

The background of the slide is a top-down view of a collaborative workspace. It features a large, hand-drawn yellow circle in the center containing a lightbulb with three lightning bolts above it. Surrounding this central circle are various other hand-drawn elements: a magnifying glass, a puzzle piece, a gear, a lightbulb, a coffee cup, a notepad, a star, a red circle, a blue circle, a green circle, and a red circle. Dashed lines connect these elements, suggesting a flow of ideas or a process. The overall style is creative and collaborative.

# MASTER PLAN *for* Developmental Services

**Workgroup 4 Meeting**

March 5, 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.

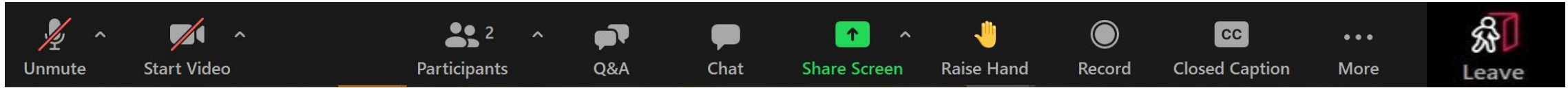


- Materials are available [online](#).



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

# Zoom Instructions



Workgroup members can unmute their mic when it's their turn to speak

Workgroup members can turn their webcams on/off

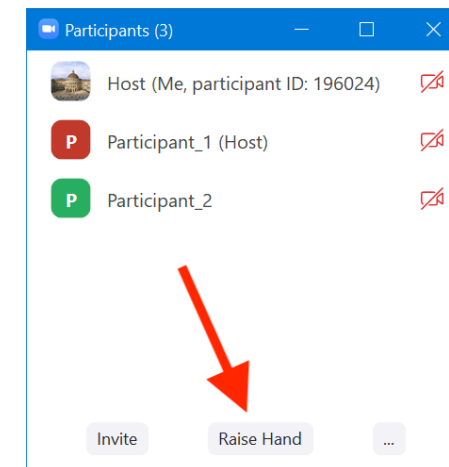
All attendees can type questions/comments in the Q&A for all participants to see. Chat is available for everyone unless it's an accessibility barrier to a member of the workgroup

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 Meeting Overview
2. Review Workgroup 4 recommendations
  - a) Five-minute break at 2:00 PM
  - b) Five-minute break at 3:00 PM
3. Next Steps
4. 30-minute Public Comment Session

# Timeline Reminder

August 2024	September 2024	October 2024	November 2024	December 2024	January and February 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
						  <i>Finalize Master Plan in Spring 2025</i>

# DDS Master Plan Timeline



**The DDS Master Plan will incorporate workgroup, committee member and public participant feedback, with a final draft targeted for completion by March 31<sup>st</sup>.**

# Goal for Today's Meeting

**Today we are going to review all 13 of Workgroup 4's recommendations. For each recommendation, we want you to think about these things:**

- Does the recommendation need changes to make it more clear?
- Is there anything in a recommendation you are concerned about or don't think is right?
- Do you feel the recommendation is really good, not controversial, and is ready to be included in the Master Plan?
- Or do you feel that the Stakeholder Committee needs to spend time discussing the recommendation at their last meeting?

# Goals for Today's Meeting

Our goal today is to decide which recommendations are ready to be included in the Master Plan, and which ones need to be discussed with the Stakeholder Committee.

- We are going to decide by **consensus**. Consensus means our workgroup has general agreement about something. It means that most, if not all of us, agree about a decision or opinion. Essentially, it means most of us “are on the same page”.
- Today's meeting is going to move fast. **We only have about 10 minutes to discuss each recommendation.** If you have a comment, please try to **make your comment in one minute or less.**

# Recommendation #1: Operational Definitions of Services

**Develop service definitions for a wide range of services, written in a way that is equitable and accessible to everyone.**

- Create definitions that describe things that must be included in each type of service, who is eligible to receive each service, and how services can be accessed.
- Make sure definitions are used by all regional centers and providers.
- Make sure definitions are easy for everyone to understand.
- Make sure there is flexibility about people with unique needs, and those in rural or other communities that might have resource constraints.
- Create a process that includes individuals and families for developing and updating service definitions. That process should be facilitated by an independent organization that understands the community, equity and regional centers.
- Make sure there is training for regional center staff and support professionals.
- Collect, analyze and report data about people's experience receiving services.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #2:

## Service Authorization Standards

**Create and keep an updated list of clear, fair, and consistent rules for how regional center services are approved.**

- Make sure all regional centers use consistent service authorization standards that are clear, equitable, transparent and flexible to meet an individual's unique needs.
- Service authorization standards should be created by a statewide committee that includes self-advocates, family members and experts. No one should lose a service because a standard was changed, or they move to another regional center.
- Each regional center should have a diverse, multi-cultural advisory council representative of their local community to advise them about these standards.
- Training should be required for regional center staff on service authorizations standards.
- DDS should review all existing service authorization standards. There should be immediate fixes to inequitable service authorizations standards while statewide standards are being developed (e.g. standards that prohibit ILS for people who live at home, prohibit regional center funded transportation for minors because of "parental responsibility", etc.)
- There should be clear, consistent and transparent processes for Notices of Actions ("service denials") and appeals. These should be included in an individual's IPP.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #3: Vendorization

**Improve the vendorization process. Improve access to service providers and vendors to make them more accessible to everyone.**

- Streamline the vendor application process across all regional centers. Once a vendor is approved by one regional center, all other centers should accept that vendor.
- Accommodate different requirements for different regions, particularly rural areas and different populations
- Review and update Title 17 vendorization rules.
- Speed up vendorizations and eliminate “denial by delay” practices.
- Identify vendor shortages and come up with plans to reduce them.
- Make it easier for independent facilitators and non-profit corporations to become vendors by removing barriers for them.
- Make sure there are background checks for vendors and their staff, and there are ways to remove people and vendors who commit abuse.
- Train regional center staff in vendorization processes.
- Require regional centers to host information sessions about vendorization processes.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #4: Equity Grants

## Strengthen the DDS Service Access and Equity Grant Program.

- Develop a clear definition of equity and make sure it is used to help decide what types of projects, organizations, and communities should be funded by the grant program. That definition should be used to create flexibility in grant processes to meet the needs of the community.
- Include people with direct and lived experience from the community to participate in the grant review process.
- Provide more support to community-based organizations to help them write grants and access funding.
- Hold grantees accountable for using funds the way they are supposed to.
- Be more transparent about the results of each grant and how grant funds are used.
- Send surveys to people who receive services that were supported by the equity grants.
- Develop measures to identify successful grant programs that should be prioritized.
- Explore ways to spread successful grant programs statewide to other regional centers and add them to their purchase of service policies.
- Evaluate the equity grant program using equity and other measures.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #5: Individual Program Plan (IPP) Processes

## **Make IPP processes consistent, transparent, and equitable across all regional centers.**

- IPP processes should clearly describe what services clients need, and when those services are available during IPP meetings. It should also include when services aren't available, how long it might take to get them, and what other options are available.
- Technology and other processes should be used to make sure that individuals and families' needs are met during the IPP process.
- Training should be provided to individuals and regional center staff.
- Regional centers should provide clear and consistent communication that is sensitive to different cultures and including translation services.
- Regional centers should provide detailed documentation of IPP meetings, including copies of the individual's IPP.
- Individuals should have access to advocates to help facilitate IPP processes.
- Anonymous surveys should be sent to self-advocates about the IPP process.
- Fair hearings processes should be reformed so they are equitable and transparent.
- A technology portal should be developed so individuals can see their IPP documents.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #6: Intake and Assessment Processes

**Create an intake and assessment process that is family-centered, supportive, accessible, and equitable.**

- Clarify confusing terms and legal requirements for intake and assessment processes so everyone can understand how it works and how long it should take.
- Develop intake and assessment processes that are more person-centered so that it is respectful, equitable and sensitive to the culture and background of the individual and family being served.
- Make sure there are supports available throughout the intake and assessment process for individuals and families who want and need them.
- Make sure that people are not automatically being turned away at intake because they don't have the "right" documents or assessments proving they are eligible. Consider developing a screening tool or identifying at-risk groups that should be automatically eligible for assessment.
- Make sure mental health and other conditions are considered during intake and assessment processes, and not used as an excuse to deny services and supports.
- Collect and use more data during intake and assessment processes to improve transparency, equity, accountability and performance.
- Expand intake and assessment workforce capacity.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #7:

## Mistreatment, Abuse and Neglect (1/2)

**Prevent instances of mistreatment, abuse and neglect. Support individuals and families who need help related to current and past cases of mistreatment, abuse and neglect.**

- Review and adopt State Auditor and Massachusetts Disabled Persons Protection Commission recommendations to prevent harm.
- Make sure there is accountability and consequences that are enforced for bad actors.
- Create a statewide abuse reporting hotline.
- Increase transparency in reporting investigations, including creating a registry.
- Create a “before, during, and after” abuse plan during IEP/IPP meetings.
- Make sure there are clear processes, technology and systems for identifying, communicating, and taking care of potential dangers early. Make sure those processes support reporting, investigating and addressing cases of mistreatment, abuse and neglect.
- Make sure people have options and more independent support to report problems. Make sure they feel comfortable and protected when they do report problems. Make sure people with complex needs including people who use alternative communication devices are supported.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #7: Mistreatment, Abuse and Neglect (2/2)

