Master Plan for Developmental Services Workgroup 4 Meeting #8 - Summary

Wednesday, March 5, 2025
1:00 p.m. – 4:00 p.m. PT
Virtual Zoom Meeting

Attendance

Workgroup Members in Attendance

- Alison Morantz
- Amy Westling
- Cheryl Whittle
- Domnique Mellion
- Dora Contreras
- Leticia ("Lety") Garcia
- Mark Melanson
- Sylvia Yeh
- Tina Ewing-Wilson

Facilitators and Workgroup Chairs/Leads in Attendance

- Oscar Mercado (Co-Chair)
- Will Leiner (Co-Chair)
- Joe Perales (Equity Lead)
- Jonah Frohlich (Facilitator)

Public in Attendance

Over 85 public attendees joined the meeting via Zoom video conference.

Welcome and Introductions (slides 1-8)

Jonah welcomed everyone and shared the agenda. Jonah said the workgroup will review all thirteen recommendations. Jonah also said the goal was to try and reach consensus on recommendations that were ready for the Master Plan. Jonah also said the workgroup should decide if any recommendation needed further discussion. Any recommendations that needed further discussion would be discussed by all the Workgroup Co-Chairs. Jonah then shared a reminder about the timeline of the workgroup and the DDS Master Plan.

Review Workgroup 4 Recommendations 1-13 (slides 9-23)

The recommendations were presented by Jonah, Oscar and Will, and Joe.

- **Recommendation #1: Operational Definitions of Services**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan.** No changes were requested by workgroup members.
        - **Recommendation #1: 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.
- **Recommendation #2: Service Authorization Standards**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #2: 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 for a core set of services they are required to provide. These standards should be clear, equitable, transparent and flexible enough to meet an individual's unique needs. Authorization standards should be consistent, but there may be certain services that are only available in some communities and not available in others.

            - Service authorization standards should be created by a statewide committee that includes self-advocates, family members and experts. Experts should have knowledge of DDS policy, regulations and the Lanterman Act.
            - No one should lose a service because a standard was changed, or they move to another regional center. Authorization standards should not prevent access to any services that an individual should be able to receive.
            - Each regional center should have a diverse, multi-cultural advisory council representative of their local community to advise them about these standards.
            - Trainings on service authorizations standards should be required for regional center staff.
            - 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")
            - 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.
- **Recommendation #3: Vendorization**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #3: Improve the vendorization process. Improve access to service providers and vendors to make them more accessible to everyone**.
            - Streamline and standardize the vendor application process across all regional centers. Once a vendor is approved by one regional center, all other regional centers must accept that vendor.
            - Speed up the vendorizations process to help eliminate "denial by delay" practices.
            - Accommodate different requirements for different regions, particularly rural areas and different populations
            - Review and update Title 17 vendorization rules to improve the vendorization process.
            - Identify vendor shortages and come up with plans to reduce them.
            - Make it easier for independent facilitators and non-profit organizations to become vendors by removing barriers and having a more flexible process for them.

            - A more flexible process to attract vendors must not mean that standards and expectations for vendor quality are lower.
            - 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.
- **Recommendation #4: Equity Grants**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #4: 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 more people in the grant review and selection process. These should include people with lived experience from the community, and people with research, program evaluation, and data analysis experience.
            - 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 based on their grant application. Make sure they provide reports on how they served the community, what successes they had, and what barriers they faced.
            - Be more transparent about the results of each grant and how grant funds are used.
            - Community stakeholders should be able to provide feedback to DDS on whether the services they received under the grants met their needs. This feedback could include surveys from people who receive services that were supported by the equity grants.
            - Develop equity and other measures to identify successful grant programs that should be prioritized.
            - Evaluate the success of each grant. Use the results to spread successful grant programs statewide to other regional centers by adding them to their purchase of service policies.

    - Evaluate the equity grant program using equity and other measures. This process should be supported by data analysis with the help of researchers.

