MASTER PLAN *for*
Developmental Services

Public Information
& Input Session
January 8, 2025

CalHHS

![Cal HHS logo] **MASTER PLAN** *for* **Developmental Services**

🌐 Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."

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- Please make sure you state your name & speak slowly before making comments to help our interpreters
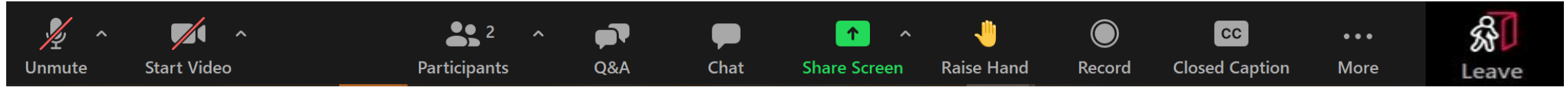
⏺REC This meeting is being recorded.

📋 Materials are available on the [Master Plan web page](#).

✉ Questions? Comments? Email DSMasterPlan@chhs.ca.gov

Zoom Instructions

Committee members can unmute their mic when it's their turn to speak
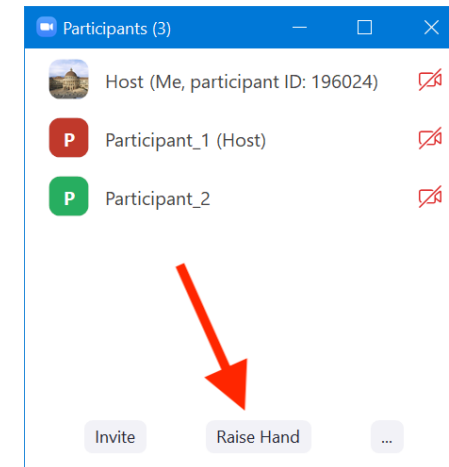
Committee members can turn their webcams on/off

All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessbiilty barrier to a member of the committee

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Purpose of this Public Comment Session

- Provide an overview of what the plan is and what we are trying to achieve.

- Provide a summary of what work has been done so far and what comes next.

- Offer the public more opportunities to ask questions and give feedback.

Our Vision for the Plan

- A Plan for the future of Developmental Services to provide equitable, consistent, and accessible services to all Californians with developmental disabilities.

- A Plan created with and by our diverse communities across the state, including family members, advocates, service providers, policy experts, and individuals with lived experience.

- The committee, state leadership, and community leaders across the state will work together to develop a bold plan for the future by Spring 2025.

Pre-Meeting Public Comment Session

Our Commitment to Equity

- We are committed to centering the Master Plan in Equity and the Lived Experiences of Individuals and Their Families.

- We are developing tools and strategies to support equity across all priorities and recommendations in the Master Plan.

- We have brought on subject matter experts, and internal equity team, and community equity leads to support this effort.

- We are actively seeking out conversations and input from underrepresented and historically marginalized communities.

Pre-Meeting Public Comment Session

Our Work So Far

The committee has met nine times and discussed:

- Our shared values for caring out this work and our vision statements for the future of Californians with developmental disabilities.
- What equity means to us and brainstormed about how we will work to address equity in this plan.
- Creating workgroups that will develop recommendations for the Master Plan under 5 focus areas.
  - These workgroups have all met three times and have started brainstorming recommendations

Summary documents for these discussions are posted on the Master Plan website.
Documents can be made available in other languages upon request.

Pre-Meeting Public Comment Session

Workgroup 1: Individuals and Families Experience Person-Centered Service Systems They Trust

Priority 1: Build trust in Regional Center systems and other systems, particularly for people of color.

Priority 2: Ensure that every individual who meets service eligibility chooses and receives individualized services, including those not currently in the system – regardless of age, language access, race, ethnicity, or location.

Priority 3: Ensure individuals have choice and control over their lives by making self-determination the core of the developmental disabilities system.

Priority 4: Ensure equity of access and options in Regional Center services while still assuring a person-centered system to support consistency in the experience of families and individuals.

