The Council accomplished significant outreach efforts to diverse communities by providing 22 different articles (via electronic distribution), giving more than 31,000 people valuable information about available and inclusive services, disparity issues, and Council updates, and well as informing them of upcoming trainings and community-based events. An additional 9,609 people accessed information about National Core Indicator (NCI) data that was distributed and posted in both English and Spanish on the Council's website.

In the past federal fiscal year, California was chosen as a recipient state for the Community of Practice on Cultural and Linguistic Competence in Developmental Disabilities. This initiative will incorporate two objectives to produce systemic change and build capacity: 1) It will "create and implement a multifaceted community of practice (CoP) that will facilitate peer exchange, share information, provide technical assistance, and leverage resources to increase diversity and advance CLC in state/territorial DD systems;" and 2) it will "integrate content from a proven curriculum (Georgetown Leadership Academy©) into a multi-state/territory CoP model designed to

foster leadership for system transformation” (Georgetown University, 2017). As a component of the body of work within this initiative, the California team will be including its work on and addressing purchase-of-service (POS) disparities experienced between people with I/DD who self-identify with communities of color and those family/self-advocates self-identifying as (non-Hispanic) ‘white’ (DDS, 2017). This work is part of the Council’s combined federal partners’ collaboration and targeted/underserved population objective (Objective 6.1) within the 5-year State Plan.

To address the planned work of reducing service disparities among underserved populations, the collaborative met, identified stakeholders and put together regional committees of Spanish and Asian language-proficient collaborators. Their work produced a list of services available through the regional center system with a clear, plain language description, to accurately translate it into Spanish and provide outreach and training to minority Spanish-speaking communities about available RC services. As work unfolded, it became clear that, while services were identified by DDS, there was little to no uniformity on descriptions of services within the 21 RCs throughout the state, complicating the issue of producing a single list of POS options.

As part of the process, the Council and its federal partners were successful in developing 5 regional lists (based on area of highest disparity) of 2-3 stakeholders and/or Spanish (and Asian)-speaking family/self-advocates, producing 1 list, taking terms out of regulatory language to convert to plain language. The federal partners were identified and assembled as a team in July 2017. DDS then provided its list of service codes used by RCs to purchase services.

Council staff partnered with the Exceptional Family Center (EFC) to identify and access services for underserved families, such as monolingual Spanish-speaking families and migrant worker populations, working with the Dolores Huerta Foundation to provide training for migrant workers in rural communities and developing a network of community leaders to reach diverse communities. The Council assists with planning Festiva Educativa, the largest Spanish-speaking conference in Orange County. This year, the work of Festiva Educativa reached 50 self-advocates, 300 family advocates, 27 others, and provided information about Special education rights and responsibilities, financial planning, respite (and other services), assistive technology (in special education), the importance of early intervention, and others.

## **References**

California Department of Developmental Services (2017). Regional Centers: Efforts to Reduce Purchase of Service Disparities. Retrieved on 10.4.17:1400 from <http://www.dds.ca.gov/RC/disparities.cfm> (<http://www.dds.ca.gov/RC/disparities.cfm>).

Georgetown University Center for Child and Human Development (2017). Georgetown University National Center for Cultural Competence: Community of Practice. Retrieved on 10.4.17:1345 from <https://nccc.georgetown.edu/cop/index.php> (<https://nccc.georgetown.edu/cop/index.php>).

## 12. Expected Outcomes Achieved

| Expected Outcomes   | Achieved |
|---|----------|
| <b>The Council will have a collaborative consortium of partners to assist in efforts to monitor/track &amp; make recommendations regarding POS disparity and accessibility for diverse Spanish-speaking family/self-advocates with I/DD</b>   | true     |
| <b>English-speaking family/self-advocates with I/DD &amp;/or cross-disabilities &amp; stakeholders will have an accurate, culturally competent list of industry-specific terms; Spanish-speaking family/self-advocates with I/DD &amp;/or cross-disabilities &amp; stakeholders will have an accurate, culturally competent list of appropriate, industry-specific terms in Spanish</b> | true     |
| <b>English-speaking family/self-advocates with I/DD &amp;/or cross-disabilities &amp; stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports</b>   | true     |

| Expected Outcomes   | Achieved |
|---|----------|
| <p><b>Spanish-speaking family/self-advocates with I/DD &amp;/or cross-disabilities &amp; stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports in Spanish &amp; will be assured of the accuracy &amp; cultural relevance of those descriptions and will be able to advocate for appropriate services/supports through the RC system, removing barriers and reducing POS disparities</b></p> |          |
| <p><b>Family/self-advocates who are Spanish-speaking will have knowledge of and Council website access to NCI data in Spanish</b></p>   | true     |
| <p><b>Underserved Spanish-speaking family/self-advocates will have culturally relevant, accurate information in their language of choice about supports/services provided by the RC system and knowledge about how to identify/access necessary supports/services; a service access barrier will be removed and POS disparities for the underserved Spanish-speaking population will be reduced</b></p>                         |          |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

While the final products have not yet been developed through the Council's work within this objective, the groundwork and much preparation has been completed and will continue to progress through the course of FFY 2018, in addition to planned activities that are already a part of the 2018 work plan for Objective 6.1.

During the course of working on activities for this objective, the Council realized that including Asian-speaking community members would be beneficial collaborative partners, as a number of plain language terms (when translated into other languages) were equally offensive to one or more cultural/language-based groups. This extended the time necessary to put together work groups, convene meetings, and create a complete product.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

**4.** The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families.

**1. Goal:** Formal & Informal Community Supports

**2. State Plan Objective** Objective 4

**3. This Objective is**

Capacity Building

**4. This Objective is**

Ongoing

**5. This Objective is**

|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |



## 6. Stage of Implementation

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Implementation

### 7. Provide an overall description of this effort

In the Council's 2016 State Plan survey, 34.9% of respondents ranked 'Formal and Informal Community Supports' as the top area of need for people with I/DD in the state, approximately twice as many as the second-ranked area of identified need. For this reason, the Council's legislative focus was primarily on those supports and services not addressed specifically in other goal areas. The systemic (federal, state, regional, local and agency-specific) advocacy activities that are part of every objective are also supported and regulatory language that identifies and protects the service and civil rights of people with I/DD. Californians with I/DD rely on the Council to come alongside of them and to help represent their interests with legislators and other policymakers.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

### 8. Outputs Achieved

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| Expected Outputs  | Achieved |
|---|----------|
| <b>12 lists of state/regional policy boards, councils, &amp;/or advisory committees; 1 report of number of family/self-advocates applying/accepted for member positions; 1 curriculum; 12 trainings; 120 people reached</b> | true     |
| <b>20 meetings/hearings/phone calls</b>   | true     |
| <b>Attendance/testimony in 4 hearings for 5 bills</b>   | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

The Council met all of its year’s targeted work plan activities for this objective. In addition, it actively supported 9 pieces of legislation, while monitoring an additional 68 bills that focused on community-based services and supports. Staff testified in 17 hearings and/or meetings, reaching 1,254 people about addressing disparities and gaps in service access for people with I/DD. In addition, Council staff held 229 meetings with policymakers and stakeholders, reaching 688 people.

### **Legislation Signed into Law**

AB 434 (Baker) specifies website accessibility and compliance standards.

AB 959 (Holden) requires DDS to establish and maintain a webpage that includes a list and descriptions of services purchased and/or provided by regional centers (RC). It also requires that a link to the DDS webpage be placed on RC's websites.

AB 1200 (Cervantes) establishes (based on funding) the Aging and Disability Resource Connection (ADRC) program, to be administered by the California Department of Aging. ADRC will provide information to family/self-advocates about available long-term services and supports (LTSS) programs and assist older adults, caregivers, and people with disabilities in accessing LTSS programs at a local level.

AB 1379 (Thurmond) establishes a 'CAsp (Certified Accessibility Specialist) Certification and Training Fund in each city and county, by raising the cost of business licenses (by \$1) and/or building permits (by \$4). After six (6) years, the fee schedule will shift down to \$1 for the additional fee imposed on building permits. The Disability Access and Education Revolving Fund will be used to maintain program oversight and facilitate accessibility compliance by cities and counties.

AB 273 (Aguiar-Curry) expands child care and development program eligibility when parents are engaged in an educational program for English language learners or to attain a high school diploma or GED.

AB 611 (Dababneh) provides additional financial protections for 'elder/dependent adults' (per Welfare and Institutions Code §15630.1), in regard to financial institutions, mandated reports of suspected abuse, and not honoring executed Power(s) of Attorney in circumstances in which financial abuse is suspected and/or reported.

AB 1021 (Baker) expands the IHSS application process, in deference to the needs of PwD.

SB 223 (Atkins) expands the language accessibility provisions of the Knox-Keene Health Care Service Plan Act of 1975, requiring managed care plans, mental health plans, and the Department of Health Care Services to provide written notice of the availability of free language assistance services in English and in the top 15 languages spoken by people with limited English proficiency (LEP) in

California. It also prohibits Medi-Cal managed care and mental health plans from requiring a LEP Medi-Cal beneficiary to provide an interpreter or rely on a staff member who is not a qualified interpreter and would prohibit a managed care or mental health plan from relying on an adult or minor child to interpret or facilitate communication except in an emergency.

AB 384 (Irwin) expands a U.S. residency requirement for a designated beneficiary (of an ABLE account) and clarifies eligibility for state or local means-tested programs.

SB 218 (Dodd) authorizes the transfer of all amounts in a designated beneficiary's ABLE account (upon death) to an ABLE account for another person, as specified by the decedent or the decedent's estate. +

### **Training and Community Outreach**

The Council's staff developed boardmanship training curriculum and held 55 training sessions, reaching a total of 205 people (all of whom were members of the Council and its Regional Advisory Committees [RAC]). Council staff provided outside agencies legislative with updates, while also participating on the Legislative Committees of other organizations. Staff coordinated the Legislative Forum with collaborators in the Developmental Disability Provider Network, attended by 300 people. Staff engaged in other large-scale legislative events, including Disability Capitol Action Day 2017 and Grassroots Day (large resource fairs held at California's State Capitol). The Council provided testimony with the Secretary of State's office regarding accessible voting machines. Regionally, staff held leadership positions on county-level In Home Supportive Services (IHSS) Advisory Committees.

Council staff gave training (*Advocating with your Elected Officials*) to 18 self-advocates and helped to coordinate and carry out the DD Provider Network's Legislative Forum, which provided opportunities for family/self-advocates to share their stories with policymakers. Council staff provided 149 pieces of information to family/self-advocates, professionals and others via eBlasts. Regional staff provided one-on-one technical assistance to more than 63 people in need of assistance with statutory or regulatory issues about California's community-based services and supports.

**12. Expected Outcomes Achieved**

| Expected Outcomes   | Achieved |
|---|----------|
| Family/self-advocates with I/DD &/or cross-disabilities will have the opportunities and knowledge to participate in systemic, policy-level advocacy work to increase access to quality community-based services available to the general population | true     |
| Stakeholders, key legislators, policymakers, & legislative & executive staff will have knowledge about issues regarding diversity/disparity gaps in services for people with I/DD &/or cross-disabilities to inform policy decisions                | true     |
| Policymakers will have information to establish policies designed to decrease gaps in community-based service delivery systems for people with I/DD &/or cross-disabilities   | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

The Council met and/or exceeded all of this yearly targeted activities in this objective. It is, however, an objective through which the Council will continue to be actively engaged for the duration of its 5-year State Plan. The Council's Legislative and Public Policy Committee updates and/or 'watched' bills on a yearly basis, updating as necessary.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

## Individual & Family Advocacy Performance Measure

### Description

Formal & Informal Community Supports

Race/Ethnicity

| <b>Race/Ethnicity</b>                                     | <b>#</b> | <b>%</b> |
|---|----------|----------|
| <b>White, alone</b>                                       | 0        |          |
| <b>Black or African American alone</b>                    | 0        |          |
| <b>American Indian and Alaska Native alone</b>            | 0        |          |
| <b>Hispanic/Latino</b>                                    | 0        |          |
| <b>Asian alone</b>  | 0        |          |
| <b>Native Hawaiian &amp; Other Pacific Islander alone</b> | 0        |          |
| <b>Two or more races</b>                                  | 0        |          |
| <b>Race unknown</b>                                       | 0        |          |

Gender

| <b>Gender</b> | <b>#</b> | <b>%</b> |
|---------------|----------|----------|
| <b>Female</b> | 0        |          |
| <b>Male</b>   | 0        |          |
| <b>Other</b>  | 0        |          |

Category

| Category           | # | % |
|--------------------|---|---|
| Individual with DD | 0 |   |
| Family Member      | 0 |   |

Geographical

| Geographical | # | % |
|--------------|---|---|
| Urban        | 0 |   |
| Rural        | 0 |   |

I. Output Measures

| Objective  | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|--|---|---|
| The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate.* | 934   | 831   |



| Objective   | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|---|---|---|
| <p>The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.*</p>   | 8363  | 16318   |
| <p>The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California's Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish-speaking self-advocates and families.*</p> | 0   | 0   |

| Objective  | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|--|---|---|
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families.* | 266   | 272   |
| Total # of Output Respondents  | 9563  | 17421   |

II. Outcome Measures

| Performance Measures                                     | Percent (%) |
|--|-------------|
| IFA 2.1 Percent of people with DD who increased advocacy | 68          |
| IFA 2.2 Percent of family members who increased advocacy | 89          |

Sub-Outcome Measures : The number (#) of people who are better able to say what they want/say what is important to them

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <p><b>The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate.*</b></p>   | <p>934</p>                                      | <p>831</p>              |
| <p><b>The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.*</b></p> | <p>8028</p>                                     | <p>15665</p>            |

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California’s Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish-speaking self-advocates and families.*</b> | 0   | 0                       |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families.*</b>   | 255   | 261                     |
| <b>Total # of Sub-Outcome Respondents</b>   | 9217  | 16757                   |
| <b>IFA 2.3 Percent of people better able to say what they need</b>  | 96  | 96                      |

Sub-Outcome Measures : The number (#) of people who are participating in advocacy activities

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <p><b>The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate.*</b></p>   | <p>476</p>                                      | <p>424</p>              |
| <p><b>The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.*</b></p> | <p>7778</p>                                     | <p>15176</p>            |

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California’s Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish-speaking self-advocates and families.*</b> | 0   | 0                       |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families.*</b>   | 266   | 272                     |
| <b>Total # of Sub-Outcome Respondents</b>   | 8520  | 15872                   |
| <b>IFA 2.4 Percent of people participating in advocacy activities</b>   | 89  | 91                      |

Sub-Outcome Measures : The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <p><b>The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate.*</b></p>   | <p>234</p>                                      | <p>208</p>              |
| <p><b>The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.*</b></p> | <p>6021</p>                                     | <p>11748</p>            |

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California’s Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish-speaking self-advocates and families.*</b> | 0   | 0                       |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families.*</b>   | 0   | 0                       |
| <b>Total # of Sub-Outcome Respondents</b>   | 6255  | 11956                   |
| <b>IFA 2.5 Percent of people on cross disability coalitions</b>   | 65  | 69                      |



**IFA 3 The percent of people satisfied with a project activity\***

99.2

**IFA 3.1 Percent of people with DD satisfied with activity\***

98.5

**IFA 3.2 Percent of family members satisfied with activity\***

99.9

## System Change Performance Measures

### Description

Formal & Informal Community Supports

SC 1: Output Measures - The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

| Objective   | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number<br>of<br>promising<br>practices<br>created | SC 1.3.2<br>Number<br>of<br>promising<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number<br>of best<br>practices<br>created | SC 1.3.4<br>Number<br>of best<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3<br>The<br>number of<br>promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number<br>of<br>people<br>trained/<br>educated | SC 1.5<br>Number of<br>Systems<br>Change<br>activities<br>with other<br>organizations |
|---|--|---|---|---|---|---|--|--|---|
| The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate. | 0  | 2   | 0   | 22  | 0   | 40  | 62   | 683  | 43  |

| Objective  | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of<br>statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number<br>of<br>promising<br>practices<br>created | SC 1.3.2<br>Number<br>of<br>promising<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number<br>of best<br>practices<br>created | SC 1.3.4<br>Number<br>of best<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3<br>The<br>number of<br>promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number<br>of<br>people<br>trained/<br>educated | SC 1.5<br>Number of<br>Systems<br>Change<br>activities<br>with other<br>organizations |
|--|--|--|---|---|---|---|--|--|---|
| <p>The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.</p> | 0  | 0  | 0   | 357   | 1   | 119   | 477  | 12884  | 328   |

| Objective  | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number of promising<br>practices<br>created | SC 1.3.2<br>Number of promising<br>practices supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number of best<br>practices<br>created | SC 1.3.4<br>Number of best<br>practices supported<br>through<br>Council<br>activities | SC 1.3<br>The number of promising<br>and/or best<br>practices created<br>and/or supported | SC 1.4<br>Number of people<br>trained/<br>educated | SC 1.5<br>Number of Systems<br>Change activities<br>with other<br>organizations |
|--|--|---|---|--|--|---|---|--|---|
| <p>The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California's Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish-speaking self-advocates and families.</p> | 0  | 0   | 0   | 0  | 0  | 23  | 23  | 0  | 18  |

| <b>Objective</b>   | <b>SC 1.1<br/>Number of<br/>policy/<br/>procedures<br/>created/<br/>changed</b> | <b>SC 1.2<br/>Number of<br/>statutes/<br/>regulations<br/>created/<br/>changed</b> | <b>SC 1.3.1<br/>Number<br/>of<br/>promising<br/>practices<br/>created</b> | <b>SC 1.3.2<br/>Number<br/>of<br/>promising<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3.3<br/>Number<br/>of best<br/>practices<br/>created</b> | <b>SC 1.3.4<br/>Number<br/>of best<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3<br/>The<br/>number of<br/>promising<br/>and/or<br/>best<br/>practices<br/>created<br/>and/or<br/>supported</b> | <b>SC 1.4<br/>Number<br/>of<br/>people<br/>trained/<br/>educated</b> | <b>SC 1.5<br/>Number of<br/>Systems<br/>Change<br/>activities<br/>with other<br/>organizations</b> |
|--|---|--|---|--|--|---|--|--|--|
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families.</b> | 2   | 4  | 8   | 0  | 0  | 49  | 57   | 1617   | 15   |

Systems Change SC 2: Outcome Measures

| <b>Outcome Measures</b>                            | <b>Number(#)</b> |
|--|------------------|
| <b>SC 2.1 - Efforts that led to improvements *</b> | 34               |

| Outcome Measures                                | Number(#) |
|---|-----------|
| <b>SC 2.2 - Efforts that were implemented *</b> | 317       |

Sub-Outcome Measures

| Objective   | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|---|--|---|---|--|
| The Council will increase the knowledge and skills of people with I/DD to move from institutional to community settings and to increase their ability to self-advocate. | 0  | 4   | 0   | 44   |

| Objective  | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|--|--|---|---|--|
| <p>The Council will increase outreach, training, and technical assistance to improve the quality of and access to services, including (but not limited to) Regional Centers, education, transportation, public benefits, child care, and recreation for people with I/DD and their families.</p> | 0  | 0   | 0   | 251  |

| Objective  | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|--|--|---|---|--|
| <p>The Council, in collaboration with our federal DD partners, will reduce service access barriers and decrease the disparity in available information, which describes services and supports that may be purchased throughout California's Regional Center system, by translating and providing that information in Spanish and tracking statewide POS disparity data for Spanish-speaking self-advocates and families.</p> | 0  | 0   | 0   | 2  |



| Objective   | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|---|--|---|---|--|
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality community-based services for people with I/DD and their families. | 7  | 3   | 27  | 13   |

## Detailed Progress Report on Goals

**Description**

Housing

Area Of Emphasis

| Area of Emphasis                       | Planned for this goal | Areas addressed |
|--|-----------------------|-----------------|
| Quality Assurance                      |                       | true            |
| Education and Early Intervention       |                       |                 |
| Child Care                             |                       |                 |
| Health                                 |                       |                 |
| Employment                             |                       | true            |
| Housing                                | true                  | true            |
| Transportation                         |                       |                 |
| Recreation                             |                       |                 |
| Formal and Informal Community Supports |                       | true            |

Strategies

| Strategies | Planned for this goal | Strategies Used |
|------------|-----------------------|-----------------|
| Outreach   | true                  | true            |
| Training   | true                  | true            |

| <b>Strategies</b>  | <b>Planned for this goal</b> | <b>Strategies Used</b> |
|--|------------------------------|------------------------|
| <b>Technical Assistance</b>  | true                         | true                   |
| <b>Supporting and Educating Communities</b>                        | true                         | true                   |
| <b>Interagency Collaboration and Coordination</b>                  | true                         | true                   |
| <b>Coordination with Related Councils, Committees and Programs</b> | true                         | true                   |
| <b>Barrier Elimination</b>   | true                         | true                   |
| <b>Systems Design and Redesign</b>                                 |                              | true                   |
| <b>Coalition Development and Citizen Participation</b>             | true                         | true                   |
| <b>Informing Policymakers</b>                                      | true                         | true                   |
| <b>Demonstration of New Approaches to Services and Support</b>     |                              |                        |
| <b>Other Activities</b>  |                              | true                   |

3. Intermediaries/Collaborators

| <b>Collaborators</b>                        | <b>Planned for this goal</b> | <b>Actual</b> |
|---|------------------------------|---------------|
| <b>State Protection and Advocacy System</b> | true                         | true          |
| <b>University Center(s)</b>                 | true                         | true          |

| <b>Collaborators</b>                                       | <b>Planned for this goal</b> | <b>Actual</b> |
|--|------------------------------|---------------|
| <b>State DD agency</b>                                     | true                         | true          |
| <b>Housing developers/private sector builders</b>          | true                         | true          |
| <b>Governance/regulatory agencies</b>                      | true                         | true          |
| <b>Public interest advocacy groups/private non-profits</b> | true                         | true          |
| <b>CA Dept. of Aging</b>                                   | true                         | true          |

**Provide an overall cohesive description of (a) the extent to which progress is being made in achieving the intended outcomes of the Goal for the reporting year, (b)the extent to which each goal was or was not achieved for the reporting year, (c)where applicable, factors that impeded goal achievement for the reporting year,(c) needs that require substantive state plan amendment (goal only)**

The Council’s work in housing issues has reached 5,886 self-advocates and 9,455 family advocates through training, outreach, and other in-person activities; staff extended that number, reaching an additional 197,752 people through targeted electronic communication. In policy-level, collaborative and coalition-building work, the Council held meetings with policymakers at local, regional and state levels (reaching 1,521 people). Activities that addressed housing also involved other related and relevant issues, such as employment, formal and informal community supports, and quality assurance (an issue that is associated with each of the Council’s six [6] goal areas). In engaging in housing-related activities, Council staff utilized every strategy (e.g. barrier elimination, training, technical assistance, etc.) except for the grant-based demonstration of projects or activities (although that strategy will be used as part of the 2017-18 FFY work plan for the housing goal area).

In collaboration with more than 200 housing developers/builders, governance/regulatory agencies, community-based public interest and private non-profit organizations, and state agency partners, the Council engaged in capacity-building efforts, supported advocacy efforts in protecting and upholding civil rights for people with I/DD and/or cross-disabilities, and worked to change systems associated with housing throughout California. This work has resulted in tangible progress toward securing affordable housing (in construction and renovation projects) in several regions (e.g. Mendocino County, Los Angeles, northern/coastal California regions, etc.) in which homelessness and high housing costs are especially seen as problematic for people with I/DD, aging, motor/accessibility impairments, and mental illness. This progress was noted, as the Council and its extensive network of collaborative partners worked to create and/or support 160 promising and/or best practices and 30 statutes and/or regulations.

Housing advocacy rates (current) were slightly lower with self-advocates (52%) than were reported by family members (62%). Although both family/self-advocates (99%) reported that they were better able to say what they want or say what services and supports they want or say what is important to them (following participation with the Council's housing-related projects and/or activities), only 68% of self-advocates and 66% of participating family advocates reported satisfaction.

Housing (as a market) is a turbulent, changing component that is a critical component (along with employment) in helping people with disabilities realize their independence in safe, accessible, integrated communities of their choice. The Council has provided close scrutiny of the community transition process for residents of institutions such as the state's developmental centers, a process which has been carefully structured to ensure that safety nets are in place to protect the safety and service/support rights of 'movers.' There have been stated concerns, however, about a perceived variation in the level of support given to this highly vulnerable population during a period of publicly visible transition, as compared to those supports and services received by people with I/DD (and similar functional needs) who may have been living in California communities without the same level of care, assistance and/or attention/oversight. Although California provides I/DD-related entitlement services through its regional center system, new and/or continued access to such agencies (and related supports and services) frequently requires some level of family and/or self-advocacy-related sophistication and persistence.

While the Council effectively met and/or exceeded its yearly (2017) targeted work plan numbers and activities projected for this goal, housing is clearly an area that will require ongoing work. There are no anticipated changes that will be made to either the housing goal (or any of its three [3] objectives), as the Council continues to work on expanding access and accessibility of safe, affordable, fully integrated housing opportunities for people with I/DD and/or cross-disabilities throughout the state.

