

**Alliance for Full Participation (AFP) California State Team
Report on Practice and Policy Priorities
Community Input Sessions
June, 2005**

*Prepared by: The Board Resource Center
Sherry Beamer and Mark Starford
July, 2005*

Background and Method:

Sherry Beamer and Mark Starford of The Board Resource Center, Inc. (BRC) were contracted by the California Department of Developmental Services to assist the California State Team for the Alliance for Full Participation to gather community input on the three Policy/Practice Priorities. The comments and information gathered from the State Team meetings will help guide a national and state action agenda to assure that people with developmental disabilities are fully participating in their communities.

The California State Team is comprised of:

1. AAMR, Region 2
2. Department of Developmental Services (DDS)
3. Protection and Advocacy, Inc. (PAI)
4. Association of Regional Center Agencies (ARCA)
5. Arc CA
6. People First of California, Inc. (PFCA)
7. California Rehabilitation Association (CRA)
8. State Council on Developmental Disabilities (SCDD)
9. University Center for Excellence, UCLA (UCE)
10. California Legislature – Select Committee on Developmental Disabilities

Tony Anderson serves as Co-Chair of the State Team and worked with the facilitators on a meeting plan to gather input. BRC joined Tony in a national teleconference on directions to gather state input. The State Team prepared for the June videoconferences by organizing the meetings to take place at Protection and Advocacy locations in three locations, sending invitations to a diverse group of developmental disability stakeholders through Arc-CA. The Department of Developmental Services participants created basic directions to gather input at the Alliance's request.

The sessions were organized by the following schedule:

- Welcome and Introductions from Tony Anderson and/or Roy Rocha, Co-Chairs (15 min.)
- Review of the Alliance Process – Tony (15 min.)
- Ground Rules for session – Board Resource Center (5 min.)
- Review goals of the input – Tony (10 min.)
- Open discussion of the selected Policy/Practice for the session with guiding questions, using prompts as needed, facilitated by The Board Resource Center (60 min.)
- Break (15 min.)
- Facilitation of the development of Recommendations – Board Resource Center (60 min.)
- Closing and Next Steps – Tony (15 min.)

Notes:

- *The Recommendations are considered equally important, and are not prioritized.*
- *The Board Resource Center has offered to create an adapted version of the Recommendations for further community input in preparation for the September Alliance in Washington, D.C., and to serve as a poster session at that conference.*

**Alliance for Full Participation (AFP) California State Team
Practice and Policy Priorities
Community Input Session
June 23, 2005 Session**

Attendance:

Oakland

1. Alan Kerzin, State Council on Developmental Disabilities, State Team
2. Dennis Craig, State Council/Developmental Disabilities Board Area V
3. Mark Polit, parent and Service Employees International Union
4. Cristina Lasson, Bay Area People First
5. Kate Warren, Family Resource Center
6. Anna Wang, Friends of Children with Special Needs

Sacramento

1. Tony Anderson, Arc California, Co-Chair
2. Roy Rocha, People First of California, Inc, Co-Chair
3. Marinda Reed, Protection and Advocacy, Inc., State Team
4. Alan Kerzin, State Council on Developmental Disabilities, State Team
5. Mark Starford, Board Resource Center, Inc., Co-Facilitator
6. Robin Rhodes, People First of California and Southside Art Center

Los Angeles

1. Renee Fannin, California Alliance for Inclusive Communities, Lynn and Darla Supported Living
2. Melinda Sullivan, Lanterman Regional Center
3. Rebecca Morrill, Tierra del Sol Foundation
4. Jack Darakjian, Modern Support Services
5. Roberta Newton, State Council/Developmental Disabilities Board Area X
6. Marvin Miller, Rayne Project/Ministries
7. Sherry Beamer, Board Resource Center, Co-Facilitator

San Diego

1. Elaine Lewis, Developmental Services Continuum
2. Renee Fannin, California Alliance for Inclusive Communities & Lynn and Darla Supported Living

Practice/Policy Question:

Where will the next generation of individuals, organizational, advocacy and community leadership come from for the service delivery system for people with developmental disabilities?

