

The background of the slide is a top-down view of a collaborative workspace. It shows several hands of different people interacting with various objects and drawings on a light-colored surface. There are colorful circles (yellow, blue, red, green, orange) containing icons like a lightbulb, an eye, gears, a computer monitor, and a coffee cup. Dashed lines and arrows connect these elements, suggesting a process flow. Hand-drawn sketches include a magnifying glass, puzzle pieces, and the words "INSPIRE", "DESIGN", and "RESEARCH".

# MASTER PLAN *for* Developmental Services

**Workgroup 4 Meeting**

January 29, 2025

# Housekeeping



- Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta “Interpretación”. Luego haga clic en “Español” y seleccione “Silenciar audio original”.



- ASL interpreters have been “Spotlighted” and Zoom, automatic closed captioning is active.



- This meeting is being recorded.



- Materials are available [online](#).



- Questions? Comments? [Email DSMasterPlan@chhs.ca.gov](mailto: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

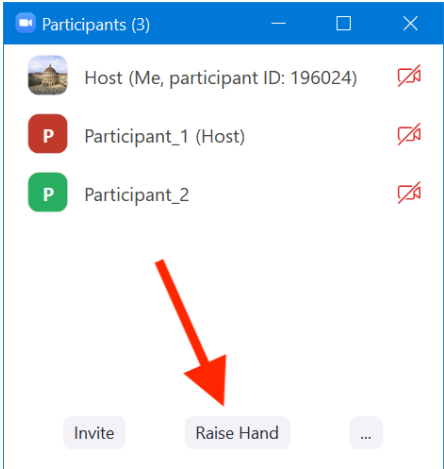
All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessbiilty barrier to a member of the committee

Raise your hand when you want to speak  
You may need to click on "Participants" and a new window will open where you can **"Raise Hand"**

Use the "leave" icon at the far right of the Zoom toolbar to leave the webinar at the end of the meeting










- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants



# Agenda

1. Welcome and Introductions
2. Timeline for Developing Recommendations
3. Discuss Priority 3 Recommendations
  - a) Mistreatment, Abuse and Neglect
  - b) Payment and Incentives
  - c) Contracting
4. Discuss Other Priority 3 Ideas
5. Next Steps and Upcoming Meetings
6. Public Comment

# Timeline Reminder

August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	March 2025
Workgroup Kick-Off	Discuss Priority 1	Discuss Priority 1 Recs	Discuss Priority 2 Recs	Discuss Priority 2 Recs	Discuss Priority 3 Recs	Complete Review of Recs
						 <div><i>Finalize Master Plan in Spring 2025</i></div>



# Updates to Draft Recommendations



**At the last workgroup meeting, we received great feedback about our draft recommendations.**

- We updated the recommendations based on your feedback and others' comments.
- You can find these updates in the [workgroup #4 Teams folder](#).
- Please take a look at these updates and share any additional comments you may have.

# Universal Goal



**MASTER PLAN** *for*  
Developmental Services

## **Our universal goal is:**

People get the services and supports they need, when they need them, so they can lead the lives they want.

## Priority #3 – Accountability



# Priority #3 Plain Language Version



**MASTER PLAN** *for*  
Developmental Services

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.

## **Priority #3 Recommendation 1: Mistreatment, Abuse and Neglect**

## Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 1 of 8)



**Recommendation: Make sure regional centers, vendors, other organizations and individuals are accountable for mistreatment, abuse and neglect toward people with I/DD.**

- Prevent harm to those served by the system.
- Make it clear how problems are reported, investigated and fixed.
- Give people options to report problems and make them feel confident to do so.
- Strengthen the DDS Office of the Ombudsperson to handle problems better.
- Make sure there are consequences that are enforced for bad actors.
- Include research and input from stakeholders like [The Natalie Project](#).
- Use systems to report and manage problems.

# Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 2 of 8)



## Problem Statements:

- The I/DD system is supposed to help people, but mistakes and lack of accountability often lead to harm.
- There are no real consequences when things go wrong, so sometimes people do not report it.
- People don't know how to report problems or what happens after they do.
- Some people in authority do not believe people with disabilities have been abused, neglected or mistreated.
- DDS and the Ombudsperson don't have the resources to enforce rules effectively.
- Vulnerable groups like non-English speakers, those with complex needs, those who use communication devices and victims of abuse are left behind.
- There is fear of intimidation and retaliation from the abuser for reporting.

## Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 3 of 8)



### Real life examples:

- The regional center cancelled an individual's Representative Payee without making sure they had another Representative Payee. For two months the individual could not pay rent or afford to buy food.
- An IHSS worker stole \$500 from an individual's bank account and there were no consequences for that individual.
- [The Natalie Project](#) documented sexual abuse of an individual with I/DD.

## Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 4 of 8)



### Who is left behind (who is most vulnerable among people with disabilities):

These groups are the most vulnerable:

- Underserved populations: Latino, Black, Indigenous, and other communities of color
- Non-English speakers
- Individuals with complex needs including people who use alternative communication devices and those who have mental health conditions or medical complexities
- Victims of abuse or neglect
- Youth, including those in foster care and criminal justice systems
- Elderly people

# Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 5 of 8)



## Recommendations

### 1. Prevent Harm to Individuals Served by the System:

- Create safeguards and risk assessments to identify and address potential dangers early.
- Create required training on harm prevention and mandatory reporting; make sure it does not result in inappropriate separation of families.
- Provide training to individuals and families to recognize harm.
- Provide advocacy support to help with reporting and follow-up.
- Use peer support leaders to start the healing process.
- Create harm prevention approaches to take care of problems that exist in the system.
- Review other states' systems for preventing mistreatment, abuse and neglect and accountability. See the [MA Disabled Persons Protection Commission](#) for example.



# Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 6 of 8)



## **2. Prioritize Critical Needs with Checklists and Timelines:**

- Create checklists to prioritize urgent cases.
- Create timelines for action.
- Enforce consequences with penalties that hold people accountable.

## **3. Increase transparency in reporting and Investigations**

- Create a centralized reporting system to track and report incidents, investigations, and outcomes. Involve DDS Risk Management Department.
- Require DDS, regional centers and providers to report incidents and how the problem was resolved.
- Develop easy-to-use systems for reporting concerns.
- Create a public registry modeled after the sexual abuse registry.

## Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 7 of 8)



### 4. Strengthen the DDS Office of the Ombudsperson:

- Define the Ombudsperson's role and provide necessary resources and authority for effective investigations and enforcement.
- Adopt successful strategies from other departments' Ombudsperson offices.
- Create ways the Ombudsperson can make systemic issues a priority for leadership and other organizations that investigate abuse.
- The Ombudsperson's office should work closely with DDS Risk Management and other systems (APS).

## Priority 3 Recommendation: Mistreatment, Abuse and Neglect (slide 8 of 8)



### 5. Create and Enforce Consequences for Misconduct:

- Develop standard guidelines for addressing misconduct by the regional centers, providers, vendors, and staff, including timely and appropriate penalties like fines, contract termination, or removing licenses.
- Make actions taken against bad actors public to be transparent and deter future violations.
- Create stronger connections with district attorneys' offices to prosecute individuals and organizations who abuse, mistreat and neglect people with I/DD.

## **Priority #3 Recommendation 2: Payment and Incentives**

# Priority 3 Recommendation: Payment and Incentives (slide 1 of 5)



**Recommendation:** Pay developmental service providers and regional centers for good performance that improves outcomes.

- Work with stakeholders to identify the right high-quality outcomes.
- Make sure regional centers and service providers are paid for meeting high quality outcomes.
- Standards to get financial incentives should be clear and should be above that required for basic performance.
- Make sure that financial incentives and penalties do not result in money leaving the developmental services system.
- Update regional center contracts to pay for the right high-quality outcomes.
- Make sure all the data that is needed to identify high-quality outcomes can be collected and used.

# Priority 3 Recommendation: Payment and Incentives (slide 2 of 5)



## Problem Statements:

- Until recently, service providers were only paid for how much they provided. They were not paid for high-quality outcomes.
- Now state law requires that up to 10% of payment for providers must be paid for achieving individual outcomes.
- DDS wants to move to paying 10% for high-quality outcomes.
- For a long time, regional centers were only paid for the costs of providing services to self-advocates.
- Regional centers now have some measures that are used to compare performance to each other. Regional centers are starting to be paid for some high-quality outcomes.