Workgroup 2: Individuals Receive Timely, Inclusive, and Seamless Services Across all Service Systems

Priority 1: Make it easier for people to get the health and human services (known as "generic services") they need, when they need them.

Priority 2: Make life transitions easier, better, and on time. Life transitions are moving to school services from early start. They also include leaving high school and getting older.

Priority 3: Help individuals and their families use community resources. These will help meet their basic needs. These will help support them being part of their community.

Workgroup 3: Individuals and Their Families Receive Services from a High-Quality, Stable and Person-Centered Workforce

Priority 1: Expand career pathways to develop a diverse workforce that reflects the community.

Priority 2: Provide competitive pay and employment supports to recruit and retain a high-quality workforce that includes people with developmental disabilities.

Priority 3: Create clear roles and responsibilities for service coordinators to deliver culturally responsive, effective, and consistent services.

Workgroup 4: Individuals and Their Families Experience Consistent, Transparent, Accountable and Data-Driven Systems that Focus on Outcomes

Priority 1: Ensure the system has a consistent, equitable, and transparent interpretation of regional centers' responsibilities by establishing a common set of statewide regional center standards, services, and rates that are accessible and fair to all of individuals, using clear, simple and inclusive language that is understandable to all our diverse communities.

Priority 2: Enhance data and technology systems to ensure equitable access to information and help everyone more easily navigate the systems while safeguarding the privacy of individuals that receive services

Priority 3: Strengthen DDS, regional center, vendor and provider accountability for achieving equitable and person-centered outcomes.

Workgroup 5: Individuals Receive Quality, Life-Long, Person-Centered Services from Systems with Adequate Resources

Priority 1: Make it easy for individuals and families to sign up for Medicaid if they are eligible. This will bring more money for services to California.

Priority 2: Connect the different types of services that people with developmental disabilities use in California (Regional Center, schools, mental health, and more). This will help all the systems work together to help people live better lives and reach their goals

Priority 3: Make sure people have person-centered and culturally informed services (such as housing, transportation, education, local resources, and more) that support people to live in their community how they want. Make sure Medicaid or other programs can pay for these services.

Questions and Input

Group 1: Person-centered service systems that we trust.

Group 2: Timely, inclusive, and seamless services across all service systems.

Group 3: Services from a high-quality, stable and person-centered workforce.

Group 4: Consistent, transparent, accountable and data-driven systems that focus on outcomes

Group 5: Life-long services with adequate resources.

- *What challenges do people face when they first try to get services and how can we make that experience better?*

- *What could we do to make it easier to get services from other systems outside of the regional centers?*

- *What could we do differently to hire and retain more highly qualified staff to provide services?*

- *Are there new or different services that we need to add or increase?*

- *Do you have other ideas for how we can better serve your community?*

Thank You!

We welcome other suggestions on the Master Plan and how we can engage with you! Please email us at: DSMasterPlan@chhs.ca.gov.

For more information and upcoming meeting dates, visit the
[Master Plan website](https://www.chhs.ca.gov).

Housekeeping

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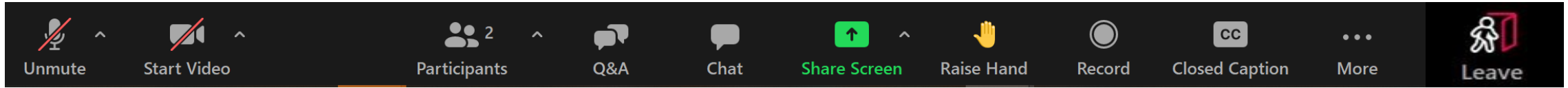
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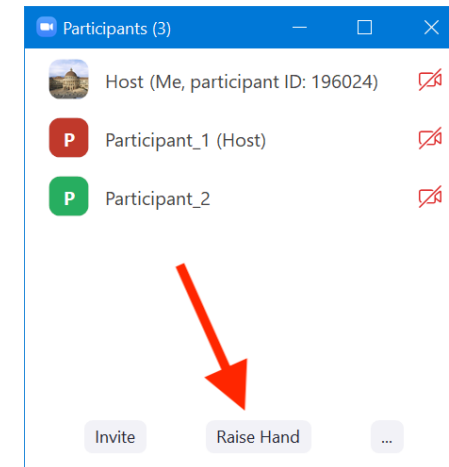All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessbiilty barrier to a member of the committee.

