State Council on Developmental Disabilities

Community Outreach & Regional Advisory Committee Meeting

Wednesday, February 26, 2020
Networking 6:30-7:00PM    Meeting 7:00-9:00PM

Millbrae Library
1 Library Ave, Millbrae, CA

Collaboration is key! We invite members of the community to share input, issues and concerns. All are welcome.

Featured this meeting:
Overview and Discussion on Long-Term Services and Supports (LTSS): What are they, why they are important, and what advocacy is needed to protect them.

For Information: State Council on Developmental Disabilities Bay Area Regional Office
510-286-0439 or bayarea@scdd.ca.gov
1515 Clay St. Suite 300 Oakland, CA 94612

Pursuant to Government code Sections 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in this meeting should contact 510-286-0439, five business days prior to the meeting. The agenda will be posted at the Bay Area Office Website http://scdd.ca.gov/bayarea

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STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
BAY AREA REGIONAL ADVISORY COMMITTEE (RAC) MEETING & COMMUNITY OUTREACH

NOTICE & AGENDA*

Date Wednesday, February 26, 2020

Time Networking 6:30pm – 7:00p, Meeting 7:00pm – 9:00pm

Locations Meeting Site:
Millbrae Library
1 Library Avenue
Millbrae, CA

Satellite Site, Marin County:
Hosted by RAC member Janet Miller
Integrated Community Services
3020 Kerner Blvd. Ste. A
San Rafael, CA
Contact phone number: 415.455.8481
This Regional Advisory Committee Notice & Agenda is posted:
http://www.scdd.ca.gov/bayarea/

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Please refrain from wearing scented products at this meeting, thank you.

7:00p Call to Order
    Introductions / Establishment of Quorum    Bittner

7:05p Approval of the December 2019 Meeting Minutes    Bittner

7:15p Public Comment

An invitation to provide the public an opportunity to comment and/or present information to the Committee on any matter that is not on the agenda. Each public member has up to 3 minutes to speak. Written requests will be considered first. The Committee will provide a public comment period not to exceed 5 minutes total for all public comments prior to action on any agenda item.
7:25p An Overview and Brief Discussion on Long Term Services and Supports (LTSS) & LTSS Advocacy Needs

Hear a brief overview of what LTSS looks like in CA and the discuss the advocacy work being done to help ensure LTSS are available and accessible to those in need.

7:40p Member Reports: SCDD Bay Area Regional Advisory Committee & SCDD Councilmembers

Hear updates from RAC members and Councilmembers on their regional and statewide advocacy work, and their priorities.

8:25p Reports

- Regional Center Reports
- County Developmental Disabilities Councils Reports
- People First Report
8:55p Other Announcements & Agenda Items for Future Meetings

An opportunity of members of the community to bring up ideas, needs, issues and concerns.

9:00p Meeting Adjourned

*All times indicated, and the order of business are approximate and subject to change. Any agenda items have the potential to be brought for a vote.
State Council on Developmental Disabilities
Bay Area Regional Advisory Committee (RAC) Meeting
December 4, 2019 Minutes DRAFT

Main Location: Alameda County – Regional Center of the East Bay San Leandro
Office, 500 Davis Street, First Floor, Griffin A Conference Room, San Leandro.

Committee Members Present: Sascha Bittner (SA), Elizabeth Grigsby (SA), John Marble (SA), Marla Silversmith (FA), Pam Perls (FA), Christina Lasson (SA), Dianne Millner (FA), Francisco Garcia (FA),

State Council Members Present: Francis Lau (FA)

Committee Members by Phone: Regina Woodliff (SA)

Committee Members Absent: Janet Miller (FA), Kate Rauch (FA)

Guests Present: Jerry Grace (SA – Northern Alameda People First (NAPF)), Laurie Stevens (U.S. Census Bureau), Adrienne Shakir (Joshua’s Gift), Mizpah Brown-Rich (Joshua’s Gift), Erica Buhrmann (Behavioral and Developmental Nutrition), Eric Zigman (Golden Gate Regional Center (GGRC)), Lisa Kleinbub (RCEB), Sara Desumala (SA - People First San Francisco (PFSF)), Patrick MacKay (SA (NA), Vi Ibarra (Developmental Disabilities Council, Contra Costa County), Carmen Sandoval (Center for Independent Living), Lashawn Tolliver (SA), Amanda Pyle (GGRC)

