



# Board of Supervisors Family & Social Services Cluster Agenda Review Meeting

**DATE:** July 31, 2024

**TIME:** 1:30PM – 3:30PM

**MEETING CHAIRS:** Susan Kim & Lizzie Shuster, 3<sup>rd</sup> Supervisorial District

**CEO MEETING FACILITATOR:** Claudia Alarcon

**This meeting will be held in hybrid format which allows the public to participate virtually, or in-person, as permitted under the Board of Supervisors' March 19, 2024 order**

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration

500 West Temple Street

Los Angeles, California 90012

Room 140

To participate in the meeting virtually, please call teleconference number

1 (323) 776-6996 and enter the following 995 916 944# or

[Click here to join the meeting](#)

**For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to: [ClusterAccommodationRequest@bos.lacounty.gov](mailto:ClusterAccommodationRequest@bos.lacounty.gov)**

Members of the Public may address the Family & Social Services Cluster on any agenda item during General Public Comment.

The meeting chair will determine the amount of time allowed for each item.

**THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL**

**\*6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.**

- I. **Call to Order**
- II. **Consent Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):  
--NONE--
- III. **Presentation/Discussion Items:**
  - a. **Office of Immigrant Affairs, Department of Consumer and Business Affairs:** Services to Immigrant Families.
  - b. **Aging and Disabilities Department:** Communication and Outreach.
  - c. **Office of Child Protection/Education Coordinating Council:** New Strategic Plan.
- IV. **Public Comment**

- V.** Standing item(s) and those continued from a previous meeting of the Board of Supervisors or from a previous FSS Agenda Review meeting.
- VI.** Adjournment



# IMMIGRANT AFFAIRS TOP ISSUES

Saturday, January 20, 2024, 10 a.m.

- I. LA County Immigrants
- II. Top Immigrant Affairs Issues
  - New Migrant Arrivals
  - Housing
  - Legal Services
  - Health Care
  - Language Access
  - Partners' Capacity



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**Rigo Reyes**  
Executive Director  
Office of Immigrant Affairs

Department of Consumer and Business Affairs  
320 W. Temple St. Room G-10,  
Los Angeles, CA 90012  
213.247.1365 | [RReyes@dcba.lacounty.gov](mailto:RReyes@dcba.lacounty.gov)



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# Immigrants Are Los Angeles

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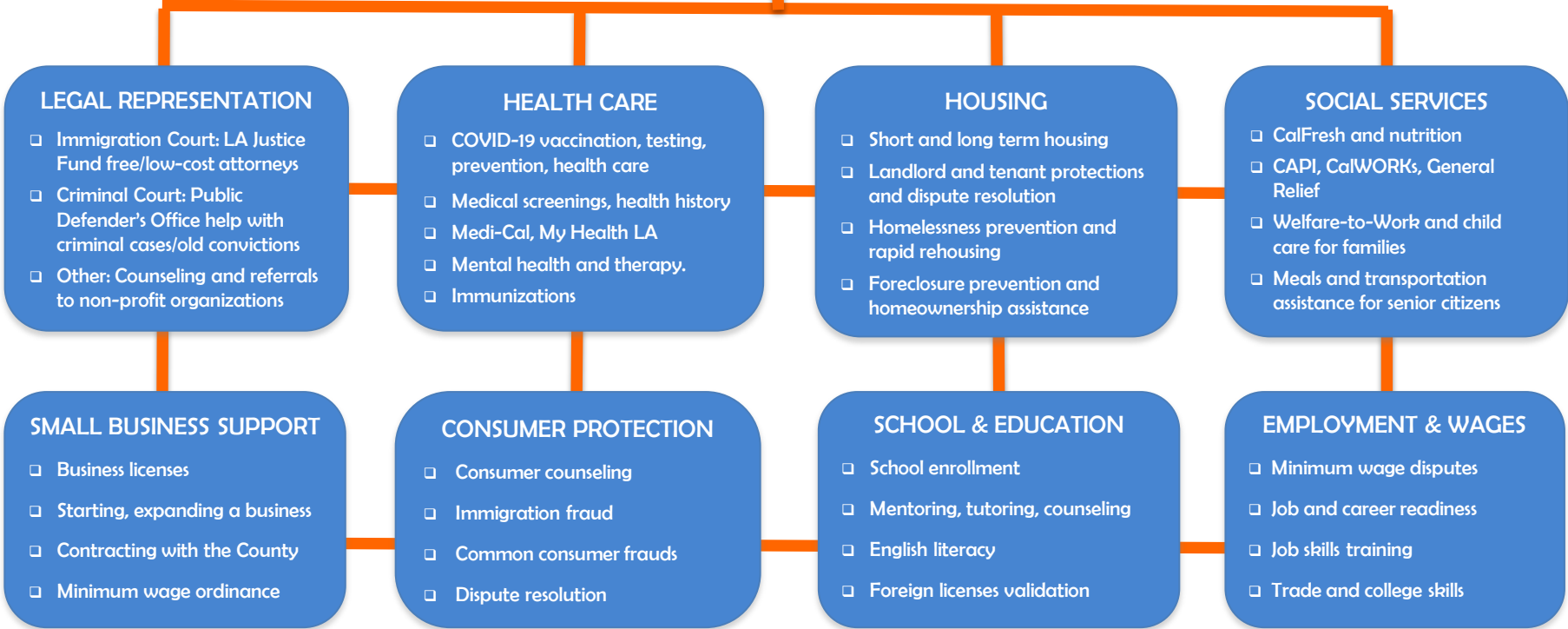
- ❑ Immigration: Board-Directed County Priority
- ❑ 3.4 Million: 50% Citizens, 25% Legal Status, 25% Undocumented
- ❑ 42% of Employed Workers, 44% of Small Business Owners, 35% of LA County GDP
- ❑ 60% Parents of LA County-Born Children, 80% Have Lived in LA County 10 Years or Longer
- ❑ Propelled U.S. Job Market to Make U.S. Economic Rebound Post-Pandemic Most Robust in the World:
  - 50% of Labor Market Growth K (Federal Reserve Bank of San Francisco, Economic Policy Institute)
  - \$7T U.S. economy infusion over next decade (Congressional Budget Office)

