OMB Approval No.: 0980-0162

Expiration Date: pending

CA State Council for Department of Disabilities

Five Year State Plan

For Year 2017

CA State Council for Department of Disabilities

Identification

* - Required field

Part A:	State Plan Period:	**10-01-16 through 09-30-21**
Part B:	Contact Person:	**Aaron Carruthers**
	Contact Number:	**916-322-8481**
	Contact Email:	**aaron.carruthers@scdd.ca.gov**
PART C:	Council Establishment	
	Date of Establishment:	**01-01-78**
	Authorization Method:	**State Statute**
	Authorization Citation:	**California Welfare and Institutions Code Div. 4.5, Chapter 2, Article 1 (§4520-4555)**

Council Membership [Section 125(b)(1)-(6)]

* - Required field

Council Membership Rotation Plan *

Council Members serve for three-year terms and may serve no more than two terms. A member may serve following the expiration of a term until the Governor appoints a successor. The Council notifies the Governor regarding vacancies before a member's term expires and when a vacancy on the Council remains unfilled for more than 60 days. (California Welfare and Institutions Code §4521)

Agency/Organization

- Rehab Act : A1
- IDEA : A2
- Older Americans Act : A3
- SSA, Title XIX : A4
- P&A : A5
- University Center(s) : A6
- NGO/Local : A7
- SSA/Title V : A8
- Other : A9
- Individual with DD : B1
- Parent/Guardian of child : B2
- Immediate Relative/Guardian of adult with mental impairment : B3
- Individual now/ever in institution : C1
- Immediate relative/guardian of individual in institution : C2

Gender

- Male : M
- Female : F
- Other : O

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Geographicals

- Urban : E1
- Rural : E2

Council Members

First Name	Last Name	MI	Gender	Race/Ethnicity	Geographical	Agency/Organization Code/Citizen Member Representative	Agency/Organization Name	Appt Date	Appt Expired Date	Alt/Proxy for State Agency Rep Name
April	Lopez, Chair		F	D5	E1	B2		05-22-13	01-01-16	
Jenny Ning	Yang, Vice Chair		F	D3	E2	B1		01-02-15	01-02-18	
Pete	Sanchez		M	D3	E2	B2		03-14-16	03-14-19	
Kecia	Weller		F	D1	E1	B1		05-22-13	01-01-16	
Steven	Kapp		M	D1	E2	B1		04-30-14	01-01-17	
Robert	Taylor		M	D5	E2	B1		01-21-16	01-21-19	
Charles	Nutt		M	D1	E2	B1		01-21-16	01-21-19	
Sandra	Smith		F	D2	E1	B2		01-21-16	01-21-19	
Craig "Max"	Duley		M	D1	E1	B2		05-15-13	01-01-15	
Francis	Lau		M	D3	E1	B2		06-22-15	06-22-18	
Kerstin	Williams		F	D2	E1	B1		07-06-10	01-01-12	
David	Forderer		M	D1	E1	B1		04-30-14	01-01-17	
Rebecca	Donabed		F	D1	E2	B1		01-02-15	01-02-18	
Sandra	Aldana		F	D5	E2	B1		03-17-15	03-17-18	

Jay	Lytton	M	D1	E1	B1		03-17-15	03-17-18	
Jacquelin Phan	Nguyen	F	D3	E2	B2		01-21-16	01-21-19	
Carmela	Garnica	F	D5	E2	B2		05-01-14	01-01-17	
Joe	Xavier	M	D5	E1	A1	Department of Rehabilitation	02-14-14	01-02-19	Elena Gomez
Tom	Torlakson	M	D1	E1	A2	Department of Education	11-02-14	11-02-18	Dan Boomer
Lora	Connolly	F	D2	E1	A3	Department of Aging	04-03-12	01-02-19	Chisorom Okwuosa
Diana	Dooley	F	D1	E1	A9	Health and Human Services Agency	12-13-12	01-02-19	Kris Kent
Catherine	Blakemore	F	D1	E1	A5	Disability Rights California	11-08-07	01-02-19	
Olivia	Raynor	F	D1	E1	A6	UCLA	07-01-03	01-02-19	
Larry	Yin	M	D3	E1	A6	USC	02-19-16	02-19-19	
Robin	Hansen	F	D1	E1	A6	UCD	10-23-09	01-02-19	
Janelle	Lewis	F	D1	E1	A7	Families for Early Autism Treatment	01-02-15	01-02-18	
Nancy	Bargmann	F	D1	E1	A4	Department of Developmental Services	03-04-16	01-02-19	Eric Gelber
Jennifer	Kent	F	D1	E1	A8	Department of Health Care Services	01-26-15	01-02-19	Michele Villados

Council Staff [Section 125(c)(8)(B)]

* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

Disability Options

- Yes : Y
- No : N
- Does not wish to answer : DWA

Gender

- Male : M
- Female : F
- Other : O

Council Staff

Position or Working Title	FT	PT	Last Name of person in position	First Name of person in position	MI	Gender	Race/Ethnicity	Disability
Office Technician - Typing (Office Assistant, Headquarters)	•		Brett	Michael		M	D10	DWA
Associate Information Systems Analyst (IT)		•	Rollins	Kevin		M	D10	DWA
		%PT 55						
Deputy Director of Policy & Planning	•		Giovati	Bob		M	D10	DWA
Staff Services Manager I (Budget Officer)		•	Cach	Lynn		F	D10	DWA
		%PT 55						
Staff Services Manager I (Personnel Officer)		•	Smith	Sabrina		F	D10	DWA
		%PT 55						
Executive Director		•	Carruthers	Aaron		M	D10	DWA
		%PT 80						
Staff Services Analyst (Administrative Support, Headquarters)		•	Garcia	Julian		M	D10	DWA
		%PT 55						
Staff Services Analyst (Executive Assistant)	•		Maitino	Robin		F	D10	DWA
Staff Services Analyst (Personnel Assistant)		•	Lopez	Gloria		F	D10	DWA
		%PT 55						
Associate Governmental Program Analyst (Planning Specialist)	•		Fernandez	Janet		F	D10	DWA
Associate Governmental Program Analyst (Administrative Support, Headquarters)		•	Allensworth	Kristie		F	D10	DWA
		%PT 55						

Legal Counsel	%PT 60	Bocanegra	Natalie	F	D10	DWA
Staff Services Manager II (Manager, North Coast Region)	%PT 70	Morley	Dawn	F	D10	DWA
Staff Services Manager II (Manager, North State Region)		May	Sarah	F	D10	DWA
Staff Services Manager II (Manager, Sacramento Region)	%PT 70	Bingaman	Sonya	F	D10	DWA
Staff Services Manager II (Manager, North Bay Region)	%PT 95	Hooks	Lisa	F	D10	DWA
Staff Services Manager II (Manager, Bay Area Region)	%PT 70	Rogin	Gabriel	M	D10	DWA
Staff Services Manager II (Manager, North Valley Hills Region)	%PT 70	Hernandez	Dena	F	D10	DWA
Staff Services Manager II (Manager, Silicon Valley-Monterey Bay Region)		Grady	David	M	D10	DWA
Staff Services Manager II (Manager, Sequoia Region)	%PT 80	Cruz	Yolanda	F	D10	DWA
Staff Services Manager II (Manager, Central Coast Region)		Smith	Vicki	F	D10	DWA
Staff Services Manager II (Manager, Los Angeles Region)	%PT 70	Chiu	Cindy	F	D10	DWA
Staff Services Manager II (Manager, Orange County Region)	%PT 95	VonThenen	Scarlett	F	D10	DWA

Staff Services Manager II (Manager, San Bernardino Region)	%PT 95	Foots-Rachal	Tamica	F	D10	DWA
Staff Services Manager II (Manager, San Diego Imperial Region)	%PT 70	Stives	MaryEllen	F	D10	DWA
Community Program Specialist II (Community Liaison, North Coast Region)		Gorney	Denise	F	D10	DWA
Community Program Specialist II (Community Liaison, North State Region)		Nolan	MaryAgnes	F	D10	DWA
Community Program Specialist II (Community Liaison, Sacramento Region)		Brian	Kathy	F	D10	DWA
Community Program Specialist II (Community Liaison, Bay Area Region)		Usac	Ronaldo	M	D10	DWA
Community Program Specialist II (Community Liaison, North Valley Hills Region)		Fromm	Neil	M	D10	DWA
Community Program Specialist II (Community Liaison, Silicon Valley-Monterey Bay Region)		Lucas	Jennifer	F	D10	DWA
Community Program Specialist II (Community Liaison, Sequoia Region)		Joest	Dawn	F	D10	DWA
Community Program Specialist II (Community Liaison, Los Angeles Region)		Goodman	Melody	F	D10	DWA
Community Program Specialist II (Community Liaison, Los Angeles Region)		Arroyo	Christopher	M	D10	DWA
Community Program Specialist II (Community Liaison, Los Angeles Region)		Eby-Mckenzie	Julie	F	D10	DWA
Community Program Specialist II (Community Liaison, Orange County Region)		Tolbert	Christine	F	D10	DWA
Community Program Specialist II (Community Liaison, San Bernardino Region)		Meehan	Shannon	F	D10	DWA
Community Program Specialist II (Community Liaison, San Diego Imperial Region)	%PT 50	Gevin	Michelle	F	D10	DWA
Community Program Specialist II (Community Liaison, San Diego Imperial Region)		Marshall	Deborah	F	D10	DWA

Office Technician - Typing (Office Assistant, North State Region)	%PT 70	Ladao	Theresa	F	D10	DWA
Office Technician - Typing (Office Assistant, North Valley Hills Region)	%PT 70	Buell	Valerie	F	D10	DWA
Office Technician - Typing (Office Assistant, North Valley Hills Region)	%PT 70	Tacan-Tegan	Marigene	F	D10	DWA
Office Technician - Typing (Office Assistant, Silicon Valley-Monterey Bay Region)		Sigal	Rossana	F	D10	DWA
Office Technician - Typing (Office Assistant, Sequoia Region)	%PT 80	Kroencke	Heather	F	D10	DWA
Office Technician - Typing (Office Assistant, Los Angeles Region)	%PT 70	Bchtikian	Marina	F	D10	DWA
Office Technician - Typing (Office Assistant, San Bernardino Region)	%PT 90	Macias	Valerie	F	D10	DWA
Office Technician - Typing (Office Assistant, San Diego Imperial Region)	%PT 70	Bgatov	Ekaterina	F	D10	DWA

The Designated State Agency [Section 125(d)]

* - Required field

The DSA is *

Council Itself ○ Other Agency ●

Agency Name	**CA HHS/DSS**
DSA Official's name	**Secretary Diana Dooley**
Address	**1600 Ninth Street, Room 460, Sacramento, CA 95814**
Phone	**916 654-3454**
Fax	**916 654-3343**
Email	**chhsmail@chhs.ca.gov**

Direct Services [Section 125(d)(2)(A)-(B)]

Does it provide or pay for direct services to persons with developmental disabilities?

Yes ○ No ●

DSA Roles and Responsibilities related to Council [Section 125(d)(3)(A)-(G)]

Describe DSA Roles and Responsibilities related to Council *

The DSA delivers administrative services, as provided by the Department of Social Services (DSS) to the Council, consistent with provisions of an Interagency Agreement. These services include accounting, business services, technical personnel functions, and IT support. It does not include budgeting.

Memorandum of Understanding/Agreement [Section 125(d)(3)(G)] *

Does your Council have a Memorandum of Understanding/Agreement with your DSA?

Yes ● No ○

Calendar Year DSA was designated [Section 125(d)(2)(B)]* 1994

State Information

* - Required field

Comprehensive Review and Analysis Introduction:

The Council is unique because it staffs 12 regional offices within the state, all directed by the Council's Executive Director. This structure allows the Council to conduct State Plan activities in every community and to identify systemic problems at both statewide and regional levels. The SCDD's 85 staff members serve California's culturally, linguistically and politically diverse population. The current staff is approximately 80% female and 20% male; 67% of the staff is white, 12% Asian or Pacific Islander, 10% Hispanic, 7% African American and 4% other; 40% are persons with a disability. The nation's third largest state geographically, California has 158,706 square miles and 840 miles of coastline. Of its 58 counties, 21 are considered rural. By OMB core-based statistical area definitions, California includes 28 Metropolitan and 8 Micropolitan Statistical Areas, 6 Combined Statistical Areas and 5 Metropolitan Divisions. The geography includes access-challenging terrains including coastline, delta/bay/inlet areas, mountain ranges, valleys and broad desert regions. The 2000 U.S. Census reported that while 39.5% of Californians speak a language other than English, 34.9% communicate in just 11 languages: Spanish, Chinese, Tagalog, Vietnamese, Korean, Armenian, Japanese, Persian, German, French and/or Russian. Additionally, the U.C. Berkeley Department of Linguistics identified about 76 active, indigenous languages or dialects. In response to California's geographic, economic and demographic diversity, the Council used a two-pronged approach to solicit input from people with disabilities, their support systems and other stakeholders in intellectual/developmental disabilities (I/DD) services. Beginning in January of 2015, each of the Council's regional offices engaged in multiple meetings and events in both urban and rural areas. Meetings included interpreters and translated materials in the languages of choice. More than 1,700 individuals attended over 70 regional meetings and/or contributed surveys to help the Council develop (proposed) objectives. The survey contained 3 questions: "1) In the areas you checked, describe the service needs that you have experienced;" "2) How can the State Council better help people with I/DD;" and "3) What kind of training would you like to receive?" It ended with an open-ended question (not included in the coding analysis), "What else would you like for us to know?" The Council also made its statewide survey available online via Survey Monkey, including translations in Arabic, Armenian, Cantonese, Mandarin, Farsi, Hindi, Hmong, Japanese, Khmer, Korean, Russian, Spanish, Tagalog, Urdu, and Vietnamese. This online effort resulted in an additional 1,800 responses. Using meetings, public outreach events, and Survey Monkey, the Council collected information over a 10-month period from more than 3,400 Californians throughout the state, many of whom spoke Spanish. The second prong focused on regional office assessments. Based on each proposed goal area, 12 regional offices assessed the current portrait-of-services for their community and ranked that portrait on a 10-point scale. They also identified and ranked emerging needs for their community on the same 10-point scale. Both the quantitative ranking and the qualitative narrative provided for each area was then compared to the qualitative data of the statewide surveys. The data was processed and analyzed under the supervision of U.C. Santa Barbara professors Drs. Singer and Wang and by Dr. Smith, SCDD Deputy Director (A) of Regional Operations. The English surveys were coded using an open-coding process identifying common themes and patterns. The Spanish surveys were coded using a directed-coding process, matching responses to those themes and sub-themes that emerged from the coding of the English surveys. When responses did not fit into pre-determined themes or sub-themes, they were processed in an open-coding manner to determine newly emerging or unique themes or sub-themes. The Council's State Plan Committee met over a period of 8 months, considering federal State Plan requirements, public input and the systems of available services for people with I/DD and their families in California. The Committee then proposed a set of 6 goals for translation into 15 languages, posted the goals to the Council's website and emailed stakeholders for public input. Within the 45-day public comment period, the Council received 56 comments. Although the objectives were not included in the proposed State Plan, all of the comments received supported the Council's choice of goal areas and the focus of the State Plan. No changes were made to the proposed State Plan after public input. By combining statewide survey results with regional office assessments, statewide data and public input on proposed goals, the State Plan Committee created a robust platform on which to build a CRA.

Racial and Ethnic Diversity of the State Population

Race/Ethnicity	Percentage Of Population
White, alone*	38.3 %
Black or African American alone*	5.6 %
Asian alone*	13.7 %
American Indian and Alaska Native alone*	0.3 %
Hispanic or Latino (of any race)*	38.6 %
Native Hawaiian & Other Pacific Islander alone*	0.4 %
Race unknown*	0 %
Two or more races *	2.9 %
Some other race*	0.2 %
Do not wish to answer*	0 %

	Total	%
Poverty Rate*	16.6%	

State Disability Characteristics

* - Required field

Prevalence of Developmental Disabilities in the State* 303032

Explanation* The California Department of Finance (DOF) keeps the State's population statistics. The DOF reports California's 2016 population to be 39,242,698. By 2021, DOF estimates California's population will be 40,965,875. While it reports demographic characteristics like gender, race, and age, the DOF does not report on disability or developmental disability. Using the Health and Human Services National Health Interview Survey on Disability prevalence rate of 1.58% for developmental disabilities, California's prevalence of people with a developmental disability is 620,034 in 2016 and 647,260 in 2021. However, the formal service delivery system in California serves roughly half this population. This service rate has a number of factors. California has a narrower definition of a developmental disability. Of those not being served, some may qualify yet not need services. The goals, objectives, and activities in this State Plan focus on the estimated 620,034 to 647,260 individuals and their families. Serving the larger number keeps with federal estimates and provides a way to highlight service disparities. Additionally, many aspects of systemic barriers in employment, housing, or public safety are outside the formal service delivery system. This plan addresses the entire population and their full integration into the entire community. Given this, there is much we know about those in the service delivery system. As of March of 2016 and according to the State Department of Developmental Services, there are 303,032 people (infants, children and adults) with I/DD currently being diagnosed/evaluated and/or receiving services through the statewide regional center system in California, a reported increase of 3,807 from the previous year. These figures are derived from the Client Master File (CMF), as collected in Client Development Evaluation Reports (CDER) from a network of 21 regional centers (private, non-profit agencies), through which DDS contracts for the supports and services provided to Californians with I/DD. A study issued through joint research by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) found that the prevalence of parent-reported developmental disorders increased 17.1% in a five-year period from 1997 to 2008. Most notable was the 289.5% increase in the prevalence of autism in the course of that same 5-year period, as reported by parents (Boyle, 2011).

Residential Settings* ?

Year*	Total Served*	A. Number Served in Setting of 6 or less (per 100,000)*	B. Number Served in Setting of 7 or more (per 100,000)*	C. Number Served in Family Setting (per 100,000)*	D. Number Served in Home of Their Own (per 100,000)*
2014	240037	33.7	1	152.5	25.5

Demographic Information about People with Disabilities

* - Required field

People in the State with a disability	Percentage
Population 5 to 17 years	4.2%
Population 18 – 64 years	8.2%
Population 65 years and over	35.6%

Race and Ethnicity	Percentage
White alone	13.5%
Black or African American alone	15.4%
American Indian and Alaska Native alone	20%
Asian alone	7.7%
Some other race alone	9.3%
Hispanic or Latino (of any race)	29%
Two or more races	7.5%

Do not wish to answer	0%

Educational Attainment Population Age 25 and Over	Percentage with a disability	Percentage without a disability
Less than high school graduate	24.7%	15.4%
High school graduate, GED, or alternative	26.2%	20.5%
Some college or associate's degree	33.2%	31.9%
Bachelor's degree or higher	15.9%	32.2%

Employment Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Employed	20%	74.7%
Not in labor force	70.5%	2.1%

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with a disability	Percentage without a disability
Earning $1 to $4,999 or less	18%	10.2%
Earning $5,000 to $14,999	21.8%	15.6%

Earning $15,000 to $24,999	15.6%	15.1%
Earning $25,000 to $34,999	12.1%	13.3%

Poverty Status Population Age 16 and Over	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level	21.5%	12.5%
100 to 149 percent of the poverty level	13.5%	8%
At or above 150 percent of the poverty level	64.9%	79.5%

Portrait of the State Services [Section 124(c)(3)(A)(B)]

* - Required field

Health/Healthcare *

California maintains Title V and Title XIX agencies within and beneath the aegis of the Department of Health and Human Services (DHHS), which includes the Departments of Health Care Services (DHCS) and Public Health (DPH). Covered California provides Californians with health insurance under the federal Patient Protection and Affordable Care Act. Open enrollment periods are on an annual basis, although life-changing events (e.g. marriage, pregnancy, childbirth, etc.) and Medi-Cal will trigger enrollment year-round (DHCS, Learn About Covered California, 2016). "As the nation's largest Title V program, CCS (California Children Services) provides case management each year for >150,000 children with a serious chronic medical condition and whose family has an eligible adjusted annual income. Most CCS enrollees are enrolled in Medi-Cal or Healthy Families" (2013, Stanford Center for Health Policy, p. 1).

DHCS programs, including Medi-Cal, California Children's Services, Child Health and Disability Prevention, and Genetically Handicapped Persons, serve more than 11 million Californians. One in five people in the state receive health care services financed or organized by DHCS, making the department the largest health care purchaser in California. DHCS invests approximately $70 billion in public funds to provide health care services for low-income families, children, pregnant women, seniors and persons with disabilities, while helping to maintain the health care delivery safety net (DHCS, Stakeholder ENS, 2016).

Covered California provides Californians with health insurance under the federal Patient Protection and Affordable Care Act. Open enrollment periods are on an annual basis, although life-changing events (e.g. marriage, pregnancy, childbirth, etc.) and Medi-Cal will trigger enrollment year-round (DHCS, Learn About Covered California, 2016). "As the nation's largest Title V program, CCS (California Children Services) provides case management each year for more than 150,000 children with a serious chronic medical condition and whose family has an eligible adjusted annual income. Most CCS enrollees are enrolled in MediCal or Healthy Families" (2013, Stanford Center for Health Policy, p. 1).

Children and adults who need supplemental rehabilitation therapy services/care in a subacute setting are required to have a Treatment Authorization Request (TAR) for each admission to a subacute care unit (DHCS, 2016, p. 1). A pediatric subacute level of care includes very intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B*) in acute care hospitals, or in Free-Standing Nursing Facilities Level B (FS/NF-B*) to patients who have a fragile medical condition. Beds designated for pediatric subacute care cannot be used for swing beds. Staffing requires licensed personnel (e.g. RN, LVN, Respiratory Care Practitioner, Registered Dietician, etc.).

Services available through the pediatric subacute program include tracheostomy care (with mechanical ventilation, suctioning, room air mist, oxygen, etc.), peritoneal dialysis treatments (at least 4 exchanges in a 24-hour period), tube feeding (either nasogastric or with a gastrostomy tube), etc. (DHCS, 2002, pp. 1-10). Additionally, pediatric subacute patients may receive two levels of therapy services, inclusive of physical, occupational and speech therapy. Supportive or maintenance interventions are considered part of routine daily care that is provided by nurses (based on licensed therapists' instructions). Supplemental rehabilitation therapy services are those needed beyond the level of supportive or maintenance intervention. Such services require authorization (DHCS, p. 6, 2016).

In 2014, according to the Federal Interagency Forum on Child and Family Statistics, Hispanic (57%) and Black, non-Hispanic (59%) children were more likely to have public insurance coverage than White, non-Hispanic children (25%). 5.8% of the children in the western region of the U.S. were reported to be without health insurance. According to that same source, the percentage of children with health insurance increased by 7 percentage

points to 95%, from 2000 to 2014. Although the percentage of children with private coverage declined by 13 percentage points during this period to 54%, public coverage increased by 20 percentage points to 38%.

Children may receive vision services as an essential health benefit through Covered California health insurance plans, although such services are not currently offered/provided to adults. In May 2014, some adult Medi-Cal dental services (through family dental plans) were restored, including cleanings, exams, x-rays, fillings, crowns, dentures, and other medically necessary dental services, etc. Since September 2015, synchronous and/or live teledentistry transmissions between beneficiary and providers have been offered, "in the interest of increasing access to care for underserved populations" (Denti-Cal, Vol. 31, Number 15, pp. 1-4, 2015). Furthermore, Medi-Cal beneficiaries are now given a choice of dental delivery systems (e.g. Medi-Cal Fee-for-Service, Medi-Cal Managed Care, and/or Dental Managed Care or Fee-for-Service), although "Prior Authorization (PA) requests are required for the approval of medically necessary intravenous (IV) sedation and general anesthesia for dental services," services which may be critical for people with I/DD (Denti-Cal, Vol. 32, Number 05, pp. 2-3, 2016).

"California received federal approval from the Centers for Medicare and Medicaid Services (CMS) to exempt dental services and applicable ancillary services with dates of service on or after July 1, 2015 from the MediCal 10% provider payment reductions" (Denti-Cal, Vol. 31, Number 20, p. 1, 2015). As of October 2014, pregnant beneficiaries, regardless of age, aid code, and/or scope of benefits will be eligible to receive all dental procedures listed in the Denti-Cal Manual of Criteria (MOC) that are covered by the Medi-Cal Program so long as all MOC procedure requirements and criteria are met," which is inclusive of those who are 60 days postpartum (Denti-Cal, Vol. 3, Number 17, p. 1, 2014). Denti-Cal also provides recommendations on dental services to children "under Medicaid's Early and Periodic Screening, Diagnosis and Treatment program…in accordance with a dental periodicity schedule."

Services within California's mental health system are delivered at the local/county level, with state and federal funding from the Mental Health Services Division of the Department of Health Care Services, with input from the California Mental Health Planning Council (CMHPC), "a majority consumer and family member advisory body to state and local government, the Legislature, and residents of California on mental health services in California" (DHCS MHSD 2016). The unduplicated number of children receiving specialty mental health services from Short-Doyle Medi-Cal (SD/MC) and Fee-For-Service Medi-Cal (FFS/MC) is projected to grow 4.8% from 292,846 in the current year to 306,913 in the budget year; the unduplicated number of adults receiving specialty mental health services through SD/MC providers and FFS/MC providers is projected to increase 1.07% from 251,047 in the current year to 253,735 in the next budget year.

California's 1915(b) Medi-Cal Specialty Mental Health Services (SMHS) Waiver (Control Number CA17.R09) will address services provided to Medicaid beneficiaries who are 1) poverty-level pregnant women; 2) those who have other health insurance; 3) residing in nursing facilities (NF) or intermediate care facilities for the mentally retarded (ICF/MR); 4) enrolled in other managed care programs; 5) participating in the HCBS Waiver; 6) American Indian/Alaskan Natives; 7) SCHIP Title XXI Children; and/or 8) within 3 months of eligibility or eligible retroactively. Furthermore, the Mental Health Services Act (MHSA) established a prevention and early intervention program and funds innovative programs and infrastructure, technology and training to support the existing county-run mental health service delivery system (DHCS MHSD, p. 11, 2015).

The 2016-17 budget includes $1.1 million to provide transition assistance to children enrolled in the HCBS waiver for Persons with Developmental Disabilities – children who would otherwise lose Medi-Cal eligibility with the transition of Behavioral Health Treatment from a waiver benefit to a state plan benefit in 2017. The budget will also include $180 million allocation for federally required Behavioral Health Treatment services, which includes costs associated with transitioning responsibility for services from the Developmental Services System (DHHS, 2016, p. 26). California also maintains a Federal Foster Grandparent Program Grant that establishes person-to-person relationships between low-income seniors and people with I/DD &/or mental health issues (DDS, p. E3, 2016).

As of July 2016, the total population of residents in the state's Developmental Centers stands at 959. Of the seven statewide institutions, three (Agnews DC, Lanterman DC, & Sierra Vista) have already closed. The Department of Developmental Services (Department) currently operates three State developmental centers (DCs) which are licensed and certified as General Acute Care hospitals with Skilled Nursing and Intermediate Care Facility/Mentally Retarded (ICF/MR) services. The Department also operates one smaller, state-operated community facility (CF) licensed as an ICF/MR facility.

The Department submitted a closure plan for Sonoma DC to the Legislature on October 1, 2015, with the goal of closing SDC by the end of 2018. In a final decision (May 2016) that took effect July 1, 2016, CMS decertified and terminated funding for Sonoma Developmental Center, in response to unmet conditions following a previous settlement agreement (PsychU, 2016). The 2016-17 California Budget will now provide funding/authority to extend special managed care provisions to Medi-Cal eligible individuals transitioning from DCs into the community (DHHS, p. 32).

The 2016-17 state budget has included increases, augmentations, &/or appropriations for: 1) case management services for children in the welfare services system requiring psychotropic medications; 2) the Emergency Food Assistance Program; 3) immigration assistance (which includes legal and naturalization services) for immigrant communities; 4) expansion of available jail-based competency treatment beds; 5) the activation of additional beds at Napa and Metropolitan State Hospitals; 6) supplementing the Home-Delivered Meals Program for seniors; and grants to increase the number of mental health facilities providing a continuum of crisis services for children (DHHS, pp. 32-33).

Employment *

In California, 55.23% (a total of 142,143 people) of the clients served by regional centers are between the working ages of 18 to 61. For those who are both served through the regional center system and working, DDS reports that 67% are paid for over 10 hours of work per week and only 40% of those working were paid at or above the minimum wage (DDS: Fact Book, 2016, p. 45). For FY 2014-15, California (2016) reported that 10,302 clients were served within a work activity program (p. 37). Of the $4,172M spent at the state level on services purchased through the regional center system in that same year, 3.6% ($150M) was used for clients served through Supported Employment and Work Activity programs. DDS reported (2016) that 11,037 clients were served by the supported employment program, while 10,302 clients received services through work activity programs.

In 2013, Governor Brown signed AB 1041 (Chesbro), which established a statutory Employment First Policy. In so doing, California became the 12th state to enact an employment first policy as law. Part of this policy was the establishment of an Employment First Committee (EFC), which the Council facilitates and maintains. The goal of the Employment First Policy in general and the EFC is to promote competitive integrated employment (CIE) and the opportunity to work in a fulfilling job at or above minimum wage for people with I/DD &/or cross-disabilities.

The Council maintains an Employment First Committee (EFC) to engage in identifying strategies, best practices, and incentives and recommend legislative, regulatory, and policy changes for increasing CIE and gainful employment opportunities for people with I/DD. In its work to identify sources of employment data, the EFC is working at identifying existing sources of consumer data, which is used to provide demographic information and develop/recommend goals for measuring employment participation and outcomes within the DD services system. The EFC has explored the use of federal and state statistics as baseline data in monitoring the status of employment among people with I/DD, identifying the extent of the problem, and measuring how the state is doing in comparison to other states in a national effort to improve employment outcomes.

Throughout the country in 2015, according to the Forum on Child and Family Statistics, 9% of youth (for ages 16–19) were neither enrolled in school nor working. This was unchanged from 2014 and has varied little over the past 20 years. In 2015, 5% of both Black, non-Hispanic youth and Hispanic youth ages 16–17 were neither enrolled in school nor working, compared with 4 percent of White, non-Hispanic youth in this age group. Older youth, ages 18–19, had a higher rate of detachment from work and school at 13 percent. Black, non-Hispanic youth in this age group saw a detachment rate of 19% in 2015, compared with 16% for Hispanic youth and 11% for White, non-Hispanic youth. In California, only 12.45% of working-age regional center clients earn a paycheck. Of this 12.45%, most work in segregated work sites, make minimum or sub-minimum wages, &/or work a few hours a week. 8% of Californians with I/DD work in competitive integrated employment (CIE). At the national level, California ranks in the lower percentile of people with I/DD benefiting from CIE.

