



Master Plan for Developmental Services Workgroup 1 Meeting #2

Summary

Tuesday, September 10, 2024

12:00 pm – 3:00 p.m.

Virtual Zoom Meeting

Attendance

Workgroup Members in Attendance

- Ana Seda
- Angel Montoya
- Araceli Garcia
- Chris Chu
- Christine S Couch
- Dr. Jesse Weller
- Derek Hearhtower
- Erendida Gonzalez
- Fernando Gomez
- Harold L Ashe
- Judy Mark
- Karin Bloomer
- Season Goodpasture
- Suzy Requarth

Facilitators and Workgroup Chairs/Leads in Attendance

- Lisa Cooley (Co-Chair)
- Fernando Gomez (Co-Chair)
- Season Goodpasture (Equity Lead)
- Karin Bloomer (Facilitator)

Public in Attendance

Over 130 public attendees attended the meeting via Zoom video conference.

Welcome and Introductions

Workgroup 1 facilitator Karin Bloomer welcomed the workgroup members and the public to the meeting. Co-Chair Lisa Cooley introduced workgroup members who were not able to attend the first meeting. These members also shared their favorite colors. Karin then reviewed the agenda.

Review Workgroup 1 Process and Timeline for Creating Recommendations (slides 5-6)

Co-chair Fernando Gomez reviewed the timeline and process for developing recommendations. Fernando explained that the first handful of meetings are designed to generate ideas for all four priorities and then the co-chairs, facilitator, and workgroup will begin refining the ideas into recommendations. In order to meet the timeline, co-chairs ask that workgroup members complete the homework between meetings. The workgroup's recommendations will be presented to the Master Plan Committee for feedback and approval.

Finalize Workgroup 1 Priorities (slide 7)

Lisa reviewed the workgroup priorities, which were revised after the last full committee meeting. Fernando explained that the priorities are goal statements that explain "where we want to be." Karin asked the group if there were any suggested changes to the priorities. Members did not suggest any changes to the language of the priorities. Group members noted that there will be overlap between Workgroup 1's priorities and other workgroups' priorities. One member noted that when Workgroup 1 turns its attention to Priority 3 about self-determination, it will be important to explore how the group understands that term. Fernando explained that this Workgroup's focus is "Person-Centered."

Using the Equity Tool for Priority 1 (slide 8)

Fernando Gomez reminded the group about the equity tool and how it will be used to develop recommendations. He also noted how important it will be for the public to give input. Lisa Cooley asked for initial ideas from Workgroup Members about Priority 1. She explained that Priority 1 can be viewed as our goal. It is where we want to be. We want to "build trust in Regional Center systems and other systems, particularly for people of color."

Initial Ideas from Workgroup Members (slides 9-12)

Lisa asked workgroup members for ideas or examples of what individuals and communities currently experience as it relates to Priority 1. Workgroup members contributed many different examples of experiences individuals and communities who interact with Regional Centers may experience. Karin read

through some of their answers from the homework they completed. Workgroup members also contributed thoughts during the meeting itself.

Some of the examples of experiences that were provided by workgroup members include:

- Lack of consistency in service coordinator empathy and respect towards individuals and families
- High turnover rates and staffing challenges in regional centers
- Lack of training, empowerment and support for service coordinators
- Language barriers
- Bureaucracy and strict institutional culture that is hard to change
- Lack of follow-through and denial of services without reason
- Lack of knowledge of and communication about the services available for individuals and families
- Feelings of powerlessness when fighting for resources and services
- Violations of client privacy
- Systemic issues of retaliation, bias and discrimination

Lisa then asked workgroup members to provide examples or ideas of the root causes of these challenges. Karin shared workgroup member ideas that they submitted as homework. Members also shared ideas during the meeting.

Some examples of the root causes that were provided by workgroup members include:

- Lack of accountability and oversight and binding contracts with regional centers
- Conflict of interest with service coordinators acting as gatekeepers and advocates
- Lack of independent advocates
- Issues with high staff turnover and the need for ongoing training and monitoring
- High barriers to entry for new service coordinators
- Overly complex and redundant policies
- Inflexibility and lack of modernization at regional centers
- Inconsistency of directive interpretations and implementation
- Culture of mistrust and division at regional centers
- Budget constraints
- Misalignment of goals among DDS, regional centers, and families

Break (5 minutes)

After the break, Lisa asked workgroup members to think about ideas or examples of data and information we need to resolve these challenges. Karin shared workgroup member ideas that they submitted as homework. Members also shared ideas during the meeting.

Some examples of data and information categories that were provided by workgroup members include:

- Service delivery data
- Access and caseload data
- Complaints and incidents data
- Compliance and audit reports
- Training and certification records
- Staff satisfaction and performance data
- Vendor training data
- Family satisfaction data
- Policy implementation and coordination of services data
- Equity analysis
- Communication accuracy, clarity and effectiveness data
- External evaluations and community feedback
- Medical system data
- Modernization data and timelines

One member suggested that workgroup members visit and tour their local regional centers.

Lisa then asked members to share ideas for recommendations to build trust in Regional Center systems and other systems, particularly for people of color. Karin read through ideas member submitted as homework. Members also shared ideas during the meeting.

Some recommendations members proposed include:

- Get out into the community – to listen and learn, raise awareness, and provide services – and use the help of community-based organizations to do this.
- Use clear, plain terms and language that people understand.
- Offer the same, full menu of services at every regional center.
- Explain all of the services up front so that individuals and families know all of their options.
- Hire more staff to reduce caseloads and ensure those staff speak languages used by the communities they serve.
- Have service coordinators get individuals the services they need right away, then determine which generic services can fill the gaps.

- Have regional center staff who specialize in the different needs and ages across the lifespan of clients.
- Give self-advocates and families real-time access to their own case information.
- Give the public access to regional center information through Public Records Act requests.
- Give self-advocates and families choice in regional centers.
- Separate case management from regional centers. Allow individuals to choose an advocate from a community-based organization who helps them. Reserve the administrative role for regional centers.
- Hold regional center boards of directors accountable for regional center performance and being responsive to the community they serve.
- Create a regular process of updating and expanding the rights of individuals served by the Lanterman Act.

Members shared that trust can be rebuilt by creating an environment that emphasizes transparency, accountability, cultural competence, genuine engagement, and person-centered care.

Review Upcoming Meetings and Next Steps (slides 13-14)

Karin Bloomer reviewed the upcoming workgroup meeting dates through February of 2025. Karin explained that workgroup members should feel free to reach out to her and the co-chairs to meet separately if they are not able to make it to an upcoming workgroup meeting – and to please complete homework requests as a way to give input even if a workgroup member cannot attend a meeting. Fernando Gomez explained that the next meeting will be focused on Priorities 2 and 3.

Public Comment

At the end of the meeting, Fernando Gomez supported a 30-minute public comment period. A summary of public comments is included in the Public Comment summary document which is available with other meeting documents on the [Master Plan Committee Workgroup page](#).

Meeting Materials:

Meeting materials can be found here: [MPDS Committee Workgroup - California Health and Human Services](#).