**Prevent instances of mistreatment, abuse and neglect. Support individuals and families who need help related to current and past cases of mistreatment, abuse and neglect.**

- Make sure self-advocates who lose their cases against abusers are not retaliated against.
- Strengthen the DDS Office of the Ombudsperson to handle problems better. Create a special unit in the office to support abuse complaints and processes. Hire specialized people to deal with these cases.
- Require training on harm prevention, care for people who experience abuse, and reporting. Include people with disabilities and others with specialized skills in these areas in trainings for dealing with these cases.
- Make sure there is training and resources for individuals and families.
- Engage and educate the medical community about abuse and how it can be reported.
- Create partnerships between regional centers and rape crisis centers and train people who work in rape crisis centers about people with disabilities and how to best serve them.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

## Recommendation #8: Compensation After an Appeal or Complaint

**Create a fair, transparent system where DDS, regional centers, and vendors are accountable and make it easier for people and families to get the support they need for appeals and complaints.**

- When people file an appeal or complaint and win, make regional centers give them extra services or funding. These services or funding can be used for more services to make up for what they missed because of the wrongful service denial or rights violations.
  - Help more people exercise their right to appeal bad hearing decisions in court by making DDS or the regional center responsible for the cost of the person's attorney (*but only if the person wins their court case*).
  - Implementation of this recommendation should be supported by an equity committee. That committee should make sure the system reduces disparities and allows anyone to have a chance to pursue compensatory damages when appropriate.
- ✓ **Is there anything unclear or that you disagree with?**
- ✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #9: Modernize IT Systems

## Develop and maintain a single statewide information technology system for the California Developmental Disability Services program.

- DDS and all regional centers should use a single IT system to track service access, delivery, payment and case management.
- DDS should work with stakeholders to create a plan and “charter” (“rules of the road”) to guide development of the system.
- DDS should regularly present updates about the development of the IT Systems to the Legislature.
- The system should improve data exchange between regional centers, DDS and other health and social service departments.
- The system should have a portal that individuals and families can use to see all of their information.
- DDS and regional centers should develop and provide training programs for regional centers, staff, individuals and families, and other stakeholders. Self-advocates should help create these training programs.
- The system should include a plan for how data will be available for analysis, reporting and research.
- DDS should make sure regional centers who have fewer resources and less reliable high-speed internet have more support to meet these recommendations and do not face unintended consequences by using new IT systems.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #10: Make More Data Available for Research and Analysis

## Increase access to high-quality data for individuals, the public and researchers.

- Create a work group that focuses on the type and quality of data that is collected, and the need for new data to support accountability, oversight and research.
- Create an action plan that describes the following steps:
  - How different types of data will be collected, combined and used from health, education, regional center and other systems.
  - How data will be made available to individuals, the public, and researchers.
  - How data will be protected and can be accessed by different types or organizations where appropriate and necessary
  - How privacy will be protected, and the wishes of individual to keep their data private will be respected
- Develop a guide describing how data will be collected and made available for individuals and families, the public, and for research.
- Collect, manage and safely store data for research and analysis.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #11: Performance Measures

**Create clear performance, quality, outcomes and accountability measures at the individual, regional center, and systemwide level. All measures should:**

- Include standards and expectations that help hold vendors, regional centers and DDS accountable.
- Make sure they don't result in unintended consequences that make things worse for people with I/DD, especially those with more intense needs.
- Include accountability through coordination with other departments and agencies.
- Include things that prevent abuse, mistreatment, and discrimination against clients and families.
- Meet federal and state legal requirements and human rights principles, including sharing what those requirements are with regional centers and vendors.
- Be able to be measured and tracked in any new statewide information technology system that DDS develops.
- Link with other important state datasets for research.

- ✓ **Is there anything unclear or that you disagree with?**
- ✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #12: Payment and Incentives (1/2)

**Pay developmental service providers and regional centers for great performance that improves outcomes.**

- Make sure there is funding to pay incentives for performance that goes above and beyond what is required by the job. Performance should be rewarded if it great in all important areas but not if it is great in some and bad in others.
- Make sure there are goals for performance, accountability and outcomes measures used to pay incentives.
- Make sure regional centers and service providers know what performance, accountability and outcome measure goals they are expected to meet. Pay regional centers and providers incentives when they exceed those goals.
- Consider penalties for those with poor performance, but make sure that financial incentives and penalties do not result in unintended consequences or money leaving the developmental services system.
- Develop incentives to make sure providers take good care of certain populations that may be harder to serve including, but not limited to, people with more complex needs, children in out-of-home placements, people in rural areas or people with multiple disabilities in addition to I/DD.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #12: Payment and Incentives (2/2)

**Pay developmental service providers and regional centers for great performance that improves outcomes.**

- Individuals, families and other stakeholders should be involved in deciding what good performance looks like.
- Create incentives for regional center employees that align with an individual's goals.
- Create vendor incentives so that their employees are directly rewarded for doing a great job.
- Investigate providers and regional centers when performance is consistently poor or when there is reported mistreatment taking place.
- 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 for payment, research and accountability.