# Priority 3 Recommendation: Payment and Incentives (slide 3 of 5)



## Who is left behind:

- People who need a lot more help. For example, when we give rewards to groups for getting many people into regular jobs, we might ignore people who need extra support because it's harder to get them jobs.
- People with disabilities or special needs who live in places that make helping them harder and more expensive. Rural areas are a good example, but this problem can also happen in cities.
- People who need more support because they speak a language other than English. Getting them help can be expensive.



# Priority 3 Recommendation: Payment and Incentives (slide 4 of 5)



## Recommendations:

1. Make sure funding is available and there are standards to pay for high-quality services and outcomes. Funding should increase as the cost of providing services increase.
2. Involve stakeholders in a transparent process to create high-quality standards and outcomes we want.
3. Make sure that DDS, regional centers and service providers understand what their jobs are and what they need to do to meet high-quality standards and outcomes.

# Priority 3 Recommendation: Payment and Incentives (slide 5 of 5)



## Recommendations (continued):

4. Create ways to measure how well regional centers and providers are doing their jobs, from meeting basic requirements to doing great work. Pay them for meeting standards and doing great work. Have consequences when they do not meet expectations.
5. Check the entire process to make sure groups that may need more help (like people in rural areas, or those who speak different languages) are getting it. Reward regional centers and providers for providing these groups with high-quality services and outcomes.

## **Priority #3 Recommendation 3: Contracting**

## Priority 3 Recommendation: Contracting (slide 1 of 8)



**Recommendation: Review and update contracts DDS has with regional centers to make sure they provide high-quality services and outcomes for everyone they serve.**

- Make sure regional centers know what they must do to provide high-quality services and outcomes.
- Make sure there are ways DDS can measure and pay regional centers for doing a great job.
- Make sure there are rules in place and consequences when regional centers don't do a good job.
- Makes sure that regional centers have the necessary tools and authority to manage their providers so that they deliver high-quality services and outcomes.

# Priority 3 Recommendation: Contracting (slide 2 of 8)



## Problem Statements:

- Many self-advocates and families have trouble getting access to high-quality services from regional centers. Many people find it hard to get the help they need from regional centers to understand how the system works.
- Many people feel the way regional centers provide services and supports is uneven. Many people struggle to understand what their rights are and how to get access to the services and supports they need. People need to understand this better so they can lead the lives they want.
- Data on service delivery, denials, and Notice of Action (NOA) is not consistently collected or shared. This makes it difficult to identify and address gaps in services regional centers provide to people.

## Priority 3 Recommendation: Contracting (slide 3 of 8)



### Root Cause of the Problem:

- There are not standard rules in place or consequences when regional centers don't do a good job.
- Information like Notice of Action or Appeals are not always communicated in clear language that people from different cultures can understand.
- There are not always enough people at regional centers to provide high-quality services that are needed.
- Regional centers and vendors are not always well coordinated.
- The system is very complicated!

# Priority 3 Recommendation: Contracting (slide 4 of 8)



## Who is left behind:

- People who speak languages other than English.
- People who are low-income, people who live in rural areas, and people who are not White or from different cultures.
- People who have many complex physical or mental health needs.
- Families who are new to the I/DD System.
- People who don't have support from advocates and community-based organizations.
- People who utilize alternative communication devices.
- People who have other complex support needs.



## Priority 3 Recommendation: Contracting (slide 5 of 8)



### 1. Find ways to make oversight of the I/DD system better:

- The Legislature should review what is working well and what is not working well for people served by regional centers.
- The review should recommend if DDS needs more power to make sure regional centers do a good job.
- The review should also recommend if there are ways that DDS contracts can be improved to help make sure regional centers do a good job.

# Priority 3 Recommendation: Contracting (slide 6 of 8)



## **2. Review and update regional center performance contract requirements every year:**

- DDS should review regional center performance contracts with input from stakeholders, other state departments and legislature recommendations.
- Measures should be reviewed and updated to make sure regional centers are providing high-quality services and outcomes.
- Updates should make sure regional centers meet federal and state Lanterman Act requirements and Master Plan recommendations.
- Regional centers should be responsible for making sure their vendors deliver high-quality services.