- **Recommendation #5: Recommendation #5: Individual Program Plan (IPP) Processes**
  - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting**. **Here is the updated recommendation approved by the workgroup.**
    - **Recommendation #5: Make IPP processes consistent, transparent, and equitable across all regional centers.**
      - The IPP process must make sure that individual and family needs are met. The processes should clearly describe what services clients need, and when those services are available during IPP meetings. The process should include when services aren't available, how long it might take to get them, and what other option are available.
      - Technology and other processes should be used to make IPP meetings more accessible. This should include using technology and tools so that IPP meetings can happen in person or virtually (e.g., using Zoom).
      - 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, meeting recordings and transcripts to all IPP participants.
      - Individuals should have access to advocates to help facilitate IPP processes.
      - Anonymous surveys should be sent to self-advocates, their parents and other people in their circle of supports about the IPP process.
      - Fair hearings processes should be reformed so they are equitable and transparent. Fair hearings transcripts and recordings should be available to all participants.
      - Self-advocates should have more support during fair hearings. They should have clear and easy to understand information about every step in fair hearings processes. This information should include a glossary of terms that may be used during appeals. It should also include a clear description of what self-advocates should expect when meeting with judges and other people. Self-advocates should have access to independent facilitators with expertise in the appeals process to support them.

            - A technology portal should be developed so individuals can access their IPP documents (*see the Modernize Information Technology (IT) Systems recommendation*).
- **Recommendation #6: Intake and Assessment Processes**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #6: Create an intake and assessment process that build on SB-138 requirements that is family-centered, supportive, accessible, and equitable.**
            - DDS should develop and share clear requirements about each step of the intake and assessment process. Those requirements should include how many days each step should take. Confusing terms and legal requirements for intake and assessment processes should be clearer so everyone can understand how it works.
            - DDS requirements should make sure the intake and assessment processes are more person-centered, 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 that they need to prove they are eligible. A screening tool should be developed to help identify at-risk groups that should be automatically eligible for assessments.
            - Make sure mental health and other non-eligible conditions are considered during intake and assessment processes so they are not used as an excuse to deny services and supports.
            - More data should be collected during intake and assessment processes to improve transparency, equity, accountability and performance. That data should include how long each step in the process took, how many people are being turned away, and why they are being turned away. It should also include more information about the kinds of people that are being turned away, (for example, information about their race, ethnicity, or language they speak, where they live, and other things about them).
            - Expand intake and assessment workforce capacity.
- **Recommendation #7: Mistreatment, Abuse and Neglect**

- **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
  - **Recommendation #7: 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 <u>accountability</u> and <u>consequences</u> that are enforced for people who abuse, mistreat and neglect individuals.
    - 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 with school systems and other partners.
    - 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.
    - Make sure self-advocates who lose their cases against suspected 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 about examples of mistreatment, abuse and neglect and how to report it.
    - Individuals should be able to use surveillance cameras in their own homes so that they feel safe. Individuals should make sure people who enter their homes know there are

cameras being used. Rules should be developed that talk about how surveillance cameras may be used in other settings. Those rules should talk about how privacy is important, and what rights individuals have about the use of surveillance cameras.
      - 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.
- **Recommendation #8: Compensation After an Appeal or Complaint**
  - **The workgroup decided that this recommendation <u>needs to go to the all Workgroup Co-Chairs for further discussion</u>. Here is the updated recommendation that the workgroup agreed needed further discussion.**
    - **Recommendation #8: The State should 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, they should be able to receive extra services, or funding for extra services, to make up for what they missed. Making up for what they lost because of the wrongful service denial or rights violations will help build trust in the system.
      - Any extra services or funding should be based on a person's individualized needs and should recognize and address disparities so there is an equitable outcome. There should be some flexibility for how long the individual has to use the extra services.
      - People should get more help if they need it to exercise their right to appeal bad hearing decisions in court. DDS or the regional center should cover the cost of the individual's attorney if the individual wins their court case.
      - People also should be protected from retaliation, so they feel safe when making an appeal or complaint.
      - Implementation of this recommendation should be modeled after other programs that do this, like special education. It should also 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.
      - Nothing in this recommendation should prevent an IPP team from agreeing that a person has not received the

services they need or from agreeing to voluntarily provide extra services to help them make up for what they lost.