Guests by Phone: Jeff Kerr (FA – Science on the Spectrum), Sandi Soliday (Alameda County Developmental Disabilities Council (ACDDC))

Staff: Sheraden Nicholau, Angel Marshall, Ron Usac, and Valerie Buell

7:00p Call to order/Introductions

7:06p Approval of Meeting Minutes:
    September 25, 2019
    Moved: Marla Silversmith
    Seconded: Elizabeth Grigsby
    Vote: All Ayes

7:07p Public Comments:
    • Jerry Grace shared People First of California (PFCA) will give information in January about the upcoming Conference/Jamboree to be held in June.
    • Laurie Stevens shared the importance of the U.S. Census and making sure members of the disability community are included in the count, the accessibility tools they have, and how it affects representation in Congress. The census work starts this March and ends July 31st, 2020. They are recruiting and will assist applicants when needed. They are also looking into having Questionnaire Assistance Centers for those who need assistance with the census.
    • Mizpah Brown-Rich shared how Joshua’s Gift helps find social opportunities for children with autism and their families to get out into the community. She shared many of the things they are doing in the community to make it more inclusive, including partnering with various professional sports teams in the Bay Area and pushing to make Bay Area sports venues more sensory-friendly. There will be a fundraising gala on March 31, 2020; more info will be eblasted in the future.

7:19p Sheraden Nicholau gave an overview of the trends and themes collected from the community to include in the October 2019 to September 2020 priority work areas for the Bay Area Regional Office of the State Council on Developmental Disabilities. Some highlights are;
• Trends: Supporting diverse employment, access to healthcare and mental healthcare, self-determination & person-centered thinking & planning, voting & census rights, housing, Transportation, Abuse Prevention, Post-Secondary Education, Benefits & End of Life Planning, using technology, identity and intersectionality, law enforcement training, public safety, leadership training, and understanding systems.
• Comments:
  o The autism community, particularly autistic persons of color, are not seeing a lot of movement on law enforcement having received better training to engage with persons with autism. Something to do more work on.

7:40p RAC Members and guests filled out the State Council on Developmental Disabilities Five Year State Plan development surveys.

8:15p Member Reports: RAC members and Councilmember Lau reported on their regional and statewide advocacy work and priorities. Some highlights were:
• Dianne Millner: On November 16th in San Francisco, attended the Autism Society Conference.
• Marla Silversmith: Working in school systems on disproportionality of services and supports.
• Francis Lau: November 14th attended the last State Council meeting of 2019 where Aaron Carruthers gave a summary of work done during the 2018-2019 Federal Fiscal year. March 2nd is when SCDD expects to send out the Request for Proposals for the next Regional Grant Cycle.
• Christina Lasson: Focused on getting donations for the 2019 Celebration of Self-Advocacy and reached out to five new sources.
• Elizabeth Grigsby: Continuing advocacy through her role at GGRC and is involved with CADA, a cross-disability advocacy coalition. One area of interest--- connecting with more disability-led organizations.
• Francisco Garcia: Continuing advocacy with the family support groups. We need to keep the families informed of rights and how to access services.
• Pam Perls: Appointed to the Developmental Services (DS) Taskforce and is appointed on two of the statewide workgroups.
• Sascha Bittner: Met with Assemblymember Kevin Mullin and focused on voting, census, and transportation, and told about paratransit and trying to get to the RAC meeting in San Mateo.
• John Marble: Was Master of Ceremonies at the Gala for the Autistic Self-Advocacy Network in Washington, D.C., and continuing to work on employment policy and advocacy.
• Kate Rauch’s report, read by Ron Usac: During the Pacific Gas & Electric power shut offs, worked closely with Contra Costa County’s Employment and Human Services Department on messaging and communicating for vulnerable populations.

