



**Master Plan for Developmental Services Committee Meeting #7 -
Summary**

Wednesday, October 9, 2024

10:00 a.m. – 3:30 p.m.

(Pre-meeting presentation 9:00-10:00am)

Hybrid Meeting

In-Person Location: Sharp Prebys Innovation and Education Center
Executive Boardroom, 4th Floor
8695 Spectrum Center Blvd, San Diego, CA 92123

Committee Members in Attendance:

Yvette Baptiste, Sascha Bittner, Cheryl Brown, Claudia Center, Shella Comin-DuMong, Dora Contreras, Lisa Cooley, Fernando Gomez, Elizabeth Hassler, Barry Jardini, Kelly Kulzer-Reyes, Will Leiner, Judy Mark, Joyce McNair, Mark Melanson, Oscar Mercado, Marty Omoto, Joe Perales, Marie Poulsen, Eric Ramirez, Norma Ramos, Sara Speck, Kavita Sreedhar, Elena Tiffany, Kecia Weller, Amy Westling, Gloria Wong, Sylvia Yeh, Larry Yin

Facilitators and Presenters in Attendance:

Victor Duron, Jonah Frohlich, Catherine Blakemore, Karin Bloomer, Anna Lansky

Public in Attendance:

Over 360 public individuals attended the meeting. Attendees participated via Zoom, by phone and in-person.

Pre-Meeting Presentation and Public Comment

Victor Duron, Project Director, presented an overview of the master plan process and a recap of prior committee meetings. Victor also provided an overview of the five Master Plan workgroups and their priorities. This was followed by a pre-meeting public comment period. The comments received are summarized in the Public Comment summary document, which is available on [the Master Plan web page](#).

Welcome

Welcoming remarks, housekeeping, and review of agenda.

Introductory Remarks by Brendan McCarthy

Victor introduced Brendan McCarthy, the Acting Undersecretary at the California Health & Human Services Agency. Brendan then thanked everyone for their efforts and stressed the need for teamwork and diverse opinions in developing the Master Plan. He emphasized the importance of including voices of individuals with lived experience in the Master Plan. He assured that, despite the recent leadership changes, the work on the Master Plan remains crucial and at top priority.

Review of Public Engagements and Input

Victor Duron reviewed the main themes received in recent community engagements, including:

- A focus group with service providers and advocates serving the San Francisco Bay Area;
- A “Coffee, Chai, and I” event with families and self-advocates from the South Asian communities and greater San Jose area with PRAGNYA (Preparing Resources & Alliances Galvanizing Neurodiversity Acculturation);
- A “Voices for Change” event with families and individuals from the Chinese, Japanese, and Vietnamese communities; and
- A meeting with members of the State Council on Developmental Disabilities.

Themes which Victor shared included:

- Simplifying the application process for multiple services and reducing paperwork;
- Increasing services for individuals with complex medical needs from providers outside the developmental disabilities (DD) system;
- Addressing staffing shortages by adjusting for different market costs across the state and promoting careers in Disability Services;
- Making the Self-Determination Program (SDP) easier to access for individuals without resources to navigate on their own;
- Ensuring proper community supports for deaf individuals;
- Providing information on the utilization of funds from closed state facilities;
- Creating a universal manual or FAQ document in plain language for all families about entitled services;
- Leveraging technology to improve information sharing and accountability (e.g., life tracker system);
- Establishing independent oversight to ensure quality across agencies;
- Strengthening job retention supports and addressing provider shortages through taskforces;

- Improving mental health services integration for people with I/DD;
- Supporting seamless transitions between life stages (early intervention, school, adulthood);
- Offering better supports for families with adult children living at home;
- Providing additional training for service coordinators;
- Ensuring transparent accountability and safe, quality care from providers;
- Informing families about service coordinator changes and maintaining continuity;
- Making service information and case status available in multiple languages and online;
- Ensuring consistency in services across regional centers;
- Developing culturally responsive living options;
- Addressing both behavioral and medical needs beyond the DD system;
- Forming multicultural family advisory committees in regional centers;
- Providing better support for stressed and underpaid service coordinators;
- Building trust by giving families clear information from the beginning;
- Including special education providers as stakeholders in the Master Plan process;
- Recognizing cultural views on disabilities and ensuring feedback is taken seriously; and
- Making the system simpler and easier for families to use.

Victor outlined several upcoming public engagement events including, but not limited to:

- California American Indian Symposium on Developmental Disabilities;
- Convening with rural Northern California communities;
- Focus group with service coordinators;
- Meeting with the California Foundation for Independent Living Centers;
- Meeting with Disability Voices United.