Facilitation Directions and Prompts:

There needs to be strong leaders on disability issues. Many of the current leaders are getting ready to retire, so it is time to figure out what leadership qualities we want and find ways to support self-advocates, families, providers, educators, policy makers and others to be the leaders in the future.

The following workshops will be available at the Summit to talk about building future leaders:

- Expanding self-advocacy
- Leadership from the Family Support Movement
- What happens when leaders leave
- How to support the future leaders
- Community Organizing
- Research Leadership
- Leadership in Diverse Communities
- Priorities and Recruitment for Next Policy Advocates
- Power and Empowerment

Guiding Questions:

- What is CA currently doing well to develop leaders for the future?
- What could CA improve on to develop leaders for the future?

Recommended Priorities:

People with developmental disabilities are the key leaders.

They need to be recognized, supported, and developed as sustainable leaders.

A leading proposal is to have an established, secure, adequate, autonomous funding source for People First of California to serve as the centerpiece organization to support this leadership development.

Critical Actors

People First of California, Inc.
California Department of Developmental Services
California State Council on Developmental Disabilities
Parents
Provider organizations
Office of Client Rights Advocacy, California Protection and Advocacy, Inc.
Universities and colleges/University Centers for Excellence (USC, UCLA)

Parents and family members of people with developmental disabilities are the secondary leaders. They need to be recognized, supported and developed as sustainable leaders.

A key proposal is to have an established, secure, adequate, autonomous funding source for the national family support initiatives that allows for leadership development.

Critical Actors

Family Empowerment Centers
Family Resource Centers
Parent Training and Information Centers
Family Voices
Friends of Children with Special Needs
Congresso
Fiesta Educativa
Homobre
California Department of Developmental Services
Department of Education
DREDF
People First of California, Inc.
Universities and colleges/University Centers for Excellence (USC, UCLA)

We need to build a diverse, grass-roots coalition in our developmental disability service industry that develops action-oriented, committed leadership.

Critical Actors

People with developmental disabilities
Parents and family members of people with developmental disabilities
Direct Service Professionals
Provider organizations
People First of California, Inc.
California Rehabilitation Association
Family Empowerment Centers
Family Resource Centers
Parent Training and Information Centers
Family Voices
Friends of Children with Special Needs
Congresso
Fiesta Educativa
Homobre
Universities and colleges/Center for Excellence (USC/UCLA)

We desire to create welcoming communities. We need to build coalitions in our communities that develop action-oriented, committed leadership.

Critical Actors

People with developmental disabilities
Parents and family members of people with developmental disabilities
Direct Service Professionals
Provider organizations
California Rehabilitation Association
Universities and colleges/Center for Excellence (USC/UCLA)
Other disenfranchised groups – mental health, welfare recipients, immigrants, etc.
Business leaders
Local governments

General Themes of Input Comments

With lead contributor noted

Notes:

Leadership was discussed not only as traditionally recognized leadership positions, but personal leadership where action is taken daily in communities.

- We should look at Consensus Organizing as a strategy to build action oriented consumer and family leadership – see www.consensusorganizing.com. This work is facilitated by people outside of the service system and provides for leadership action that occurs in people's living rooms, and not in traditional board rooms. (Lewis, Fannin)
- There is interest in using Partners in Policy-making models to develop diverse consumer and family leadership (Kerzin, Newton)
- Bay Area People First found success through a short-term grant to provide outreach to high school students to bring them into People First leadership, with support from Area Board 5 (Lasson, Craig)
- There is a serious lack of cultural diversity in current leadership of consumers and family members. (Warren, Reed)
- A successful model of leadership action is a program funded by First Five at Friends of Children with Special Needs is instilling a sense of giving back in young families in return for the services for the family and children. (Wang)
- Education plays a big role in our field. The more educated people we have in the field the more success we will have. We need to get universities to train the upcoming graduate and doctoral students in a certain way to see better results – we need to help the people we serve to constantly to see their possibilities. People with disabilities need to dictate the when, where and how of their lives. Not a lot of research has been done on what the community sees as the barrier to inclusion. (Darakjian)
- New York State works with accredited educational organizations to train for leadership. (Polit)
- The Lanterman Regional Center Summer Leadership Institute has been a successful tool to develop consumer, family, vendor and community leadership for the disability service system boards, committees, and community activism. (Sullivan)
- It is often hard to bring people into traditional service locations for leadership training. Training needs to go where the people are, and provide for mini-grants to make that happen. (Sullivan)
- We need to build on Marty Omoto's/California Disability Community Action Network's, CDCAN, legislative leadership training. (Rocha)
- We need mandates for consumers in paid leadership positions throughout the service system. (Reed)
- The current services for people with developmental disabilities do not look very different from those in 1970s – they are still segregated. (Reed)
- If funding flows directly to consumer organizations, and not through other organizations, the consumer organizations will develop their own leaders to present to community (Polit, Newton)

