



# MASTER PLAN *for* Developmental Services

Workgroup 4 Meeting  
September 11, 2024

# Housekeeping (1/2)



**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."



ASL interpreters have been "Spotlighted" and Zoom, automatic closed captioning is active.

- Please make sure you state your name & speak slowly before making comments to help our interpreters



This meeting is being recorded.

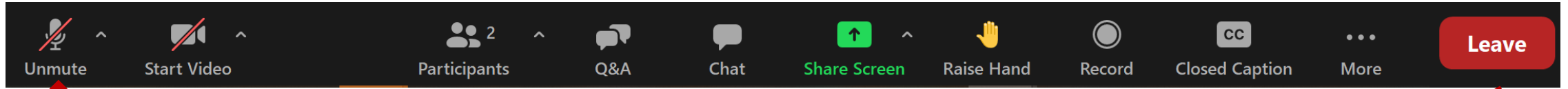


Materials are available on the Master Plan Website





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


# Housekeeping (2/2)



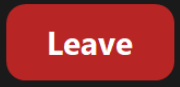
  
Committee members can unmute their mic when it's their turn to speak

  
Committee members can turn their webcams on/off here

  
Participants will always be able to use the Q&A feature to ask questions and make comments during the meeting. In addition, the chat feature will be open unless it is an accessibility barrier to a member of the workgroup.

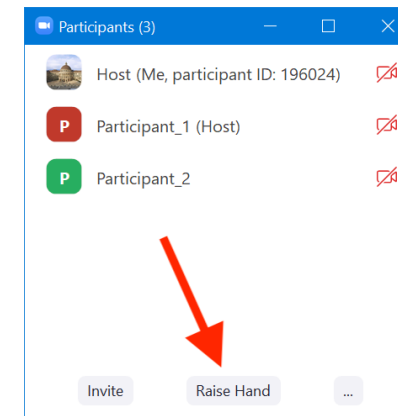
  
Raise your hand when you want to speak

You may need to click on "Participants" and a new window will open where you can "Raise Hand"

  
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- Some Zoom features are not available for telephone-only participants



# Agenda

1. Welcome and Introductions
2. Workgroup 4 Timeline and Process for Creating Ideas and Recommendations
3. Priority 1: Recommendation Idea Example
4. Priority 1: Discuss Other Recommendation Ideas
5. Upcoming Meetings
6. Public Comment

# Developing Our Recommendations



1. **Discuss recommendation ideas:** Talk about ideas and get consensus for recommendations



2. **Draft recommendations:** Co-Chairs, workgroup and staff will use the ideas to develop draft recommendations.











3. **Review recommendations with Workgroup:** Members will review, discuss and revise draft recommendations



4. **Review Recommendations with Master Plan Committee:** Recommendations will be presented to the Master Plan Committee for feedback and approval.

# Workgroup 4 will meet every month for six months. We will develop recommendations for workgroup 4 priority areas for the Master Plan

Aug 2024		Workgroup Kick-Off
Sep 2024		Discuss Priority 1 ideas
Oct 2024		Discuss Priority 1 Recommendations
Nov 2024		Discuss Priority 2 and Priority 3 Ideas
Dec 2024		Discuss Priority 2 and Priority 3 Recommendations
Jan 2025		Update Priority 2 and Priority 3 Recommendations
Feb 2025		Update and Finalize Workgroup Recommendations
Mar 2025		Finalize Master Plan in Spring 2025



## Workgroup 4 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.”

### **Plain Language Version:**

“Make sure all regional centers follow the same rules about what services they offer, what those services do, who can get those services, and how those services are paid for. We want the rules to be clear and fair, to be available to everyone, and to use language everyone can understand.”

# Using the Equity Tool to Develop our Recommendations



Let's discuss how we will use the Equity Tool to consider:

1. **Universal Goals** → Where do we want to be?
2. **Problem Statements** → Where are we now? Who is left behind?
3. **Causes of Problems** → Why is there a problem?
4. **Information** → What data do we need to understand the issues?



# Recommendation Idea #1 – Service Definition Standards



Let's start with one idea that some members of the workgroup and public identified.

**Idea:** “Develop and maintain a list of consistent, transparent, and equitable operational service definitions and service authorization standards for all regional center services.”