The Social Security Administration supports the Ticket to Work Program, which oversees Employment Networks that provide job opportunities for people with disabilities who are looking for employment (DEI). Individuals who are working and have disabilities may also obtain and/or retain Medi-Cal benefits through the Working Disabled Program (WDP) "by paying a small monthly premium" (World Institute on Disability, 2016). "An individual receiving SSI based on disability may qualify for continuing cash payments under 1619(a) in place of regular (1611) payments when his or her gross earnings are at or above the SGA level (DI 10501.015 (https://secure.ssa.gov/poms.nsf/lnx/0410501015)). Payment amounts under 1619(a) are calculated in the same way as
regular (1611) payments. An individual receiving SSI based on disability or blindness may qualify for continued SSI recipient status and Medicaid under 1619(b) when their earnings (alone or in combination with other income) make them ineligible for either regular 1611 or 1619(a) cash payments." (SSA POMS, 2015, https://secure.ssa.gov/poms.nsf/lnx/0502302010 (https://secure.ssa.gov/poms.nsf/lnx/0502302010)). The Social Security Administration (SSA) established the 1619a and 1619b programs to maintain Medi-Cal coverage at zero-share-of-cost, even if wages increase, placing a client into non-payment status for SSI.

A joint initiative between the US Business Leadership Network (USBLN) and the American Association of People with Disabilities (AAPD) produced the recently released Disability Equality Index®, a self-reporting tool for businesses & corporations to assess disability inclusion policies and practices (DEI®, 2016, p. 2). Of the 19 companies receiving scores of 100 (out of a possible 100) on the 2014 DEI for inclusive employment practices, 16 are currently operating or have offices in California.

There are supplemental programs available in California for people who want to work but may be afraid of losing public entitlements. The Disability Employment Initiative (DEI), through grants from the U.S. Department of Labor (DOL) Employment and Training Administration (ETA) and the Office of Disability Employment Policy (ODEP), is part of a network designed to assist adults with disabilities in finding/acquiring/keeping meaningful employment that will provide a living wage. This includes expertise on disability-related issues, one-stop career centers, and customized strategies for meeting individual employment needs of people with disabilities (DEI, 2015).

Cooperative agreements negotiated and maintained by county Mental Health and Department of Rehabilitation (DOR) field offices provide for services to people who have one or more disabilities, including:

- Counseling and guidance, with vocational exploration and training and specialized employment assessments
- Transportation, work clothing, tools, equipment and assistive technology
- Coordination in getting services from other agencies, including benefits planning and counseling, and/or a college or university education
- Job search and placement assistance, with employment support on and off the job site

The Department of Rehabilitation (DOR) maintains an Independent Living Section (ILS), which includes 28 independent living centers (ILCs) and the State Independent Living Council (SILC) throughout California. DOR reported serving 23,836 people with disabilities in 2014 (DOR 2016, p. 16). DOR is also tasked with implementing the Americans with Disabilities Act (ADA) in state government. The Disability Access Services (DAS) was established to promote disability rights in state government and DOR partnerships in the community" (CA DOR, 2016). DAS serves as a resource to provide public information, consultation, training and other technical assistance to state and local government, consumers, employers and businesses to help prevent issues regarding accessibility.

DOR works in conjunction with the Assistive Technology (AT) Network users, providers and other state agencies, to address needs of people with disabilities in regard to reducing barriers, increasing awareness of AT, and streamlining service provision. DOR also supports the Youth Leadership Forum (YLF), an annual 5-day program providing information and resources about employment, education, independence and assistive technology" (DOR, 2016). DOR also reported that, of the 100,099 people with disabilities served by the department in 2015, approximately 11% (11,771) were people with cognitive impairment; over 6% (6,747) had intellectual impairments, and about 19% (19,174) had learning disabilities. 27,143 people had psychiatric disabilities; 18,998 had physical disabilities, and 13,155 people had vision impairment or were deaf/hard of hearing (DOR, 2016, p. 9).

The California Committee on Employment of People with Disabilities (CCEPD) was established to advance the employment of people with disabilities in the state. AB 119 required CCEPD to coordinate an annual event for youth with disabilities. The CCEPD in September, 2015 voted to adopt the California Youth Leadership Forum for Students with Disabilities (YLF) as the youth event for the years 2016-2018.

Informal and formal services and supports *

Services for people with I/DD are provided through federal, state, county and local governments, businesses, support groups and volunteers. The Department of Developmental Disabilities (DDS) provides case management & related services through contracts with a network of 21 regional centers (RCs), which provide diagnostic services, eligibility assessments and service plans. RCs also assist in accessing, coordinating and monitoring services and supports. Once eligibility is determined, most services and supports are free, regardless of age or income. While there is no charge for the diagnosis and eligibility assessment process, there may be co-pays required for some services purchased through the RC system.

DDS, through its RC contracts, continues to maintain the highest level of service saturation for people with I/DD among the many agencies in California, currently reaching a client population of over 300,000 people with I/DD, although it reportedly (as of June 2016) had only 257,367 clients with active CDERs (Client Development Evaluation Reports). Some of this reporting discrepancy is due to the number of clients in the diagnostic and evaluation process (10,540) and children younger than 36 months who are receiving Early Start/early intervention services (DDS, 2016, Table #01). According to client information reported by DDS in 24 specific service categories (described in W&I §4648 et seq.), more regional center clients use respite services [these allow a primary caregiving unit (typically the family) a break to mitigate the risk of potential out-of-home placement, in the state's effort to keep families together] than any other discrete type of service. Each Regional Center may also have a Consumer Advisory Committee, as permitted in the Lanterman Act (W&I Code Div. 4.1 - 4.7), and each regional center is required to have a Consumer Advocate who serves as a peer mentor and support for those eligible for RC services.

The majority of services for adults with I/DD (as defined by WIC §4512) throughout California are funded through the state Department of Developmental Services (DDS) via flow-through funding and contracts with the regional center system. According to DDS:

"To be eligible for services, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely and present a substantial disability as defined in Section 4512 of (http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=4512.) the California Welfare and Institutions (http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=4512.) Code (http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=4512.). Eligibility is established through diagnosis and assessment performed by regional centers (http://www.dds.ca.gov/RC/Home.cfm) (DDS, 2016, http://www.dds.ca.gov/General/Eligibility.cfm (http://www.dds.ca.gov/General/Eligibility.cfm)).

Welfare and Institutions Code – WIC §4512

"Developmental disability" means a disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature" (CA State Legislature, WIC §4512, 2016).

Infants and toddlers (from birth to three), who are at risk of having I/DD or who have a developmental delay, may also qualify for services from the RC system.

"Infants and toddlers (age 0 to 36 months) who are at risk of having developmental disabilities or who have a developmental delay may also qualify for services. The criteria for determining the eligibility of infants and toddlers is specified in Section 95014 of the California Government Code (http://www.dds.ca.gov/statutes/GOVSectionView.cfm?Section=95014.htm). In addition, individuals at risk of having a child with a developmental disability may be eligible for genetic diagnosis, counseling and other prevention services. For information about these services, see Early Start (http://www.dds.ca.gov/EarlyStart/Home.cfm)" (DDS, 2016).

As with definitional limitations regarding eligibility for adults, children who have strictly a vision, hearing and/or orthopedic impairment (or combination of two or more of such impairments, at the time of assessment) may be eligible to receive services from other sources, but they will not qualify for receiving services through DDS and/or the regional center system. Individuals at risk of having a child with an I/DD may be eligible for genetic diagnosis, counseling and prevention services. There is a requirement for parents to share the cost of 24-hour out-of-home placements for children under age 18. This share depends on the parents' ability to pay.

The regional center system operates through DDS' Institutional Deeming Waiver, to provide zero-share-of-cost Medi-Cal supports and waive the family's income, in order to reduce the financial burden of keeping a child (who would otherwise qualify for placement in a facility) at home. California has also submitted a Home and Community-Based Services Waiver application to the Centers for Medicare and Medicaid Services (CMS) for the proposed Self-Determination Program, which will fund an initial 3-year implementation for up to 2,500 participants.

The Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility, includes all services covered by Medi-Cal, and allows for periodic screenings to determine health care needs. Based upon identified health care diagnosis and needs, treatment services are provided. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services.

The In-Home Operations Branch administers the In-Home Operations Waiver (IHO Waiver) and the Nursing Facility/Acute Hospital Transition and Diversion (NF/AH Waiver). The IHO Waiver and NF/AH Waiver authorize services in the home or in the community to Medi-Cal beneficiaries who would otherwise receive care in a skilled nursing facility. The level of care per waiver participant is determined by the Medi-Cal beneficiary's medical need and substantiated by a physician via a completed Plan of treatment and a home evaluation. Some of the services offered by the two waivers are private duty nursing, case management, and waiver personal care services (WPCS).

There are 47 Early Start Family Resource Centers, which are "part of the Early Start Program, funded by DDS. Staffed by families of children with special needs, family resource centers offer parent-to-parent support and help parents, families, and children locate and use needed services. They offer support services and resources in many languages, which may include newsletters, resource libraries, websites, parent-to-parent groups, sibling support groups, 'Warmlines,' and information and referral for parents and professionals. Many ESFRCs have enhanced funding which allows them to serve families of children over the age of three and individuals with developmental disabilities" (Family Resource Centers Network of California, 2016).

California has 33 Planning and Service Areas (PSAs) through the Department of Aging (DOA), which provides a range of supports/services to seniors, caregivers and adults with disabilities. Services/programs available through the DOA include community-based adult services/adult day health care, family caregiver support, health insurance counseling and advocacy, legal assistance, multi-purpose senior services, supplemental nutrition assistance and education, senior community services employment, information and assistance, and supportive services (Note: some services may be means-tested). The DOA also provides advocacy within long-term (licensed) residential facilities through its Ombudsman Program, which is inclusive of a crisis line for emergent complaints and calls. DOA's Disease Prevention and Health Promotion Program (Title IIID) is federally funded under the Older Americans Act and funds local Area Agencies on Aging (AAA), which provide programs to support healthy lifestyles and promote healthy behaviors at multipurpose senior centers, congregate meal sites, through home delivered meal programs and at other sites. Other services are available to family and other unpaid caregivers supporting older individuals, as well as grandparents and older relatives caring for children.

Each AAA is responsible for determining provided services, including caregiver information, assistance in gaining access to services, counseling and training support, temporary respite, and limited services to complement care provided by caregivers. Services are provided directly by AAA staff or in partnership with other public/private agencies (DOA, Programs & Services, 2016).The Senior Community Service Employment Program (SCSEP), also known as Title V, provides part-time work-based training opportunities at local community service agencies for older Californians who have poor employment prospects and are unemployed. SCSEP assists individuals in finding employment opportunities in the community through a variety of supportive services such as personal and job-related counseling, job training, and job referral. SCSEP providers also educate employers about the benefits of hiring older workers.

Independent Living Centers, through the Department of Rehabilitation (DOR) may provide direct representation and individual advocacy for people with I/DD and work with the Council in identifying systemic issues, in addition to offering benefits counseling and representation on appeals for generic services.

Paratransit and Dial-a-Ride services are, with regional exceptions, available throughout California and are part of a complex network of adult transportation services currently operating through the state. In southern California, the 511 system provides information about available routes, schedules, and related transportation services for elders, people with disabilities and veterans. In northern California, transportation services are fragmented between local transportation districts, cities, counties and regions.

"According to the most recent census data, California is home to more people of Native American/ Alaska Native heritage than any other state in the Country. There are currently 109 federally recognized Indian tribes in California and 78 entities petitioning for recognition. Tribes in California currently have nearly 100 separate reservations or Rancherias. There are also a number of individual Indian trust allotments. These lands constitute 'Indian Country' (California Courts, 2016)." For many reasons, services for NA/IN populations are often provided 'in-house' and are not typically sought out within surrounding communities.

Addressing the specific mental health needs of the Californians with I/DD, the Mental Health Services Act Cycle III (FY 2014-17) has released funding for 6 projects that will be operated through 4 regional centers: Enhancing Cultural Competence in Clinical Care Settings – The 4C, the Schreiber Center, the Psychiatric Navigation Project, Mental Health/Developmental Services Collaborative - Facing the Issues for Persons with Developmental Disabilities Involved in the Criminal Justice System, Evidence-Based Practices for Dual Diagnosis, and Project UNITE. While the California Mental Health Services Authority (CalMHSA) provides services at the county level, those service efforts vary by county. Much of the regional oversight for mental health practices occurs through the efforts of such family/self-advocate networks as the National Alliance on Mental Illness (NAMI).

Interagency Initiatives *

California maintains a number of interagency initiatives, including The Interagency Prevention Advisory Council (IPAC), which is a high-level council consisting of representatives from state departments and organizations that work collaboratively to prevent and reduce harm from behavioral health concerns, such as substance use disorders, suicide and depression.

Disability Rights California (DRC), which is the Protection and Advocacy agency in California and one of the Council's federal collaborative partners, receives approximately $420,000 in directed federal monies, in addition to other state/federal funds, to apply toward advocacy on behalf of people with disabilities who require and/or use assistive technology. These efforts are infused throughout DRC's priority areas (e.g. advocacy, outreach, training, public policy, investigations regarding allegations of abuse and neglect, direct representation, etc.) (Telephone communication with Andrew Mudryk on August 16, 2016).

Over the past year, this grant has allowed DRC to help with the assistive technology (AT) challenges of approximately 50 people who were previously denied/delayed access to services/equipment. DRC addresses systemic challenges on behalf of people who are attempting to access/acquire durable medical equipment/supplies, mobility devices, feeding/breathing apparatus and/or adaptive communication devices, among other necessary equipment. DRC addressed the Medicaid NF waiver's cost cap. For a class of individuals with significant medical needs (including those who use AT), the cost to live in the community with nursing services is higher than the cost cap. DRC has now engaged in systemic advocacy (litigation) against the state of California to recognize an exception to this cost cap, with trial scheduled for the fall of 2016.

The California Department of Education has collaborative relationships with 130 boards, commissions, advisory committees and associations. Self-advocates with I/DD and their families may participate, although the department keeps no specific figures. While the department maintains a general practice of inclusion for people from diverse populations, there is no firm policy in place requiring specific numbers of people from developmental and/or cross-disability, ethnic or gender groups, etc. in regard to demographic representation on policymaking bodies (D. Gutierrez, DOE, phone communication, August 8, 2016).

California also maintains an Interagency Coordinating Council (ICC) on Early Intervention Overview, which is part of the system of Help Me Grow National Center & State Affiliates. The ICC encourages a family-centered approach, family-professional partnerships and interagency collaboration. Fourteen California counties are identified as Learning Communities, with another seven counties designated as Affiliates. Members of the ICC are appointed by the Governor. The council meets quarterly and is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives and others interested in early intervention.

California has been piloting county projects, pursuant to the state Education Code (EDC), Article 15.3 (commencing with §8340), for individualized county childcare subsidy plans, to ensure that childcare subsidies received by the county are used to address local needs, conditions, and priorities of working families in those communities. According to the California Education Code, "a county welfare department shall refer families needing childcare services to the local childcare resource and referral program" (EDC §8352) "A family shall receive a childcare subsidy for any legal care chosen by the parent.

The first stage begins upon the entry of a person into the program prescribed by Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code" (EDC §8351). The second stage of childcare begins when the county determines that the recipient's work or approved work activity is stable or when a recipient is transitioning off of aid and childcare is available through a local, stage two program. Second stage child care may be provided to a family who elects to receive a lump-sum diversion payment or diversion services under Section 11266.5 of the Welfare and Institutions Code when a funded space is not immediately available for the family in third stage " (EDC §8353). "The third stage of child care begins when a funded space is available. CalWORKs recipients are eligible for the third stage of child care. Persons who received a lump-sum diversion payment or diversion services and former CalWORKs participants are eligible if they have an income that does not exceed 70 percent of the state median income" (EDC §8354).

The California Department of Public Health (CDPH), Nutrition Education and Obesity Prevention Branch (NEOPB) awarded funding to local health departments (LHD) to implement comprehensive Supplemental Nutrition Assistance Program - Education (SNAP-Ed) programs where LHDs serve as the lead health agency in their respective jurisdictions. This grant from the United States Department of Agriculture (USDA), with federal funding to CDPH through an interagency agreement with the California Department of Social Services (CDSS), is due to end by FFY 2017.
The Commission on Asian and Pacific Islander American Affairs addresses policy, public programs beneficial to the interest of Pacific Islander American communities and accessibility issues. Region 9 Northern California Interagency Working Group (RIWG) collaborates nationally with representatives from over 70 organizations serving Asian American and Pacific Islander (AAPI) communities.

The State of California's Labor and Workforce Development Agency (LWDA) and the California Community College Chancellor's Office (CCCCO) have formed an Interagency Taskforce on Apprenticeship Expansion to seek federal funding through a state expansion grant. The Taskforce includes the Workforce Investment Board (CWIB), the Employment Development Department (EDD), the Employment Training Panel (ETP) and the Division of Apprenticeship Standards (DAS) and is seeking to support California applications for U.S. Department of Labor's $100 million American Apprenticeship Initiative Grants (AAG) (FOA-ETA-15-02). The Taskforce supports growth of non-traditional apprenticeship in California.

The Department of Rehabilitation (DOR) maintains and/or has collaborative relationships with a number of disability-related boards and committees (on which people with disabilities participate), including: the Assistive Technology Advisory Committee (ATAC), the Blind Advisory Committee (BAC), the California Committee on Employment of People with Disabilities (CCEPD), the Deaf and Hard-of-Hearing Advisory Committee (DHHAC) and the Disability Advisory Committee (DAC), as well as committees for the Orientation Center for the Blind Trust Fund, State Rehabilitation Council (SRC) and Traumatic Brain Injury (TBI).

The Department of Developmental Services (DDS) maintains contracts with all regional centers in the state, and with private nonprofit agencies governed by Boards of Directors. Each board is required to be fully representative, demographically, of its region and the state of California, as well as the range of intellectual and developmental disabilities served by DDS. Self-advocates and their families are actively recruited and serve as board members for all 21 regional centers.

As residents with I/DD are moved from institutional settings to the community, there have been concerns about the intensive level(s) of medical and behavioral needs and the lack of natural supports for people with I/DD. State law, however, requires that as DC residents become regional center community residents clients, adequate supports and services already be in place at the time of the move:

Welfare and Institutions Code §4418.3

(a) It is the intent of the Legislature to ensure that the transition process from a developmental center to a community living arrangement is based upon the individual's needs, developed through the individual program plan process, and ensures that needed services and supports will be in place at the time the individual moves. It is further the intent of the Legislature that regional centers, developmental centers, and regional resource development projects coordinate with each other for the benefit of their activities in assessment, in the development of individual program plans, and in planning, transition, and deflection, and for the benefit of consumers.

In an effort to reduce recidivism and the public cost of emergency room visits by uninsured patients, two California counties (San Diego and Imperial) are using enrollment programs to access Medicaid-covered physical and behavioral health services for people in the criminal justice system. Catholic Charities (a faith-based, nonprofit organization) runs a privately-funded program that helps people involved with the justice system enroll in Medi-Cal, California's Medicaid program and San Diego County uses funding from a 2014 California Department of Health Care Services Outreach and Enrollment Grant to enroll adults who became eligible under the Affordable Care Act in Medi-Cal while they're still in jail or under probation supervision (Council of State Governments, 2016).

Census Transportation Planning Products (CTPP) are specially-tabulated, Census data products compiled from the American Community Survey and are used for transportation planning. The CalTrans Division of Mass Transportation developed a Mobility Action Plan, designed to promote and improve coordination, continuity of service and cross-agency collaboration. Caltrans Projects funded under the Elderly Individuals and Individuals with Disabilities (Federal Transit Administration (FTA) Section 5310), Job Access Reverse Commute (JARC) and New Freedom Programs are required to be "derived from a locally-developed, coordinated public transit-human services transportation plan" and the plan be "developed through a process that includes representatives of public, private and non-profit transportation and human services providers and participation by members of the public (FTA Circular 9070.1)." This work is being monitored through the MAP Project Advisory Committee (PAC).

Other California efforts at interagency collaboration include the Interagency Council on Veterans. In 2010, AB 1177 (Fong) attempted to establish an Interagency Council on Homelessness, although the bill died in the Senate Appropriations Committee. The California State Independent Living Council (SILC) reported in its 2014-16 Needs Assessment that "the general trend suggests that some ILCs may find it more challenging to deliver

services when the region they serve has a higher share of individuals with disabilities living in poverty," an observation made by other personnel in agencies attempting to serve people with disabilities in low-income areas (SILC, 2014, p. 17).

There are also private organizations serving people with disabilities in California. Joni and Friends is a faith-based group with 7 centers in California, serving people with cross-disabilities. Service and non-profit organizations reaching out to people with cross-disabilities include: the March of Dimes, United Way, Easter Seals, and Muscular Dystrophy Association; the Elks, Kiwanis, Rotary, and Lions Clubs, as well as the Veterans of Foreign Wars and Shriners Hospitals. At the federal level, the Center for Faith-based and Neighborhood Partnerships leads the Health and Human Services Department's efforts to build and support partnerships with faith-based and community organizations in order to better serve individuals, families and communities in need" (HHS.gov, IEA, 2016).

Quality Assurance

Optional

Education/Early Intervention

Optional

Housing

Optional

Transportation

Optional

Child Care

Optional

Recreation

Optional

Analysis of the State Issues and Challenges [Section 124(c)(3)(C)]

* - Required field

Criteria for eligibility for services *

Because California maintains a narrower definition for developmental disabilities than is identified at the federal level, there will be people with solely physical disabilities that may not qualify for RC services, although they may well have substantial disabilities. Another emerging I/DD population subset is returning veterans (aged 18-22) with closed head and traumatic brain injuries, with attendant cognitive, memory retrieval, (potentially) violent/disruptive behavioral, and mental health disorders. California cuts off the developmental timeline at the age of 18. For those individuals with disabilities (including significant disabilities) who do not qualify for comprehensive case management and support services through the RC system, there are generic government, for-profit and private, nonprofit services available, although case management will not be comprehensive or cross-disciplinary.

No other agency serving children or adults in California maintains such strict exclusionary eligibility standards, in regard to disabilities. While the Department of Aging reaches out to seniors (60 years of age and above), it also serves adults with disabilities, regardless of age, much like the statewide system of independent living centers. Other departments/agencies (e.g. CCS, DOE, DOR, etc.) maintain age requirements without regard for narrowing the definition of a developmental disability to meet the state's standard. The Department of Education has its own eligibility requirements that addresses functional/academic capacity without specific limitations based on the definition of a developmental disability.

Other agencies providing supports/services that address the needs of people with disabilities include: the Veterans Administration, Department of Mental/Public Health, SSI, and In-Home Supportive Services, managed care programs, HUD, transportation agencies, etc. These programs may identify services based on functional need or income, but will not limit services eligibility based on the definition of a developmental disability. Secondary characteristics (e.g. behavior, medical constraints, etc.), however, may affect access to or eligibility for services.

There have been anecdotal reports regarding a lack of adequate mental health services for people with I/DD, as there are unequally applied standards for service eligibility. For example, in one county, a mental health professional stated, 'They're not going to benefit from our services; that's what the regional centers are for. They need services that are tailored for people with developmental disabilities.' Yet in another county, a professional stated, "If the patient has a mental health diagnosis and a developmental disability, we ignore the fact that s/he has a developmental disability diagnosis and focus treatment strictly on the mental health diagnosis." These disparate standards are part of 'practice,' rather than policy, making it a difficult issue to address directly, given patient confidentiality restrictions. Most families, unfortunately, are being advised to not tell the system that a loved one has a developmental disability in order to obtain appropriate services.

The majority of services for adults with I/DD (as defined by WIC §4512) throughout California are funded through the state Department of Developmental Services (DDS) via flow-through funding and contracts with the regional center system. DDS provides case management & related services through contracts with a statewide network of 21 regional centers, which provide diagnostic services, assessment of eligibility, and service plans. Regional centers also assist in accessing, coordinating and monitoring services and supports. Once eligibility is determined, most services and supports are free, regardless of age or income. While there is no charge for the diagnosis and eligibility assessment process, there may be co-pays required for some services purchased through the regional center system. For example, there is a requirement for parents to share the cost of 24-hour out-of-home placements for children under age 18. This share depends on the parents' ability to pay.

According to DDS:

"To be eligible for services, a person must have a disability that begins before the person's 18th birthday, be expected to continue indefinitely and present a substantial disability as defined in Section 4512 of the California Welfare and Institutions Code. Eligibility is established through diagnosis and assessment performed by regional centers (DDS, 2016,http://www.dds.ca.gov/General/Eligibility.cfm).

Welfare and Institutions Code – WIC §4512(a)

"Developmental disability" means a disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature" (CA State Legislature, WIC §4512, 2016).

Infants and toddlers (from birth to three), who are at risk of having developmental disabilities or who have a developmental delay, may also qualify for services through the regional center system.

"Infants and toddlers (age 0 to 36 months) who are at risk of having developmental disabilities or who have a developmental delay may also qualify for services. The criteria for determining the eligibility of infants and toddlers is specified in Section 95014 of the California Government Code. In addition, individuals at risk of having a child with a developmental disability may be eligible for genetic diagnosis, counseling and other prevention services. For information about these services, see Early Start (DDS, 2016).

As with definitional limitations regarding eligibility for adults, children who have strictly a vision, hearing and/or orthopedic impairment (or combination of two or more of such impairments, at the time of assessment) may be eligible to receive services from other sources, but they will not qualify for receiving services through DDS and/or the regional center system.

The state Department of Rehabilitation (DOR) informs Californians of its eligibility requirements in this way:

"To be eligible for services, an individual must:

"If your disability is so severe that you might not be able to benefit from DOR services, the DOR can arrange a trial work experience. This is an opportunity to work in a realistic work setting to demonstrate if you can benefit from DOR services" (DOR, https://www.dor.ca.gov/VRED/Am-I-Eligible-4-VR-Services.html, 2016).

With any exclusion or denial-of-service ruling, applicants have appeal rights. Should anyone continue to be denied, they may be referred to DRC for direct representation. All other state-level services maintain full access to people with disabilities, although there may be additional, disability-specific services available to supplement or enhance other generic, community-based resources (e.g. Paratransit, etc.). The In-Home Operations Divisions of DHCS (accessed directly through the RC system) has additional information available regarding disability-related waiver programs in California.

Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families *

In 2003, the American Journal of Preventive Medicine identified that "culturally competent healthcare systems - those that provide culturally and linguistically appropriate services - have the potential to reduce racial and ethnic health disparities. When clients do not understand what healthcare providers are telling them, and providers either do not speak the client's language or are insensitive to cultural differences, the quality of health care can be compromised." (Anderson, p68) In the California Reducing Disparities Project, Latino Strategic Planning Workgroup, while focusing on mental health services, it was determined that "the lack of culturally and linguistically appropriate mental health services (e.g., in the preferred language of clients), compounded by mental health stigma, keeps many Latinos with mental illness from seeking services. A lack of sufficient bilingual and bi-cultural mental health professionals usually translates into language barriers and often results in miscommunication and misinterpretations.

Language is an important factor associated with the use of mental health services and the effectiveness of treatment. Unfortunately, the number of Spanish-proficient providers remains insufficient to meet the needs of Latinos, especially monolingual immigrants. Latinos with limited English proficiency frequently do not have critically important information, such as how and where to seek mental health services (Aguilar, vii). In July 2012, after the California Legislature passed language that added Welfare & Institutions Code Section 4519.5 , the California Department of Developmental Services (DDS) and regional centers were required to annually collaborate to compile data relating to Purchase-of-Service authorization, utilization, and expenditure. One category for data is by language.

In California, the system serving people with I/DD and their families (as of 6/2016) reflects that 94,443 people self-identify as 'Hispanic,' which is 36.7% of the 321,950 total regional center population. 65,969 self-identify that Spanish is their primary language. This means that 20.5% of the total regional center population is Spanish-speaking by their own admission. When looking at the Purchase-of-Services data from the DDS website (by each regional center for FY 2014-15), 20.5% of the total population receives 13.4% of the total RC Purchase-of-Service Authorizations and, when compared to all other languages, they are authorized 64.3 cents on every $1 for services to meet individual needs (see Table 1).