8:47p Reports Highlights:
• Regional Center Reports Highlights:
  o Eric Zigman gave the report for GGRC, including:
    ▪ The work of SPAC: Service Provider Advisory Committee and its Chair, Abby Yim, have been challenging the GGRC service provider group to think about the ways and be more intentional in the way GGRC recruiters talk about the field and recruit staff and focus more on social justice.
    ▪ GGRC is doing more community forums; community feedback has largely been about reaching and communicating with case managers when needed.
    ▪ GGRC has a group called The Advocats made up of people served, families, GGRC staff members and The ARC of San Francisco staff members. They set up meetings with State Senators and Assembly members.
    ▪ The SF Chronicle put out an article about housing needs, and a housing project in development from The Kelsey at Civic Center. This development will feature 120 units and will include set aside for GGRC-served individuals.
  o Lisa Kleinbub gave the report for RCEB, including:
    ▪ Power outages that happened this last fall were a challenge for the community, and the warnings that there would be a power outage were a wakeup call to
make plans for individuals depending on needs, looking into having back up supplies and power in the community and at the regional center, should this happen again.

- RCEB received funding for multi-family housing that will be used with a development in Berkeley that will be inclusive and provide 15 units for RCEB clients.
- The Department of Developmental Services (DDS) recently selected a second round of people for Self-Determination and prioritized siblings, people over 42 years of age, and people who were connected to the advisory committee.

- **DD Council Reports Highlights:**
  - Sandi Soliday gave a report for Alameda County, including:
    - Hiring for her position through Public Health has been delayed, once again.
  - Vi Ibarra gave a report for Contra Costa County, including:
    - Independent Facilitator Trainings have been scheduled in the Alameda & Contra Costa Counties, in partnership with SCDD Bay Area Office and the RCEB Self-Determination Local Advisory Committee. These are the first trainings and there may be more to come, especially in other languages.

- **Bay Area People First:**
  - If anyone would like to attend the People First Holiday Party later this month, it is a potluck and bring a $5.00 gift.

**Upcoming Events reported:**
- 2/10/2020 to 2/16/2020 – Community Support Night(s) at Claim Jumper, 43330 Pacific Commons Blvd, Fremont, any time between 11:00 AM to 9:30 PM 15% of pretax meal and beverage will be donated to Joshua’s Gift.
- 1/31/2020 - Legislative Breakfast for Alameda & Contra Costa County residents at Regional Center of the East Bay 500 Davis Street, Griffin A Conference Room, San Leandro
- 12/11/2019 – Autistic Women’s Alliance will have their first virtual meetup
- 12/11/2019 – Alameda County Developmental Disabilities Council Meeting
- 3/14/2020 – Alameda County Transition Fair, College of Alameda,
- 12/21/2019 – People First will have a meeting and then a holiday party at the Cesar Chavez Library.

9:10p Meeting Adjourned

Documents referenced were in the RAC packets and in the handouts at the meeting for guests. They can also be found on the website [www.scdd.ca.gov/bayarea.htm](http://www.scdd.ca.gov/bayarea.htm)

**Follow up items brought up in meeting:**

- More law enforcement training and education about the criminal justice system (both statewide and specific to the Bay Area)

- We need more disability organizations run by people with disabilities (representation in leadership)

- IDD Services Systems Reform
Principles: Universal/Integrated Long-Term Services and Supports

Publication #1048.01 – Adopted 09/15/2018

BACKGROUND

Long-term services and supports (LTSS) refer to the daily living supports that people with disabilities and older adults need. LTSS includes home and community-based services (HCBS), which are the overwhelming preference of service delivery for the disability community and older adults. Most LTSS is funded through Medicaid, called Medi-Cal in California. LTSS includes In-Home Supportive Services (IHSS), Medicaid Home and Community Based Services Waivers (Waivers), Community Based Adult Services (CBAS), and institutional settings such as nursing facilities. These Universal/Integrated LTSS principles incorporate and complement the concepts in the following existing DRC Principles:

- Health Care and Long-Term Services and Supports (No. 1045, Amended 1/26/18)
- Community Integration (No. 1018, Amended 3/24/17)
- Public Benefits (No. 1043, Revised 9/17/16)
- Personal Assistance (No. 1007, Amended 6/21/14)
- Personal Autonomy (No. 1024, Amended 9/16/17)
- Cultural and Linguistically Competent Services (No. 1044, Amended 9/16/17)
- Disability Discrimination (No. 1008, Amended 12/15/16)
PRINCIPLES

Any proposals for universal LTSS, and/or integration of LTSS financing, coordination, or delivery of LTSS must assume the following:

1. Eliminate institutional bias and instead prioritize and incentivize HCBS, as required by the integration mandate of the Americans with Disabilities Act and the United States Supreme Court decision in *Olmstead v. L.C*.

