

MASTER PLAN for Developmental Services

11

DESIGN

FARCH

Public Information & Input Session December 11, 2024





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 web page.

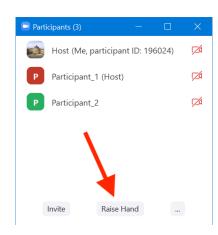


Questions? Comments? Email DSMasterPlan@chhs.ca.gov

2 _ ↑ cc **N** ... Leave Participants Unmute Start Video Q&A **Closed Caption** Chat Share Screen **Raise Hand** Record More Raise your hand Leave the Participants will always be Committee when you want to Committee webinar at the able to use the Q&A members speak members end of the feature to ask questions can turn can meeting and make comments their You may need to unmute during the meetings. In webcams click on their mic addition, the chat feature on/off here "Participants" and when it's will be open unless it is an a new window will their turn to accessibility barrier to a open where you speak member of the workgroup. can "Raise Hand"



- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants



Purpose of this Public Comment Session



- Provide an overview of what the plan is and what we are trying to achieve.
- Provide a summary of what work has been done so far and what comes next.
- Offer the public more opportunities to ask questions and give feedback.

Our Vision for the Plan



- A Plan for the future of Developmental Services to provide equitable, consistent, and accessible services to all Californians with developmental disabilities.
- A Plan created with and by our diverse communities across the state, including family members, advocates, service providers, policy experts, and individuals with lived experience.
- The committee, state leadership, and community leaders across the state will work together to develop a bold plan for the future by Spring 2025.

Our Commitment to Equity



- We are committed to centering the Master Plan in Equity and the Lived Experiences of Individuals and Their Families.
- We are developing tools and strategies to support equity across all priorities and recommendations in the Master Plan.
- We have brought on subject matter experts, and internal equity team, and community equity leads to support this effort.
- We are actively seeking out conversations and input from underrepresented and historically marginalized communities.

Our Work So Far



The committee has met eight times and discussed:

- Our shared values for caring out this work and our vision statements for the future of Californians with developmental disabilities.
- What equity means to us and brainstormed about how we will work to address equity in this plan.
- Creating workgroups that will develop recommendations for the Master Plan under 5 focus areas.
 - These workgroups have all met three times and have started brainstorming recommendations

Summary documents for these discussions are posted on the <u>Master Plan web page</u>.

Documents can be made available in other languages upon request.

Pre-Meeting Public Comment Session

Workgroup 1: Individuals and Families Experience Person-Centered Service Systems They Trust



Priority 1: Build trust in Regional Center systems and other systems, particularly for people of color.

Priority 2: Ensure that every individual who meets service eligibility chooses and receives individualized services, including those not currently in the system – regardless of age, language access, race, ethnicity, or location.

Priority 3: Ensure individuals have choice and control over their lives by making self-determination the core of the developmental disabilities system.

Priority 4: Ensure equity of access and options in Regional Center services while still assuring a person-centered system to support consistency in the experience of families and individuals.

Workgroup 2: Individuals Receive Timely, Inclusive, and Seamless Services Across all Service Systems



Priority 1: Make it easier for people to get the health and human services (known as "generic services") they need, when they need them.

Priority 2: Make life transitions easier, better, and on time. Life transitions are moving to school services from early start. They also include leaving high school and getting older.

Priority 3: Help individuals and their families use community resources. These will help meet their basic needs. These will help support them being part of their community. Workgroup 3: Individuals and Their Families Receive Services from a High-Quality, Stable and Person-Centered Workforce



Priority 1: Expand career pathways to develop a diverse workforce that reflects the community.

Priority 2: Provide competitive pay and employment supports to recruit and retain a high-quality workforce that includes people with developmental disabilities.

Priority 3: Create clear roles and responsibilities for service coordinators to deliver culturally responsive, effective, and consistent services.

Workgroup 4: Individuals and Their Families Experience Consistent, Transparent, Accountable and Data-Driven Systems that Focus on Outcomes



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 our diverse communities.

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

Priority 3: Strengthen DDS, regional center, vendor and provider accountability for achieving equitable and person-centered outcomes.