# PRIORITIES

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- Homeless Immigrants
- Immigration Legal Services
- Case Management and Linkage to Services
- Capacity Building
- Language Access
- Outreach, Education, Training

**LA COUNTY OFFICE OF IMMIGRANT AFFAIRS**  
*Home For Wraparound Services For*  
**IMMIGRANTS AND THEIR FAMILIES**  
**UNDERSTAND || ACCESS || NAVIGATE**  
**800-593-8222 || [oia.lacounty.gov](http://oia.lacounty.gov)**



# Homeless Immigrants

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- Unique Needs
- Sector Capacity
- Rising Need
- Data Challenges
- Latinx Homeless Taskforce

# Legal Services – RepresentLA

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- ❑ **Four-Pillar Legal and Support Services Program**
  - Removal Defense for Detained Persons
  - Removal Defense non-Detained Persons
  - Affirmative Immigration Relief Representation
  - Community Engagement & Wraparound Services
- ❑ **12 Legal Partners**
- ❑ **Public/Private Partnership:**
  - County of Los Angeles
  - City of Los Angeles
  - Philanthropy: California Community Foundation/Weingart



# Language Access

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- Countywide Initiative
- Countywide Language Access Policy
- FY 2023-24 Language Access Dept Heads MAPP Goal
- LA County Language Access Work Group
- Departmental Language Access Plans
- Ongoing Review and Enhancements

# Health Care – Public Benefits

- ❑ Full-Scope Medi-Cal, Regardless of Immigration Status
  - May 1, 2022: Up to 26 Years Old and 50 Years Old or Older
  - January 1, 2024: Everyone
  
- ❑ Benefits Enrollment Efforts
  
- ❑ FY 2022-23 Campaign Results

AT A GLANCE:  
**OUTREACH || CLIENT ENROLLMENTS**  
**STAFF TRAINED || PARTNER CAPACITY**



# CBO Capacity Building

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- ❑ Strengthen Capacity of Immigrant-Serving Non-Profits
- ❑ \$8M in American Recovery Program Funds
- ❑ 31 Orgs Received \$150K Capacity Grants
  - Internal Capacity
  - Case Management Cohort
  - Language Access
- ❑ Mobile Services Unit

# Case Study: Mobile Team

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- **Goals:**
  - Provide support services to immigrants in homeless shelters
  - Provide training and support to shelter providers
  
- **Partners**
  - Interpreters/translators
  - Legal service providers
  - Support services and case management providers
  - LAHSA/Homeless Initiative, other housing service providers
  - LA County/City departments
  
- **Budget: \$1.5M over 12 months**



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**CONSUMER &  
BUSINESS AFFAIRS**



LA County Office of Immigrant Affairs

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LOS ANGELES COUNTY  
**Aging & Disabilities  
Department**

# Communication and Outreach

**July 31, 2024**



# Table of Contents

- **Our Region**
- **Communication**
- **Outreach**
- **Challenges**
- **Recommendations & Action Steps**



# Los Angeles County Demographics

Age	Population
60-64	592,587
65-69	481,475
70-74	374,234
75-79	261,772
80-84	176,714
85+	185,268
<b>Total 60+</b>	<b>2,072,050</b>

Age	Prevalence of Disabilities
18-24	10.3%
65+	41.9%
<b>Total</b>	<b>1,004,632</b>



At least **224 identified languages** are spoken in Los Angeles County, not including differing dialects.

UCLA Professor Ivanov estimated that publications are locally produced in about 180 of these languages.

Only 92 languages were specifically identified among students of the Los Angeles Unified School District.





# COMMUNICATION

- Promotion and access to information about available community services.
- Understanding community members' preferred sources of information.
- Identifying opportunities for the development and implementation of technological solutions.



# OUTREACH

- Older adults tend to be more socially isolated than people in other age groups, and this can make them difficult to reach.
- They often live alone and do not have anyone to help them apply or access for benefits/services.
- They may be more mistrustful of giving out personal information and are potentially too proud or embarrassed to ask for assistance.



# FUNCTIONAL LIMITATIONS

## Percentage of adults in California with functional disabilities by type:

- **13% Mobility** - Serious difficulty walking or climbing stairs.
- **12% Cognition** - Serious difficulty concentrating, remembering, or making decisions.
- **12% Hearing** - Deafness or serious difficulty hearing.
- **7% Independent living** - Serious difficulty doing errands alone, such as visiting a resource or health fair.
- **6% Vision** - Blind or serious difficulty seeing.
- **4% Self-care** - Washing all over or dressing.

Source: 2023 California Report for County-Level Data: Prevalence  
*JAMA Netw Open.* 2021;4(10):e2130358. doi:10.1001/jamanetworkopen.2021.30358



# AGEISM AND ABLEISM

**Ageism** is a type of bias based on a person's age.

It can take three main forms:

- **Stereotypes**, or preconceived beliefs about the ways age affects interests, personality, and abilities.
- **Prejudice**, which might involve feelings of disdain, dislike, pity, and irritation.
- **Discrimination**, or behaviors that harm, belittle, or isolate people because of their age.



JULY 2024

“AGEISM OFTEN WORKS SIDE BY SIDE WITH ABLEISM, MAKING IT DIFFICULT TO DISTINGUISH BETWEEN THE TWO.”

Becker and Chang

**Ableism** is discrimination against people with disabilities. The discrimination can be intentional or unintentional and is based on the belief that there is a correct way for bodies and minds to function and that anyone who deviates from that is inferior.

