Self-Advocates Advisory Committee

CALIFORNIA SCDD

State Council on Developmental Disabilities

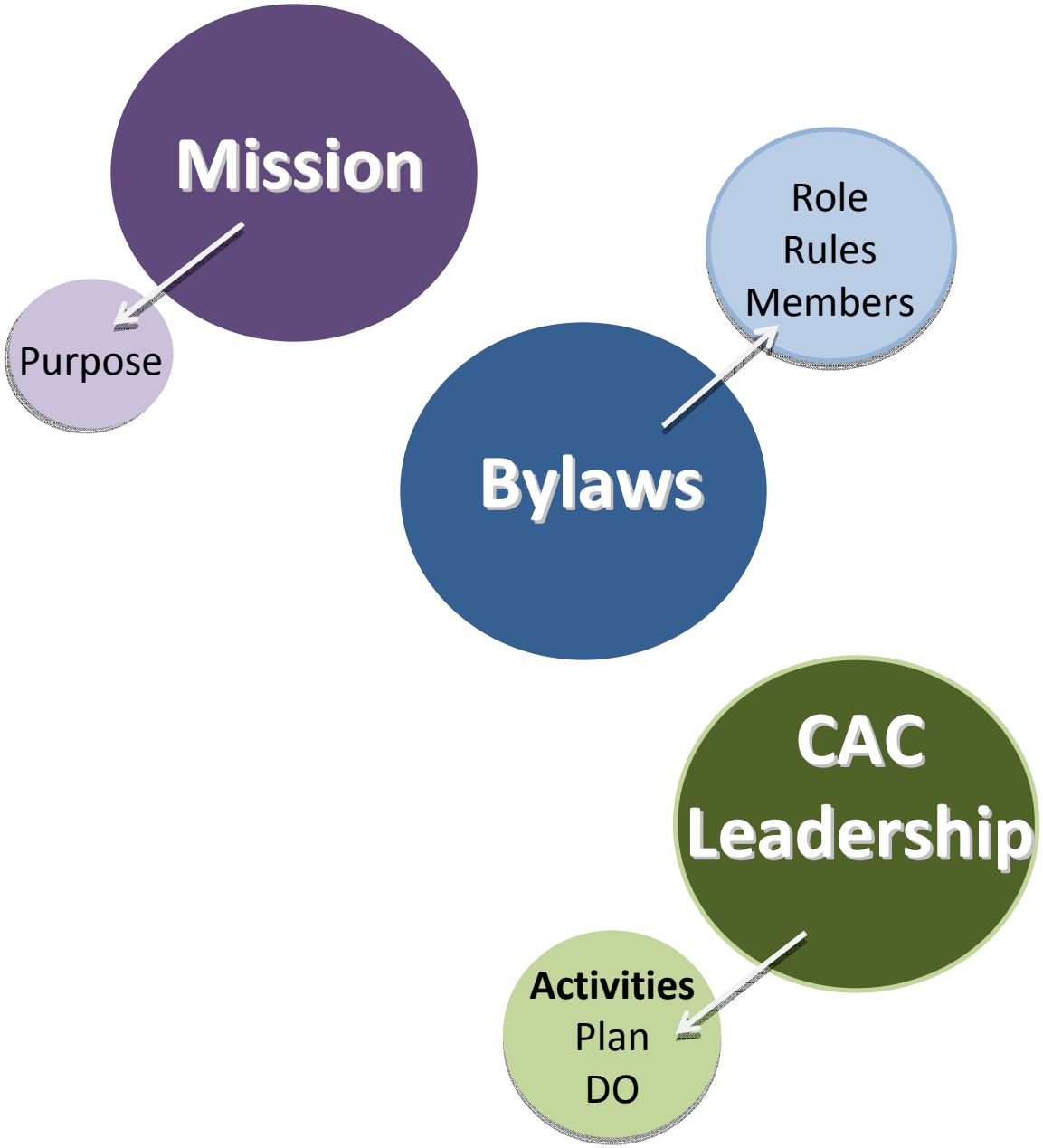
Advocacy

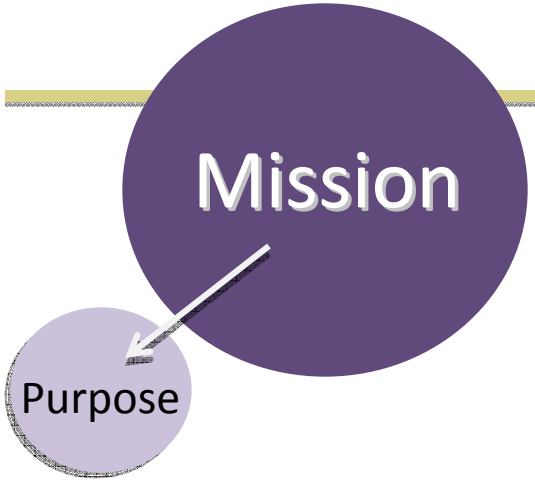
May 24, 2011

Meeting Agenda

WELCOME/INTRODUCTIONS	**10.00 - 10.15**	Jennifer Allen
I. CAC STRUCTURE • Mission Statement • Role • Draft Bylaws	**10.15 - 11.30**	Jennifer/Mark/Charlene
IIA. SCDD AGENDA REVIEW • Employment 1st Report • Draft Video • Draft State Strategic Plan	**11.30 -12.30**	Carol/Mark
LUNCH	**12.30 - 1.30**	
IIB. SCDD AGENDA REVIEW • Meeting Agenda • May Revision • DDS Proposals	**1.30 - 2.00**	Carol
III. LEADERSHIP • Statewide Advocacy Plan • Leadership Coaching • Reports SCDD Meeting	**2.00 – 4.00**	Carol/Charlene W/Mark
ADJOURN		Jennifer