2. LTSS planning, assessments, and service delivery must be consumer-driven, promote consumer participation, and offer consumers the full range of available options in order to make informed choices. Consumers have the right to refuse treatment or services, including case/care management, and the right to due process. Shared decision-making works best when a person who needs services trusts the person or people providing services.

3. Proposals for LTSS must maximize available federal financial participation, promote cost-efficiency through use of HCBS programs, and comply with federal requirements for HCBS. New proposals must not supplant existing HCBS funds, and priority for new proposals should be to ensure that limited funds serve the most people with the most need in the most cost-effective manner, while ensuring choice and independence of consumers. Existing programs with demonstrated success, such as the California Community Transitions program, should be maintained. A priority should be placed on programs to protect the income of consumers who want to move to or to live in the community (e.g., home upkeep allowance increase, extension of SSI temporary institutionalization benefits).

4. LTSS must be accessible to and useable by individuals with disabilities, including physical, programmatic, and communication and informational access. All information and services, including provider sites, medical diagnostic equipment, and informing materials, must be accessible to persons with disabilities. Disabilities vary and accessibility may mean different things in different settings, but the requirements are not different. Accessibility is essential.

5. LTSS must be linguistically and culturally appropriate, including offering services that meet the needs and preferences of diverse
cultural communities, and offering information and communication as needed in the language of the individual’s choice.

6. To the extent that managed health care organizations have responsibility for LTSS:
   
   a. Mandatory covered benefits must include the full range of HCBS LTSS, without a bias towards institutional settings in payment rates or funding structures;

   b. Case/care management, service coordination and benefits options must be provided through the social model, not the medical model;

   c. There must be safeguards in place to ensure that services are authorized based on consumer preference and need, rather than on funding limits;

   d. Providers must be of high quality, must be reimbursed at rates sufficient to enable provision of quality services, and must be sufficient in number and readiness to meet beneficiaries’ needs.

7. Case/care management must be conflict-free, including assessments and development of care plans, and administration of LTSS programs must protect consumers’ rights, improve access to services, and promote delivery of high quality services that are aligned with consumers’ preferences. Case/care management must effectively assist consumers to coordinate resources, including public benefits, housing, medical care, employment, circles of support, etc.

8. There must be standards for, and monitoring of, quality measures for LTSS that assess the impact of current programs and new, proposed, service delivery systems. New proposals must be data-driven based on needs and preferences of affected consumers.
California: 2017 Long-Term Services and Supports Scorecard Results


Purpose: The Scorecard aims to pick up the pace of improving LTSS and measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in all states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

Results: The Scorecard examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 25. It also measures changes in performance since the second Scorecard (2014), wherever possible (on 23 of the 25 indicators). The table below summarizes current performance and change in performance at the dimension level. State ranks on each indicator appear on the next page.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Rank</th>
<th>Number of Indicators with Trend*</th>
<th>Number of Indicators Showing:**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Substantial Improvement</td>
</tr>
<tr>
<td>OVERALL</td>
<td>9</td>
<td>23</td>
<td>6</td>
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<tr>
<td>Affordability &amp; Access</td>
<td>19</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Choice of Setting &amp; Provider</td>
<td>3</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Quality of Life &amp; Quality of Care</td>
<td>21</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Support for Family Caregivers</td>
<td>8</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Effective Transitions</td>
<td>22</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

*Trend cannot be shown if data are missing for either the current or baseline data year. In each state, 20 to 23 indicators have enough data to calculate a trend. **See full report for how change is defined.

Impact of Improved Performance: If California improved its performance to the level of the average of the top-five-performing states,

- 773,247 more place-based subsidized units and vouchers would be available to help low-income people with LTSS needs afford housing;
- 176,180 more people of all ages would receive Medicaid LTSS to help them with daily activities;
- 48,584 more home health and personal care aides would be available to provide care in the community;
- 19,595 more low-/moderate-income adults with disabilities would have Medicaid coverage;
- $573,100,000 more would go to home-and community-based services instead of nursing homes.
### California: 2017 State Long-Term Services and Supports Scorecard Dimension and Indicator Data