Ableism centers around the notion that people with disabilities are imperfect and need fixing. The two most common forms are:

- Physical Ableism
- Mental Ableism

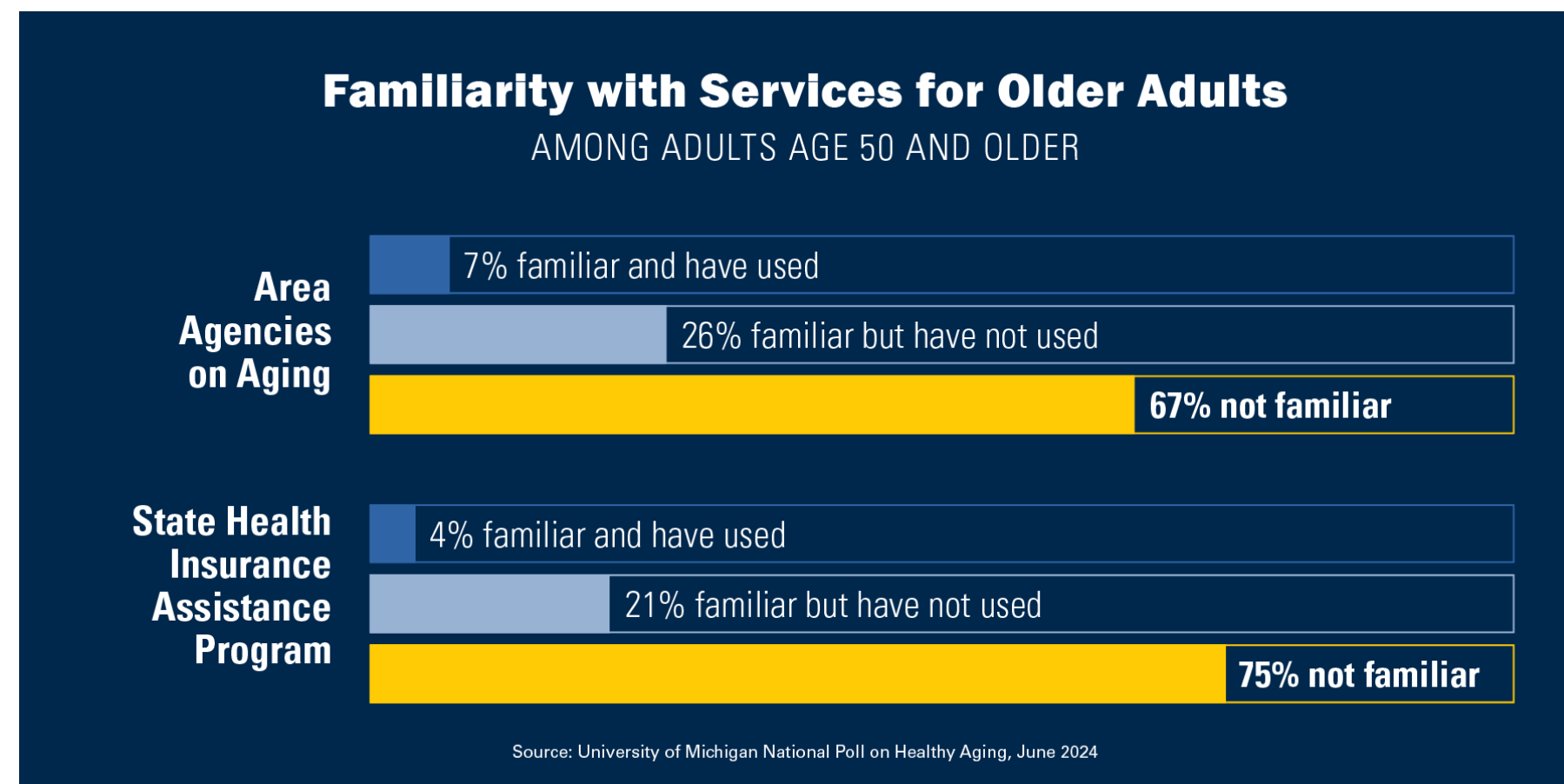


# AWARENESS

2024 findings from the National Poll on Healthy Aging, based at the University of Michigan, show most older adults don't know about important public resources for older adults and their caregivers, either by name or general description.

The poll asked more than 4,000 adults over age 50 about their awareness and use of Area Agencies on Aging (AAAs), State Health Insurance Assistance Programs (SHIPs) for navigating Medicare, and their options for long term services and supports (LTSS), should they need them.

And only a small minority – **less than 10%** – said they had used these programs or knew a lot about them.



# SCAMS

- The methods, lies, and tactics scammers use to defraud older and dependent adults are constantly changing — and can be individually tailored for maximum effect.
- Their tactics are amplified across contact methods (phone, text, email, social media, websites) and executed through various payment platforms (money transfers, cryptocurrency, gift cards, peer-to-peer, credit and debit cards).



# Challenges

**Older and dependent adults are often concerned about losing their independence.**

**Work with trusted neighborhood level mission-driven non-profit agencies that support clients with the services needed to maximize their choices and independence.**

**Older and dependent adults are unique populations that require knowledge and understanding of their unique needs.**

**Work with community partners and AD's 14 community and senior centers that work within local communities to support residents.**

**Scams**

**Expanding consumer education and outreach efforts; identifying emerging scams and informing the public; creating partnerships with other agencies (Consumer Affairs, City/District Attorney, etc.)**

**Cultural and Language Diversity**

**Culture and language are critical in accessing the needs of adults as they age and as they face challenges in their ability to navigate their communities.**



# Recommendations & Action Steps

- AD is currently working on several Board motions on benefits outreach, prevention, and outreach to targeted groups.
- AD is evaluating its communication materials and strategies, establishing a vendor agreement to translate materials into various threshold languages, and continuing to build its communications infrastructure.
- Support legislation/funding that focused on older and disabled adults, especially as it relates to increasing resources to the only no-wrong-door model; Aging and Disability Resource Connection programs; the redesign of the aging network (SB 1249); and updating the Older Californians Act (AB 2636).
- Support enhanced collaboration within County departments to ensure that: communication and outreach are age appropriate, culturally relevant and accessible to those with various functional needs.