# **Recommendation Idea: What are Operational Service Definitions, and Why Might We Need Them?**

# Recommendation Idea Example: Create RC Operational Service Definitions



## What is an operational service definition?

- A detailed description
- It helps us be sure we are seeing exactly what we are interested in

## For example, we might want to find a ‘chair’

- We could say that a chair is “something you sit on”
- This is correct but not enough information for us to always know if something we are looking at is actually a chair

# Can you sit on all of these?



## Are they all “chairs”?

# What might an operational definition of a “chair” look like?

## Core elements of a chair:

- Made for one person to sit on
- Has a back
- Legs are positioned to make sure the chair can hold a person's weight



# What might an operational definition of a “chair” look like?

## Chairs can differ in the type of legs they have.

- The most common have 4 separate legs.
- Some have one large leg and wheels. These are usually used for working at a desk.
- Other designs are available but less common. For example, those that create stability using a box like frame.





# Why are operational definitions important?



- They help everyone understand the same thing when we talk about it
- They make sure different people correctly name what they are seeing. Like calling a chair “a chair”
- They make sure everyone measures or rates things the same way each time.

# How Can We Develop Operational Service Definition Recommendations?

# Universal Goals for Idea #1: Operational Service Definition Standards



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Developmental Services

## 1. Universal Goal should describe where we want to be:

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

**Draft Goal Statement:** People, family members, regional centers, and providers must have a common understanding of what a particular service is. This includes the purpose of the service. It also includes criteria used to determine if the person is eligible to receive that service.



What do you think about this goal statement?

# Problem Statements for Idea #1: Operational Service Definition Standards



## 2. Problem Statement should describe where we are now

- Services with the same name can mean different things at different regional centers.
- Some differences are small, while others are big.
- Some regional centers place limits on certain services, while other regional centers do not.
- Some differences have a bigger negative impact on people because of their disability, race, language, where they live, or other parts of their identity.
- It is hard for people with disabilities and families to make informed choices about the services they receive when there is no clear way to tell what those services are and how to get them.



**What do you think about these problem statements?**

# Problem Statement:

## Example of where we are now

Independent Living Skills Services: 2 regional center examples	
<u>Regional Center A</u>	<u>Regional Center B</u>
Independent Living Skills are those abilities/proficiencies that enable one to accomplish basic functional daily living skills. Independent living skills <b>can only be authorized while living with a family member when “the client intends to move. . . into a living arrangement that does not include a caregiver” and “the purchase does not exceed 10 hours per month.”</b>	Independent Living Skills Training means a continuum of functional skills training that adult individuals need to secure or maintain a self-sustaining level of independence <b>in the parental home or in an independent living situation in the community</b> . The usual amount of independent living skills training ranges from <b>8 to 24 hours per month</b> .

# Cause of the Problem for Idea #1: Operational Service Definition Standards



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Developmental Services

- 3. Root Causes of Problem** should describe why there is a problem:
- Services are not clearly defined in state law, regulation or DDS guidance.
  - Regional center “Purchase of Service Policies” authorization rules are different.
  - Regional center service authorization rules make people prove things before the regional center agrees to fund the service.
  - Service authorization rules are not developed in partnership with the people most impacted by them.
  - There is not enough oversight to make sure that a service is defined in a way that is consistent with federal and state rules.



**What do you think about the root causes of this problem?**



# Information We Need for Idea #1: Operational Service Definition Standards



## 4. **Information (example)** → What data is needed to understand the issues?

- Service definitions from:
  - The Lanterman Act
  - Federal HCBS waivers
  - DDS regulations, guidance and directives
  - Regional center Purchase of Service policies (with service authorization criteria)
- Interviews in different regions with:
  - People who use or are seeking a particular service
  - Providers who provide that service
  - Regional center staff who identify, recommend and approve the service
- Comparison charts to identify similarities and differences



**Is there other information we might need to develop a recommendation?**

## **Should This Workgroup Develop an “Operational Service Definition” Recommendation?**

## **Group Brainstorm: Other Recommendation Ideas**

# More Recommendation Ideas to Brainstorm



Workgroup members and public comments gave us good ideas. We are going to talk about these ideas and ask you for other ideas.

## For each idea think about:

- **Universal goal:** Where do we want to be?
- **Problem:** Which groups are not able to reach the goal? Who has been left behind?
- **Cause of the problem:** Are certain groups further from reaching the universal goal? What do those groups say about their experiences of the problem?
- **Information we need:** What data or information will help answer these questions?