Table 1

All CA Regional Centers

Total Annual Expenditures and Authorized Services

by Language - For All Ages

Fiscal Year 2014-2015

Regional Center	Language	Consumer Count	Total Expenditures	Total Authorized Services	Per Capita Expenditures	Per Capita Authorized Services	Utilized
ACRC	SPANISH	1,489	8,981,623	12,530,319	6,032	9,087	66.4%
	All Languages	21,120	253,635,232	320,275,170	11,897	15,022	79.2%
		7.0%	3.5%	4.2%	50.7%	60.5%	
CVRC	SPANISH	2,856	21,598,165	27,498,822	5,702	7,131	80.0%
	All Languages	18,694	182,014,377	217,069,926	9,737	11,628	83.9%
		20.4%	12.1%	12.7%	58.6%	61.3%	
ELARC	SPANISH	2,492	39,381,115	47,386,078	11,278	13,627	82.8%
	All Languages	12,004	159,250,284	191,465,223	13,266	15,950	83.2%
		20.8%	24.7%	24.9%	85.0%	85.4%	
FNRC	SPANISH	207	2,132,187	3,742,407	6,230	11,108	57.0%
	All Languages	7,503	88,821,000	116,155,215	11,838	15,481	76.5%
		4.5%	2.4%	3.2%	53.1%	71.8%	
FDLRC	SPANISH	3,240	24,906,140	34,031,970	7,690	10,494	73.2%
	All Languages	10,998	125,892,581	165,322,645	11,552	15,170	76.1%
		29.5%	19.8%	20.6%	66.5%	69.2%	

GGRC	SPANISH	1,577	14,530,782	19,046,074	9,217	12,077	76.4%
	All Languages	9,402	191,837,680	219,367,494	20,339	23,258	87.5%
		16.7%	7.6%	8.7%	45.4%	51.9%	
HRC	SPANISH	2,371	11,667,799	16,949,772	4,921	7,149	68.8%
	All Languages	11,677	125,807,547	159,550,175	9,198	11,592	79.3%
		17.3%	9.3%	10.7%	53.5%	61.7%	
IRC	SPANISH	6,204	43,673,233	52,582,592	7,040	8,469	83.1%
	All Languages	32,065	202,722,663	259,225,487	9,472	11,202	84.6%
		19.3%	14.4%	14.6%	74.3%	73.6%	
KRC	SPANISH	1,775	14,922,507	22,396,547	8,351	12,720	65.6%
	All Languages	9,200	118,710,063	174,259,228	14,302	20,935	68.1%
		21.4%	12.5%	12.9%	58.4%	60.6%	
NBRC	SPANISH	1,483	9,541,232	18,976,870	6,434	9,425	68.3%
	All Languages	9,087	141,595,055	166,555,829	15,582	18,329	85.0%
		16.3%	6.7%	11.4%	41.3%	51.4%	
MIARC	SPANISH	6,148	52,018,159	67,996,124	8,434	11,028	76.5%
	All Languages	24,737	287,970,709	366,130,899	11,641	14,800	78.7%
		24.9%	18.1%	18.6%	72.5%	74.5%	
ACRC	SPANISH	209	1,885,605	3,833,818	9,065	18,432	49.2%
	All Languages	3,493	74,319,901	109,314,531	20,664	29,600	69.8%
		5.8%	2.5%	3.5%	43.9%	62.3%	
ACES	SPANISH	3,046	22,693,906	30,162,872	7,450	9,969	74.7%
	All Languages	19,441	289,014,570	349,953,203	14,866	18,001	82.6%
		15.7%	7.9%	8.7%	50.1%	55.4%	
KDDC	SPANISH	4,099	34,224,157	47,273,481	8,349	11,533	72.4%
	All Languages	21,293	277,645,926	359,064,600	13,039	16,863	77.3%
		19.3%	12.3%	13.2%	64.0%	68.4%	
SARC	SPANISH	3,718	34,531,375	43,658,385	9,293	11,748	79.1%
	All Languages	17,112	292,085,326	347,152,504	17,069	20,287	84.1%
		21.7%	11.8%	12.6%	54.4%	57.9%	
SDRC	SPANISH	5,189	34,665,904	47,867,948	6,681	9,225	72.4%
	All Languages	22,843	225,587,871	316,523,620	9,876	13,853	71.3%
		21.7%	15.4%	15.1%	70.7%	69.6%	
SGPRC	SPANISH	3,254	23,096,702	28,032,690	7,098	9,615	82.4%
	All Languages	12,783	133,295,714	156,079,733	10,428	12,200	91.1%
		25.5%	17.3%	18.0%	68.1%	70.6%	
SCLARC	SPANISH	6,894	41,381,639	56,077,844	5,997	8,134	73.7%
	All Languages	15,708	150,459,219	196,474,437	9,579	12,508	76.6%
		43.9%	27.5%	28.5%	62.6%	65.0%	
TCRC	SPANISH	3,550	26,426,290	37,846,226	7,446	10,661	69.8%
	All Languages	15,300	196,449,149	280,029,642	12,674	18,046	70.2%
		22.9%	13.5%	13.5%	58.7%	59.0%	
VVRC	SPANISH	2,294	12,548,195	16,407,665	5,470	7,152	76.5%
	All Languages	15,699	126,382,287	162,809,840	8,697	10,434	83.3%
		14.6%	9.9%	10.0%	63.0%	68.5%	
WRC	SPANISH	1,722	18,470,248	24,349,431	10,726	14,140	75.9%
	All Languages	9,121	142,427,188	186,251,185	15,615	20,420	76.5%
		18.9%	13.0%	13.1%	68.7%	69.2%	

Total	SPANISH	45,969	492,567,964	680,208,937	139,002	221,923	71.65%
	All Languages	321,930	3,898,936,280	4,919,321,788	270,813	345,061	78.51%
		20.3%	12.7%	13.4%	58.7%	64.3%	
Regional Center	Language	Consumer Count	Total Expenditures	Total Authorized Services	Per Capita Expenditures	Per Capita Authorized Services	Utilized

These disparities have been highlighted throughout the I/DD system in California since statutory language was added in July 2012, with little progress in closing the gap. As part of the Governor's Budget (May Revise of 2016), the state is taking a step further in an attempt to reduce the disparity between the underserved Spanish-speaking population and that of all other languages (primarily English-speaking). In the new State Fiscal Year (SFY) budget, the Governor has allocated $11.0 million General Funds (GF) in Operations for regional centers to implement plans to reduce disparities in the provision of services to underserved populations and to provide bilingual pay differentials. The Governor has also allocated a $4.5 million increase ($3.1 million GF) in OPS for regional centers to oversee implementation of recommendations and plans to reduce disparities in the provision of services to underserved populations and to lead competitive integrated employment activities at the local level (Brown, p 5).

In addition to the data from state agencies and research institutions above, the Council also evaluated the results of its statewide survey that captured data from self-advocates, family members and those that provide services. In those surveys, there were several comments about the need for more information in Spanish within each of the proposed goal areas, but there was a marked increase in the number of comments within the 'Informal and Formal Community Supports' goal area. Statements included, "not enough information and resources for parents that only speak Spanish; the regional center workers need to provide more information regarding the services that can help our children; we don't always get the services; not everyone gets the help; there isn't enough information to help us decide the services; and regional center provides limited information on services." When the regional offices of the SCDD were asked to assess the Portrait of Services and identify 'emerging needs,' similar comments were noted regarding the lack of information and resources for those who are Spanish-speaking. A sampling of comments includes, "limited Spanish resources; lack of Spanish materials; lack of Spanish programs and staff; and lack of awareness of Spanish families on regional center services."

Analyzing the background research and current data, the Council concluded that the Spanish-speaking population in the regional center system is underserved. Those who are Spanish-speaking face a tremendous barrier in equitable access to services and supports by not having culturally competent information and training to know what types of services are available through DDS and the regional center system in California. The Council believes that reducing this barrier by providing information in Spanish and culturally competent training to the Spanish-speaking population, which describes the services and supports available through the regional center system, will help to reduce the disparity in Purchase-of-Service funding for the underserved Spanish-speaking population.

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The availability of assistive technology *

The Assistive Technology Act (AT Act) of 1998, as amended in 2004, funds each state and U.S. territory to provide assistive technology (AT) services. In California, the AT unit program is housed within the DOR and funded by a federal grant through the Administration for Community Living (ACL). The DOR contracts with the California Foundation for Independent Living Centers (CFILC) to provide statewide AT services that assist people with disabilities with living independently and participating in their communities. Individuals, businesses and schools can borrow AT devices on a month-to-month basis from 13 Device Lending Libraries located throughout the State (DOR, Assistive Technology Program Overview, 2016). Information about AT is available through state and local/community libraries, DOR, schools/districts/SELPAs, regional centers, early intervention programs, occupations/physical therapy providers, California Children's Services and other health/therapeutic programs serving children with disabilities, senior programs, public health clinics and hospitals.

Assistive technology needs are addressed in yearly (or as scheduled) planning meetings with individual education planning teams (local educational agencies) and individual program/family service planning teams (regional centers), in addition to DOR and AT Program service plan team efforts. The California Foundation for Independent Living Centers (CFILC) disseminates AT information to people living in family/independent living environments. DOR, when monies are available, makes low-interest AT loans available for families/individuals purchasing equipment. Community college and university programs offer assistance/information to students with disabilities (e.g. assessments and referrals for adapted/adaptive equipment, AT, and modifications/accommodations for academic programming).

AT must be considered for every student receiving special education services (CFR, Title 34, §300.308). The Individualized Education Program (IEP) team, including a representative who has conducted an AT assessment, determines the adaptive/assistive products, equipment and/or services that are appropriate. After school programs should also be familiar with technology that a student receiving special education services uses in the classroom (California After School Resource Center, 201). Low Incidence funding/equipment is available for schools/districts/SELPAs for specialized books, equipment, aides, (school) housing, etc. necessary to support students with exceptional needs (e.g. EDC §52570-52572, §56426.2-56432, §56300-56385, etc.).

The California Department of Education (CDE) Clearinghouse for Specialized Media and Translations (CSMT) produces accessible versions of textbooks, workbooks, literature, books and other instructional resources adopted by the State Board of Education. Products and services are provided pursuant to California law, No Child Left Behind (NCLB), the Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act (ADA), and Sections 504 and 508 of the Rehabilitation Act of 1973 (CDE, Clearinghouse, 2016). The DOE provides online ordering systems for braille, digital talking books (DTB), large print, audio books, ASL video books, and APH products.

California's Assistive Technology Act program, Ability Tools, provides services such as the "AT Exchange marketplace, device lending libraries, financial loan program (for assistive technology), information and referrals and a reuse program in affiliation with organizational partners" (Ability Tools, 2016). This program receives financial support from multiple health-related (Molina Health Care and Anthem Blue Cross), state and federal/governmental (Department of Rehabilitation, through the U.S. Department of Education, Rehabilitation Services Administration) and private (Dana & Christopher Reeve Foundation) sources and maintains a resource list of community-based AT advocates at Independent Living Centers, who provide information and referrals.

A network of offices and agency affiliates throughout the state of California provide AT device lending libraries with free, short-term loans "of equipment such as portable ramps, AAC devices, magnifiers, computer software and more" (Ability Tools). Additionally, patrons may access: computer hardware/equipment, hospital beds and medical equipment, mobility devices (e.g. wheelchairs, scooters, vehicles, accessories, lifts, etc.), telecommunication devices and related equipment, assistive hearing and/or communication devices, ambulatory devices (e.g. standing frames, tilt tables, stair elevators, etc.), workstation adaptive modifications, and equipment to assist those with vision impairment(s). Devices may also be provided to patrons at no or low cost.

The California State Library, which cooperates with the Library of Congress, National Library Service for the Blind and Physically Handicapped (NLS), contains a collection of material such as books, movies, newspapers, recordings, descriptive video services through its Braille and Talking Book Library (BTBL). Eligibility for free services available through the BTBL is extended to those northern California residents with visual, physical or organic dysfunction. The "Braille Institute Library in Los Angeles, also funded by the State Library, serves residents of Southern California" (California State Library, 2016). Patrons of this service are assigned to 'Reader Advisors,' who assist with requests, technical problems, etc.

The Data Equity for Main Street Project has partnered the California State Library, the Nevada State Library, and the State of Washington's technology agency, WaTech, "to look at ways to increase the use of open data by citizens. Over two years, the project will develop open educational resources and provide grants to libraries to try out these new tools in their communities" (California State Library).

Per federal law, "every public agency must ensure that assistive technology devices and/or services are made available to a child with a disability if required as part of meeting the child's special education needs, related services or supplementary aids and services. It is evaluated on a case-by-case basis in order for the student to receive a free appropriate public education" (Code of Federal Regulations, Title 34, §300.308). The Department of Education (DOE) website provides types of assistive devices that may be necessary for academic (e.g. reading/learning/studying, writing, computer access, math, communication, mobility/hearing/vision, position/seating, etc.) purposes, such as adapted furniture, electronic devices, hardware/software, picture/book/print adaptations, etc.
Disability Rights California provides advocacy, outreach, training, public policy work, investigations regarding allegations of abuse and neglect, direct representation and appeals for people who need or use assistive technology, mobility devices and/or adaptive equipment. These services are provided at no cost to the clients requesting assistance when denied service, equipment, and or other assistance.

Finally, the California regional center system serves as the "funder of last resort" for self-advocates who meet the state's definition of I/DD. When no other generic resource is available, the regional center may also provide funding for assistive technology devices as identified through the Individualized Program Plan (IPP).

Waiting Lists *

Numbers on Waiting Lists in the State

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2015	38896	287313	287	1134	0	0

a. Entity who maintains wait-list data in the state for the chart above

Case Management authorities ○ Providers ○ Countries ● State Agencies ○ Other ○

b. There is a statewide standardized data collection system in place for the chart above

Yes ○ No ●

c. Individuals on the wait-list are receiving (select all that apply) for the chart above

- ☐ No Services
- ☑ Only case management services
- ☐ Inadequate services

d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list

- ☐ Comprehensive services but are waiting for preferred options
- ☑ Other

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

California maintains entitlement services for people with I/DD, although access to preferred &/or private-pay services may be limited by availability.

e. Description of the state's wait-list definition, including the definitions for other wait lists

N/A

f. Individuals on the wait-list have gone through an eligibility and needs assessment

Yes ● No ○

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

Section-8 regional Public Housing Authorities accept wait list applications only during 'open enrollment' periods. Eligibility is determined/established both prior to entry to the wait list and confirmed upon availability of housing/vouchers.

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

Yes ○ No ●

h. Specify any other data or information related to wait-lists

N/A

i. Summary of Waiting List Issues and Challenges

According to the U.S. Department of Housing and Urban Development, there are 104 Public Housing Authorities (PHA) in California, many of which maintain both Section-8 and low-rent programs. California's Section-8 waiting lists address housing requirements for those families who are in need and have lived within the jurisdiction for at least a year, with special consideration given those who are homeless/living in substandard housing, pay more than 50% household income for rent, are displaced families, those with minor children, or are headed by seniors or people with disabilities. California's regional PHAs have specific guidelines/preferences for Section-8 waiting lists. Preferences set by the PHA reflect typical needs/priorities of people living within its jurisdiction. Limited resources and scarcity of HUD-approved rental units create waiting periods of (up to) several years for benefits of Housing Choice Voucher Program, and most housing authorities in California are not (currently) accepting fresh applications for Section-8 housing.

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

Analysis of the adequacy of current resources and projected availability of future resources to fund services
As California works its way back from economic recession and the accompanying deep budget cuts of previous years, it continues to meet the housing and service entitlements guaranteed in the Lanterman Act, as well as federal mandates on budget, taxes and services for people with I/DD. For decades, funding for these services has fluctuated, based on the state's economic health. Federal Medicaid funding for Medi-Cal was threatened in 2014 because of taxation issues. Though the threat of losing federal Medi-Cal funds was overcome in 2016, the increase in services for I/DD will require a change in funding structures to keep up with demands in the future.

The 2016-2017 California state budget includes total funding of $141 billion (with $33 billion General Fund and $108 billion other funds) for all programs overseen by the Department of Health and Human Services (DHHS). These programs serve low-income, vulnerable individuals and families, among them state residents with I/DD.

The Governor's proposed 2016-17 budget includes $6.4 billion in all funding for DDS programs (a 6.7% increase over 2015-16). General Fund expenditures for DDS for 2016-17 are $3.8 billion, an increase of $265 million (7.5 percent) over the previous year. The increase in total expenditures reflects increases in the budget for the Community Services Program (including several significant new policy proposals) and transition costs for closing the remaining Developmental Centers.

By the end of 2016-17, DDS estimates it will serve about 303,000 people with I/DD. This represents over 12,504 more clients than the previous year. The budget proposes $5.8 billion for support of the Community Services Program in 2016-17 (8.2% more than the year before). Of this, $663.5 million will pay for operating the 21 regional centers (with 40 offices) throughout California. The remaining $5.1 billion will pay for services provided by RC vendors to people with I/DD. In addition, federal funding has increased for the Home and Community-Based Services (HCBS) Waiver, which allows both RCs and Medi-Cal to authorize and pay for in-home or community services that allow individuals to avoid living in a hospital or institution. In 2015-16, federal funding for HCBS was $1,438,761,000. In the 2016-17 budget, it is now $1,658,573,000, an increase of $219,812,000. In addition, the Medicaid (HCBS) Waiver Administration allocated $17,647,000 in federal funding in the 2015-16 budget. It has $20,613,000 in funding for 2016-17, an increase of $2,966,000 (Brown 2016). The increases in resources will fund the continued rise in I/DD served by both the DDS and Medi-Cal.

The increase in total and General Fund spending is a result of caseload growth and program changes dictated by new compliance requirements. The regional services caseload increase of 11,000 persons served will require an increase in funding. Federal mandates on increases in competitive integrated employment opportunities for people with I/DD seeking employment will also require more funding. The governor has budgeted 5% more

to be spent on supported living, independent living, respite and transportation - an increase of $64.6 million.

In March of 2016, the state imposed a three-year tax on managed care organizations designed to bring in $1.4 billion a year to fund Medi-Cal. The Obama administration had previously declared that the California policy of taxing only managed care organizations that serve Medi-Cal clients didn't comply with federal rules. To receive federal funds, the state was ordered to tax all healthcare plans. After a year of negotiations with insurance companies, the Governor's office arrived at a plan that satisfied both insurance carriers and the federal government. The tax agreement covers the next three years (Gorn, 2016). Avoiding the loss of funding for Medi-Cal is essential. This state and federal government program for people with low incomes provides healthcare to a third of California's more than 38 million residents, including more than 75% of adults with I/DD in the state. Continued budgetary planning is needed to keep funding for Medi-Cal in place once the current tax bill has expired.

The Governor's 2016-2017 budget includes several proposals to support compliance efforts toward new federal Home and Community Based Services (HCBS) regulations. HCBS program policies are changing by March 2019to comply with recent federal mandates. In the two years following the 2016-2017 budget year, more allocated resources will be needed to meet full compliance with new rules, requiring a dramatic transformation in the community services financing structure (2016-2017 Budget).

There is a growing need for an increase in future allocation of resources for the medical/dental health of people with I/DD through federal funding for Medi-Cal. Medi-Cal's dental insurance, Denti-Cal, has reportedly not raised its provider rates in more than 15 years. The state's primary provider of Denti-Cal services to low-income patients stopped accepting new Denti-Cal patients in 2015, leaving most adults with I/DD with reduced access to dental services in coming years. The state reportedly has among the lowest Medicaid reimbursement rates in the nation. 12.5 million Californians receive healthcare services through Medi-Cal and low provider reimbursement rates mean that fewer providers will now accept Medi-Cal. This has reduced available options and the number of available medical providers for the most vulnerable state residents. Furthermore, nearly two-thirds of all Medi-Cal recipients are Latino and three-quarters of all adults with I/DD rely on Medi-Cal. Current reimbursement rates mean that people with I/DD have less opportunity for obtaining accessible medical treatment.

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

To the extent that people with I/DD in facilities require assistance, health care, and other supports/services, California ensures both eligibility and access, with few exceptions. According to DDS, 20.73% (53,362) of self-advocates served through the DDS system (both community-based and in institutions) have special health requirements and 5.26% are technology-dependent. 11.21% have vision impairment, 5.62% have hearing impairment, and 2.31% have both vision/hearing impairment, while 21.14% are non-ambulatory. 36.34% have no intellectual disability, while 33.62% have mild, 13.42% have moderate, 5.61% have severe, and 3.46% have profound intellectual disability. 37.34% have only ID and 7.56% are considered 'unspecified.' 18.5% of people with I/DD have severe behaviors; over 5% have special conditions or behaviors and nearly 24% have one to three (or more) risk factors. 11.63% are identified as also having mental health diagnoses and 17.78% are reportedly receiving behavioral medications.

Within the developmental disability services system, 49.6% of adults with I/DD live in their own homes or those of family members – primarily those of parents. Within the birth-to-17 age range, 93.6% live with family. For children (birth to 17), 5.3% live in a community care (licensed) setting, 0.6% live in a skilled nursing or intermediate care facility, 0.1% reside in a DC, and .4% are recorded as living in other types of residential placements. While 21.4% of adult clients live in a community care (licensed) facility, 16.6% reside in independent or supported living settings, 8.2% live in skilled nursing or intermediate care facilities, 3.4% reside in DCs, and 0.8% are living in other placements.

Community-based residential/placement options for people with I/DD are typically determined (and restricted) by the level of care necessary to safely maintain the client's health and well-being. Community placements are voluntary, with the exception of those determined and enforced by decisions of a conservator. Medi-Cal-funded placements (Medicare funding may give patients more choice in regard to placement/care options) include skilled nursing and intermediate care facilities (ICF-MR/DD).

Regional center-funded placements are licensed as community care facilities (CCF) and are differentiated by age and level of care provision. For the purposes of age, small family homes (SFH) are for children from birth-to-eighteen years of age. Adult residential facilities (ARF) are for people between the ages of 15 and 59. Adult residential care facilities for the elderly (RCFE) are for people who are 55 years of age and older. Within each of these CCF types, the state has established an alternative rate model (ARM), which sets payment rates, based on the level of care (from 1 to 4) and (within a Level 4 facility) from step A to I, with I being the most intensive level of required care/supervision. Levels 1-3 may be staff or owner-operated (SO or OO) and, therefore, do not require consultant hours for specialized care within a residential setting. Clients in need of specialized care may receive those services within the community.

Level 4 facilities must be staff-operated and include consultant hours for specialty care that is received within the residential setting, although this will not preclude clients from also receiving specialized services outside of the facility. ICFs and SNFs are Medi-Cal-funded and may receive any type of Medi-Cal-funded service within either the residence or the community. DDS reported that, for medical and dental care: 97% of residents received medical care in the past year and had their needs met; 87% had dental care in the past year and had their needs met; and 93% of those with medical or dental conditions received full appropriate care (DDS Fact Book, 2016).

The Department of Developmental Services (Department) currently operates three State developmental centers (DCs), all licensed and certified as General Acute Care hospitals with Skilled Nursing and Intermediate Care Facility/Mentally Retarded (ICF/MR) services. The Department also operates one smaller, state-operated community facility (CF) licensed as an ICF/MR facility. The 2015 May Revision to the Governor's Budget

proposed closure of the three remaining DCs -Sonoma, Fairview and the General Treatment Area of Porterville. DDS submitted a closure plan for SDC to the Legislature on October 1, 2015, with the goal of closing SDC by the end of 2018.

All new admissions are restricted to Porterville's Secure Treatment Program and the acute crisis centers at Sonoma and Fairview require a court order and are based on a formal determination that the DC/CF is the only residential setting available to ensure the individual's health and safety. Referrals for admission are made through regional centers a. Regional Resource Development Projects (RRDP) at each DC also play an important role in activities related to admissions, transition planning, deflection, and resource development.

The DCs regularly participate in planned and unplanned reviews of clinical practices and systems, such as the licensing surveys by the Department of Public Health (DPH), mock surveys by DDS headquarter teams, and contracted consultation with subject-matter experts with national experience. Additionally, a variety of investigative processes are in place to closer examine specific incidents. These resources and the feedback generated provide important information about current services and are essential to identifying areas for improvement.

In January 2015, acute crisis centers were established on the campus of Sonoma Developmental Center (SDC) and reconfigured at Fairview Developmental Center (FDC) to provide short-term crisis stabilization for up to five people with I/DD in a home environment, separate from other DC units. Admission is based on specified criteria due to an acute crisis with the overarching goal of providing person-centered treatment that will expedite a resident's return to the prior residence or a more suitable community-based residential setting - ideally within 90 days, but no longer than one year from date of admission.

The majority of individuals served at Porterville DC have an I/DD and many have severe chronic medical and/or behavioral problems. Others require services within a secure treatment program. These are people in the mild-to-moderate range of intellectual disability, have come in contact with the legal system, have been determined to be a danger to themselves or others, may be incompetent to stand trial, and have been determined by the court to meet the criteria requiring treatment in a secure area.

Services provided within the FDC community occur on a continuum and include 24-hour health care supervision, a structured medical, nursing and social/behavioral environment, and a habilitation program designed to enhance independence and life skills. Services also include training in daily living, vocational skill development, leisure, academic advancement, communication, mobility, socialization and community integration. Services are provided both on campus and in community-integrated settings.

Individuals live and work at Canyon Springs (CS) while undergoing focused training and treatment to help them manage their lives and gain control over impulsive and/or inappropriate behaviors. As individuals demonstrate acceptable behavioral control and personal responsibility, as well as appropriate work, social, and living skills, they are assisted in returning to their original home communities or other less restrictive living environments. The treatment program at CS is designed to provide its residents with work/job training, including formal educational opportunities and new home life and living skills.

Nursing Facility (NF) Services includes two programs: Program 2 has six residences that focus on treating acute or chronic/severe medical conditions and Program 3 has four residences that focus on treatment for acute and chronic medical conditions. NF Services provides individualized and high quality nursing care for the promotion of physical and emotional health. The majority of people served have experienced acute or chronic medical conditions. Common medical conditions may include neuromuscular and/or sensorimotor deficits, feeding and respiratory difficulties (necessitating supplementary oxygen), gastrostomy or tracheostomy care, end-of-life care, and other nursing conditions which require 24-hour care from skilled care staff. NF Services provides highly skilled staff trained in restorative nursing care, alternative positioning, range-of-motion, respiratory support, and assistance with activities of daily living (ADL).

Program 4 (SDC ICF services) includes five residences that provide positive behavioral supports to assist people with living more independent lives and opportunities for personal growth. Ages range from early adulthood to mature adults. The Interdisciplinary Teams (IDTs) and caretakers focus on social skills development, fostering interpersonal relationships, and development of independent living skills. Program 6 includes six residences that provide behavioral supports with highly specialized medical and nursing supports to assist people with living more independent lives and provides opportunities for personal growth. Age ranges from early adulthood to elderly adults. These IDTs and caretakers also focus on sensory integration, social skills development, fostering interpersonal relationships and development of independent living skills.

In a recent press release (May 27, 2016), Disability Rights California (DRC is California's Protection and Advocacy agency), "urged the state to step up efforts to develop community services for residents of the Sonoma Developmental Center (SDC). This follows a decision by the Centers for Medicare and Medicaid Services (CMS) to terminate federal funding for 7 of the SDC's 11 intermediate care facilities...but a CMS survey this spring (2016) pointed to health and safety violations and lack of treatment." Reiterating these deficiencies, the Transform State Developmental Center website states, "As we have known for many months, the state is committed to closing SDC by the end of 2018. One of the major reasons for the expedited closure timeline is the federal government's termination of funding for SDC residential units that serve clients with intellectual and behavioral disabilities due to repeated findings of violations in care standards. Under threat of a complete withdrawal of federal funding for these 'Intermediate Care Facility' (ICF) units, DDS entered into a settlement agreement last year with the Center for Medicare and Medicaid Services (CMS) that established the December 2018 closure date. Matters were made worse in February of this year (2016) when CMS found additional violations during inspection of care units. On May 13th, CMS announced a termination of federal financial support, effective June 30, 2016, resulting in a loss of approximately $26 million in annual funding. In response to this withdrawal of funding, the Legislature approved an additional $32.4 million in General Fund expenditures to ensure continued operation of the ICF units" (https://transformsdc.com/2016/06/14/state-budget-framework-for-sonoma-developmental-center-closure-finalized/).

Additional concerns have been expressed by Community Care Licensing and law enforcement/criminal justice/emergency medical personnel about community-level system readiness and the level(s) of training available to/received by first responders (and others) as people with significant medical and/or behavioral needs are transitioning out into community-based settings. Parents and other caregivers also voice concerns about those who will be meeting/serving clients with intensive needs for the first time, often under exigent and emergent circumstances, as facilities close and residents transfer into community residential placements.

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

In California, community-based services for individuals with developmental disabilities are provided through a statewide system of 21 private, non-profit regional centers (RC), established by the Lanterman Developmental Disabilities Services Act (WIC Div. 4.5, §4500-4884) and funded through contracts with the California Department of Developmental Services (DDS) Regional centers provide fixed points of contact in the community for families and people with I/DD. Regional centers coordinate and/or provide community-based services to those eligible and are governed by volunteer Boards of Directors that include people with I/DD, family members, a representative of the vendor community, and other defined community representatives.

Regional centers are responsible for the provision of outreach; intake, assessment, evaluation and diagnostic services and provide comprehensive case management/service coordination for people with I/DD or who are at risk of becoming developmentally disabled. In addition, RCs are responsible for developing, maintaining, monitoring and funding a wide range of services and supports to implement plans of care [or individual program plans (IPP)] for clients. IPPs are developed using a person-centered planning approach. Regional centers also conduct quality assurance activities in the community and maintain/monitor a wide array of qualified service providers. RCs are also responsible for ensuring that 1) eligible consumers who want to participate on the 1915(c) HCBS Waiver are enrolled; 2) service providers meet the qualifications for providing Waiver services; 3) IPPs are developed and monitored; 4) consumer health and welfare is addressed and monitored; and 5) financial accountability is assured.

The regional centers' vendorization is the process for identification, selection, and utilization of service providers, based on specific qualifications and requirements necessary for service provision. Vendorization allows regional centers to verify, prior to the provision of services to people, that a provider/applicant meets all of the requirements and standards specified within state and/or federal regulations. RCs are responsible for ensuring that every applicant meets licensing, certification, education, staffing and other Title 17 requirements for vendorization and vendor approval based is upon a thorough review of documentation submitted by an applicant.

DDS ensures, through the oversight of the California Department of Health Care Services, California's Medicaid agency, that the HCBS Waiver is implemented by RCs in accordance with Medicaid law and the state's approved waiver application. The HCBS Waiver affords California the flexibility to develop and implement creative, community alternatives to providing care to people with I/DD in institutional settings. California's HCBS Waiver services are available to regional center clients who are eligible for Medicaid (Medi-Cal in California) and meet the level-of-care requirements for an intermediate care facility (ICF) serving people with I/DD.

California's first Home and Community-based Services Waiver for Californians with developmental disabilities was approved (effective July 1982) with a total enrollment cap of 3,360. (http://www.dds.ca.gov/waiver/docs/ApprovedWaiverApplication_03292012.pdf) By 1997, California had 46,718 participants on the Waiver program and by 2016 will have up to 120,000. Such increase in waiver availability for people with I/DD in California shows growth rates as one aspect for adequacy of services.

California's 1915(c) HCBS Waiver contains the following:

Eligibility Requirements: Must have eligibility for full scope Medi-Cal, Must have a formal diagnosis of a developmental disability that originates before an individual attains the age of 18, as defined in the California Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code, Section 4512(a), Must be a Regional Center consumer, and Must meet the level of care of the Federal intermediate care facility for the mentally retarded (ICF/MR), or in California, the ICF/DD-type facilities.

Services Provided: Homemaker, Home Health Aide Services, Respite Care, Habilitation: Residential habilitation for children services, Day habilitation, Prevocational services, Supported employment services, Environmental Accessibility Adaptations, Skilled Nursing, Transportation, Specialized Medical Equipment / Supplies, Chore Services, Personal Emergency Response System (PERS), Family Training, Adult Residential Care: Adult Foster Care, Assisted Living, Supported Living Services, Vehicle Adaptations, Communication Aides, Crisis Intervention: Crisis Intervention Facility Services, Mobile Crisis Intervention, Nutritional Consultation, Behavior Intervention Services, Specialized Therapeutic Services, Transition / Set-Up Expenses, Habilitation (http://www.dhcs.ca.gov/services/medi-cal/Pages/HCBSDDMediCalWaiver.aspx). California's current Waiver term extends from: October 1, 2011 through September 30, 2016.

DDS reports that in work and day programs, 98% of people in day programs or work interact with persons with the same language. 67% of those working are paid for over 10 hours of work per week and 40% of those working are paid minimum wage or more. Of those involved in programs, 90% report liking their day activity; 92% like the people at their day activity; and 91% want to continue going to their day activity.

In terms of social well-being, 86% of consumers have a community outing at least weekly, 79% report having one or more personal friends, and 91% of consumers have moved only once or not at all in two years. 98% have persons in their house speaking the same language. In regard to medical and dental care, DDS reports that 97% of its clients have had medical care in the past year and had their needs met; 87% had dental care in the past year and had their needs met; and 93% of those with medical or dental conditions received full appropriate care. Fully 89% of clients report that they like living at their community home; 93% like the people with whom they live; and 88% wish to continue living at their (current) community home. In considering emotional security, DDS reports that 94% of clients can name someone with whom they can talk when unhappy; 87% report feeling safe all the time; 81% feel happy most of the time; and 83% feel comfortable telling people what they want most of the time (DDS Factbook, 13th ed., April 2016 available at http://www.dds.ca.gov/FactsStats/docs/factBook_13th.pdf).