- Leadership training needs to be multi-faceted and for different lengths of time (Fannin, Wang)
- We are doing a poor job building leadership as consumers and families transition from school services. (Warren)
- People First of California can partner with parents to teach them how to best guide their children with disabilities.(Rhodes)
- We need to move from a deficit-based system of services to one that allows for dignity of risk in the choices consumers make. (Reed)
- We need to teach consumers to know what is best for them and act on it. This is often the role of the regional center Consumer Advocates. (Rocha)
- It seems that historically the service system was put together by parents, and then was handed off to professionals as parents became tired, and/or received the services they felt they needed. (Anderson)
- The Direct Service Professional's perspective is not currently honored in the service system. (Polit)
- There is a responsibility that comes with making your own choices and with rights. People First states this clearly in their materials. (Reed)
- The availability of entitlement of services has influenced some people with developmental disabilities and their families to abdicate their personal responsibility. (Sullivan)
- The service system has become parasitic. The number of dollars spent through the layers of professionals to get services to people is astronomical. (Lewis)
- We need to move to a system of services that recognizes abilities and possibilities of people with developmental disabilities, not one that emphasizes or exaggerates deficits for service funding to be released.(Lewis, Fannin)

**Alliance for Full Participation (AFP) California State Team
Practice and Policy Priorities
Community Input Session
June 24, 2005 Session**

Attendance:

Oakland

Dennis Craig, State Council/Developmental Disabilities Board Area 5
Mark Polit, parent and Service Employees International Union
Cristina Lasson, Bay Area People First
Anna Wang, Friends of Children with Special Needs

Sacramento

Tony Anderson, Arc California, Co-Chair
Roy Rocha, People First of California, Inc, Co-Chair
Marinda Reed, Protection and Advocacy, Inc., State Team
Alan Kerzin, State Council on Developmental Disabilities, State Team
Mark Starford, Board Resource Center, Inc., Co-Facilitator
Sherry Beamer, Board Resource Center, Co-Facilitator

Los Angeles

Bonnie Kim, Lanterman Regional Center
Sharon Shueman, Lanterman Regional Center
Lisa Churchill, Lanterman Regional Center
Renee Fannin, California Alliance for Inclusive Communities and Lynn & Darla Supported Living

San Diego

none

Practice/Policy Question:

The Quality of Supports and Services:

Upgrading the Workforce and Establishing Performance Expectations

How can the developmental disability system protect the health and safety of the people served while also allowing them to live their lives as they want to?

Facilitation Directions and Prompts:

As people with disabilities and their families take more control over their own lives and the services and supports they get, the service system will need to assure those services and supports are of the highest quality. There is talk that standards of quality should be set, there should be a way to decide if the standards are met, and what should be done if they are not met. A key to increasing the quality of services and supports is to help the people who provide them (providers) to be better at providing them.

The following Alliance workshops will focus on ways to improve the quality of services and supports:

- Effective Recruitment and Retention: Ensuring a Competent and Reliable Workforce
- Quality = Full Participation for All
- Improving the Ability to Manage a Diverse Workforce
- Improving Families' Abilities to Provide and Manage their own Support System for their Family Member
- Improving the Ability of People with Disabilities to Provide and Manage Self-directed supports

- How to Make individual Dreams Come True and Ensure Physical Well-Being and Safety
- Increasing the Competence of Direct Support staff – Voluntary Certification Initiatives
- Creating Organizational Cultures that Value Quality and Promote Mentoring
- Information Systems and Measurement of Performance
- Challenges accessing necessary health services

Guiding Questions:

How can the system assure services and supports are of the highest quality?