Workgroup 5: Individuals Receive Quality, Life-Long, Person-Centered Services from Systems with Adequate Resources



Priority 1: Make it easy for individuals and families to sign up for Medicaid if they are eligible. This will bring more money for services to California.

Priority 2: Connect the different types of services that people with developmental disabilities use in California (Regional Center, schools, mental health, and more). This will help all the systems work together to help people live better lives and reach their goals

Priority 3: Make sure people have person-centered and culturally informed services (such as housing, transportation, education, local resources, and more) that support people to live in their community how they want. Make sure Medicaid or other programs can pay for these services.

Questions and Input



Group 1: Person-centered service systems that we trust.

Group 2: Timely, inclusive, and seamless services across all service systems.

Group 3: Services from a high-quality, stable and person-centered workforce.

Group 4: Consistent, transparent, accountable and data-driven systems that focus on outcomes

Group 5: Life-long services with adequate resources.

- What challenges do people face when they first try to get services and how can we make that experience better?
- What could we do to make it easier to get services from other systems outside of the regional centers?
- What could we do differently to hire and retain more highly qualified staff to provide services?
- Are there new or different services that we need to add or increase?
- Do you have other ideas for how we can better serve your community?





We welcome other suggestions on the Master Plan and how we can engage with you! Please email us at: <u>DSMasterPlan@chhs.ca.gov</u>.

For more information and upcoming meeting dates, visit the <u>Master Plan web page</u>.

Pre-Meeting Public Comment Session



MASTER PLAN for **Developmental Services**

Stakeholder Committee Meeting

December 11, 2024

DESIGN

FARCH

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 "Mute original audio".



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



• This meeting is being recorded.



• Materials are available online on the Master Plan web page.



Questions? Comments? Email <u>DSMasterPlan@chhs.ca.gov</u>.

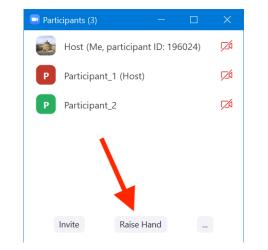
Zoom Instructions



× ^	//	2	F	-	<u>^</u> ^	-		cc	•••	\$
Unmute	Start Video	Participants	Q&A	Chat	Share Screen	Raise Hand	Record	Closed Caption	More	Leave

Committee members can unmute their mic when it's their turn to speak Committee 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 accessbiilty barrier to a member of the committee. 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

•	
	_
- <u>-</u>	_
	_
.	_
	_

- 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 (10:00 am)

- 2. Review of Public Engagements and Input (10:25 am)
- 3. Workgroup Roundtable & Public Input Session Part 1(10:40 am)

4. Break (11:20 am)

5. Workgroup Roundtable & Public Input Session Part 2 (11:35 am)

6. Lunch (12:15 pm)

- 7. Workgroup Roundtable & Public Input Session Part 3 (12:50 pm)
- 8. Break (2:10 pm)
- 9. Workgroup Roundtable & Public Input Session Part 4 (2:20 pm) 10. Public Comment (3:00 pm) 18

Community Agreements



- 1. Show respect toward others
 - We show respect and assume good intentions from others
- 2. Listen for understanding
 - We actively listen, acknowledge each other's ideas, and ask questions out of sincere curiosity
- 3. Create a safe space for difficult conversations
 - We establish safe spaces for difficult conversations; we welcome and respect differences in opinions
- 4. Share time and space for everyone to contribute
 - We practice "time-mindfulness", leaving space for others to contribute. We are present and participate in one conversation at a time

Community Agreements, cont.



5. Support an inclusive environment

• We embrace and value the diversity of perspectives, cultures, backgrounds, and experiences and center our work in the diverse voices of people with lived and living experience and their families.

6. Embrace collective wisdom

• We are open to possibilities and out-of-the-box thinking, and make informed decisions together.

7. Build Community

• We engage with our communities and bring their voices and ideas to the table

8. Teamwork

• We work together as a team

Community Engagement

California Community Living Network



- El Arc de California
- California Association of Health Facilities Conference
- Valley Mountain Regional Center Local Volunteer Advisory Committee
- Northern L.A. County Local Volunteer Advisory Committee
- Korean Community Listening Session
- Developmental Disabilities Council
- North Bay Regional Center
- Tribal Symposium on Developmental Disabilities
- San Francisco Autism Society
- Statewide Self-Advocacy Network
- Self Advocacy Council 6



Workgroup Roundtable & Public Input Session



The goal is to give all Committee members a chance to share their views on the workgroup ideas as they are being developed.