One committee member mentioned that they are setting up a focus group with the State Council on Disability and invited other self-advocates to get involved.

Victor expressed gratitude to the committee members for these opportunities to hear input from diverse communities. Victor also shared that input received during public comment opportunities will be analyzed and provided to the workgroups to support their recommendations.

Updates on the Master Plan Process

Jonah Frohlich, Project Consultant at Manatt, presented an update on the Master Plan process. He discussed examples of criteria that will be used to prioritize workgroup recommendations. He also discussed how workgroup members will collaborate with each other moving forward.

Jonah emphasized the importance of prioritizing recommendations based on their impact, equity, and cost. He highlighted the need to identify early wins that can be implemented immediately. He also underscored the need for co-chair input. He noted that cost and legislative analysis will also require input from subject matter experts. He noted that every recommendation should also include milestones and measures for success.

Jonah notified the committee that moving forward there will be monthly co-chair meetings to discuss workgroup overlap and collaboration. Committee members also stressed the need to review both topics that overlap between groups and topics that are not present in any group discussion.

Workgroup Roundtable Part 1

Jonah Frohlich introduced the revised Workgroup Roundtable format. This is a flexible format where participants discussed topics in small groups. The goal is to give all Committee members a chance to share their views on the workgroup ideas as they are being developed. Each workgroup facilitator gave a 5-minute update on their topics to the full committee. Then, committee members, both in-person and virtual, participated in 5 rounds of 30-minute discussions in small groups. Themes shared within the discussion among committee members included:

Workgroup 1

- **Trust:** Building trust between Regional Centers and individuals/families by emphasizing timely access to services and minimizing compliance-based barriers. This involves transparent communication and consistent follow-through on commitments.
 - Remove gatekeeping functions and reduce caseloads.
 - Ensure service coordinators meet individuals where they are comfortable.
- **Person-Centered Approach:** Ensuring that service coordination is genuinely person-centered and not overly complicated by process tasks. Process tasks are tasks like conducting quality assurance activities and conducting needs assessments. These tasks can take away from the time service coordinators have to spend with clients. Being person-centered

also requires understanding and respecting the unique needs and preferences of each individual. Families should also be made aware that conservatorship is not the only option, and not always the most appropriate option. Methods to turn around conservatorship should be discussed.

- Tailor services to meet the unique needs of communities while maintaining some standardized practices.
 - Provide supports for early start.
- Timely and Individualized Services:
 - Transform communication with consumers and families.
 - Expand eligibility for services and support both inside and outside the home.
 - Ensure information is clear, accessible, and provided in the preferred language of the individual.
 - Make the timelines the same across regions.
 - Make sure information is accurate.
 - Implement a process to allow for services that do not fit within standard guidelines to have different more appropriate guidelines. This means there may not always be a “one size fits all” approach.
- Self-Determination: Consider creating a Regional Center devoted to the Self-Determination Program. This could also be a virtual Regional Center to provide more flexibility for individuals in remote areas.
 - The Self Determination Program should be an option and not a requirement.
 - Features of S.B. 1281 should be included in the Master Plan.
- Transparency and Accountability: Improving communication and transparency in service provision and decision-making processes. Clear guidelines and regular updates can help reinforce accountability.
- Cultural Humility Training: Ongoing cultural humility training for service coordinators to better serve diverse communities. This training should also address the attitudes, prejudices, and stereotypes and service coordinators may have developed throughout their lives. This is also called implicit bias.
- Navigation Support: Providing consistent navigation support to help individuals and families understand and access services. This can include dedicated staff to assist with navigating the system. Some committee members recommended navigation support outside of the Regional Center system. Others supported keeping navigation within the system.

Workgroup 2

- **Generic Services:** Redefining and clarifying what generic services are and making sure people have access to these services when they need them. This involves identifying reasons people do not get the services they need. It also involves making the process of applying for and getting services much easier.
- **Specialized Support:** Providing specialized support for dental, mental health, and other specific needs. This includes partnerships with healthcare providers to ensure comprehensive care.
 - Addressing the reasons why transportation services are not better. Member suggested using services like Uber and Lyft to help.
 - Importance of integrating behavioral and psychiatric services into the traditional health and disability service system.
- **Interagency and Program Coordination:** Improving coordination between Regional Centers and other programs like Supplemental Security Income and In-Home Supportive Services to streamline service access. This would help to ensure that services are not duplicated, and resources are used efficiently.
- **Community Outreach:** Conducting regular information sessions and outreach to diverse communities to increase awareness and support. This can help bridge cultural and language barriers. Information about conservatorship and supported decision-making should be included in specialized information sessions for families.
- **Gap Funding:** Implementing gap funding to fill service gaps while someone is waiting for generic services to be available. This ensures that individuals do not experience interruptions in their care.
- **Transition Support:** Importance of supporting individuals during transitions like moving from primary school to secondary school to college.
- **Access to Affordable Housing:** Members stressed the importance of community-based housing for people with disabilities.