I. CAC Structure





Mission Statement

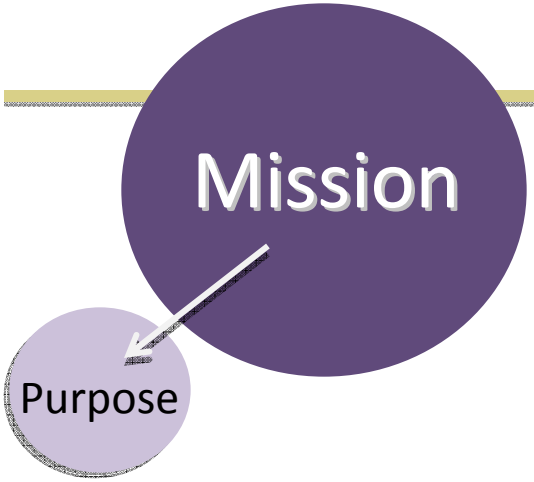
- Defines the reason the group exists
- Includes goals, ambitions

Why have a mission statement?

- Basis for evaluating success
- Provides direction
- Helps the group stay on track

Characteristics of a mission statement

- Concise (to the point, realistic, inspirational, informative)
- Clearly states purpose and positive
- What the group wants to accomplish
- Reflects values



Mission Statement

- Creating a statement is a group effort
- Is approved by the Council (Board)

Samples - mission statements

NO: "Our mission is to provide free books to schools."

YES: "We want to encourage love of learning and reading."

_____

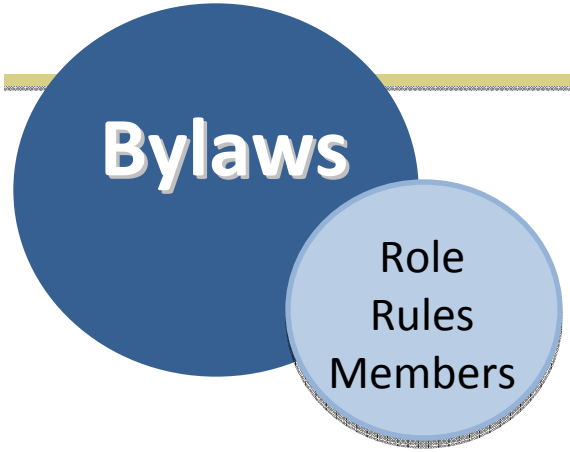
_____

_____

_____

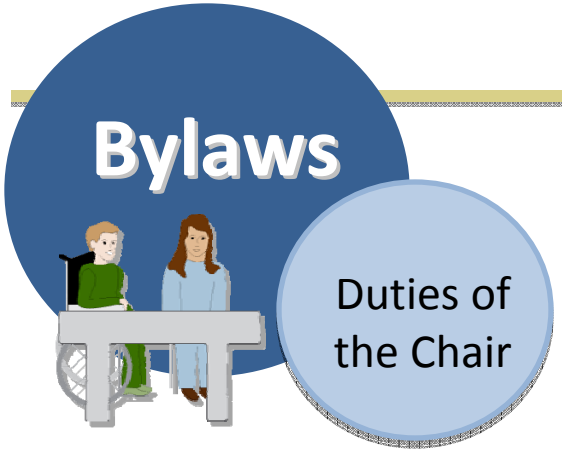
CAC – What We Do

Article IV - Officers and Elections



- Speak up for people with disabilities.
- Learn about issues important to people living with disabilities.
- Advise SCDD and staff on policies that affect us.
- Share information about our rights and other issues.
- Help people living with disabilities be on Boards and committees.

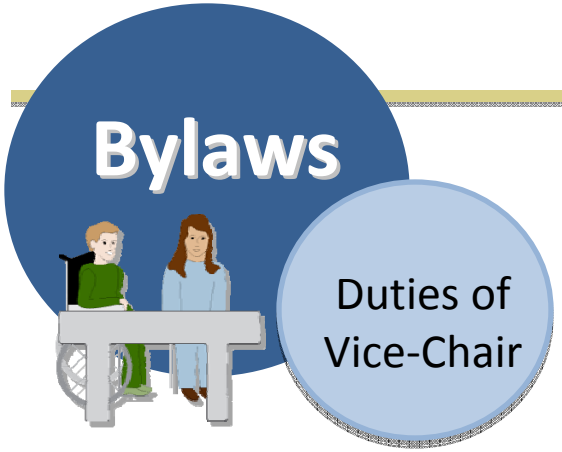
CAC -Officers



Article IV - Officers and Elections

1. Meet with Vice-Chair and SCDD staff to prepare the CAC agenda.
2. Schedule and attend planning meetings with Vice-Chair.
3. Know agenda and run the CAC meeting.
4. Help arrange for guest speakers.
5. Represent CAC in the community.
6. Create committees to work on specific ideas or events.
7. Present the CAC report at SCDD meetings.
8. Follow-up on issues brought up at CAC meetings.
9. Know the CAC bylaws and meeting procedures.
10. Explain and demonstrate duties to the Vice-Chair.
11. Contact CAC members in-between meetings.
12. Demonstrate leadership qualities