For Committee members on Zoom:

- Committee members will be assigned to a breakout group.
- Each breakout room will have a facilitator. The facilitator will provide a summary of each workgroup topic.

For members of the public:

- Public Members will participate in the Zoom environment, choosing either an English or Spanish language breakout room.
- Hosts will facilitate five workgroup topic discussions and request input from participants.

Workgroup Topics



Workgroup 1

Individuals & families experience personcentered service systems they trust

Workgroup 2

Individuals receive timely, inclusive, & seamless services across all service systems

Workgroup 3

Individuals & their families receive services from a high-quality, stable & person-centered workforce

Workgroup 4

Individuals & families experience consistent, transparent, accountable & data-driven systems that focus on outcomes

Workgroup 5

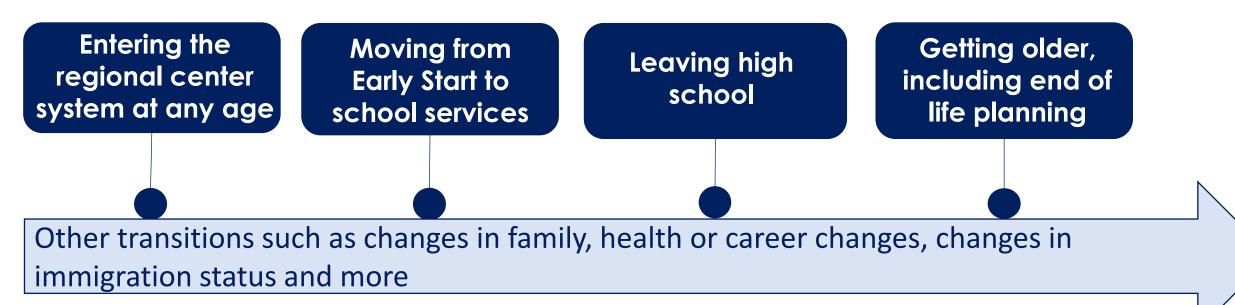
Individuals are entitled to life-long services with adequate resources



Workgroup 2

Workgroup 2 - Life Transitions: Make life transitions easier, better, on time





At each of these transitions everyone receives:

- Information about the life transition & what happens next
- The option of a person-centered plan & planning services (PCP) they choose
- The option of navigation supports provided by someone they choose

Workgroup 2 - Universal Goal 2 Priority 2: Recommendation Update



Workgroup 2 finalized 3 Recommendations to improve life transitions:

- 1. At every life transition, people will get information, and if they choose a person-centered plan; and navigation supports, including peer supports.
- 2. High school students receive transitions supports starting at age 14. These include support to make their own decisions. This includes supported decision-making. It also seeks to reduce the number of initial conservatorships. People also develop their own career pathway. This includes competitive integrated employment (CIE) and post secondary education.
- 3. Children who move from Early Start to schools and their families receive transition supports before the transition begins. This includes timely assessments by regional centers and schools. It makes sure that regional center fund services when there are no services and for after school hours.

Workgroup 2 - Brainstorming Priority #2 Other Big Ideas: We want your input



Other "Big" Idea #1: Ideas for Adults who are aging & want different kinds of services.

Ideas discussed:

- Access to community services including senior services with needed supports
- Service coordinators with expertise about available community services. They also have the time to connect people to services and government benefits These are called specialized "case loads"
- A "gap" analysis to identify service gaps for older adults and possible new and flexible service types.
- Improve services for individuals with Down Syndrome who have dementia. This includes assessment of needs and new service models.
- New ways to get help managing benefits. Help managing self-determination budget and benefits when a person no longer can do so.
- Needs of aging care-givers. This could be an expansion of Coordinated Family Supports.

What other ideas do you have?



Other "Big" Idea #2: Support for people with I/DD who are becoming parents

Ideas discussed:

- Information people can understand about pregnancy complications.
- New ways to get parenting support to meet the needs of the individual. This might include direct parenting support using an effective model, or help with getting housing, government benefits and services.
- Help interacting with courts, Child Protective Services. The goal should be coordinating services among agencies.



