



Master Plan for Developmental Services Meeting #1

Public Comments

Nearly 150 individuals provided comments during the first DS Master Plan meeting. Opportunities for public comment included public focus groups, Q&A during the meeting, and in-person and virtual public comments during the public comment period.

Streamline Service Systems

- Self-advocates and families have to look for services in different places, there is a lack of communication within these systems, and clients and parents have the burden to connect all of these.
- Create a Dashboard where clients and other agencies can access clients' records and look into the paperwork completed by the service provider. Others are concerned that sharing of information would violate their rights and that not all service providers or families have access to the technology.
- Services should be provided in a timely manner.
- Self-advocates and families should not have to bear the burden of repeatedly proving that they are eligible for services.
- The services systems need to look at the individual holistically from birth to end of life so that all of the systems, like healthcare, DD, and K-12, are working together across all milestones in a person's life.

Support for individuals and families in accessing services

- Provide a support broker/independent facilitator who can help individuals and families of all ages and disabilities navigate all systems. This service is important for individuals from underrepresented communities and for individuals receiving services who outlive their parents.
- Use AI technology, like chatbots, to provide information and support for families. Teach individuals how to navigate all these systems.
- RC staff should be more knowledgeable about how to navigate all these systems as well, not only RC services.
- Help individuals and families understand all of the services that are available from regional centers and how they can access those services.
- Recognize that different families face different barriers (language, travel, availability of time) and service delivery methods should accommodate for those diverse needs.

Accountability

- There is a lack of information on the process families need to follow when they don't get a service.
- There should be a consistent and real time process for families and clients to provide input on their experiences with RCs and DD services.
- RCs are not accountable. There are too many service denials. Implement a call center where families can call to make complaints.
- RCs need to offer consistency in their processes and quality of services and there should not be significant differences in what neighboring RCs are able to offer.
- Find a structural way to do things differently.
- DDS has to supervise the RCs, listen to the families about the challenges they face when requesting services.
- DDS and the 21 regional centers must have the same message about the service delivery system.
- The state needs to address inequity in accessing services and hold regional centers accountable that are not providing services equitably.
- The state needs to identify and hold accountable service provider staff that are unprofessional, abusive, and who should be barred from working in this field

Specific Service Needs

- Examine and develop strategies for the challenges faced by higher-needs individuals. Consider needs based alternative service delivery and rates Equity lens should include the level of need.
- Examine rates and consider that they should be based on more factors than just quantity of service such as level and complexity of need and availability of services in the community.
- Create a medical system for high-need clients to address the challenges of taking individuals to the doctor, long waiting periods etc.
- Homecare for medical services, or places throughout the state that are able to serve people with medical needs.
- Individuals living independently rely on staff for support. Staff are not always available. Increase access to back-up staff so individuals aren't at risk.
- Services and supports for aging RC clients.
- RCs should make the self-determination program more easily accessible to people who could benefit from it and be trained to support families that will have difficulties managing that program.
- The system needs to provide better services for people's behavioral health needs, including survivors of trauma, abuse, and sexual violence, and differentiate between behavioral health and DD related needs.

Comments About the DS Master Plan Process

- The virtual meeting format did not allow members of the public to see who was participating in the meeting.

- The chat was not available and members of the public could not provide their comments in real time. There is not enough opportunity to participate and comment. The community must be given the opportunity to participate and comment.
- There was insufficient representation of Latinos on the Committee including a lack of representation of Latino self-advocates on the Committee.
- The meeting slides should be available in Spanish.
- There needs to be more time and opportunity for just listening to the stories of people with disabilities and their families.
- Voices from self-advocates are powerful; please listen to what they have to say and prioritize hearing their input. Work together with self-advocates to include their ideas in the Master plan.
- The Master Plan should work in subcommittees that include intersections with other agencies serving to people with I/DD of all ages.
- Get more input from individuals who receive services from the regional center, make sure they have enough time to share their input.
- Make sure you get input from individuals with diverse forms of communication, including individuals who are nonverbal and speakers of other languages.
- The plan process needs to ensure that other departments and service, like Aging, Rehabilitation, Public Health, are engaged so DD service recipients are better able to access those other systems as well.

Other

- If new programs are started as a result of the plan, they must be funded and not subject to budget cuts.
- The plan should be designed so it can be supported and acted on whether the state is in a good or bad budget year.
- Make short-term and long-term goals. The Master plan will take a very long time to implement to get in place. We need to address current needs now and plan for the near future.
- We need to provide more training on developmental needs and hire more people with knowledge about developmental medicine into other systems like the healthcare system and education system.