What is CA currently doing well?

What could CA do to improve?

What standards of quality should be set, who should decide if they are met, and what can we do if or when they are not met?

What is CA currently doing well?

What could CA do to improve?

How can we help providers increase the quality of their services?

What is CA currently doing well?

What could CA do to improve?

Recommended Priorities:

Service regulations and funding need to be aligned to be consistent with the philosophy and values of full participation - in order for people with developmental disabilities to receive person-centered services that assure community inclusion and health and safety.

A power shift with professionals currently working in the field is needed so that people with disabilities direct the development of their service plans.

Critical Actors

Lobby groups

Regional and grass roots organizations

President Bush, the New Freedom Initiative, and federal legislators

CA AFP State Team

Person-centered Quality of Life indicators need to be the standards by which outcomes for people with developmental disabilities are measured.

Peer review that includes people with disabilities and families is an important component that needs to be added consistently to the California performance measurement system.

Critical Actors

Provider groups

Regional centers

People First local and regional Chapters

Bay Area Project Quality Management grant/project

Accreditation groups

CA AFP State Team

Current services and supports need to be transformed to allow for enough available resources that assist people with developmental disabilities to fully participate in their communities.

Critical Actors

Regional Centers
Service administrators
Parent and family members
Other disenfranchised groups – mental health, welfare recipients, immigrants, etc.
CA AFP State Team

We need to create a career in developmental disability service provision that is attractive so that the workforce is retained and motivated to provide the services needed by people with disabilities to fully participate in their communities.

This includes: career paths, continuing education, a living wage, health insurance and other benefits, good working conditions, etc..

Critical Actors

Universities and colleges
Adult Education/Regional Occupational Centers
University Centers for Excellence (USC, UCLA)
University labor centers (UC Berkeley and Irvine)
Service Employees International Union (SEIU)
Service provider organizations
CA AFP State Team

General Themes of Input Comments

With lead contributor noted

- We need structures that move beyond a philosophy of inclusion to enforced mandates that move funding from segregated settings. We need to change the system to full inclusion and integration. (Reed)
- California lags behind. As long as there is a mindset that allows a time and place for segregation, it will exist. The service system has been in the same state for a long time because change is feared. (Fannin)
- Inclusion by its' nature provides for quality. Segregation is more likely to result in exploitation. When people are included in their communities, there are more eyes on people – they are less likely to be exploited when power structures belong to many and are not in the hands of a few. (Reed)
- A major marker of quality is moving to more inclusive self-determined settings. Regulatory change is preceded by a political will to do so. The Service Employees International Union, SEIU, is helping to figure out how to help the service system to develop a political will necessary to achieve inclusion. (Polit)
- There are a lot of mixed views of self-directed services. In general it is acceptable, but the elements of the waiver model that contain costs disrupts the status quo because of health and safety concerns. (Shueman)

- Quality vs. cost containment doesn't work. Just like phone or cable companies, if there is only one company willing to get paid the amount of money offered, there is no competition and no choice. The quality of services and supports will not improve. (Wong)
- Some states have strong peer review as part of their Quality Assurance monitoring. Family Resource Centers, families and parents, and consumers are part of the review process. This has been cost-effective and successful. (Anderson)
- The ANDI evaluation process offered some of the quality indicators we speak of. (Kerzin)
- Best practices in our service system are not widely known. (Shueman)
- Best practices are good but unfunded – we need change with “teeth.” (Anderson)
- The new models of service developed for the Agnews closure can benefit many. (Polit, Craig)
- California has received a federal Center for Medicaid Services Quality Management grant for the Agnews closure, administered through San Andreas Regional Center, that is creating a long-term study of satisfaction and quality that will hopefully be practiced statewide. (Polit, Craig)
- We need to do something about providers that will only provide the minimum service stated in regulations. (Churchill)
- We need incentives for the risk of innovation in services. (Craig, Reed)
- We need a transition of hand-holding to effectively make change with parents and providers. (Fannin)
- There are a lot of important health services missing in community. (Craig)
- We impose a higher standard of personal responsibility on people with developmental disabilities than we do for other citizens. (Reed)
- It seems that we are moving to a system of smaller, more individualized “pods” of service for people. (Fannin)