## Brainstorm Idea #2



### **Develop and maintain consistent, transparent, and equitable service authorization standards for all regional center services.**

- **Universal goal:** People get the services and supports they need, when they need them, so they can lead the lives they want
- **Problem:** Service authorization policies don't do a good job looking at equity. For example, some parents are told that services their children need to meet their IPP goals are a "parental responsibility." And they may assume that every parent should be able to take on the same level of responsibility, regardless of their individual circumstances. Personal assistance services are one example of this. This happens even when parents can show that they are unable to provide the service.
- **Cause of the problem:** There are no consistent, transparent, or equitable rules that talk about how to decide when something is a parental responsibility versus a regional center responsibility. These things are left to each regional center to decide.
- **Information we need:**

## Brainstorm Idea #3



***Develop consistent, transparent, and equitable standards for the regional center intake and assessment process. This is the process where a regional center decides whether someone is eligible to receive services.***

- **Universal goal:** *Where do we want to be?*
- **Problem:** *Which groups are not able to reach the goal? Who has been left behind?*
- **Cause of the problem:** *Are certain groups further from reaching the universal goal? What do those groups say about their experiences of the problem?*
- **Information we need:** *What data or information will help answer these questions?*



## Brainstorm Idea #4 (From Survey)



- **Universal goal:** Make a clear list of services that can be included in the self determination program. *The list should follow the least restrictive rules so people do not lose services they already receive. It should be clear and easy to understand so we do not end up with 21 different interpretations.*
- **Problem:** *Clients would be able to relocate to a new regional center without worrying if their SDP budget will be accepted in the new regional center.*
- **Cause of the problem:** *Unclear directives and 21 different sets of rules and regulations.*
- **Information we need:**

## Brainstorm Idea #5 (From Survey)



- **Universal goal:** Establish universal, streamlined language that is simple for the average person to understand but also is used by **all twenty-one regional centers**. By making the process for all twenty-one regional centers the same, and adopting the same language, there will be less confusion and less delay.
- **Problem:** (1) The ability to fully understand and interpret what is stated. No one should be told or given a document that the other party cannot understand. (2) Different components or structure that each regional center has.
- **Cause of the problem:**
- **Information we need:**

## Brainstorm Idea #6 (From Survey)



- **Universal goal: Develop measures of equity.** Equity is at the center of all of the work of the Master Plan and should guide future decisions about the service system. A standard definition of equity would help drive policy decisions and allow for measurement of progress
- **Problem:** There is no clear definition and measurement strategy for the system's performance in equity. Without it, there is no ability to develop a comprehensive strategy to address equity and measure progress over time
- **Cause of the problem:** Various stakeholders have different ideas of what "equity" means, which has contributed to disjointed strategies to addressing the issue and difficulty measuring progress
- **Information we need:**

## Brainstorm Idea #7 (From Survey)



- **Universal goal:** Train service coordinators so that the client and family always feel supported and listened to.
- **Problem:** Service coordinators often do not identify the consumers' needs and the services available for the identified needs. The training should include the cultural aspects of the needs and appropriate services.
- **Cause of the problem:** New service coordinators often don't know how to identify needs of the client and the services available to them. Attitudes also get in the way of identifying the needs of the consumer (arrogance, cultural competence, humility, compassion and empathy).
- **Information we need:**

# Our Next Steps



## At our next meeting we will:

1. Look at a first set of Priority 1 Draft Recommendations
2. Discuss other recommendation ideas you may have

# Upcoming Workgroup Meetings



**The below dates are pending confirmation of availability of more workgroup members. Once the schedule is finalized, virtual meeting invites will be emailed to you.**

- **Friday October 4<sup>th</sup>, 9:30am-12:30pm PT**
- **Thursday October 31<sup>st</sup>, 1-4pm PT**
- **Thursday November 21<sup>st</sup>, 1-4pm PT**
- **Wednesday December 18<sup>th</sup>, 1-4pm PT**
- **Wednesday January 29<sup>th</sup>, 1-4pm PT**
- **February: TBD**

## Public Comment

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 Q&A

# Thank you!

We look forward to seeing you at the next **Master Plan Committee** meeting.

Wednesday, September 18, 2024

10:00 a.m. – 3:30 p.m.

Location: Virtual and in Fresno at The Painted Table Event Center, 5080 North Blackstone Avenue, Fresno, CA 93710

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



## 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



## 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



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“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.

# PAVE Operational Definitions of Service Types



## Operational Service Definitions for PAVE were needed to:

- Help us develop our measures of service quality and know if services are working and meeting individual's goals.
- Help us train staff and managers how to give good services.
- Help us provide information to people with disabilities and families so they can make informed choices about their services.
- Help everyone get the same services no matter where they live or what language they speak.



# PAVE Service Types



## PAVE started with these Operational Service Definition Types:

- Supported Living
- Independent Living
- Supported Employment
- In-home respite

# The Process of Developing PAVE Operational Definitions

Environmental scan – read legislation and other information and consulted with experts

Feedback from DDS

PAVE Stakeholder Advisory Group

Regional Center Directors (main definitions)

State Council for Developmental Disabilities  
(plain language summaries)

Public consultation and feedback

PAVE  
Operational  
Definitions  
Version 1