**4 Year Overview : A description of how the Council will use and build from knowledge gained and progress made to move forward in the next state plan cycle.(This section only applies to the PPR submitted for the Federal Fiscal Year 2020, which will be due by January 1, 2021)**

**5 Year Overview : For the final PPR of this state plan cycle, provide an overall analysis of the outcomes achieved during the five year state plan cycle. The description should include the extent to which diverse stakeholders are satisfied with council activities that promote self-determination and community participation for individuals with disabilities and families, results of other types of information gathering such as focus groups, surveys, or other feedback or input methods with individuals with developmental disabilities and families and major accomplishments and factors impeding goal achievement (if applicable).(This section only applies to the PPR submitted for the Federal Fiscal Year 2021, which will be due by January 1, 2022)**

**Objectives**

**1. The Council will identify and decrease barriers to housing for people with I/DD.**

**1. Goal: Housing**

**2. State Plan Objective Objective 2**

---

**3. This Objective is**

Capacity Building

**4. This Objective is**

Ongoing

**5. This Objective is**

|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

## 6. Stage of Implementation

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Implementation

### 7. Provide an overall description of this effort

Changing and evolving state/federal priorities in regard to home and community-based services have created an increased urgency for securing sufficient sources for integrated, community-based housing for people with I/DD. Given the disparity between State Plan survey respondents and the Council's regional staff in regard to identifying housing as a primary need, the work of this objective is designed to educate family/self-advocates and others about (issues around) obtaining available, affordable and accessible housing. While the ultimate objective is to identify and decrease barriers to housing, those barriers are numerous and complex and can also be person-specific, including such diverse issues as self-determination, employment, financial assets and public entitlements, transportation, community-based service availability, and others. A significant change in or loss of any one of these components can have an adverse cascading effect, with the subsequent loss of (access to) housing and/or related services. California and its diverse terrain and population are also subject to a range of manmade and natural disasters, resulting in loss of available housing (and related services) due to fire, earthquake, flooding, mudslides, and more. This objective and its work plan pull together these components with training and information distribution.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**



**8. Outputs Achieved**

| Expected Outputs   | Achieved |
|--|----------|
| 1 curriculum; 10 trainings; reach 100 people   | true     |
| 1 curriculum; 10 trainings; reach 100 people   | true     |
| 1 curriculum; 10 trainings; reach 100 people   | true     |
| 1 list of definitions for 'emergency placement;' 1 list/needs assessment regarding the number of clients requiring emergency placement services, by RC; 1 list of identified options that offer residential choices, in case of emergency; disseminate information to 5,000 people | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

Securing safe, accessible, affordable housing is a primary challenge for most people with I/DD because of high rental costs throughout the state and the challenges of saving for a large deposit. People who rely solely on government support, such as Social Security allotments, rarely have sufficient income to qualify for housing without the assistance of HUD housing choice vouchers (HCV) or supplemental sources of income or assistance (e.g. family resources, shared expenses with roommates, and jobs). The need to save for a deposit, first month's rent, and, typically, last month's rent has pushed independent housing opportunities out of reach for many people receiving public entitlement benefits. Even with HCV assistance, low-income housing is not always available and may not be fully accessible or safe. The lack of accessible transportation also limits access to employment, shopping, medical providers, habilitation and/or day programs, social/recreational opportunities, etc. To address housing needs of family and self-advocates throughout the state, the Council collaborated with over 200 agencies to decrease barriers in obtaining affordable, accessible, safe, and fully integrated housing.

Staff held 25 training sessions on housing barriers, housing options, and long-range financial planning options to help family and self-advocates reach housing goals. The Council also employed both systemic advocacy and customized technical advice to help people handle the gamut of barriers to affordable, accessible housing, reaching 3,390 self-advocates, 4,704 family advocates, and 1,878 others through in-person contact. Additionally, the Council developed, distributed, and posted to its website housing information to reach a total of 126,640 people.

Staff developed 2 trainings/curricula about the inclusion of housing needs in comprehensive transitional ITP/IPP planning and conducted 12 trainings, reaching 281 people. Staff also developed/updated training about long-range financial planning and public entitlements related to housing and other housing-relevant topics, holding 11 trainings that reached 378 people.

Council staff developed 3 regionally relevant training curricula about the HCBS Final Settings Rule, providing 14 trainings to 695 people. Council staff led the Housing and HCBS session at the 2017 Support for Families Resource Conference in San Francisco, in partnership with Lanterman Housing Alliance.

The Council collaborated with Housing Now to provide a 2-hour training on low-income and accessible housing options for people with disabilities that could be included in annual/individual plans, reaching 10 family and self-advocates.

Staff provided training to 40 self-advocates and professionals on affordable housing options available to those who are transitioning from institutional care to community residency. Attendees were given information on the federal Housing Choice vouchers for the Non Elderly Disabled (NED), HUD regulations, and the California list of voucher management partners.

Council staff conducted outreach efforts, providing information about housing and the range of living options within the regional center system, as well as independent and supportive living services available to people with I/DD, at a workshop hosted by the Department of Housing and Community Development.

Council staff provided 4 trainings about the Final Rule/Medicaid/HCBS requirements to the staff of Quality Connections (an ILS/SLS vendor), My Day Counts (a vocational vendor of the Regional Center of Orange County), and A.E.B.D.I., Inc. (a vendor that provides ABA services, training, counseling, and support to adults and children with intellectual and developmental disabilities), reaching more than 100 people. Staff presented information to a group of 12 family advocates at the Parents Helping Parents Family Resource Center about decision-making strategies for housing, particularly supported living arrangements for adults with I/DD. In addition, staff gave a training to family/self-advocates and professionals on preparing for the future housing needs of adults with I/DD, included needs funding (throughout the lifespan), insurance, guardianship/conservatorship, trust accounts, CalABLE, and residential options. Attendees learned about 'intentional communities' (e.g. Sweetwater and Rident Park) and potential conflicts between regional center and HCBS rules that could prove to be a barrier to federally funded services and supports.

IHSS income, received by parent providers, has been included in overall income to determine income eligibility for Low-Income Housing Tax Credit (LIHTC) properties and calculating rent, which has been a systemic problem for family members of people with I/DD in California. The Council has engaged in an ongoing advocacy effort with the California Tax Credit Allocation Committee (TCAC). As a result, TCAC is no longer considering IHSS income when making this determination for all family members of people with I/DD throughout the state of California, which has been a significant policy and practice change that will positively impact the lives of Californians with I/DD and their families.

In response to its list of identified needs, as associated with emergency placement/relocation, staff developed, distributed, and posted to its website information about emergency living options, reaching 9,693 people. Council also distributed a statewide list of information/emergency residential options at 26 large scale events reaching 7,549 people. They gave technical assistance and accompanying educational information about housing options and overcoming barriers to housing at 26 events including vendor fairs, resource fairs, transition events, a Career Day event, and 3 self-advocate conferences.

Providing information in a range of formats is vital to educating family/self-advocates, professionals, and community members to help them in capacity-building efforts. The Council reached 148,023 people with electronic articles and materials. In addition, staff responded to more than 160 requests for information, technical assistance, referrals, information and/or systemic advocacy throughout the 2017 FFY. Of those engaging in activities and reporting back to the Council, 23% stated that they were currently engaged in advocacy activities; 97% said that they were better able to say what they want, what services and supports they want, or what is important to them; and 90% of self-advocates and 100% of family advocates reported an increase in their advocacy efforts, following Council activities.

Self-advocates and their families often struggle with housing issues as they attempt to find affordable, accessible housing options and avoid 'placement' (of self-advocates) in more restrictive, congregate housing environments. Council assistance (as requested) to family/self-advocates and community members included providing training and resources on housing, homelessness, and other issues. Staff assisted with agency and service provider requests for training, information, resources, and referrals and worked with collaborative partners in developing workshops and conferences to address housing-related needs. Other staff assistance included providing technical assistance (training and/or information) about systems navigation, emergency housing, and housing advocacy (including eviction and/or foreclosure proceedings). Other family/self-advocates requested assistance with service-related issues that hindered their ability to effectively access – or threatened - independent living/housing opportunities, such as adequate IHSS hours, orientation and mobility training, and other residential and living support services. Family/self-advocates struggling with severe mental health conditions also experienced significant challenges in acquiring and/or maintaining safe housing.

Council personnel serve the community as subject matter experts in a broad range of different life areas for people with I/DD. Those family/self-advocates, professionals and community members who call for technical assistance typically bring complex sets of facts and requests and simply ask for 'help.' Council personnel then sort the information into concrete, and, sometimes, separate issues, framing complaints to provide referrals, resource information, and/or suggestions for next steps. A stated need for technical assistance in the area of housing can quickly lead to identifying an adjunct need for support about ADA/accessibility, health and safety concerns, and fair housing/human rights complaints. Additionally, staff responded to at least 9 requests for assistance in consideration of housing development issues. Of the more than 160 requests for technical assistance, 10 involved ADA/accessibility concerns; 33 requests involved fair housing/human rights complaints/violations; 15 involved health and safety issues; 72 inquiries were about general housing questions; and 38 requests for referrals or information were fielded, although most issues generated referral, information and resource suggestions from Council staff.

Through outreach and technical assistance at events, training sessions and collaborations, the Council was able to educate 9,972 people about housing barriers for people with I/DD. Because of California's housing shortages, SCDD staff will continue to advocate for systemic changes, in order to lower barriers to housing, while training family and self-advocates about options to increase opportunities and access to integrated, accessible, affordable and safe homes of their own.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved    |
|--|-------------|
| <p><b>Family/self-advocates will have knowledge about HCBS and accessible, affordable, safe, integrated housing/placement options, supports, &amp; services for people with I/DD &amp;/or cross-disabilities and will have knowledge to overcome barriers (e.g. financial issues, choice, accessibility, etc.) in requesting appropriate residential placement</b></p> | <p>true</p> |

| Expected Outcomes   | Achieved |
|---|----------|
| <b>Young, adult and aging self-advocates &amp; families will have knowledge about transition issues, housing entitlement programs &amp;/or long-term residential options for aging adults with I/DD &amp;/or cross-disabilities; family/self-advocates will advocate for &amp; access resources</b> | true     |
| <b>Increased legal &amp; long-range residential &amp; financial planning/preparation for identification of/access to housing choices and preferences</b>  | true     |
| <b>Family/self-advocates will have information, knowledge and choices about alternative residential options in cases involving emergency/relocation</b>   | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

The Council met or exceeded its planned quantitative (housing Objective) targets for the current federal fiscal year. recent manmade and/or natural disasters, however, have further deleted the available housing supply, which only reduces the availability of affordable, accessible, safe and fully integrated residential options for people with I/DD and/or their families. The convergence of housing shortages, low employment and higher rents has created a huge cumulative barrier to housing for people with I/DD and their families. These events have all solidified the ongoing needs of family/self-advocates for obtaining current and relevant information, training, and technical assistance about housing through the work of this objective. This objective will continue as part of the Council's strategic 5-year State Plan.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

**2. The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD.**

**1. Goal:** Housing

**2. State Plan Objective** Objective 3

**3. This Objective is**

System Change

**4. This Objective is**

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Ongoing

**5. This Objective is**

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|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

**6. Stage of Implementation**

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Implementation



## 7. Provide an overall description of this effort

Legislative and housing policy changes were included as a separate objective of the State Plan because 12.1% of the 9,370 self-advocates and family advocates surveyed in the statewide 2016 State Plan survey indicated that housing was a top need throughout the state and ranked fifth highest as a priority. Additionally, Council regional offices noted that, according to local community feedback, housing is the highest emerging need because of barriers associated with affordability, accessibility, and safety. People with disabilities and their families continue to express (in phone calls and public meetings) that more low-income housing should be developed. The number of individuals with I/DD and their families struggling to find housing also points to a need for more training on how to access Section 8 and other housing programs, all of which typically maintain long wait lists. While the 1st of the housing objectives focused on increasing actual community housing stock, the 2nd objective provides training, information and technical assistance to people with I/DD and their families in accessing available housing. The 3rd and final objective beneath the housing goal take on overall, statewide policy changes in an attempt to increase the availability of safe, accessible, affordable housing for people with I/DD and their families.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

## 8. Outputs Achieved

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| Expected Outputs   | Achieved |
|--|----------|
| <b>2 housing-related presentations at the LPPC; 40 contacts/meetings with subject matter experts; 1 list of subject matter experts</b> | true     |
| <b>20 meetings with policymakers</b>   | true     |
| <b>Monitor &amp;/or address at least 5 pieces of legislation</b>   | true     |
| <b>Testify/provide information in 4 hearings/meetings</b>  | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

Affordable, accessible housing continued to be a challenge for many Californians with I/DD in the past year. Staff within the Council's 12 regional offices engaged in ongoing advocacy with local housing committees, planning commissions and key housing entities, including HUD, local housing authorities and city and county governmental entities. Staff held 20 meetings with 391 policymakers, consistently

making them aware of the need for safe, affordable and accessible housing for people with I/DD and/or their families. In addition, Council staff participated on committees involved in community housing development, in order to educate participants and community members about the legal requirements of accessibility, as outlined in the Americans with Disabilities Act (ADA), and the need for more housing for people with I/DD, including those with mental illness and/or other cross-disabilities.

Staff has also participated in the Statewide Housing Alliance workshops, local housing conferences, and shared information with the public on housing, through 39 informational emails to 46,098 people, including 11,572 people with I/DD and 17,430 family advocates. This information included *State Capitol Updates* on topics such as “Housing Issues Impacting People with Disabilities, Mental Health Needs, Seniors and Low Income Families,” as well as a notice of public hearing and public comment for a local action plan on impediments to fair housing choice. Staff continued advocating for an increase in building low-cost housing to city councils and planning commissions.

In southern California, Council staff gave testimony in a public meeting in the city of Los Angeles, regarding a funding measure for the homeless/homeless disabled population, during which staff encouraged the inclusion of universal design to make upcoming low-cost housing accessible for people with various types of disabilities. Both the city and county of Los Angeles have now approved tax increases that are earmarked for the development of affordable and supportive housing. Without a statewide housing strategy, local efforts such as these have been the state’s greatest hope for meeting the shelter needs of people with I/DD, the majority of who survive on fixed incomes.

Council staff advocated for low-cost, accessible housing development with state legislators, in addition to local, city and county government policymakers. Despite some local progress in funding more housing development, a statewide framework for affordable housing has not yet emerged. At the end of the 2016-17 federal fiscal year, the Council identified a promising grant proposal to form a strategic housing framework that would promote housing development for the population of people with I/DD. Recognizing the lack of a statewide strategy specifically designed to support a housing framework for housing for people with I/DD, the Council selected the Lanterman Housing Alliance for one of its two (2) Cycle 40 grants for the upcoming 2017-18 year. The Council’s State Plan Committee continued its focus on finding grantees who proposed to work toward systemic, statewide change. The goal of the Lanterman Housing

Alliance's work is to create a sustainable strategy for the population of people with I/DD by using existing data to determine need, identify available funding, utilize the most effective current practices, and engage local, state and federal policymakers to support more housing efforts for this often overlooked population.

Over the course of the federal fiscal year, the Council monitored 31 bills and supported 4 additional housing bills regarding Californians with I/DD. The Council provided testimony in 9 hearings and the Legislative and Public Policy Committee (LPPC) received 2 staff presentations, specifically addressing the issue of housing in California. The Council is anticipating that the grant given to the Lanterman Housing Alliance will produce a state framework for housing and identify barriers to such a framework, barriers which the Council will then address, as they arise.

AB 56 (Holden) revised the definition of 'public development facilities' to include real and personal property, structures, conveyances, equipment, thoroughfares, buildings, and supporting components that provide housing-related infrastructure (e.g. city streets; drainage, water supply, and flood control; environmental mitigation measures; power and communications; and public transit improvement).

AB 73 (Chiu) provides for housing sustainability districts in cities and/or counties, with compliance-related zoning incentive payments. AB 74 (Chiu) provides for the Housing for a Healthy California Program to create supportive housing rental/ownership opportunities.

AB 346 (Daly) expands services that are included within homeless prevention and rapid rehousing services to include contributions toward the construction of local or regional homeless shelters.

AB 352 (Santiago) prohibits cities and/or counties from limiting the number of efficiency units in certain locations near public transit or university campuses.

AB 727 (Nazarian; enacted as Proposition 63 in 2004) clarifies that counties may spend MHSA monies on housing assistance for those with severe mental illness, as well as for those through the children's system of care or the adult and older adult system of care.

In order to make adequate provision for the housing needs of all economic segments of the community, AB 879 (Grayson) requires the analysis and removal of constraints on housing for people with disabilities, which includes land use ordinances and controls, building codes/enforcement, site improvements, fees, financing, land prices, construction costs, etc.

AB 1193 (Gloria), part of a property tax welfare exemption for low-income housing, provides for the designation of housing units as being occupied by a lower-income household if a unit is rent-restricted and the income of the residents falls within 140% of area median income.

AB 1397 (Low) requires land inventories to be prepared, to identify the suitability and availability of future residential development. As part of this legislation, the cities and/or counties are to identify the potential number of units that can realistically be accommodated on given sites and whether those sites are adequate to accommodate lower-income housing, moderate-income housing, or above moderate-income housing.

AB 1505 (Bloom) authorizes the adoption of ordinances that would require that the development of residential rental units include a percentage of units that are affordable to and occupied by moderate, lower, very low, or extremely low-income households or by those of low or moderate income.

AB 1521 (Bloom) places certain restrictions on owners, buyers, and/or sellers of assisted housing developments to provide 1) notice of the expiration of rental restrictions; 2) assurances about an owner's capacity to adequately engage in property management duties; and 3) purchase opportunities to specified entities prior to selling such a property.

SB 2 (Atkins) enacted the Building Homes and Jobs Act that will be for the purpose of creating mixed income multifamily residential housing for lower to moderate-income households.

SB 3 (Beall) established the Veterans and Affordable Housing Bond Act of 2018. The bill authorizes bonds to be used to finance existing housing programs, affordable housing matching grant programs, and housing programs for veterans (purchase assistance for farms, homes and mobile homes). The bond act must be approved by voters in the November (2018) election.

SB 35 (Wiener) makes findings that ensure that access to affordable housing is a matter of statewide concern, declaring that its provisions apply to all cities and counties, and establishes standardized reporting of housing elements.

SB 166 (Skinner) addresses residential density and affordability, prohibiting cities and/or counties from maintaining insufficient housing element inventories, in regard to the remaining unmet share of regional housing needs for lower and moderate-income households.

SB 167 (Skinner) makes changes to the Housing Accountability Act and tightens restrictions on jurisdictions and their ability to simply deny housing developments for low or moderate-income housing projects. The bill requires that any local jurisdiction that makes a finding to disapprove a housing development project must base that finding on a preponderance of evidence.

The Council has continued to work tirelessly against NIMBY issues, testifying to support the Marin County Board of Supervisors' staff recommendations to protect against housing discrimination of Section 8 Voucher holders. The testimony also included protective concerns about guarding against discrimination against seniors, veterans and people with (cross-) disabilities. The Board of Supervisors expressed gratitude for the Council's support of its staff recommendations. San Mateo's Board of Supervisors (which is not experiencing the same level of housing discrimination at the community level) is also working with the Council's regional staff, maintaining contact to stay abreast of current data and address any reported housing issues.

## 12. Expected Outcomes Achieved

| Expected Outcomes  | Achieved |
|--|----------|
| <b>The Council will have knowledge of &amp; participation in housing-related issues regarding people with I/DD &amp;/or cross-disabilities</b> | true     |

| Expected Outcomes   | Achieved |
|---|----------|
| <b>Policymakers will have knowledge about housing issues specific to people with I/DD &amp;/or cross-disabilities; proposed legislation will include issues related to housing for people with I/DD &amp;/or cross-disabilities</b> | true     |
| <b>The Council will be actively engaged in housing-related policy-making efforts on behalf of family/self-advocates with I/DD &amp;/or cross-disabilities</b>   | true     |
| <b>The public &amp; policymakers will have knowledge about, awareness of &amp; active engagement in issues surrounding the safe, affordable, accessible housing needs of people with I/DD &amp;/or cross-disabilities</b>           | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

The Council met or exceeded its targets for this policy-level housing objective. Housing policy, however, remains a critical issue for people with I/DD and their families. Over the 2017 FFY, the state of California passed a housing package that, while not specifically addressing breakout populations, is designed to increase affordable housing stock throughout the state. The Council will be watching the implementation of this overall package to determine its impact on people with disabilities. As the deadline for introducing new legislation has not yet passed, the Council's LPPC has not, as yet, identified bills that will be monitored and/or supported. This objective is critical to monitoring and addressing state and local housing policies and legislation that addresses statewide shortages. The Council will continue to work with policymakers and communities in California to increase housing for people with I/DD.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

**3. The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.**

**1. Goal:** Housing

**2. State Plan Objective** Objective 1

**3. This Objective is**

System Change



**4. This Objective is**

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Ongoing

**5. This Objective is**

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|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

**6. Stage of Implementation**

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Implementation

## 7. Provide an overall description of this effort

In its survey of the community about needs (to develop the Council's 5-yr goals), community feedback, ranked housing as 5th in importance, as reported by family/self-advocates. Regional staff, however - all of which are deeply embedded at regional levels and knowledgeable about regional issues affecting people with I/DD and/or cross-disabilities - ranked housing as the #1 emerging concern in communities throughout California. Two (2) prevailing concerns included affordability and accessibility (regarding both physical and service-related barriers associated with community-based housing). While community-based housing may not appear to be an issue for every family or individual with I/DD, it is an issue that cuts across all disabilities and communities and can suddenly become an unexpected, critical need at some point in anyone's life. California's most vulnerable populations are also most at risk in the state's current housing crisis. The Council, through its constituency and this objective, must work to tackle and important social services and community need for accessible, affordable housing within a profit-based, private construction, rental and sales industry and associated governmental entities throughout California. This objective is designed to develop cross-disciplinary relationships between the private and public sectors, building collaborations that will work toward increasing the supply of integrated, affordable and accessible housing for people with I/DD and/or cross-disabilities.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

## 8. Outputs Achieved

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| Expected Outputs   | Achieved |
|--|----------|
| 25 coalition/stakeholder meetings will be held throughout the state; 12 regional needs assessments/ updates of housing options/issues affecting people with I/DD &/or cross-disabilities, including home ownership & NIMBY issues; 12 collaborations developed & 12 meetings held with regional Dept. of Fair Employment & Housing (DFEH), HUD, &/or local housing authorities | true     |
| Letters will be sent to at least 12 governance agencies  | true     |
| 1 housing curriculum; 12 trainings will be provided, reaching at least 120 people  | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

Obtaining affordable, available, and accessible housing is an ongoing challenge for people with I/DD and those who care for them, as the cost of housing continued to rise in the most populous areas of California. Only 80,000 new homes are built a year in California, while the state's Housing and Community Development Department estimates that the state actually needs 180,000 more units a year

Over 52.8% of adults with I/DD live with a parent or other family member. Despite a major push for inclusion and community living, fewer Californians with I/DD live independently than did so in 2007. The Council's housing development strategy employed collaboration and advocacy on committees statewide to actively promote accessible, affordable projects and push for accessibility in current development projects. Staff built 14 coalitions, engaging 470 people in 47 housing-related meetings with 597 collaborators. All 12 of the Council's regions compiled analyses of current regional housing levels and issues, which were inclusive of home ownership and NIMBY concerns.

Staff issued and distributed nearly 60 articles with information to more than 47,000 people throughout the state, highlighting the housing needs of people with I/DD and/or cross-disabilities. The Council also developed 9 regionally relevant curricula about affordable, accessible, safe housing and housing rights, reaching over 750 people in 23 training presentations. Staff was contacted for technical assistance in more than 60 cases.

A particularly challenging example of SCDD's housing development efforts occurred in the north coast region of the state. Homelessness is at an acute level in Mendocino County. The Community Health Improvement Planning Project identified housing as one of the priority areas for improving health in Mendocino County. The available stock of housing, regardless of type, is limited. New development is costly; permits and fees take considerable time and money; and zoning can be a barrier.

Mendocino County has addressed the housing crisis by forming the Community Health Improvement Plan (CHIP) committee, with a focus on: 1) severe housing issues in Mendocino County; 2) basic affordability, access and development of new housing for the homeless, seniors, and disabled; and 3) educating the public and its governmental bodies. Statewide, the Council engaged in ongoing collaborations to increase accessible, affordable housing units, including the Housing Committee on the Mendocino County Behavioral Health Board. That role secured staff membership on the CHIP Housing Committee and Homeless Task Force. Through this committee work, SCDD has advocated for 5 new affordable housing developments, with accessibility recommendations to County Supervisors, and city and county Planning Departments.