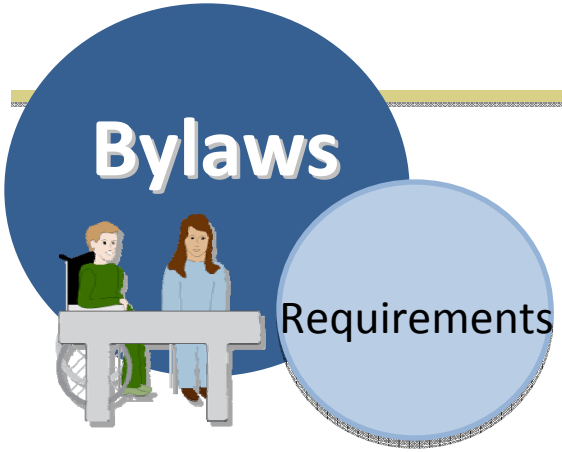
CAC -Officers



Article IV - Officers and Elections

1. Meet with Chair and SCDD staff to prepare meeting agenda.
2. Assist Chair with meeting preparation and at CAC meetings.
3. Lead CAC meetings when chair is not available.
4. Communicate with Chair before each meeting.
5. Assist Chair research issues brought up at CAC meeting.

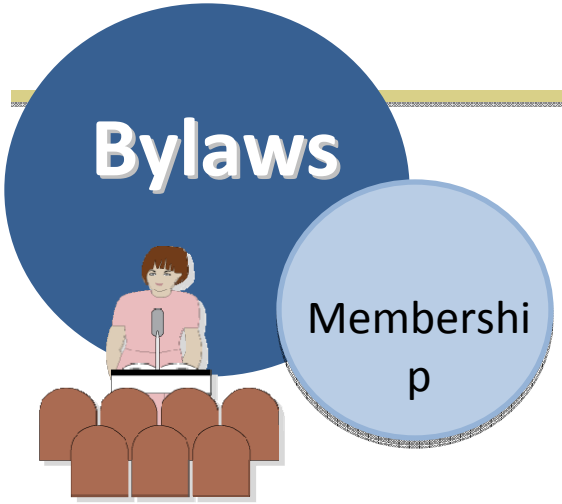
CAC -Officers



Article IV - Officers and Elections

1. Attend CAC meetings regularly.
2. Be a leader mentor for members.
3. Have previous work and/or leadership experience.
4. Know CAC bylaws and meeting procedures.
5. Volunteer experience such as Hospitals, Advocacy Groups/Organizations.

CAC Bylaws



Article VII – Membership

All members must be SCDD members.

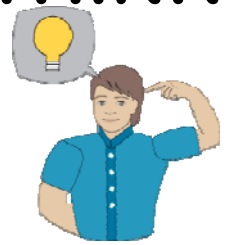
Members cannot miss more than three (3) meetings in a row without a good reason like doctor's appointments or sickness, work responsibilities, or transportation problems.

Members, who miss three (3) meetings in a row but want to remain a member, may ask for a temporary leave from the meetings.

CAC Leadership

CAC Leadership

THINK - What is important to and for the CAC?



Committee leadership

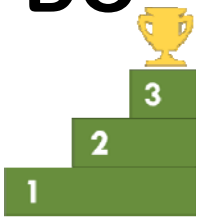
Committee of SCDD

Statewide advocacy

PLAN - What is our CAC strategic plan?

How will the CAC demonstrate?

DO - CAC takes action!



What, When, How, ***Outcome***

IIA. SCDD Agenda Review

Background

AB287

- Identify roles and responsibilities of state and local agencies in enhancing integrated and gainful employment opportunities for people with developmental disabilities;

•Identify best practices for increasing integrated/gainful employment, including transition planning for students 14 years or older, and to develop partnerships and participation by public and private employers and job developers;

•Identify existing sources of employment data and goals for measuring progress with increasing integrated employment and gainful employment.

•Recommend legislative, regulatory, and policy changes for increasing number of individuals with developmental disabilities in integrated employment, self-employment, and microenterprises, and who earn wages at or above minimum wage, including transition planning and services;

•Develop an Employment First Policy; and Employment First Committee, report due by July 2011 and annually thereafter.

Policy

Employment First

Integrated, competitive employment is the preferred outcome for working age individuals with developmental disabilities.

WORK IS FOR ALL

Employment includes all income activities, such as traditional jobs and owning a business.

While this policy is intended to apply to individuals with developmental disabilities, it may apply to all individuals with disabilities.

Employment First Report

Principles

The IPP and provision of services and supports is centered on the individual and the family. Promotes community integration, independent, productive, and normal lives, and stable and healthy environments.

Current low employment rate of individuals with developmental disabilities is unacceptable.

Employment is the preferred option when developing goals and a life plan.

Individuals retain the right to make choices about their own lives.

All people have the right to pursue a range of available employment, and earn a competitive wage in jobs they choose, based on talents, skills, interests.

Access to choices and opportunities is necessary, if individuals with developmental disabilities are to be contributing members of society.

Employment First Report

Principles

All working age youths and adults will have choices and opportunities to work in jobs integrated with the general workforce, earning benefits and competitive wages.

Employees with developmental disabilities require assistance and support to ensure job success and have a right to those supports.

Implementation of Employment First is based on clear policies, adequate funding, and practices that ensure employment of individuals with developmental disabilities with the general workforce.

Using the term “Employment First” does not mean a system or agency is successful. That is demonstrated by looking to see whether the policies, procedures, funding, and infrastructure result in more integrated competitive employment for individuals with developmental disabilities.

Employment First Goals

Goals

Self-Directed Services

Self-directed services are an option to all individuals with developmental disabilities.

Education and Transition

Increase interagency collaboration and efficiently provide services and supports through blended or braided funding.

Publicize successful transition programs.

Prepare students with developmental disabilities for work and create more opportunities for integrated competitive employment.