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Agenda

1. **Welcome (10:00 am)**
2. Next Steps for the Master Plan (10:05 am)
3. Review of Public Engagements and Input (10:25 am)
4. Workgroup Roundtable & Public Input Session Part 1(10:40 am)
5. *Break (11:20 am)*
6. Workgroup Roundtable & Public Input Session Part 2 (11:35 am)
7. *Lunch (12:15 pm)*
8. Workgroup Roundtable & Public Input Session Part 3 (12:50 pm)
9. *Break (2:10 pm)*
10. Workgroup Roundtable & Public Input Session Part 4 (2:20 pm)
11. **Public Comment (3:00 pm)**

Community Agreements

1. **Show respect toward others**
   - We show respect and assume good intentions from others
2. **Listen for understanding**
   - We actively listen, acknowledge each other's ideas, and ask questions out of sincere curiosity
3. **Create a safe space for difficult conversations**
   - We establish safe spaces for difficult conversations; we welcome and respect differences in opinions
4. **Share time and space for everyone to contribute**
   - We practice "time-mindfulness", leaving space for others to contribute. We are present and participate in one conversation at a time

Community Agreements, cont.

5. **Support an inclusive environment**

   - We embrace and value the diversity of perspectives, cultures, backgrounds, and experiences and center our work in the diverse voices of people with lived and living experience and their families.

6. **Embrace collective wisdom**

   - We are open to possibilities and out-of-the-box thinking, and make informed decisions together.

7. **Build Community**

   - We engage with our communities and bring their voices and ideas to the table

8. **Teamwork**

   - We work together as a team

Next Steps for the Master Plan

What *do we still need to do?*

- Finish developing recommendations across the five workgroups

- Resolve major overlaps in the recommendations

- Identify major topics that need to be addressed

- Bring the draft recommendations to the committee for final review

- Release the draft of the Master Plan in March

Next Steps for the Master Plan

How are we going to do it?

- The five workgroups are continuing to meet and working on finalizing their recommendations.

- The MPDS Team is analyzing recommendations and public input to identify any gaps or overlaps.

- The MPDS Co-Chairs and Facilitators are meeting to plan out the remaining Committee meetings and our process for finalizing our recommendations.

Community Engagement

- Congreso Familiar
- Level Up! African American/ Black Families Support Group
- UCI Health – Center for Autism & Neurodevelopmental Disorders
- South San Francisco Family Engagement Forum
- ARCA Partners in Policymaking

Workgroup Roundtable & Public Input Session

The goal is to give all Committee members a chance to share their views on the workgroup ideas as they are being developed.

For Committee members on Zoom:

- Committee members will be assigned to a breakout group.
- Each breakout room will have a facilitator. The facilitator will provide a summary of each workgroup topic.

For members of the public:

- Public Members will participate in the Zoom environment, choosing either an English or Spanish language breakout room.
- Hosts will facilitate five workgroup topic discussions and request input from participants.

Workgroup Topics

Workgroup 1

Individuals & families experience person-centered service systems they trust

Workgroup 2

Individuals receive timely, inclusive, & seamless services across all service systems

Workgroup 3

Individuals & their families receive services from a high-quality, stable & person-centered workforce

Workgroup 4

Individuals & families experience consistent, transparent, accountable & data-driven systems that focus on outcomes

Workgroup 5

Individuals are entitled to life-long services with adequate resources

Workgroup 3

Workgroup 3 Discussion Topics

- Review of Priority 3 for Workgroup 3 – our universal goal and problem statement

- Review of the draft recommendations for priority 3 that workgroup 3 discussed at our last meeting.

- Get your input on the draft recommendations for priority 3

Workgroup 3 Review of Priority #3

Universal Goal: Create clear roles and responsibilities for service coordinators to deliver culturally-responsive, effective, and consistent services.