Some of the progress that the Council staff helped to achieve in this area includes:

1. Staff negotiated with local officials to overcome NIMBY complaints and facilitate the renovation of 8 apartment units in the Old Coast Hotel, ensuring full accessibility. People with behavioral health needs and/or other disabilities are now able to live safely and affordably in these units. SCDD staff advocated for Vineyard Crossing, a new housing development with 121 single family homes. This project is still in the planning process.

2. SCDD staff collaborated on a \$1.3 million CA partnership Health (county) grant-funded project, designated for affordable, accessible housing. 35-42 studio and 1-bedroom Tiny House Project units will be built on land purchased by non-profit Redwood Community Services (RCS) for homeless individuals with behavioral health needs. RCS has already renovated one building on this land, which opened as a homeless shelter in the fall of 2017. The contractor, Rural Housing Development Corporation (RHDC), procured matching funds to build the units. Approved by the city in 2017, the project will be built by the end of 2018.

3. Staff successfully advocated with the City of Ukiah for a 42-unit senior housing complex (under proposal by Petaluma Ecumenical Properties [PEP]) and ensured that necessary ADA adjustments were made to address the accessibility of exits, fences, and ramps.

4. At policy and government levels, the Council has consistently shared ongoing NIMBY issues and the lack of accessible, affordable housing for people with I/DD and/or cross-disabilities. Staff actively worked to keep HUD funds focused on projects that involved accessible housing. In California's northern coastal region, RCHDC manages and or builds most of the HUD housing in Del Norte, Humboldt, Mendocino and Lake Counties. RCHDC has been offered a \$305,000 tax incentive to leverage funding from corporations and state and federal housing entities. While most have been in support, some neighbors lodged *Not In My Backyard* (NIMBY) complaints about a proposed senior housing project. Council staff has presented local cases involving housing insufficiencies and asked that policymakers stand firm on current zoning regulations. Staff has also challenged the group's proposal to use a large portion of the housing funds (\$400,000) for 2 housing navigators, funds that would otherwise have been allocated toward affordable, accessible housing.

The San Francisco/Bay Area is another strong example of SCDD's advocacy on behalf of low-cost, accessible housing. Bay Area housing prices are infamous for being costly, even when compared to other regions with an exceptionally high cost of living. In 2017, a 2-bedroom apartment in San Francisco rented for \$3,519 a month, while the median price for the same-sized unit in the Los Angeles

area was \$2,449. California lacks a cohesive system to move low-cost-housing options forward. The Council has established a presence in housing development efforts in the Bay Area, working on budding partnerships with regional and statewide housing organizations, identifying operational budgets, and considering development sites for an initial project.

Staff is working with Greater Opportunities in regard to an agency-secured HUD block grant through the county of Santa Clara. These funds are now available to organizations for the purpose of remodeling low-income properties. Staff has also been interviewing local real estate developers to collect information on low-income housing in the Santa Clara county area and the complexity of securing affordable housing for people with I/DD.

Council staff in the Bay Area have been establishing collaborations and supporting innovative, multi-income, multi-ability models like the Kelsey, a pilot project that creates 'mixed ability,' mixed income housing communities, places in which people of all abilities and backgrounds live, play, and serve together. This approach unlocks new capital for affordable, accessible housing, leveraging public, private, and nonprofit sources. The goal of the Kelsey is to create a sustainable, replicable housing model that promotes seamless inclusion.

The Council's efforts in affordable, accessible, safe housing expanded to the city of Los Angeles, which established a \$200 million fund dedicated to the development of housing for people with disabilities - a settlement fund established after accusations that the city accepted hundreds of millions of dollars in federal funding and failed to provide promised disability accessible housing. The Council is now working closely with disability housing advocates in Los Angeles to ensure that the fund is, in fact, invested in accessible housing over the next ten years.

Council staff collaborated with the Lanterman Housing Alliance, in addition to local regional center-based housing entities. One such project is a 15-acre proposal with 50 accessible apartment units and a complex to house seniors.

To increase advocacy efforts and improve the skills of advocates in the state's current housing crisis, regional staff worked with a local regional center to support and coach self-advocates in presenting housing issues at a Housing and Living Options workshop. Council staff assisted Tri-Counties Regional Center in reviewing both L-4 facilities and supported living services. The Council participated in the

Housing Choices Housing Fair, staffing a resource table and educating professionals about the need for additional housing. Staff also participated in the Santa Clara County Housing Authority's North County Tenant Fair in Sunnyvale, providing brochures and information on housing needs, rights, and resources.

In a state with a significant housing shortage and ever-climbing housing costs, the Council addresses the deficit of affordable, accessible housing by working on multiple fronts. Through working with established housing coalitions, governmental housing authorities and innovative non-profits and developers, the Council has succeeded in helping more housing reach development and has pushed ongoing developments to include accessible units. Despite resistance from some developers to include disability access, the Council has, in fact, helped push forward construction on more disability accessible units.

**12. Expected Outcomes Achieved**

| Expected Outcomes   | Achieved    |
|---|-------------|
| <p><b>A collaborative network will exist to address the housing needs of people with I/DD; identify number of current/planned set-asides within affordable, accessible, safe &amp; integrated housing developments for people with I/DD; Public/agency awareness will be raised regarding the need for available, safe, affordable &amp; accessible housing, including home ownership, and the recognition of access to accessible housing as a civil right</b></p> | <p>true</p> |
| <p><b>Policies/practices within housing authorities will address the availability/need for safe, affordable, and accessible housing for people with I/DD &amp;/or cross-disabilities and housing agencies will begin to include plans to provide additional housing in public planning/building efforts</b></p>   | <p>true</p> |

| Expected Outcomes   | Achieved    |
|---|-------------|
| <p><b>Family/self-advocates, stakeholders &amp; community members will have the awareness &amp; knowledge about equal housing rights and potential/real accessible, affordable housing for people with I/DD, including home ownership; family/self-advocates will participate in regional housing commission and advisory body meetings</b></p> | <p>true</p> |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

While the Council made demonstrable progress in advocating for the planning, funding and developing of accessible, affordable housing for people with I/DD in two major regions of the state, there is still much work to do - especially in light of recent devastating natural disasters (e.g. fires and extensive flooding) that destroyed precious housing and utility infrastructure networks in entire neighborhoods and towns throughout the state. Furthermore, California is now facing competition from other states like Florida and Texas for those skilled workers and the tangible building supplies and resources so necessary to begin rebuilding efforts. Local, state and federal economies are going to feel the effects of so many lost homes and businesses, even while displaced residents struggle to afford the expenses associated with rebuilding. In the midst of such devastation, the ubiquitous housing needs of vulnerable populations already marginalized by age, disability, and poverty are likely to be overlooked in favor of the urgent housing needs of those who are seen as revenue-generators and taxpayers. The Council will continue to be a voice on behalf of those with disabilities in responding to the need for safe, affordable, accessible housing in California.



**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

*THANK YOU for reaching out to the (City) Council to express your support for this project and for joining with others in support of affordable housing. Hearing more voices from the community in support of housing is critical to our decision-making process and will shape how we as a community respond to the housing crisis before us. Thank you for taking the time to express your support for this important project.*

Cynthia Cynthia Chase, Mayor

Santa Cruz

## Individual & Family Advocacy Performance Measure

**Description**

Housing

Race/Ethnicity

| <b>Race/Ethnicity</b>                                     | <b>#</b> | <b>%</b> |
|---|----------|----------|
| <b>White, alone</b>                                       | 0        |          |
| <b>Black or African American alone</b>                    | 0        |          |
| <b>American Indian and Alaska Native alone</b>            | 0        |          |
| <b>Hispanic/Latino</b>                                    | 0        |          |
| <b>Asian alone</b>  | 0        |          |
| <b>Native Hawaiian &amp; Other Pacific Islander alone</b> | 0        |          |
| <b>Two or more races</b>                                  | 0        |          |
| <b>Race unknown</b>                                       | 0        |          |

Gender

| <b>Gender</b> | <b>#</b> | <b>%</b> |
|---------------|----------|----------|
| <b>Female</b> | 0        |          |
| <b>Male</b>   | 0        |          |

| Gender | # | % |
|--------|---|---|
| Other  | 0 |   |

Category

| Category           | # | % |
|--------------------|---|---|
| Individual with DD | 0 |   |
| Family Member      | 0 |   |

Geographical

| Geographical | # | % |
|--------------|---|---|
| Urban        | 0 |   |
| Rural        | 0 |   |

I. Output Measures

| Objective   | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|---|---|---|
| The Council will identify and decrease barriers to housing for people with I/DD.* | 3390  | 4704  |

| <b>Objective</b>  | <b>Performance Measure : IFA 1.1 People with DD who participated in activities</b> | <b>Performance Measure : IFA 1.2 Family members who participated in activities</b> |
|---|--|--|
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD.*</b> | 47   | 119  |
| <b>The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.*</b>   | 2449   | 4632   |
| <b>Total # of Output Respondents</b>  | 5886   | 9455   |

II. Outcome Measures

| <b>Performance Measures</b>                                     | <b>Percent (%)</b> |
|---|--------------------|
| <b>IFA 2.1 Percent of people with DD who increased advocacy</b> | 81                 |
| <b>IFA 2.2 Percent of family members who increased advocacy</b> | 90                 |

Sub-Outcome Measures : The number (#) of people who are better able to say what they want/say what is important to them

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council will identify and decrease barriers to housing for people with I/DD.*</b>  | 3288  | 4562                    |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD.*</b> | 47  | 119                     |
| <b>The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.*</b>   | 2449  | 4632                    |
| <b>Total # of Sub-Outcome Respondents</b>   | 5784  | 9313                    |
| <b>IFA 2.3 Percent of people better able to say what they need</b>  | 98  | 98                      |

Sub-Outcome Measures : The number (#) of people who are participating in advocacy activities

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council will identify and decrease barriers to housing for people with I/DD.*</b>  | 563   | 1082                    |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD.*</b> | 47  | 119                     |
| <b>The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.*</b>   | 2449  | 4632                    |
| <b>Total # of Sub-Outcome Respondents</b>   | 3059  | 5833                    |
| <b>IFA 2.4 Percent of people participating in advocacy activities</b>   | 52  | 62                      |

Sub-Outcome Measures : The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council will identify and decrease barriers to housing for people with I/DD.*</b>  | 0   | 0                       |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD.*</b> | 0   | 0                       |
| <b>The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.*</b>   | 0   | 0                       |
| <b>Total # of Sub-Outcome Respondents</b>   | 0   | 0                       |
| <b>IFA 2.5 Percent of people on cross disability coalitions</b>   | 0   | 0                       |

**IFA 3 The percent of people satisfied with a project activity\***

67

**IFA 3.1 Percent of people with DD satisfied with activity\***

68

**IFA 3.2 Percent of family members satisfied with activity\***

66

## System Change Performance Measures

### Description

Housing



SC 1: Output Measures - The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

| Objective  | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number<br>of<br>promising<br>practices<br>created | SC 1.3.2<br>Number<br>of<br>promising<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number<br>of best<br>practices<br>created | SC 1.3.4<br>Number<br>of best<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3<br>The<br>number of<br>promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number<br>of<br>people<br>trained/<br>educated | SC 1.5<br>Number of<br>Systems<br>Change<br>activities<br>with other<br>organizations |
|--|--|---|---|---|---|---|--|--|---|
| The Council will identify and decrease barriers to housing for people with I/DD. | 0  | 0   | 5   | 19  | 0   | 50  | 74   | 1878   | 38  |

| Objective   | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number of promising<br>practices<br>created | SC 1.3.2<br>Number of promising<br>practices supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number of best<br>practices<br>created | SC 1.3.4<br>Number of best<br>practices supported<br>through<br>Council<br>activities | SC 1.3<br>The number of promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number of people<br>trained/<br>educated | SC 1.5<br>Number of Systems<br>Change<br>activities<br>with other<br>organizations |
|---|--|---|---|--|--|---|--|--|--|
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD. | 3  | 27  | 12  | 1  | 0  | 9   | 22   | 494  | 14   |
| The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.   | 0  | 0   | 0   | 2  | 2  | 60  | 64   | 2475   | 86   |

Systems Change SC 2: Outcome Measures

| <b>Outcome Measures</b>                            | <b>Number(#)</b> |
|--|------------------|
| <b>SC 2.1 - Efforts that led to improvements *</b> | 70               |
| <b>SC 2.2 - Efforts that were implemented *</b>    | 76               |

Sub-Outcome Measures

| <b>Objective</b>   | <b>SC 2.1.1 Policy, procedure, statute, regulation improvements</b> | <b>SC 2.1.2 Policy, procedure, statute, regulation implemented</b> | <b>SC 2.1.3 Number of improved promising or best practices</b> | <b>SC 2.1.4 Number of implemented promising or best practices</b> |
|--|---|--|--|---|
| <b>The Council will identify and decrease barriers to housing for people with I/DD.</b>  | 0   | 0  | 0  | 36  |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase housing for people with I/DD.</b> | 32  | 5  | 38   | 5   |

| Objective   | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|---|--|---|---|--|
| The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD. | 0  | 0   | 0   | 30   |

## Detailed Progress Report on Goals

### Description

Health & Safety

Area Of Emphasis

| Area of Emphasis                       | Planned for this goal | Areas addressed |
|--|-----------------------|-----------------|
| Quality Assurance                      | true                  | true            |
| Education and Early Intervention       |                       | true            |
| Child Care                             |                       |                 |
| Health                                 | true                  | true            |
| Employment                             |                       |                 |
| Housing                                |                       |                 |
| Transportation                         |                       | true            |
| Recreation                             |                       | true            |
| Formal and Informal Community Supports | true                  | true            |

Strategies

| Strategies                           | Planned for this goal | Strategies Used |
|--------------------------------------|-----------------------|-----------------|
| Outreach                             | true                  | true            |
| Training                             | true                  | true            |
| Technical Assistance                 | true                  | true            |
| Supporting and Educating Communities | true                  | true            |

| <b>Strategies</b>  | <b>Planned for this goal</b> | <b>Strategies Used</b> |
|--|------------------------------|------------------------|
| <b>Interagency Collaboration and Coordination</b>                  | true                         | true                   |
| <b>Coordination with Related Councils, Committees and Programs</b> |                              | true                   |
| <b>Barrier Elimination</b>   |                              | true                   |
| <b>Systems Design and Redesign</b>                                 |                              | true                   |
| <b>Coalition Development and Citizen Participation</b>             | true                         | true                   |
| <b>Informing Policymakers</b>                                      | true                         | true                   |
| <b>Demonstration of New Approaches to Services and Support</b>     |                              | true                   |
| <b>Other Activities</b>  |                              |                        |

3. Intermediaries/Collaborators

| <b>Collaborators</b>                        | <b>Planned for this goal</b> | <b>Actual</b> |
|---|------------------------------|---------------|
| <b>State Protection and Advocacy System</b> | true                         | true          |
| <b>University Center(s)</b>                 |                              | true          |
| <b>State DD agency</b>                      | true                         | true          |

| Collaborators   | Planned for this goal | Actual |
|---|-----------------------|--------|
| <b>Dept. of Public Health &amp;/or Mental/ Behavioral Health Division</b> | true                  | true   |
| <b>Managed Health Care Plans/agencies</b>                                 | true                  | true   |
| <b>Local/regional/state law enforcement agencies</b>                      | true                  | true   |
| <b>Office of Emergency Services</b>                                       | true                  | true   |

**Provide an overall cohesive description of (a) the extent to which progress is being made in achieving the intended outcomes of the Goal for the reporting year, (b) the extent to which each goal was or was not achieved for the reporting year, (c) where applicable, factors that impeded goal achievement for the reporting year, (c) needs that require substantive state plan amendment (goal only)**

Goal 4 of the Council's 5-year State Plan is highly ambitious, given that it addresses two (2) significant areas of concern (health and [public] safety) for Californians with I/DD and/or cross-disabilities. The Council engaged in substantive activities with more than 750 collaborative local, regional, state-level and federal partners, all public and/or private entities in the health, education, and safety fields, using every available strategy (e.g. systems design/redesign, training, informing policymakers, etc.). This work also focused on the educational system, formal and informal supports, health entities, quality assurance, recreation, and transportation, as all relating to health and (public) safety concerns. Community training and outreach activities were held in school and community environments, resource fairs, health/wellness events and in activity programs. Training was provided to medical/fire/mental health/law enforcement personnel, all serving on the front lines of public service and public safety as first responders. In designing curriculum and delivering training (in response to recent legislative mandates), the Council collaborated with agencies throughout the state and helped to establish projects and activities that were demonstrations of new approaches to services and supports.

Although the work of every goal entails training and outreach to family/self-advocates and professionals, as well as community members, the work of this goal engaged in very different types of training to both family/self-advocates and health/safety professionals. The proposed 2017 target numbers for family/self-advocates in Objective 4.2, however, failed to take into consideration the actual focus of the objective, which was to provide outreach, training and information to first responders and others in the health/public safety fields. Objective 4.1 was designed to - and succeeded in efforts to - reach family/self-advocates and in meeting/exceeding aggregate targeted numbers for the overall goal. More than 21,000 family/self-advocates participated in activities related to health and safety.

Family/self-advocates received training about emergency preparedness, personal safety and bullying, as well as updates on Medicare-related issues and concerns, reaching more than 21,000 people (Objective 4.1). Through the work of this goal, community training was also supplemented with outreach information about public safety and health-related newsletters and/or articles, eBlasts, flyers and brochures (reaching 330,023 people). The Council provided grant funding for GET SAFE to provide training to both self-advocates (5 trainings, reaching 168) and to public safety/first responders/law enforcement personnel (5 trainings, reaching 215). Additionally, the Council's regional personnel marketed and booked events and provided supplemental information and materials for GET SAFE training participants.

GET SAFE reported that LE agencies typically schedule training up to a year in advance, which became a problem in offering training with less than 9-12 months' notice. GET SAFE also found that LE agency-sponsored (and/or POST-certified) training carried more credibility and increased departmental and officer buy-in for the material being presented. In regard to self-advocate training, GET SAFE reported that providing basic information and supporting resource material was helpful with information retention for self-advocates.

The Council's training, provided to law enforcement, medical, licensing, and other public safety personnel and/or frontline emergency responders through Objective 4.2, was focused on information about disabilities and those people and families affected by/living with disability, service/support challenges or inequities, and/or critically important formal and informal supports. Public safety (and disability awareness) curriculum included information about communication, effective de-escalation/redirection tactics, vulnerability issues/risks/indicators related to abuse, investigative, interviewing and evidence collection considerations, appropriate modifications and accommodations, civil rights issues (e.g. conservatorship, equal access, use of service animals, etc.), and other topics of concern, based on agency needs/requests.

Family/self-advocates were a critical part of this effort in training field professionals, coming into classes and training sessions as guest speakers, participating in scenario training, and offering insights on their experiences in living with developmental, medical/physical, age-related and/or psychiatric disabilities. Law enforcement agencies were, at first, concerned about bringing people with disabilities and/or their family members (largely civilians) into (paramilitary) classroom environments; likewise, family/self-advocates (many of whom had some strong, negative stereotypes about law enforcement), while willing to participate, did so with some reservations.



While the overall result was effectively designed and delivered training (meeting the targeted work of each objective), there were moments that were unique and particularly meaningful to attendees. A class of law enforcement recruits listened to a mother who came with her young child, a near-drowning victim, and the sheriff's deputy who successfully revived that child (now living with cerebral palsy). The proud father of a young man with autism (and a recent high school graduate) spoke of the challenges and fears associated with having an adult child (a young man who was taller than every law enforcement officer in the room) with neurodevelopmental and behavioral challenges in a world that would not understand those behaviors, disclosing his own role as an official with Homeland Security. A Council staff instructor (who formerly worked in a law enforcement agency) reintroduced the guest speaker as her own son – a man with developmental, sensory, and physical disabilities (whose father is a retired law enforcement officer). The man with Down Syndrome, who had been shot and left for dead 25 years earlier, shared his story along with his mother, a retired community service officer with the local police department. Family/self-advocates in every class gave their stories and shared their experiences with grace, transparency and humor; every medical and/or public safety professional responded with rapt attention, questions and an appreciation for the sacrifice associated with such deeply personal exposure.

By interspersing guest speakers with disabilities and family members with (and without) law enforcement background/experience in these classes, participants and speakers were all able to relate on a professional - as well as a more personal - level. Giving both populations a structured opportunity to interact and share information produced consistently high satisfaction rates (98%), as well. Public safety personnel evaluations were uniformly favorable in post-class surveys and academy/advanced officer training coordinators reported back high satisfaction with classes. Family/self-advocates reported increasing their advocacy through the work of this goal, with 90% reporting that they were better able to say what they want or say what services/supports they want or say what is important to them. More family/self-advocates (83-84%) reported that they were participating in advocacy activities relating to health and public safety, recognizing that their participation in training public safety personnel was a strong example of such self-advocacy, although only 5% reported serving in more formal settings (e.g. cross-disability coalitions, policy/advisory boards, governing bodies or in leadership positions). As schedules permit, all of the family/self-advocates serving as guest speakers for public safety classes stated that they would like to continue to serve in that capacity.

Because many of the public safety personnel trainings (Objective 4.2) were regional trainings, the geographic and agency reach was much greater than had training occurred strictly within individual LE or public safety/health-related agencies. This also resulted in a dramatic number of systemic changes (13 policies and 24 statutes) that were the result of the Council's work in this goal area. Regional staff reported that 11 promising practices were created and 55 were supported, as a result of Council activities, while 345 best practices were supported through Council activities. The clearest indication of the value of the Council's work in this goal area, however, is that regional staff is fielding training requests from LE agencies and other public safety/health-related agencies. Because staff is obtaining law enforcement training certification

(due to a combination of subject matter expertise and POST-certified training), public safety training personnel are beginning to reach out and request that the Council (through its regional staff) provide disability-related training for LE recruits and advanced officers.

The Council met and collaborated with partnering agencies throughout the state on health-related concerns, identifying trends and areas of need, in regard to health coverage and care for people with I/DD and/or cross-disabilities. Of special concern were the threats to Medicare benefits, as the Council was able to communicate with state and federal policymakers on behalf of family/self-advocates whose health benefits were most at risk (providing letters and testimony directly and through the Council).

The Council met and/or exceeded its (aggregate) targets for planned activities and people reached in its work within this goal area, which will continue through the duration of the State Plan 5-year cycle. There are no substantive changes that will be made at this time.

**4 Year Overview : A description of how the Council will use and build from knowledge gained and progress made to move forward in the next state plan cycle.(This section only applies to the PPR submitted for the Federal Fiscal Year 2020, which will be due by January 1, 2021)**

**5 Year Overview : For the final PPR of this state plan cycle, provide an overall analysis of the outcomes achieved during the five year state plan cycle. The description should include the extent to which diverse stakeholders are satisfied with council activities that promote self-determination and community participation for individuals with disabilities and families, results of other types of information gathering such as focus groups, surveys, or other feedback or input methods with individuals with developmental disabilities and families and major accomplishments and factors impeding goal achievement (if applicable).(This section only applies to the PPR submitted for the Federal Fiscal Year 2021, which will be due by January 1, 2022)**

Objectives

1. The Council, its federal partners, and self-advocates will increase information and training to law enforcement, court personnel, health care providers and/or other care professionals about disability-related health and safety issues.

1. **Goal:** Health & Safety

2. **State Plan Objective** Objective 2

3. **This Objective is**

Capacity Building

4. **This Objective is**

Ongoing

5. **This Objective is**

|  | The Objective is |
|--|------------------|
| a. Fulfilling a Self-Advocacy DD Requirement * | No               |
| b. Targeted disparity *                        | No               |

|  | <b>The Objective is</b>   |
|--|---|
| <b>c. DD Network Collaboration *</b>   | No  |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No  |
| <b>e. A demonstration of projects or activities *</b>                          | Yes   |
|  | <p align="center"><b>Project Name*</b></p> <p align="center">Disability Awareness and Health and Safety Program (GET SAFE)</p> <p align="center"><b>Original Start Date*</b></p> <p align="center">10-01-16</p> |

**6. Stage of Implementation**

Implementation

**7. Provide an overall description of this effort**

Public concerns expressed through SCDD's State Plan survey about public safety training standards and interactions between law enforcement and people with disabilities propelled the development and activities of this objective. Statutory mandates, implemented in 2017, mandated enhanced training for law enforcement officers, without clearly identifying or specifying a source of trainers with subject matter expertise. Family/self-advocates and professionals alike have noted the lack of disability-specific training for those working within public safety, court, and medical systems, although these are clearly service provision networks on with which people with disabilities interact, access services, and rely upon regularly. As a natural corollary of providing family/self-advocates with information about health and safety and emergency response systems, the Council tasked itself with providing disability and accessibility-specific training (by subject matter experts, including family/self-advocates) to public safety and medical professionals.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions.** (e.g. Objective 6.1)

**8. Outputs Achieved**

| Expected Outputs   | Achieved |
|--|----------|
| 1 curriculum; 12 trainings; 150 people reached   | true     |
| 24 eMails/eBlasts, 12 newsletters, & 3 flyers/brochures disseminated to 1,000 people & 12 agencies | true     |

| Expected Outputs   | Achieved |
|--|----------|
| 12 regional collaborations; 24 meetings with collaborators | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

In a critical systems change effort, the Council supported passage of legislation requiring enhanced training standards for law enforcement officers, specifically regarding communication, field tactics and interactions involving people with disabilities. The Council’s regional staff, as recognized subject matter experts (SME) in the field of disabilities and in preparation for the work of this objective, have been obtaining POST-certified (California Commission on Peace Officer Standards and Training) training to become instructors for recruit academy, FTO, and advanced officer training classes. The California Highway Patrol has partnered with the State Council on Developmental Disabilities to provide staff with instruction to obtain Advanced Instructor Core Competency certifications. The Council was instrumental in providing certified training to FTO’s throughout northern California. With a cadre of POST-certified trainers, the Council has now partnered with a variety of law enforcement (LE) and other agencies to provide classes on appropriate awareness, communication and interactive/tactical techniques for law enforcement, EMS/fire personnel, and others in the health and public safety fields in serving the community of people with I/DD and/or cross-disabilities.