Other "Big" Idea # 3: End of life planning. This should be discussed with adult. It is important to discuss with older adults & individuals with health conditions.

Ideas Discussed:

- Information about Advanced Health Care Directives. And help completing the forms
- Information about choosing a substitute decision-maker if you can't make your own health care decisions
- Information about "estate planning" so individuals can make their own decisions about who they want to receive their property. This should help people complete simple wills and other documents.



Other "Big" Idea 4: Ideas for people who enter the regional center system, at any age. (We know Workgroup 1 & 3 are thinking about this too)

Ideas discussed about Improving intake and assessment processes:

- We need to expand the kinds of licensed professionals who can conduct assessments.
 - For example, agreeing with a Licensed Clinical Social Worker can complete an assessment.
- We should expand when regional centers can accept an evaluation of another entity
 - For example, independent evaluations like ones done by Children's Hospitals. Or evaluations done by other government entities like school districts, or the social security administration
- Alternative ways to obtain information about immigrants' developmental milestones, health history when written records are not available.



Do you have other ideas Workgroup 2 should consider for its universal goal: Make all life transitions better, easier and on-time?



BREAK



Workgroup 3

Workgroup 3 - Revised Draft Recommendations: Priority #2



Priority #2: Provide competitive pay and employment supports to recruit and retain a high-quality workforce that includes people with developmental disabilities.

Recommendation A: Leadership Academy

Create a State Leadership Academy to support employment for people with developmental disabilities to work in leadership positions at Regional Centers, State Departments, and the State Legislature.

Recommendation B: Pooled Benefits

Create a State sponsored pooled benefits program that people in disability related careers, including people who are self employed, could access if they do not receive these benefits through their employment. This could include healthcare benefits, retirement programs, and other savings and insurance programs.

Workgroup 3 - Revised Draft Recommendations: Priority #2



Recommendation C: Early Career Outreach

Connect with the California Department of Education and launch a pilot program for middle and high school students, including students with disabilities, to explore and get exposure and work experience in disability services careers.

Recommendation D: Financial Incentives

Create a State-sponsored study that will produce specific recommendations for types of financial incentives that could be provided to people in disability related careers. This could include tax breaks, loan forgiveness, and housing assistance.

Recommendation E: Flexible Benefits and Financial Supports

To recruit people with developmental disabilities into the workforce, employers, particularly RCs and their vendors, should offer flexible benefits that complement their public benefits to meet their needs. This should include benefits planning and financial planning, particularly to support people who are new to employment.

Workgroup 3 Draft Problem Statement for Priority #3



Universal Goal Setting: Create clear roles and responsibilities for service coordinators to deliver culturally-responsive, effective, and consistent services.

DRAFT Problem Statement(s): Service coordinator roles are unclear and vary across Regional Centers. Their responsibilities vary and shift frequently. More training and supports are needed for service coordinators to understand how to best support individuals and families.

Discussion: Is anything missing from our problem statement(s)?

Workgroup 3: Draft Recommendations for Priority #3



Create clear roles and responsibilities for service coordinators to deliver culturally-responsive, effective, and consistent services.

Draft Recommendations: As a group, brainstorm possible recommendations for priority 3. Consider the problem statement and your own experiences and expertise to help you think of possible recommendations. Below is an example of a possible recommendation based on recent discussions in Workgroup 3.

Example: The State should conduct a study of vacancy and retention rates for Service Coordinators at all Regional Centers. Then State could create a list of the best practices and possible new requirements modelled after the RCs that are most successful at hiring and keeping their SCs.



LUNCH



Workgroup 4

Workgroup 4 - Recommendation: Standardized Intake Processes (1/2)



Background

DDS is standardizing intake processes for Early Start and Lanterman populations. This work is required by Senate Bill (SB)138.

Problem

- Regional centers use different processes and technology for intake. This results in inconsistent experiences for individuals and families.
- There are no standard definitions for when intake starts and ends. This results in inconsistent tracking and analysis of the intake process.
- Individuals, families, and caregivers lack clear information about the intake process and regional center responsibilities.