Problem Statement(s): Service coordinator roles and caseload sizes vary widely across Regional Centers. Their responsibilities shift often and expand over time in unexpected ways. More training and manageable caseload sizes are needed for service coordinators to best support individuals and families from all communities.

The following recommendations were brainstormed to respond to the Universal Goal and Problem Statement.

Workgroup 3 Priority #3 Draft Recommendations (1/5)

Recommendation 1: Study on Vacancy and Retention Rates
California should conduct a study of vacancy, pay, and retention rates for Service Coordinators (SCs) at all Regional Centers (RCs). The results of this study should be used to create recommendations and requirements for RCs to support better recruitment and retention of SCs.

- This recommendation was informed by a focus group with service coordinators, who noted that all regional centers pay differently.

Recommendation 2: Tiered Service Coordinator Development

The SC role should be modeled into a tier system where the first year of work is focused on the most basic skills and gets more complex each year. This would help support SCs and the people they serve by helping new SCs get good at the basics and not feel overwhelmed and give the most complex work to the most experienced SCs.

- The workgroup saw many pros and cons to this recommendation. Some people thought it was a good idea, and some people thought all SCs needed to be trained with all the necessary skills from the beginning.

Recommendation 3: Administrative Support Staffing

There should be a staffing position at RCs that assigned to support multiple SCs with processing paperwork. These could be less expensive staff or interns, and they would free up SCs to focus on building relationships with individuals and families and spending more time providing services.

- Workgroup members generally agreed with this idea but said we needed to be careful because some administrative work is required for SCs.

- Workgroup members felt like we should remove language about using "less expensive staff or interns" to make sure we hire high quality staff.

Recommendation 4: Update Staffing and Caseload Formula
There should be an independent study of RC caseload sizes and staffing ratios. This independently conducted study would be used to update and modernize requirements for caseload sizes, caseload types, and staffing ratios for roles like SCs and client advocates assigned to RCs.

- Workgroup members generally liked this idea but wanted to make sure it resulted in real changes.

Workgroup 3 Priority #3 Draft Recommendations (5/5)

Recommendation 5: Establish Consistent and Clear SC Authority
DDS should establish and enforce clear and consistent rules about the decision-making authority of service coordinators. This would empower SCs to serve families, reduce delays in services, and streamline processes.

- It was noted that Workgroup 1 is working on similar issues, so this recommendation may be merged.

Workgroup 3 Other Recommendation Ideas?

If time permits, discuss other ideas you have that address the universal goal and problem statement for Priority 3.

Universal Goal: Create clear roles and responsibilities for service coordinators to deliver culturally-responsive, effective, and consistent services.

Problem Statement(s): Service coordinator roles and caseload sizes vary widely across Regional Centers. Their responsibilities shift often and expand over time in unexpected ways. More training and manageable caseload sizes are needed for service coordinators to best support individuals and families from all communities.

BREAK

Workgroup 4

Workgroup 4 – Priority #3

Strengthen DDS, regional center, vendor and provider accountability for achieving equitable and person-centered outcomes.

Priority #3: Plain Language

Make sure DDS, regional centers, and vendors are responsible. They need to provide the services they are supposed to. They need to give fair and person-centered results.

Workgroup 4 - What is accountability? (1/2)

Being accountable means being responsible for something or having to explain your actions to someone. It's about promising to do something and taking responsibility for the results.

Workgroup 4 will be developing recommendations about accountability across the I/DD system.

Workgroup 4 - What is accountability? (2/2)

As we think about accountability recommendations, we should ask:

- Who needs to be accountable?

- Who are they accountable to?

- What are they accountable for doing?

Workgroup 4 - What Should Our Accountability Recommendations Focus On?

Mistreatment, abuse and neglect	DDS contracts with regional centers	Payment and incentives
• Prevent harm • Increase transparency • Remove bad actors	• Requirements • Monitoring • Enforcement	• Reward good outcomes • Consequences when falling short

- What else related to accountability do we need to include in our recommendations?

- What accountability ideas have come up in your workgroups?