**Alliance for Full Participation (AFP) California State Team
Practice and Policy Priorities
Community Input Session
June 28, 2005 Session**

Attendance:

Oakland

Ellen Goldblatt, Protection and Advocacy, Inc., State Team
Dennis Craig, State Council/Developmental Disabilities Board Area 5
Mark Polit, parent and Service Employees International Union
Cristina Lasson, Bay Area People First
Anna Wang, Friends of Children with Special Needs

Sacramento

Tony Anderson, Arc California, Co-Chair
Marinda Reed, Protection and Advocacy, Inc., State Team
Alan Kerzin, State Council on Developmental Disabilities, State Team

Los Angeles

Diane Anand, Lanterman Regional Center
Russ Rankin, State Council/Developmental Disabilities Board Area XII, Kern Regional Center
Mary Flynn, Lanterman Regional Center
Blanca Siebels, parent
Sam Suzuki, Lanterman Regional Center
Helane Schultz, Lanterman Regional Center
Melanie Otey, parent
Melanie Goodman, State Council/Developmental Disabilities Board Area X
Steve Bundy, parent and First Church of Nazarene of Pasadena
Agatha Metichecchia, Los Angeles Unified School District Inclusion Coordinator
Jack Darakjian, Modern Support Services
Sherry Beamer, Board Resource Center, Co-Facilitator
Mark Starford, Board Resource Center, Inc., Co-Facilitator

San Diego

Elaine Lewis, Developmental Services Continuum
Renee Fannin, California Alliance for Inclusive Communities and Lynn & Darla Supported Living

Practice/Policy Question:

**Membership and Self-Determination/Community Inclusion and Self-Direction:
Building Communities that Welcome and Support People with Disabilities**

How can communities accept and support people with disabilities and how can we support consumers and families to control their own lives?

Facilitation Directions and Prompts:

People with disabilities want to live, work and play in their home communities, but the service system still has places for people to live and work that are not part of the community and do not allow people with disabilities to live, work and play with their peers without disabilities.

Advocates say that one of the ways to help people with disabilities to live, work and play in their home communities with people without disabilities is to allow people with disabilities more control over how public money used for their services is spent, self-determination.

The following Alliance workshops will talk about what consumers face when trying to be part of their community and as they take more control over their lives and the money available to support their choices:

- Promoting Community Inclusion – Connections and Personal Relationships
- Preparing people to live in communities – adolescents – to adults
- Assuring Access to Needed Services – Building Community Capacity
- Self-Directed Services: Rebalancing Strategies
- Pushing for Employment: Making Community Jobs a Reality
- Legal Issues for Inclusion and Self-Determination
- What Works in Home and Community Supports – Using Research and Evaluation to Achieve Valued Outcomes
- Using Technology to Promote Independence
- The Community Support Provider of the Future

Guiding Questions:

What is California currently doing well?
What could California do to improve?

Recommended Priorities:

By 2015 all public programs, birth to death, will be appropriately supported, state-funded and not segregated. Planning for these services will be person-centered and self-directed. Funding will follow the person, not the program. The outcome will be that people are living, working, and contributing in their communities.

Critical Actors

Legislators – state and federal
Center for Medicaid Services (CMS)
Housing and Urban Development (HUD)
California Department of Developmental Services
School districts
Community members
Parents
Self-advocates
Regional centers
Service providers
Direct care staff
Governments
Housing developers

We need to assure that transitions after graduation from high school for people with developmental disabilities are not isolating, and mirror what their peers without disabilities are doing.