- **Recommendation #9: Modernize Information Technology (IT) Systems**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #9: Develop and maintain a single statewide information technology (IT) system for the California developmental disability services system.**
            - DDS and all regional centers should use a single IT system to track service access, delivery, payment, finance and case management.
            - DDS should work with stakeholders to create a plan and "charter" ("rules of the road") to guide development of the system.
            - The plan should talk about how more data will be available for analysis, reporting and research. Social scientists and other people from the community should be involved in the plan and implementation of the system to make sure more data can be used for analysis and research.
            - 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. Regional Centers should be required to sign the CalHHS Data Exchange Framework Data Sharing Agreement (DSA) https://dxf.chhs.ca.gov/. There should be clear data exchange privacy and security policies.
            - The system should have a portal that individuals and families can use to access all their information. The portal should allow people to track requests and communicate with the regional center and providers.
            - DDS and regional centers should develop and provide training programs for regional centers, staff, individuals and families, and other stakeholders on how to use the systems. Self-advocates should help create these training programs.
            - Make sure there is support for individuals and families so they can get internet service and devices so they can access and use the new IT system.
            - 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.

- **Recommendation #10: Make More Data Available for Research and Analysis**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #10: Increase access to high-quality data for individuals, the public and researchers.**
            - Create a work group that includes individuals from the community, researchers and other people that have experience with data quality. The workgroup should talk about how data should be collected and used to support accountability, oversight and research.
            - Create an action plan that talks about the following things:
                - How different types of data will be collected, combined and used from service providers, regional centers, and health, education, 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 and securely store data for research and analysis.
- **Recommendation #11: Performance Measures**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan with no further changes or stakeholder committee discussion required. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #11: Create clear performance, quality, outcomes and accountability measures at the individual, regional center, and systemwide level. <u>All measures should</u>:**
            - 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.
- **Recommendation #12: Payment and Incentives**
  - **The workgroup decided that this recommendation <u>needs to go to the all Workgroup Co-Chairs for further discussion</u>. Here is the updated recommendation that the workgroup agreed needed further discussion.**
    - **Recommendation #12: DDS should 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 it this builds upon existing DDS initiatives like the Quality Incentive Program (QIP).
      - 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.
      - DDS should 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 it this builds upon existing DDS initiatives like the Quality Incentive Program (QIP).
            - 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.
- **Recommendation #13: Contracting**
    - **The workgroup reached consensus to send this recommendation for inclusion in the Master Plan after making changes discussed during the meeting. Here is the updated recommendation approved by the workgroup.**
        - **Recommendation #13: 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. The recommendations should talk about whether DDS needs more power to make sure regional centers do a good job.
            - Individuals, families, regional centers and other stakeholders should be able to provide input when DDS updates regional center contracts. DDS should also get stakeholder input when they update regional center performance contracts. Regional center performance contracts talk about financial incentives and goals regional centers should meet.
            - DDS should create a process 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.
            - DDS should make sure that any penalties for regional centers do not lead to fewer services being available or

other unintended consequences for people served by the system.

- DDS should review and update processes to make sure regional centers are doing what they are supposed to do. These are called audits.
- DDS should make sure regional centers have requirements in their vendor contracts that talk about how vendors must deliver high-quality services and outcomes.

Next Steps and Upcoming Meetings (slides 24)

Jonah and the co-chairs thanked the workgroup members for their participation and noted that the Master Plan for Developmental Services Stakeholder Committee will review the workgroup's recommendations that require more discussion before going into the Master Plan.

Public Comment (slide 25)

A summary of public comments is included in the Public Comment summary document which is available with other meeting documents on the Master Plan web page (https://www.chhs.ca.gov/home/master-plan-for-developmental-services/).

Meeting Materials:

- Discussion PowerPoint and other meeting documents on the Master Plan committee workgroup web page (https://www.chhs.ca.gov/home/mpds-committee-workgroup/).