Over the past year, Council personnel developed 6 curricula for academy recruits, advanced officers, and other first responders. Training topics included information about PwD, disability recognition, victim/witness/suspect support/service needs and accommodations, arrest/control issues, and effective communication and de-escalation techniques. Council staff has also included family and self-advocates when training public safety personnel, rather than simply talking about them with class participants.

Council staff provided 29 classes for more than 900 emergency and trauma response, law enforcement, mental/medical health, and other personnel from all 58 counties in California. Four hundred forty-four (444) sex assault advocate trainees, other emergency responders, LE, probation, and Corrections personnel received information about people with I/DD and cross-disabilities through academy and Crisis Intervention Team (CIT) trainings.

Through the work of all 3 objectives within Goal 4, the Council has collaborated with more than 750 individuals and/or agencies. Staff engaged more than 831 people from other agencies and organizations in 67 collaborative planning meetings, developing and implementing public safety policies to improve safety for interactions with family and self-advocates with I/DD and/or cross-disabilities in each of the Council's 12 regions. At the request of a local Community Care Facility (CCF) provider, regional staff also gave a presentation to 13 CCF staff. Regional staff, self-advocates, and community partners provided information on autism spectrum disorders and related issues, including meltdown versus tantrum behaviors, to 54 family/self-advocates and 200 LE and local government personnel, care professionals, and owners of 190 agencies, local restaurants and shops. Professionals were given information about autism-related health and safety issues to raise support for and awareness of people and families with autism.

The Council, in collaboration with the Governor's Office of Emergency Services (CalOES) Office of Access and Functional Needs, is developing an Access and Functional Needs (AFN) collaborative (Ready AFN), an emergency management and disaster preparedness workgroup, tasked with identification of prevention, mitigation, response and recovery options for people with access and functional needs. In addition to the Council and CalOES, the collaborative includes the San Bernardino Community College District (SBCDD) – Office of Emergency Management, and other community partners.

The Council, in collaboration with the Redlands Police Department and Unity in the Community, meets to find ways to support and serve its diverse community. The Council provided first responders with person-specific DAFN information and gave family and self-advocates customized In Case of Emergency (ICE) cards. The ICE card is helpful when police, fire, or medical personnel respond to a scene and a subject with disabilities is unable to directly communicate his/her needs.

By assisting LE agencies in implementing state mandates, SCDD applied best practices in training both first responder agencies and personnel about disabilities or access and functional needs (DAFN). Over the course of the past fiscal year, Council staff members across the state held 65 trainings, reaching a total of 2,896 law enforcement, licensing investigators, health professionals and first responders from various agencies, potentially impacting 264,615 family and self-advocates (DDS IT Division, 2017). Of those, 40 trainings targeted law enforcement personnel, reaching 1,578 law enforcement and licensed care professionals.

**12. Expected Outcomes Achieved**

| Expected Outcomes   | Achieved |
|---|----------|
| <b>First responders, law enforcement, court personnel, fire/paramedic/ER staff will have training/information/technical support from family/self-advocates, professionals &amp; subject matter experts that increases their knowledge about, provision of accessible services to, &amp; improved interactions with people with I/DD &amp;/or cross-disabilities</b> | true     |
| <b>Family/self-advocates, professionals &amp; the community will have knowledge to increase awareness of accessible health &amp; public safety-related services, rights, &amp;/or available/appropriate accommodations (e.g. modified interviewing techniques, emergency placement options, etc.) for people with I/DD &amp;/or cross-disabilities</b>              | true     |
| <b>The health, court, and public safety system of services/supports will have knowledge about issues that affect health care, justice, &amp;/or public safety and have a community safety plan/net/response for people with I/DD &amp;/or cross-disabilities</b>  | true     |



**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

In its first year of implementing the activities of this objective, the Council has made tremendous strides in partnering with local, regional and statewide enforcement agencies and allied public safety and health personnel, for the purpose of training and awareness about the specific needs of people with I/DD and cross-disabilities. This unprecedented partnership is producing tangible, beneficial changes in the way that law enforcement and other public safety personnel and health and safety providers understand and interact with people with disabilities. The Council will continue to solidify these relationships and collaborative efforts through the course of the 5-year State Plan implementation period. Through its outreach and training efforts, the State Council is changing and enhancing the careers of an entire generation of law enforcement officers and will affect future interactions with people with disabilities. The experience of working with law enforcement will inform the Council's efforts in reaching out to and training court, correctional, and other public safety and healthcare personnel over the next four (4) years.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

Following concerns about her son's potential victimization by providers and a lack of response from the local regional center and Community Care Licensing, a parent said, "SCDD and its staff have been the only ones to listen and help me and give me information that was useful."

**2.** The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.

**1. Goal:** Health & Safety

**2. State Plan Objective** Objective 3

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**3. This Objective is**

System Change

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**4. This Objective is**

Ongoing

**5. This Objective is**

|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

**6. Stage of Implementation**

Implementation

**7. Provide an overall description of this effort**

This objective spans policy work and information dissemination about both health and public safety, areas that profoundly affect the quality of life for people with I/DD, their families, and the professionals, service providers and community members upon whom they rely. While Objective #1 addresses training and material dissemination to family/self-advocates about health and public safety-related issues and information, Objective #2 provides training and information to health and public safety personnel, to better prepare them for working with people with I/DD. Objective #3 then addresses actual policy, legislative and systemic civil rights issues (e.g. recent threats to Medicaid) that support the infrastructure of health and public safety policies, programs and agencies, ensuring accessibility, continuity and consistency in health/public safety service standards for family/self-advocates with I/DD throughout California and, ultimately, the rest of the nation.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

**8. Outputs Achieved**

| Expected Outputs   | Achieved |
|--|----------|
| 12 meetings with health & public safety agencies/personnel | true     |

| Expected Outputs  | Achieved |
|---|----------|
| 12 reports of anecdotal survey/data from regional offices to confirm that law enforcement training mandates are being implemented statewide, per recently passed legislation  | true     |
| 4 updates from collaborative partners to ensure compliance with closure deadlines for state-run institutions and residential/service transfers of people with I/DD &/or cross-disabilities back into community settings; collected anecdotal data regarding development/implementation of personal safety/support/service plans | true     |
| 12 meetings with health boards/agencies, IHSS/Public Authority, etc. to advocate for health services/rights for people with I/DD &/or cross-disabilities  | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

In collaborative meetings, Council staff worked with more than 230 state, regional, private, governmental and other agencies to engage in projects, information sharing, and system monitoring associated with this goal and its policy objective. Staff held 17 meetings with representatives of these organizations, and policy staff participated in 23 meetings with a total of 1,062 legislators and policymakers to advocate for health services and access rights for people with I/DD and cross-disabilities.

The Council's 12 regional offices made contact with more than 70 of California's 700 local and state law enforcement agencies to ensure that the state's new and/or updated officer training mandates were being implemented. The activities of this objective then produced additional training and collaboration requests by many of those agencies.

SCDD staff provided Council and committee members with reports regarding the de-institutionalization progress of residents of the state's developmental centers (DC's). Because the Council is heavily involved with this process through its (state-funded) Clients Rights Advocacy (CRA), Volunteer Advocacy Services (VAS) and Quality Assessment (QA) – National Core Indicators (NCI) data-gathering projects, staff is able to provide real-time information about progress and emerging issues at both the institutional, regional and state levels.

Council staff and its regional advisory committees compiled 13 lists of recommendations for health/public safety policy and/or regulatory solutions and improvements. As a result, the Council monitored 52 bills and supported 5 health and safety bills that were passed into law during the past federal fiscal year.

AB 959 (Holden) was a particularly critical piece of legislation, bridging the planned work of objectives 4.3, 6.1, and 6.3. This bill requires DDS to establish and maintain a webpage that will include a list of services purchased or provided to family/self-advocates by regional centers.

AB 40 (Santiago) requires the Department of Justice (DOJ) to make an electronic history of controlled substances dispensed to an individual under a health care practitioner's or pharmacist's care.

AB 89 (Levine) requires applicants for licensure as psychologists to complete coursework or applied experience in suicide risk assessment and intervention.

Senate Bill 449 (Monning) expands on classroom and supervised clinical cross-disability-related training requirements for skilled nursing and intermediate care facilities.

Assembly Bill 340 (Arambula) established an advisory working group (through the California Department of Social Services [DSS]) to update, amend, or develop tools and protocols for screening children for trauma, through Medi-Cal/Medicaid-funded medical services.

AB 1200 (Cervantes) established the Aging and Disability Resource Connection (ADRC) program, administered by the Department of Aging (DOA), which will provide information about long-term service and support (LTSS) programs and short-term service coordination/transition services.

Finally, AB 1315 (Mullin), a cross-disability interest of the Council, established an advisory committee with two mandates. The first is to provide input toward county funding for early detection and intervention of psychosis and mood disorders. The committee's second mandate is to provide advice and guidance on approaches to early psychosis and mood disorder detection and intervention programs.

Throughout California, staff collaborated with 30 different California Chronic Care Coalition agency representatives (Mapping the Future of Health Reform) to identify state and federal trends affecting people with I/DD. Issues of concern spanned coverage, essential health benefits, prevention and wellness efforts, and dental services.

Ongoing participation with regional offices and managed healthcare in counties throughout California fostered dialogue about the impact of federal changes to local benefits and services. This spurred Council staff to provide trainings on self-advocacy and assist family and self-advocates to be heard about social service and health benefits.

Staff continued to meet with local leaders to assist with UCLA's Center for Health Policy Research regarding future projects. Council staff testified for the Senate Human Services Committee regarding SB 283, and also worked with Congressman Ruiz to ensure that people's voices were heard at a town hall meeting regarding the threat to the Affordable Care Act.

Over the past year, Council staff engaged stakeholders in addressing a number of policy-level initiatives that affect the health and safety of people with I/DD. The Council reported Californians' stories back to the U.S. Congress, in support of bills to improve services for people with disabilities. The Council reached more than 1,000 policymakers on these issues, resulting in 4 bills that were successfully passed into law.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved |
|--|----------|
| <b>12 relevant recommendations for policy/regulatory solutions &amp; improvements to policymakers, health care &amp;/or public safety systems</b>  | true     |
| <b>Positive law enforcement interactions with people with I/DD &amp;/or cross-disabilities</b>   | true     |
| <b>Compliance with HCBS settings rule &amp; timely, safe deinstitutionalization of people with I/DD &amp;/or cross-disabilities, with access to appropriate community-based supports/services</b>              | true     |
| <b>Health care &amp; other community support/service providers have knowledge about the needs of people with I/DD and their service accessibility &amp; that policies/practices address those unique needs</b> | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**



The Council met (and exceeded) its planned/projected activities and outreach/performance targets over the course of the last FFY for this objective. Health and public safety are, however, policy areas that are in need of consistent review and monitoring, especially given the Council's capacity for effective and prompt outreach and responsiveness to regional, state and national changes for and/or threats to people with disabilities in vital life areas. While the threat(s) to Medicaid funding and related programs were not necessarily foreseen, the Council was swift in reaching out to Californians with I/DD and their families, in order to engage with prominent legislators and other policymakers (with personal stories) that informed those in positions of power and trust about the potentially devastating effect that cuts to public health entitlements would have on real people throughout California. While the immediate threat was narrowly averted, Californians are now aware of the federal potential for devastating cuts in critical health benefits and are relying on SCDD to represent their needs and interests in the halls of the California State Legislature and in Washington D.C.

In the field of public safety, the Council is doing more than simply pointing out deficiencies in officer/departmental interactions with people with I/DD and/or cross-disabilities; it is also stepping up to provide training, as it is investing in and collaborating with law enforcement officials and agencies throughout the state. The Council's policy-level work has been successfully designed to support 'best-practice' policies, training and tactics in the interactions of law enforcement agencies throughout the state with people of diverse cultures, abilities and needs. The work of this objective is slated to continue through the course of the current 5-year State Plan cycle.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

*Over the course of the past 3 years, California law enforcement officers have repeatedly been engaged in officer-involved shootings, resulting in the injury and/or death of officers and suspects alike. While officers' actions have typically been upheld, following departmental investigations and subsequent review by local District Attorney's Offices, law enforcement agencies throughout the state have – in keeping with Council recommendations and participation – chosen to invest heavily in obtaining Crisis Intervention Team training for both officers and for entire departments. Over the past FFY year, the Sacramento Police Department alone has mandated CIT training for approximately 650 of its sworn personnel, including the Chief of Police.*

*The Council has provided POST-certified trainers with subject matter expertise and disability-specific curriculum to train officers and supervisors, as part of the statewide CIT program. This training has brought self-advocates with cross-disabilities and their family members directly into classes to interact with LE officers and other public safety and health personnel, to share information specific to people with disabilities and to promote awareness about those disabilities. Likewise, subject matter experts in the areas of law enforcement, mental health, PTSD, aging and I/DD are providing relevant training in field contacts, communication, officer safety and effective interactions.*

*While the activities associated with these changes are related to and have been reported under Objective 4.2, the statewide changes in law enforcement's underlying policies and practices represent a significant shift in responding to and serving people with disabilities. Additionally, the Council's collaborative approach in providing cross-disciplinary training has been a distinct departure from the adversarial relationship between social service and LE agencies that is typically seen and has been well-received and appreciated by LE agencies throughout the state.*

- 3.** The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.

**1. Goal:** Health & Safety

**2. State Plan Objective** Objective 1

**3. This Objective is**

Individual & Family Advocacy

**4. This Objective is**

Ongoing

**5. This Objective is**

|  | The Objective is |
|--|------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No               |
| <b>b. Targeted disparity *</b>   | No               |
| <b>c. DD Network Collaboration *</b>   | No               |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No               |

|  |   |
|--|---|
|  | <p align="center"><b>The Objective is</b></p>   |
| <p><b>e. A demonstration of projects or activities *</b></p> | <p align="center">Yes</p> <p align="center"><b>Project Name*</b></p> <p align="center">Disability Awareness and Health and Safety Program (Project GET SAFE)</p> <p align="center"><b>Original Start Date*</b></p> <p align="center">10-01-16</p> |

**6. Stage of Implementation**

---

Implementation

**7. Provide an overall description of this effort**

The Council's statewide survey, conducted in-person and through the use of Survey Monkey, pointed to health and safety as the fourth highest area of concern among people with I/DD and their families. Healthcare arose as an issue because of secondary medical and physical supports needed by people with I/DD and/or cross-disabilities. Safety, a critical component of health, is a paramount concern for all Californians, due to ongoing, seasonal floods and year-round wildfires, in addition to earthquakes. Much of the qualitative data from both the statewide surveys and regional office field assessments specifically identified a need for disaster preparedness, safety for self-advocates, and abuse prevention. Given the concerns affecting people with I/DD in the state, the Council was compelled to include health and safety as a goal within the 2017-21 State Plan. The work of this objective is to provide health and safety-related information to family/self-advocates throughout the state, in response to those stated needs.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

### 8. Outputs Achieved

| Expected Outputs   | Achieved |
|--|----------|
| Participate/collaborate in 12 health/wellness events; provide community outreach through 24 eBlasts, 12 newsletters, 12 flyers & 2 brochures | true     |
| 1 curriculum; 12 trainings; 120 people reached; 1 set of materials; 2,500 people reached   | true     |

| Expected Outputs   | Achieved |
|--|----------|
| 3 curricula; 12 trainings; 360 people reached                              | true     |
| 12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 2,500 people | true     |
| 12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 2,500 people | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

By accelerating efforts to connect with the public on health and safety issues through direct, in-person contact, SCDD staff informed and supported 9,706 self-advocates, 10,250 family advocates and 9,500 professionals and others (in person). Through direct education at 73 health and wellness events and other resource fairs, Council staff disseminated 19,022 health-related informational materials and 14,000 educational materials on safety, emergency preparedness and bullying, all while providing personalized technical support to family/self-advocates, professionals and community members. Additionally, staff conducted 43 formal training sessions on health and access to health and another 56 trainings on safety-related issues.

Council staff collaborated with community-based organizations to plan and hold a number of large-scale health and wellness events around the state. At Partnership for Healthy Babies, Public Health and FIRST 5 joined the Council in educating the public about health resources and the importance of prevention, with a focus on Fetal Alcohol Spectrum Disorder (FASD). This partnership helped individuals and families to access early intervention and other types of diagnostic and support services.

The Council collaborated to organize a Multicultural Health and Community Fair which drew 650 attendees and 46 vendors, providing information and services that included free haircuts, flu shots and dental exams from University of The Pacific (UOP) dental students. Council staff also organized and co-chaired the 3rd Annual Brain Health 5K Walk/Run that was designed to raise awareness of stroke prevention and recovery strategies.

Regional staff planned and facilitated the CalOptima Community Alliances Forum, which develops positive relationships with community-based organizations to ensure community access to quality health care. One-hundred and seventy-five (175) people attended this forum with a panel presenting the Orange County Community Indicators Report (2016: Addressing Orange County's Most Critical Issues) to discuss findings from the latest Community Health Assessment. Council staff organized a day-long event (Brain Health Across the Lifespan: Linking Research, Policy and Practice) with the collaboration of the Down Syndrome Association, Alzheimer's San Diego, UCSD and the Exceptional Family Resource Center. Of the 72 attendees, 65 were parents of children with Down syndrome. Presenters included a Neurosciences professor from the University of California at San Diego (UCSD), an associate professor (Neurology) at UCSD, and a physician/consultant on neurodevelopmental disabilities from the San Diego Regional Center. Following keynote presentations, there was a panel discussion with audience questions. The remainder of the day offered 4 break-out sessions, a lunch keynote address, and a presentation on the ABLE Act. Families expressed specific interest in services offered by an Alzheimer's organization, as well as classes, events, and other opportunities to learn about communication and behavior management in people with dementia. Spanish translators were offered and/or available at all sessions.

Of the 43 formal training sessions on health and health access that Council staff provided to 3,070 people, a number were on In-Home Supportive Services (IHSS), which included two (2) with Spanish translation provided. In addition, six (6) trainings were provided with information about medication, four (4) of which were self-advocate led trainings.

A specialized training was given to 16 family advocates and 6 professionals about techniques that have been shown to help people with autism acclimate more easily into inclusive environments. The training featuring 3 board-certified behavior analysts from Autism Behavior

Services, Inc., and focused on Discrete Trial Training, Natural Environment Training, and Pivotal Response Training. Trainings delivered on the topic of safety included 28 emergency preparation trainings (reaching 1,232 people), 13 sessions on personal safety (reaching 633 attendees), and 15 trainings about bullying (reaching 951 people). Additionally, the Council's Statewide Self-Advocacy Network (SSAN) gave a train-the-trainer personal safety presentation, entitled Elder/Dependent Adult Abuse Recognition and Reporting, as Part 2 of a 4-part training series designed to prepare self-advocates to train other self-advocates throughout the state. The Council not only met all of its target activities, as outlined in the 2017-2021 State Plan, but staff exceeded target performance measures for in-person education of self-advocates, family advocates and others, to reach a total of 29,456 individuals. The Council provided 99 training sessions, covering a number of health and safety topics outlined in the State Plan, and addressed emergent issues during the course of the year that affected Californians with I/DD and/or cross-disabilities.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved |
|--|----------|
| <b>Family/self-advocates will be reached and have information about health-related options &amp;/or services</b>   | true     |
| <b>Family/self-advocates will be reached and have knowledge about health options &amp;/or services</b>   | true     |
| <b>Family/self-advocates will be reached and have knowledge about emergency preparedness, personal safety, &amp;/or bullying &amp; their options regarding available services, prevention, protection and response</b> | true     |
| <b>Family/self-advocates will be reached and have knowledge about health options &amp;/or services</b>   | true     |



| Expected Outcomes   | Achieved |
|---|----------|
| Family/self-advocates will be reached and have knowledge about public safety-related information, options &/or services | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

The Council met all its work plan activities and target numbers for both the health and safety areas of this objective. Because of emergent, disaster-related events throughout California, however, the Council expanded on its original set of planned activities in order to respond to exigent circumstances and the emergent needs of family/self-advocates with I/DD during floods and fires. In recognition of the many potential environmental and manmade disasters that are a recurrent feature of the California landscape and the fact that emergency response is a perishable skill, the Council will continue its public campaign to educate, prepare and remind family/self-advocates about responding effectively and quickly to local, regional, and/or statewide disasters. Additionally, the Council will continue to monitor and respond quickly to threats against the Medicaid and those health systems that serve people with I/DD and/or cross-disabilities throughout the state.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

## Individual & Family Advocacy Performance Measure

### Description

Health & Safety

Race/Ethnicity

| <b>Race/Ethnicity</b>                                     | <b>#</b> | <b>%</b> |
|---|----------|----------|
| <b>White, alone</b>                                       | 0        |          |
| <b>Black or African American alone</b>                    | 0        |          |
| <b>American Indian and Alaska Native alone</b>            | 0        |          |
| <b>Hispanic/Latino</b>                                    | 0        |          |
| <b>Asian alone</b>  | 0        |          |
| <b>Native Hawaiian &amp; Other Pacific Islander alone</b> | 0        |          |
| <b>Two or more races</b>                                  | 0        |          |
| <b>Race unknown</b>                                       | 0        |          |

Gender

| <b>Gender</b> | <b>#</b> | <b>%</b> |
|---------------|----------|----------|
| <b>Female</b> | 0        |          |
| <b>Male</b>   | 0        |          |
| <b>Other</b>  | 0        |          |

Category

| Category           | # | % |
|--------------------|---|---|
| Individual with DD | 0 |   |
| Family Member      | 0 |   |

Geographical

| Geographical | # | % |
|--------------|---|---|
| Urban        | 0 |   |
| Rural        | 0 |   |

I. Output Measures

| Objective   | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|---|---|---|
| The Council, its federal partners, and self-advocates will increase information and training to law enforcement, court personnel, health care providers and/or other care professionals about disability-related health and safety issues.* | 582   | 507   |

| <b>Objective</b>   | <b>Performance Measure : IFA 1.1 People with DD who participated in activities</b> | <b>Performance Measure : IFA 1.2 Family members who participated in activities</b> |
|--|--|--|
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.*</b> | 25   | 78   |
| <b>The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.*</b>   | 9706   | 10250  |
| <b>Total # of Output Respondents</b>   | 10313  | 10835  |

II. Outcome Measures

| <b>Performance Measures</b>                                     | <b>Percent (%)</b> |
|---|--------------------|
| <b>IFA 2.1 Percent of people with DD who increased advocacy</b> | 91                 |
| <b>IFA 2.2 Percent of family members who increased advocacy</b> | 98                 |

Sub-Outcome Measures : The number (#) of people who are better able to say what they want/say what is important to them

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council, its federal partners, and self-advocates will increase information and training to law enforcement, court personnel, health care providers and/or other care professionals about disability-related health and safety issues.*</b>   | 576   | 502                     |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.*</b> | 0   | 0                       |
| <b>The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.*</b>   | 8735  | 9225                    |

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>Total # of Sub-Outcome Respondents</b>                          | 9311  | 9727                    |
| <b>IFA 2.3 Percent of people better able to say what they need</b> |   |                         |

Sub-Outcome Measures : The number (#) of people who are participating in advocacy activities

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council, its federal partners, and self-advocates will increase information and training to law enforcement, court personnel, health care providers and/or other care professionals about disability-related health and safety issues.*</b>   | 582   | 507                     |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.*</b> | 0   | 0                       |

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.*</b> | 8056  | 8508                    |
| <b>Total # of Sub-Outcome Respondents</b>  | 8638  | 9015                    |
| <b>IFA 2.4 Percent of people participating in advocacy activities</b>  |   |                         |

Sub-Outcome Measures : The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council, its federal partners, and self-advocates will increase information and training to law enforcement, court personnel, health care providers and/or other care professionals about disability-related health and safety issues.*</b> | 0   | 0                       |



| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.*</b> | 0   | 0                       |
| <b>The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.*</b>   | 485   | 513                     |
| <b>Total # of Sub-Outcome Respondents</b>  | 485   | 513                     |
| <b>IFA 2.5 Percent of people on cross disability coalitions</b>  |   |                         |