<table>
<thead>
<tr>
<th>Dimension and Indicator (Current Data Year)</th>
<th>Baseline Rate</th>
<th>Current Rate</th>
<th>Rank</th>
<th>Change</th>
<th>All States Median</th>
<th>Top State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERALL RANK</strong></td>
<td></td>
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<tr>
<td>Median annual home care private pay cost as a percentage of median household income age 65+ (2015-2016)</td>
<td>243%</td>
<td>249%</td>
<td>34</td>
<td></td>
<td>233%</td>
<td>164%</td>
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<tr>
<td>Median annual home care private pay cost as a percentage of median household income age 65+ (2015-2016)</td>
<td>82%</td>
<td>77%</td>
<td>19</td>
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<td>81%</td>
<td>46%</td>
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<tr>
<td>Private long-term care insurance policies in effect per 1,000 people age 40+ (2015)</td>
<td>49%</td>
<td>46%</td>
<td>27</td>
<td></td>
<td>48</td>
<td>164</td>
</tr>
<tr>
<td>Percent of adults age 21+ with ADL disabilities at or below 250% of poverty receiving Medicaid (2014-2015)</td>
<td>62.8%</td>
<td>66.8%</td>
<td>6</td>
<td></td>
<td>53.4%</td>
<td>78.1%</td>
</tr>
<tr>
<td>Medicaid LTSS beneficiaries per 100 people with ADL disabilities (2012)</td>
<td>80</td>
<td>76</td>
<td>5</td>
<td></td>
<td>54</td>
<td>111</td>
</tr>
<tr>
<td>ADRC/No Wrong Door Functions (composite indicator, scale 0-100%) (2016)</td>
<td>N/A</td>
<td>0%</td>
<td>50</td>
<td></td>
<td>N/A</td>
<td>60%</td>
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<tr>
<td><strong>Choice of Setting and Provider</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2014)</td>
<td>56.1%</td>
<td>58.4%</td>
<td>6</td>
<td></td>
<td>33.1%</td>
<td>68.5%</td>
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<tr>
<td>Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (2012)</td>
<td>67.6%</td>
<td>74.6%</td>
<td>6</td>
<td></td>
<td>55.4%</td>
<td>83.6%</td>
</tr>
<tr>
<td>Number of people participant-directing services per 1,000 people with disabilities (2016)</td>
<td>N/A</td>
<td>131.9</td>
<td>1</td>
<td>N/A</td>
<td>9.6</td>
<td>131.9</td>
</tr>
<tr>
<td>Home health and personal care aides per 100 adults 18+ with ADL disabilities (2013-2015)</td>
<td>27</td>
<td>28</td>
<td>8</td>
<td></td>
<td>19</td>
<td>41</td>
</tr>
<tr>
<td>Assisted living and residential care units per 1,000 population age 75+ (2014)</td>
<td>72</td>
<td>59</td>
<td>15</td>
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<td>52</td>
<td>121</td>
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<tr>
<td>Subsidized housing opportunities (place-based and vouchers) as a percentage of all housing units (2015)</td>
<td>5.4%</td>
<td>5.8%</td>
<td>24</td>
<td></td>
<td>5.8%</td>
<td>17.7%</td>
</tr>
<tr>
<td><strong>Quality of Life and Quality of Care</strong></td>
<td></td>
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</tr>
<tr>
<td>Rate of employment for adults with ADL disabilities ages 18–64 relative to rate of employment for adults without ADL disabilities ages 18–64 (2014-2015)</td>
<td>22.6%</td>
<td>20.9%</td>
<td>35</td>
<td></td>
<td>21.9%</td>
<td>43.3%</td>
</tr>
<tr>
<td>Percent of high-risk nursing home residents with pressure sores (2015-2016)</td>
<td>6.4%</td>
<td>5.9%</td>
<td>31</td>
<td></td>
<td>5.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2015)</td>
<td>17.4%</td>
<td>13.2%</td>
<td>5</td>
<td></td>
<td>16.8%</td>
<td>8.0%</td>
</tr>
<tr>
<td><strong>Support for Family Caregivers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting working caregivers (composite indicator, scale 0-9.0) (2014-2016)</td>
<td>4.05</td>
<td>4.75</td>
<td>3</td>
<td>✓</td>
<td>1.00</td>
<td>6.50</td>
</tr>
<tr>
<td>Person and family-centered care (composite indicator, scale 0-5.5) (2016)</td>
<td>2.00</td>
<td>3.00</td>
<td>14</td>
<td>✓</td>
<td>2.41</td>
<td>4.30</td>
</tr>
<tr>
<td>Nurse delegation and nurse practitioner scope of practice (composite indicator, scale 0-5.0) (2016)</td>
<td>0.50</td>
<td>0.50</td>
<td>45</td>
<td></td>
<td>4.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Transportation policies (composite indicator, scale 0-5.0) (2012-2016)</td>
<td>2.50</td>
<td>2.50</td>
<td>3</td>
<td></td>
<td>1.00</td>
<td>4.00</td>
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<tr>
<td><strong>Effective Transitions</strong></td>
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<tr>
<td>Percent of nursing home residents with low care needs (2014)</td>
<td>11.2%</td>
<td>10.7%</td>
<td>20</td>
<td></td>
<td>11.2%</td>
<td>4.1%</td>
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<tr>
<td>Percent of home health patients with a hospital admission (2015)</td>
<td>23.6%</td>
<td>23.4%</td>
<td>17</td>
<td></td>
<td>24.4%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Percent of long-stay nursing home residents hospitalized within a six-month period (2014)</td>
<td>19.9%</td>
<td>18.5%</td>
<td>35</td>
<td></td>
<td>15.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Percent of nursing home residents with one or more potentially burdensome transitions at end of life (2013)</td>
<td>29.5%</td>
<td>27.0%</td>
<td>44</td>
<td>✓</td>
<td>23.8%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Percent of new nursing home stays lasting 100 days or more (2012)</td>
<td>19.0%</td>
<td>18.3%</td>
<td>25</td>
<td></td>
<td>18.3%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Percent of people with 90+ day nursing home stays successfully transitioning back to the community (2012)</td>
<td>10.7%</td>
<td>10.5%</td>
<td>6</td>
<td></td>
<td>7.4%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