# CONTACT US

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213.291.0028

For Los Angeles County, including all our  
Department services, call:

**2-1-1**

For those outside LA County, contact the California  
Department of Aging for local resources, call:  
1-800-510-2020

For those outside California, call the Eldercare  
Locator, a public service of the federal  
Administration for Community Living connecting you  
to services for older adults and their families  
nationwide, call:  
1-800-677-1116



# THANK YOU!



LOS ANGELES COUNTY  
**Aging & Disabilities  
Department**

# Tip Sheet

## Engaging People with Disabilities In Evidence-Based Programs



The purpose of this tip sheet is to provide basic guidance to those who are offering evidence-based programs to help them better serve people with disabilities so that the experience is a "win-win" for everyone. Directors, program coordinators, trainers, group facilitators, partners, and others involved in program efforts must feel comfortable and be culturally competent in interacting with people with disabilities. Further, to ensure ongoing participation, people with disabilities must feel welcome and respected in environments in which programs are offered. Helpful information and tips on disability literacy and etiquette, as well as accessibility, accommodations, and inclusion will be provided in this tip sheet.

Rates of disability increase with age. According to the American Community Survey (ACS), people with significant disabilities account for more than 12% of the population in the United States.<sup>1</sup> However, among people aged 65 and older, nearly 37% have a disability.<sup>2</sup>

People with disabilities are a diverse group. Some people are born with a disability and others acquire a disability as a result of injury or

illness/chronic condition. A person may be aging with a disability or acquire a disability as they age. An individual may have a physical, developmental, cognitive, sensory, or emotional disability, which can impact the ability to integrate into their community and fully participate in community programs and activities.

Integrating people with disabilities into overall community-based programs includes advocating for inclusion and full accessibility. All activities should be inclusive and welcoming to people with disabilities, regardless of the type of disability or the accommodation that might be required.

### Health Disparities

There are many health disparities or health inequities between people with disabilities and people who do not have disabilities. Research has shown that adults with disabilities are four times more likely to report their health to be fair or poor than people without a disability. As a group, people with disabilities experience worse health than the general population.<sup>3</sup>

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According to the Interagency Committee on Disability Research (2010), people with a variety of physical and cognitive disabilities were more likely to experience poorer health status, potentially preventable secondary conditions, chronic conditions, and early deaths.

Data has shown that people with disabilities have higher rates of obesity, lack adequate physical activity, and have increased smoking patterns.<sup>4</sup> Furthermore, rates of cardiovascular disease are higher, as are rates of diabetes and depression. Women with physical disabilities often have lower rates of access to preventative services, such as screenings for mammograms and Pap tests, that may result in a later stage diagnosis if cancer is detected.<sup>5</sup> Three out of five people with serious mental illness die 25 years earlier than other individuals from preventable, co-occurring chronic diseases such as asthma, diabetes, cancer, heart disease, and cardiopulmonary conditions.<sup>6</sup>

Current research indicates that adults with disabilities are 2.5 times more likely to report skipping or delaying health care visits because of cost.<sup>7</sup> Even though adults with disabilities have higher rates of chronic diseases than the general population, they are less likely to receive preventive care. Inaccessible offices and medical equipment, as well as the lack of trained physicians, dentists, and other health professionals prevent individuals with disabilities from receiving basic primary and preventive care.<sup>8</sup>

It is imperative to include people with disabilities in programs to prevent and manage chronic diseases and conditions. One of the recommended ways to address the health inequities that exist for people with disabilities is integration into community-based programs.

However, in order to effectively and successfully integrate, it is essential to be mindful of disability culture, which includes understanding of disability literacy, disability etiquette, and inclusion/accessibility challenges.

## Disability Literacy

Disability literacy is a combination of elements, including an awareness of disability etiquette, disability inclusion, recognizing cultural differences, providing full accessibility, and making materials available in alternative and accessible formats.<sup>9</sup> For example, when hosting a meeting, disability literacy would imply that the entity hosting the meeting would have sufficient internal capacity to host a meeting in a fully accessible building, provide materials in alternative formats, be mindful of transportation access, and provide other accommodations requested by meeting participants.

If an environment is accessible, a person with a disability can likely maneuver in the setting. If a person needs help, he/she will communicate their need to you. People with disabilities want and should be treated as independent people.

## Disability Etiquette and People First Language

As described in National Disability Navigator Resource Collaborative (NDNRC) “Guide to Disability Healthcare Insurance Marketplace Navigators,” basic disability etiquette involves treating people with disabilities with respect. For example, speak to the person directly, not to the person accompanying them. For those who use wheelchairs, it is best to speak to them from a sitting or kneeling position, so that the person with a disability does not have to strain their neck looking up during a

conversation, especially during lengthy conversations.

Do not make assumptions about what a person with a disability can or cannot do. The impact of a specific disability can vary widely from person to person, so offer assistance only if it appears to be needed. Acknowledge and respect the individual's ability to make decisions and judgments on their own behalf.<sup>10</sup>

It is important to use “people first” language. For example, use the term “people with disabilities.” Do not use terms such as “the disabled” or “the handicapped.” Avoid referring to people by their disability. For example, do not say, “She is an epileptic.” Instead, say, “She has epilepsy.” Do not say “wheelchair-bound” or “confined to a wheelchair.” Most wheelchair users perceive their wheelchair as liberating, not confining. It is proper to say, “She uses a wheelchair” or “She is wheelchair mobile.” Never use negative, demeaning, or outdated terms such as “cripple,” “deaf and dumb,” or “retarded.”<sup>11</sup>

Avoid using terms such as “physically challenged,” or “differently abled.” Also, avoid referring to an individual with a disability as someone who is “suffering from cerebral palsy or multiple sclerosis.” Please see the guidance prepared by the Research and Independent Living Center at University of Kansas entitled, “Words to Use” at the end of this document.