Workgroup 4 - Recommendation: Standardized Intake Processes (2/2)



Questions:

- During first with a Regional Center, what is most important to the individual and family?
- What is most challenging during this first contact?
- Which parts of the intake and evaluation assessment feels most burdensome? What feels most effective?
- What questions should be asked while going through the intake process?
- How can DDS educate the community on details of eligibility determination assessments that are required by both Early Start and the Lanterman Act?

Workgroup 4 Idea: Measure individual outcomes, system outcomes & performance (1/2)



Problem: There is incomplete information about individual and system outcome measures and performance. Survey and measurement efforts like the National Core Indicators (NCI-IDD) should be leveraged, but more data is needed. Without this information:

- We cannot hold everyone accountable
- We don't know what is working well and what isn't working
- We can't address service and outcome disparities

DDS has the Quality Incentive Program (QIP) and Regional Center Performance Measures (RCPM). They have public workgroup meetings to support them.

Workgroup 4 - Idea: Measure individual outcomes, system outcomes & performance (2/2)



Recommendation: Develop a complete set of measures to identify and report on what works and what doesn't. Use measures to hold organizations accountable.

- Measures can be used to link performance to payment.
- Measures can include surveys from individuals. All people would need to have equitable access to surveys and be able to respond to them.

Discussion Questions:

- How should we create a complete set of fair and equitable measures?
- How should DDS leverage QIP and RCPM work?



Workgroup 5

Workgroup 5: Priority #2



Priority #2: Integrate waiver and State Plan services across systems to improve quality of life and outcomes.

Priority #2 Simplified version: Connect the different types of services that people with developmental disabilities use in California (Regional Center, schools, mental health, and more). This will help all the systems work together to help people live better lives and reach their goals.

Workgroup 5: Summary of Draft Recommendations



Discussed at the last meeting:

- Changing Medicaid authorities to make access to services easy
- Making system navigation and service coordination better
- Training for healthcare, behavioral health, and other professionals
- Providing resources and creating flexible ways to pay providers

For today's discussion:

- Preventing and eliminating discrimination
- Creating healthcare that supports the whole person
- Developing Quality of life metrics
- Doing a Gap Analysis

Workgroup 5: Priority 2: Recommendation 3: He Preventing & Eliminating Discrimination



Implement efforts to prevent and eliminate discrimination against individuals with I/DD.

- State Plan services: DHCS needs to proactively implement nondiscrimination within healthcare and behavioral health systems the agency funds and regulates.
 - Expectations around compliance need to be made explicit with measurements, accountability, and enforcement mechanisms in contracts with Managed Care Organizations, Counties, Regional Centers, providers, and other system's partners.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination, Continued



- DHCS needs to provide support on transition to compliance, including:
 - Provide targeted outreach and education, including information about providing accommodations to individuals with I/DD.
 - Provide technical assistance, training, and outreach to help professionals and organizations understand their rights, responsibilities, and mandates to serve individuals with I/DD.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination, Continued

- DHCS must engage self-advocates, family members, DDS and I/DD community partners in developing and implementing strategies and accountability measures to achieve full compliance with antidiscrimination laws and rules.
- DHCS must develop and regularly report on data and measures specific to disparities, access, and utilization for people with I/DD compared to population without disabilities. Data must be broken out by race, ethnicity, gender, language and other demographic characteristics.

Priority 2, Recommendation 3: Preventing and Eliminating Discrimination, HHS Developmental Services Continued

 DHCS must regularly report on status of Final Rules implementation (Final Rule implementing Section 504 of the Rehabilitation Act and Final Rule implementing the anti-discrimination provisions under Section 1557 of the Affordable Care Act).

MASTER PLAN for



Workgroup 5: Priority 2: Recommendation 6: H Holistic Healthcare

- Develop equitable medical and behavioral health care
- All aspects of an individual's health are addressed and not overlooked because they have a disability
- This will lead to healthier individuals with disabilities living a better quality of life

Workgroup 5: Priority 2: Recommendation 7: Quality of Life Metrics



Develop Quality of Life Metrics with a focus on:

- Defining measurable outcomes prioritizing quality of life for individuals with developmental disabilities, such as
 - Agency over one's life
 - Independent living
 - Education success
 - Employment
 - Overall and mental well-being
- Use these metrics to evaluate how well services across systems are working together to achieve these goals.