Employment First Goals

Goals

Education and Transition

Regional Centers have expertise needed to successfully transition students into postsecondary education and/or integrated competitive employment.

Eliminate delays in finding jobs.

Increase expectations about employment for individuals with developmental disabilities.

Employment is discussed at individual transition program meetings.

Make transition planning more accessible to students and families.

Leverage employment opportunities and trends.

Employment First Goals

Goals

Getting a Job

Sufficient supports are provided to help people get jobs.

Supported employment providers have needed expertise and resources to support individuals to find and obtain integrated competitive employment.

Regional Centers and Department of Rehabilitation promote and facilitate competitive employment of individuals with developmental disabilities.

Move individuals from segregated employment settings and/or settings with subminimum wages to integrated competitive employment.

Support desires and efforts of individuals with developmental disabilities to create their own businesses.

Employment First Goals

Goals

Keeping and Supporting a Job

Supported employment providers have expertise and support required to support people successfully.

Assure individuals have supports required that allow them to travel to their jobs.

Ensure people have necessary supports required to keep their jobs.

Employment First Goals

Goals

Employers

Educate employers regarding business advantages and value added to their workforce by hiring individuals with developmental disabilities.

Increase number of individuals with developmental disabilities who are employed in integrated competitive jobs.

Increase number of individuals with developmental disabilities employed by State of California.

Employment First Goals

Goals

Indirect Supports/Services that Support Ability to Work

Individuals with disabilities understand the impact of work income on their public benefits.

Make public benefits more flexible to support working individuals with developmental disabilities.

Employment First

Outcomes

By Dec. 31, 2012:

•Number individuals with developmental disabilities employed in state government increases by **5%.**

•**10%** of individuals receiving services in sheltered workshops will transition to integrated employment opportunities.

By Dec .31, 2013:

•Number individuals with developmental disabilities working in integrated competitive employment **increase by 10%.**

•Number of individuals working in supported employment individual placements earning at least minimum wage **increase by 10% or more**.

•Number individuals in microenterprises **increase by 5% or more**.

- Gross earnings by individuals in microenterprises **increase by 5% or more**.

Employment First

Outcomes

By Dec. 31, 2014:

•No. of individuals with developmental disabilities who transition into integrated competitive employment from high school **increases by 10% or more**.

•100% of working age individuals have employment explored at IPP meetings. If person wants to work, barriers will be identified, steps developed to overcome them, and plans to work put into IPP.

•Number of individuals with developmental disabilities who transition into post secondary education **increases by 5% or more**.

•Develop a way to measure reduced dependence on public benefits because individuals are working in competitive employment.

II A. SCDD Strategic Plan

2011-2016 State Plan

Copy of Plan is in the SCDD Packet

Background

SCDD Strategic Plan

- Federal Administration on Developmental Disabilities (ADD) requires all State Councils develop 5 year plans.
- Plan follows federal “Areas of Emphasis.”
- Area Boards developed local plans with their communities.
- Local plans basis for SCDD State Plan and combined to create Goals and Objectives.
- State Plan also has statewide systems change Goals.

Planning Process

SCDD Strategic Plan

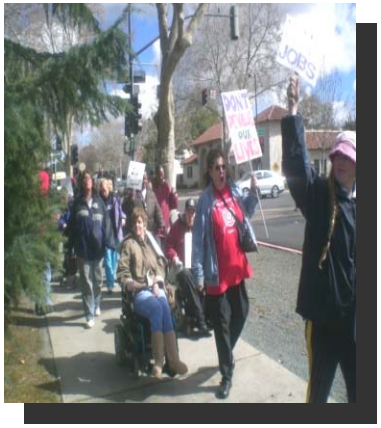
- Area Boards developed local plans.
- Area Board plans consolidated into SCDD State Plan based on themes following federal “Areas of Emphasis.”
- 14 public hearings on SCDD Plan statewide.
- Input from hearings incorporated into Plan.
- Strategic Plan committee reviewed and revised Plan.
- Plan re-formatted to fit new ADD template.

2011-2016 State Plan

Goal #1

Individuals with developmental disabilities have information, skills, opportunities and support to:

- Advocate for their rights and services.
- Achieve self determination, independence, productivity, Integration and inclusion in all community life.



Objectives:

Statewide self-advocacy network

Local self advocacy groups

Educate self-advocates/conferences

Youth and cross disability groups

Train self-advocates as peer trainers

2011-2016 State Plan

Goal #2

Individuals with developmental disabilities and families aware of rights, and receive supports and services entitled to by law across lifespan, *(early intervention, transition into school, education, transition to adult life, adult services, senior services)*.

Objectives:

Advocacy for families and individuals.

Trainings and conferences.

Collaborate with schools, SELPAs, FRCs, providers, others.

Collaborate with federal partners (UCEDDs, DRC).

2011-2016 State Plan

Goal #3

Individuals with developmental disabilities and families express how satisfied they are with services and how well needs are being met.

Objectives:

Implement Quality Assurance Program - contract with DDS.

Advocate for new, better services, including self- determination.

2011-2016 State Plan

Goal #4

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

Objective:

Work with police and first responders and courts at local level.

2011-2016 State Plan

Goal #5

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

Objective

Disaster preparedness at local level.

2011-2016 State Plan

Goal #6

Young adults with developmental disabilities and families get information and support to

- Be prepared for transition
- Have successful transition to adult life.