Lunch Break

Workgroup 3

- **Career Pathways:** Expanding career pathways in disability-related fields. This includes forming partnerships with educational institutions and businesses. This can help build a pipeline of skilled professionals.

- **Diverse Workforce:** Developing a diverse workforce that reflects the community and includes people with developmental disabilities. This promotes inclusivity and representation.
- **Competitive Pay and Benefits:** Providing competitive pay, benefits, and employment supports to retain a high-quality workforce. This can help reduce turnover and ensure continuity of care.
 - Providing various incentives like tax breaks, loan forgiveness, and housing assistance to attract and retain workers in the disability services field.
 - Addressing joint employment issues and providing overtime pay.
- **Training and Awareness:** Increasing awareness about disability-related careers and providing necessary training and support. This includes ongoing professional development opportunities in school programs and community outreach.
- **Technology and Innovation:** Leveraging technology to support individuals with disabilities. This includes access to autonomous vehicles and AI solutions. This can enhance independence and accessibility.
- **Microenterprise and Entrepreneurship:** Promoting microenterprise training and support for individuals with disabilities to start their own businesses.
 - A member warned that higher income should not disqualify someone from receiving support services.

Workgroup 4

- **IPP Process:** Developing a consistent, transparent, and equitable Individual Program Plan (IPP) process. This includes using electronic signatures and different modes of communication support. The solutions need to account for the technological limitations of some users. This ensures that plans are tailored to individual needs and preferences.
- **Vendorization:** Streamlining the vendorization process to make it easier for service providers to become vendors. Vendorization is the process vendors go through to get certified to provide services on behalf of regional centers. This can help expand the availability of high-quality services. Vendors should also have the capacity to support self-determination activities.
- **Intake and Assessment:** Improving the intake and assessment process for service eligibility to ensure fair and timely eligibility determinations. This includes reducing wait times and simplifying paperwork. Training should also be provided to ensure regional center service coordinators understand conservatorship and alternative options.

- **Community Support:** Providing support for people who were not raised speaking English. Supporting self-advocates without appropriate supports during the IPP process. This can include translation services and peer support networks.
- **Accountability:** Establishing metrics and ways to hold service coordinators accountable if they do not perform their duties as required. This will help to ensure quality and consistency in service provision. This includes regular performance reviews and feedback mechanisms.

Break

Workgroup 5

- **Medicaid Waiver Enrollment:** Simplifying the process for enrolling in Medicaid waivers and ensuring no delay in services while eligibility is determined. Waivers help provide specialized services or benefits to Medicaid recipients. This includes providing clear instructions and assisting people in applying. It also includes making sure that individuals are not receiving duplicative services. Individuals should also be enrolled in enhanced care management at the same time as the waiver program.
- **Outreach and Education:** Increasing outreach and education about Medicaid waivers and other available services, particularly to immigrant and non-English speaking communities. Make sure all eligible individuals are aware of and can access the services they need.
- **Integration and Coordination:** Improving coordination between different service systems. Making sure individuals with developmental disabilities get the services they need from all the various service systems seamlessly. This prevents service fragmentation and ensures comprehensive care.
 - There should be a process through which self-advocates are engaged in the process of gap analysis to understand the reasons people don't get all the services they need from the different systems.
- **Terminology and Communication:** Replacing confusing terminology like "institutional deeming" with more accessible language. This helps individuals and families better understand their options and rights.
- **Community Representation:** Including community and self-advocate representatives in key decision-making processes to ensure diverse perspectives are considered. This promotes inclusivity and equity in service planning and delivery.
- **Housing Services:** Exploring housing options, including Accessory Dwelling Units (ADUs) and pathways to homeownership for individuals with developmental disabilities.

Public Comment

At the end of the meeting, there was an additional public comment opportunity for members of the public to provide feedback. The comments received in writing through chat and Q&A and verbally are summarized in the Public Comment summary document which is available, along with other meeting documents on the [Master Plan web page](#).