Workgroup 5: Priority 2: Recommendation 8: Gap Analysis



DHCS & DDS, with community partners, will conduct an HCBS gap analysis to identify barriers for individuals with I/DD across service delivery systems.

The study must:

- Identify data and information needs required to identify and resolve system deficiencies.
- Identify obstacles or barriers and possible service gaps, cultural & other disparities, and people's unmet needs.
- Produce a report to be used by the community partners and Master Plan workgroups to suggest a way to develop an equitable seamless system of person-centered life-long supports.



BREAK



Workgroup 1

Workgroup 1: Self-Determination Program



- Workgroup 1 is developing recommendations related to the Self-Determination Program (SDP).
 - The SDP is an alternative service delivery model that is currently being used by over 6,000 regional center clients.
 - SDP participants have shown greater satisfaction than when they were in the traditional system.
 - The SDP has reduced racial and ethnic service disparities, increased choice and control of people with I/DD, and allowed participants to pay their staff a higher wage than the traditional system.
 - Some workgroup members state that many of the problems the Master Plan is addressing can be resolved through the SDP.

Workgroup 1: Reducing barriers to participation in SDP



- However, the SDP has many barriers and has been inconsistently implemented across the state.
- Barriers to participating in SDP were well documented in a report by the State Council on Developmental Disabilities, UCLA Tarjan Center, and Disability Rights California.
- Senate Bill (SB) 1281 was introduced in 2024 to address these barriers.
 - This bill was supported by groups of self-advocates, family members, regional centers, FMS and independent facilitators.
 - Governor Newsom vetoed the bill & recommended the Master Plan consider this issue.

Workgroup 1: Improving consistency in SDP



- The workgroup believes that elements of SB 1281 should be part of the recommendations in the Master Plan.
- Here is a draft recommendation with unanimous support from workgroup members:

Require consistency and standards across the state at every regional center to ensure equity and participation in the SDP by requiring DDS to set up easy-to-follow processes for SDP participants statewide to: enroll, set individual budgets, develop spending plans, select services and supports, and use a Financial Management Service (FMS).

- This draft recommendation reflects one element of SB 1281.
- The workgroup is working on other related recommendations.

Workgroup 1: A potential long-term goal for SDP



Other recommendations being considered include making SDP the core of the Developmental Disabilities system. This might include:

- 1. Breaking down barriers and making the SDP more consistent with more oversight.
- 2. Ensuring every regional center client understands this option and is not discouraged from participating.
- 3. Over time, significantly increasing participation in SDP so that it becomes the core of the system.

What do you think about each of these three elements?

Workgroup 1: Ways to transition to a core SDP



How might this be implemented? Here are some possibilities:

- 1. Pilot in a few regional centers that all new consumers go straight into the SDP with support
- 2. Pilot in a few regional centers that all adult consumers with no or low purchase of service (POS) go into the SDP with support
- 3. Pilot in a few regional centers that certain underrepresented groups, like Latinos and African Americans, are put in SDP with support
- 4. Create a new regional center "without walls" that has only SDP participants

What do you think of these ideas? Do you have other ideas?



Upcoming Meetings

JANUARY 2025
WED January 8, 2025 – Southern California
In-Person Location – SNNLA 1968 Adams Blvd. Los Angeles, CA 90018
FEBRUARY 2025
WED February 12, 2025 – Northern California Bay Area
In-Person Location TBD
MARCH 2025
WED March 12, 2025 – Sacramento
In-Person Location – Sacramento, CA TBD

Public Comment Session



If you want to comment on the topics of today's meeting:

- Raise your "Zoom" hand, we will call on people in the order shown in Zoom
- You have 2 minutes to provide your comment, please be respectful of others who also want to comment
- Let us know if you need additional time as a disability-related accommodation
- Send written comments by email <u>here</u>. (email to: <u>DSMasterPlan@chhs.ca.gov</u>)

Thank you!

Look forward to seeing you at our next meeting.

Wednesday, January 8, 2025 9:00 a.m. – 3:30 p.m. Location: Virtual and In-person at: SNNLA 1968 Adams Blvd., Los Angeles, CA 90018

For more information visit the Master Plan website.