**IFA 3 The percent of people satisfied with a project activity\***

98

**IFA 3.1 Percent of people with DD satisfied with activity\***

98

**IFA 3.2 Percent of family members satisfied with activity\***

98

## System Change Performance Measures

### Description

Health & Safety

SC 1: Output Measures - The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

| Objective  | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number<br>of<br>promising<br>practices<br>created | SC 1.3.2<br>Number<br>of<br>promising<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number<br>of best<br>practices<br>created | SC 1.3.4<br>Number<br>of best<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3<br>The<br>number of<br>promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number<br>of<br>people<br>trained/<br>educated | SC 1.5<br>Number of<br>Systems<br>Change<br>activities<br>with other<br>organizations |
|--|--|---|---|---|---|---|--|--|---|
| <p><b>The Council, its federal partners, and self-advocates will increase information and training to law enforcement, court personnel, health care providers and/or other care professionals about disability-related health and safety issues.</b></p> | 5  | 1   | 3   | 3   | 2   | 144   | 152  | 3919   | 86  |

| Objective  | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number of<br>promising<br>practices<br>created | SC 1.3.2<br>Number of<br>promising<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number of best<br>practices<br>created | SC 1.3.4<br>Number of best<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3<br>The<br>number of<br>promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number of<br>people<br>trained/<br>educated | SC 1.5<br>Number of<br>Systems<br>Change<br>activities<br>with other<br>organizations |
|--|--|---|--|--|--|--|--|---|---|
| <p><b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.</b></p> | 6  | 23  | 3  | 41   | 0  | 0  | 44   | 1083  | 42  |

| <b>Objective</b>  | <b>SC 1.1<br/>Number of policy/<br/>procedures<br/>created/<br/>changed</b> | <b>SC 1.2<br/>Number of<br/>statutes/<br/>regulations<br/>created/<br/>changed</b> | <b>SC 1.3.1<br/>Number<br/>of<br/>promising<br/>practices<br/>created</b> | <b>SC 1.3.2<br/>Number<br/>of<br/>promising<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3.3<br/>Number<br/>of best<br/>practices<br/>created</b> | <b>SC 1.3.4<br/>Number<br/>of best<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3<br/>The<br/>number of<br/>promising<br/>and/or<br/>best<br/>practices<br/>created<br/>and/or<br/>supported</b> | <b>SC 1.4<br/>Number<br/>of<br/>people<br/>trained/<br/>educated</b> | <b>SC 1.5<br/>Number of<br/>Systems<br/>Change<br/>activities<br/>with other<br/>organizations</b> |
|---|---|--|---|--|--|---|--|--|--|
| <b>The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.</b> | 2   | 0  | 5   | 11   | 2  | 197   | 215  | 9500   | 218  |

Systems Change SC 2: Outcome Measures

| <b>Outcome Measures</b>                            | <b>Number(#)</b> |
|--|------------------|
| <b>SC 2.1 - Efforts that led to improvements *</b> | 79               |
| <b>SC 2.2 - Efforts that were implemented *</b>    | 272              |

Sub-Outcome Measures

| Objective  | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|--|--|---|---|--|
| <p><b>The Council, its federal partners, and self-advocates will increase information and training to law enforcement, court personnel, health care providers and/or other care professionals about disability-related health and safety issues.</b></p> | <p>10</p>  | <p>5</p>  | <p>16</p>   | <p>86</p>  |

| <b>Objective</b>   | <b>SC 2.1.1 Policy, procedure, statute, regulation improvements</b> | <b>SC 2.1.2 Policy, procedure, statute, regulation implemented</b> | <b>SC 2.1.3 Number of improved promising or best practices</b> | <b>SC 2.1.4 Number of implemented promising or best practices</b> |
|--|---|--|--|---|
| <p><b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase accessibility to health care and public safety services for people with I/DD and their families.</b></p> | 26  | 3  | 24   | 12  |
| <p><b>The Council and its federal partners will increase knowledge and awareness for people with I/DD and their families about the availability of and access to health and public safety-related services and supports.</b></p>   | 1   | 0  | 2  | 166   |

## Detailed Progress Report on Goals

**Description**

Employment

Area Of Emphasis

| Area of Emphasis                              | Planned for this goal | Areas addressed |
|---|-----------------------|-----------------|
| <b>Quality Assurance</b>                      |                       | true            |
| <b>Education and Early Intervention</b>       |                       | true            |
| <b>Child Care</b>                             |                       | true            |
| <b>Health</b>                                 |                       | true            |
| <b>Employment</b>                             | true                  | true            |
| <b>Housing</b>                                |                       | true            |
| <b>Transportation</b>                         | true                  | true            |
| <b>Recreation</b>                             |                       | true            |
| <b>Formal and Informal Community Supports</b> | true                  | true            |



Strategies

| Strategies   | Planned for this goal | Strategies Used |
|--|-----------------------|-----------------|
| <b>Outreach</b>  | true                  | true            |
| <b>Training</b>  | true                  | true            |
| <b>Technical Assistance</b>  | true                  | true            |
| <b>Supporting and Educating Communities</b>                        | true                  | true            |
| <b>Interagency Collaboration and Coordination</b>                  | true                  | true            |
| <b>Coordination with Related Councils, Committees and Programs</b> | true                  | true            |
| <b>Barrier Elimination</b>   | true                  | true            |
| <b>Systems Design and Redesign</b>                                 |                       | true            |
| <b>Coalition Development and Citizen Participation</b>             | true                  | true            |
| <b>Informing Policymakers</b>                                      | true                  | true            |
| <b>Demonstration of New Approaches to Services and Support</b>     |                       | true            |
| <b>Other Activities</b>  |                       | true            |

3. Intermediaries/Collaborators

| Collaborators                                   | Planned for this goal | Actual |
|---|-----------------------|--------|
| State Protection and Advocacy System            |                       | true   |
| University Center(s)                            | true                  | true   |
| State DD agency                                 | true                  | true   |
| CA Dept. of Rehabilitation                      | true                  | true   |
| CA Employment Development Dept.                 | true                  | true   |
| Private Employers                               | true                  | true   |
| Public advocacy groups &/or private non-profits | true                  | true   |

**Provide an overall cohesive description of (a) the extent to which progress is being made in achieving the intended outcomes of the Goal for the reporting year, (b) the extent to which each goal was or was not achieved for the reporting year, (c) where applicable, factors that impeded goal achievement for the reporting year, (c) needs that require substantive state plan amendment (goal only)**

The Council met and/or exceeded all of the target numbers for activities planned beneath the employment goal and its two (2) objectives, reaching more than 400,000 family/self-advocates (283,241 self-advocates and 119,356 family advocates), with an overall satisfaction rate of 98%. An additional 29,030 people were reached through 35 trainings and 323 information/educational outreach activities. Those training and

outreach activities (often including professionals working in the field of employment-related supports/services) also served to support (150) promising and best practices, whereas policy-level work supported 25 such practices. Committee, collaborative work and training efforts (together) with more than 400 collaborative partner agencies combined to create 14 promising or best practices.

The Council's regional staff finds that outreach and training efforts in one (1) goal area (e.g. employment, housing, etc.) typically overlap with issues associated with all other areas of federal emphasis (e.g. child care, education, health, housing, etc.). Family/self-advocates seeking to obtain and keep employment are often faced with issues surrounding housing, child care and transportation. Employment also affects health benefits and other public entitlements/supports. Likewise, activities to address issues around employment (and all other goal areas) must be as diverse as the issues themselves. Coalition development and citizen participation raised issues around transportation, in addition to meetings that conflict with work schedules for family/self-advocates. Family/self-advocates' fears about losing public entitlements proved to be a barrier, as well as employers' misconceptions about hiring people with disabilities.

Outreach and training, in addition to demonstrations of projects and/or activities, allowed the Council to address some of these barriers. California's work with the Employment First Initiative is progressively redesigning the ways in which planning, services and supports are being implemented through the regional center and education systems. As a way of identifying and responding in a timely manner to emerging issues, Council staff maintains technical assistance logs to track (advocacy) requests/work and in consideration of updating training and/or outreach efforts, based on community needs.

In activities related to policy-level work (Objective 2.2), 91% of respondents reported participation on cross-disability coalitions, policy/advisory boards, and/or in other leadership positions. In those activities related strictly to employment information-sharing, collaboration efforts and training (Objective 2.1), only 28% of respondents reported such policy-level involvement. Overall satisfaction rates for activities associated with the employment goal were at 98%.

Following the completion of the CIE (Competitive Integrated Employment) Blueprint, the Council's Employment First Committee (EFC) and collaborative (federal) partners put together its policy platform and compiled/released its yearly report, reaching more than 9,500 people. At the regional level, staff established 90 cross-disciplinary, collaborative, employment-related networks (with 401 people), convened 150 meetings, and engaged 1,084 people in activities associated with CIE-related issues.

Additionally, regional staff met with and/or provided input in 24 meetings with local Workforce Development Boards, reaching 514 professionals. Lists of 5 or more employment-related issues were developed in 11 regions throughout the state. In response, regional staff provided 35 trainings, reaching more than 1,800 people about rights, opportunities, strategies, and available supports/services associated with employment. Staff held and/or co-hosted 26 CIE-related events for employers, service providers and/or other community stakeholders, reaching more than 2,700 people. The Council also provided 17 CIE-related opportunities, serving as regional work sites and reaching 58 people. At the policy level, the Council monitored 9 employment legislation/proposed policy changes, reaching 500 people.

As with all other goal areas, the Council engaged in extensive employment outreach efforts through electronic communication, including its hosting of the state's Developmental Disabilities System Employment Data Dashboard ([https://scdd.ca.gov/employment\\_data\\_dashboard/](https://scdd.ca.gov/employment_data_dashboard/) ([https://scdd.ca.gov/employment\\_data\\_dashboard/](https://scdd.ca.gov/employment_data_dashboard/))). The Council entered into an MOU with 3 of its collaborative agency members to collectively share data to put together a picture of employment figures that are specific to Californians with I/DD. With this information, the Council and its partners were able to develop and update recommendations (and related outreach materials) about employment-related strategies, designed to increase employment opportunities, supports, and services for people with I/DD, update the Data Dashboard (on a quarterly basis), and provide information (in plain language and Spanish) through website postings, newsletters, phone calls, teleconferences, eMails, eBlasts, in-person meetings, flyers, brochures, articles and legislative hearings (reaching 339,117).

Because the Council and its constituents of family/self-advocates identified employment as a significant need throughout California for people with I/DD, the Council's State Plan Committee selected and funded 3 grant-funded project proposals to enhance its own work toward the employment of people with I/DD and/or cross-disabilities. One of the grant-recipient agencies (Hope Services: Project Search) has requested and received an extension (due to staffing issues), which will effectively (expand into Monterey County and) extend its program through September 2018.

UCP WORK, Inc. engaged in a grant-funded pilot project (Individual Self-Determination/Family Supports for Employment [ISFSE]). The 2-session program initially engaged 13 family advocates and 28 self-advocates with survey instruments (in English and Spanish), information, activities, and scenarios designed to 1) enhance understanding of competitive, integrated employment; 2) set employment goals (specifically for individual service plan development through the regional center system); 3) model/demonstrate community-based employment; and 4) explain benefits planning. UCP reported a 50% attrition rate between the first and second sessions, which represented nearly all of the family members in the program (with only 2 family members and 29 self-advocates attending the second session). UCP reported that transportation

represented the most significant barrier to program participation, although it did not fully explain the family attrition rate. In reporting its findings, UCP reported that family members noted the importance of a positive tone and staff willingness to take family input into consideration “so they feel heard” (SCDD Cycle 39 Grants: UCP WORK, Inc. Progress Report Form [4th Quarter; 10/20/17]). Modest gains (e.g. moving from 17% to 34% in defining SSI) in knowledge were noted, in regard to self-advocates, although approximately 91% of those responding claimed that they would recommend the program to others, with 8 respondents identifying the sessions as being “fun.” UCP has applied for and received grant funding through the local regional center to continue their work in the area of employment.

The Council also issued grant funding to Project Independence for an employment-related project (Employment for All). Project Independence convened the first employment workshop (reaching 9 self-advocates, 29 family advocates, and 5 staff), providing information about employment myths and benefits, the ABLE Act, and the Work Incentives Planning and Assistance program (WIPA). Following the workshop, 24 people signed up to receive additional and/or ongoing employment-related information and assistance from WIPA. An additional 2 workshops (reaching 20 self-advocates and 15 staff) addressed job development and the benefits of employment. Participants’ knowledge increased significantly, following the workshops, with knowledge scores (about work incentives) beginning at 21% (pre-test) and rising to 100% (post-test). The grant project did not meet its target numbers for the anticipated number of participants, although regional Council staff provided assistance in scheduling participants, providing training space and collaborating with the curriculum-building process.

The Council remains committed to working on behalf of people with I/DD and/or cross-disabilities who want to work in competitive, integrated employment. Over the next federal fiscal year, the Council will support two grant-funded projects (one of which is an extension of this year’s grant project), continue its work through the Employment 1st Committee, and provide work site employment/internship opportunities. Although the Council will not make substantive changes to the employment goal or its two (2) objectives, it will continue to update its work, based on emerging issues or needs, as identified by Californians with I/DD, employers, community-based organizations, advocacy groups, and its state/ federal agency partners.

**4 Year Overview : A description of how the Council will use and build from knowledge gained and progress made to move forward in the next state plan cycle.(This section only applies to the PPR submitted for the Federal Fiscal Year 2020, which will be due by January 1, 2021)**

**5 Year Overview :** For the final PPR of this state plan cycle, provide an overall analysis of the outcomes achieved during the five year state plan cycle. The description should include the extent to which diverse stakeholders are satisfied with council activities that promote self-determination and community participation for individuals with disabilities and families, results of other types of information gathering such as focus groups, surveys, or other feedback or input methods with individuals with developmental disabilities and families and major accomplishments and factors impeding goal achievement (if applicable).(This section only applies to the PPR submitted for the Federal Fiscal Year 2021, which will be due by January 1, 2022)

Objectives

**1.** The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD.

**1. Goal:** Employment

**2. State Plan Objective** Objective 2

**3. This Objective is**

Capacity Building

**4. This Objective is**

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Ongoing

**5. This Objective is**

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|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |
| <b>e. A demonstration of projects or activities *</b>                          | No                      |

**6. Stage of Implementation**

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Implementation

**7. Provide an overall description of this effort**

Employment rated as a significant need in the State Plan development survey, ranking second only to formal/informal supports. This policy-level objective is intended to bring together public and private entities in collaborative efforts to increase CIE for people with I/DD. It is also designed to inform policy-makers, employers and family/self-advocates about the benefits of CIE and address policy and practice changes, incentives, and opportunities around the competitive, integrated employment of people with I/DD and/or cross-disabilities.

**8. Outputs Achieved**

| Expected Outputs  | Achieved |
|---|----------|
| <b>1 MOU; 4 quarterly updates to the Data Dashboard; 4 quarterly contacts/meetings with collaborative partners; 1 ongoing list of up-to-date recommendations</b>  | true     |
| <b>4 quarterly meetings (See 2.1); 1 list of potential legislation to support CIE for people with I/DD &amp;/or cross-disabilities</b>  | true     |
| <b>150 phone calls/teleconferences; 150 emails; 25 meetings/hearings</b>  | true     |
| <b>1 legislative platform (posted to the Council website) committed to increasing opportunities for CIE for people with I/DD &amp;/or cross-disabilities; 4 quarterly website updates; monitor 5 bills related to CIE</b> | true     |



| Expected Outputs  | Achieved |
|---|----------|
| Testimony provided &/or attendance during 10 hearings about employment-related issues affecting people with I/DD &/or cross-disabilities; 24 meetings | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

The Council progressed toward making competitive, integrated employment (CIE) a core value and viable option for people with I/DD in California. Working with legislators, federal partners, state agencies, local employers, and family/self-advocates, the SCDD has propelled California's CIE movement toward the idea that real work for real pay in the real world means obtaining and retaining employment that is at or above minimum wage, with the same opportunities for health benefits, advancement, and career growth, while working alongside people without disabilities. The CIE movement recognizes that people with I/DD should have the opportunity to do the work that they want to do and for which they are qualified, rather than simply accepting jobs that are offered but that may not match their actual abilities and/or vocational interests.

Outside of its regular Council meetings, the SCDD maintains an Employment First Committee (meeting quarterly), on which sit Council members and representatives from California's member agencies, including two UCEDD partners, providing solid, research-informed recommendations. Throughout California, regional staff meets and collaborates directly with local employers and support agencies about hiring practices and CIE training opportunities, incentives and benefits of retaining employees with I/DD, and other types of collaborative employment efforts and ideas. This is an area of endeavor in which the Council is exceptionally proficient. The work of the Council's Employment First Committee (EFC) included providing updates on the work of completing the CIE Blueprint, which was translated into six (6) languages, in addition to English. The draft Blueprint was posted for 4 to 5 weeks for public comment, with an Executive Summary for the public and for family/self-advocates. The CECY/EFC completed its work on the 2016 EFC report, which has been posted to the SCDD website.

Council staff attended 44 meetings to address CIE/employment issues, collaborating with 375 people and/or agency personnel. Legislatively, the Council was active in communicating with representatives and constituents alike. Staff engaged in 172 phone calls and teleconferences, reaching 200 policymakers. In 60 direct meetings, staff met with a total of 352 individuals, including policymakers, legislative counsel, and the Governor's staff, providing information and ideas regarding CIE. The Council reached 39,200 people with 163 emails. Staff monitored legislation affecting family/self-advocates, developing a legislative platform that was posted to the website, reviewed and/or updated quarterly, and which ultimately reached 8,336 people. Council staff testified in state and local hearings more than 10 times, reaching more than 1,000 people with information about the needs of and issues affecting people with I/DD, their families, and programs that provide them with supports and services.

The Council supported two (2) legislative bills and monitored two (2) more bills that passed and were sent to the Governor's desk for signature. These bills represent improved opportunities for supported employment, individualized (tailored) day services, micro-enterprises, Qualified ABLE Program savings opportunities, and tax breaks for entities that employ people with disabilities.

AB 1696 (Committee on Insurance; formerly SB 433 [Mendoza]) was signed into law, allowing DDS to access EDD employment data for the purpose of updating the Council's Data Dashboard and support the collaborative work of the Employment 1st Policy. Given the passage this omnibus bill, which adopted and incorporated language from SB 433 (sponsored by the Council), the California Departments of Rehabilitation (DOR), Developmental Services (DDS), and Employment Development (EDD) will now have the statutory authorization necessary to reconcile data - specifically regarding the employment of people with I/DD

In total, Council staff attended 8 legislative meetings and testified at 10 hearings on issues related to employment. Policy staff met with the state offices of Senators Scott Wiener, Tom Berryhill, and Steve Glazer, regarding the SB 433 (Mendoza) data-sharing bill, in support of the Employment 1st policy. Additionally, Council policy staff provided testimony about SB 433 (Mendoza) to the Senate's Human Services Committee. Staff also met with each legislator on the Assembly Human Services and Privacy and Consumer Protection Committees to explain SB 433. Before 5 senators and 40 members of the public, policy staff also provided testimony to the Assembly's Human Services Committee on AB 1170 (Cooley), regarding a CIE Ombudsman, and addressed the statewide Olmstead Advisory Committee about CIE, as well.

As the CIE Blueprint is launched, the efforts of the SCDD, DOR, DDS, and EDD will focus on using available information to strategically create CIE opportunities for people with disabilities. The working population of California (between the ages of 20-54) is approximately 17,427,326. At a percentage of the general population of 1.58% for people with I/DD, the estimated number of people with I/DD of working age (who are potentially impacted) is 275,351. With at least 40% of people with I/DD living with family members, the number of family members impacted can be estimated at approximately 110,140.

A total of 28 committee members provided the Council with 9 in-person updates and information about the progress on the CIE Blueprint, which was distributed by the Council to more than 5,500 people. A list of recommendations to inform employment-related strategies was developed and sent to 5,539 people throughout the state.

Through its legislative and other advocacy efforts, the Council has actively contributed to measures that will propel the CIE Blueprint forward in support of inclusive employment of people with I/DD, as the program launches.

Council staff participated in the California Career Innovations (CCI) training program (a 5-year federal grant and transition, work-based, learning initiative to support youth with disabilities) with CCI's leadership team to map out implementation, partnership, output and outcome measures for the program.

To reach policy-makers at a regional level, staff collaborated with the local regional center (RC) Service Provider Advisory Committee to develop/host a *Best Practices in Day and Employment* seminar for day and employment providers, as an introduction to the HCBS Final Rule and Community Integrated Employment concepts. This provided concrete examples to show how programs can adopt new principles and policies in integrating clientele into local communities.

Council staff partnered with NDI to collaborate on a CIE project to enhance and promote financial capacity for people with I/DD, hosting a Financial Inclusion Summit in Los Angeles, which was fully funded by Morgan Chase (following 3 summits held in 2016). The Council facilitated a requested training, with sessions on *Disability Benefits Counseling* (including potential Section 8 housing impacts), *The CalABLE Act*, *Why Work Is Better*, and *Work & Saving Incentives*, with audiences of 200-400 attendees. New Horizons secured and scheduled training locations and the Council collaborated and planned with DOR, SSA, the Department of Fair Employment & Housing, and the CalABLE Board.

Council staff collaborated with the USC Children's Hospital Los Angeles (CHLA) UCEDD to launch Project SEARCH at CHLA, in promotion of CIE for job-seekers with I/DD. The next steps will be to obtain agreement from the CEO of CHLA, bring a Project SEARCH Coordinator on board, and involve RCs, LAUSD, DOR, and a placement service provider. Consultations will include the Arizona Project SEARCH Coordinator, as Project SEARCH was successfully launched at Children's Hospital and other medical centers in Arizona to help people with I/DD achieve employment goals. Staff also participated in a Project SEARCH orientation with LAUSD, NLACRC, Kaiser Permanente, and Tierra Del Sol to launch Project Search at Kaiser Woodland Hills.

Regional staff worked with 3 organizations to arrange 2 40-hour trainings for job developers and other employment staff of ACRE (Association of Community Rehabilitation Educators), which helps to provide quality employment support to enhance CIE for people with I/DD.

In collaboration with the Interwork Institute Workforce Innovation Technical Assistance Center (WINTAC), a presentation (*Changes & Chances: Leading the Charge*) on best practices to promote CIE for individuals with I/DD was provided, with more than 260 people in attendance. Information was provided about WIOA and the law leading an employment shift toward CIE and promoting California's Employment 1st policy. Approximately \$500 was leveraged, with 160 family/self-advocates and over 100 others participating.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved |
|--|----------|
| <b>Family/self-advocates and stakeholders will have knowledge about up-to-date, accessible employment information through the Data Dashboard and Council website to advocate for CIE; the Council will have a relevant employment strategy related to employment disparity issues and will be instrumental in effective policy changes regarding CIE</b> | true     |
| <b>Family/self-advocates, EFC members, &amp; other stakeholders will have knowledge about issues regarding CIE &amp; 1 list of targeted policy solutions about employment gaps</b>   | true     |
| <b>Policy-makers will have knowledge about CIE &amp; employment opportunity gaps &amp;/or solutions for people with I/DD &amp;/or cross-disabilities</b>   | true     |
| <b>There will be job opportunities for people with I/DD through tax incentives for employers, sponsored &amp;/or volunteer internships, etc.</b>   | true     |

| Expected Outcomes   | Achieved |
|---|----------|
| There will be ongoing conversations & awareness among policy-makers about employment issues affecting people with I/DD; policy-makers will develop potential solutions to address employment gaps | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

While the Council met or exceeded all of its targeted numbers and activities for this objective, the work of promoting CIE through policy change, training, and outreach to family/self-advocates, employers, policy-makers, and other stakeholders in CIE-related issues will continue until such time as competitive, integrated employment for people with I/DD and/or cross-disabilities is California's industry standard at the business and community level.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

The collective collaborative work of the Tarjan Center at UCLA UCEDD, DDS, DOR, CDE and other policy stakeholders, in conjunction with the training and outreach efforts of the Council, has produced a CIE Blueprint that is designed to increase employment opportunities and reduce the placement rate of people with I/DD and/or cross-disabilities in subminimum wage jobs or segregated work environments. This will result in coordinated policy and practice efforts between those state, regional and local agencies providing supports and services to people with I/DD, employers, family/self-advocates, and other stakeholders invested in civil rights issues surrounding employment policy.