While “people first” language is most often used, some individuals may prefer “identity-first” language. For example, “autistic person,” “disabled individual,” or “Deaf” may be used to portray a sense of culture and pride. When in doubt, ask.

## Tips for Interacting with People with All Types of Disabilities

The information below is provided as a resource to convey guidance and increase one's confidence with being sensitive and culturally appropriate when interacting with people with different types of disabilities. The first nine bullets are more broad based and useful to remember when interacting with people with different types of disabilities. The next seven categories are provided as a guide when interacting with people with specific types of disabilities.

- Use people first language/put the person first (unless individuals prefer other language).
- Introduce yourself and offer a handshake. People with limited hand use or who wear an artificial limb can usually shake hands. The person will often tell you if they are not able to shake hands.
- Always ask before providing assistance—wait until the offer is accepted. Do not touch a person on their head or touch their wheelchair, scooter, cane, or any assistive device.
- Speak directly to the person and not their attendant, interpreter, family member, etc.
- Do not pet service animals without checking with the owner first.
- It is acceptable to ask questions if you are unsure how to proceed or what to do next.
- At the beginning of any meeting, workshop, or seminar, always identify where the accessible restrooms are located.

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- Remember: A disability does not define a person—it is part of a person.
- Some disabilities are hidden and not at all apparent or obvious. Please respect every person’s requests and needs.

### ***People with Mobility Disabilities***

- Do not push or touch a person’s wheelchair/scooter without their permission—a wheelchair is part of the personal body space of the person.
- Try to ensure there is space in your waiting room, office, or group meeting space for someone in a wheelchair or scooter to comfortably wait in his or her chair.
- If you are speaking with a person who uses a wheelchair or a person who uses a mobility device for more than a few minutes, place yourself at eye level in front of the person to facilitate the conversation.
- If giving directions to a person in a wheelchair, be sensitive to distance, as well as physical obstacles such as stairs, hills, curbs, and doors.
- Individuals who use a cane or crutches need their arms to balance themselves, so do not grab them. Be careful about pushing a door open too quickly, as this may cause a person to lose their balance and fall.
- Be mindful of wet floors or conditions of floors on snowy, wet, or rainy days, as falls are a big problem for people who use mobility devices or have limited mobility.

### ***People Who Are Blind or Have Low Visibility***

- Always introduce yourself and anyone else who is present for the conversation. For example, “On my right is John Jones.”
- If you are leaving the room, tell the person you are leaving. If there is an interruption, such as a phone ringing, a knock on the door, or someone joining the group, explain the interruption.
- When conversing in a group, identify the person who is speaking and to whom you are speaking.
- Speak directly to a person who is blind or low vision, not through a companion.
- Offer to read information to a person when appropriate.
- If you are asked to offer guidance, offer your arm so the person can grasp your elbow and proceed at a normal pace. Do not take a person’s arm and move them by the elbow.
- Never leave a blind person standing alone in the middle of a room. Escort the person to a seat or place their hand on “a point of reference,” such as a wall or table. If a person is using a cane and sets it down, do not move the cane—the cane is part of the individual’s personal space.
- Walk on the side opposite the Guide Dog. Do not pet a Guide Dog—the dog is responsible for guiding his/her master who cannot see and should not be distracted.
- If assisting a person to a chair in your office, place his or her hand on the back of the chair; do not try to push the

person into a chair. Offer specific directions such as “turn left at fifty feet.”

- A person of low vision may request large print materials. Usually bold white letters on a black background are easiest to read. Be sure the lighting in the room is good, but not so bright to present a glare.

### ***People Who Are Deaf, Hard of Hearing, or Have a Hearing Loss***

- Let the person establish the preferred method of communication for your conversation, such as lip reading, sign language, or note writing. It is helpful to have this information before a meeting or activity.
- Make sure you get the person’s attention before you begin to communicate. It is not considered rude to lightly touch people you do not know to get their attention.
- If using a sign language interpreter, speak directly and clearly to the person who is deaf in your normal voice and make eye contact with that person, not to their sign language interpreter.
- Feel free to use gestures and visual cues, such as holding up items that you are discussing.
- Explain if there is an interruption such as a phone ringing, knock at the door, a person entering the room or group or any activity that is disruptive.
- Be sure to have an American Sign Language (ASL) interpreter in the group if the person has made a request.
- For large groups, provide microphones for the speakers.

### ***People with Speech or Language Disorders***

- People with speech and language disorders may take longer to communicate with you—be patient and respectful.
- Be sensitive and do not interrupt or finish the person’s sentence. You can repeat for verification if you are not sure you understood what the person is saying. You may also ask the person to facilitate communication in another way, perhaps, ask the person to write down what he/she is attempting to say.
- Ask one question at a time, giving the person time to respond before moving on.
- If the person uses any assistive technology devices, make sure the devices are always within the person’s reach.
- Some people may have slurred speech and involuntary body movements due to certain conditions, such as cerebral palsy or neurological challenges—be patient and take time to ascertain what the person is saying.

### ***People with Cognitive, Developmental, or Intellectual Disabilities***

- Keep communications simple, using short sentences and completing one topic before moving to the next. Break down communications into smaller pieces.
- If possible, use pictures, pictograms, or other visual aids.
- If possible, provide information ahead of meetings in simple language and ask if the individual needs a support person

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to assist with reviewing and understanding materials.