Critical Actors

School districts and boards

- Employers
- Housing development entities
- Universities and junior/community colleges
- Public and private transportation providers
- Peers and students
- Facilities managers (for accessibility)
- Best Buddies
- Public benefits agencies, like the Social Security Administration

The development of independence, autonomy, self-esteem, and self-determination for people with developmental disabilities needs to start at birth. This provides for a philosophy of dignity of risk, where health and safety concerns are balanced with quality of life choices.

Families are supported to parent their children in this way; as a result welcoming communities are more natural. Until then, community building is needed.

Critical Actors

- Parents
- Community members
- Religious organizations
- Schools
- Family Resource Centers
- Regional Centers

General Themes of Input Comments

With lead contributor noted

- First Five has funded four successful integrated play groups in public spaces through Friends of Children with Special Needs in the San Jose area. We need family groups to tap into this money more. (Wong)
- The State Council on Developmental Disabilities has funded several successful demonstration programs through Family Resource Centers and Parks and Recreation departments to include children with disabilities, including children with autism. (Craig)
- DAWN, the Disability Awareness Network, has 1- 3 day presentations about all kinds of inclusion. KIT (Kids Included Together) in San Diego has started national conferences on including children in typical settings. (Lewis)
- The California Self-Determination pilots have been very successful. Many people are living their lives successfully with control of their public money. (Rankin)
- People will build the fabric of society together - when people are working next to each other there will be few problems with inclusion. Dissemination of information is not easily accessed in ethnic populations. In a lot of cultures families want to hold their children with disabilities closely and are frightened about the exposure to regular children. (Otey)
- It has been hard for my daughter to initiate relationships with her peers when they are no longer attending supported school and after school programs to socialize in. Everyone scatters when they graduate. (Otey)
- Support systems in schools is still forced integration. Once we finish with forced integration we are left with people with disabilities still isolated in society – so does it really work? Are high school students really understanding inclusion of their peers with disabilities? (Fannin)
- We need to make full inclusion a priority or we will not get there. We need to shift funding from an institutional medical model to one of community services. We are moving slowly to close Agnews, and there are still other Developmental Centers left to close. Twenty-two percent of the California Developmental Services budget is used to keep people most segregated in the developmental centers. I fear new medical models developing with the Agnews closure, placing health and safety above a life of choices where there is a balance with health and safety and a dignity of risk. We need to break up our industry of segregated services. We need different kinds of services. (Goldblatt)
- The Los Angeles Parks and Recreation contacted an Arc to setup a segregated system of offerings. We told them we would help them integrate instead. If we keep thinking this way and refuse to set up segregated programs, we will have a slow but larger impact (Anderson)
- Some people will get in trouble, most won't. The health and safety issues are aggravating. We are held to a higher standard to be as safe as the service system wants, instead of what each of us expects in our life. (Reed)
- It is a shock when your child graduates from early intervention services to school age services, especially when you have a child with autism. I am fortunate to be part of a regional center with extensive resources that provides me with a focus to navigate the search for supports for my child. (Siebels)