**2. The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.**

**1. Goal:** Employment

**2. State Plan Objective** Objective 1

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**3. This Objective is**

Capacity Building

**4. This Objective is**

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Ongoing

**5. This Objective is**

|  | <b>The Objective is</b> |
|--|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No                      |
| <b>b. Targeted disparity *</b>   | No                      |
| <b>c. DD Network Collaboration *</b>   | No                      |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No                      |



**e. A demonstration of projects or activities \***

**The Objective is**

Yes

**Project Name\***

1. Hope Services: Project Search; 10/16 – Extended through 09/18  
2. UCP Work: Individual Self-Determination/Family Supports for Employment; 10/16  
3. Employment for All: Project Independence

**Original Start Date\***

10-01-16

**6. Stage of Implementation**

Implementation

**7. Provide an overall description of this effort**

In consideration of developing goals for the 5-year State Plan, respondents to the Council's statewide reported that employment was a significant need for people with I/DD and/or cross-disabilities in California, rating it as second in importance to formal/informal supports. Self-advocates, family members and service providers continue to report back through the Council's regional offices, acknowledging the ongoing need for culturally competent strategies and resources to promote CIE in communities throughout California. This objective allows the Council and its staff to collaborate with educators, employers, service providers, state agencies and people with I/DD and/or cross-disabilities to identify and disseminate evidence-based/best practices to stakeholders in an effort to engage employers in recognition of the tremendous workforce potential of people with disabilities.

#### 8. Outputs Achieved

| Expected Outputs   | Achieved |
|--|----------|
| <b>4 quarterly EFC meetings; monitoring and strategic planning for CIE-related activities &amp; outcomes; data collection</b>  | true     |
| <b>10 cross-disciplinary, collaborative networks throughout the state will be established; 4 meetings will be held</b>   | true     |
| <b>10 Regional lists of 5 CIE-related issues &amp;/or barriers will be developed</b>   | true     |
| <b>1 culturally competent training curriculum (with pre/post-testing &amp; satisfaction survey) will be developed for family/self-advocates, employers, service providers, &amp; other stakeholders; 15 trainings/events</b> | true     |
| <b>5 CIE regional or statewide events will be held for employers/providers/stakeholders</b>  | true     |

| Expected Outputs   | Achieved |
|--|----------|
| <b>10 regional lists of information, training, &amp;/or resources to assist in developing opportunities to gain/maintain CIE for people with I/DD &amp;/or cross-disabilities for 10 regional/state/local WDBs</b> | true     |
| <b>12 Newsletters, 24 eBlasts, 12 flyers, 4 brochures, etc. will be produced &amp; disseminated to a total of 12,500 people</b>  | true     |
| <b>If feasible, regional offices may host 10 regional office CIE opportunities in partnership with local employment agencies, educational entities, contractors, etc.</b>  | true     |
| <b>1 up-to-date, Council-sponsored Data Dashboard; 1 webpage dedicated to CIE-related issues, resources, training, etc.</b>  | true     |
| <b>1 set of plain language materials to become the foundation for transliteration into Spanish, etc.</b>   | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

Council personnel in 12 regional offices collected information on systems issues throughout the state, while serving as subject matter experts, assisting people navigate disability-related and employment systems. Staff provides leadership on statewide, regional and local employment-related committees and task forces, providing information and resources. Because of the Council's successful track record for sponsoring and hosting large statewide and regional conferences, staff was asked to engage in tasks that included planning activities, setting up conference venues for presenters and vendors, giving keynote speeches to hundreds of participants, and engaging local communities about current employment-related legislation.

The Council, in meeting all of its planned activities for the year, convened 5 Employment First Committee (EFC) meetings (involving 69 participants), developed a list of issues and a legislative platform, and produced a yearly report that was distributed to more than 9,500 people. Staff put together a comprehensive list of employment-related issues and engaged in 90 employment-related cross-disciplinary networks, meeting 150 times throughout the year, and working with 1,084 people. Through these activities, as well as educational outreach and formal training, the Council engaged with 7,666 self-advocates, 9,095 family advocates, and 9,354 others about issues surrounding competitive, integrated employment (CIE). Staff reached another 24,236 self-advocates, 56,174 family advocates, and 48,306 professionals and others through electronic, information-distribution channels.

Staff produced CIE-related curriculum that was modified for regional and cultural relevance into 11 different versions, with pre/post-tests and satisfaction instruments. With training topics, such as CIE, Employment First and Social Security vs. Employment, 35 trainings were held throughout the state, reaching over 1,800 people. Of the 35 trainings given, some educated job developers and coaches in adapting their practices to meet the CIE requirements of the Final Settings Rule. These trainings were designed to help organizations transition to effective, community-focused job coaching.

The Council provided trainings to self-advocates on '*Dressing for Success*' and '*Enhancing your Interview Skills.*' With this curriculum, adults and teenagers in transition with I/DD learned the importance of appropriate hygiene and dress for job interviews. Self-advocates answered questions about employment and interviewing skills and each attendee engaged in a mock interview.

Staff collaborated with the Social Security Administration, the Department of Rehabilitation, and New Horizons to provide CIE transition training for 300 self-advocates and family members currently receiving services in sheltered workshop environments. Training topics included SSI eligibility and appeals, work incentives, reporting earnings, and the ABLE Act.

The Council collaborated to create 26 CIE-related events such as employment fairs and CIE conferences with over 2,700 attendees. One of the Council's largest employment and disability events is Jobtoberfest Employment Fair, involving 60 organizations 1,500 attendees. The job fair was an opportunity for people with disabilities to talk with employer representatives from local companies, resource agencies and educational institutions.

In addressing employers and service providers, the Council has sponsored and hosted business community outreach events and town hall meetings, providing policy and implementation information about CIE, industry-based best practices, micro-enterprise ideas and efforts, and transportation barriers to employment.

The Council engaged 24 state and regional Workforce Development Boards (WDB), working with over 500 community members. Staff created 12 lists of information, training, and resources to develop partnership opportunities in CIE. This information was posted to the Council's website, reaching 150 people, and was also used by the Employment First Committee (EFC) to create its strategic plan for the year. The Council informed individuals electronically, posted articles, and passed out flyers and brochures, reaching another 141,063 family/self-advocates, community members, employers and/or professionals. The Council engaged in 17 CIE-related events that were collaborative partnership opportunities with 58 different employment stakeholders.

WorkAbility I is a competitive grant administered by the CA Department of Education and implemented by local education agencies (LEAs), which provides comprehensive pre-employment training and work placement, experience and follow-up for high school students who receive special education services and are making the transition from school to work, independent living, and postsecondary education. Workability is seen as a significant part of the CIE Blueprint. Workability has helped students learn job skills and develop a connection to employers in CIE settings, while earning minimum wage, for an average of 5-8 hours per week.

Staff worked with PRIDE Industries' headquarters on a plan to comply with HCBS Settings Rules in a timely manner. PRIDE is one of the nation's largest employers of people with disabilities, operating throughout California and in 14 other states and employing more than 5,600 people, 2,900 of whom are people with disabilities. PRIDE operates manufacturing and fulfillment facilities, at which people are paid by productivity, with an average wage of \$5 per hour. PRIDE also supports over 400 people in group settings in more than 220 community businesses, with an average wage of \$10.37. In the past year, PRIDE has changed focus toward more community placement and is restructuring programs to provide more training and support toward the ultimate goal of competitive employment. The Council has provided PRIDE management with technical assistance and information to further this effort.

The Council is partnering with the Bridges to Success program to promote the hiring of people with disabilities. The program will pilot 3 job classifications, to include Institutional Service Aides (both kitchen and janitorial), Library Aides, and Industrial Service Workers. The Institutional Service Aides are represented by the Teamster union and the goal for employees will be to successfully complete probation in order to achieve permanent status, with 6 initial available positions. Some of the expected challenges include transportation, limitations on available work hours, and the balance of government entitlements and employment benefits. Part-time positions will include benefits at a different rate. During the pilot period, the income limit for each position will be \$10,000 a year. An internship program may be offered, in order to prepare candidates to meet minimum job qualifications.

Kaiser Foundation Health Plan, Inc. has expressed a strong interest in hiring qualified job-seekers with I/DD, as part of its collaborative support for the Employment First initiative. The Council is working with DOR, Kaiser Permanente Woodland Hills, and Ability One to provide needed support and seek further opportunities to enhance CIE for people with I/DD.

The Council has created a project at all seven regional centers in Los Angeles county to work with employment specialists and develop best practices in assisting people with I/DD to secure CIE. The plan is to provide information about innovative projects that will engage employers in hiring people with I/DD and to increase positive recruitment and employment outcomes.

The Council, in partnership with Griffin-Hammis Associates, Easterseals Southern California, the Southern CA Association of People Supporting Employment First (SoCal APSE), and the Association of Community Rehabilitation Educators (ACRE), planned a 40-hour certificate course in Basic Employment Services, which includes customized employment. The course, which is scheduled to launch in

the 2017-18 federal fiscal year, will cover community employment policies, functional community-based assessments, customized employment development, and employer engagement and interest-based negotiation. Staff contacted all Vendor Advisory Committees in Los Angeles, employment service providers vendorized with DOR, and the SoCal APSE network to promote this training and develop positive CIE opportunities for job-seekers with I/DD.

The Council hosts California's Data Dashboard on its website as a resource tool that the public and other agencies can use to obtain statistics on California's progress in CIE. The Dashboard was updated (through partnership with EDD, DOR, and DDS), and accessed by 526 people. The Council's CIE-related webpage reached an additional 717 people through the course of the past federal fiscal year. CIE materials were translated into Spanish, distributed, and posted to the website, reaching over 9,500 people.

The Council successfully initiated model vocational internships, providing a training platform for people with I/DD and their job coaches within regional office jobsites. Regional offices also serve as information and collaborative hubs in the work of building momentum toward increased employment for people with I/DD. The Council's partnership efforts included high schools, Regional Occupational (ROP) and Career Technical Education (CTE) programs, and community colleges, all of which work to include and prepare students for skill-building, post-secondary education and community-based

Council members provided input to the proposed plan as California prepared to launch the CIE Blueprint (created by the DDS, DOR, and EDD). Regional staff continued to educate stakeholders about the new settings rule and effective practices for integrating people with I/DD into competitive, integrated employment. Through collaboration, training, and community outreach efforts, the Council's regional staff educated a total of 26,115 people about CIE.

## **12. Expected Outcomes Achieved**

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| Expected Outcomes  | Achieved |
|--|----------|
| <b>A Council-based entity of family/self-advocates &amp; federal/state-level collaborative partners will be in place to monitor statewide implementation of the Employment First initiative, identify/report on employment trends throughout the state, and make recommendations</b> | true     |
| <b>A cross-disciplinary, collaborative network of local/regional partners throughout the state will exist to identify/address issues &amp;/or barriers associated with CIE and people with I/DD</b>  | true     |
| <b>A comprehensive needs assessment regarding CIE will be available for future policy/planning/project development in promoting culturally competent CIE strategies</b>  | true     |
| <b>Family/self-advocates and employers/community members/providers will have knowledge &amp; resources to develop, provide &amp;/or obtain CIE; 250 people with I/DD will have the knowledge to develop a résumé</b>   | true     |
| <b>Employers will have culturally competent information and contacts to develop/offer options about &amp; opportunities for CIE to people with I/DD &amp;/or cross-disabilities</b>  | true     |
| <b>WDBs and stakeholders will have culturally competent knowledge &amp; strategies to facilitate/offer CIE for people with I/DD &amp;/or cross-disabilities</b>  | true     |
| <b>Family/self-advocates, employers &amp; other community stakeholders will have information/resources to develop, deliver &amp;/or obtain CIE</b>   | true     |
| <b>One or more working model(s) of CIE will be available for family/self-advocates, providers, and stakeholders for replication</b>  | true     |



| Expected Outcomes  | Achieved    |
|--|-------------|
| <p><b>Family/self-advocates, employers, &amp; other stakeholders will have up-to-date knowledge, resources &amp; information about CIE, employment strategies that work &amp;/or are replicable, training/employment opportunities, etc.</b></p>     | <p>true</p> |
| <p><b>Plain language materials will be available for further translation into threshold languages to provide family/self-advocates, community members, employers/providers, etc. with culturally competent, accessible information about CIE</b></p> | <p>true</p> |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

The collaborative work of the UCLA Tarjan Center UCEDD and the California Departments of Rehabilitation, Education, and Developmental Services has resulted in the development of the CIE Blueprint, which has now been approved and is being used by the Council's Employment First Committee to serve as a platform for policy recommendations, training and outreach to employers and other community stakeholders. This critical foundation was a necessary first step to inform the ongoing employment-related work of the Council over the next four (4) years, in an effort to increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

*A former WorkAbility student, who interned as a volunteer in one of the Council's regional offices during the 2015-16 school year, has now been hired to work full-time in Stanford Hospitals' Housekeeping Department. The Council's former intern is now making a fully competitive wage of \$21 an hour in a fully integrated setting.*

## Individual & Family Advocacy Performance Measure

### Description

Employment

Race/Ethnicity

| <b>Race/Ethnicity</b>                                     | <b>#</b> | <b>%</b> |
|---|----------|----------|
| <b>White, alone</b>                                       | 0        |          |
| <b>Black or African American alone</b>                    | 0        |          |
| <b>American Indian and Alaska Native alone</b>            | 0        |          |
| <b>Hispanic/Latino</b>                                    | 0        |          |
| <b>Asian alone</b>  | 0        |          |
| <b>Native Hawaiian &amp; Other Pacific Islander alone</b> | 0        |          |
| <b>Two or more races</b>                                  | 0        |          |
| <b>Race unknown</b>                                       | 0        |          |

Gender

| <b>Gender</b> | <b>#</b> | <b>%</b> |
|---------------|----------|----------|
| <b>Female</b> | 0        |          |
| <b>Male</b>   | 0        |          |
| <b>Other</b>  | 0        |          |

Category

| Category           | # | % |
|--------------------|---|---|
| Individual with DD | 0 |   |
| Family Member      | 0 |   |

Geographical

| Geographical | # | % |
|--------------|---|---|
| Urban        | 0 |   |
| Rural        | 0 |   |

I. Output Measures

| Objective  | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|--|---|---|
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD.* | 275575  | 110261  |

| Objective  | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|--|---|---|
| The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.* | 7666  | 9095  |
| Total # of Output Respondents  | 283241  | 119356  |

II. Outcome Measures

| Performance Measures                                     | Percent (%) |
|--|-------------|
| IFA 2.1 Percent of people with DD who increased advocacy | 100         |
| IFA 2.2 Percent of family members who increased advocacy | 87          |

Sub-Outcome Measures : The number (#) of people who are better able to say what they want/say what is important to them

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD.*</b> | 203934  | 79388                   |
| <b>The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.*</b>   | 7513  | 8913                    |
| <b>Total # of Sub-Outcome Respondents</b>   | 211447  | 88301                   |
| <b>IFA 2.3 Percent of people better able to say what they need</b>  | 75  | 74                      |

Sub-Outcome Measures : The number (#) of people who are participating in advocacy activities

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD.*</b> | 74405   | 29770                   |
| <b>The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.*</b>   | 5366  | 6367                    |
| <b>Total # of Sub-Outcome Respondents</b>   | 79771   | 36137                   |
| <b>IFA 2.4 Percent of people participating in advocacy activities</b>   | 28.000000000000004                              | 30                      |

Sub-Outcome Measures : The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD.*</b> | 250773  | 100338                  |
| <b>The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.*</b>   | 2223  | 2638                    |
| <b>Total # of Sub-Outcome Respondents</b>   | 252996  | 102976                  |
| <b>IFA 2.5 Percent of people on cross disability coalitions</b>   | 89  | 86                      |

**IFA 3 The percent of people satisfied with a project activity\***

97

**IFA 3.1 Percent of people with DD satisfied with activity\***



99.9

**IFA 3.2 Percent of family members satisfied with activity\***

94

## System Change Performance Measures

### Description

Employment

SC 1: Output Measures - The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

| Objective   | SC 1.1<br>Number of policy/ procedures created/ changed | SC 1.2<br>Number of statutes/ regulations created/ changed | SC 1.3.1<br>Number of promising practices created | SC 1.3.2<br>Number of promising practices supported through Council activities | SC 1.3.3<br>Number of best practices created | SC 1.3.4<br>Number of best practices supported through Council activities | SC 1.3<br>The number of promising and/or best practices created and/or supported | SC 1.4<br>Number of people trained/ educated | SC 1.5<br>Number of Systems Change activities with other organizations |
|---|---|--|---|--|--|---|--|--|--|
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD. | 2   | 2  | 8   | 1  | 0  | 24  | 33   | 2556   | 25   |

| <b>Objective</b>   | <b>SC 1.1<br/>Number of<br/>policy/<br/>procedures<br/>created/<br/>changed</b> | <b>SC 1.2<br/>Number of<br/>statutes/<br/>regulations<br/>created/<br/>changed</b> | <b>SC 1.3.1<br/>Number<br/>of<br/>promising<br/>practices<br/>created</b> | <b>SC 1.3.2<br/>Number<br/>of<br/>promising<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3.3<br/>Number<br/>of best<br/>practices<br/>created</b> | <b>SC 1.3.4<br/>Number<br/>of best<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3<br/>The<br/>number of<br/>promising<br/>and/or<br/>best<br/>practices<br/>created<br/>and/or<br/>supported</b> | <b>SC 1.4<br/>Number<br/>of<br/>people<br/>trained/<br/>educated</b> | <b>SC 1.5<br/>Number of<br/>Systems<br/>Change<br/>activities<br/>with other<br/>organizations</b> |
|--|---|--|---|--|--|---|--|--|--|
| <b>The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.</b> | 0   | 0  | 5   | 48   | 2  | 77  | 132  | 9354   | 251  |

Systems Change SC 2: Outcome Measures

| <b>Outcome Measures</b>                            | <b>Number(#)</b> |
|--|------------------|
| <b>SC 2.1 - Efforts that led to improvements *</b> | 115              |
| <b>SC 2.2 - Efforts that were implemented *</b>    | 49               |

Sub-Outcome Measures

| Objective   | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|---|--|---|---|--|
| <p><b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase CIE for people with I/DD.</b></p> | 5  | 3   | 109   | 6  |
| <p><b>The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.</b></p>   | 0  | 0   | 1   | 40   |

## Detailed Progress Report on Goals

### Description

Early Intervention, Education, Transition & Post-Secondary Education

### Area Of Emphasis

| Area of Emphasis                       | Planned for this goal | Areas addressed |
|--|-----------------------|-----------------|
| Quality Assurance                      | true                  | true            |
| Education and Early Intervention       | true                  | true            |
| Child Care                             | true                  | true            |
| Health                                 | true                  | true            |
| Employment                             |                       | true            |
| Housing                                |                       | true            |
| Transportation                         |                       | true            |
| Recreation                             |                       | true            |
| Formal and Informal Community Supports | true                  | true            |

Strategies

| Strategies   | Planned for this goal | Strategies Used |
|--|-----------------------|-----------------|
| <b>Outreach</b>  | true                  | true            |
| <b>Training</b>  | true                  | true            |
| <b>Technical Assistance</b>  | true                  | true            |
| <b>Supporting and Educating Communities</b>                        | true                  | true            |
| <b>Interagency Collaboration and Coordination</b>                  | true                  | true            |
| <b>Coordination with Related Councils, Committees and Programs</b> | true                  | true            |
| <b>Barrier Elimination</b>   |                       | true            |
| <b>Systems Design and Redesign</b>                                 | true                  | true            |
| <b>Coalition Development and Citizen Participation</b>             | true                  | true            |
| <b>Informing Policymakers</b>                                      | true                  | true            |
| <b>Demonstration of New Approaches to Services and Support</b>     |                       | true            |
| <b>Other Activities</b>  |                       |                 |

3. Intermediaries/Collaborators

| Collaborators   | Planned for this goal | Actual |
|---|-----------------------|--------|
| State Protection and Advocacy System                              | true                  | true   |
| University Center(s)  | true                  | true   |
| State DD agency   | true                  | true   |
| Family Resource Centers & other family/<br>self-advocacy entities | true                  | true   |
| USDs/SELPA &/or CACs  | true                  | true   |
| Colleges/Universities   | true                  | true   |
| CA Dept. of Rehabilitation  | true                  | true   |
| CA Employment Development Dept.                                   | true                  | true   |
| Regional Centers  | true                  | true   |

**Provide an overall cohesive description of (a) the extent to which progress is being made in achieving the intended outcomes of the Goal for the reporting year, (b) the extent to which each goal was or was not achieved for the reporting year, (c) where applicable, factors that impeded goal achievement for the reporting year, (c) needs that require substantive state plan amendment (goal only)**

Goal 5 captured the Council's work in education throughout the lifespan, ranging from early diagnosis and intervention, the educational system and transition years, through post-secondary education, competitive, integrated employment (CIE) and independent living options. While the activities of other goals may have garnered more participants in activity attendance/participation, the Council's advocacy training and technical assistance efforts in this goal produced strong findings (94-97%) in the percentages of family/self-advocates who reported an increase in their advocacy work. The percentages of those who are better able to say what they want or what services/supports they want (and/or say what is important to them) were also high (96-97%) and consistent with satisfaction rates, at 95-98%.

More than 2/3 (14,424) of the 20,398 family/self-advocates active in this goal were family advocates; 5,974 self-advocates also participated in activities associated with advocacy and education throughout the lifespan. Of special note is the fact that the Council reached nearly double the number of self-advocates (3,187) and family advocates (7,841) in Objective 5.2 (the Council's inclusive education objective), with the training and activities in Objective 5.1 (Early Intervention) reaching 1,404 self-advocates and 4,568 family advocates. Early intervention, advocacy work and training is expected to prove critical to building a strong cadre of adult self-advocates, as they age out of the secondary school system(s) and begin to (self-) advocate for independent living/housing options, adequate health coverage, employment opportunities, and/or those supports necessary to effectively access other types of (formal and/or informal) services.

Because (parent/self-) advocacy is the core of the Council's work in this goal, that work naturally extended into all of the federal areas of emphasis (e.g. child care, health, transportation, etc.). Likewise, regional staff engaged in every available strategy to complete its work of capacity-building, collaboration, advocacy and system change. The Council was able to demonstrate projects and/or activities – not only with the work of its regional staff, but also with the issuance/completion of 2 grant-funded projects. The Council was also successful in collaborating with all of its federal partners, as well as engaging in other collaborative opportunities. In addition to reaching more than 20,000 family/self-advocates, the Council provided training and information to more than 7,500 professionals and others through its activities. That reach was greatly extended with a combination of collaborative meetings (and related work), involving 535 community and agency-based partners, social media outreach efforts, and other activities that raised the number of (non-family/self-advocate) participants to 312,012 people.

The Council is extending its advocacy, system change and capacity-building efforts to reach underserved populations, such as those individuals who speak primarily/only Spanish or other threshold languages, by translating training curricula, handout material, and web-based resources – first into plain language, and then into threshold languages, as requested/scheduled. While the Council received/accepted proposals for 3 grant-funded projects for education-related work, only 2 projects moved forward, with a third (3rd) cancelled, due to the recipient agency's unexpected closure. Helping Hands East Bay organized and sponsored 3 conferences (Empowering Asian Families) for families speaking Cantonese, Mandarin, Korean and/or Vietnamese throughout California's Bay Area (Alameda, Contra Costa, Marin, San



Francisco and San Mateo counties). The conferences reached 32 self-advocates and 138 family advocates, with 100% satisfaction reported for all 3 conferences. Helping Hands reported that 5 promising/best practices were supported and/or implemented, with 2 collaborative partnerships established and/or involved. The Exceptional Family Center provided small group instruction (Parent Advocate Training) to 11 family advocates in a series of 7 meetings, in collaboration with a local (southern California) attorney, specializing in special education law and parent/child advocacy.

The Council has historically invested in parent training as core foundational work in promoting early identification and intervention in the lives of children with I/DD and/or cross-disabilities. Regional staff has now deepened that work in providing outreach and training to professionals and community members, to increase the number of people who are able to recognize signs of I/DD and willing to provide parent advocates with resources, supports, services and information. The Council has also strengthened its outreach, training and public policy work in issues affecting transition, post-secondary education, independent living, and CIE, recognizing that they are all part – and an outgrowth - of the educational continuum. This has included work on ABLE Act (financial savings) opportunities and information, training and outreach about alternatives to conservatorship, stressing the importance of self-governance and personal advocacy.

While it met all of its FFY 2017 targeted activities (and people reached) through the four (4) objectives in the education goal, the Council also recognizes that, at a community level, training family/self-advocates and others about education throughout the lifespan is really a 'perishable skills' issue, as new parents (and their children with I/DD and/or cross-disabilities) continually enter the system of early intervention and/or transition into educational supports and services, post-secondary education and independent living options. Regional staff are routinely responsive to emerging needs at the community level and adjust work, training/outreach, and planning efforts accordingly. None of the findings that emerged from these efforts, however, reflect a need for changes at the State Plan level.