* Comparable data not available for baseline and/or current year. Rank cannot be calculated without current data. Change in performance cannot be calculated without both baseline and current data.

Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community-Based Services; LTSS = Long Term Services and Supports.

Key for Change: ✓ Performance improvement ≠ Little or no change in performance ✗ Performance decline
Bay Area Regional Office Quarterly Overview, Q1, 10.2019 – 12. 2019

Constituents Engaged in Bay Area Region through Events, Trainings, Activities

- 847 Self-Advocates
- 1,067 Professionals, Members of the Public
- 503 Family-Advocates
- 125 Additional Constituents provided with Technical Assistance
- **2,542 TOTAL Individuals Directly Impacted** this quarter

National Core Indicators & Movers Longitudinal Study Projects

- Prepping **over 16k NCI surveys** to go out to 9 counties
- 72 Interviews for Movers Longitudinal Study this quarter

A Few Q1 Highlights...

- 27,533 emails sent re. trainings, events, legislation, rights, & opportunities for regional constituents, their families and support teams
- Trainings & presentations on rights, policy, & advocacy for self-advocacy groups, family-advocacy groups, and provider agencies across region
- Carlos Quintong Celebration of Self-Advocacy
- Stepping Up for Transition Conference Keynote
- Healthcare Ethics and Advocacy Presentation
- Golden Gate Self-Advocacy Conference
- NDEAM 2019 Event
- BART Accessibility Task Force
- Legislative Tours
- Forensic Roundtable
- Housing Advocacy Basics Training
- RFP Committees for new services supporting 5 counties
- Safety Net Services and Crisis Services Workgroups

Independent Defender of the Developmental Disabilities Assistance and Bill of Rights Acts
PROTECTING AND ENHANCING CIVIL RIGHTS

Every person with a developmental disability has the right to self-determination, equality of opportunity, full participation, independent living and economic self-sufficiency regardless of how significantly the person is impacted by their disability.

The Council will work to ensure civil rights are protected and enhanced. The Council will work to ensure the full and robust implementation of recent federal policies that enshrine the values of the Americans with Disabilities Act including but not limited to the Workforce Innovation and Opportunities Act, Home and Community-Based Services Settings Rule, Every Student Succeeds Act and Achieving Better Life Experience Act.