When measuring adequacy in service provision and in cases that are eligible for the HCBS Waiver, people receive the same types and amounts of services that any other person would receive, based on the self-advocate's Individualized Program Plan (IPP). For several years in California, services have been impeded by a combination of low provider rates and high staff turnover (largely associated with low pay). Through the infusion of additional funding for this current budget year, (largely due to the passage of the Managed Care Organizations [MCO] Tax), many programs and staffing patterns may stabilize. At the same time, the system is implementing mandatory minimum wage and overtime rules, both of which were addressed fiscally by the Governor's May Budget Revise. While HCBS services appear to be adequate, families and self-advocates do not typically measure quality-of-life in regard to the adequacy standard. Many family and self-advocates (and those who provide services) offered input through the statewide survey about the need for 1) better staff pay, 2) increasing variety in the types of employment opportunities, 3) better job training, and 4) more (and more reliable) transportation options. Regional office assessments also revealed an emerging need for more housing options, including a reduction in the wait time for people on housing lists for Section-8/affordable housing, for more providers and for providers that are culturally competent - all of which are services funded through California's 1915(c) HCBS Waiver.

Rationale for Goal Selection [Section 124(c)(3)(E)]

* - Required field

Rationale for Goal Selection *

The Council took a 2-pronged approach in soliciting public input regarding both the portrait of services and in identifying emerging issues for people with I/DD, their families and those that provide services and supports throughout the state. The first prong was the development, done in consultation with family/self-advocates, of a statewide survey tool that was distributed and collected at both regional face-to-face meetings and via the internet on Survey Monkey. The second prong was an assessment from the statewide network of regional offices which asked them to provide a narrative on the current portrait-of-services and on the emerging issues for each proposed goal area by respective objective and then to rank the portrait-of-services and the emerging needs based on a 10-pt scale with 10 being the best.

The statewide surveys provided both quantitative data in the number of responses to each selected area of "greatest need for services" as did the regional office assessments in their ranking. The statewide surveys then provided extensive qualitative data by asking 3 open-ended questions relating to 1) the need experienced, 2) how the Council can better help, and 3) the kind of training people would like to receive. Likewise, the regional office assessments allowed for qualitative data through narrative descriptions of how the current Portrait of Services looks in each proposed objective area as well as their identification of the emerging issues within each objective area. The mixed method of quantitative and qualitative collection provided us with robust data in the 'what' area (of greatest need); the 'why' and the 'how' are identified by greatest need and by the types of activities, outputs and outcomes that would result in meeting the overall goal for the statewide population of people with I/DD, their families and those providing services and supports.

When comparing 3,412 statewide survey results to feedback from the 12 regional offices, several factors stood out when developing and selecting goals. The following is a summary of findings and rationale for each goal area selected for the proposed 2017-21 State Plan:

In ranking the highest frequency of requests from the 9,370 total selected responses of the family/self-advocate/professionals statewide surveys, 34.9% expressed the area of greatest need as 'Formal and Informal Community Supports.' At the same time, regional offices assessed the emerging needs of this goal area as the least necessary with a 4.95 score on a 10-point scale (10 being the highest). The rating then fell within a 1.5 point margin from the highest ranking emerging need. While the quantitative data had differences in ranking, the qualitative side reflected very similar comments by both the family/self-advocates and professionals when compared to the regional office assessments. A common theme was the need for more information about services available to families and self-advocates. Several offices noted in particular the need for more resources in Spanish. The statewide surveys from Spanish-speaking family/self-advocates rated this as the highest area of need and, in particular, the need for more information about services offered through the regional center system in CA in Spanish (giving support specifically to Objective 6.1). The proportion of regional offices giving similar input was complementary to the high percentage of Spanish survey respondents in developing this as a sub-theme to the overall assessment and rationale for our goal selection of 'Formal and Informal Community Supports' and the types of activities, outputs and outcomes identified for this goal area.

The second highest frequency of response given by family/self-advocates/professionals for greatest need was 'Employment,' with 15.5% of the 9,370 total selected responses. Likewise, regional offices assessed 'Employment' as the second highest need (tied with 'Health & Public Safety') across the state. The assessment of where services and supports rank for 'Employment' was an average of 4.67 on a 10-point scale, confirming the poor state of CIE for people with I/DD throughout California. Much of the qualitative data from both the statewide surveys and the regional office assessments indicated a greater need for more job training, better job options, better understanding of how to address barriers through training and information (such as money management and how wages affect public benefits, etc.), as well as how subminimum wage changes and the new Final HCBS Rules will impact current services and supports for people with I/DD in CIE. Such consistency between the statewide surveys and regional office assessments, along with employment data, serves as rationale for identifying 'Employment' as a goal area.
The third highest frequency need, as noted by family/self-advocates/professionals, was 'Early Intervention, Education, Transition & Post-Secondary Education,' with 15.3% of the 9,370 total selected responses. The regional office assessment ranked this goal area as the 5th greatest need with an average ranking of current services at an average 6.15 points on a 10-point scale and the emerging needs as a 4.40 on that same scale. While CA has a notably strong Family Resource Network and Family Resource Center system, much of the qualitative data from the statewide surveys indicated a greater need for assistance in navigating the system for self-advocates earlier in life.
The next most notable themes emerging from both the statewide surveys and the regional office assessments were : assistance in learning how to better advocate at Individual Education Plan (IEP) meetings, preparing for transition planning (including ITPs), and options for post-secondary education, including independent living options, and, finally, better collaboration between agencies that jointly serve the same self-advocate, such as school districts, the Department of Rehabilitation and the regional center system. This consistency among and between the qualitative data sets serves as rationale for selecting 'Early Intervention, Education, Transition and Post –Secondary Education' as an important goal in the new State Plan.

The fourth highest frequency of response, noted by family/self-advocates/professionals as a 'greatest need,' was 'Health and Public Safety,' with 14.3% out of 9,370 total selected responses. In regional office assessments, 'Health and Public Safety' ranked as the second highest (tied with 'Employment'). Much of the qualitative data from both the statewide surveys and regional offices focused on themes of disaster preparedness, keeping self-advocates safe, abuse prevention and, to a very large degree, on teaching and training of both law enforcement and medical personnel in better use of tactics when dealing successfully with people with I/DD. Several regional offices noted difficulty in establishing relationships with local law enforcement agencies. The passage of California's SB 11 (Beall) and SB 29 (Beall) established enhanced training requirements for law enforcement academy recruits, seasoned officers, and field training officers in the areas of people with I/DD, mental illness, and substance abuse disorders, as well as involuntary holds. The Council believes that it will see a marked increase in new collaborative relationships with local law enforcement agencies in the upcoming coming State Plan year(s). Such consistency in the qualitative data among and between the statewide surveys and the regional office assessments validates the rationale for this goal selection.
The fifth highest frequency need, as noted by family/self-advocates/professions, is in 'Housing,' with 12.1% of the 9,370 total selected responses. In regional office assessments, this was ranked as the 1st highest emerging need area, with an average rating of 3.38 points on a 10-point scale. Similarly, it was rated as the lowest at 4.67 on that same scale for the current Portrait of Services in the community. By far, the qualitative data for both the statewide surveys and the regional office assessments focused on three major themes: affordability, accessibility, and safety in housing. Both statewide surveys and regional offices noted an increase in need for the development of housing in the community and more training for people with I/DD and families on how to access Section 8 and other housing programs that may have long wait lists. Several offices noted newly

formed collaborative partnerships with local Housing Authorities over the past year and that there is promise in securing increased prioritization by Housing Authorities to include people with I/DD into general plans and developments over the next year. Based on expressed need and the continued housing crisis in California, the Council selected 'Housing' as a viable goal area for this State Plan.

Finally, the sixth highest frequency of need, as noted by family/self-advocates/professionals, was in the area of 'Self-Advocacy,' with 7.9% of the 9,370 total selected responses. Regional office assessments ranked this as the fourth greatest need, with an average ranking of 4.21 on a 10-point scale for emerging needs and a mere 5.79, in ranking the current Portrait of Services in relation to this goal area. Though the quantitative data varied, the qualitative input was nearly identical in three major theme areas: 1) the need for more training for F/SA on the new Self-Determination program in California; 2) the need for training for F/SA on Person-Centered Planning (PCP) and Person-Directed Planning; and 3) the building of SA groups by providing leadership and boardsmanship training for SA by SA. The consistency in clearly emerging themes among and between the qualitative data sets of the statewide surveys and the regional office assessments provides the rationale for the selection of 'Self-Advocacy' as the Council's final goal area.
In summary, a 2-pronged approach to the analysis in determining the rationale for goal selection was highly valuable, as the statewide surveys and regional office assessment frequencies and rankings, respectively, gave the 'what' of the goals, and the qualitative data gave us the 'why' and 'how' of the goals. This approach led to a better identification of the activities, outputs and, therefore, outcomes to match that which was requested by F/SA in the best possible manner. Without that valuable input, the Council could not have proffered such a robust State Plan for the next five years.

Collaboration [Section 124(c)(3)(D)] *

California's protection and advocacy entity is Disability Rights California (DRC). California has three University Centers for Excellence in Developmental Disabilities (UCEDD): USC Children's Hospital, Los Angeles, UC Davis M.I.N.D. Institute, and UCLA's Tarjan Center. Each entity was involved in the state plan goal selection process, providing information for the CRA; reviewing goals, objectives, and the work plan; and coordinating UCEDD goals with the goals in the Council's State Plan. Each entity did this formally as members of the Council and as a member of the Council State Plan Committee. Additionally, each entity engaged in the process informally through consultation and individual review.

The Council's federal partners have plans to work together in a number of different areas. The network will meet monthly to discuss collaborative projects and will work on the targeted goal of reducing service disparities through increasing the amount of information about available services in a language other than English. In so doing, this network will develop English descriptions of available services, translate services into Spanish, and develop training on available services in Spanish. Once these tasks are accomplished, the Council and its partners will focus on additional languages. Additionally, the partners will collaborate on a lexicon of developmental disability-specific terms for translation into other languages. This lexicon can be used by regional centers developing Individual Program Plans or school districts translating Individual Education Plans.

In the area of employment, all federal network partners are members of the Council's Employment First Committee, which will focus on the state rollout of the Competitive Integrated Employment Blueprint, the state's Employment First policy, and the Council's employment data dashboard. In policy areas, the UCEDDs will provide technical information, the DRC will provide legal expertise, and the DRC and Council will advocate and inform in the areas of employment, housing, healthcare, public safety, education, and community-based services.

The Council has plans to collaborate with the UCEDDs and is a member of each of the UCEDDs' Community Advisory Committees. The UC Davis Mind Institute serves as a member of the Council's State Plan Committee. Furthermore, the Council and the UCEDDs plan to collaborate on analyzing available data to determine the cause of racial disparities in the service delivery system.

The Council and DRC collaborate on a number of projects. DRC is a member of the Council's Legislative and Public Policy Committee. DRC and the Council will work together on monitoring the progress of closing the State's remaining institutions, as well as monitoring/addressing the care for individuals still residing in those institutions. The Council will train DRC staff on laws regarding open meetings. All collaborative work falls within the Council's state plan goal/objective areas, thus furthering the Council's purpose.

The Council has plans to work with the federal network and other entities in a number of ways. Some projects are already in the planning stage and other work will be identified as projects or needs emerge. In the area of self-advocacy, each member of the federal partnership appoints and supports an individual to be part of the Council's Statewide Self-Advocacy Network. Additionally, this is a cross-disability organization that includes aging, behavioral health, veterans, and independent living centers. In employment, the federal network will engage with the state and local Workforce Development Boards to identify local and regional barriers to employment. In education, the network will work with the Family Resource Centers, First 5 Agencies, childcare centers, Early Start programs, and Special Education Local Plan Areas on early intervention, free and appropriate public education, and individualized transition plans. The Council and DRC serve together on a statewide committee hosted by the Association of Regional Center Agencies to look at the equity in services and target service disparities. Finally, the federal network will work with the Independent Living Administration grantees in California to identify collaborative projects.

5 Year Goals

Goal #1: Self-Advocacy

Descripton *

Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to advocate for civil and service rights to achieve self-determination, integration and inclusion in all areas of community life.

Expected Goal Outcome *

A. People will have information about Person-Centered Planning & the Self-Determination Program (PCP/SDP) B. 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. C. The SDP and SDAC work of local regional centers (RC's) will be monitored; family/self-advocates will be empowered in self-governance/advisory capacity D. 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 E. Self-advocates will be engaged in planning efforts to train peers to become leaders and peer trainers F. Self-advocates will have the knowledge to become peer trainers; self-advocates will have the knowledge to become leaders G. Self-advocates will have the training/knowledge to develop training/leadership/self-advocacy skills

Objectives

Objective 1. 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.

Objective 2. 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.

Goal #2: Employment

Descripton *

Californians with I/DD and their families reflecting the diversity of the state will have increased information to obtain competitive, integrated employment (CIE).

Expected Goal Outcome *

A. A Council-based entity of family/self-advocates & 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. A cross-disciplinary, collaborative network of local/regional partners throughout the state will exist to identify/address issues &/or barriers associated with CIE and people with I/DD C. A comprehensive needs assessment regarding CIE will be available for future policy/planning/project development in promoting culturally competent CIE strategies D. Family/self-advocates and employers/community members/providers will have knowledge & resources to develop, provide &/or obtain CIE; people with I/DD will have the knowledge to develop a résumé E. Employers will have culturally competent information and contacts to develop/offer options about & opportunities for CIE to people with I/DD &/or cross-disabilities F. Work Development Boards (WDBs) and stakeholders will have culturally competent knowledge & strategies to facilitate/offer CIE for people with I/DD &/or cross-disabilities G. Family/self-advocates, employers & other community stakeholders will have information/resources to develop, deliver &/or obtain CIE H. The Council will provide provide one or more working model(s) of CIE I. Family/self-advocates, employers, & other stakeholders will have up-to-date knowledge, resources & information about CIE, employment strategies that work &/or are replicable, training/employment opportunities, etc. J. 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 K. 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 L. Family/self-advocates, EFC members, & other stakeholders will have knowledge about issues regarding CIE & 1 list of targeted policy solutions about employment gaps M. Policy-makers will have knowledge about CIE & employment opportunity gaps &/or solutions for people with I/DD &/or cross-disabilities N. There will be job opportunities for people with I/DD through tax incentives for employers, sponsored &/or volunteer internships, etc. O. 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

Objectives

Objective 1. The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.

Objective 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 CIE for people with I/DD.

Goal #3: Housing

Descripton *

Californians with I/DD and their families reflecting the diversity of the state will have increased access to affordable, accessible, safe, and fully integrated housing that provides choice and flexibility regarding where and with whom they live.

Expected Goal Outcome *

A. 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 & integrated housing developments for people with I/DD; Public/agency awareness will be raised regarding the need for available, safe, affordable & accessible housing, including home ownership, and the recognition of access to accessible housing as a civil right B. Policies/practices within

housing authorities will address the availability/need for safe, affordable, and accessible housing for people with I/DD &/or cross-disabilities and housing agencies will begin to include plans to provide additional housing in public planning/building efforts C. Family/self-advocates, stakeholders & community members will have the awareness & 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 D. Family/self-advocates will have knowledge about HCBS and accessible, affordable, safe, integrated housing/placement options, supports, & services for people with I/DD &/or cross-disabilities and will have knowledge to overcome barriers (e.g. financial issues, choice, accessibility, etc.) in requesting appropriate residential placement E. Young, adult and aging self-advocates & families will have knowledge about transition issues, housing entitlement programs &/or long-term residential options for aging adults with I/DD &/or cross-disabilities; family/self-advocates will advocate for & access resources F. Increased legal & long-range residential & financial planning/preparation for identification of/access to housing choices and preferences G. Family/self-advocates will have information, knowledge and choices about alternative residential options in cases involving emergency/relocation H. The Council will have knowledge of & participation in housing-related issues regarding people with I/DD &/or cross-disabilities I. Policymakers will have knowledge about housing issues specific to people with I/DD &/or cross-disabilities; proposed legislation will include issues related to housing for people with I/DD &/or cross-disabilities J. The Council will be actively engaged in housing-related policy-making efforts on behalf of family/self-advocates with I/DD &/or cross-disabilities K. The public & policymakers will have knowledge about, awareness of & active engagement in issues surrounding the safe, affordable, accessible housing needs of people with I/DD &/or cross-disabilities

Objectives

Objective 1. The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.

Objective 2. The Council will identify and decrease barriers to housing for people with I/DD.

Objective 3. 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.

Goal #4: Health & Safety

Descripton *

Californians w/ I/DD and their families reflecting the diversity of the state will have increased information to access health, public safety, and related services that meet their needs and health care choices.

Expected Goal Outcome *

A. Family/self-advocates will be reached and have information about health-related options &/or services B. Family/self-advocates will be reached and have knowledge about health options &/or services C. Family/self-advocates will be reached and have knowledge about emergency preparedness, personal safety, &/or bullying & their options regarding available services, prevention, protection and response D. First responders, law enforcement, court personnel, fire/paramedic/ER staff will have training/information/technical support from family/self-advocates, professionals & subject matter experts that increases their knowledge about, provision of accessible services to, & improved interactions with people with I/DD &/or cross-disabilities E. Family/self-advocates, professionals & the community will have knowledge to increase awareness of accessible health & public safety-related services, rights, &/or available/appropriate accommodations (e.g. modified interviewing techniques, emergency placement options, etc.) for people with I/DD &/or

cross-disabilities F. The health, court, and public safety system of services/supports will have knowledge about issues that affect health care, justice, &/or public safety and have a community safety plan/net/response for people with I/DD &/or cross-disabilities G. Relevant recommendations will be made for policy/regulatory solutions & improvements to policymakers, health care &/or public safety systems H. There will be positive law enforcement interactions with people with I/DD &/or cross-disabilities I. California will be in compliance with HCBS settings rule & the timely, safe deinstitutionalization of people with I/DD &/or cross-disabilities, who will have access to appropriate community-based supports/services J. Health care & other community support/service providers have knowledge about the needs of people with I/DD and their service accessibility & that policies/practices address those unique needs

Objectives

Objective 1. 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.

Objective 2. 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.

Objective 3. 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.

Goal #5: Early Intervention, Education, Transition & Post-Secondary Education

Descripton *

Californians with I/DD and their families reflecting the diversity of the state will have increased information, in order to obtain inclusive education services throughout the lifespan.

Expected Goal Outcome *

A. A collaborative network will be in place to address early identification challenges & opportunities associated with finding/serving children as yet unidentified as having I/DD &/or cross-disabilities B. Community members &/or professionals will have knowledge of typical developmental milestones & the importance of identifying young children with I/DD &/or cross-disabilities as early as possible C. Parents will have information/knowledge to identify typical developmental milestones, recognize possible developmental delays, and identify/access available resources in a timely manner D. Professionals working with children will have information/knowledge about I/DD &/or cross-disabilities and be able to talk with parents about diagnostic information & accessing resources/supports/services in a timely manner E. A series of regional collaborative networks will be in place to identify, monitor & address educational challenges & opportunities for students with I/DD &/or cross-disabilities in local communities F. Parents, community members &/or professionals will have knowledge/awareness about the need for a free, appropriate education for children with I/DD &/or cross-disabilities, and the right to obtain publicly accessible, inclusive education services throughout the lifespan that lead to employment, post-secondary education &/or independent living options & opportunities G. Students/parents will have the information to self-advocate throughout the school system; staff/community members will have the information to identify & respond appropriately to I/DD &/or cross-disability-related issues H. 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 &/or cross-disabilities I. Stakeholders will have knowledge about the

PCP/ITP process J. 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 K. 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 L. 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 &/or cross-disabilities M. Policy-makers &/or legislators/staff will have knowledge when considering/proposing policy changes about education-related issues regarding people with I/DD &/or cross-disabilities N. 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 &/or cross-disabilities

Objectives

Objective 1. The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.

Objective 2. 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.

Objective 3. 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.

Objective 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.

Goal #6: Formal & Informal Community Supports

Descripton *

Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.

Expected Goal Outcome *

A. The Council will have a collaborative consortium of partners to assist in efforts to monitor/track & make recommendations regarding POS disparity and accessibility for diverse Spanish-speaking family/self-advocates and those who primarily speak other threshold languages B. English-speaking family/self-advocates with I/DD &/or cross-disabilities & stakeholders will have an accurate, culturally competent list of industry-specific terms; Spanish-speaking family/self-advocates with I/DD &/or cross-disabilities & stakeholders will have an accurate, culturally competent list of appropriate, industry-specific terms in Spanish; Family/self-advocates with I/DD &/or cross-disabilities & stakeholders who speak threshold languages will have an accurate, culturally competent list of appropriate, industry-specific terms in 2 of their own languages C. English-speaking family/self-advocates with I/DD &/or cross-disabilities & stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports D. Spanish-speaking family/self-advocates with I/DD &/or cross-disabilities &/or those who speak threshold languages & stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports in Spanish & will be assured of the accuracy & 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 E. Family/self-advocates who are Spanish-speaking will have knowledge of and Council website access to NCI data in Spanish F. Underserved Spanish-speaking family/self-advocates &/or those who speak threshold languages 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 G. 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 &/or cross-disabilities transitioning out of institutional care & into community settings H. Stakeholders that provide integration supports/services will have knowledge about family/self-advocates transitioning into community settings and will provide continuity of medical insurance &/or community-based supports/services with no lapse in/loss of coverage I. The Council will be knowledgeable on current issues affecting transition of DC residents with I/DD &/or cross-disabilities into home/community-based settings J. Family/self-advocates with I/DD &/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 K. Family/self-advocate Council/RAC members will be informed & able to collect/evaluate data & assess progress toward implementation of the HCBS Settings Rule throughout California L. Council will develop/maintain strong agenda for 1) monitoring the current formal/informal services/supports throughout the state & 2) directing policy, advocacy, & capacity-building activities to address & decrease service/support gaps for family/self-advocates with I/DD &/or cross-disabilities M. Based on requests for technical assistance, family/self-advocates & other stakeholders will have knowledge & increased technical assistance & training to access quality supports & services that are available to the general population N. 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 O. 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 P. 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

Objectives

Objective 1. 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.

Objective 2. 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.

Objective 3. 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.

Objective 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.

Evaluation Plan [Section 125(c)(3) and (7)]

* - Required field

Evaluation Plan *

Regional and Headquarter Council staff engages in thousands of activities throughout the course of one federal fiscal year and reports those activities through standardized forms designed to capture and track all State Plan work performed (e.g. training, outreach activities/events, collaborative meetings, conferences, etc.). These instruments collect information about the type of activity, participating collaborative partners (including federal

DD partners), and numbers associated with federal Performance Measures (e.g. people trained, policies/procedures/statutes/regulations created/changed, etc.). Staff also provides a descriptive narrative of activities and uses the form to collect/report personal stories and emerging issues/barriers to implementation (qualitative data). Finally, staff records the evaluative process/ quantitative data for each discrete activity.

The planned activities through the course of the 2017-21 State Plan include collaborations (e.g. task force efforts, Council &/or other committees, product development, etc.), events (e.g. fairs, conferences, outreach efforts, etc.), meetings (e.g. planning, oversight/monitoring, material/product development, etc.), development/dissemination of materials/products, and/or training/surveying results/satisfaction.

Collaborative efforts and/or meetings may produce ideas/suggestions/recommendations, lists of information, curriculum models and/or presentation materials. Collaborations may also involve joint training/events, policy change efforts, etc. Collaborations themselves may be assessed and reported qualitatively, in regard to the level of cooperation, mutual assistance and or leveraged funding manifested during the course of an activity. The outcomes of such collaborations, however (when those collaborations represent strategies), may be quantitatively measured and qualitatively assessed for quality or success, either by committee/panel/administrative review or by satisfaction survey.

Events will require a mixed evaluative model to document, assess, and report progress and/or success. Concrete products/outputs associated with events can be counted and reported quantitatively, while the value of those events must be assessed through anecdotal data and/or satisfaction surveys. Products, materials, and/or curriculum models may be counted, but the quality of each are subject to committee/panel/administrative review.

The Council maintains a discrete staff position dedicated to committee and other work associated with the SAAC and SAAN meeting process. The quality of facilitation/support provided to self-advocates serving on the SSAN/SAAC and/or other committees will be measured by anecdotal feedback and/or satisfaction survey. Curriculum designed for/by family/self-advocates is also subject to qualitative peer review and/or revision. Committee, recruitment, curriculum development, and training activities will be reported regionally or by headquarter staff through the submission of monthly activity reports and the results reviewed (through monthly compilation reports) by staff and the Council. Staff will monitor and report progress toward timely achievement of all objectives and goals.

Training will produce quantitative data (e.g. the number of people trained, whether family/self-advocates, community members, and/or professionals) and qualitative feedback, both anecdotal and satisfaction survey results. Curriculum is developed, peer-reviewed, and corrected at the administrative and staff level and will be field-tested for quality by staff. Pre/post-tests with one (1) open-ended question soliciting

feedback (based on expectations),
will be administered. Based on emerging patterns, curriculum may be revised.

The Council will employ nearly all of the available federal strategies in engaging in the work of the State Plan. Specifically:

The success of barrier elimination efforts will be assessed by F/SA, community member, professional, and Council staff anecdotal observations and reports. Because field staff is highly responsive to emerging issues, new barriers are typically addressed quickly. Emerging issues and/or barriers will be identified and reported to the Council for consideration in developing new work plan activities, objectives and/or updated entries to the CRA.

Coalition development, citizen participation, and coordination with related councils, committees and programs, and inter-agency collaboration and coordination are all important and routine Council strategies. Such efforts are quantitatively reflected in meeting minutes, rosters of collaborative partners, numbers of coalitions, lists of committee members, reporting on projects, etc. The relative value of coordinated, collaborative efforts is seen in system change and/or project completion, which will largely be collected and reported as anecdotal data. Surveys may also be used to identify participating members' satisfaction with the collaborative process and achieved outcomes. Demonstrations of new approaches to services and supports and/or projects or activities will be assessed with multiple approaches. Grantees will be submitting quarterly reports on progress toward project goals, qualitatively and quantitatively; staff reports on activities on a monthly basis.

Informing policymakers is a strategy that produces both anecdotal (qualitative) information (e.g. system change efforts and outcomes) and figures in regard to reporting numbers of contacts/meetings/policy change efforts. Likewise, system change efforts also involve tracking the number of meetings/contacts, policies/practices, and collaborative partners, in addition to tracking/reporting narrative information regarding presenting barriers, change efforts, and outcomes.

Supporting and educating communities, technical assistance, training and outreach efforts are all heavily people-intensive activities. Staff will track the numbers of people reached and served, provide narrative/anecdotal detail about the nature/quality/outcomes of that work, and administer pre/post-testing (for training) and satisfaction surveys to determine the value of the activities/work. Participants will (at the time of the activity) be asked for contact information; 100% of those who provide phone/email information will be contacted (by phone, email, or in face-to-face interviews) within 90 days (post-activity), in order to determine and report on satisfaction levels and value in engaging in (self-) advocacy efforts, with a targeted 60% follow-up rate. Follow-up information may be solicited through standardized survey format administered orally (by phone/interview) or electronically (email/Survey Monkey).

Staff will complete/enter/provide quantitative and qualitative information about planned, scheduled, and/or completed activities on a monthly basis, along with information about emerging issues. This information will then be provided to the Council (which meets bi-monthly) and/or Council committees to track progress in meeting projected work plan activities and output/outcome targets for the six (6) planned goals and eighteen (18) objectives.

Separate objectives will require distinctly unique curriculum, resource materials, etc. Each curriculum will be standardized to the specific objective and its targeted outcome(s) and will have one (1) pre/post-testing instrument for staff use. Due to California's size and diversity, regional staff will have the flexibility to add resources specific to the catchment area in which training is provided. The actual curriculum, however, will be consistently delivered by staff throughout the state, so that pre/post-test results for specific curriculum can be compared for quality and reported quantitatively. Other types of material deliverables will be quality-reviewed by administrative staff for plain language, content, and accuracy prior to being disseminated or posted to the website(s).

Standard, statewide F/SA and professional surveys will be used to determine satisfaction with activities, training and/or products/materials delivered by Council staff. Results may be tabulated on a monthly basis for reporting to the Council for ongoing accountability and quality assurance.

Staff produces a monthly compilation report of all activities completed throughout the state and reports on that work and emerging issues/trends, reporting directly to the Council on a bi-monthly basis. Council members review progress reports at each bi-monthly meeting and direction will be given to staff through that process as the Council assesses progress toward meeting objectives and goals. The Council will then refer any concerns or questions regarding the changing or updating of objectives back to the State Plan Committee for further work or making of recommendations to the Council.

All progress and findings, emerging trends and needs, whether quantitative or qualitative, will be reported through the Program Performance Report, completed annually as a federal requirement. Based on progress made toward goals and objectives, the Council will be responsive to change and/or update objectives and information within the State Plan's Comprehensive Review and Analysis based on up-to-date information.

Logic Model

* - Required field

Logic Model *

Goal 3: Housing (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased access to affordable, accessible, safe, and fully integrated housing that provides choice and flexibility regarding where and with whom they live.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners: Community Stakeholders, Family/Self-Advocates, Regional Housing Experts, Regional Housing/Governance Entities, Legislators, Legislative Counsel, Policymakers, Legislative Staff, Executive Staff **Funding**: AIDD: $475,832 (10%); State: $6,500 **Additional Resources**: ACL Reporting/Data Platform, Administrative/HQ Staff, Council Members, Council Website, Family/Self-Advocates, Federal ITACC/AIDD Guidance, Regional Advisory Committees, Regional Staff, SCDD Committees/Members	**Objective 3.3**	A. Identify/collaborate with experts to inform Council on housing issues B. Meet/confer with/educate legislators, legislative counsel, policymakers, legislative and executive staff and other stakeholders, who are instrumental in writing proposals regarding housing issues C. Propose &/or monitor legislation, policies, & practices that promote an increase the availability of affordable, accessible, & safe housing D. Testify in informational/committee hearings at the local representative &/or state legislative level(s)	A. Housing-related presentations at the LPPC; contacts/meetings with subject matter experts; list of subject matter experts B. Meetings with policymakers C. Monitor &/or address pieces of legislation D. Testify/provide information in hearings/meetings	A. The Council will have knowledge of & participation in housing-related issues regarding people with I/DD &/or cross-disabilities B. Policymakers will have knowledge about housing issues specific to people with I/DD &/or cross-disabilities; proposed legislation will include issues related to housing for people with I/DD &/or cross-disabilities C. The Council will be actively engaged in housing-related policy-making efforts on behalf of family/self-advocates with I/DD &/or cross-disabilities D. The public & policymakers will have knowledge about, awareness of & active engagement in issues surrounding the safe, affordable, accessible housing needs of people with I/DD &/or cross-disabilities	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.