- Ask if the person has any questions or if there is anything that needs to be clarified. If you feel it is necessary, repeat what you understand the person to be saying and ask for confirmation if your understanding is correct.
- Sometimes people with auditory processing challenges may need the information given to them in writing.
- Do not talk down to people who have developmental disabilities—use some of the communication tips above to monitor your delivery and keep the communications easy to understand.
- If a person seems anxious or agitated, speak calmly and offer to repeat information.
- If a person seems nervous or confused, be willing to break things down step-by-step.
- Respect a person’s choice of language or terminology. For example, if they ask you to refer to something as a “mental health condition” instead of a “mental illness,” listen to their request. If they say they don’t have a mental health condition, but identify mental health treatment as a medical need, don’t disagree.
- If a person becomes upset or anxious, he or she may be confused or overwhelmed. Speak in a normal, calm tone of voice, repeat necessary information, and reassure them.

- If a person brings a relative or friend to a meeting, be sure to speak directly to the person.

### ***People Using Service Animals***

- Service animals are generally well behaved and have received intense training.
- Do not touch the service animal without permission.
- Remember, the service animal is working. People who are deaf, blind, have low vision, traumatic brain injury, seizure disorders, or other types of disabilities may use service animals to assist with daily living.

## **Disability Accessibility and Accommodations**

When planning a meeting or group event, it is important to consider not only the physical accessibility of the meeting site, but also other factors.

For example, transportation is a key component to be considered when integrating people with disabilities and chronic health conditions into community activities.

Prior to a meeting or group activity, it is also important to ask the participants if they require any special needs or accommodations to participate.

When hosting group meetings or activities, it is much better to be clear from the onset about your participants’ needs in order to fully participate and be included.

The requirements may vary from providing a sign language interpreter, to offering the materials in alternative formats, to having

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tables that are at a height to accommodate wheelchairs.

The following are basic tips on venue accessibility that should be considered to ensure that a meeting site is accessible for participants, whether the individual has a physical, cognitive, sensory, or emotional disability.

### ***Parking Lot Accessibility***

- Are accessible parking spaces clearly marked with an “Accessible” sign?
- Are accessible parking spaces closest to the building?
- Are accessible parking spaces flat?
- Does accessible parking space have an adjacent striped access aisle next to the accessible parking spot?

### ***Building Accessibility***

- Is the accessible entrance clearly marked?
- Is there an automatic door opener at the accessible entrance?
- Is the route between accessible parking and accessible building entrance free of any obstacles?
- Is there a curb cut from accessible parking lot to the accessible entrance?
- If there are steps to the building entrance, are there handrails for people using canes or walkers?
- Is there a threshold at the bottom of the entrance that is rounded so a person who has a visual challenge or a person using an assistive device or wheelchair will be able to maneuver?

### ***Elevator Accessibility***

- Do the elevator doors stay open a minimum of five seconds?
- Are the elevator doors a minimum of 36” wide?
- Is there a sign near the elevator with raised Braille characters that includes floor numbers?
- Do the buttons inside of the elevator have raised Braille characters?

### ***Ramp Accessibility***

- Ramps must be provided if there are steps to the entrance.
- Ramps must have flat landings.
- Ramps must have a minimum steepness—one inch of “rise” (height) to every foot of “run” (length).
- If there is more than one inch of rise (height) for every 12 inches of run (length), the ramp is too steep.
- Are there handrails on the ramp?

### ***Meeting Room Accessibility***

- Are there open spaces so people who use wheelchairs, scooters, strollers, canes, and service animals can easily be accommodated? This does not mean space at the back of the room or just on the side.
- Are signs posted in the meeting room that explain where restrooms are?
- Are the doors wide (36”) enough so that a person in a wheelchair and scooter can easily enter?

## Restroom Accessibility

- Is the doorway at least 36" wide?
- Is there an accessible stall in the restroom? Is there adequate room for a wheelchair to enter the stall and turn around within the stall?
- Is the width of the accessible stall at least 60" so that someone can transfer from a wheelchair or scooter to the stall?
- Is there a horizontal grab bar on the side of the toilet? Is there a vertical grab bar that a person sitting on the toilet can grab onto?
- Is the top of the toilet seat between 17-19" from the surface of the floor?
- Can the water in the sink be turned on and off with one hand or a closed fist? Is there "knee space" below the sink so a wheelchair can fit under and the person can wash their hands?

## Alternative Formats

- It is important to ask your participants if they need to have materials available in alternative formats. This could mean electronic (e-text, scanned text, web-based text), large print versions of printed materials, thumb drives, audio (for low vision or blind to have ability to "read" or access information through hearing), and Braille.
- Sign language interpreter—sign language interpreters are highly skilled and trained to facilitate communication between hearing individuals and people who are deaf or hard-of-hearing. If an individual requests a sign language interpreter, you should comply with their request.

## Packaging and Messaging of Materials

- If you want to include people with disabilities or chronic health conditions in your activities, be sure to include them in your promotional materials. For example, if you create a flyer for a meeting, include a person with a disability on the brochure. If you are reaching out to a specific minority population, include an appropriate picture on your materials. If you are creating a PowerPoint presentation, use a color scheme that presents a sharp contrast between text and background. If you use any video, be sure to caption the embedded video.

## Font Size

- Remember to utilize a font size of at least 12. Recommended fonts for materials are Arial, Times New Roman, Verdana, and Helvetica.
- For people with low vision, remember to keep the font clear with appropriate spacing. Do not use all uppercase letters, as it is hard to determine when a sentence begins and ends. Black background with white letters works best.

## Acknowledgments

NCOA would like to thank the American Association on Health and Disability for their contributions to this tip sheet.

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# Guidelines for Communications

## Words Are Powerful — They Have the Ability to Inspire and Also Hurt

The following guidelines were adapted and used with permission from the Research and Training Center on Independent Living at the University of Kansas. These guidelines describe preferred terminology, but they are not a substitute for one-on-one conversations with individuals to inquire about language they deem most appropriate to their life experiences.