LUNCH

Workgroup 5

Workgroup 5 Priority #3

- Workgroup 5 is gathering ideas for recommendations for Priority #3.
- Workgroup 5 will meet on January 17th to talk about Priority #3 and ideas for recommendations.

Priority 3: Create new and expand person-centered and culturally informed services (such as housing, transportation, education, local resources, and more) that support people to live in their community how they want. Make sure Medicaid or other programs can pay for these services.

Workgroup 5 Priority #3 Question #1

The Master Plan's goals are inclusion, choice, and self-determination.

- Are there things we do just because that's how we have always done it?
- Are there ways we give services now that make it harder for people with IDD to be included or make their own choices?
- Are there things we do that feel like old-style institutions, even if they are in the community?
  - For example, big group settings or strict rules that don't allow choices.

Workgroup 5 Priority #3 Question #2

- What ideas or changes do you want to see in services and supports?

- How should we change services, supports, and community spaces and activities to help people with I/DD be fully included in the community?

Workgroup 5 Priority #3 Question #3

- How can technology help people get services and offer new kinds of support?

- How can technology help people with I/DD have more choices and control in their lives?

- How can technology be used to have life-long seamless system of support?

Workgroup 5 Priority #3 Question #4

- What big, creative ideas do you have for the future of services? If anything was possible, how would you make services better?

- What kinds of help can we create so people with IDD can live meaningful lives, not just fit into the services we already have?

Workgroup 5 Priority #3 Question #5

- What services are missing or not working well that we should talk about?

- Are there services that are working well, and we should make them more available?

- Our workgroup will talk about housing and transportation services. What other areas of help should we think about?

Workgroup 1

Workgroup 1

Here is Workgroup 1 Priority 3:

Priority 3: Ensure individuals have choice and control over their lives by making self-determination the core of the developmental disabilities system.

- For Priority 3, Workgroup 1 is developing recommendations about the Self-Determination Program (SDP).

- For Priority 3, Workgroup 1 is also developing other recommendations. We want to share one of these with you and get your feedback.

Workgroup 1: Direct Involvement in Decision-Making

Problem:

- Clients do not have direct access to decision-makers about their individual program plans (IPPs) and other service decisions.

- Service Coordinators are often just the messengers.

- Managers, clinical teams, or exceptions committees make decisions without the client's involvement.

- This fosters mistrust in the system, and in many cases, clients do not receive the services they need.

Workgroup 1: Direct Involvement in Decision-Making (Part 1)

Workgroup 1 is seeking your feedback on the two parts to this draft recommendation.

Draft Recommendation (Part 1):

Give clients direct access to decision-makers in the development of their individual program plan (IPP) and in other service decisions.

Workgroup 1: Direct Involvement in Decision-Making (Part 2)

This means:

a) Giving service coordinators the authority to approve the IPP as part of a collaborative planning process with the individual.

b) Service coordinators are <u>not</u> relaying information to a manager and/or clinical team or committee that makes decisions without the individual in the room.

c) Service coordinators' approval authority is made clear and consistent across all regional centers.

d) Clients are provided clear verbal and written explanations of all service approvals and denials within a short, specified timeframe.

What feedback do you have about this draft recommendation?

Workgroup 1

Here is Workgroup 1 **Priority 2**:

Priority 2: Make sure that anyone who is eligible for services learns about, understands, and gets individualized and timely services - regardless of their age, language access, race, ethnicity, location, or other characteristics.

- Workgroup 1 wants to make sure more people know about services from people they trust.

- On the next two slides, we share some ideas for achieving this and invite your feedback and ideas.

Workgroup 1: Trusted Referrals and Support (Slide 1 of 2)

Strengthen trusted referral pathways to regional center services by:

a) Developing peer mentoring programs within cultures (including disability cultures), so individuals can get support from others with similar experiences.

b) Providing peer support specialist training to individuals with disabilities (in the community and clients) to support clients.

c) Conducting more effective outreach and training to professionals who interact with families so they can help identify intellectual and developmental disabilities for individuals as early in life as possible – and refer them to regional centers.