Goal 3: Housing	Californians with I/DD and their families reflecting the diversity of the state will have increased access to affordable, accessible, safe, and fully integrated housing that provides choice and flexibility regarding where and

Long-Range Impact	with whom they live.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners: DDS/RCs Family/Self-Advocates Governance/Regulatory Agencies Housing developers Private Sector builders Public Interest Advocacy Groups SELPAs/CACs	**Objective 3.1**	**A.** Identify stakeholders, build coalition(s) & engage with partners to convene quarterly task force meetings **B.** Assess & document current universally accessible housing levels; include home ownership options & NIMBY issues; participate in regional Dept. of Fair Employment & Housing (DFEH), HUD, &/or local housing authority meetings **C.** Develop and distribute information to publicize housing needs of people with I/DD; request accessible, affordable housing with local housing authorities in regional catchment areas **D.** Develop curriculum & train family/self-advocates, stakeholders & community members about affordable, accessible housing & housing rights	**A.** Coalition/stakeholder meetings will be held throughout the state **B.** Regional needs assessments/updates of housing options/issues affecting people with I/DD &/or cross-disabilities, including home ownership & NIMBY issues; collaborations developed & meetings held with regional Dept. of Fair Employment & Housing (DFEH), HUD, &/or local housing authorities **C.** Letters will be sent to governance agencies **D.** Housing curriculum; trainings will be provided	**A.** A collaborative network will address housing needs of people with I/DD; identify number of current/planned set-asides within affordable, accessible, safe & integrated housing developments for people with I/DD **B.** Public/agency awareness will be raised regarding the need for available, safe, affordable & accessible housing, including home ownership, and the recognition of access to accessible housing as a civil right **C.** Policies/practices within housing authorities will address the availability/need for safe, affordable, and accessible housing for people with I/DD &/or cross-disabilities and housing agencies will begin to include plans to provide additional housing in public planning/building efforts **D.** Family/self-advocates, stakeholders & community members will have the awareness & 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	The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.
Funding: AIDD: $475,832 (10%) State: $6,500					
Additional Resources: ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members					

Goal 3: Housing (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased access to affordable, accessible, safe, and fully integrated housing that provides choice and flexibility regarding where and with whom they live.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
DDS/RCs/DCs		**A.** Develop/provide training about	**A.** People reached through	**A.** Family/self-advocates will have	

Collaborative Partners	Dept. of Aging DRC/OCRA Family/Self-Advocates Governance/Regulatory Agencies Housing developers HUD ILCs Private Sector builders Public Interest Advocacy Groups SELPAs/CACs	**Objective 3.2**	HCBS Final Settings Rule in identifying/accessing integrated, affordable, & safe community housing options **B.** Develop/provide training for (adult & aging) family & (transition-aged, adult, & aging) self-advocates with I/DD &/or cross-disabilities (to include people with psychiatric, medical/physical, age-related, & other disabilities)about including residential/housing component in transition & IPP planning; distribute material(s); promote/advocate for housing options, including early registration for Section 8 lists **C.** Develop/provide training and system advocacy on long-range financial planning to bridge gaps between median rent costs/home prices and SSI/SSDI (e.g. supports available in-home, SSI & home ownership, etc.) **D.** Define & identify the number of 'emergency placements' made through RCs; solicit information about the number of clients requiring emergency placements & identify/distribute available/alternative residential options	curriculum; trainings **B.** People reached through curriculum and trainings **C.** People reached through curriculum and trainings **D.** List of definitions for 'emergency placement;' list/needs assessment regarding the number of clients requiring emergency placement services, by RC; list of identified options that offer residential choices, in case of emergency; disseminate information SA, FA and Stakeholders	knowledge about HCBS and accessible, affordable, safe, integrated housing/placement options, supports, & services for people with I/DD &/or cross-disabilities and will have knowledge to overcome barriers (e.g. financial issues, choice, accessibility, etc.) in requesting appropriate residential placement **B.** Young, adult and aging self-advocates & families will have knowledge about transition issues, housing entitlement programs &/or long-term residential options for aging adults with I/DD &/or cross-disabilities; family/self-advocates will advocate for & access resources **C.** Increased legal & long-range residential & financial planning/preparation for identification of/access to housing choices and preferences **D.** Family/self-advocates will have information, knowledge and choices about alternative residential options in cases involving emergency/relocation	The Council will identify and decrease barriers to housing for people with I/DD.
Funding	AIDD: $475,832 (10%) State: $6,500					
Additional Resources	ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members					

Goal 6: Formal & Informal Community Supports (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.

Inputs/Resources			Activities	Outputs	Short-Term Outcomes	Mid-Range Outcomes
Collaborative Partners	CRA/VAS DDS/RCs DHCS DPH DRC DSS Family/Self-Advocates NGOs Private/Non-Profit Agencies UCEDDs	Objective 6.4	A. Collaborate with family/self-advocates to collect information & anecdotal data regarding formal/informal service/support gaps, barriers &/or disparities, including those of Council's member & other state agencies B. Identify regional & state-level policy boards, councils, &/or advisory committees addressing delivery of services/supports for people with I/DD &/or cross-disabilities; promote inclusion of family/self-advocates as board/committee members C. Develop policy &/or directive positions on unmet timelines/needs associated with DC closures &/or resident transfers/placement D. Meet/confer with/educate legislators, legislative counsel, policy-makers, legislative and executive staff, Council member & other state agencies, and community stakeholders about service/support diversity/disparity issues & other gaps in services/supports for people with I/DD &/or cross-disabilities E. Monitor/educate/testify about legislation, policies, and practices addressing diversity/disparity gaps in systems serving people with I/DD &/or cross-disabilities; testify in hearings about key issues concerning access to formal/informal community-based services for family/self-advocates with I/DD &/or cross-disabilities	A. List of prioritized & key issues, including those specific to Council's member agencies; increase in the volume of collaborative activities with stakeholders B. Lists of state/regional policy boards, councils, &/or advisory committees; Report of number of family/self-advocates applying/accepted for member positions C. Clear policy agenda regarding DC closure/transfers D. Meetings E. Attendance/testimony in hearings for legislative bills	A. The Council and its stakeholders and collaborative partners will have knowledge about community-based support/service needs to inform decisions related to the Council's policy platform and its collaborative efforts on behalf of family/self-advocates with I/DD &/or cross-disabilities B. Family/self-advocates with I/DD & cross-disabilities will have the opportunities and knowledge to participate in systemic, policy-level advocacy work to increase access to quality community-based services C. The Council will have up-to-date information to drive policy development/directives & advocacy and facilitate access to quality community-based services for people with I/DD and their families D. 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 E. 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	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.
Funding	AIDD: $951,664 (20%) State: $13,000					
Additional Resources	ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members					

Goal 4: Health & Public Safety Long-Range Impact	Californians w/ I/DD and their families reflecting the diversity of the state will have increased information to access health, public safety, and related services that meet their needs and health care choices.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners	Behavioral/MH Agencies Court/Law Enforcement Agencies/OES DDS/RCs DPH/MH DRC/OCRA Family/Self-Advocates Fire/Paramedic/ER Staff First Responders Managed Health Care Plans/Agencies Public Safety Personnel	**Objective 4.1** **A.** Participate in/outreach to family/self-advocates (F/SA) through health/wellness &/or community fairs **B.** Provide training about health & access to care issues to family/self-advocates **C.** Provide emergency preparedness, personal safety &/or bullying training	**A.** Participate/collaborate in health/wellness events; provide community outreach through eBlasts & newsletters **B.** People reached through curriculum and training **C.** People reached through curriculum and training	**A.** F/SA will be reached and have information about health-related options &/or services **B.** F/SA will be reached and have knowledge about health options &/or services **C.** F/SA will be reached/have knowledge about emergency preparedness, personal safety, &/or bullying & options about services, prevention, & response	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.
Funding	AIDD: $713,748 (15%) State: $9,750	**Objective 4.2** **A.** Provide training, information, & technical support to law enforcement, court personnel, first responders, paramedic, fire & ER staff, etc. regarding public safety & people with I/DD &/or cross-disabilities & their families (including F/SA as speakers/trainers) **B.** Distribute information to community, F/SA, & public safety/first responders about health/public safety issues affecting people with I/DD &/or cross-disabilities & families **C.** Collaborate with public safety on activities re: risk factors &/or to improve health/public safety for people with I/DD &/or cross-disabilities and their families; provide technical assistance	**A.** People reached through curriculum and training **B.** eMails/eBlasts, newsletters, & brochures disseminated to people & agencies **C.** Regional collaborations; meetings with collaborators	**A.** Public safety staff will have training, technical assistance & information from F/SA & subject matter experts to increase knowledge about, accessible services to, & improved interactions with people with I/DD &or cross-disabilities **B.** F/SA/stakeholders will have knowledge regarding health & public safety-related services, rights, & accommodations for people w/ I/DD &/or cross-disabilities **A.** Public safety stakeholders will have knowledge about issues regarding access to health care, justice, &/or public safety and have a community safety plan/net/response for people with I/DD &/or cross-disabilities	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.
Additional Resources	ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members				
Grant-Funded Project	**1.** Disability Awareness and Health & Safety Program				

Goal 2: Employment (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information to obtain competitive, integrated employment (CIE).				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners DDS/RCs Dept. of Rehabilitation EFC Stakeholders Employment Dev. Dept. Family/Self-Advocates Franchise Tax Board NGOs Private Employers Private Non-Profits Public Advocacy Groups Representative Orgs Community Stakeholders UCEDDs **Funding** AIDD: $951,664 (20%) State: $13,000 **Additional Resources** ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members	**Objective 2.2**	**A.** Obtain employment-related &/or disparity data from collaborative partners &/or state-level agencies through MOU/data-sharing agreement/other means; obtain recommendations from UCEDD(s), DOR, EDD, etc. to inform future/ongoing employment-related strategies **B.** Meet with EFC quarterly to identify possible employment-related legislation **C.** Meet with/educate legislators, legislative counsel, legislative and executive staff, policymakers and other stakeholders, who are instrumental in writing legislative proposals regarding CIE **D.** Monitor legislation and promote increasing employment opportunities for people with I/DD &/or cross-disabilities; maintain updates on Council website **E.** Facilitate &/or provide testimony/information at hearings/regional meetings at the local &/or state legislative level(s)	**A.** MOU; quarterly updates to the Data Dashboard; quarterly contacts/meetings with collaborative partners; ongoing list of up-to-date recommendations **B.** Quarterly meetings (See 2.1); list of potential legislation to support CIE for people with I/DD &/or cross-disabilities **C.** Phone calls/teleconferences; emails; meetings/hearings **D.** Legislative platform (posted to the Council website) committed to increasing opportunities for CIE for people with I/DD &/or cross-disabilities; quarterly website updates; monitor bills related to CIE **E.** Testimony provided &/or attendance during hearings about employment-related issues affecting people with I/DD &/or cross-disabilities; meetings	**A.** 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.** Family/self-advocates, EFC members, & other stakeholders will have knowledge about issues regarding CIE & 1 list of targeted policy solutions about employment gaps **C.** Policy-makers will have knowledge about CIE & employment opportunity gaps &/or solutions for people with I/DD &/or cross-disabilities **D.** There will be job opportunities for people with I/DD through tax incentives for employers, sponsored &/or volunteer internships, etc. **E.** 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	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.

Goal 2: Employment Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information to obtain competitive, integrated employment (CIE).					
Inputs/Resources			**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners	DDS/RCs Dept. of Rehabilitation Employment Dev. Dept. Private Employers Private Non-Profits Public Advocacy Groups UCEDDs	**Objective 2.1**	**A.** Convene quarterly EFC meetings to plan/monitor needs/trends and employment-related Council activities & outcomes **B.** Identify regional stakeholders & convene meetings **C.** ID barriers & develop lists of employment barriers (e.g. fear of loss of entitlements, lack of transportation, minimum wage increases, etc.) **D.** Develop/implement culturally competent curriculum; provide trainings/events for family/self-advocates & providers **E.** (Co-) host regional employer events **F.** Engage with/provide input to state/local Workforce Development Boards (L/WDB) **G.** Promote & inform community about pathways to CIE **H.** Explore use of regional offices as CIE sites (e.g. internships, workforce entry, contracts, employability assessment, etc.); if feasible, implement if feasible **I.** Maintain/expand the Council's website-based Data Dashboard, including information & resources for family/self-advocates and other stakeholders **J.** As necessary, convert material(s) to plain language, Spanish & selected threshold languages	**A.** EFC meetings; monitoring & strategic planning for CIE-related activities & outcomes; data collection **B.** Establish cross-disciplinary networks; hold meetings **C.** Regional lists of CIE-related issues &/or barriers **D.** Develop curriculum for family/self-advocates, employers & other stakeholders; hold trainings/events **E.** Hold CIE regional or statewide events for employers & stakeholders **F.** Regional lists of information, training, &/or resources to gain/maintain CIE for people with I/DD &/or cross-disabilities **G.** Produce/disseminate Newsletters, eBlasts, flyers, brochures, etc. **H.** Regional offices may host CIE opportunities in partnership with local stakeholders **I.** Up-to-date, Council-sponsored Data Dashboard; webpage dedicated to CIE-related issues, resources, training, etc. **J.** Set of plain language materials for translation into Spanish, etc.; materials will be expanded to include selected threshold languages	**A.** An entity of family/self-advocates & stakeholders to monitor implementation of EF initiative, & identify/report on trends/make recommendations **B.** A network to identify/address issues &/or barriers associated with CIE and people with I/DD **C.** A comprehensive needs assessment regarding CIE will be available for future policy/planning/project development **D.** Family/self-advocates and stakeholders will have information to obtain CIE; people with I/DD will have knowledge to develop a résumé **E.** Employers will have information and contacts to develop/offer options for CIE **F.** WDBs and stakeholders will have knowledge & strategies to facilitate/offer CIE for people with I/DD/cross-disabilities **G.** Family/self-advocates, & stakeholders will have information/resources to offer &/or obtain CIE **H.** Council will provide one or more CIE model(s) **I.** Family/self-advocates & stakeholders will have knowledge & resources about CIE, replicable strategies that work, training/employment opportunities, etc. **J.** Materials will be available for translation into threshold languages with accessible CIE information	The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.
Funding	AIDD: $951,664 (20%) State: $13,000					
Additional Resources	ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members					

Goal 5: Early Intervention, Education, Transition & Post-Secondary Education (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information, in order to obtain inclusive education services throughout the lifespan.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners: CACs Family Resource Centers Family/Self-Advocates OAH SELPAs **Funding**: AIDD: $713,748 (15%) State: $9,750 **Additional Resources**: ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members	**Objective 5.2**	A. Develop network & convene quarterly meetings to determine community training/outreach needs &/or collaborative opportunities B. Develop/provide information/outreach materials to families, community & professionals about inclusive FAPE rights for children with I/DD &/or cross-disabilities C. With family/self-advocates, develop/provide training for students/parents/staff/community members about disability awareness & self-advocacy within the school system D. Develop/offer parent peer advocacy training for parent-to-parent support within special education service system	A. Regional rosters of collaborative partners; meetings; lists of regional community needs B. Material(s) C. Curriculum; trainings; people reached D. Curriculum; trainings; people reached	A. A series of regional collaborative networks will be in place to identify, monitor & address educational challenges & opportunities for children with I/DD &/or cross-disabilities in local communities B. Parents, community members &/or professionals will have knowledge/awareness about the need for a free, appropriate education for children with I/DD &/or cross-disabilities, and the right to obtain publicly accessible, inclusive education services throughout the lifespan C. Students/parents/staff/community members will have the information to identify & respond appropriately to I/DD &/or cross-disability issues &/or to self-advocate throughout the school system D. 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 children with I/DD &/or cross-disabilities	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 inclusive educational services.
Grant-Funded Projects (Cont.)	1. Empowering Asian Families 2. Social Skills Development Group				

Goal 6: Formal & Informal Community Supports (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners CRA/VAS DDS/RCs DHCS DPH DRC Family/Self-Advocates Private/Non-Profit Agencies UCEDDs **Funding** AIDD: $951,664 (20%) State: $13,000 **Additional Resources** ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members	**Objective 6.3**	A. Develop/provide training to Council & Regional Advisory Committee (RACs) family/self-advocates &/or other stakeholders on CMS final rule(s) for HCBS B. Gather anecdotal data from Council & RACs to develop policy positions; identify regional & statewide formal/informal service/support trends, address service barriers & quality of service(s), etc. C. Based on findings & Council policy positions regarding service gaps, conduct training & outreach activities to include underserved communities; track requests for & provide technical assistance, and increase training opportunities, as requested	A. Curriculum; trainings; community training & outreach activities; people reached B. Current, comprehensive list of service gaps throughout the state; policy/position statements C. People reached via curricula and trainings for RC, transportation &/or generic services; trainings for people in underserved communities; eMails, eBlasts, newsletters, etc.; people reached; technical assistance, as requested; technical assistance request logs	A. Family/self-advocate Council/RAC members will be informed & able to collect/evaluate data & address service gaps throughout California B. Council will develop/maintain strong agenda for 1) monitoring services/systems throughout the state, 2) developing positions & 3) directing policy, advocacy, & capacity-building activities to address & decrease service/support gaps for family/self-advocates with I/DD &/or cross-disabilities C. Based on requests for technical assistance, family/self-advocates & other stakeholders will have knowledge & increased technical assistance & training to access quality supports & services that are available to the general population	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.

Goal 5: Early Intervention, Education, Transition & Post-Secondary Education Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information, in order to obtain inclusive education services throughout the lifespan.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners Child Care Centers DDS/RCs DRC Early Start Programs Family Resource Centers Family/Self-Advocates First 5 Agencies Health Professionals Health Providers/Networks UCEDDs **Funding** AIDD: $713,748 (15%) State: $9,750 **Additional Resources** ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members	**Objective 5.1**	A. Develop collaborative networks & convene quarterly meetings to determine community training/outreach needs &/or collaborative opportunities B. Develop/provide information/outreach materials to community & professionals to encourage early identification & assessment of & intervention for children with I/DD &/or cross-disabilities C. Develop/provide training to parents/community members about early identification/intervention, I/DD &/or cross-disabilities, support/service resources, &/or transition into the school system D. Develop/offer training &/or provide outreach materials/technical assistance to pediatricians, hospitals, neonatal units, Early Start programs, child care centers, etc.	A. Quarterly meetings with collaborative partners; comprehensive list of identified &/or recommended trainings; list of recommended outreach materials B. eBlasts, newsletters, set of handouts, etc.; people reached through outreach efforts C. Curriculum; trainings; people reached D. Curriculum; trainings; professionals reached	A. A collaborative network will be in place to address early identification challenges & opportunities associated with finding/serving children as yet unidentified as having I/DD &/or cross-disabilities B. Community members &/or professionals will have knowledge of typical developmental milestones & the importance of identifying young children with I/DD &/or cross-disabilities as early as possible C. Parents will have information/knowledge to identify typical developmental milestones, recognize possible developmental delays, and identify/access available resources in a timely manner D. Professionals working with children will have information/knowledge about I/DD &/or cross-disabilities and be able to talk with parents about diagnostic information & accessing resources/supports/services in a timely manner	The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.
Grant-Funded Projects		1. Empowering Asian Families 2. Social Skills Development Group			

Goal 4: Health & Public Safety (Cont.) Long-Range Impact	Californians w/ I/DD and their families reflecting the diversity of the state will have increased information to access health, public safety, and related services that meet their needs and health care choices.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners: Behavioral/MH Agencies; Civil Rights Entities; Court/Law Enforcement Agencies/OES; DDS/RCs/DCs; DPH/MH; DRC/OCRA; Family/Self-Advocates; Fire/Paramedic/ER Staff; First Responders; Long-Term Care Facilities; Ombudsman Program; Managed Health Care Plans/Agencies; Public Safety Personnel **Funding**: AIDD: $713,748 (15%); State: $9,750 **Additional Resources**: ACL Reporting/Data Platform; Administrative/HQ Staff; Council Members; Council Website; Family/Self-Advocates; Federal ITACC/AIDD Guidance; Regional Advisory Committees; Regional Staff; SCDD Committees/Members	**Objective 4.3**	**A.** Identify/collaborate with experts to inform Council on health &/or public safety-related issues **B.** Monitor implementation of recently passed public safety bills relating to law enforcement training **C.** Monitor process of de-institutionalization of people with I/DD &/or cross-disabilities **D.** Advocate (at community &/or systemic level) for adequate/affordable/accessible health care & other community-based supports/services	**A.** Meetings with health & public safety agencies/personnel **B.** Anecdotal data from regional offices to determine law enforcement training mandates are being implemented statewide, per recently passed legislation **C.** 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 **D.** Meetings with health boards/agencies, IHSS/Public Authority, etc. to advocate for health services/rights for people with I/DD &/or cross-disabilities	**A.** Relevant recommendations for legislative and regulatory solutions & improvements to health care &/or public safety systems **B.** Positive law enforcement interactions with people with I/DD &/or cross-disabilities **C.** Compliance with HCBS settings rule & timely, safe deinstitutionalization of people with I/DD &/or cross-disabilities, with access to appropriate community-based supports/services **D.** Health care & other community support/service providers have knowledge about the needs of people with I/DD and their service accessibility & policies/practices address those unique needs	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.
Grant-Funded Project (Cont.)	**1.** Disability Awareness and Health & Safety Program				

Goal 5: Early Intervention, Education, Transition & Post-Secondary Education (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information, in order to obtain inclusive education services throughout the lifespan.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners CACs CASE DDS/RCs Dept. of Education (DOE) Districts/SELPAs DRC EDD Family Resource Centers Family/Self-Advocates OAH **Funding** AIDD: $713,748 (15%) State: $9,750	**Objective 5.3**	A. Train educators & stakeholders about the process of person-centered planning (PCP) and individualized transition planning (ITP) B. Develop/provide information about the student-led IEP/ITP process; partner in development/revision of resources &/or video training on the student-led IEP/PCP/ITP process C. Train family/self-advocates about the process of IEP/PCP/ITP; develop/provide/promote resources/best practices related to the IEP/PCP/ITP process on the SCDD website	A. Curriculum; trainings; people trained B. Video (web-based); set of replicable print resource materials C. Curriculum; trainings; people trained	A. Stakeholders will have knowledge about and value of the PCP/ITP process B. The Council will become 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 C. P/SA and stakeholders will have knowledge about and use the student-driven PCP/ITP process; the Council will be a clearinghouse for information about the PCP/ITP process	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.
Additional Resources ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members	**Objective 5.4**	A. Identify stakeholders & build coalitions; convene networking/strategy meetings B. Meet/confer with legislators & counsel, policy-makers, legislative & exec. staff & stakeholders about the value of education throughout the lifespan of people with I/DD &/or cross-disabilities C. Educate/testify on legislation, policies, & practices re: early intervention, education, transition & post-secondary education	A. Roster of collaborative partners; quarterly meetings; list of current/key issues about accessing quality education services throughout the lifespan for people with I/DD &/or cross-disabilities B. Meetings C. Education/testimony on legislative bills	A. Key policy stakeholders will be informed about/active in policy-making for increasing access to quality education services throughout the lifespan for people with I/DD &/or cross-disabilities B. Policy-makers &/or legislators/staff will have knowledge when considering/proposing policies about education regarding people with I/DD &/or cross-disabilities C. Policy-makers will have knowledge about access to education throughout the lifespan for people with I/DD &/or cross-disabilities	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.
Grant-Funded Projects (Cont.)		1. Empowering Asian Families 2. Social Skills Development Group			

Goal 6: Formal & Informal Community Supports (Cont.) Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners CRA/VAS DDS/RCs DPH DRC Family/Self-Advocates UCEDDs **Funding** AIDD: $951,664 (20%) State: $13,000 **Additional Resources** ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members	**Objective 6.2**	A. Monitor/gather data on closure process of state-run institutions (DCs) & timely transfer of residents with I/DD &/or cross-disabilities into home & community-based settings with fully integrated, safe & appropriate supports/services B. Identify/meet/collaborate with stakeholders to ensure effective crisis intervention & continuity in healthcare support C. Develop/deliver training on closure process/progress to Council & Regional Advisory Committee (RAC) members D. Develop/deliver outreach & training to family/self-advocates on rights, available supports/services, PCP/SD, conservatorship & alternatives, &/or personal safety	A. Poll/survey & data/results from family/self-advocates; anecdotal data from transitioned residents, stakeholders, & community B. Quarterly meetings; list of transition findings & recommendations C. Curriculum; trainings (Council & RACs) D. Curricula; trainings; family/self-advocates reached	A. 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 &/or cross-disabilities transitioning out of institutional care & into community settings 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 &/or community-based supports/services with no lapse in/loss of coverage C. The Council will be knowledgeable on current issues affecting transition of DC residents with I/DD &/or cross-disabilities into home/community-based settings D. Family/self-advocates with I/DD &/or cross-disabilities involved in transitioning from DCs to HCBS will have the knowledge to advocate for appropriate, safe, integrated, generic services to meet their unique, individual needs	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.

Goal 1: Self-Advocacy Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to advocate for civil and service rights to achieve self-determination, integration and inclusion in all areas of community life.				
Inputs/Resources		**Activities**	**Outputs**	**Short-Term Outcomes**	**Mid-Range Outcomes**
Collaborative Partners Area Agencies on Aging Behavioral/MH providers DDS/RCs DRC/OCRA ILCs Next Step VETC Other SA Organizations Peer Advocacy Connection – SLI People First of CA Project Get Safe (S)SDACs SSAN/SAAC UCEDDs Veterans Administration	**Objective 1.1**	**A.** Develop/distribute information about Person-Centered Planning (PCP) & Self-Determination (SD) **B.** Develop/implement training for family/self-advocates & providers, including underserved Spanish-speaking population **C.** Support & collaborate with local & statewide Self-Determination Advisory Committees and other collaborators	**A.** Plain language handout each on PCP & SDP; distribute to people, statewide; translate into/provide in Spanish **B.** PCP & SDP trainings provided in both English and Spanish **C.** Support statewide SDAC, meeting ; support local SDACs	**A.** People will have increased information about PCP/SDP **B.** Family/self-advocates will have increased knowledge of SDP and ability to access/benefit from the SDP, when available, including those who are Spanish-speaking **C.** The SDP and SDAC work of local regional centers will be monitored; family/self-advocates will be empowered in self-governance/advisory capacity	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.
Funding AIDD: $951,664 (20%) State: $13,000	**Objective 1.2**	**A.** Provide support for SSAN & SAAC members in meetings throughout the year **B.** Meet/identify (with partners &/or a steering committee) training needs re: Self-Advocacy (SA), boardsmanship, etc. **C.** Consult/work with SA leaders to support development of T4T &/or other SA/community training; assist in training **D.** Collaborate with cross-disability agencies & self-advocates to train others about statewide/local SA opportunities; outreach to agencies/community & schedule/hold/facilitate training(s)	**A.** Arrangements for SSAN/SAAC members for meetings; facilitation, as needed/requested by members **B.** Schedule/attend meetings; list of ideas re: identified training needs; list of interested SA trainers **C.** Planning/curriculum development meetings; standardized curricula with pre/post-testing & satisfaction surveys; outreach/scheduling of trainings; list of SA trainers; training provided **D.** Quarterly meetings with SA groups & other collaborators; schedule of trainings; trainings provided	**A.** Continued/increased participation by SA leaders in scheduled meetings **B.** List of current community training needs re: SA; identified SA trainers in local/statewide leadership roles **C.** Empowerment and training of family/self-advocates **D.** Collaboration with cross-disability network(s) to support/promote self-advocates' leadership opportunities/roles & training; people reached via training	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.
Additional Resources ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members					
Grant-Funded Projects	**1.** Students & Professionals with Disabilities **2.** Self-Advocacy & Leadership Training Conferences **3.** Parent Advocacy Center - PAC				

Goal 6: Formal & Informal Community Supports Long-Range Impact	Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.

Inputs/Resources		Activities	Outputs	Short-Term Outcomes	Mid-Range Outcomes
Collaborative Partners DDS/RCs/ARCA DRC UCEDDs **Funding** AIDD: $951,664 (20%) State: $13,000 **Additional Resources** ACL Reporting/Data Platform Administrative/HQ Staff Council Members Council Website Family/Self-Advocates Federal ITACC/AIDD Guidance Regional Advisory Committees Regional Staff SCDD Committees/Members	**Objective 6.1**	**A.** Identify stakeholders & convene a consortium of Spanish-proficient collaborators; track POS disparity for Spanish-speaking F/SA with I/DD within the statewide RC system; develop/review recommendations to reduce POS disparity in regard to language inaccessibility **B.** Develop an English lexicon of common, industry-specific terms; translate list into appropriate Spanish terms/phrases; field-test terms for cultural relevance **C.** Develop English descriptions of available services that may be funded through the Regional Center system **D.** Translate descriptions of services that may be funded through the RC system into Spanish; expand into selected threshold languages **E.** Work with collaborative partner(s) to acquire NCI data in Spanish; post to website(s); provide information to F/SA, community members, stakeholders, etc. (e.g. via email/eBlasts) **F.** Develop/provide training in Spanish (& other selected threshold languages) on descriptions of available services to F/SA	**A.** Consortium of English &/or Spanish-speaking stakeholders, collaborators, &/or federal DD partners; meetings; list of recommendations to reduce language-based POS disparity in Spanish-speaking population of S/SA with I/DD **B.** Lexicon of appropriate industry-specific terminology in English; list of appropriate, industry-specific translations in Spanish; local field-testing of translations in all regions; lists of recommendations for editing **C.** List of English descriptions of (POS) services available through RC funding; eBlasts; website posting **D.** List of POS-related descriptions translated into Spanish & selected threshold languages; posted list on Council's &/or other website(s); eBlasts; website posting **E.** Posting, once available, of Spanish NCI material(s) to website(s); eBlasts **F.** Curriculum; family/self-advocates will be trained; trainings	**A.** The Council will have partners to assist in efforts to monitor, track & make recommendations about POS disparity and accessibility for diverse Spanish-speaking F/SA with I/DD **B.** English-speaking F/SA with I/DD &/or cross-disabilities & stakeholders will have accurate, culturally competent industry-specific terms; Spanish-speaking F/SA with I/DD &/or cross-disabilities & stakeholders will have accurate, culturally competent, industry-specific terms in Spanish **C.** English-speaking F/SA with I/DD &/or cross-disabilities & stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports **D.** Spanish-speaking & other F/SA with I/DD &/or cross-disabilities & stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports in Spanish (& other selected threshold languages) & assured of the accuracy & relevance of those descriptions & will be able to advocate for appropriate services/supports through the RC system & remove barriers and reduce POS disparities **E.** F/SA who are Spanish-speaking will have knowledge of and Council website access to NCI data in Spanish **F.** Underserved F/SA speaking Spanish (& selected threshold languages) will have relevant, accurate information in their language of choice about supports/services provided by the RC system, knowledge about how to ID/access supports & services; a service access barrier will be removed & POS disparities for underserved Spanish-speaking (& other selected threshold) populations will be reduced	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.