GUARANTEEING ACCESS TO EDUCATION AND EMPLOYMENT

Every student has the right to be safe in school and to receive a quality inclusive education with their peers that prepares them for post-secondary education and/or CIE. Every person with a developmental disability should have the opportunity to be employed in the community and receive at least minimum wage. Competitive integrated employment (CIE) is the priority outcome for working age individuals with developmental disabilities regardless of the severity of their disability. Pathways to CIE must be developed and supported. Transition services must be considered at the earliest possible opportunity and across the lifespan. Policies and practices must promote collaboration and remove barriers to CIE through access to information, benefits counseling, job training, inclusive postsecondary education and appropriate provider rates that incentivize quality and inclusive employment outcomes. The Council supports the phasing out and elimination of subminimum wage and/or segregated employment.

The Council will work to ensure the full and robust implementation of the Individuals with Disabilities Education Act, Every Student Succeeds Act, and other federal and state policies to ensure that students with developmental disabilities receive a quality inclusive education.

The Council will work to ensure the full and robust implementation of the Workforce Innovation and Opportunity Act and California’s Employment First Law. The Council will work to ensure that policies and practices improve opportunities for and incentivize CIE. The Council will work to create incentives and supports to all types of employers and contractors for hiring. The Council will work to make the State of California a model employer.
PROMOTING ACCESS TO QUALITY SUPPORTS IN THE COMMUNITY

Every person with a developmental disability should have access to and be fully supported to fully participate in their communities. Having access to and receiving quality services is the cornerstone for people with developmental disabilities to be safe, healthy and to promote self-determination and inclusion. Services and supports in the community require adequate wages for providers. The state must restore rates, and a planned and systematic approach to rate adjustments must prioritize and incentivize quality services. Disparities in access, outcomes, and quality for all services and supports must be addressed. Complexities in the service delivery systems must be reduced. Assistance in supports should be provided to individuals with developmental disabilities and their families.

The Council will work to continue to restore the Department of Developmental Services programs cut in 2009. The Council will work to make meaningful improvements to the service delivery system to reduce disparities, increase transparency and accountability and increase quality outcomes. The Council will support efforts to provide adequate wages to providers for inclusive and quality supports. The Council will work to ensure successful implementation of the Self-Determination Program.

ENSURING SAFETY IN THE COMMUNITY

Every person with a developmental disability must be safe. Every person must be provided emergency preparedness training. Law enforcement personnel, first responders, emergency medical professionals and the judicial system must be trained in how to work with people with developmental disabilities (including those who are suspects, victims or witnesses of crimes) during the course of their duties.

The Council will work to ensure people with developmental disabilities are safe, free from abuse and neglect and have access to services and supports in their communities during all types of disasters or emergencies.

IMPROVING HOUSING AND COMMUNITY LIVING

Every person with a developmental disability should have the opportunity to live in the community. Permanent, affordable, accessible and sustained housing options must be continually developed. Statewide inclusive living options for individuals with developmental disabilities must be increased and enhanced through access to housing and subsidies that are paired in a timely manner with needed services and supports.

The Council will work to implement the policy recommendations in the Statewide Strategic Framework for Housing. The Council will work to create a dedicated housing fund to support integrated community housing for people with developmental disabilities.

For more information, contact: Cindy Smith, Deputy Director for Policy and Public Affairs at cindy.smith@scdd.ca.gov | 916-263-7919
To: Regional Advisory Committee (RAC) Members & Interested Parties
From: Bay Area Regional Office
Re: 2019-2020 Schedule of Bay Area Regional Advisory Committee Meetings

Date: July 11, 2019

All Committee Meetings are open to the public. Networking is from 6:30 pm to 7:00 pm and RAC Meetings are from 7:00 pm to 9:00 pm.

September 25, 2019  Community Outreach Meeting – Marin County
Marin Co Office of Education, 1111 Las Gallinas Ave, San Rafael

December 4, 2019  Community Outreach Meeting – Alameda County
Regional Center of the East Bay, 500 Davis Street, Griffin A Conference Room, San Leandro

February 26, 2020  Community Outreach Meeting – San Mateo County
Millbrae Library, 1 Library Ave, Millbrae

April 29, 2020  Community Outreach Meeting – San Francisco County
California State Building, 455 Golden Gate Ave, San Francisco
(455 Golden Gate is the more accessible entrance)

June 24, 2020  Community Outreach Meeting – Contra Costa County
Artist’s Den/Futures Explored, 1913 Salvio Street, Concord

July & August  No Meetings

Revised: 7/11/2019

"The Council advocates, promotes & implements policies and practices that achieve self-determination, independence, productivity & inclusion in all aspects of community life for Californians with developmental disabilities and their families."