**4 Year Overview : A description of how the Council will use and build from knowledge gained and progress made to move forward in the next state plan cycle.(This section only applies to the PPR submitted for the Federal Fiscal Year 2020, which will be due by January 1, 2021)**

**5 Year Overview :** For the final PPR of this state plan cycle, provide an overall analysis of the outcomes achieved during the five year state plan cycle. The description should include the extent to which diverse stakeholders are satisfied with council activities that promote self-determination and community participation for individuals with disabilities and families, results of other types of information gathering such as focus groups, surveys, or other feedback or input methods with individuals with developmental disabilities and families and major accomplishments and factors impeding goal achievement (if applicable).(This section only applies to the PPR submitted for the Federal Fiscal Year 2021, which will be due by January 1, 2022)

Objectives

1. The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to services which support inclusive education.

1. **Goal:** Early Intervention, Education, Transition & Post-Secondary Education

2. **State Plan Objective** Objective 2

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3. **This Objective is**

Individual & Family Advocacy

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4. **This Objective is**

Ongoing

**5. This Objective is**

|  | <b>The Objective is</b>  |
|--|--|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No   |
| <b>b. Targeted disparity *</b>   | No   |
| <b>c. DD Network Collaboration *</b>   | No   |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No   |
| <b>e. A demonstration of projects or activities *</b>                          | Yes<br><br><b>Project Name*</b><br>Empowering Asian Families (Helping Hands East Bay)<br><br><b>Original Start Date*</b><br>10-01-16 |

## 6. Stage of Implementation

Implementation

### 7. Provide an overall description of this effort

The SCDD's regional offices regularly field frequent requests for assistance on how to obtain services from their assigned school districts. Individual Education Plan (IEP) meetings are essential for students to receive needed services because a potentially wide array of supports will be identified upon in these meetings. Once the IEP is drafted and signed, it becomes a legally binding document that local education agencies (and families) must honor. The most recent numbers from the California Legislative Analyst's Office show that about 10% of students in the state school system receive special education services. In the Council's statewide survey, special education was ranked as the third-highest area in which families and people with I/DD have the greatest need for service. In addition, over the course of the year, the Council's regional offices received 900 telephone requests for assistance with IEPs and obtaining delivery of special education services. Since 44% (representing 149,609 people) of Californians receiving regional center services are between the ages of 3 and 21, this remains a pivotal area for a(n intellectual and/or developmental or cross-) disability significant enough that they are deemed eligible to received special education. This means that 410,588 students may receive school-based services through IEPs, but do not for a variety of reasons, qualify for regional center case management, to assist in navigating the school system and self-advocate for their civil and educational rights within the system. The Council's activities within this objective area are part of a continuum of work that spans a lifetime of learning, designed to prepare people with disabilities to be independent, productive member of the society in which they choose to live, learn, play and work.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective,**

**with few exceptions.** (e.g. Objective 6.1)

### 8. Outputs Achieved

| <b>Expected Outputs</b>   | <b>Achieved</b> |
|---|-----------------|
| <b>12 regional rosters of collaborative partners; 24 meetings; 12 lists of regional community needs</b> | true            |
| <b>1 set of material(s) in plain language &amp; Spanish, etc.</b>                                       | true            |
| <b>1 curriculum; 12 trainings; reach 150 people</b>   | true            |
| <b>1 curriculum; 12 trainings; reach 150 people</b>   | true            |
| <b>12 newsletters, 24 eBlasts, 12 flyers, &amp; 2 brochures to reach 1,200 people</b>                   | true            |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

To help family advocates understand child and family rights within the education and regional center systems, Council staff conducted 120 training sessions, reaching 3,139 people. In order to expand that help to more family and self-advocates, the Council launched programs to educate family advocates through multiple training sessions. Through face-to-face training efforts, large-scale events and collaborations in this objective, the Council reached 3,187 self-advocates, 7,841 family advocates, and 3,401 professionals and others.

To prepare family members to more effectively advocate for children in IEP meetings, SCDD staff trained 2,806 people at 98 events on free, appropriate public education (FAPE) and special education rights through the IEP/ITP process.

In the 2016-17 State Plan work plan, the SCDD set a target of conducting 12 parent peer advocacy trainings for 150 family advocates. Over the past year staff surpassed that goal, reaching 22 parent groups and training a total of 233 parent advocates. The SCDD's most notable parent advocacy training program is through Training Individuals for Grassroots Education Reform (TIGER), a program that prepares individuals through 11 months of beginning, intermediate, and advanced courses, for a total of approximately 35 hours of training.

Council staff continued in its collaborative efforts with USC Children's Hospital Los Angeles (CHLA) UCEDD and California State University Los Angeles (CSULA). All three (3) entities are planning/staging a pre-employment pilot program for young adults with I/DD (aged 16-21) in transition. There will be five (5) training modules for ten (10) participants in participating in the initial (pilot) transitional

program. Modules will be delivered in 15 weeks and completed with an achievement celebration during Week 16 of the program. Modules will include: self-exploration, self-care, social aspects of life, employment/vocational preparedness, and the planning, development and execution of individual, person-centered plans.

The Council engaged its partners through the monthly Orange County Child Care and Development Planning Council's Inclusion Collaborative, in order to ensure that children (aged 0–12) with disabilities are given equal access to all types and levels of child care and educational programs.

The Council issued a grant to Helping Hands East Bay (HHEB), for a series of 3 regional conferences, designed to reach underserved families (of children in a range of ages) that speak Cantonese, Mandarin, Korean and Vietnamese dialects. These conferences were held in Alameda, San Lorenzo and Hayward, respectively and reached 308 children, family members and/or professionals.

HHEB recommended, following the conference series, that future conference planners consider alternating bilingual English/consecutive interpreter workshops, to facilitate interactive sessions and reduce both costs and distracting and disruptive complications with equipment, interpreters, and/or dialect/language-competitive needs. The wide regional interest generated by this grant-funded, 3-conference Council project generated significant continuation funding opportunities for HHEB from such diverse sources as the local regional center, the Department of Rehabilitation, and the Thomas J. Long Foundation.

In addition, staff shared technical advice and materials with thousands of people at various events, such as: school resource fairs, Back-to-School Night(s), and an ASD Conference, an event about special education rights and the fair hearing/mediation process. These - and all other events in which staff were able to participate - allowed the Council opportunities to educate family advocates and education professionals on inclusion, FAPE rights, and available supports for people with I/DD. In addition to providing information at large-scale events, staff collaborated to participate in: the Exceptional Involved Parents Conference (with over 500 attendees), the STAR Conference (for 75 families of children with ASD), the 34th Annual Involved Exceptional Parents Day Conference with 286 attending, the *Empowering Asian Families #2* event (for parents of children with I/DD, aged 3-22), and the Pajaro Valley *Conference for Spanish Speaking Families of Children with Special Needs*. At *Kids Day in the Park* (with 7,000 attendees), staff educated 35 neurotypical middle school-aged children about the effects of bullying and/or ignoring people with disabilities.

To maximize the number of family and self-advocates who want or need help in navigating school and regional center systems for school-aged children, the Council employed in-person training and outreach with parent support groups and in school-based events and large conferences or gatherings. Regional staff trained people on disability awareness, self-advocacy opportunities within the school/ social services systems, and parent peer advocacy.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved |
|--|----------|
| <b>A series of regional collaborative networks will be in place to identify, monitor &amp; address educational challenges &amp; opportunities for students with I/DD &amp;/or cross-disabilities in local communities</b>  | true     |
| <b>Parents, community members &amp;/or professionals will have knowledge/awareness about the need for a free, appropriate education for children with I/DD &amp;/or cross-disabilities, and the right to obtain publicly accessible, inclusive education services throughout the lifespan</b>                      | true     |
| <b>Students/parents will have the information to self-advocate throughout the school system; staff/ community members will have the information to identify &amp; respond appropriately to I/DD &amp;/or cross-disability-related issues</b>   | true     |
| <b>Parents will have the knowledge and resources to provide parent-to-parent peer support within their own communities for issues relating to FAPE, disability awareness, etc. and will use their skills/knowledge to obtain inclusive educational services for students with I/DD &amp;/or cross-disabilities</b> | true     |



| Expected Outcomes   | Achieved |
|---|----------|
| Family/self-advocates will be reached and have knowledge about a free, appropriate public education & related options &/or services | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

The Council's ultimate goal is to reach current and succeeding 'generations' of families with children who are at-risk of developing or who, in fact, have I/DD and/or cross-disabilities, in order to educate them about their rights and opportunities to self-advocate in educational and social service environments. The ongoing continuum of needs of these children and their families requires a regular influx of training and systemic support in order to acquire and apply information about their rights, the systems and supports available to children with unique needs, and surfacing issues that may affect those rights and services. While the Council fully met and/or exceeded its targeted activities, the needs of its constituency require ongoing work in this (and other) objective(s).

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

*Yesterday, I was at a meeting at the Monterey County SELPA office and a SELPA Program Specialist made it a point to come tell me how valuable your articles are! She specifically referenced the last one on behavior and said she is forwarding it to her parents. She said it's a hot topic for her because she is telling parents that they need to stop picking their child up from school, as frequently as they are doing, in response to behavior problems. Her stance has been that, doing this, they aren't solving anything for the long-term.*

**2.** The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans that lead to employment, post-secondary education &/or independent living options & opportunities.

**1. Goal:** Early Intervention, Education, Transition & Post-Secondary Education

**2. State Plan Objective** Objective 3

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**3. This Objective is**

Individual & Family Advocacy

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**4. This Objective is**

Ongoing

**5. This Objective is**

|  | <b>The Objective is</b>   |
|--|---|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b>                          | No  |
| <b>b. Targeted disparity *</b>   | No  |
| <b>c. DD Network Collaboration *</b>   | No  |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No  |
| <b>e. A demonstration of projects or activities *</b>                          | <p style="text-align: center;">Yes</p> <p style="text-align: center;"><b>Project Name*</b><br/>           Exceptional Family Center (Next Step Vocational Education and Transition Center)</p> <p style="text-align: center;"><b>Original Start Date*</b><br/>           10-01-16</p> |

## 6. Stage of Implementation

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Implementation

### 7. Provide an overall description of this effort

The transition from high school into post-secondary education, employment and/or independent living options is another significant developmental milestone in the lives of family and self-advocates. Within the full continuum of those individual and family needs that are part of the larger education-related goal, the work of this 3rd objective addresses the range of transition-related issues, needs, options and services facing adults with I/DD and/or cross-disabilities. In addressing those young adult transitional needs (of family/self-advocates), the Council focused on 3 primary areas: Providing training, working on events through its collaborative partnerships, and providing information and outreach.

**\*\*Note:** Although ‘transition,’ in regard to people with I/DD and/or cross-disabilities, is traditionally defined as that gradual, planned, and protracted stage between the ages of 16 and 22 (as young adults move from the education system into adult life and community-based service systems), it should also be noted that any single event in the life of an adult with I/DD can trigger a major (period of) transition, as well (e.g. the death of one or more parent(s)/caregiver(s), job loss, eviction, changes in public entitlements and/or services, age-related health/cognitive changes, etc.). Life-changing events may be either positive or negative (e.g. marriage and/or divorce, the birth and/or the death of a child, etc.), but are destined to change an individual’s life and will cause needs (e.g. person-centered planning, education/training, housing, etc.) to surface that are directly associated with that triggering event and the resulting period of transition. As the work of this goal is to address education throughout the lifespan, the work of this objective will also address ‘lifetime’ transitions.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

**8. Outputs Achieved**

| Expected Outputs   | Achieved |
|--|----------|
| 1 curriculum; 12 trainings; 150 people trained   | true     |
| 1 video (web-based); 1 set of replicable print resource materials (12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures) developed/updated/distributed to reach 1,200 people; 12 meetings; 1 list of collaborators; 1 curriculum | true     |
| 12 trainings; 150 people trained   | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

To meet target activities in this activity, Council staff put together a list of collaborators for each of its 12 regions, identifying nearly 300 real and potential community partners. In practice, the Council took part in 120 meetings, working with nearly 1,000 individuals and agencies, developing curriculum, planning outreach and training events, and supporting family and self-advocates with I/DD on the transition process. The Council and its collaborative partners produced and hosted a number of transition-related events, such as the *Going to College with a Disability* event (Berkeley) and the Phelan-McDermid Syndrome Foundation Conference (Stanford).

Staff provided 16 trainings to educators and other stakeholders, reaching 553 people. After developing and/or updating curricula and resources for the IEP/PCP/ITP process, staff provided information and resources to more than 440 family and self-advocates in 13 trainings. Training included such topics as conservatorship and rights, competitive, integrated employment options (CIE), CalABLE, post-secondary education and related programs, and self-determination.

The Council provided training (*Entendiendo el Plan de Transición Individualizado*) in Spanish to the parent support group of Angeles Especiales, collaborating with Exceptional Parents Unlimited (EPU) to reach 66 family/self-advocates. This training gave vital information about the transition from secondary education to adulthood, educational rights and responsibilities for navigating the system, and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans (ITPs) that lead to employment, post-secondary education and/or independent living options & opportunities.

The Council partnered with the Disability Collaborative to hold a Transition Summit on Financial Planning for children with I/DD and/or cross-disabilities, with SCDD staff moderating the event. The Summit was attended by 45 family advocates and 14 professionals and included a panel discussion by experts on CalABLE, Social Security Work Incentives, Supported Decision-Making, and other agencies.

Regional staff planned and provided resource materials at the 3rd of 3 grant-funded conferences designed for Asian families receiving services from the local RC. The first conference targeted families of young children (from birth to 3), focusing on early detection and intervention, while the 2nd targeted families and self-advocates (4- 22) and focused on navigating the school system and preparing for transition to adult activities, supports, and services (e.g. post-secondary education, employment, independent living opportunities, etc.). The targeted group for this, the 3rd conference, was self-advocates (22 years and older) and their family advocates. Attendees, included 5 self-advocates, 95 family advocates and 30 professionals.

The Council recognizes that information must reach the community in a variety of ways. One of its most effective delivery methods is electronic, reaching out to urban and rural areas and populations throughout the state through its website, emails and social media, extending across multiple platforms. The Council's headquarters and regional offices disseminated transition-related electronic information 78 times, reaching a total of 53,426 people.

The Council reached another 30 self-advocates and 45 family advocates at a resource fair at Irvine Adult Transition Program's Parent Information Night, which featured a parent panel, members of the Irvine Police Department, and other community-based adult service agencies, all sharing transition-related information. Staff educated and provided materials to another 50 self-advocates, 50 family advocates and 100 others at the North Orange County Community College District's Transition Night 2017.

At the California State University Fullerton/La Sierra High School Transition Resource Fair, the Council educated 75 self-advocates, 25 family advocates and 50 others, providing systemic input on topics such as Social Security and employment wages, the IHSS application process, limited conservatorships and IEP basics. Approximately 25 community partners participated in this outreach to special education students, faculty, and parents.

Not only did the Council meet its activity targets for this objective, but the satisfaction rates for family/self-advocates were uniformly good in response to those activities. Of those reporting back, 90% of family advocates were satisfied with activities and 95% reported an increase in their own advocacy efforts. More importantly, however, 100% of responding self-advocates reported that they were both satisfied with the activities associated with this objective and had increased their advocacy, as a result.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved |
|--|----------|
| Stakeholders will have knowledge about the PCP/ITP process   | true     |
| The Council will be an information resource for family/self-advocates and community members, who will have knowledge/resources to engage in the student-led IEP/PCP/ITP process                    | true     |
| Parent/self-advocates and stakeholders will have current knowledge about and use the student-driven PCP/ITP process; the Council will be a clearinghouse for information about the PCP/ITP process | true     |

**13. Progress towards achieving outcomes for overall objective :** The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.



The Council successfully met its targeted, yearly activity goals for this objective, although it did grant an extension for a sub-grantee to achieve project completion. As with the other two (2) objectives in this goal area, transition activities are part of a lifetime continuum of needs for families and people living with I/DD and/or cross-disabilities. In recognition of these ongoing needs, this objective, too, will be continued throughout the duration of the current 5-year State Plan period.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

Thank you so much for last night's presentation and for the attached PowerPoint.

I hope you know how much I – and, I expect all attendees - appreciate these events and all the hard work you do in arranging informative workshops and presentations, allowing us opportunity to better advocate and improve the quality of life for our children and/or others with disabilities.

You make a difference in the lives of so many and we all truly owe you a debt of gratitude!

Looking forward to seeing you at future events!

Mary S.

3. The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.

1. **Goal:** Early Intervention, Education, Transition & Post-Secondary Education

2. **State Plan Objective** Objective 1

3. **This Objective is**

Individual & Family Advocacy

4. **This Objective is**

Ongoing

5. **This Objective is**

|   | <b>The Objective is</b> |
|---|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b> | No                      |
| <b>b. Targeted disparity *</b>                        | No                      |
| <b>c. DD Network Collaboration *</b>                  | No                      |

|  |   |
|--|---|
|  | <b>The Objective is</b>   |
| <b>d. A demonstration project of New Approaches to Services and Supports *</b> | No  |
| <b>e. A demonstration of projects or activities *</b>                          | Yes   |
|  | <b>Project Name*</b><br>Empowering Asian Families (Helping Hands East Bay); 10/16 2.<br>The Social Skills Development Group (Children's Nurturing Project); 10/16 (Project cancelled: Program closed) |
|  | <b>Original Start Date*</b><br><br>10-01-16   |

**6. Stage of Implementation**

Implementation

**7. Provide an overall description of this effort**

The early identification of delays in or missed developmental milestones typically begins with a parent's friend's or doctor's question(s) and quickly progresses to a search for more extensive information. The Council has a reputation for being a reliable clearinghouse for up-to-date information, technical assistance and training opportunities for family/self advocates. The Council's community outreach efforts throughout the state, provision of training, information and technical assistance (individual advocacy and capacity-building), and overall system advocacy work locks together to prepare parents, family members, guardians and their children with I/DD to begin what will become a lifetime of family/self-advocacy efforts. The work of the objective is simply the opening salvo in the Council's (Goal 5) continuum (through 4 objectives) of advocacy and training efforts on behalf of children and families learning to thrive with intellectual, developmental and/or cross-disabilities. Not only are the Council's efforts and activities aimed at families of at-risk and/or newly diagnosed children, but they also target those medical and educational professionals whose work in early identification and intervention are crucial to a child's development and eventual transition into the education system.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

## 8. Outputs Achieved

---

| Expected Outputs   | Achieved |
|--|----------|
| 4 quarterly meetings with collaborative partners; 1 comprehensive/12 regional list(s) of identified &/or recommended trainings; 1 list of recommended outreach materials | true     |
| 24 eBlasts, 12 newsletters, 1 set of handouts, etc.; 1,600 people reached through outreach efforts   | true     |
| 1 Curriculum; 12 trainings; 250 people reached   | true     |
| 1 Curriculum; 12 trainings; 60 professionals reached   | true     |

**10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).**

In meeting the activities planned for this objective and with a targeted goal of making 1,200 contacts, the Council used newsletters, electronic distribution, flyers and brochures to reach a total of 96,299 people with information about I/DD and/or cross-disabilities, associated risk factors, early intervention services, the transition process into school systems, and the importance of early identification. SCDD developed and/or updated and distributed 3 sets of information about a free, appropriate public education (FAPE) and associated educational rights to an additional 93,960 people.

The Council used a combination of outreach techniques that included local/regional events, providing training to medical professionals and/or family members, and providing technical assistance to a variety of clients to support the early detection and early intervention needs of parents of and professionals serving children (aged 0-3) throughout the state of California. Of special significance were the Council's outreach efforts with Asian monolingual (e.g. Cantonese, Mandarin, Korean, and Vietnamese), Native American, and African-American (underserved) populations.

With input from its collaborative regional partners and needs identified by local family/self-advocates and RAC members, each of the Council's 12 offices put together a list of training/outreach needs, specific to its region, updating and using training curricula, print, and website information in extensive outreach efforts. The Council then conducted 29 trainings about developmental milestones and intervention services for young children, reaching 700 parents and community members. Of those responding to SCDD's inquiries about satisfaction with training and other activities, 100% of family members reported that they were satisfied and were able to increase their advocacy efforts as a result of Council activities.

Staff collaborated with Exceptional Parents Unlimited (EPU) to provide a community outreach and training at the Cultural Center of the Bishop Paiute Tribe, reaching 8 family and self-advocates, 3 members of the public, and 3 agency personnel. The presentation provided information about special education laws, assessment procedures, and identifying developmental milestones, barriers, and effective intervention techniques.

Council staff engaged in 13 trainings for medical, child care, and/or Early Start professionals on a range of topics, reaching 286 people. One presentation, given to social workers at the local Health and Human Services agency, provided the most current data from the Maternal and Infant Health Assessment Survey, showing that the northern coastal region of California scored higher-than-average rates of poor health before pregnancy.

SCDD staff provided training through Inland Regional Center's Family Advocate Leadership Project about early identification, intervention for people with I/DD, support/service resources for family advocates and Early Start professionals. This project was coordinated by IRC's Early Start Family Resource Network (ESFRN).

Because early identification of and intervention services for children with at-risk factors for I/DD are both critical and heavily reliant on cross-disciplinary expertise, the Council collaborated with over 300 partners, including all 21 regional centers, parent representative and support groups, service providers, SELPAs, and disability organizations and research programs through the state's extensive university system.

Staff collaborated with a local agency (Help Me Grow) to provide 3 technical assistance clinics on how to obtain regional center and special education services. The goal of these training and technical assistance clinics was to meet the needs of family advocates and connect them with developmental services and resources to enhance the development, behavior, and learning of children, from birth through five years of age.

Regional staff provided technical assistance to nearly 50 parents and professionals. Parent advocates typically called for assistance in: 1) obtaining (or obtaining in a timely manner) regional center services; 2) navigating the process and planning of meetings with the regional center and/or the school district (at the point of diagnosis or upon transfer into the school district); and/or 3) obtaining information about and referrals to appropriate services. Technical assistance for professionals was equally varied, depending on the type of agency. Childcare personnel typically asked for training and/or information about disabilities, early intervention, site safety, and/or behavioral supports. School personnel generally requested information, training or collaboration centered on early intervention. Family Resource Centers often inquired about joint training opportunities. Medical personnel asked questions and voiced concerns regarding people with joint I/DD and/or mental health disorders and the strain that emergency care places on available community resources.

**12. Expected Outcomes Achieved**

| Expected Outcomes  | Achieved |
|--|----------|
| <b>A collaborative network will be in place to address early identification challenges &amp; opportunities associated with finding/serving children as yet unidentified as having I/DD &amp;/or cross-disabilities</b>                         | true     |
| <b>Community members &amp;/or professionals will have knowledge of typical developmental milestones &amp; the importance of identifying young children with I/DD &amp;/or cross-disabilities as early as possible</b>                          | true     |
| <b>Parents will have information/knowledge to identify typical developmental milestones, recognize possible developmental delays, and identify/access available resources in a timely manner</b>   | true     |
| <b>Professionals working with children will have information/knowledge about I/DD &amp;/or cross-disabilities and be able to talk with parents about diagnostic information &amp; accessing resources/supports/services in a timely manner</b> | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**



It is Council's intent to continue to reach family advocates, professionals, and community members and to increase knowledge and awareness of developmental milestones and intervention services for professionals and families of young children. With that charge, Council staff used all available federal strategies, engaging in highly collaborative work through meetings, outreach efforts and events, training and presentations, and other types of activities, working with its federal partners and addressing every federal area of emphasis. While the Council met all of its work plan activities and targeted goals for this objective, there is an ongoing need to provide family advocates and professionals with information about developmental milestones on early identification of and intervention for children with I/DD. With every suspicion or confirming diagnosis, another family is plunged into unfamiliar territory and needs current information and technical assistance to navigate the complex system(s) of care, service and support needed by children with I/DD. The Council will continue the work of this objective through the remaining course of the 5-year State Plan cycle.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

4. The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD.

1. **Goal:** Early Intervention, Education, Transition & Post-Secondary Education

2. **State Plan Objective** Objective 4

3. **This Objective is**

System Change

4. **This Objective is**

Ongoing

5. **This Objective is**

|   | <b>The Objective is</b> |
|---|-------------------------|
| <b>a. Fulfilling a Self-Advocacy DD Requirement *</b> | No                      |
| <b>b. Targeted disparity *</b>                        | No                      |
| <b>c. DD Network Collaboration *</b>                  | No                      |

|   | The Objective is |
|---|------------------|
| d. A demonstration project of New Approaches to Services and Supports * | No               |
| e. A demonstration of projects or activities *                          | No               |

## 6. Stage of Implementation

Implementation

### 7. Provide an overall description of this effort

In the Council's statewide survey in 2016, 15.3% of the 9,370 respondents ranked 'Early Intervention, Education, Transition and Post-Secondary Education' as a top need, making it the third-ranking area of concern for family/self-advocates and professionals alike.

**\*\* While the ACL systems limits the selection options(s) under #3 for each Objective narrative section (This Objective is: a] Individual & Family Advocacy, b] System Change and c] Capacity-Building) to only one choice, the Council, in fact, works diligently to weave individual/family advocacy, systems change and capacity-building efforts into each and every objective, with few exceptions. (e.g. Objective 6.1)**

## 8. Outputs Achieved

| Expected Outputs   | Achieved |
|--|----------|
| 1 roster of collaborative partners; 4 quarterly meetings; 1 list of current/key issues about accessing quality education services throughout the lifespan for people with I/DD &/or cross-disabilities | true     |
| 20 meetings  | true     |
| Testimony on 3 bills   | true     |

10. The report should include the following: (a) A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including how the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.(b) For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative. (c) All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.(d) A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).

