



State Council on Developmental Disabilities



STATE OF CALIFORNIA
Gavin Newsom, Governor

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Ms. Nancy Bargmann, Director
Department of Developmental Services
P.O. Box 944202
Sacramento, CA 94244-2020

RE REGIONAL CENTER TRAINING AND OUTREACH PLAN RECOMMENDATIONS

Dear Director Bargmann:

The Statewide Self-Determination Advisory Committee (SSDAC) is pleased to share the enclosed input with the Department of Developmental Services (DDS) on the development of a regional center Self Determination Program outreach and training plan.

SSDAC members were provided the same three questions that were posed to the SDP Advisory Group on May 16, 2024. SSDAC member responses were then collected, grouped by category, and at times synthesized to avoid duplications.

Should you have any questions about the feedback presented, please feel free to contact me directly.

In Partnership,

Rick Wood, Co-Chair
Statewide Self-Determination Advisory Committee (SSDAC)

Enclosure

cc: Aaron Carruthers, Executive Director, State Council on Developmental Disabilities
Statewide Self-Determination Advisory Committee Members
Local SDP Advisory Committee Members

"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."

Training and Outreach Feedback

What components would you recommend be required in an outreach and training plan?

Access: Availability of IFs to help ease transition to SDP. Make training easier by offering childcare, meals, mileage reimbursement.

Equal Access: Identify which communities are underserved and how those communities will be reached by the plan.

Equal Access: Include indigenous communities. Build relationships within those communities. Have more support materials for those who speak Spanish.

Equal Access: A primary focus on communities of color and Spanish language consumers and families. One-on-one and group outreach. Development of plain language orientations and trainings. Create Spanish videos that are culturally relevant. Require a PCS in each RC to attend all IPP meetings to introduce and promote the SDP as an option to neutralize any bias by SCs.

Diversity: Having participants and families from different backgrounds participate in the creation of the plan.

Diversity and Equity: Provide information on how the state is addressing disparities among Black and Brown clients and families.

Cultural Sensitivity Training: Training sessions that help staff understand and respect the cultural backgrounds and beliefs of the communities they serve. This must include Asian cultures. While the focus has often been on Hispanic and Black cultures, minorities from other cultures, specifically from Asian culture are often ignored.

Language Accessibility: Providing materials and resources in multiple languages to ensure accessibility for individuals with limited English proficiency.

Accessibility Accommodations: Ensuring that outreach events and training sessions are accessible to individuals with disabilities by providing accommodations such as sign language interpreters or accessible venues. And advertising these events well and well in advance.

Plain Language Materials: Provide written materials for trainings when presentations are required for trainings.

Written Material: Provide a detailed description of the program and how it compares to the traditional program that most people are a part of.

Training: Require all participants in their catchment area be notified by mail about SDP training with a documented follow up call from their service coordinator. Provide training in-person, in writing, and/or virtually in the participants preferred language.

Training: A training plan needs to include the basic steps that are needed to obtain an SDP. Assistance in transitioning the certificated budget to the spending plan. Understanding how to work with the FMS. Understanding that the SDP is overseen by the client/family. Case managers need to understand the steps and feel comfortable. Currently many families hear from their case managers that they should not move forward with SDP. It would also help families if they know how to acquire vendors to assist in implementing the plan.

More In-Person Trainings: Provide more trainings with contrived scenarios so that families and consumers can actually experience each step of the transition process to SDP and be afforded the opportunity to ask questions. Guest speakers (FMS, vendors, IF's) to afford families and consumers the opportunity to ask questions/provide answers, common FAQ's, etc. Have each regional center hold roundtables with IFs and FMS's (together ideally) to work together and work through barriers in SDP.

Training: FMS vendor selection and management training. Spending plan development and implementation training.

Training on Service Delivery Plans (SDP): Providing comprehensive training on the SDP process to ensure that individuals and their families understand their rights and options.

More Training for Service Coordinators: Providing more training for service coordinators will ensure accurate training on SDP.

Outreach: Have community outreach that focuses on engagement and social interaction.

Outreach: Outreach to ALL regional center participants to simply share the pros cons of SDP and how they can get underway if interested. Outreach has to be in multiple languages and modified to go through culturally trusted sources (schools, churches, advocacy groups).

Outreach: Require all Regional Center participants within their catchment area be notified by mail about SDP with a documented follow up call from their service coordinator.

Community Engagement Events: Organizing events or workshops where members of diverse communities can provide input and feedback on the services provided.

Collaboration with Stakeholders: Working closely with stakeholders, most importantly with families, in addition to caregivers and advocacy groups to ensure their perspectives are considered in the planning process.

Consequences: Establishing severe penalties for service coordinators that dissuade consumers from SDP or give out false information (e.g., telling a consumer or family that they "don't qualify").

Allow for Flexibility: The following techniques have worked for some regional centers.

- RC orientations should be brought up to date and offered in-person and not just videotaped.
- At the end of the Orientation, the next step is IF, but we don't have IFs to offer.
- After orientation, participants should look for a "transition specialist," not necessarily an IF.
- After orientation, perhaps participants should be offered a cohort that will jointly go through the transition with a transition specialist.
- Training should be graduated, with ongoing support after the initial orientation.
- Training should be modular, with just-in-time training in bit sized pieces for participants.
- Trainings need to presume there will NOT be an IF available.
- Training and outreach for RC staff is another side of the problem.
- RC staff still need to be recruited into the SDP paradigm, and they need more and better training. (IFs should not need to teach SCs about SDP.)
- Once all the recommendations are gathered from all the various stakeholders, there should be a transparent effort to distill them.
- Outreach and training: there should be some form of market assessment of what subpopulations should be most targeted and what kind of communication channels and training approaches would be most welcomed by them.
- Create reasonable SMART goals for these projects (SMART = Specific, Measurable, Achievable, Relevant, and Time-bound).
- We must develop a formal logic model of our understanding of the relationships among the resources RCs have to operate these outreach and training projects, the activities the RCs plan to do, and the measurable changes or results we hope to achieve.
- An honest evaluation plan must be developed alongside the implementation plans and grow out of the logic model. Did the outreach and training plans actually achieve their SMART goals? Was the plan that was designed actually the plan that was implemented? Were better ways discovered to achieve the goals? More efficient? Less costly? Quicker?