- My child with autism is starting to transition toward ending high school. He has always been in integrated services. There is nothing out there after high school that we are interested in, so we are starting an integrated day program. (Wong)
- I have been working at the regional center for 28 years. We are very interested in promoting inclusion. We need to help parents create an attitude that their kids are OK. The service system reinforces viewing their children as needing services. Parents often see their children as a project – our process reinforces that their child is not OK. Regional centers can help educate parents in a different way. (Suzuki)
- My daughter's biggest problem is her peer group of people with disabilities. It was easier for her to socialize with them in institutional settings because parents felt there was an automatic safety component. Most parents feel the world is dangerous for their child with a disability. The media scares us each day. We're not going to be around forever. Our children deserve independence. My family takes a leap of faith each day with my daughter. Some people have some big scars from their attempts at inclusion. There are ways to support our children to be included and independent (cell phones, good bus drivers that are welcoming). Sometimes Los Angeles can be more tolerant and welcoming than other cities because we have a keen tolerance for diversity, as many large cities do. (Otey)
- Parents' fears perpetuate segregated settings. (Schultz)
- The service system has taught people to be compliant, which is not a good community health and safety skill. Our supported living agency works hard to help people know how to ask for help when needed. (Fannin)
- Training for independence starts when any child is born. That is how I was raised. I can compete in the world because of this. Most training for independence for people with developmental disabilities starts at 14, which is too late. Emphasis needs to be on the person with disability to develop autonomy for a good quality of life. (Reed)
- Special education students are eligible for school system funding until 22, but many school systems have people in isolated classrooms. This doesn't help people. I understand why regional centers don't want to pay for services during this time. But I've seen some good collaboratives with high schools and regional centers, where people live in apartments, there are after school services in the apartments and a transition for the parents. But the programs lost their funding and don't exist anymore. We don't want to lose good programs once they've started. (Goldblatt)
- Part of the challenge is that many of the jobs that young adults would be appropriate for, at least to start in, are being outsourced. A lot of jobs young people and people with disabilities used to take are now being taken by older people willing to work for minimum wage. This is affecting the dream of being actively engaged. Employment still defines people in our culture. The outsourcing is not going to turn around soon. (Anand)
- Going to community college after high school makes a lot of sense for a lot of students. But one of the issues that keeps this from happening is that parents are looking for more support, or people need more support, to attend. We need to help teach students self-determination, self-advocacy, and independence. This can be accomplished through the Individual Education Plan (IEP). It doesn't work when students are taught to be compliant. Many of the opportunities are available to only a few because many students, for example, many can't take the bus. (Metichcchia)

- There are some Junior College programs, like the one in Kern County, where students live in dorms to go to college. This was a State Council demonstration program. (Anderson)
- We don't have a statewide philosophical principle for inclusion. We still have a lot of people living in institutions of 15 – 100 people, with an inconsistent state program to support downsizing. Inclusion is still voluntary. The disability industry is vocal in keeping itself funded. (Goldblatt)
- We need affordable housing; it is no longer a national priority. The average home price in Los Angeles County is making healthy and safe places to live an issue. We have a UCP housing project that needs additional support, and DDS is not allowing us to use our funds to support it. The spending to housing authorities in the state is disproportionate, and the outcomes are inconsistent. (Anand)
- The housing consortiums in Bay Area created for the Agnews closure are able to provide for others who can't afford housing. (Craig)
- It all seems to boil down to fear, education, and economics. We have a fear of failure. We fear people will point fingers at us if our efforts don't work, so we'd rather not try. Our list of people we need to educate and inform is infinite to make inclusion happen, grocery store clerks, management companies for apartment complexes, universities and colleges, etc.. It's unrealistic to live on SSI. We need to help people learn to make a living. We all learn differently – the label of disability is irrelevant. We need to look at things collectively. (Darakjian)
- There is a lot of fear in the community. We need continued education and awareness – in the right places. We will be welcomed and have opportunities when we get out into the general public – to the business owners and decision makers – clubs and civic groups, religious organizations. We need to influence where the moral fabric of our community is set up. We need to be rubbing our shoulders with these people.(Bundy)
- There is a lot of fear in this industry of making sweeping changes. I hope the outcome of this process is visionary and provides forward, out-of-the-box thinking. Our residential care vendors for the most part provide too much protectiveness, and this is reinforced by licensing, or by their personality. We still have a lot of trouble with people being overmedicated. We are still perpetuating readiness. Quality of life for people with developmental disabilities is often influenced by reliable staff. Lack of good, affordable transportation is a problem for inclusion. (Goodman)
- We need to promote the self-directed waiver in our communities. There is a lot of work to do to implement this success of self-determination. (Polit)
- We need Medicaid policy changes. (Goldblatt)
- I'm concerned about the lack of response to IDEA. We need to become more aware and engaged on a national level. Fully one-third of the budget of DDS comes from Medicaid – we need to be engaged with them. (Anand)
- The Self-determination pilots in California have been very successful. I hope they can continue, and expand. People are living their lives successful by having control over public monies. We can do even better with this service. The new Medicaid waiver is stuck now, but it will allow us to get 9000 more people using their services this way. I hope in ten years all people are self-directing their services. (Rankin)