### DO SAY

Disability  
People with disabilities  
Person with a learning disability  
Person with quadriplegia  
Person with Down Syndrome  
Person of short stature  
Burn survivor  
Accessible parking  
Brain injury  
Post-polio syndrome  
Uses a wheelchair, or wheelchair user  
Cleft lip  
Seizure  
Speech disorder  
Congenital disability  
Intellectual or cognitive disability  
Nondisabled  
Hard-of-hearing

### DO NOT SAY

Differently abled, challenged  
The disabled  
Slow learner  
Quad  
Mongoloid, retarded  
Midget  
Burn victim  
Handicapped parking  
Brain damaged  
Polio  
Confined to a wheelchair  
Hare lip  
Fit, attack  
Mute, dumb  
Birth defect  
Mental retardation  
Normal, able bodied  
Deaf mute, hearing impaired

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12. Research and Training Center on Independent Living at the University of Kansas. *National Institute on Disability Rehabilitation Research (2013- Eight Edition)*. <http://rtcil.org/documents/Guidelines%208th%20edition.pdf>

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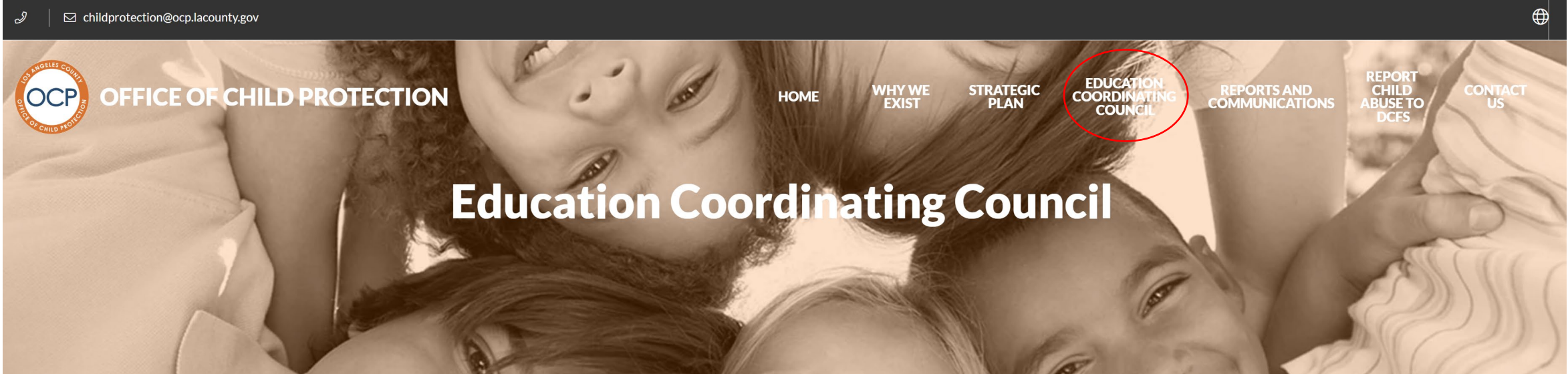
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# Education Coordinating Council 2024-2029 Strategic Plan

Cluster Presentation  
07/24/24

**Barbara Lundqvist**  
Office of Child Protection  
Project Director  
Education Coordinating Council Director



# Link to ECC Strategic Plan

The ECC Strategic Plan is hosted on the OCP's website on the Education Coordinating Council webpage and can be accessed at the following link:

<https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/9b26295b-3f63-4768-8220-af89d0ace85b/Education%20Coordinating%20Council%202024-2029%20Strategic%20Plan%20%28apprvd%2005-22-2024%29.pdf>

# Presentation Overview

Brief Overview of Education Coordinating Council (ECC)

ECC Strategic Planning Process

ECC Strategic Plan Priority Areas

Implementation & Next Steps

Q&A

# Education Coordinating Council

- ❖ Created by the LA County Board of Supervisors in 2004 to **raise the educational achievement of youth involved in the child welfare and juvenile justice systems** in LA County
- ❖ **Mission:** The job of the ECC is to coordinate efforts across organizations and jurisdictions, encouraging varied networks to work together to fill gaps and expand best practices to youth who are involved with systems from being left behind educationally. It does this by **mobilizing supports** across stakeholder groups, **brokering solutions and collaborations** among child-serving entities, and **spearheading strategies** that bolster the increased educational achievement of youth who are systems-involved.
- ❖ Notable Accomplishments from the 2016-2021 Strategic Plan
  - ❖ ESSA School of Origin Transportation MOUs
  - ❖ Increased financial aid rates for high-school seniors
  - ❖ Developed and implemented Creative Wellbeing



# Education Coordinating Council Members

**Chair:** Tanya Ortiz Franklin, LAUSD Board Member

**Vice Chairs:** Judge Akemi Arakaki, Presiding Judge Juvenile Court  
& Fabricio Segovia, former foster youth

**Director:** Barbara Lundqvist, Office of Child Protection (OCP)

**ECC Staff:** Elizabeth Koenig (OCP), Evelyn Hughes (OCP),  
and Rachael Parker Chavez (OCP)

- Alhambra Unified School District
- Alliance of Relative Caregivers
- Antelope Valley UHSD
- Association of Community Human Service Agencies (ACHSA)
- Bonita Unified School District
- California State Universities (CSU)
- Children's Law Center (CLC)
- Compton Unified School District
- Court-Appointed Special Advocates Los Angeles (CASA-LA)
- Department of Arts and Culture
- Department of Children and Family Services
- Department of Mental Health
- Department of Youth Development
- First 5 LA
- Jessica Chandler, former probation youth
- Lancaster Unified School District
- Long Beach Unified School District
- Los Angeles County Youth Commission
- Los Angeles County Office of Child Protection
- Los Angeles County Commission for Children and Families
- Los Angeles County Office of Education
- Los Angeles Unified School District
- Pasadena Unified School District
- Pomona Unified School District
- Probation Department
- Santa Monica-Malibu Unified School District
- West Covina Unified School District
- William S. Hart Unified School District