How do you envision regional centers developing their plans?

Needs Assessment: Conducting a thorough assessment of the needs and preferences of the communities they serve. This could involve surveys, focus groups, interviews, or other methods to gather input from individuals with disabilities, their families, caregivers, and advocacy groups.

Consultation with Stakeholders: Engaging in meaningful consultation with families (the main stakeholders) to gather input and feedback on the proposed plan. This could include hosting meetings, workshops, or forums where stakeholders can share their perspectives and suggestions. Inviting local participants from diverse communities, local experienced IFs, LVAC leadership/members to participate in developing plans.

Outside Consultation: Use an outside consultant to work with several regional centers with consultant having the power to (a) approve, modify or reject RC plans, (b) oversee the plan implementation and (c) report to DDS. At least 2 SDLAC members participate in plan development and monthly reporting process with consultant. Have RC report to SDLAC on progress at public meetings each month.

Consult Accounting: The plans need to be developed with input from the accounting offices. One of the biggest barriers is plans are approved by the case manager and then declined by the accounting department or the FMS. A team approach to developing a plan where different stakeholders have the ability to edit and comment.

Diversity: Get input from Black and Brown communities. Utilize diversity specialists and other teams to develop the plans.

Stakeholder Participation in Implementation: Utilize and pay current participants to assist in the training and outreach.

Process: Have SDP specialists develop the initial plan then collect feedback from case managers at the regional center who have hands-on experiences in SDP and gather feedback from the LVAC. One staff member or a contractor should be designated as the project manager to oversee the development, implementation, and evaluation of the RC's outreach and training plan. This cannot be just an additional responsibility. If these projects are to succeed, the project manager should be relieved of some existing responsibilities. Otherwise, hire a contract project manager.

Transparency: Full Transparency and development of plans/training using evidenced-based best practices.

Standardization: DDS facilitation of the development of RC organizational-wide change for outreach and training plans. There needs to be common, standardized and simplified

processes and communication that is then adapted for unique RC needs. It would be great if the plans from different regional centers were developed in unison or had basics in common. Once this DDS survey is completed and analyzed, any recommendations can be considered and adapted to the regional center's environment, including the RC's population distributions, any geographic constraints, the staffing availability, etc.

Funding: Two possible approaches - either approve proposals by providers for outreach and training with funding from the SDP annual implementation funding or use a portion of the same funds to outsource the creation of a specific plan for each RC's catchment area.

Workshops: To avoid analysis paralysis, hold a day-long facilitated RC workshop with plenty of preparation of proposed approaches, draft implementation plans, performance metrics, etc. that stakeholder attendees can consider and debate. The goal of the workshop should be producing detailed scopes of work for the outreach effort and the training plan for that particular RC.

Training: Training specialists to present the program so they can fully describe the program and answer any questions that people may have.

Timeline: Make it mirror the timeline.

How can LVACs support the development of the outreach and training plan?

Monitoring and Evaluation: LVACs can contribute to the monitoring and evaluation of the plan's implementation. They can help track progress towards goals and objectives, identify challenges or barriers, and suggest adjustments or improvements based on their observations and feedback from the community.

Conducting Needs Assessment: figuring out what their communities need and would benefit from the most. LVACs can talk to individuals who are in the program to find out what they like and don't like about the program and how they think it might be improved.

Gather Stakeholder Input: partner with local FMS and IFs and coaches to supplement the state outreach and create an SDP community.

Community Events: Hold roundtable discussions and annual in-person conferences (funded through LVAC funding) that will afford such training opportunities to families (e.g., breakout sessions). Have vendors and FMS's and IFs present at conferences to answer questions. LVAC and SDP leadership at the RC can hold scheduled meetings to

bring feedback from the committee to decision makers in how to support positive change and eliminating barriers to SDP.

LVAC Engagement: There should be training for LVAC members (and RC staff) that addresses what constitutes "collaboration" and "oversight" of the SDP implementation. LVAC leadership and members need to be invited and included in all phases of development of the outreach and training plan. Have LVAC committee chairs/officers hold regular meetings with RC SDP leadership (e.g., quarterly) to offer feedback on behalf of the advisory committee.

Utilize Implementation Funds: LVACs can devote all or most of the SDP annual implementation funding toward developing a "master plan," awarding contracts to providers who present viable local plans for outreach and training and combine funds and collaborate with other LVACs in the development and implementation of plans. LVAC allocation funds might contribute to funding the contract project manager.

Plan Implementation: Work alongside RC staff to provide training to service providers on SDP. Test the knowledge of randomly selected service coordinators regarding how they respond to questions and requests from consumers regarding SDP. Allow LVAC members to receive confidential follow up from RC on specific complaints received at public meetings to improve accountability. Require RC to share a list of contact info for individuals in SDP with the LVAC for the purpose of issuing periodic surveys and for inviting participants to trainings and events.

Technical Assistance: develop a template for regional centers that has a checklist of all the basic items/steps that need to be included in the plan. Provide technical assistance for teams developing the plan. LVACs members should be actively involved in the development of the plans (including and especially the logic models), the review of the interim progress towards goal attainment, and the evaluation of the projects.