Projected Council Budget [Section 124(c)(5) (B) and 125(c)(8)]

* - Required field

Goal	Subtitle B $	Other(s) $	Total
Self-Advocacy	$951,664.00	$13,000.00	$964,664.00
Employment	$951,664.00	$13,000.00	$964,664.00
Housing	$475,832.00	$6,500.00	$482,332.00
Health & Safety	$713,748.00	$9,750.00	$723,498.00
Early Intervention, Education, Transition & Post-Secondary Education	$713,748.00	$9,750.00	$723,498.00
Formal & Informal Community Supports	$951,664.00	$13,000.00	$964,664.00
General management (Personnel, Budget, Finance, Reporting)	$1,671,843.00	$230,000.00	$1,901,843.00
Functions of the DSA	$50,000.00	$340,000.00	$390,000.00
Total	$6,480,163.00	$635,000.00	$7,115,163.00

Assurances [Section [124(c)(5)(A)-(N)]

* - Required field

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

Approving Officials for Assurances

✔ For the Council (Chairperson)

Designated State Agency

✔ A copy of the State Plan has been provided to the DSA

Public Input And Review [Section 124(d)(1)]

* - Required field

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment *

SCDD posted the Proposed State Plan Goals onto it's website soliciting public in English from February 23, 2016 to April 14, 2016. SCDD also posted the Proposed State Plan Goals onto it's website soliciting public input in 15 threshold languages from March 21, 2016 to May 6, 2016. Notice of the postings were eblasted out through our main listserve from our Headquarters location to approximately 5,400 people and repeated locally through the eblast listings of our 13 regional offices.

We received 14 handwritten/mailed in responses to our posted proposed goals and we received 48 electronic responses via our website postings.

Describe the revisions made to the Plan to take into account and respond to significant comments *

Of the 14 handwritten/mailed-in responses and our 48 electronic responses received via our website posting on the proposed state plan goals, none were substantive and therefore we did not require changes or modifications to our proposed goals. Comments were coded into three categories:

- The proposed plan only indicates "increased information." Information does not equate into services. Goals should be modified to include 'increased supports and access to…'

This comment was the most common theme and appeared to be made most frequently by parents and professionals.

- The goals that have been chosen are excellent ones.

This comment most often appeared to be given by self-advocates, although some parents and professionals praised the goal areas.

- Include other critical areas, such as transportation, legislative changes, safety/abuse prevention, child care, quality assurance, recreation, and providing information about IHSS and Social Security.

These areas are all included within the objectives and will be included in the work plan, all of which was not posted with the goals for the public comment period. We believe that the public comments have been addressed fully as the State Plan was fleshed out for both objectives and work plan activities, outputs and outcomes.

Annual State Plan Work Plan

Federal Fiscal Year 2017

State Plan Goals [Section 124(4); Section 125(c)(5)]

Self-Advocacy

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to advocate for civil and service rights to achieve self-determination, integration and inclusion in all areas of community life.

Area Of Emphasis:

- [x] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [ ] Informing Policymakers

- [ ] Demonstration of New Approaches to Services and Supports
- [x] Demonstration of Projects or Activities
- [ ] Other Activities

Provide justification for selecting Demonstration of Projects or Activities

The Council will be issuing grant funding for 2 different projects, scheduled to run from October 1, 2016 through September 30, 2017. These projects include: 1) Students & Professionals with Disabilities (Peer Advocacy Connection - Supported Life Institute), which will provide a visual roadmap about self-advocacy through post-secondary education and employment; and 2) the Self-Advocacy & Leadership Training Conferences (Project Get Safe), which will help build self-advocates to build/maintain self-advocacy groups and work with the Council's State Plan objectives & develop leadership & self-advocacy skills.

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [x] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [x] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Statewide Self-Advocacy Network (SSAN)
2. SCDD Self-Advocacy Advisory Committee (SAAC)
3. Other Self-Advocacy (SA) groups
4. Independent Living Centers
5. CRA/VAS

6. Regional Centers

7. Local Behavioral/mental health providers/agencies

Objective #1: 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.

Key Activities

1. Develop/distribute information about Person-Centered Planning (PCP) & Self-Determination (SD); provide translated material in Spanish, etc.
2. Develop/implement training for family/self-advocates & providers, including those in underserved populations speaking Spanish, etc.
3. Support & collaborate with local & statewide Self-Determination Advisory Committees and other collaborators, addressing PCP & SD

Expected Outputs

1. 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
2. 10 PCP & 10 SDP trainings will be provided, reaching at least 500 people; 4 trainings will be in Spanish, reaching 50 people
3. 2x/year, provide support for the statewide SDAC, which will meet to monitor implementation of the SDP; support 10 local SDACs

Expected Objective Outcomes

1. People will have information about PCP/SDP
2. 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.
3. The SDP and SDAC work connected with local regional centers will be monitored; family/self-advocates will be empowered in self-governance/advisory capacity

Data Evaluation And Measurement

1. The number of eBlasts, flyers, brochures, etc. distributed will be logged to determine the number of people being reached; satisfaction & other surveys will be used

2.Attendance sheets, pre/post-tests, anecdotal reports &/or satisfaction surveys will be used

3.Attendance sheets, travel logs &/or satisfaction surveys will be used

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	10037
IA 1.2	8212
IA 2.1	60
IA 2.2	60
IA 2.2.1	85
IA 2.2.2	5
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	12
SC 1.3.3	
SC 1.3.4	8
SC 1.4.1	330
SC 1.5.1	
SC 2.1	
SC 2.2	35
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	35

Objective #2: 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.

Key Activities

1.Provide tangible support (e.g. travel/lodging/meeting arrangements, etc.) for 8 SSAN & 7 SAAC members in a total of 9 meetings throughout the year

2. Meet/identify (with collaborative partners &/or a steering committee) training needs re: Self-Advocacy (SA), boardsmanship, etc.
3. Consult/work with SA leaders to support development of a T4T module &/or other SA/community training presentations
4. Provide self-advocates with training to train peers; collaborate with cross-disability agencies & self-advocates to train others about statewide/local SA opportunities; outreach to agencies/community & schedule /facilitate 10 peer self-advocate training(s)

Expected Outputs

1. Travel/lodging/meeting arrangements for SSAN/SAAC members for 9 scheduled meetings; facilitation, as needed/requested by members for each meeting
2. Regularly scheduled/attended 4 meetings; list of ideas re: identified training needs; list of interested SA trainers
3. 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
4. 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

Expected Objective Outcomes

1. 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
2. Self-advocates will be engaged in planning efforts to train peers to become leaders and peer trainers
3. Self-advocates will have the knowledge to become peer trainers; self-advocates will have the knowledge to become leaders
4. Self-advocates will have the training/knowledge to develop training/leadership/self-advocacy skills

Data Evaluation And Measurement

1. Satisfaction surveys; attendance/travel logs; & personnel time, as assigned to SAAC/SSAN activities/meetings
2. List(s) of statewide training needs; list(s) of training material/curricula; pre/post-tests &/or satisfaction surveys
3. Agendas/rosters of scheduled/held meetings; attendance logs; numbers of trained & acting trainers; & anecdotal/qualitative review of curricula
4. Pre/post-tests &/or satisfaction surveys; anecdotal reports; attendance logs

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	1500
IA 1.2	150
IA 2.1	95
IA 2.2	
IA 2.2.1	95
IA 2.2.2	95
IA 2.2.3	95
IA 3.1	95
IA 3.2	

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	2
SC 1.3.3	
SC 1.3.4	1
SC 1.4.1	
SC 1.5.1	2
SC 2.1	
SC 2.2	21
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	21

Employment

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information to obtain competitive, integrated employment (CIE).

Area Of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care

- [ ] Health
- [x] Employment
- [ ] Housing
- [x] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [ ] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [x] Demonstration of Projects or Activities
- [ ] Other Activities

Provide justification for selecting Demonstration of Projects or Activities

The Council will be issuing grants for 3 employment-related projects to develop &/or demonstrate innovative school-to-work transition models, training about achieving CIE, &/or the promotion of CIE through job matching/carving, development, &/or training workshops. These grant-driven programs will run from October 1, 2016 to September 30, 2017 and include: 1) Employment for All (Project Independence), which will target high-poverty areas of Orange County; 2) Project SEARCH (Hope Rehabilitation Services, Inc.), which will expand a program into Monterey County; & Individual Self-Determination/Family Supports for Employment (UCP WORK, Inc.), which will provide hard-copy and electronic curricula that can be used statewide.

This goal addresses:

- [ ] Individual/Family Advocacy
- [ ] System Change

- [ ] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [ ] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. CA Dept. of Rehabilitation
2. CA Employment Development Dept.
3. Private Employers
4. Public advocacy groups &/or private non-profits

Objective #1: The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.

Key Activities

1. Convene 4 quarterly meetings of the EFC, as a platform for strategic planning & monitoring of statewide needs/trends and employment-related Council activities & outcomes
2. Identify regional stakeholders and convene 4 quarterly meetings
3. Identify barriers & develop 10 lists of local/regional employment barriers (e.g. fear of loss of entitlements, lack of transportation, minimum wage increases, etc.)
4. Develop/implement 1 culturally competent curriculum; provide 15 trainings &/or other community events for self-advocates, family members & providers
5. (Co-) host 5 regional employer events

6. Engage with/provide input to at least 10 state/local Workforce Development Boards (L/WDB)
7. Promote & inform community about pathways to CIE (e.g. coalitions, eBlasts, flyers, newsletters, etc.)
8. Explore use of regional offices as CIE sites (e.g. internships, workforce entry, contracts, employability assessment, etc.); if feasible, implement in 3 locations
9. Maintain/expand the Council's website-based Data Dashboard, including information & resources for family/self-advocates and other stakeholders
10. As necessary, convert material(s) to plain language, Spanish, etc.

Expected Outputs

1. 4 quarterly EFC meetings; monitoring and strategic planning for CIE-related activities & outcomes; data collection
2. 10 cross-disciplinary, collaborative networks throughout the state will be established; 4 meetings will be held
3. 10 Regional lists of 5 CIE-related issues &/or barriers will be developed
4. 1 culturally competent training curriculum (with pre/post-testing & satisfaction survey) will be developed for family/self-advocates, employers, service providers, & other stakeholders; 15 trainings/events
5. 5 CIE regional or statewide events will be held for employers/providers/stakeholders
6. 10 regional lists of information, training, &/or resources to assist in developing opportunities to gain/maintain CIE for people with I/DD &/or cross-disabilities for 10 regional/state/local WDBs
7. 12 Newsletters, 24 eBlasts, 12 flyers, 4 brochures, etc. will be produced & disseminated to a total of 12,500 people
8. If feasible, regional offices may host 10 regional office CIE opportunities in partnership with local employment agencies, educational entities, contractors, etc.
9. 1 up-to-date, Council-sponsored Data Dashboard; 1 webpage dedicated to CIE-related issues, resources, training, etc.
10. 1 set of plain language materials to become the foundation for transliteration into Spanish, etc.

Expected Objective Outcomes

1. A Council-based entity of family/self-advocates & 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
2. A cross-disciplinary, collaborative network of local/regional partners throughout the state will exist to identify/address issues &/or barriers associated with CIE and people with I/DD

3. A comprehensive needs assessment regarding CIE will be available for future policy/planning/project development in promoting culturally competent CIE strategies

4. Family/self-advocates and employers/community members/providers will have knowledge & resources to develop, provide &/or obtain CIE; 250 people with I/DD will have the knowledge to develop a résumé

5. Employers will have culturally competent information and contacts to develop/offer options about & opportunities for CIE to people with I/DD &/or cross-disabilities

6. WDBs and stakeholders will have culturally competent knowledge & strategies to facilitate/offer CIE for people with I/DD &/or cross-disabilities

7. Family/self-advocates, employers & other community stakeholders will have information/resources to develop, deliver &/or obtain CIE

8. One or more working model(s) of CIE will be available for family/self-advocates, providers, and stakeholders for replication

9. Family/self-advocates, employers, & other stakeholders will have up-to-date knowledge, resources & information about CIE, employment strategies that work &/or are replicable, training/employment opportunities, etc.

10. 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

Data Evaluation And Measurement

1. Attendance logs and minutes will provide quantitative & qualitative data

2. A list of agencies/partners, contact sheets, attendance logs &/or satisfaction surveys will be used to track collaborative partners and meeting attendance

3. Employment barriers will be identified/tracked/reported on in 13 California regions

4. Pre/post-tests, satisfaction surveys, anecdotal data &/or rosters will be used to track training, learning & satisfaction

5. Meeting attendance/minutes; logs of generated/forwarded eBlasts, eMails, newsletters, etc. will be kept for reporting purposes in identifying the number of people reached, along with satisfaction surveys

6. Anecdotal reports of meetings, phone calls, &/or other contact activities will be made

7. Logs of generated/forwarded eBlasts, eMails, newsletters, etc. will be kept for reporting purposes in identifying the number of people reached, along with satisfaction surveys

8. Logs of the number of conversations with collaborative partners &/or the number of jobs/internships created/implemented will be kept/reported, in addition to satisfaction surveys

9. The number of website 'hits' will be logged/reported, as available through the available technology; the feasibility of adding a blog/comment/satisfaction survey section on the website will also be explored/reported

10. Anecdotal information about translated material(s), numbers of people reached &/or satisfaction surveys will be used to report on this activity

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	5755
IA 1.2	4312
IA 2.1	60
IA 2.2	60
IA 2.2.1	85
IA 2.2.2	10
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	5
SC 1.3.3	
SC 1.3.4	6
SC 1.4.1	60
SC 1.5.1	36
SC 2.1	
SC 2.2	7
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	7

Objective #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 CIE for people with I/DD.

Key Activities

1.

Obtain employment-related &/or employment disparity data from collaborative partners &/or other state-level agencies through MOU/data-sharing agreement/other means; obtain recommendations from UCEDD(s), DOR, EDD, etc. to inform future/ongoing employment-related strategies

2.Meet with EFC quarterly to identify possible employment-related legislation

3.Meet with/educate legislators, legislative counsel, legislative and executive staff, policymakers and other stakeholders, who are instrumental in writing legislative proposals regarding CIE

4.Monitor legislation and promote increasing employment opportunities for people with I/DD &/or cross-disabilities; maintain updates on Council website

5.Facilitate &/or provide testimony/information at hearings/regional meetings at the local &/or state legislative level(s)

Expected Outputs

1.1 MOU; 4 quarterly updates to the Data Dashboard; 4 quarterly contacts/meetings with collaborative partners; 1 ongoing list of up-to-date recommendations

2.4 quarterly meetings (See 2.1); 1 list of potential legislation to support CIE for people with I/DD &/or cross-disabilities

3.150 phone calls/teleconferences; 150 emails; 25 meetings/hearings

4.1 legislative platform (posted to the Council website) committed to increasing opportunities for CIE for people with I/DD &/or cross-disabilities; 4 quarterly website updates; monitor 5 bills related to CIE

5.Testimony provided &/or attendance during 10 hearings about employment-related issues affecting people with I/DD &/or cross-disabilities; 24 meetings

Expected Objective Outcomes

1.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

2.Family/self-advocates, EFC members, & other stakeholders will have knowledge about issues regarding CIE & 1 list of targeted policy solutions about employment gaps

3.Policy-makers will have knowledge about CIE & employment opportunity gaps &/or solutions for people with I/DD &/or cross-disabilities

4.There will be job opportunities for people with I/DD through tax incentives for employers, sponsored &/or volunteer internships, etc.

5.

- 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

Data Evaluation And Measurement

1. Development of a signed, operative Memorandum of Understanding between collaborative partners to obtain/share data; acquired data from collaborative agencies; contact logs
2. Attendance rosters, meeting minutes, stakeholder satisfaction surveys, anecdotal data, etc.
3. Activity reports; number of employment-related bills addressing employment initiatives &/or addressing factors involving disparity in CIE for people with I/DD; anecdotal data
4. Data obtained from state-level collaborative partners
5. Anecdotal data from legislative/policy meetings; activity reports

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	11580
IA 1.2	8685
IA 2.1	10
IA 2.2	10
IA 2.2.1	10
IA 2.2.2	5
IA 2.2.3	
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	2
SC 1.2.1	2
SC 1.3.1	3
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	
SC 1.4.1	
SC 1.5.1	5
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20

SC 2.1.4	1

Housing

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased access to affordable, accessible, safe, and fully integrated housing that provides choice and flexibility regarding where and with whom they live.

Area Of Emphasis:

- [ ] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [ ] Employment
- [x] Housing
- [ ] Transportation
- [ ] Recreation
- [ ] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [ ] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports

- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [ ] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [x] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Housing developers/private sector builders

2. Governance/regulatory agencies

3. Public interest advocacy groups/private non-profits

4. CA Dept. of Aging

Objective #1: The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.

Key Activities

1.Identify stakeholders, build coalition(s) & engage with partners to convene quarterly task force meetings; assess & document current universally accessible housing levels; include home ownership options & NIMBY issues; participate in regional Dept. of Fair Employment & Housing (DFEH), HUD, &/or local housing authority meetings

2. Develop and distribute information to publicize housing needs of people with I/DD; request accessible, affordable housing with local housing authorities in regional catchment areas

3. Develop curriculum & train family/self-advocates, stakeholders & community members about affordable, accessible housing & housing rights

Expected Outputs

1. 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

2. Letters will be sent to at least 12 governance agencies

3. 1 housing curriculum; 12 trainings will be provided, reaching at least 120 people

Expected Objective Outcomes

1. 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 & integrated housing developments for people with I/DD; Public/agency awareness will be raised regarding the need for available, safe, affordable & accessible housing, including home ownership, and the recognition of access to accessible housing as a civil right

2. Policies/practices within housing authorities will address the availability/need for safe, affordable, and accessible housing for people with I/DD &/or cross-disabilities and housing agencies will begin to include plans to provide additional housing in public planning/building efforts

3. Family/self-advocates, stakeholders & community members will have the awareness & 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

Data Evaluation And Measurement

1. Written/anecdotal responses to correspondence/requests for information &/or tangible increase/progress in housing development &/or available set-asides; anecdotal (qualitative) data, attendance rosters of meetings and collaborative partner contact lists

2. Number of letters disseminated, satisfaction surveys, &/or anecdotal reports

3. Pre/post-tests &/or satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA) **System Change (SC)**

IA Code	FFY 2017 Targeted #
IA 1.1	2048
IA 1.2	1536
IA 2.1	60
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	10
IA 2.2.3	
IA 3.1	95
IA 3.2	95

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	13
SC 1.4.1	36
SC 1.5.1	73
SC 2.1	
SC 2.2	13
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	13

Objective #2: The Council will identify and decrease barriers to housing for people with I/DD.

Key Activities

1. Develop/provide training for people with I/DD &/or cross-disabilities about HCBS Final Settings Rule to promote self-advocacy skills in identifying/accessing integrated, affordable, & safe community housing options

2. Develop/provide training about including residential/housing component in transition & IPP planning for (adult & aging) family & (transition-aged, adult, & aging) self-advocates with I/DD &/or cross-disabilities (to include people with psychiatric, medical/physical, age-related, & other disabilities); distribute material(s); promote/advocate for housing options, including early registration for Section 8 lists

3. Develop/provide training and system advocacy on long-range financial planning to bridge gaps between median rent costs/home prices and SSI/SSDI (e.g. supports available in-home, SSI & home ownership, etc.)

4. Define & identify the number of 'emergency placements' made through RCs; solicit information about the number of clients requiring emergency placements & identify/distribute available/alternative residential options

Expected Outputs

1. 1 curriculum; 10 trainings; reach 100 people
2. 1 curriculum; 10 trainings; reach 100 people
3. 1 curriculum; 10 trainings; reach 100 people
4. 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

Expected Objective Outcomes

1. Family/self-advocates will have knowledge about HCBS and accessible, affordable, safe, integrated housing/placement options, supports, & services for people with I/DD &/or cross-disabilities and will have knowledge to overcome barriers (e.g. financial issues, choice, accessibility, etc.) in requesting appropriate residential placement
2. Young, adult and aging self-advocates & families will have knowledge about transition issues, housing entitlement programs &/or long-term residential options for aging adults with I/DD &/or cross-disabilities; family/self-advocates will advocate for & access resources
3. Increased legal & long-range residential & financial planning/preparation for identification of/access to housing choices and preferences
4. Family/self-advocates will have information, knowledge and choices about alternative residential options in cases involving emergency/relocation

Data Evaluation And Measurement

1. Pre/post-tests &/or surveys to determine satisfaction &/or understanding of HCBS criteria, safe/integrated/affordable housing options, &/or rights regarding fair housing and issues surrounding NIMBY concerns
2. Pre/post-tests &/or satisfaction surveys; number of trainings/people reached; self-reports from RCs in regard to IPP/IFSP procedures; number of meetings held/plans developed; pre/post-project numbers of emergency placements, as available; anecdotal reports of active engagement/advocacy & outcomes
3. Pre/post-tests &/or surveys to determine satisfaction &/or understanding of financial planning options, long-term residential options, &/or other issues surrounding aging and people with I/DD
4. Pre/post-tests &/or surveys to determine satisfaction &/or understanding of long-term &/or emergency residential/relocation options for people with I/DD &/or cross-disabilities

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	2120
IA 1.2	1590
IA 2.1	60
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	20
IA 2.2.3	
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	2
SC 1.3.3	
SC 1.3.4	34
SC 1.4.1	90
SC 1.5.1	
SC 2.1	
SC 2.2	36
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	36

Objective #3: 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.

Key Activities

1. Identify/collaborate with experts to inform Council on housing issues
2. Meet/confer with/educate legislators, legislative counsel, policymakers, legislative and executive staff and other stakeholders, who are instrumental in writing proposals regarding housing issues
3. Propose &/or monitor legislation, policies, & practices that promote an increase the availability of affordable, accessible, & safe housing
4. Testify in informational/committee hearings at the local representative &/or state legislative level(s)

Expected Outputs

1.2 housing-related presentations at the LPPC; 40 contacts/meetings with subject matter experts; 1 list of subject matter experts

2.20 meetings with policymakers

3.Monitor &/or address at least 5 pieces of legislation

4.Testify/provide information in 4 hearings/meetings

Expected Objective Outcomes

1.The Council will have knowledge of & participation in housing-related issues regarding people with I/DD &/or cross-disabilities

2.Policymakers will have knowledge about housing issues specific to people with I/DD &/or cross-disabilities; proposed legislation will include issues related to housing for people with I/DD &/or cross-disabilities

3.The Council will be actively engaged in housing-related policy-making efforts on behalf of family/self-advocates with I/DD &/or cross-disabilities

4.The public & policymakers will have knowledge about, awareness of & active engagement in issues surrounding the safe, affordable, accessible housing needs of people with I/DD &/or cross-disabilities

Data Evaluation And Measurement

1.Meeting rosters/agendas/minutes; phone logs & activity reports

2.Activity reports, updated housing platform; # of eBlasts, newsletters, etc.

3.Number of bills sponsored/supported in each house/session

4.Activity reports

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	16
IA 1.2	12
IA 2.1	15

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	3
SC 1.2.1	3
SC 1.3.1	4

IA 2.2	15
IA 2.2.1	15
IA 2.2.2	10
IA 2.2.3	
IA 3.1	95
IA 3.2	95

SC 1.3.2	
SC 1.3.3	
SC 1.3.4	1
SC 1.4.1	12
SC 1.5.1	2
SC 2.1	25
SC 2.2	6
SC 2.1.1	7
SC 2.1.2	5
SC 2.1.3	18
SC 2.1.4	1

Health & Safety

Description : Californians w/ I/DD and their families reflecting the diversity of the state will have increased information to access health, public safety, and related services that meet their needs and health care choices.

Area Of Emphasis:

- ✔ Quality Assurance
- Education and Early Intervention
- Child Care
- ✔ Health
- Employment
- Housing
- Transportation
- Recreation
- ✔ Formal and Informal Community Supports

Activities to be used in achieving each goal:

- ✔ Outreach
- ✔ Training
- ✔ Technical Assistance
- ✔ Supporting and Educating Communities
- ✔ Interagency Collaboration and Coordination
- ☐ Coordination with Related Councils, Committees and Programs
- ☐ Barrier Elimination
- ☐ Systems Design and Redesign
- ✔ Coalition Development and Citizen Participation
- ✔ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ✔ Demonstration of Projects or Activities
- ☐ Other Activities

Provide justification for selecting Demonstration of Projects or Activities

The Council will issue 1 grant for a project that will run from October 1, 2016 through September 30, 2017. The Disability Awareness and Health & Safety Program (Project Get Safe) will provide 10 trainings - 5 trainings to self-advocates about availability of and access to health/public safety-related services & supports, and 5 trainings to first responders about recognizing intellectual/developmental disabilities and providing safe assistance to people with I/DD.

This goal addresses:

- ✔ Individual/Family Advocacy
- ✔ System Change
- ☐ Self-Advocacy Requirement
- ☐ Targeted Disparity
- ☐ DD Network Collaboration
- ✔ Rights of Individuals
- ✔ Capacity Building

Collaborators Planned for this goal(if known):

- ✔ State Protection and Advocacy System

- [ ] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Dept. of Public Health &/or Mental/Behavioral Health Division
2. Managed Health Care Plans/agencies
3. Local/regional/state law enforcement agencies
4. Office of Emergency Services

Objective #1: 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.

Key Activities

1. Participate in/outreach to family/self-advocates through health/wellness &/or community fairs; distribute information
2. Develop/provide training & distribute information about health & access to care issues to family/self-advocates
3. Provide emergency preparedness, personal safety &/or bullying training
4. Develop/Distribute/Update/Post to website(s) 1 set of health-related materials
5. Develop/Distribute/Update/Post to website(s) 1 set of public safety-related materials

Expected Outputs

1. Participate/collaborate in 12 health/wellness events; provide community outreach through 24 eBlasts, 12 newsletters, 12 flyers & 2 brochures
2. 1 curriculum; 12 trainings; 120 people reached; 1 set of materials; 2,500 people reached
3. 3 curricula; 12 trainings; 360 people reached
4. 12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 2,500 people
5. 12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 2,500 people

Expected Objective Outcomes

1. Family/self-advocates will be reached and have information about health-related options &/or services
2. Family/self-advocates will be reached and have knowledge about health options &/or services
3. Family/self-advocates will be reached and have knowledge about emergency preparedness, personal safety, &/or bullying & their options regarding available services, prevention, protection and response
4. Family/self-advocates will be reached and have knowledge about health options &/or services
5. Family/self-advocates will be reached and have knowledge about public safety-related information, options &/or services

Data Evaluation And Measurement

1. # of people contacted; # of materials distributed; satisfaction surveys
2. Pre/post-tests, satisfaction surveys, anecdotal feedback, etc.
3. Pre/post-tests, satisfaction surveys, anecdotal feedback, etc.
4. # of people reached; satisfaction surveys
5. # of people reached; satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	9392
IA 1.2	7044
IA 2.1	70
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	20
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	128
SC 1.4.1	144
SC 1.5.1	12
SC 2.1	

SC 2.2	128
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	128

Objective #2: 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.

Key Activities

1. Develop/provide training/information/technical support to law enforcement, court personnel, first responders, fire/paramedic/ER staff, etc. regarding public safety & people with I/DD &/or cross-disabilities & their families (including family & self-advocates as speakers/trainers)
2. Distribute information to the community, family/self-advocates, & public safety/first responders about health/public safety issues affecting people with I/DD &/or cross-disabilities and their families
3. Collaborate with public safety stakeholders on activities to address risk factors &/or improve health and public safety for people with I/DD &/or cross-disabilities and their families; provide technical assistance (as requested)

Expected Outputs

1. 1 curriculum; 12 trainings; 150 people reached
2. 24 eMails/eBlasts, 12 newsletters, & 3 flyers/brochures disseminated to 1,000 people & 12 agencies
3. 12 regional collaborations; 24 meetings with collaborators

Expected Objective Outcomes

1. First responders, law enforcement, court personnel, fire/paramedic/ER staff will have training/information/technical support from family/self-advocates, professionals & subject matter experts that increases their knowledge about, provision of accessible services to, & improved interactions with people with I/DD &/or cross-disabilities
2. Family/self-advocates, professionals & the community will have knowledge to increase awareness of accessible health & public safety-related services, rights, &/or available/appropriate accommodations (e.g. modified interviewing techniques, emergency placement options, etc.) for people with I/DD &/or cross-disabilities

3. The health, court, and public safety system of services/supports will have knowledge about issues that affect health care, justice, &/or public safety and have a community safety plan/net/response for people with I/DD &/or cross-disabilities

Data Evaluation And Measurement

1. Pre/post-training, satisfaction surveys, &/or attendance logs
2. Number of people reached; satisfaction surveys
3. Meeting attendance logs, agendas, numbers/types of system change efforts, anecdotal data, development &/or identification & distribution of community safety plan(s), etc.

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	1600
IA 1.2	1200
IA 2.1	5
IA 2.2	5
IA 2.2.1	15
IA 2.2.2	1
IA 2.2.3	
IA 3.1	75
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	80
SC 1.4.1	200
SC 1.5.1	36
SC 2.1	
SC 2.2	80
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	80

Objective #3: 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.

Key Activities

1. Identify/collaborate with experts to inform Council on health &/or public safety-related issues
2. Monitor implementation of recently passed public safety bills relating to law enforcement training
3. Monitor & assess process of de-institutionalization of people with I/DD &/or cross-disabilities
4. Advocate (at community &/or systemic level) for adequate/affordable/accessible health care & other community-based supports/services

Expected Outputs

1. 12 meetings with health & public safety agencies/personnel
2. 12 reports of anecdotal survey/data from regional offices to confirm that law enforcement training mandates are being implemented statewide, per recently passed legislation
3. 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
4. 12 meetings with health boards/agencies, IHSS/Public Authority, etc. to advocate for health services/rights for people with I/DD &/or cross-disabilities

Expected Objective Outcomes

1. 12 relevant recommendations for policy/regulatory solutions & improvements to policymakers, health care &/or public safety systems
2. Positive law enforcement interactions with people with I/DD &/or cross-disabilities
3. Compliance with HCBS settings rule & timely, safe deinstitutionalization of people with I/DD &/or cross-disabilities, with access to appropriate community-based supports/services
4. Health care & other community support/service providers have knowledge about the needs of people with I/DD and their service accessibility & that policies/practices address those unique needs

Data Evaluation And Measurement

1.Meeting rosters/agendas/minutes; phone logs & activity reports

2.Council reports/agendas/minutes

3.DDS/DC/RC reports; family/self-advocate/anecdotal reports

4.Anecdotal reports & satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	0
IA 1.2	0
IA 2.1	0
IA 2.2	0
IA 2.2.1	0
IA 2.2.2	0
IA 2.2.3	0
IA 3.1	0
IA 3.2	0

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	2
SC 1.2.1	2
SC 1.3.1	3
SC 1.3.2	12
SC 1.3.3	
SC 1.3.4	
SC 1.4.1	
SC 1.5.1	36
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20
SC 2.1.4	1

Early Intervention, Education, Transition & Post-Secondary Education

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information, in order to obtain inclusive education services throughout the lifespan.