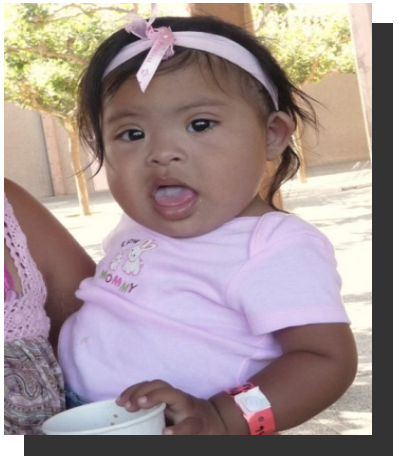
Objective:

Information, advocacy and support during transition to adult life.

2011-2016 State Plan

Goal #7

Children (0-3 yrs.) at risk of or have a developmental delay and families receive early intervention services needed.



Objectives:

Trainings for parents of young children.

Advocacy, support and technical assistance.

2011-2016 State Plan

Goal #8

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

Objective:

Employment First committee to monitor progress and implementation of Employment First Policy.

2011-2016 State Plan

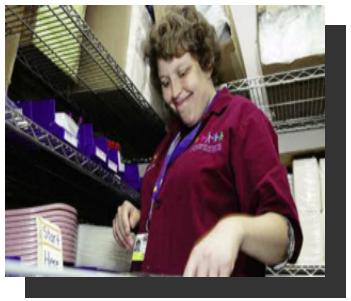
Goal #9

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

Objectives:

Expand employment and self-employment.

Expand education opportunities after high school in collaboration with federal partners.



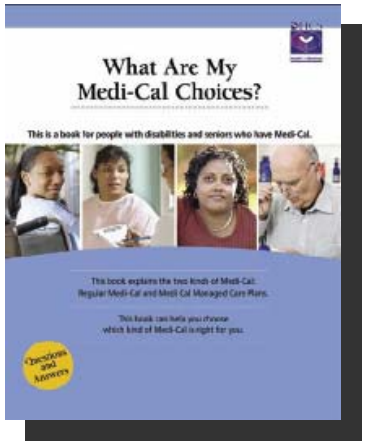
Information regarding benefits and benefit of employment.

2011-2016 State Plan

Goal #10

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

Objectives:



Information and guidance regarding health-related initiatives, including MediCal managed care *(1115 waiver, etc.*).

Monitor transition to managed care at local level.

2011-2016 State Plan

Goal #11

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

Objectives:

Participate in Regional Centers' Community Placement Plans.

Information on available housing options.

2011-2016 State Plan

Goal #12

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

Objectives:

Influence housing plans of communities.

Advocate for legislative change to increase affordable housing.

Advocate against “Not In My Back Yard” barriers.

2011-2016 State Plan

Goal #13

Individuals with developmental disabilities and families have access to community-based services and supports available to general public (recreation, transportation, childcare, etc.) that enable productive and inclusive lives.

Objective:

Increase access to generic services: child care, transportation, recreation, etc.

2011-2016 State Plan

Goal #14

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

Objectives:

Positions on legislation and regulations that impact people with developmental disabilities.

Legislators, their staff and local officials educated on issues affecting people with developmental disabilities.

Educate the general public.

2011-2016 State Plan

Goal #15

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

Objectives:

Materials are translated into threshold languages and plain language.

2011-2016 State Plan

Next Steps

- SCDD approves the Plan as presented or with modifications
- Plan is posted on website no later than July 1
- Plan is submitted to ADD in required format no later than August 15
- ADD approves plan and we do our work