# Education Coordinating Council

# Strategic Planning Process



## Listening Sessions/Focus Groups

### 145 Youth with Lived Expertise

- Co-convened listening sessions with the Alliance for Children's Rights, AV Ambassadors, CYC, OYC, Youth Commission, DCFS, Probation, and STRTP Providers

### 39 Systems Partners

- School Districts, County Departments, Advocates, and CBOs/Service Providers



## Ad-Hoc Meetings & Quarterly ECC Meetings



## Written feedback on draft Strategic Plan



## The ECC Strategic Plan and ECC Charter were adopted unanimously on May 22, 2024

# ECC Priority Areas

## **Priority Areas**

1. Stability
2. Information-Sharing and Data Integration
3. Chronic Absenteeism
4. Youth Engagement and Supports
5. Collaboration, Communication, and Partnerships
6. Academic Achievement
7. Post-Secondary Educational Achievement and Workforce Readiness

# ECC Priority Areas

## Priority Areas

1. Stability
2. Information-Sharing and Data Integration
3. Chronic Absenteeism
4. Youth Engagement and Supports
5. Collaboration, Communication, and Partnerships
6. Academic Achievement
7. Post-Secondary Educational Achievement and Workforce Readiness

# Implementation & Next Steps

- ❖ Begin with three Focus Areas
- ❖ ECC Members step up to act as co-chairs for Focus Areas
  - ❖ ECC staff to provide backbone support
- ❖ Work with co-chairs to stand up workgroups and engage other Members and ECC Constituents to join the workgroups and begin implementing work to accomplish the goals of the Focus Areas
- ❖ Workgroup leads to report out at ECC quarterly meetings and OCP to provide updates in Quarterly Board Reports on the work of the ECC

# Focus Area: Stability/Chronic Absenteeism

Stability	Chronic Absenteeism	Implementation
<p><b>Key Challenges</b></p> <ul style="list-style-type: none"> <li>➤ Youth are uninformed of school of origin (SOO) rights</li> <li>➤ SOO transportation implementation challenges</li> <li>➤ School stability is critical to youth engagement and academic achievement</li> </ul>	<p><b>Key Challenges</b></p> <ul style="list-style-type: none"> <li>➤ Caregivers and school districts expressed difficulty in getting students to attend school consistently</li> <li>➤ Challenging to support students when they are not physically at school</li> <li>➤ Youth in foster care more likely to be subject to exclusionary discipline. Black youth in foster care are disproportionately subject to disciplinary procedures.</li> </ul>	<p><b>Focus Area Leads</b></p> <ul style="list-style-type: none"> <li>❖ Antelope Valley Union High School District</li> <li>❖ DCFS</li> </ul>
<p><b>Primary Objectives</b></p> <ul style="list-style-type: none"> <li>➤ Ensure school stability is considered in placement decisions</li> <li>➤ Strengthen SOO transportation implementation, address gaps for youth placed in STRTPs and youth with IEPs</li> <li>➤ Enhance communication between school districts, child welfare, and education rights holders</li> <li>➤ Secure sustainable funding for SOO transportation</li> </ul> <div data-bbox="784 1219 886 1346" style="border: 1px solid green; padding: 2px; display: inline-block;">             Pages 14-15         </div>	<p><b>Primary Objectives</b></p> <ul style="list-style-type: none"> <li>➤ Address transportation challenges</li> <li>➤ Identify solutions and youth engagement strategies to support caregivers/STRTP providers in getting youth to school</li> <li>➤ Address unmet mental health needs that contribute to absenteeism.</li> <li>➤ Implement individualized trauma-informed and culturally responsive supports to address root causes of absenteeism.</li> <li>➤ Address disproportionate rates of suspensions/expulsions for Black youth in foster care</li> </ul> <div data-bbox="1521 1219 1623 1346" style="border: 1px solid green; padding: 2px; display: inline-block;">             Pages 19-21         </div>	<p><b>Work in Progress</b></p> <ul style="list-style-type: none"> <li>❖ Addressing the intersection of placement and school stability</li> <li>❖ Revise/edit the long-term ESSA SOO MOU</li> <li>❖ UCLA Center for Transformation of Schools-School Stability Study</li> </ul>

# Focus Area: Information Sharing/Data Integration

## Information Sharing/Data Integration

### Key Challenges

- Systems partners (child welfare, probation, and education) lack shared data, linkages, and integration between/among data sources.
- Lack of shared data integration impacts timely delivery of services to youth and agencies ability to make data-driven policy decisions.

### Primary Objectives

- Address legal barriers/differing legal interpretations of what can be shared
- Address issues with integrating different data systems, capacity challenges, and ensuring data is updated in systems
- Enhance data systems to also track policy/outcome data
- Strengthen thoughtful development of processes/systems for the consistent identification of youth involved in systems on school campuses

## Implementation

### Focus Area Leads

- ❖ DCFS
- ❖ LACOE

### Work in Progress

- ❖ DCFS, LACOE, and OCP working on next steps to address differing legal interpretations
- ❖ OCP convening DCFS and LACOE to discuss data needs and assess current systems ability to meet needs

# Focus Area: Youth Engagement and Supports

## Youth Engagement & Supports

### Key Challenges

- Lack of supports to motivate youth to engage in school
- Unmet mental health needs
- Youth not centered in their education decision-making

### Primary Objectives

- Center youth in education decision-making
- Ensure youth, caregivers, ERHs, and County staff are trained on education rights and how to help youth implement these rights
- Strengthen communication around available enrichment activities and increase access to them.
- Provide supportive adults and peer mentors/near-peer mentors
- Add more resources, especially non-traditional approaches, to address unmet mental health needs

## Implementation

### Focus Area Leads

- ❖ LA County Youth Commission
- ❖ Department of Youth Development (DYD)

### Work in Progress

- ❖ Working with youth with lived expertise to create materials by and for youth that will teach them their education rights, share stories about how youth have exercised them, and provide specific information about how children and youth can access these education rights themselves.



Thank you!

Any questions?

Barbara Lundqvist

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