Area Of Emphasis:

- [x] Quality Assurance
- [x] Education and Early Intervention
- [x] Child Care
- [x] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [ ] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [x] Demonstration of Projects or Activities
- [ ] Other Activities

Provide justification for selecting Demonstration of Projects or Activities

The Council will be funding 3 grant-funded programs, which will run from October 1, 2016 through September 30, 2017. Empowering Asian Families (Helping Hands East Bay) will target under-served Asian families residing in the East Bay of northern California who speak primarily Cantonese, Mandarin, Vietnamese and Korean languages, providing 2 educational conferences and resource fairs and empowering monolingual Asian families to increase access to information & resources. The Social Skills Development Group (Children's Nurturing Project) will combine components of the DIR (Directional Individual Relational) model (Dr. Stanley Greenspan) and the Integrated Play Group (Pamela Wolfberg) as an inclusive, interactive social skills developmental play group to serve children (aged 3 to 5) with special needs who struggle in their ability to relate and communicate with others. The Parent Advocacy Center - PAC (Next Step Vocational Education and Transition Center), which will provide peer special education advocacy training and will target poverty-level African-American, Hispanic or Asian parents who may be second-language learners.

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [ ] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [x] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Family Resource Centers & other family/self-advocacy entities
2. USDs/SELPAs &/or CACs
3. Colleges/Universities
4. CA Dept. of Rehabilitation
5. CA Employment Development Dept.
6. Regional Centers

Objective #1: The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.

Key Activities

1. Develop collaborative networks & convene quarterly meetings to determine community training/outreach needs &/or collaborative opportunities
2. Develop/provide information/outreach materials to community & professionals to encourage early identification & assessment of & intervention for children with I/DD &/or cross-disabilities
3. Develop/provide training to parents/community members about early identification/intervention, I/DD &/or cross-disabilities, support/service resources, &/or transition into the school system
4. Develop/offer training &/or provide outreach materials/technical assistance to pediatricians, hospitals, neonatal units, Early Start programs, child care centers, etc.

Expected Outputs

1. 4 quarterly meetings with collaborative partners; 1 comprehensive/12 regional list(s) of identified &/or recommended trainings; 1 list of recommended outreach materials
2. 24 eBlasts, 12 newsletters, 1 set of handouts, etc.; 1,600 people reached through outreach efforts
3. 1 Curriculum; 12 trainings; 250 people reached
4. 1 Curriculum; 12 trainings; 60 professionals reached

Expected Objective Outcomes

1. A collaborative network will be in place to address early identification challenges & opportunities associated with finding/serving children as yet unidentified as having I/DD &/or cross-disabilities
2. Community members &/or professionals will have knowledge of typical developmental milestones & the importance of identifying young children with I/DD &/or cross-disabilities as early as possible
3. Parents will have information/knowledge to identify typical developmental milestones, recognize possible developmental delays, and identify/access available resources in a timely manner
4.

Professionals working with children will have information/knowledge about I/DD &/or cross-disabilities and be able to talk with parents about diagnostic information & accessing resources/supports/services in a timely manner

Data Evaluation And Measurement

1.Meeting rosters/agendas/minutes; list of recommended activities/training; list of recommended outreach material

2.Logs/#'s of eMails, eBlasts, newsletters, etc. and people reached

3.Pre/post-tests, anecdotal data, satisfaction surveys, & training rosters

4.Pre/post-tests, satisfaction, & training rosters; follow-up phone calls/anecdotal data

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	580
IA 1.2	435
IA 2.1	5
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	5
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	101
SC 1.4.1	135
SC 1.5.1	24
SC 2.1	
SC 2.2	101
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	101

Objective #2: 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.

Key Activities

1. Develop network & convene quarterly meetings to determine community training/outreach needs &/or collaborative opportunities
2. Develop/provide information/outreach materials to families, community & professionals about inclusive FAPE rights for students with I/DD &/or cross-disabilities
3. With family/self-advocates, develop/provide training for students/parents/staff/community members about disability awareness & self-advocacy within the school system
4. Develop/offer parent peer advocacy training for parent-to-parent support within the education system
5. Develop/Distribute/Update/Post to website(s) 1 set of FAPE-related materials

Expected Outputs

1. 12 regional rosters of collaborative partners; 24 meetings; 12 lists of regional community needs
2. 1 set of material(s) in plain language & Spanish, etc.
3. 1 curriculum; 12 trainings; reach 150 people
4. 1 curriculum; 12 trainings; reach 150 people
5. 12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 1,200 people

Expected Objective Outcomes

1. A series of regional collaborative networks will be in place to identify, monitor & address educational challenges & opportunities for students with I/DD &/or cross-disabilities in local communities
2. Parents, community members &/or professionals will have knowledge/awareness about the need for a free, appropriate education for children with I/DD &/or cross-disabilities, and the right to obtain publicly accessible, inclusive education services throughout the lifespan
3. Students/parents will have the information to self-advocate throughout the school system; staff/community members will have the information to identify & respond appropriately to I/DD &/or cross-disability-related issues
4.

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 &/or cross-disabilities

5.Family/self-advocates will be reached and have knowledge about a free, appropriate public education & related options &/or services

Data Evaluation And Measurement

1.Meeting rosters/agendas/minutes; list of planned activities

2.Logs/#'s of eMails, eBlasts, newsletters, etc. and people reached

3.Pre/post-tests, satisfaction, & training rosters

4.Satisfaction surveys, follow-up phone calls, anecdotal data, etc.

5.# of people reached; satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	2023
IA 1.2	1522
IA 2.1	20
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	15
IA 2.2.3	1
IA 3.1	90
IA 3.2	90

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	104
SC 1.4.1	45
SC 1.5.1	36
SC 2.1	
SC 2.2	68
SC 2.1.1	
SC 2.1.2	

SC 2.1.3	
SC 2.1.4	68

Objective #3: 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.

Key Activities

1. Train educators & stakeholders about the process of person-centered planning (PCP) and individualized transition planning (ITP)
2. Develop/provide information about the student-led IEP/ITP process; develop collaborative partnerships, convene meetings and engage in development/revision of resources &/or training video on the student-led IEP/PCP/ITP process
3. Train family/self-advocates about the process of IEP/PCP/ITP; develop/provide/promote resources/best practices related to the IEP/PCP/ITP process on the SCDD website

Expected Outputs

1. 1 curriculum; 12 trainings; 150 people trained
2. 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
3. 12 trainings; 150 people trained

Expected Objective Outcomes

1. Stakeholders will have knowledge about the PCP/ITP process
2. 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
3. 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

Data Evaluation And Measurement

1. Pre/post-tests & satisfaction surveys; number of people trained; anecdotal reports

2. Pre/post-tests & satisfaction surveys; product development/revision; pre/post-use of student-led IEP/ITP process; website hits/people reached

3. Pre/post-tests & satisfaction surveys; number of people trained

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	563
IA 1.2	427
IA 2.1	60
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	10
IA 2.2.3	1
IA 3.1	90
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	78
SC 1.3.3	
SC 1.3.4	
SC 1.4.1	
SC 1.5.1	24
SC 2.1	
SC 2.2	78
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	78

Objective #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.

Key Activities

1. Identify policy-level stakeholders & build coalitions; convene networking & strategy meetings

2. Meet/confer with/educate legislators, legislative counsel, policymakers, legislative and executive staff and other stakeholders about the value of education throughout the lifespan of people with I/DD &/or cross-disabilities

3. Testify on legislation, policies, & practices addressing early intervention, education, transition & post-secondary education

Expected Outputs

1. 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

2. 20 meetings

3. Testimony on 3 bills

Expected Objective Outcomes

1. 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 &/or cross-disabilities

2. Policy-makers &/or legislators/staff will have knowledge when considering/proposing policy changes about education-related issues regarding people with I/DD &/or cross-disabilities

3. 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 &/or cross-disabilities

Data Evaluation And Measurement

1. Roster of collaborators; number of meetings; list of policy issues; satisfaction surveys & anecdotal feedback

2. Number of legislative contacts/meetings

3. Number of public hearings scheduled/attended with testimony offered; number of bills being considered; number of bills signed into law

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	0
IA 1.2	0

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	2
SC 1.2.1	2

IA 2.1	0
IA 2.2	0
IA 2.2.1	0
IA 2.2.2	0
IA 2.2.3	0
IA 3.1	0
IA 3.2	0

SC 1.3.1	3
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	1
SC 1.4.1	
SC 1.5.1	13
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20
SC 2.1.4	1

Formal & Informal Community Supports

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.

Area Of Emphasis:

- ✔ Quality Assurance
- ☐ Education and Early Intervention
- ✔ Child Care
- ☐ Health
- ☐ Employment
- ☐ Housing
- ✔ Transportation
- ✔ Recreation
- ✔ Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [ ] Individual/Family Advocacy
- [ ] System Change
- [ ] Self-Advocacy Requirement
- [x] Targeted Disparity
- [x] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [x] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Regional Centers

Objective #1: 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.

Key Activities

1. Identify stakeholders & convene a consortium of Spanish-proficient collaborators; track POS disparity for Spanish-speaking family/self-advocates with I/DD within the statewide RC system; develop/review recommendations to reduce POS disparity in regard to language inaccessibility
2. Develop an English lexicon of common, industry-specific terms; translate list into appropriate Spanish terms/phrases; field-test transliterated terms for cultural relevance
3. Develop English descriptions of available services (Purchase-of-Service[s] [POS]) that may be funded through the Regional Center system
4. Translate descriptions of available services (Purchase-of-Service[s] [POS]) that may be funded through the Regional Center system into Spanish
5. Work with collaborative partner(s) to acquire NCI data in Spanish; post to website(s); provide information to parent/self-advocates, community members, stakeholders, etc. (e.g. via email/eBlasts)
6. Develop/provide training in Spanish on descriptions of available services (that may be funded/purchased through the RC system) to family/self-advocates

Expected Outputs

1. 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
2. 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
3. 1 list of English descriptions of (POS) services available through RC funding; 12 eBlasts; 1 website posting
4. 1 list of POS-related descriptions translate into Spanish; 1 posted list on Council's &/or other website(s); 12 eBlasts; 1 website posting
5. 1 posting, once available, of Spanish NCI material(s) to website(s); 12 eBlasts; reach 1,500 people
6. 1 curriculum; 250 family/self-advocates will be trained; 12 trainings

Expected Objective Outcomes

1. The Council will have a collaborative consortium of partners to assist in efforts to monitor/track & make recommendations regarding POS disparity and accessibility for diverse Spanish-speaking family/self-advocates with I/DD

2. English-speaking family/self-advocates with I/DD &/or cross-disabilities & stakeholders will have an accurate, culturally competent list of industry-specific terms; Spanish-speaking family/self-advocates with I/DD &/or cross-disabilities & stakeholders will have an accurate, culturally competent list of appropriate, industry-specific terms in Spanish

3. English-speaking family/self-advocates with I/DD &/or cross-disabilities & stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports

4. Spanish-speaking family/self-advocates with I/DD &/or cross-disabilities & stakeholders will have a list of/ knowledge about descriptions of (POS) services/supports in Spanish & will be assured of the accuracy & 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

5. Family/self-advocates who are Spanish-speaking will have knowledge of and Council website access to NCI data in Spanish

6. 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

Data Evaluation And Measurement

1. Satisfaction surveys; roster of collaborators; list of recommendations

2. English & Spanish lists of terms; satisfaction surveys; anecdotal data from public/industry/peer review

3. List of English POS descriptions; satisfaction surveys; eBlasts; public/industry/peer review

4. List of Spanish POS descriptions; satisfaction surveys; eBlasts; public/industry/peer review; RC POS Disparity Report(s); comparative analysis with previous years' reports

5. Posted NCI material; satisfaction surveys; public/industry/peer review

6. Pre/post-tests & satisfaction surveys; number(s) of attendees; POS disparity reports/data

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)		System Change (SC)	
IA Code	FFY 2017 Targeted #	SC Code	FFY 2017 Targeted #

IA 1.1	700
IA 1.2	525
IA 2.1	50
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	5
IA 2.2.3	
IA 3.1	95
IA 3.2	95

SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	32
SC 1.4.1	
SC 1.5.1	26
SC 2.1	
SC 2.2	36
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	36

Objective #2: 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.

Key Activities

1. Monitor/gather data on closure process of state-run institutions (DCs) & timely transfer of residents with I/DD &/or cross-disabilities into home & community-based settings with fully integrated, safe & appropriate supports/services
2. Identify/meet/collaborate with stakeholders to ensure effective crisis intervention & continuity in healthcare support
3. Develop/deliver training on closure process/progress to Council & Regional Advisory Committee (RAC) members
4. Develop/deliver outreach & training to family/self-advocates on rights, available supports/services, PCP/SD, conservatorship & alternatives, &/or personal safety, etc.

Expected Outputs

1. Poll/survey & data/results from 200 family/self-advocates; anecdotal data from transitioned residents, stakeholders, & community

2.4 quarterly meetings; 1 list of transition findings & recommendations

3.1 curriculum; 13 trainings (Council & RACs); 120 family/self-advocates reached

4.5 curricula; 20 trainings; 450 family/self-advocates reached

Expected Objective Outcomes

1.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 &/or cross-disabilities transitioning out of institutional care & into community settings

2.Stakeholders that provide integration supports/services will have knowledge about family/self-advocates transitioning into community settings and will provide continuity of medical insurance &/or community-based supports/services with no lapse in/loss of coverage

3.The Council will be knowledgeable on current issues affecting transition of DC residents with I/DD &/or cross-disabilities into home/community-based settings

4.Family/self-advocates with I/DD &/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

Data Evaluation And Measurement

1.Anecdotal data

2.Pre/post-tests, anecdotal data &/or satisfaction surveys

3.Pre/post-tests & satisfaction surveys; # of trainees

4.Roster of collaborative partners; resident/movers' &/or anecdotal data; list of recommendations

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	516
IA 1.2	418
IA 2.1	70
IA 2.2	40

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	4

IA 2.2.1	70
IA 2.2.2	20
IA 2.2.3	5
IA 3.1	95
IA 3.2	75

SC 1.3.3	
SC 1.3.4	36
SC 1.4.1	
SC 1.5.1	5
SC 2.1	
SC 2.2	44
SC 2.1.1	
SC 2.1.2	4
SC 2.1.3	
SC 2.1.4	40

Objective #3: 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.

Key Activities

1. Develop/provide training to Council & Regional Advisory Committee (RACs), family/self-advocates &/or other stakeholders on HCBS Settings Rule
2. Gather anecdotal data from Council & RACs to develop policy positions; identify regional & statewide formal/informal service/support trends, address service barriers & quality of service(s), etc.
3. Based on findings & Council policy positions regarding service trends, conduct training & outreach activities to include underserved communities; track requests for & provide technical assistance, and increase training opportunities, as requested

Expected Outputs

1. 1 curriculum; 13 trainings; 120 family/self-advocates reached
2. 1 current, comprehensive list of formal/informal service/support trends throughout the state
3. 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

Expected Objective Outcomes

1. Family/self-advocate Council/RAC members will be informed & able to collect/evaluate data & assess progress toward implementation of the HCBS Settings Rule throughout California

2. Council will develop/maintain strong agenda for 1) monitoring the current formal/informal services/supports throughout the state & 2) directing policy, advocacy, & capacity-building activities to address & decrease service/support gaps for family/self-advocates with I/DD &/or cross-disabilities

3. Based on requests for technical assistance, family/self-advocates & other stakeholders will have knowledge & increased technical assistance & training to access quality supports & services that are available to the general population

Data Evaluation And Measurement

1. Pre/post-tests, anecdotal data &/or satisfaction surveys

2. Anecdotal data & satisfaction surveys; agency reports/technical assistance logs

3. Pre/post-tests, anecdotal data & satisfaction surveys; technical assistance logs

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	1192
IA 1.2	894
IA 2.1	50
IA 2.2	60
IA 2.2.1	70
IA 2.2.2	20
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	91
SC 1.3.3	
SC 1.3.4	
SC 1.4.1	
SC 1.5.1	
SC 2.1	
SC 2.2	105
SC 2.1.1	

SC 2.1.2	
SC 2.1.3	
SC 2.1.4	105

Objective #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.

Key Activities

1. Promote inclusion of family/self-advocates as members on regional & state-level policy boards, councils, &/or advisory committees; provide boardsmanship training
2. Meet/confer with/educate legislators, legislative counsel, policy-makers, legislative and executive staff, Council member & other state agencies, and community stakeholders about service/support diversity/disparity issues & other gaps in services/supports for people with I/DD &/or cross-disabilities
3. Monitor/educate/testify about legislation, policies, and practices addressing diversity/disparity gaps in systems serving people with I/DD &/or cross-disabilities; testify in hearings about key issues concerning access to formal/informal community-based services for family/self-advocates with I/DD &/or cross-disabilities

Expected Outputs

1. 12 lists of state/regional policy boards, councils, &/or advisory committees; 1 report of number of family/self-advocates applying/accepted for member positions; 1 curriculum; 12 trainings; 120 people reached
2. 20 meetings/hearings/phone calls
3. Attendance/testimony in 4 hearings for 5 bills

Expected Objective Outcomes

1. 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
2. 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
3.

- 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

Data Evaluation And Measurement

1. Number of policy boards, councils, &/or advisory committees with family/self-advocates currently serving; increase in the number of family/self-advocates participating as members; anecdotal data &/or satisfaction surveys
2. Number of contacts/meetings with legislators, legislative counsel, policymakers, legislative and executive staff and other stakeholders
3. Number of public hearings scheduled/attended with testimony offered; number of bills supported; number of bills signed into law

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2017 Targeted #
IA 1.1	66
IA 1.2	54
IA 2.1	10
IA 2.2	10
IA 2.2.1	10
IA 2.2.2	5
IA 2.2.3	
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2017 Targeted #
SC 1.1.1	2
SC 1.2.1	2
SC 1.3.1	3
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	25
SC 1.4.1	
SC 1.5.1	12
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20
SC 2.1.4	1

Annual State Plan Work Plan

Federal Fiscal Year 2018

State Plan Goals [Section 124(4); Section 125(c)(5)]

Self-Advocacy

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to advocate for civil and service rights to achieve self-determination, integration and inclusion in all areas of community life.

Area Of Emphasis:

- [x] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers

- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [x] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [x] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Office of Client Rights Advocacy (OCRA)

2. Statewide/Regional Self-Determination Advisory Committee(s) [(S)SDAC]

3. Statewide Self-Advocacy Network (SSAN)

4. SCDD Self-Advocacy Advisory Committee (SAAC)

5. People First of California & other self-advocacy groups

6. Regional Centers

7. CRA/VAS

8. Independent Living Centers

9. Local Behavioral/Mental Health providers/agencies

Objective #1: 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.

Key Activities

1. Distribute information about Person-Centered Planning (PCP) & Self-Determination (SD); provide translated material in other languages, as requested
2. Provide training for family/self-advocates & providers, including those in underserved populations speaking Spanish, etc.
3. Support & collaborate with local & statewide Self-Determination Advisory Committees and other collaborators, addressing PCP & SD

Expected Outputs

1. Distribute plain language material to 5,000 people, statewide; translate into other languages, as necessary, & distribute; distribute Spanish material to 2,500 people
2. 15 PCP & 15 SDP trainings will be provided, reaching at least 2,000 people; 4 trainings will be in Spanish, reaching 100 people
3. 2x/year, provide support for the statewide SDAC, which will meet to monitor implementation of the SDP; support 10 local SDACs

Expected Objective Outcomes

1. People will have information about PCP/SDP
2. 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.
3. The SDP and SDAC work of local regional centers will be monitored; family/self-advocates will be empowered in self-governance/advisory capacity

Data Evaluation And Measurement

1. The number of eBlasts, flyers, brochures, etc. distributed will be logged to determine the number of people being reached; satisfaction & other surveys will be used
2. Attendance sheets, pre/post-tests, anecdotal reports &/or satisfaction surveys will be used
3. Attendance sheets, travel logs &/or satisfaction surveys will be used

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	10841
IA 1.2	8869
IA 2.1	60
IA 2.2	60
IA 2.2.1	85
IA 2.2.2	5
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	12
SC 1.3.3	
SC 1.3.4	9
SC 1.4.1	630
SC 1.5.1	
SC 2.1	
SC 2.2	41
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	41

Objective #2: 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.

Key Activities

1. Provide tangible support (e.g. travel/lodging/meeting arrangements, etc.) for SSAN & SAAC members in a total of 9 meetings throughout the year
2. Meet/identify (with partners &/or a steering committee) new/ongoing training needs re: Self-Advocacy (SA), boardsmanship, etc.
3. Consult/work with SA leaders to continue to provide a T4T module &/or other SA/community training presentations
4.

Provide self-advocates with training to train peers; collaborate with cross-disability agencies & self-advocates to train others about statewide/local SA opportunities; outreach to agencies/community

Expected Outputs

1. Travel/lodging/meeting arrangements for SSAN/SAAC members for 9 scheduled meetings; facilitation, as needed/requested by members for each meeting
2. Regularly scheduled/attended 4 meetings; list of ideas re: identified training needs; list of interested SA trainers
3. 5 T4T trainings (reaching 30 SAs); 1 list of trained/qualified SA trainers
4. 4 quarterly meetings with SA groups & other collaborators; 1 schedule of upcoming trainings; 15 trainings (reaching 75 SAs)

Expected Objective Outcomes

1. 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
2. Self-advocates will be engaged in training peers to become leaders
3. Self-advocates will have the knowledge to become peer trainers; self-advocates will have the knowledge to become leaders
4. Self-advocates will have the training/knowledge to develop training/leadership/self-advocacy skills

Data Evaluation And Measurement

1. Satisfaction surveys; attendance/travel logs; & personnel time, as assigned to SAAC/SSAN activities/meetings
2. List(s) of statewide training needs; list(s) of training material/curricula; pre/post-tests &/or satisfaction surveys
3. Agendas/rosters of scheduled/held meetings; attendance logs; numbers of trained & acting trainers; & anecdotal/qualitative review of curricula
4. Pre/post-tests &/or satisfaction surveys; anecdotal reports; attendance logs

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	805

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	

IA 1.2	300
IA 2.1	95
IA 2.2	
IA 2.2.1	95
IA 2.2.2	95
IA 2.2.3	95
IA 3.1	95
IA 3.2	

SC 1.2.1	
SC 1.3.1	
SC 1.3.2	2
SC 1.3.3	
SC 1.3.4	1
SC 1.4.1	
SC 1.5.1	
SC 2.1	
SC 2.2	21
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	21

Employment

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information to obtain competitive, integrated employment (CIE).

Area Of Emphasis:

- ☐ Quality Assurance
- ☐ Education and Early Intervention
- ☐ Child Care
- ☐ Health
- ☑ Employment
- ☐ Housing
- ☑ Transportation

- [ ] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [ ] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [x] Individual/Family Advocacy
- [ ] System Change
- [ ] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [ ] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [ ] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. CA Dept. of Rehabilitation
2. CA Employment Development Dept.
3. Private Employers
4. Public advocacy groups &/or private non-profits

Objective #1: The Council will increase and promote culturally competent strategies and resources that facilitate competitive, integrated employment (CIE) of people with I/DD.

Key Activities

1. Convene 4 quarterly meetings of the EFC, as a platform for strategic planning & monitoring of statewide needs/trends and employment-related Council activities & outcomes
2. Convene 4 quarterly meetings of regional stakeholders
3. Provide 10 trainings &/or other community events reaching 150 self-advocates, family members & providers
4. (Co-) host 10 regional employer events
5. Engage with/provide input to at least 10 state/local Workforce Development Boards (L/WDB); provide updated lists of information, etc. to assist in developing partnership opportunities
6. Promote & inform community about pathways to CIE (e.g. coalitions, eBlasts, flyers, newsletters, etc.)
7. Explore use of regional offices as CIE sites (e.g. internships, workforce entry, contracts, employability assessment, etc.); if feasible, implement in 3 locations
8. Maintain/update the Council's website-based Data Dashboard, including new information & resources for family/self-advocates and other stakeholders
9. As necessary, convert material(s) to plain &/or threshold languages

Expected Outputs

1. 4 quarterly EFC meetings; monitoring and strategic planning for CIE-related activities & outcomes; data collection
2. 4 meetings will be held

3. 10 trainings/events about CIE will be held reaching family/self-advocates & providers
4. 10 CIE regional or statewide events will be held for employers/providers/stakeholders
5. 10 regional lists of information, training, &/or resources to assist in developing opportunities to gain/maintain CIE for people with I/DD
6. 12 Newsletters, 24 eBlasts, 12 flyers, 4 brochures, etc. will be available &/or disseminated to 12,500 people
7. If feasible, regional offices may host 10 CIE opportunities in partnership with local employment agencies, educational entities, contractors, etc.
8. 1 up-to-date, Council-sponsored Data Dashboard; 1 webpage dedicated to CIE-related issues, resources, training, etc., will be maintained
9. Previously developed &/or new materials about CIE (in plain language) will serve as the foundation for translation into threshold languages, as necessary

Expected Objective Outcomes

1. A Council-based entity of family/self-advocates & federal/state-level collaborative partners will exist to monitor statewide implementation of the Employment First initiative, identify/report on employment trends throughout the state, and make recommendations to promote CIE
2. A cross-disciplinary, collaborative network of local/regional partners throughout the state will be maintained to identify/address issues &/or barriers associated with CIE and people with I/DD &/or cross-disabilities
3. Family/self-advocates and employers/community members/providers will have knowledge & resources to develop, provide &/or obtain CIE; 500 people with I/DD will have the knowledge to develop a résumé
4. Employers will have culturally competent information and contacts to develop/offer options about & opportunities for CIE to people with I/DD &/or cross-disabilities
5. WDBs and stakeholders will have culturally competent knowledge & strategies to facilitate/offer CIE for people with I/DD &/or cross-disabilities
6. Family/self-advocates, employers & other community stakeholders will have information/resources to develop, deliver &/or obtain CIE
7. The Council will provide one or more working model(s) of CIE
8. Family/self-advocates, employers, & other stakeholders will have up-to-date knowledge, resources & information about CIE, employment strategies that work &/or are replicable, training/employment opportunities, etc.
9. Plain language materials will be available for further translation into threshold languages to provide family/self-advocates, community members, employers/providers, etc. with accessible information about CIE

Data Evaluation And Measurement

1. Attendance logs and minutes will provide quantitative & qualitative data
2. A list of agencies/partners, contact sheets, attendance logs &/or satisfaction surveys will be used to track collaborative partners and meeting attendance
3. Pre/post-tests, satisfaction surveys, anecdotal data &/or rosters will be used to track training, learning & satisfaction
4. Meeting attendance/minutes; logs of generated/forwarded eBlasts, eMails, newsletters, etc. will be kept for reporting purposes in identifying the number of people reached, along with satisfaction surveys
5. Anecdotal reports of meetings, phone calls, &/or other contact activities will be made
6. Logs of generated/forwarded eBlasts, eMails, newsletters, etc. will be kept for reporting purposes in identifying the number of people reached, along with satisfaction surveys
7. Logs of the number of conversations with collaborative partners &/or the number of jobs/internships created/implemented will be kept/reported, in addition to satisfaction surveys
8. The number of website 'hits' will be logged/reported, as available through the available technology; the feasibility of adding a blog/comment/satisfaction survey section on the website will also be explored/reported
9. Anecdotal information about translated material(s), numbers of people reached &/or satisfaction surveys will be used to report on this activity

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	6100
IA 1.2	4575
IA 2.1	60
IA 2.2	60
IA 2.2.1	85
IA 2.2.2	10
IA 2.2.3	1
IA 3.1	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	14
SC 1.4.1	45
SC 1.5.1	42

IA 3.2	95

SC 2.1	
SC 2.2	6
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	6

Objective #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 CIE for people with I/DD.

Key Activities

1. With employment-related &/or employment disparity data from collaborative partners &/or other state-level agencies through MOU/data-sharing agreement/other means, obtain recommendations from UCEDD(s), DOR, EDD, etc. to inform future/ongoing employment-related strategies
2. Meet with EFC quarterly to identify possible employment-related legislation
3. Meet with/educate legislators, legislative counsel, legislative and executive staff, policymakers and other stakeholders, who are instrumental in writing legislative proposals regarding CIE
4. Monitor legislation and promote increasing employment opportunities for people with I/DD &/or cross-disabilities; maintain updates on Council website
5. Facilitate &/or provide testimony/information at hearings/regional meetings at the local &/or state legislative level(s)

Expected Outputs

1. 4 quarterly updates to the Data Dashboard; 4 quarterly contacts/meetings with collaborative partners; 1 ongoing list of up-to-date recommendations
2. 4 quarterly meetings; 1 list of potential legislation to support CIE for people with I/DD &/or cross-disabilities
3. 150 phone calls/teleconferences; 150 emails; 25 meetings/hearings
4. 1 legislative platform (posted to the Council website) committed to increasing opportunities for CIE for people with I/DD &/or cross-disabilities; 4 quarterly website updates; monitor 5 bills related to CIE
5.

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

Expected Objective Outcomes

1. 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
2. Family/self-advocates, EFC members, & other stakeholders will have knowledge about issues regarding CIE
3. Policy-makers will have knowledge about CIE & employment opportunity gaps &/or solutions for people with I/DD &/or cross-disabilities
4. There will be job opportunities for people with I/DD through tax incentives for employers, sponsored &/or volunteer internships, etc.
5. 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

Data Evaluation And Measurement

1. Development of a signed, operative Memorandum of Understanding between collaborative partners to obtain/share data; acquired data from collaborative agencies; contact logs
2. Attendance rosters, meeting minutes, stakeholder satisfaction surveys, anecdotal data, etc.
3. Activity reports; number of employment-related bills addressing employment initiatives &/or addressing factors involving disparity in CIE for people with I/DD; anecdotal data
4. Data obtained from state-level collaborative partners
5. Anecdotal data from legislative/policy meetings; activity reports

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	9720
IA 1.2	7290
IA 2.1	10

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	2
SC 1.2.1	2
SC 1.3.1	3

IA 2.2	10
IA 2.2.1	10
IA 2.2.2	5
IA 2.2.3	
IA 3.1	95
IA 3.2	95

SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	3
SC 1.4.1	
SC 1.5.1	5
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20
SC 2.1.4	1

Housing

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased access to affordable, accessible, safe, and fully integrated housing that provides choice and flexibility regarding where and with whom they live.