MAY SCDD Agenda

IIB. SCDD Agenda Review

SUBCOMMITTEE ON STRATEGIC PLANNING

Draft California State Strategic Plan

EMPLOYMENT FIRST

Draft Employment First Report

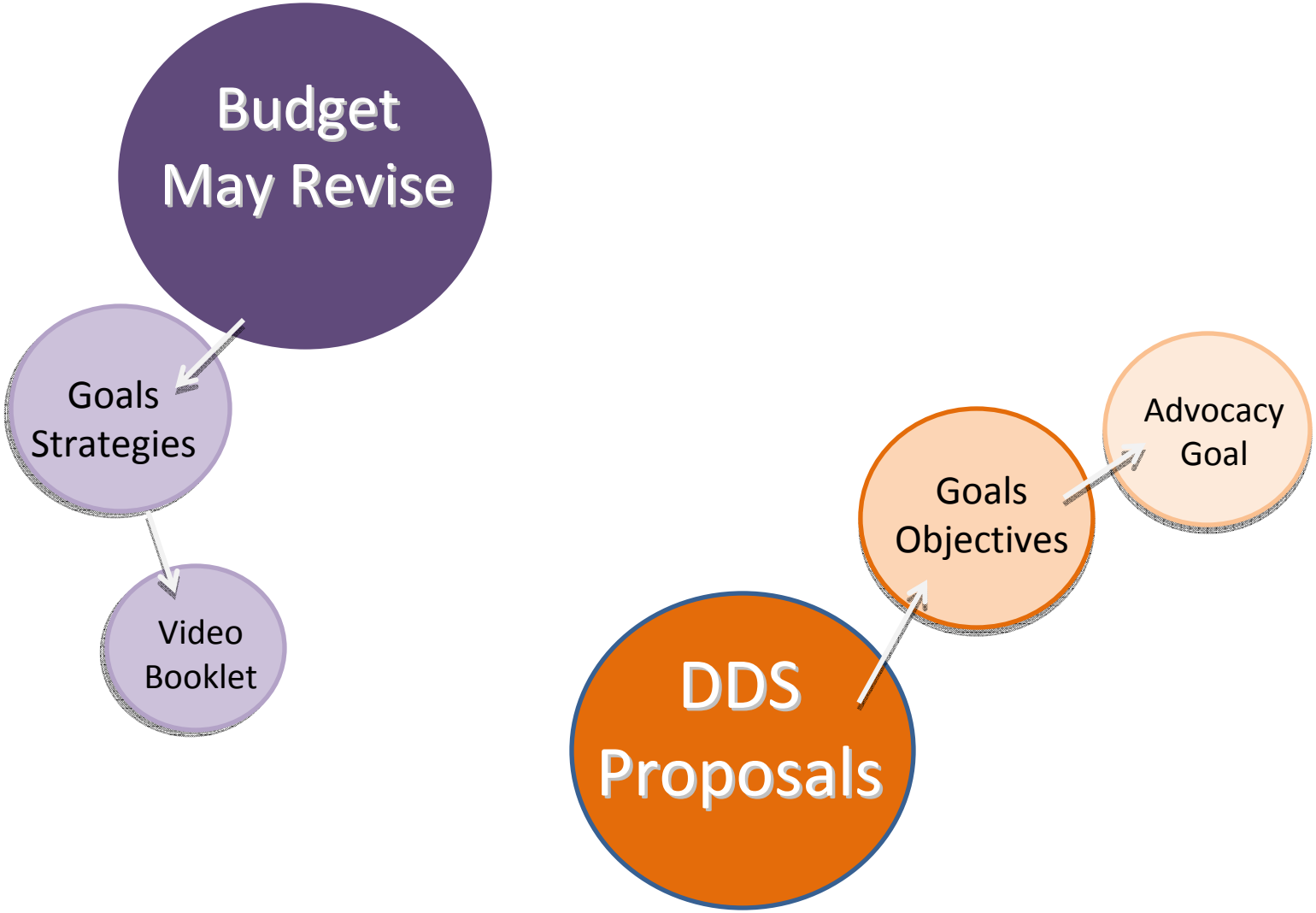
CONSUMER ADVISORY COMMITTEE REPORT

LEGISLATIVE AND PUBLIC POLICY

1. *Assembly Bill 1375 28*
2. *Assembly Bill 1205 34*
3. *Assembly Bill 862 60*
4. *Senate Bill 161 73*
5. *Assembly Bill 876 98*
6. *Assembly Bill 533 116*
7. *Senate Bill 462 123*
8. *State Budget May Revision*

COUNCIL MEMBERS' REPORTS/COMMENTS

IIB. SCDD Agenda Review



2011-12 May Budget Revision

Overall impact on health and human services if an all cuts budget is required:

Health and human service programs Significantly reduced in March 2011

"Cutting grants, requiring co-pays for health care services, eliminating day health services, reducing services for persons with developmentally disabilities.

An 'all cuts' budget would mean further reductions in CALWORKS grants (which are already at 1987 level), eliminating domestic and related services for many IHSS recipients, increasing the costs of AIDS and making deeper reductions to developmental services.

In addition, the state would no longer have a dedicated funding stream for the Governor's realignment of public safety programs.

Some of these programs, such as Adult Protective Services, would be eliminated instead."

2011-12 - May Budget Revision

HIGHLIGHTS OF KEY PROVISIONS

Department of Health Care Services

- Move Healthy Families Children program to Medi-Cal;
- Extend the hospital fee to 6/30/12;
- Obtain additional federal waiver monies;
- More income from counties that operate Medi-Cal managed care plans;
- Limit changing Medi-Cal managed care to plans to once per year;
- Reduce base funding for Medi-Cal;
- Restore funds that were to be covered by California Children and Families First Act (Prop.10) in Medi-Cal program;
- Adjust for delay in implementing previously passed budget solutions;
- Provide funding to transition people from Adult Day Health programs to other services; Reduce funding for California Children's Services, Child Health and Disability Prevention, and Genetically Handicapped Persons programs due to lower caseloads and treatment costs.

Budget Solutions Adopted - March 2011:

Department of
Health Care Services

- Caps on amount Medi-Cal would pay for hearing aids;
- Limit number of doctors' visits to 7/year without additional approval;
- $50 co-payment for emergency room services;
- $5 co-payment for doctors' visits, clinic and dental services;
- $100 per day up to a total of $200 for hospital stays;
- $3-$5 co-payments for prescription drugs;
- Elimination of Adult Day Health Care programs;
- 10% reduction in payments to doctors, pharmacies, clinics, medical transportation, home/family health, certain hospitals, and nursing facilities;
- Extension of existing hospital fee; and
- Collection of managed care drug rebates.

2011-12 May Budget Revision

HIGHLIGHTS OF KEY PROVISIONS

California Department of Public Health CDPH

- Decrease in AIDS drug program;
- Decrease in Every Woman Counts program;
- Increase in funding for immunizations;
- Funding for Health Care Surge Capacity (for emergencies); and
- Renewal of contract with LA County for licensing and certification functions in county.

Budget Solutions Adopted - March 2011:

Transfer Childhood Lead Prevention Fund to state general fund.

2011-12 May Budget Revision

HIGHLIGHTS OF KEY PROVISIONS

State of California
Department of Developmental Services

- Increase of $3.6 million for developmental centers due to delays in achieving the original $15 million reduction. Total will be achieved over 2-year period and include consolidations, reductions in operating expenses and cap on number of beds at Porterville DC Secure Treatment Program of 230, down from 297 beds; and

- Increase in $28.5 million in making adjustments designed to save additional $174 million and assumes total $174 million will be saved over 2 years.

Budget Solutions Adopted - March 2011:

System-wide reduction of $591 million and ongoing savings of $389.3 million through cost containment measures.