- These professionals include pediatricians and other health providers, school administrators and teachers, community organizations, hospitals, and social workers.

d) Providing informational materials in multiple languages and formats for these professionals to distribute at their offices, local health clinics, schools, early Head Start programs, and community centers.

What do you think of these ideas? Do you have other ideas?

BREAK

Workgroup 2

Work Group 2 Priority/Universal Goal 3 "Big" Ideas

We began discussing our "big" ideas to achieve Priority/Universal Goal 3

We will turn these "big" ideas into recommendations

Please share:

1. Any other areas for "big" ideas

2. Ideas you have about what we should include as we turn these "big" ideas into recommendations

Workgroup 2 Universal Goal 3: Create inclusive communities where people with I/DD and their families belong and the have the resources to thrive.

Our "Big Ideas"

Basic Needs are Met	Access to Community Resources	Civic Participation	?

Inclusion, not isolation. Freedom from discrimination.

What are your other "big" ideas to achieve this universal goal?

Workgroup 2 Universal Idea/Priority 3, "Big" Idea 1: Increased Access to benefits and services to meet basic needs

1. Increase the State Supplemental Payment (SSP) so all SSI recipients are above the federal poverty level. Continue to adjust the SSP with an annual COLA.

2. Develop or expand local resource guides to help people meet their basic needs. For example, provide information about food and housing resources. This should include how to get help to access these resources. This means helping the individual contact the resource rather than just a phone number.

3. Address disability barriers to accessing resources in other systems. For example, improving transportation.

Workgroup 2 Universal Idea/Priority 3, "Big" Idea 2: Increase access to inclusive community services (1/2)

Increase opportunities for people with I/DD to participate in local community programs, services and activities. Increase participation in community activities people choose. These include:

- Local government funded recreation services or classes. It can also include use of state or local parks. It should help people learn about free resources.
- Private businesses that offer community resources. For example, art or theater classes.
- Activities that enrich people's lives. For example, religious services, cultural activities.

Workgroup 2 Universal Idea /Priority 3, "Big" Idea 2: Increase access to inclusive community resources (2/2)

Increase support for people with I/DD to participate in local community programs, services and activities. This includes:

1. Expanding and monitor the use of participant directed services and reimbursement models to pay for non-vendored community services.
2. Make sure individuals have the support they need to fully participate in community services.
3. Provide training and take steps to eliminate discrimination in community services.
4. Improve transportation services. Provide transportation, when needed, to support participation.

Workgroup 2 Universal Idea Priority 3, "Big" Idea 3: Increase Civic Participation

Support civic participation. This means people with I/DD participate in their community and community decision-making. Provide support so people can participate in activities they choose.

1. **Increase local volunteer and internship opportunities.** Expand local options and remove barriers.
2. **Educate local government officials** how people with IDD can join advisory boards, committee and commissions.
3. **Educate people about voting rights.** Provide voter registration support.
4. **Talk about civic participation in planning meetings.** Use person-centered planning meetings to explore interests and remove barriers.

Upcoming Meetings

FEBRUARY 2025
WED February 12, 2025 – Northern California Bay Area
Ed Roberts Campus 3075 Adeline St, Berkeley, CA 94703
MARCH 2025
NEW DATE: WED March 19, 2025 – Sacramento
In-Person Location – CA Lottery 700 North 10th Street, Sacramento, CA 95811

Public Comment Session

If you want to comment on the topics of today's meeting:

- Raise your "Zoom" hand, we will call on people in the order shown in Zoom

- You have 2 minutes to provide your comment, please be respectful of others who also want to comment

- Let us know if you need additional time as a disability-related accommodation

- Send written comments by email here. (email to: DSMasterPlan@chhs.ca.gov)

- We can't help you with your services (or your family member's services) during public comment. If you need help, please contact the independent Ombudsperson's Office at: Ombudsperson@dds.ca.gov or call: 877-658-9731.

Thank you!

Look forward to seeing you at our next meeting.

Wednesday, February 12, 2025
9:00 a.m. – 3:30 p.m.
Location: Virtual and In-person at
Ed Roberts Campus
3075 Adeline St, Berkeley, CA 94703
For more information visit the Master Plan website.