- ✓ **Is there anything unclear or that you disagree with?**
- ✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

# Recommendation #13: Contracting

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

- The Legislature should review and recommend if there are ways DDS contracts with regional centers can be improved, and whether DDS needs more power to make sure regional centers do a good job. When the Legislature is reviewing contracts, there should be public comment opportunities that make it easy for regional centers and people receiving services to offer input.
- DDS should review performance contracts with stakeholder input.
- Create a system and standards to make sure regional centers are providing high quality services and outcomes. DDS should pay regional centers for meeting standards and have consequences when they don't.
- Make sure the contract language and any potential penalties do not lead to less services being available or other unintended consequences for people served by the system.
- Review and update how DDS checks to make sure regional centers are doing what they are supposed to do (audits).
- Makes sure regional centers have requirements to manage their providers and vendors so that they deliver high-quality services and outcomes.

✓ **Is there anything unclear or that you disagree with?**

✓ **Do you think the MP Stakeholder Committee needs to discuss this recommendation?**

## Next Steps

The Stakeholder Committee will review our Workgroup's recommendations.

**This workgroup has  
completed its job!  
Thank you for all  
your hard work and  
contributions!!**



# 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, March 19, 2025

9:00 a.m. – 3:30 p.m.

Location: Virtual and in-person at CA Lottery 700 North 10th Street,  
Sacramento, CA 95811

For more information visit the Master Plan website  
Send us your input at: [DSMasterPlan@chhs.ca.gov](mailto:DSMasterPlan@chhs.ca.gov)





# Appendix

# Presentations from Past Meetings



**MASTER PLAN** *for*  
Developmental Services

If you want to look at more details about the recommendations such as the problem statements or who is left behind, please see the slide decks posted on the committee website:

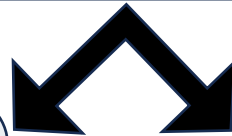
[Workgroup 4 Meetings & Materials \(https://www.chhs.ca.gov/home/mpds-committee-workgroup/#workgroup-4-data-outcomes\)](https://www.chhs.ca.gov/home/mpds-committee-workgroup/#workgroup-4-data-outcomes)

# Step 1: Finalizing Workgroup Recommendations

Workgroup Members will complete their recommendations **by the first week of March**



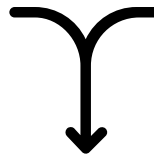
Workgroups will create **two categories** of recommendations:



Recommendations members agree should be in the Master Plan without changes

Or

Recommendations members agree **need more discussion** by the Committee

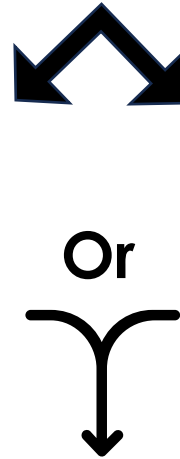


**Thank you, workgroup members! They have completed their jobs at this point!**

# Step 2: Co-Chairs Review Recommendations

Co-chairs will meet to review both categories of recommendations. They will have two options for the recommendations

Move a recommendation into the **category for inclusion in the final Master Plan**



Move a recommendation in the **“needs more discussion” category** for the Stakeholder Committee to discuss on March 19<sup>th</sup>



**Recommendations will then be shared with the Committee and Discussed on March 19<sup>th</sup>**

# Step 3: Stakeholder Committee Reviews Recommendations and the Draft Master Plan

On March 12<sup>th</sup>, Committee members will receive a plain language draft of the Master Plan with all workgroup recommendations.



On March 19<sup>th</sup>, the Committee will review the draft Master Plan and the recommendations from the co-chairs as needing more discussion



The Committee will decide which of these recommendations should be **included in the final Master Plan**

If the Committee decides recommendations need more discussion, **co-chairs will discuss** them on March 21<sup>st</sup>

**Self-advocates on the Committee will have the option to join information sessions to review recommendations before the committee meeting on March 19<sup>th</sup>**

# Step 4: Finalizing Recommendations and the Master Plan

**On March 21<sup>st</sup>**, workgroup co-chairs and facilitators will review the recommendations the Committee indicated need more discussion. At the end of the meeting, there will be two categories of recommendations

**Recommendations that will be included in the Master Plan**

Recommendations will be included in the Master Plan for Developmental Services. The Committee will be notified of these additions.

**Recommendations that will not be included in the Master Plan**

Recommendations that are not included in the Master Plan will still live on the CalHHS Master Plan website in a separate document. The Committee will be notified and there will be a process for statements from Committee members who do not agree with the final decisions.

## 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.