2011-12 May Budget Revision

HIGHLIGHTS OF KEY PROVISIONS

CALIFORNIA DEPARTMENT OF
MENTAL HEALTH

- An increase of $50 million for state hospitals for funding shortfall;
- Funding for safety and security improvements at Napa, Metropolitan and Patton State Hospitals;
- Increase to provide for planning and support to Dept of Corrections and Rehabilitation for activation of California Health Care Facility;
- Elimination of Dept of Mental Health, creation of Dept of State Hospitals.

Budget solutions adopted - March 2011

- Use of one-time funds from Mental Health Services Fund to pay for
- Early and Periodic Screening, Diagnosis and Treatment program,
- Mental Health Managed Care program, and mental health services to special education students (AB 3632 services); and
- Decrease in Sexual Offender Commitment program.

2011-12 May Budget Revision

HIGHLIGHTS OF KEY PROVISIONS

Department of SOCIAL SERVICES CDSS

IHSS

•Further reduce the IHSS caseload projections.

SSI/SSP

•No additional changes.

Budget Solutions Adopted - March 2011

IHSS

•Require medical certification to receive IHSS;
•Implement Community First Choice federal option for home and community-based attendant services;
•Implement pilot program for medication dispensing machines;
•Eliminate state funding for IHSS Advisory committees;
•Reduce IHSS caseload projections.

SSI/SSP

•Reduction $15 per month for individuals on SSI/SSP.

2011-12 May Budget Revision

HIGHLIGHTS OF KEY PROVISIONS

•Shift mental health services from counties to schools and permanently repeal AB 3632 mandate;

• Increase funding for special education caseload growth.

STATE GOVERNMENT REALLIGNMENT

•Transfer support of Governor's Committee on Employment of People with Disabilities to the Department of Rehabilitation.

DDS Proposals (Highlights)

Copy in SCDD Packet

PROPOSALS TO SAVE $174 MILLION

(SCDD Plain Language Version)

State of California
Department of Developmental Services

As part of the 2011-12 State budget process, the Department of Developmental Services (DDS) was told to save more money because of the State has a deficit.

DDS worked with 8 workgroups that included individuals with developmental disabilities, families, service providers, regional centers, unions, and advocates to look for ways to save money.

Using the comments from the workgroups, DDS put together the following ideas to save money:

DDS Proposals (Highlights)

1. Get more money from federal government through waiver programs to buy services.
   (Adds $20.9 million federal money and saves State money)

2. Give less money to some organizations that contract with DDS. *(Saves $1.5 million)*

3. Give less money to regional centers for their staff, offices, and other things. *(Saves $14.1 million)*

4. Give less money to the Community Placement Plan (CPP). *(Saves $6.9 million)*

5. Make changes in the way rates are set for some services.
   (Saves $3.4 million)

6. Make some families of children pay a yearly fee to get regional some center purchased services.
   (Adds $3.6 million to save same amount of State money)

DDS Proposals (Highlights)

7. Let people keep their home even if they need less care from the home. *(Saves $1.3 million)*

8. Use funds through schools to get day services, work, independent living, and transportation for individuals in school when they are 18-22 years old. *(Saves DDS $10.2 million)*

9. Make some people who live together and both get SLS share the supported living services for some things; and don't have the SLS provider decide what services a person needs; have that done by another person. *(Saves $5.4 million)*

10. Start new day services that allow individuals to make choices about how many days they want to go to program; let people hire their own staff; and let day services change the way they bill the State for part of a day of services. *(Saves $ 9.6 million)*

11. Make parents tell regional centers that behavioral services were provided if they are suppose to be; let trained paraprofessionals provide behavioral services. *(Saves $3.8 million)*

DDS Proposals (Highlights)

12. Move the Prevention Program to Family Resource Centers and only give information, resource, outreach and referral.
(Saves $7.5 million)

13. Make a transportation plan at the time the individual program plan (IPP) is done so more people can use public transit.
(Saves $1 million)

Total State money saved by these ideas is $154.5 million in 2011-12 and $174 million each year after that.

DDS held 3 public hearings in California to let the public talk about these ideas and must give a report to the Legislature by May 15, 2011.

Some of these ideas will require that current law (Lanterman Act) be changed and DDS is working on those changes.

The Legislature will have to OK savings ideas and any changes in law. People will be able to talk about the changes with the Legislature in budget hearings