Area Of Emphasis:

- [ ] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [ ] Employment
- [x] Housing
- [ ] Transportation
- [ ] Recreation
- [ ] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [ ] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [ ] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [x] State Protection and Advocacy System
- [x] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Housing developers/private sector builders
2. Governance/regulatory agencies

3. Public interest advocacy groups/private non-profits

Objective #1: The Council will work with housing entities to increase the development and/or provision of community housing for people with I/DD.

Key Activities

1. Convene quarterly task force meetings; participate in regional Dept. of Fair Employment & Housing (DFEH), HUD, &/or local housing authority meetings
2. Distribute information to publicize housing needs of people with I/DD; continue to request accessible, affordable housing with local housing authorities in regional catchment areas
3. Train family/self-advocates, stakeholders & community members about affordable, accessible housing & housing rights

Expected Outputs

1. 25 coalition/stakeholder meetings will be held throughout the state; 12 meetings held with regional Dept. of Fair Employment & Housing (DFEH), HUD, &/or local housing authorities
2. Letters will be sent to at least 12 governance agencies
3. 24 trainings will be provided, reaching at least 250 people

Expected Objective Outcomes

1. A collaborative network will exist to address the housing needs of people with I/DD; Public/agency awareness will be raised regarding the need for available, safe, affordable & accessible housing, including home ownership, and the recognition of access to accessible housing as a civil right
2. Policies/practices within housing authorities will address the availability/need for safe, affordable, and accessible housing for people with I/DD &/or cross-disabilities and housing agencies will begin to include plans to provide additional housing in public planning/building efforts
3. Family/self-advocates, stakeholders & community members will have the awareness & 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

Data Evaluation And Measurement

1. Written/anecdotal responses to correspondence/requests for information &/or tangible increase/progress in housing development &/or available set-asides; anecdotal (qualitative) data, attendance rosters of meetings and collaborative partner contact lists

2. Number of letters disseminated, satisfaction surveys, &/or anecdotal reports

3. Pre/post-tests &/or satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	2100
IA 1.2	1575
IA 2.1	60
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	10
IA 2.2.3	
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	2
SC 1.3.3	
SC 1.3.4	25
SC 1.4.1	75
SC 1.5.1	61
SC 2.1	
SC 2.2	25
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	25

Objective #2: The Council will identify and decrease barriers to housing for people with I/DD.

Key Activities

1.

Provide training for people with I/DD &/or cross-disabilities to promote self-advocacy skills in identifying/accessing integrated, affordable, & safe community housing options

2. Promote the inclusion of a residential/housing component in transition & IPP training/planning for (adult & aging) family & (transition-aged, adult, & aging) self-advocates; distribute material(s); promote/advocate for housing options, including early registration for Section 8 lists

3. Provide training and system advocacy on long-range financial planning to bridge gaps between median rent costs/home prices and SSI/SSDI (e.g. supports available in-home, SSI & home ownership, etc.)

4. Define & identify the number of 'emergency placements' made through RCs; solicit information about the number of clients requiring emergency placements & identify/distribute available/alternative residential options

Expected Outputs

1. 12 trainings; reach 250 people

2. 12 trainings; reach 250 people

3. 12 trainings; reach 250 people

4. Update 1 list/needs assessment regarding the number of clients requiring emergency placement services, by RC; Update 1 list of identified options that offer residential choices, in case of emergency; disseminate information to 500 people

Expected Objective Outcomes

1. Family/self-advocates will have knowledge about HCBS and accessible, affordable, safe, integrated housing/placement options, supports, & services for people with I/DD &/or cross-disabilities and will have knowledge to overcome barriers (e.g. financial issues, choice, accessibility, etc.) in requesting appropriate residential placement

2. Young adult and aging self-advocates & families will have knowledge about transition issues, housing entitlement programs &/or long-term residential options for aging adults with I/DD &/or cross-disabilities; family/self-advocates will advocate for & access resources

3. Californians will have increased legal & long-range residential & financial planning/preparation for identification of/access to housing choices and preferences

4. Family/self-advocates will have information, knowledge and choices about alternative residential options in cases involving emergency/relocation

Data Evaluation And Measurement

1. Pre/post-tests &/or surveys to determine satisfaction &/or understanding of HCBS criteria, safe/integrated/affordable housing options, &/or rights regarding fair housing and issues surrounding NIMBY concerns

2. Pre/post-tests &/or satisfaction surveys; number of trainings/people reached; self-reports from RCs in regard to IPP/IFSP procedures; number of meetings held/plans developed; pre/post-project numbers of emergency placements, as available; anecdotal reports of active engagement/advocacy & outcomes

3. Pre/post-tests &/or surveys to determine satisfaction &/or understanding of financial planning options, long-term residential options, &/or other issues surrounding aging and people with I/DD

4. Pre/post-tests &/or surveys to determine satisfaction &/or understanding of long-term &/or emergency residential/relocation options for people with I/DD &/or cross-disabilities

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	2300
IA 1.2	1725
IA 2.1	60
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	20
IA 2.2.3	
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	2
SC 1.3.3	
SC 1.3.4	40
SC 1.4.1	225
SC 1.5.1	
SC 2.1	
SC 2.2	67
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	67

Objective #3: 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.

Key Activities

1. Identify/collaborate with experts to update & inform Council on current housing issues
2. Meet/confer with/educate legislators, legislative counsel, policymakers, legislative and executive staff and other stakeholders, who are instrumental in writing proposals regarding housing issues
3. Propose &/or monitor legislation, policies, & practices that promote an increase the availability of affordable, accessible, & safe housing
4. Testify in informational/committee hearings at the local representative &/or state legislative level(s)

Expected Outputs

1. 2 housing-related presentations at the LPPC; 10 contacts with subject matter experts
2. 20 meetings
3. Monitor &/or address at least 5 pieces of legislation
4. Testify/provide information in 4 hearings/meetings

Expected Objective Outcomes

1. The Council will have knowledge of & participation in housing-related issues regarding people with I/DD &/or cross-disabilities
2. Policymakers will have knowledge about housing issues specific to people with I/DD &/or cross-disabilities; proposed legislation will include issues related to housing for people with I/DD &/or cross-disabilities
3. The Council will be actively engaged in housing-related policy-making efforts on behalf of family/self-advocates with I/DD &/or cross-disabilities
4. The public & policymakers will have knowledge about, awareness of & active engagement in issues surrounding the safe, affordable, accessible housing needs of people with I/DD &/or cross-disabilities

Data Evaluation And Measurement

1. Meeting rosters/agendas/minutes; phone logs & activity reports
2. Activity reports, updated housing platform; # of eBlasts, newsletters, etc.
3. Number of bills sponsored/supported in each house/session
4. Activity reports

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	16
IA 1.2	12
IA 2.1	15
IA 2.2	15
IA 2.2.1	15
IA 2.2.2	10
IA 2.2.3	
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	3
SC 1.2.1	3
SC 1.3.1	4
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	1
SC 1.4.1	
SC 1.5.1	2
SC 2.1	25
SC 2.2	6
SC 2.1.1	7
SC 2.1.2	5
SC 2.1.3	18
SC 2.1.4	1

Health & Safety

Description : Californians w/ I/DD and their families reflecting the diversity of the state will have increased information to access health, public safety, and related services that meet their needs and health care choices.

Area Of Emphasis:

- [x] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care

- [x] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [ ] Coordination with Related Councils, Committees and Programs
- [ ] Barrier Elimination
- [ ] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [ ] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- [x] State Protection and Advocacy System

- [ ] University Center(s)
- [x] State DD agency
- [x] Other

Other collaborator

1. Dept. of Public Health &/or Mental/Behavioral Health
2. Managed health care plans/agencies
3. Law enforcement agencies
4. Office of Emergency Services (OES)

Objective #1: 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.

Key Activities

1. Participate in/outreach to family/self-advocates through health/wellness &/or community fairs
2. Provide training about health & access to care issues to family/self-advocates
3. Provide emergency preparedness, personal safety &/or bullying training
4. Develop/Distribute/Update/Post to website(s) 1 set of health related materials
5. Develop/Distribute/Update/Post to website(s) 1 set of public safety-related materials

Expected Outputs

1. Participate/collaborate in 12 health/wellness events; provide community outreach through 24 eBlasts, 12 newsletters, 12 flyers &/or 2 brochures
2. 12 trainings; 200 people reached
3. 36 trainings; 600 people reached
4. 12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 2,500 people
5. 12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 2,500 people

Expected Objective Outcomes

1. Family/self-advocates will be reached and have information about health-related options &/or services
2. Family/self-advocates will be reached and have knowledge about health options &/or services
3. Family/self-advocates will be reached and have knowledge about emergency preparedness, personal safety, &/or bullying & their options regarding available services, prevention, protection and response
4. Family/self-advocates will be reached and have knowledge about health options &/or services
5. Family/self-advocates will be reached and have knowledge about public safety-related options &/or services

Data Evaluation And Measurement

1. # of people contacted; # of materials distributed; satisfaction surveys
2. Pre/post-tests, satisfaction surveys, anecdotal feedback, etc.
3. Pre/post-tests, satisfaction surveys, anecdotal feedback, etc.
4. # of people reached; satisfaction surveys
5. # of people reached; satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	9512
IA 1.2	7134
IA 2.1	70
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	20
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	128
SC 1.4.1	240
SC 1.5.1	12
SC 2.1	

SC 2.2	164
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	164

Objective #2: 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.

Key Activities

1. Provide training/information/technical support to law enforcement, court personnel, first responders, fire/paramedic/ER staff, etc. regarding public safety & people with I/DD &/or cross-disabilities & their families (including family & self-advocates as speakers/trainers)
2. Distribute information to the community, family/self-advocates, & public safety/first responders about health/public safety issues affecting people with I/DD &/or cross-disabilities and their families
3. Collaborate with public safety stakeholders on activities to address risk factors &/or improve health and public safety for people with I/DD &/or cross-disabilities and their families; provide technical assistance (as requested)

Expected Outputs

1. 24 trainings; 200 people reached
2. 24 eMails/eBlasts, 12 newsletters, & 3 flyers/brochures disseminated to 1,000 people
3. 12 regional collaborations; 24 meetings with collaborators

Expected Objective Outcomes

1. First responders, law enforcement, court personnel, fire/paramedic/ER staff will have training/information/technical support from family/self-advocates, professionals & subject matter experts that increases their knowledge about, provision of accessible services to, & improved interactions with people with I/DD &/or cross-disabilities
2. Family/self-advocates, professionals & the community will have knowledge to increase awareness of accessible health & public safety-related services, rights, &/or available/appropriate accommodations (e.g. modified interviewing techniques, emergency placement options, etc.) for people with I/DD &/or cross-disabilities

3. The health, court, and public safety system of services/supports will have knowledge about issues that affect health care, justice, &/or public safety and have a community safety plan/net/response for people with I/DD &/or cross-disabilities

Data Evaluation And Measurement

1. Pre/post-training, satisfaction surveys, &/or attendance logs

2. Number of people reached; satisfaction surveys

3. Meeting attendance logs, agendas, numbers/types of system change efforts, anecdotal data, development &/or identification & distribution of community safety plan(s), etc.

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	1600
IA 1.2	1200
IA 2.1	5
IA 2.2	5
IA 2.2.1	15
IA 2.2.2	1
IA 2.2.3	
IA 3.1	75
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	92
SC 1.4.1	200
SC 1.5.1	36
SC 2.1	
SC 2.2	92
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	92

Objective #3: 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.

Key Activities

1.Identify/collaborate with experts to inform Council on health &/or public safety-related issues

2.Monitor & assess process of de-institutionalization of people with I/DD &/or cross-disabilities

3.Advocate (at community &/or systemic level) for adequate/affordable/accessible health care & other community-based supports/services

Expected Outputs

1.6 meetings with health &/or public safety agencies/personnel

2.4 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

3.12 meetings with health boards/agencies, IHSS/Public Authority, etc. to advocate for health services/rights for people with I/DD &/or cross-disabilities

Expected Objective Outcomes

1.6 relevant recommendations for policy/regulatory solutions & improvements to policymakers, health care &/or public safety systems

2.Compliance with HCBS settings rule & timely, safe deinstitutionalization of people with I/DD &/or cross-disabilities, with access to appropriate community-based supports/services

3.Health care & other community support/service providers have knowledge about the needs of people with I/DD and their service accessibility & that policies/practices address those unique needs

Data Evaluation And Measurement

1.Meeting rosters/agendas/minutes; phone logs & activity reports

2.DDS/DC/RC reports; family/self-advocate/anecdotal reports

3.Anecdotal reports & satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	0
IA 1.2	0
IA 2.1	0
IA 2.2	0
IA 2.2.1	0
IA 2.2.2	0
IA 2.2.3	0
IA 3.1	0
IA 3.2	0

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	2
SC 1.2.1	2
SC 1.3.1	3
SC 1.3.2	6
SC 1.3.3	
SC 1.3.4	
SC 1.4.1	
SC 1.5.1	30
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20
SC 2.1.4	1

Early Intervention, Education, Transition & Post-Secondary Education

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information, in order to obtain inclusive education services throughout the lifespan.

Area Of Emphasis:

- ✔ Quality Assurance
- ✔ Education and Early Intervention

- [x] Child Care
- [x] Health
- [x] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [ ] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [ ] Self-Advocacy Requirement
- [ ] Targeted Disparity
- [ ] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- ✔ State Protection and Advocacy System
- ✔ University Center(s)
- ✔ State DD agency
- ✔ Other

Other collaborator

1. Family Resource Center(s)
2. Self-advocacy entities
3. Districts/SELPAs, CACs, & Colleges/Universities
4. Dept. of Rehabilitation
5. Employment Development Dept.
6. Regional Centers

Objective #1: The Council and its federal partners will increase knowledge and awareness of developmental milestones and intervention services for families of young children and professionals.

Key Activities

1. Convene quarterly meetings with collaborative network to identify ongoing, unmet training/outreach needs &/or additional collaborative opportunities
2. Provide information/outreach materials to community & professionals to encourage early identification & assessment of & intervention for children with I/DD &/or cross-disabilities
3. Provide training to parents/community members about early identification/intervention, I/DD &/or cross-disabilities, support/service resources, &/or transition into the school system
4. Offer training &/or provide outreach materials/technical assistance to pediatricians, hospitals, neonatal units, Early Start programs, child care centers, etc.

Expected Outputs

1. 4 quarterly meetings with collaborative partners
2. 24 eBlasts, 12 newsletters, 3 flyers, 3 brochures, 1 set of handouts, etc.; 1,600 people reached through outreach efforts

3.12 trainings; 250 people reached

4.12 trainings; 60 professionals reached

Expected Objective Outcomes

1.A collaborative network will be in place to address early identification challenges & opportunities associated with finding/serving children as yet unidentified as having I/DD &/or cross-disabilities

2.Community members &/or professionals will have knowledge of typical developmental milestones & the importance of identifying young children with I/DD &/or cross-disabilities as early as possible

3.Parents will have information/knowledge to identify typical developmental milestones, recognize possible developmental delays, and identify/access available resources in a timely manner

4.Professionals working with children will have information/knowledge about I/DD &/or cross-disabilities and be able to talk with parents about diagnostic information & accessing resources/supports/services in a timely manner

Data Evaluation And Measurement

1.Meeting rosters/agendas/minutes; list of recommended activities/training; list of recommended outreach material

2.Logs/#'s of eMails, eBlasts, newsletters, etc. and people reached

3.Pre/post-tests, anecdotal data, satisfaction surveys, & training rosters

4.Pre/post-tests, satisfaction, & training rosters; follow-up phone calls/anecdotal data

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	580
IA 1.2	435
IA 2.1	5
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	5

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	93

IA 2.2.3	1
IA 3.1	95
IA 3.2	95

SC 1.4.1	135
SC 1.5.1	24
SC 2.1	0
SC 2.2	93
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	93

Objective #2: 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.

Key Activities

1.Convene quarterly meetings of collaborators to determine community training/outreach needs &/or additional collaborative opportunities

2.Provide information/outreach materials to families, community & professionals about inclusive FAPE rights for students with I/DD &/or cross-disabilities

3.Provide training for students/parents/staff/community members about disability awareness & self-advocacy within the school system

4.Offer parent peer advocacy training for parent-to-parent support within the education system

5.Develop/Distribute/Update/Post to website(s) 1 set of FAPE-related materials

Expected Outputs

1.12 meetings

2.1 set of material(s) in 3 threshold languages, as necessary

3.12 trainings, reaching 150 people

4.12 trainings, reaching 150 people

5.12 newsletters, 24 eBlasts, 12 flyers, & 2 brochures to reach 1,200 people

Expected Objective Outcomes

1. A series of regional collaborative networks will be in place to identify, monitor & address educational challenges & opportunities for students with I/DD &/or cross-disabilities in local communities

2. Parents, community members &/or professionals will have knowledge/awareness about the need for a free, appropriate education for children with I/DD &/or cross-disabilities, and the right to obtain publicly accessible, inclusive education services throughout the lifespan

3. Students/parents will have the information to self-advocate throughout the school system; staff/community members will have the information to identify & respond appropriately to I/DD &/or cross-disability-related issues

4. 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 &/or cross-disabilities

5. Family/self-advocates will be reached and have knowledge about a free, appropriate public education & related options &/or services

Data Evaluation And Measurement

1. Meeting rosters/agendas/minutes; list of planned activities

2. Logs/#'s of eMails, eBlasts, newsletters, etc. and people reached

3. Pre/post-tests, satisfaction, & training rosters

4. Satisfaction surveys, follow-up phone calls, anecdotal data, etc.

5. # of people reached; satisfaction surveys

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	2023
IA 1.2	1522
IA 2.1	20
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	15

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	87

IA 2.2.3	1
IA 3.1	90
IA 3.2	90

SC 1.4.1	45
SC 1.5.1	24
SC 2.1	
SC 2.2	87
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	87

Objective #3: 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.

Key Activities

1. Train educators & stakeholders about the process of person-centered planning (PCP) and individualized transition planning (ITP)
2. Provide information about the student-led IEP/ITP process; provide resources &/or video training on the student-led IEP/PCP/ITP process
3. Train family/self-advocates about the process of IEP/PCP/ITP; provide/promote resources/best practices related to the IEP/PCP/ITP process on the SCDD website

Expected Outputs

1. 12 trainings; 150 people trained
2. 24 eBlasts; 12 newsletters; 3 flyers; 3 brochures; 1 video (maintained on the Council website); 1 set of replicable print resource materials reaching 1,200 people
3. 12 trainings; 150 people trained

Expected Objective Outcomes

1. Stakeholders will have knowledge about the PCP/ITP process
2. 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

3.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

Data Evaluation And Measurement

1.Pre/post-tests & satisfaction surveys; number of people trained; anecdotal reports

2.Pre/post-tests & satisfaction surveys; product development/revision; pre/post-use of student-led IEP/ITP process; website hits/people reached

3.Pre/post-tests & satisfaction surveys; number of people trained

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	563
IA 1.2	427
IA 2.1	60
IA 2.2	75
IA 2.2.1	90
IA 2.2.2	10
IA 2.2.3	1
IA 3.1	90
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	70
SC 1.3.3	
SC 1.3.4	
SC 1.4.1	150
SC 1.5.1	24
SC 2.1	
SC 2.2	70
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	70

Objective #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.

Key Activities

1. Identify policy-level stakeholders & build coalitions; convene networking & strategy meetings
2. Meet/confer with legislators, legislative counsel, policymakers, legislative and executive staff and other stakeholders about the value of education throughout the lifespan of people with I/DD &/or cross-disabilities
3. Educate/testify on legislation, policies, & practices addressing early intervention, education, transition & post-secondary education

Expected Outputs

1. 4 quarterly meetings of collaborative partners; 1 list of current/key issues about accessing quality education services throughout the lifespan for people with I/DD &/or cross-disabilities
2. 20 meetings
3. Education/testimony on 3 bills

Expected Objective Outcomes

1. 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 &/or cross-disabilities
2. Policymakers &/or legislators/staff will have knowledge when considering/proposing policy changes about education-related issues regarding people with I/DD &/or cross-disabilities
3. Policymakers considering proposed policy changes will have knowledge about the importance of access to education services throughout the lifespan for people with I/DD &/or cross-disabilities

Data Evaluation And Measurement

1. Roster of collaborators; number of meetings; list of policy issues; satisfaction surveys & anecdotal feedback
2. Number of legislative contacts/meetings
3. Number of public hearings scheduled/attended with testimony offered; number of bills being considered; number of bills signed into law

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	0
IA 1.2	0
IA 2.1	0
IA 2.2	0
IA 2.2.1	0
IA 2.2.2	0
IA 2.2.3	0
IA 3.1	0
IA 3.2	0

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	2
SC 1.2.1	2
SC 1.3.1	3
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	1
SC 1.4.1	
SC 1.5.1	13
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20
SC 2.1.4	1

Formal & Informal Community Supports

Description : Californians with I/DD and their families reflecting the diversity of the state will have increased information and supports to access community-based services available to the general population.

Area Of Emphasis:

✔ Quality Assurance

- [ ] Education and Early Intervention
- [x] Child Care
- [ ] Health
- [ ] Employment
- [ ] Housing
- [x] Transportation
- [x] Recreation
- [x] Formal and Informal Community Supports

Activities to be used in achieving each goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with Related Councils, Committees and Programs
- [x] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Demonstration of Projects or Activities
- [ ] Other Activities

This goal addresses:

- [x] Individual/Family Advocacy
- [x] System Change
- [ ] Self-Advocacy Requirement
- [x] Targeted Disparity
- [x] DD Network Collaboration
- [x] Rights of Individuals
- [x] Capacity Building

Collaborators Planned for this goal(if known):

- ✔ State Protection and Advocacy System
- ✔ University Center(s)
- ✔ State DD agency
- ✔ Other

Other collaborator

1. Regional Center(s)

Objective #1: 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.

Key Activities

1. Identify stakeholders & convene a consortium of language-proficient collaborators in 2 threshold languages
2. Translate the English lexicon of common, industry-specific terms; appropriate terms/phrases in 2 threshold languages; field-test translated terms for cultural relevance
3. Translate descriptions of available services (Purchase-of-Service[s] [POS]) that may be funded through the Regional Center system into 2 threshold languages
4. Develop/provide training in 2 threshold languages on descriptions of available services (that may be funded/purchased through the RC system) to family/self-advocates

Expected Outputs

1. 2 consortia of stakeholders who are proficient in English &/or 2 specified threshold languages, collaborators, &/or federal DD partners; 4 meetings reaching 10 people
2. 2 lists of appropriate, industry-specific translations in threshold languages; local field-testing of translations in 12 regions; 24 lists of recommendations for editing
3. 1 list of POS-related descriptions translated into 2 threshold languages; 2 posted lists on Council's &/or other website(s); 12 eBlasts; 2 website postings; reach 1,250 people

4.2 curricula; 200 family/self-advocates will be trained; 12 trainings

Expected Objective Outcomes

1.The Council will have a collaborative consortium of partners to assist in efforts to monitor/track & make recommendations regarding POS disparity and accessibility for diverse populations of family/self-advocates with I/DD who primarily speak threshold languages

2.Family/self-advocates with I/DD &/or cross-disabilities & stakeholders who speak threshold languages will have an accurate, culturally competent list of appropriate, industry-specific terms in 2 of their own languages

3.Family/self-advocates with I/DD &/or cross-disabilities & stakeholders who speak threshold languages will have a list of/ knowledge about descriptions of (POS) services/supports in their language(s) & will be assured of the accuracy & cultural relevance of those descriptions and will be able to advocate for appropriate services/supports through the RC system, removing barriers and reducing identified POS disparities

4.Underserved family/self-advocates who speak threshold languages 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 those underserved populations will be reduced

Data Evaluation And Measurement

1.Satisfaction surveys; roster of collaborators; list of recommendations

2.English & Spanish lists of terms; satisfaction surveys; anecdotal data from public/industry/peer review

3.List of Spanish POS descriptions; satisfaction surveys; eBlasts; public/industry/peer review; RC POS Disparity Report(s); comparative analysis with previous years' reports

4.Pre/post-tests & satisfaction surveys; number(s) of attendees; POS disparity reports/data

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	580
IA 1.2	435
IA 2.1	50
IA 2.2	75

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	15

IA 2.2.1	90
IA 2.2.2	5
IA 2.2.3	
IA 3.1	95
IA 3.2	95

SC 1.3.3	
SC 1.3.4	20
SC 1.4.1	60
SC 1.5.1	38
SC 2.1	
SC 2.2	35
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	
SC 2.1.4	35

Objective #2: 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.

Key Activities

1. Monitor/gather data on closure process of state-run institutions (DCs) & timely transfer of residents with I/DD &/or cross-disabilities into home & community-based settings with fully integrated, safe & appropriate supports/services
2. Identify/meet/collaborate with stakeholders to ensure effective crisis intervention & continuity in healthcare support
3. Deliver training/updates on closure process/progress to Council & Regional Advisory Committee (RAC) members
4. Deliver outreach & training to family/self-advocates on rights, available supports/services, PCP/SD, conservatorship & alternatives, &/or personal safety, etc.

Expected Outputs

1. Review poll/survey & data/results from 75 family/self-advocates; review new anecdotal data from transitioned residents, stakeholders, & community
2. 4 quarterly meetings; 1 list of new transition findings & recommendations
3. 13 updates (Council & RACs) and training for 120 family/self-advocates, as requested
4. 5 trainings; 50 family/self-advocates reached

Expected Objective Outcomes

1. 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 &/or cross-disabilities transitioning out of institutional care & into community settings

2. Stakeholders that provide integration supports/services will have knowledge about family/self-advocates transitioning into community settings and will provide continuity of medical insurance &/or community-based supports/services with no lapse in/loss of coverage

3. The Council will be knowledgeable on current issues affecting transition of DC residents with I/DD &/or cross-disabilities into home/community-based settings

4. Family/self-advocates with I/DD &/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

Data Evaluation And Measurement

1. Anecdotal data

2. Pre/post-tests, anecdotal data &/or satisfaction surveys

3. Pre/post-tests & satisfaction surveys; # of trainees

4. Roster of collaborative partners; resident/movers' &/or anecdotal data; list of recommendations

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	117
IA 1.2	92
IA 2.1	70
IA 2.2	40
IA 2.2.1	70
IA 2.2.2	20
IA 2.2.3	5
IA 3.1	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	1
SC 1.3.3	
SC 1.3.4	24
SC 1.4.1	36
SC 1.5.1	5

IA 3.2	95

SC 2.1	
SC 2.2	27
SC 2.1.1	
SC 2.1.2	2
SC 2.1.3	
SC 2.1.4	25

Objective #3: 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.

Key Activities

1. Review progress on implementing the HCBS Settings Rule; provide updates to Council & Regional Advisory Committee (RACs), family/self-advocates &/or other stakeholders
2. Gather input from Council & RACs to develop/update policy positions; identify regional & statewide formal/informal service/support trends, address service barriers & quality of service(s), etc.
3. Based on findings & Council policy positions regarding service trends, conduct training & outreach activities to include underserved communities; track requests for & provide technical assistance, and increase training opportunities, as requested

Expected Outputs

1. 4 quarterly updates to the Council/RACs; 13 trainings reaching 120 family/self-advocates
2. 1 current, comprehensive list of formal/informal service/support trends throughout the state
3. 25 trainings (reaching 500 people) for RC, transportation &/or generic services including people in underserved communities; 24 eBlasts, 12 newsletters, etc.; 2,000 people reached; technical assistance, as requested; 12 technical assistance request logs

Expected Objective Outcomes

1. Family/self-advocate Council/RAC members will be informed & able to collect/evaluate data & assess progress toward implementation of the HCBS Settings Rule throughout California
2.

Council will maintain strong agenda for 1) monitoring the current formal/informal services/supports throughout the state & 2) directing policy, advocacy, & capacity-building activities to address & decrease service/support gaps for family/self-advocates with I/DD &/or cross-disabilities

3.Based on requests for technical assistance, family/self-advocates & other stakeholders will have knowledge & increased technical assistance & training to access quality supports & services that are available to the general population

Data Evaluation And Measurement

1.Pre/post-tests, anecdotal data &/or satisfaction surveys

2.Anecdotal data & satisfaction surveys; agency reports/technical assistance logs

3.Pre/post-tests, anecdotal data & satisfaction surveys; technical assistance logs

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	1192
IA 1.2	894
IA 2.1	50
IA 2.2	60
IA 2.2.1	70
IA 2.2.2	20
IA 2.2.3	1
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	
SC 1.2.1	
SC 1.3.1	
SC 1.3.2	91
SC 1.3.3	
SC 1.3.4	
SC 1.4.1	150
SC 1.5.1	
SC 2.1	2
SC 2.2	105
SC 2.1.1	
SC 2.1.2	
SC 2.1.3	2
SC 2.1.4	105

Objective #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.

Key Activities

1. Promote inclusion of family/self-advocates as members on regional & state-level policy boards, councils, &/or advisory committees; provide boardsmanship training, as necessary
2. Meet/confer with/educate legislators, legislative counsel, policy-makers, legislative and executive staff, Council member & other state agencies, and community stakeholders about service/support diversity/disparity issues & other gaps in services/supports for people with I/DD &/or cross-disabilities
3. Monitor/educate/testify about legislation, policies, and practices addressing diversity/disparity gaps in systems serving people with I/DD &/or cross-disabilities; testify in hearings about key issues concerning access to formal/informal community-based services for family/self-advocates with I/DD &/or cross-disabilities

Expected Outputs

1. 12 lists of state/regional policy boards, councils, &/or advisory committees; 1 report of number of family/self-advocates applying/accepted for member positions; 1 curriculum; 6 trainings; 60 people reached
2. 20 meetings/hearings/phone calls
3. Attendance/testimony in 4 hearings for 5 bills

Expected Objective Outcomes

1. 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
2. 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
3. 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

Data Evaluation And Measurement

1.

Number of policy boards, councils, &/or advisory committees with family/self-advocates currently serving; increase in the number of family/self-advocates participating as members; anecdotal data &/or satisfaction surveys

2.Number of contacts/meetings with legislators, legislative counsel, policymakers, legislative and executive staff and other stakeholders

3.Number of public hearings scheduled/attended with testimony offered; number of bills supported; number of bills signed into law

Project the performance measure(s) that will be targeted for each objective

Individual & Family Advocacy (IA)

IA Code	FFY 2018 Targeted #
IA 1.1	33
IA 1.2	27
IA 2.1	10
IA 2.2	10
IA 2.2.1	10
IA 2.2.2	5
IA 2.2.3	
IA 3.1	95
IA 3.2	95

System Change (SC)

SC Code	FFY 2018 Targeted #
SC 1.1.1	2
SC 1.2.1	2
SC 1.3.1	3
SC 1.3.2	
SC 1.3.3	
SC 1.3.4	19
SC 1.4.1	
SC 1.5.1	12
SC 2.1	25
SC 2.2	4
SC 2.1.1	5
SC 2.1.2	3
SC 2.1.3	20
SC 2.1.4	1