Council staff monitored 15 bills related to Early Intervention, Education, Transition or Post-Secondary Education, and supported 4 additional bills. The Council testified about legislation three times to 249 people, including speaking to six policymakers and 100 members of the public before the California Senate Education Committee regarding SB 354. This bill would require that local educational agencies provide translation services in the native language of family advocates for all communication including for the written IEP. While the bill was not passed in this past legislative cycle, it is still active and may be acted on in the 2018 legislative cycle.

Council staff convened 66 meetings to educate 207 policymakers about the value of education throughout the lifespan of people with I/DD or cross-disabilities. In addition to direct efforts with legislators, staff collaborated in meetings with 148 people from 49 collaborative agencies and organizations to create strategy about policy efforts. One of these collaborations was a memo of understanding (MOU) on data sharing executed between the Council and Team of Advocates for Special Kids (TASK). This MOU will permit Council staff to access TASK's call logs with the intent to identify systemic trends and issues within the Orange County educational system. The goal of this collaboration is to determine topics that need additional training for family advocates or can be addressed within the school system.

Council staff also led meetings with the Director of Special Education for the Fresno Unified School District about a systemic issue repeatedly reported by a number of family advocates that school children with I/DD were being sent home from school without completion of the required suspension paperwork/documentation. We also met with School District Adult Transition Programs and the Board of Trustees about why using re-locatable storage containers as classrooms for students with I/DD is not appropriate and constitutes a breach of legal responsibility.

#### **Legislation Signed into Law**

AB 500 (Bloom) requires educational (K-12) entities and/or personnel to maintain a section on employee interactions with pupils in its employee code of conduct and to provide a written copy to parents/guardians, in addition to posting the information (or a link to it) on the school website.

Over the course of the year, the Council provided information in electronic format on 33 occasions to 17,255 people and gave technical assistance to more than 70 people inquiring about policy change from Early Start to Post-Secondary Education and collaborated on other topics including lack of inclusion or appropriate accommodations for people with disability on school sites, bullying policies, and cuts to special education budgets. Engaging in 66 meetings with policymakers, providing testimony before 3 legislative committees, and collaborating with 12 other agencies, the Council met all of its targeted activities in this objective, all of which were aimed at identifying and sponsoring legislative and other procedural changes that would increase quality education opportunities and outcomes for people with I/DD.

**12. Expected Outcomes Achieved**

| Expected Outcomes   | Achieved |
|---|----------|
| <b>Key policy stakeholders will be knowledgeable about and active in policy-making efforts about increasing access to quality education services throughout the lifespan for people with I/DD &amp;/or cross-disabilities</b> | true     |
| <b>Policy-makers &amp;/or legislators/staff will have knowledge when considering/proposing policy changes about education-related issues regarding people with I/DD &amp;/or cross-disabilities</b>                           | true     |
| <b>Policy-makers considering proposed policy changes will have knowledge about the importance of access to education services throughout the lifespan for people with I/DD &amp;/or cross-disabilities</b>                    | true     |

**13. Progress towards achieving outcomes for overall objective : The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.**

In California, education, with its broad array of related supports and services, is a critical component of life for children, young adults and family members living with I/DD and/or cross-disabilities. Although the education system provides initial assessments and ongoing academic and related services, it also serves in providing valuable linkages to community-based supports and services and referrals for children and families alike.

Legislation, laws, regulations and policies provide the underpinning for good practices, in regard to accessing education and successful transition(s) into adult systems of service (throughout the lifespan), leading to secondary education, independent living and employment supports and other expanded opportunities. While the Council successfully met its targeted activities for this objective, it also recognizes that ongoing monitoring and legislative/policy work is necessary for the protection of current educational access and rights for moving forward the work of Council on behalf of people with I/DD and/or cross-disabilities. The Council is well-positioned, both in its relationships with constituents and policymakers (at legislative, regional and local levels), to continue to participate in the process of advocating and influencing policy on behalf of people with disabilities throughout the state.

**14. Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).**

N/A

## Individual & Family Advocacy Performance Measure

### Description

Early Intervention, Education, Transition & Post-Secondary Education



Race/Ethnicity

| <b>Race/Ethnicity</b>                                     | <b>#</b> | <b>%</b> |
|---|----------|----------|
| <b>White, alone</b>                                       | 0        |          |
| <b>Black or African American alone</b>                    | 0        |          |
| <b>American Indian and Alaska Native alone</b>            | 0        |          |
| <b>Hispanic/Latino</b>                                    | 0        |          |
| <b>Asian alone</b>  | 0        |          |
| <b>Native Hawaiian &amp; Other Pacific Islander alone</b> | 0        |          |
| <b>Two or more races</b>                                  | 0        |          |
| <b>Race unknown</b>                                       | 0        |          |

Gender

| <b>Gender</b> | <b>#</b> | <b>%</b> |
|---------------|----------|----------|
| <b>Female</b> | 0        |          |
| <b>Male</b>   | 0        |          |
| <b>Other</b>  | 0        |          |

Category

| Category           | # | % |
|--------------------|---|---|
| Individual with DD | 0 |   |
| Family Member      | 0 |   |

Geographical

| Geographical | # | % |
|--------------|---|---|
| Urban        | 0 |   |
| Rural        | 0 |   |

I. Output Measures

| Objective   | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|---|---|---|
| The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to services which support inclusive education.* | 3187  | 7841  |

| Objective   | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|---|---|---|
| <p><b>The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans that lead to employment, post-secondary education &amp;/or independent living options &amp; opportunities.*</b></p> | <p>1376</p>   | <p>1819</p>   |
| <p><b>The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.*</b></p>   | <p>1404</p>   | <p>4568</p>   |

| Objective   | Performance Measure : IFA 1.1 People with DD who participated in activities | Performance Measure : IFA 1.2 Family members who participated in activities |
|---|---|---|
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD.* | 7   | 196   |
| Total # of Output Respondents   | 5974  | 14424   |

II. Outcome Measures

| Performance Measures                                     | Percent (%) |
|--|-------------|
| IFA 2.1 Percent of people with DD who increased advocacy | 97          |
| IFA 2.2 Percent of family members who increased advocacy | 94          |

Sub-Outcome Measures : The number (#) of people who are better able to say what they want/say what is important to them

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <p><b>The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to services which support inclusive education.*</b></p>   | <p>3091</p>                                     | <p>7606</p>             |
| <p><b>The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans that lead to employment, post-secondary education &amp;/or independent living options &amp; opportunities.*</b></p> | <p>1335</p>                                     | <p>1764</p>             |

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.*</b>   | 1390  | 4522                    |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD.*</b> | 0   | 0                       |
| <b>Total # of Sub-Outcome Respondents</b>  | 5816  | 13892                   |
| <b>IFA 2.3 Percent of people better able to say what they need</b>   | 97  | 96                      |

Sub-Outcome Measures : The number (#) of people who are participating in advocacy activities

| <b>Projects</b>   | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|---|---|-------------------------|
| <p><b>The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to services which support inclusive education.*</b></p>   | <p>2805</p>                                     | <p>6900</p>             |
| <p><b>The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans that lead to employment, post-secondary education &amp;/or independent living options &amp; opportunities.*</b></p> | <p>1404</p>                                     | <p>1819</p>             |

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.*</b>   | 1404  | 4568                    |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD.*</b> | 0   | 0                       |
| <b>Total # of Sub-Outcome Respondents</b>  | 5613  | 13287                   |
| <b>IFA 2.4 Percent of people participating in advocacy activities</b>  | 94  | 92                      |



Sub-Outcome Measures : The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.

| Projects  | # People with developmental disabilities | # Family Members |
|---|--|------------------|
| <p><b>The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to services which support inclusive education.*</b></p>   | <p>2071</p>                              | <p>5096</p>      |
| <p><b>The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans that lead to employment, post-secondary education &amp;/or independent living options &amp; opportunities.*</b></p> | <p>523</p>                               | <p>691</p>       |

| <b>Projects</b>  | <b># People with developmental disabilities</b> | <b># Family Members</b> |
|--|---|-------------------------|
| <b>The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.*</b>   | 828   | 2695                    |
| <b>The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD.*</b> | 0   | 0                       |
| <b>Total # of Sub-Outcome Respondents</b>  | 3422  | 8482                    |
| <b>IFA 2.5 Percent of people on cross disability coalitions</b>  |   | 59                      |

**IFA 3 The percent of people satisfied with a project activity\***

96.5

**IFA 3.1 Percent of people with DD satisfied with activity\***

98

**IFA 3.2 Percent of family members satisfied with activity\***

95

## System Change Performance Measures

### Description

Early Intervention, Education, Transition & Post-Secondary Education

SC 1: Output Measures - The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

| Objective  | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number<br>of<br>promising<br>practices<br>created | SC 1.3.2<br>Number<br>of<br>promising<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number<br>of best<br>practices<br>created | SC 1.3.4<br>Number<br>of best<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3<br>The<br>number of<br>promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number<br>of<br>people<br>trained/<br>educated | SC 1.5<br>Number of<br>Systems<br>Change<br>activities<br>with other<br>organizations |
|--|--|---|---|---|---|---|--|--|---|
| The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to services which support inclusive education. | 0  | 0   | 2   | 2   | 1   | 164   | 169  | 3401   | 145   |

| <b>Objective</b>  | <b>SC 1.1<br/>Number of<br/>policy/<br/>procedures<br/>created/<br/>changed</b> | <b>SC 1.2<br/>Number of<br/>statutes/<br/>regulations<br/>created/<br/>changed</b> | <b>SC 1.3.1<br/>Number<br/>of<br/>promising<br/>practices<br/>created</b> | <b>SC 1.3.2<br/>Number<br/>of<br/>promising<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3.3<br/>Number<br/>of best<br/>practices<br/>created</b> | <b>SC 1.3.4<br/>Number<br/>of best<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3<br/>The<br/>number of<br/>promising<br/>and/or<br/>best<br/>practices<br/>created<br/>and/or<br/>supported</b> | <b>SC 1.4<br/>Number<br/>of<br/>people<br/>trained/<br/>educated</b> | <b>SC 1.5<br/>Number of<br/>Systems<br/>Change<br/>activities<br/>with other<br/>organizations</b> |
|---|---|--|---|--|--|---|--|--|--|
| <b>The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans that lead to employment, post-secondary education &amp;/or independent living options &amp; opportunities.</b> | 1   | 0  | 0   | 96   | 0  | 0   | 96   | 2181   | 129  |

| <b>Objective</b>  | <b>SC 1.1<br/>Number of<br/>policy/<br/>procedures<br/>created/<br/>changed</b> | <b>SC 1.2<br/>Number of<br/>statutes/<br/>regulations<br/>created/<br/>changed</b> | <b>SC 1.3.1<br/>Number<br/>of<br/>promising<br/>practices<br/>created</b> | <b>SC 1.3.2<br/>Number<br/>of<br/>promising<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3.3<br/>Number<br/>of best<br/>practices<br/>created</b> | <b>SC 1.3.4<br/>Number<br/>of best<br/>practices<br/>supported<br/>through<br/>Council<br/>activities</b> | <b>SC 1.3<br/>The<br/>number of<br/>promising<br/>and/or<br/>best<br/>practices<br/>created<br/>and/or<br/>supported</b> | <b>SC 1.4<br/>Number<br/>of<br/>people<br/>trained/<br/>educated</b> | <b>SC 1.5<br/>Number of<br/>Systems<br/>Change<br/>activities<br/>with other<br/>organizations</b> |
|---|---|--|---|--|--|---|--|--|--|
| <b>The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.</b> | 1   | 0  | 5   | 1  | 5  | 186   | 197  | 1748   | 101  |

| Objective  | SC 1.1<br>Number of policy/<br>procedures<br>created/<br>changed | SC 1.2<br>Number of statutes/<br>regulations<br>created/<br>changed | SC 1.3.1<br>Number of<br>promising<br>practices<br>created | SC 1.3.2<br>Number of<br>promising<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3.3<br>Number of best<br>practices<br>created | SC 1.3.4<br>Number of best<br>practices<br>supported<br>through<br>Council<br>activities | SC 1.3<br>The<br>number of<br>promising<br>and/or<br>best<br>practices<br>created<br>and/or<br>supported | SC 1.4<br>Number of<br>people<br>trained/<br>educated | SC 1.5<br>Number of<br>Systems<br>Change<br>activities<br>with other<br>organizations |
|--|--|---|--|--|--|--|--|---|---|
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD. | 3  | 2   | 3  | 0  | 0  | 10   | 13   | 257   | 7   |

Systems Change SC 2: Outcome Measures

| Outcome Measures                            | Number(#) |
|---|-----------|
| SC 2.1 - Efforts that led to improvements * | 33        |

| Outcome Measures                                | Number(#) |
|---|-----------|
| <b>SC 2.2 - Efforts that were implemented *</b> | 336       |

Sub-Outcome Measures

| Objective   | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|---|--|---|---|--|
| <b>The Council, in consultation with its federal partners and other stakeholders, will increase awareness and knowledge for families and self-advocates about the availability of and access to services which support inclusive education.</b> | 0  | 0   | 0   | 115  |



| Objective  | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|--|--|---|---|--|
| <p><b>The Council, in consultation with its federal partners and in collaboration with educators and stakeholders, will increase information and technical assistance to prepare and empower students, families and professionals in developing individualized transition plans that lead to employment, post-secondary education &amp;/or independent living options &amp; opportunities.</b></p> | 0  | 0   | 0   | 83   |

| Objective  | SC 2.1.1 Policy, procedure, statute, regulation improvements | SC 2.1.2 Policy, procedure, statute, regulation implemented | SC 2.1.3 Number of improved promising or best practices | SC 2.1.4 Number of implemented promising or best practices |
|--|--|---|---|--|
| The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.   | 0  | 0   | 0   | 128  |
| The Council, in consultation with its federal partners, will increase identification, advocacy and/or sponsorship of legislative, regulatory, policy, procedure and/or practice changes to increase access to quality education services throughout the lifespan for people with I/DD. | 5  | 3   | 28  | 7  |

**Section V: Council Financial Information**

\* - Required input

**Council is its own DSA**

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No  
Fiscal Information for Programmatic Purposes ONLY

**1. Fiscal Year: \***  
2017

**2. Reporting Period - Start\***  
10-01-16

**2. Reporting Period - End\***  
09-30-17

**3. Total Federal Fiscal Award for Reporting Year\***  
7499029

**4. State Funds Contributing to Council State Plan Activities\***  
230000

**5. Additional Council Funds Used for Other Activities\***  
0

**6. Federal Share of Expenditures\***  
6525612

**7. Federal Share of Unliquidated Obligations\***  
0

**8. Unobligated Balance of Federal Funds (=Total Federal Fiscal Year Award - Federal Share of expenditures - Federal Share of unliquidated obligations)\***

1274772.2

**9. Match Required\***

230000

**10. Match Met\***

230000

**11. Match Unmet\***

0

Fiscal Information for Programmatic Purposes ONLY

**1. Fiscal Year: \***

2016

**2. Reporting Period - Start\***

10-01-15

**2. Reporting Period - End\***

09-30-16

**3. Total Federal Fiscal Award for Reporting Year\***

6682670

**4. State Funds Contributing to Council State Plan Activities\***

230000

**5. Additional Council Funds Used for Other Activities\***

0

**6. Federal Share of Expenditures\***

6492863

**7. Federal Share of Unliquidated Obligations\***

0

**8. Unobligated Balance of Federal Funds (=Total Federal Fiscal Year Award - Federal Share of expenditures - Federal Share of unliquidated obligations)\***

304841.7

**9. Match Required\***

230000

**10. Match Met\***

230000

**11. Match Unmet\***

0

Fiscal Information for Programmatic Purposes ONLY

**1. Fiscal Year: \***

2015

**2. Reporting Period - Start\***

10-01-14

**2. Reporting Period - End\***

09-30-15

**3. Total Federal Fiscal Award for Reporting Year\***

6459004

**4. State Funds Contributing to Council State Plan Activities\***

230000

**5. Additional Council Funds Used for Other Activities\***

0

**6. Federal Share of Expenditures\***

6635451

**7. Federal Share of Unliquidated Obligations\***

0

**8. Unobligated Balance of Federal Funds (=Total Federal Fiscal Year Award - Federal Share of expenditures - Federal Share of unliquidated obligations)\***

974237.94

**9. Match Required\***

230000

**10. Match Met\***

230000

**11. Match Unmet\***

0

**Dollars leveraged for the reporting year being reported\* 330492**

## Section VI: Measures of Collaboration

\* - Required input

**Identify the critical issues/barriers affecting individuals with developmental disabilities and their families in your State that the Council and the P&A, the Council and the UCEDD, the Council and other collaborators may have worked on during the reporting period**

### **Presenting Issue**

Councils, family/self-advocates, service providers and others throughout the country were rocked by recent attempts to drastically cut America's Medicaid benefits. Such measures would have resulted in heartbreaking changes in people's lives and in their capacity to live independently and safely in communities and homes of their choice. For many, the proposed changes could have represented a death sentence. Each of California's UCEDDs, its Protection and Advocacy agency (DRC), and the Council on Developmental Disabilities works independently and in concert to address such life-changing issues and immediately addressed the Medicaid crisis, which threatened elders, persons with disabilities, and impoverished, at-risk families.

In advocating at the federal level for continued health benefits and adequate coverage for people with I/DD in California, the Council reached out to its federal partners and, through them – reached and heard from hundreds of family/self-advocates by soliciting letters and stories describing critical health needs experienced by California's citizens with I/DD and/or cross-disabilities. Because of this mass, collaborative mobilization effort, the Council delivered more than 600 personal letters to members of the Senate and Congress, in addition to the Senate Finance Committee, where they were entered into the public record. Family/self-advocates described what Medicaid meant to them – and what would happen if that health care coverage were to be cut, eliminated or substantially changed. While the planned, massive Medicaid cuts were successfully diverted, the Council and its federal partners remain vigilant and responsive to the risks posed to California's most vulnerable citizens, due to real or potential and sweeping federal cuts to critical health protections.

Identify the Area of Emphasis collaboratively addressed by DD Network

- 1. Quality Assurance** true
- 2. Education and Early Intervention** true

- 3. **Child Care** false
- 4. **Health** true
- 5. **Employment** true
- 6. **Housing** true
- 7. **Transportation** false
- 8. **Recreation** false
- 9. **Quality of Life** true
- 10. **Other - Assistive Technology** false
- 11. **Other - Cultural Diversity** true
- 12. **Other - Leadership** true
- 13. **Other - Please specify** true

**Specify**

Public Safety - Law enforcement, administrators and field personnel

- 14. **Other - Please specify**

- 15. **Other - Please specify**

Strategies Collaboratively implemented by DD Network

**The report should include a narrative progress report that cohesively describes the activities that were implemented by the Council and the P&A, the Council and the UCEDD, the Council and other collaborators.DD Network. For at least one of the issues/barriers identified above describe: (a) the issue/barrier; (b) collaborative strategies to address issue/barrier and expected outcome(s); (c) the DDC's specific role and responsibilities in this collaborative effort. Include any technical assistance expertise DD Council staff can provide to other States in this area; (d) briefly identify problems encountered as a result of this collaboration, and technical assistance, if any, desired; and (e) any unexpected benefits of this collaborative effort.**



## **Introduction**

The Council has a productive working relationship with the DD Act federal partners, both as individual partner agencies and as a full collaborative unit. Many of the individual collaborative activities were replicated with two or more partners (e.g. collaboration on development of 5-year strategic plans for USC and UCLA's UCEDDs, etc.). There was also some overlap with the Council's targeted goal areas and the UCEDDs' goal areas, regarding employment, health and public safety and access to generic services. A tremendous amount of collaboration occurred on a direct project level, with joint training/presentations, special events, and/or community projects.

The Council's Director sits on and participates in the Community Advisory Committees of its federal partners. The federal partners' Directors meet with the State Council's Director quarterly, either in person or by teleconference, in addition to attendance at bi-monthly Council meetings. Teleconferencing is used to establish and track state-level projects and activities. Local projects are coordinated and executed through the effort of and communication with the Council's regional management staff.

California was chosen to participate in a major statewide policy-level endeavor with the State Council on Developmental Disabilities (SCDD) and its federal partners in the *Community of Practice on Cultural and Linguistic Competence in Developmental Disabilities* system transformation 5-year initiative through Georgetown University, described in the narrative for 6.1. This technical assistance grant is designed to increase cultural competency within the DD system throughout California, with the additional bonus of fostering effective collaboration between the Council, California's three UCEDDs, and its P&A agency (Disability Rights California [DRC]), as well as participation by the Department of Developmental Services.

### **Tarjan Center at UCLA (UCEDD)**

As a driving force behind California's groundswell support of competitive, integrated employment (CIE) for people with I/DD and/or cross-disabilities, the Tarjan Center at UCLA has lent its expertise to the Council's Employment First Committee, following the development of the CIE Blueprint. Through the work of the Council and its federal and state agency partners, state-level limitations affecting the sharing of valuable employment-related data have been lifted. This significant change will allow the Council to access and report current information about people with I/DD, employment rates, and use of public entitlements, to update California's (Council-hosted) Employment Data Dashboard. This was a collaborative effort of the Council, the Tarjan Center at UCLA (UCEDD), EDD, DOR, DSS, and California's State Franchise Tax Board, Senate, Assembly and Governor Brown.

### **USC Children's Hospital Los Angeles (UCEDD)**

The Council has partnered with USC, CSULA, and DOR to propose a model CalPROMISE program to launch a pilot pre-vocational training at CHLA. This program will target 12-20 people with I/DD, aged 16 to 18. Once in place, the proposed model may serve as a feeding program to prepare CHLA patients for Project SEARCH. CSULA and CHLA are seeking funding to support the pilot project and access transition support and services from a consortium of special education and vocational rehabilitation programs and regional centers.

### **UCD MIND Institute (UCEDD)**

The UC Davis MIND Institute is part of the California Autism Professional Training and Information Network (CAPTAIN), a network devoted to supporting evidence-based practices (EBPs) in working with people with ASD. In response to specific community needs, the Council engaged the support of the UCD MIND Institute (UCEDD) in bringing faculty (Dr. Randi Hagerman, M.D.) to be the featured speaker for the annual Autism Conference, sponsored by the Marin Autism Collaborative (MAC), on which the Council's regional staff participates. Dr. Hagerman provided information about treatment for ASD and Fragile X Syndrome, based on new research. The MIND Institute's research on autism-related disorders is well-respected in the field. While the Institute sponsors an annual Distinguished Lecturer series on its Sacramento campus, other regions in California are particularly motivated to obtain speakers from the UCEDD, to present new treatments and findings in the field of neurodiversity and/or neurodevelopmental disorders.

The Council also helped to sponsor the UCD Mind Summer Institute (*Neurodevelopmental Disorders: Research to Practice*), reaching and providing resources to approximately 250 attendees.

### **Disability Rights California (DRC)**

As California's protection and advocacy agency, DRC has been a powerful force in developing and defending civil protections on behalf of people with I/DD and/or cross-disabilities. The Council has continued to collaborate with DRC in the ongoing closing of California's DCs, partnering to provide family/self-advocates with training and information about self-governance and the process of safely relocating residents to communities and homes of their choice throughout the state. The Council has also successfully leveraged significant state funding in pursuit of these efforts and in support of the federal goal of transitioning people into fully integrated community-based settings.

### **Other Collaborative Efforts**

The Council has done extensive work (described more fully in Objective 1.1) on the Self-Determination Program (SDP), both statewide and regionally, with the Department of Developmental Services (DDS) and California's 21 regional centers.

The UCD MIND Institute collaborated with SCDD in reviewing and scoring community development grants in the areas of self-advocacy, transition services, and public safety.

SCDD hosted a meeting with all federal partners and the Independent Living ACL grantees to identify areas of shared interest, including voting accessibility.

SCDD trained DRC attorneys in open meeting laws that apply to California state entities. SCDD and DRC are partners in monitoring conditions within DCs and the process of transitioning those residents to the community as the state moves forward to close its 3 remaining developmental centers. The Council and DRC also began a collaboration with Stanford Law School to identify ways in which Stanford can contribute legal research to identify and support the legal rights of individuals with I/DD under California law, should the federal government greatly reduce federal Medicaid funding.

The Council's Employment First Committee continues to identify UCLA Tarjan Center employment goals for implementation. These goals are the result of the Competitive Integrated Employment Project of National Significance received by UCLA. As UCLA completes that project, SCDD will carry on its work to implement those recommendations.

As described in Objective 3.2, the Council worked with the state Departments of Public Health (DPH), Health and Human Services (DHHS), Health Care Services (DHCS), and Developmental Services (DDS) on the HCBS Advisory Workgroup. Additionally, CDCAN and legislative analysts (with both the state's Assembly and Senate) provided substantive input, assistance, and collaboration in this work. The Council collaborated with the state Department of Education in activities associated with education and early intervention (Objective 5.1). Finally, as noted in Objective 5.3, the Council enlisted the collaborative efforts of the Welfare Directors' Association to address issues associated with transitioning foster youth with I/DD.