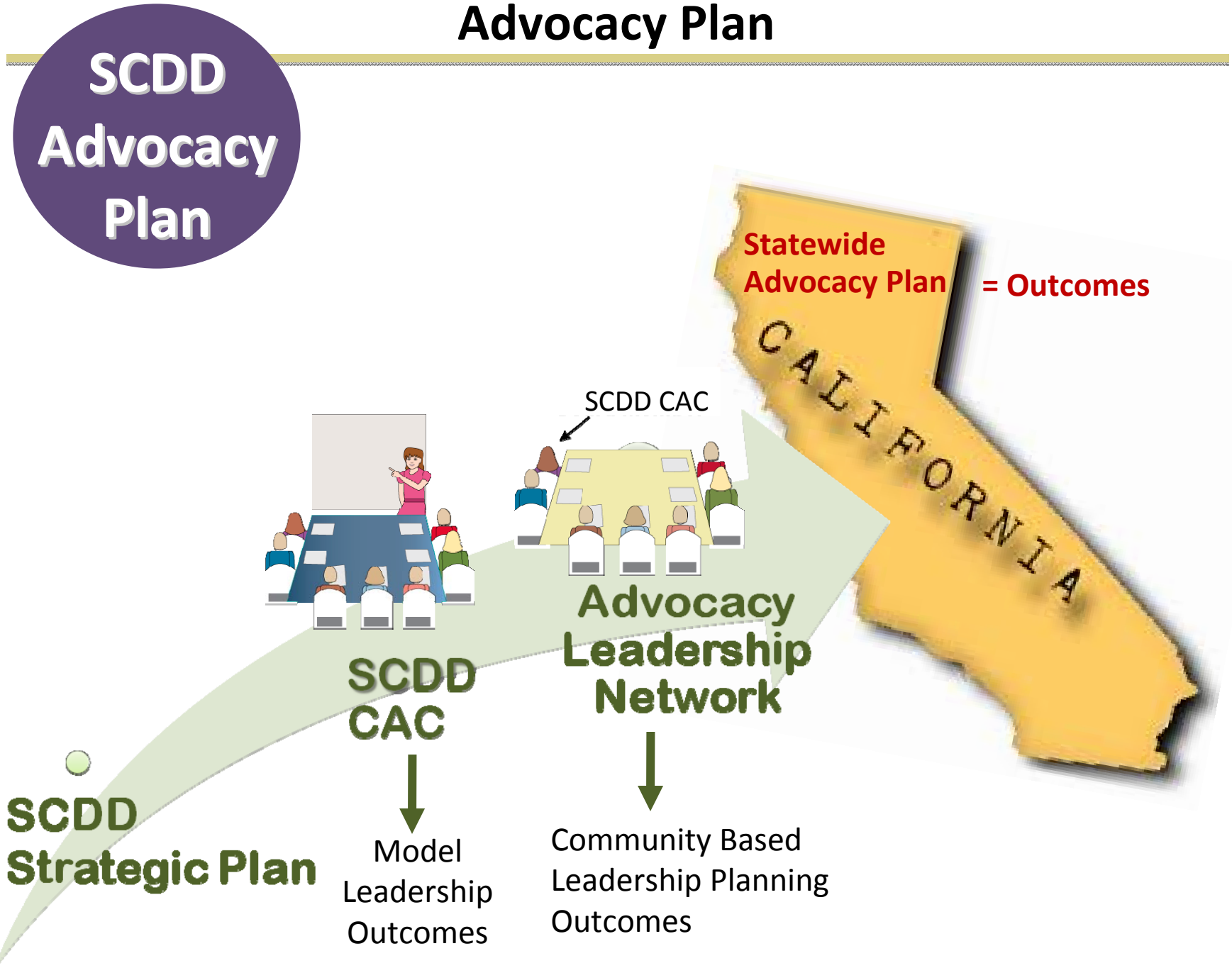
III. CAC Leadership

Carol Risley

Charlene Wilson

CAC Members

Advocacy Plan



Leadership Coaching

Leadership

What does it mean?

How do you know when someone is a leader?

“Leadership by example”

What does a leader look like to you?

What are some leadership qualities?

Leadership Coaching

Leadership Coaching

Leadership Coaching:

Leadership skills are learned.

A good leader wants to learn skills and practices them.

Most international leaders have coaches.

CAC Leadership Coaching:

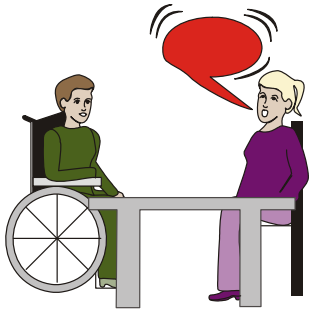
Mission-driven:	Mission statement drives actions
Core Values:	Our values show the way
Communication:	What we say and do matters
Trust-building:	How we act tells others what we care about

Coaching

Leadership Coaching

Most people have been told at some point NOT to try new things.

They have been told things like:



"You aren't able to do that."

"You should not try that."

"I don't think you can do that".

A coach helps you:

Find new ways of looking at a problem.

Learn what you are good at doing.

Create an action plan to live your leadership mission statement.

Coaching

Leadership Coaching

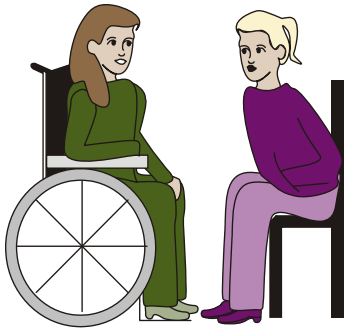
Coaches:

Believe you can choose how to live your life.

Support you to use skills and abilities you have.

Ask questions that help you think about what is important and how to achieve it.

Help you create your leadership goal starting with your mission statement.



Leadership Styles

Leadership Coaching

Good to Know

Not all leaders look the same.

Not all leaders have the same way of leading.

We need different kinds of leaders and different ways of leading.

Different leaders are needed because there are many different kinds of people in the world.

Leadership Styles

Leadership Coaching

Different Types Of Leaders

People in front
Those who talk for people who are quiet or not able to talk or attend meetings.

Quiet
Listen and help people feel heard.

Organized
Those who keep track of things, so we don't forget.

Resource Finders
People who help others find resources.

What is your leadership style?

Your Mission Statement

Leadership Coaching

THINK

The mission statement drives your actions

What is your CAC leadership interest?

Does your leadership mission statement connect to your role as a leader?

Does your mission statement need to change in any way?

Working Together

Leadership Coaching

- Make appointments to talk on the phone.
- Plan 20 minutes.
- Bring notes from other coaching sessions.
- Talk about your leadership goals and concerns.

REMINDERS

- If you need to change your appointment, call or email.
- Be ready and on time.
- During your coaching time:
  Give your full attention
  Turn off the radio or TV