## Priority 3 Recommendation: Contracting (slide 7 of 8)



3. **Create a system to make sure regional centers are meeting high quality outcome standards. Pay them for meeting standards, have consequences when they don't.**
  - Involve self-advocates, families, and other stakeholders in developing the system.
  - Create a system with the same performance measures for all regional centers.
  - Check and make sure there are measures for meeting requirements about service providers, service quality, outcomes, experiences that people have, equity, community engagement, employment, and other things that are important to people.
  - Make sure the standards, measures and performance for each regional center are public and easily accessible.

## **Priority 3 Recommendation: Contracting** (slide 8 of 8)



- 4. Review and update how DDS checks to make sure regional centers are doing what they are supposed to do (audits):**
  - Consider how often audits occur, what follow-up actions are taken, and how the audits are made public.
- 5. Review and update rules and processes where DDS can reward regional centers for doing a great job and have consequences when they don't.**
  - Create clear performance measures and rewards for regional centers who do a great job.
  - Create clear consequences for poor performance. Consequences may start with warning letters and requiring regional centers to create a plan to fix things. If things do not improve, it could result in other actions including DDS ending contracts with RCs.

## **Priority #3 – Other Ideas about Accountability to Discuss**

# Other ideas about Priority #3 – Accountability (Slide 1 of 2)



## ***Appeals and Complaints:***

- Make the appeals and complaints process better by improving what happens when people win.
- If a person wins their case, the regional center should have to provide them with extra services to make up for the services they should have been getting all along.

***What do you think about this idea?***

# Other ideas about Priority #3 – Accountability (Slide 2 of 2)



## ***Accountability Measures and Other Actions:***

- Include accountability measures that include other departments, FMS and other agencies and institutions involved in day-to-day life with people who have IDD.
- Develop accountability measures for regional center abuse and mistreatment that include discrimination against a client/family.
- Any rumor of the development of "secret committees" in any regional center should be brought to the attention of DDS
- Hold members of regional center advisory committees accountable for not complying with committee rules and other bad behavior. Members of advisory committees should be members of the community.

***What do you think about these ideas?***

# Our Next Steps



## At our next meeting we will:

1. Discuss updates to Priority 3 recommendations
2. Review draft recommendations



# Upcoming Workgroup Meeting



**MASTER PLAN** *for*  
Developmental Services

- **Wednesday March 5th: 1pm - 4pm PT**

# Public Comment



**MASTER PLAN** *for*  
Developmental Services

Public comment period will be limited to no more than 30 minutes.

If you want to make public comment regarding the topics of this meeting, please raise your hand and we will call on you in the order shown in Zoom.

At 2 minutes you will be asked to complete your thought to ensure everyone who wants to has a chance to speak.

Please let us know if you need additional time as a disability related accommodation to make your comment.

If you prefer to send comments in writing, [email them to DSMasterPlan@chhs.ca.gov](mailto:DSMasterPlan@chhs.ca.gov), or post them in the Zoom Q&A.

# Thank you!

We look forward to seeing you at the next **Master Plan Committee** 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  
Send us your input at: [DSMasterPlan@chhs.ca.gov](mailto:DSMasterPlan@chhs.ca.gov)





# Appendix

## 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 of our diverse communities.”

## Priority #1 Plain Language

“Make sure all regional centers follow the same rules. They should offer the same services and say what they pay for the services they give. We want everything to be clear and fair, and to use language everyone can understand.”

## 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:

- Provide individual and family access to their information;
- Measure individual outcomes, system outcomes and performance;
- Publish information so that it can be used for research, analysis, evaluation, and to support accountability.”

# Priority #2 Plain Language

## Priority #2: Plain Language

- Make it easy for everyone to get information they need and want
- Let people see their own information
- Keep personal information private
- Help people easily find their way through services
- Check if people are getting the services they need.
- Make it easy to understand if the system is working well.
- Share information for research and to check how things are going



## 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, vendors are responsible. They need to provide the services they are supposed to. They need to give fair and person-centered results.