Master Plan *for* Developmental Services

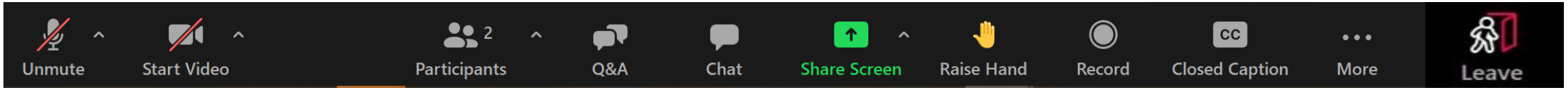
Stakeholder Committee Meeting

March 19, 2025

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 “Silenciar audio original”
- ASL interpreters have been “Spotlighted” and Zoom, automatic closed captioning is active
- This meeting is being recorded
- Materials are available online at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services
- Questions? Comments? Email DSMasterPlan@chhs.ca.gov

Zoom Instructions

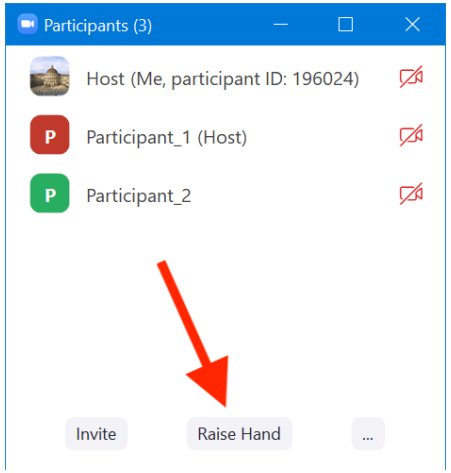


Committee members can unmute their mic when it's their turn to speak

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

- 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
2. Acknowledgements and What Comes Next
3. How Recommendations Look in the Master Plan
4. Process for Recommendations Created Outside of Workgroups
5. Process for Discussing Remaining Recommendations
6. Review and Vote on Recommendations Part 1
7. LUNCH BREAK - 11:45 am
8. Review and Vote on Recommendations Part 2
9. 15 MINUTE BREAK - 1:30 pm
10. Review and Vote on Recommendations Part 3
11. Public Comment
12. Closing Remarks and Adjournment

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

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 making 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

Acknowledgements and What Comes Next

Remarks from:

Health and Human Services Agency

Secretary, Kim Johnson

and

Department of Developmental Services

Director, Pete Cervinka

How Recommendations Look in the Master Plan

- The intent and meaning of the recommendations have not changed
- The Master Plan is written in plain language so legislators and other readers can follow it like a story
- All recommendations use the same style and voice
- Each recommendation clearly states who is responsible for what (like DDS or regional centers)
- Related recommendations might refer to each other (e.g., "As mentioned in recommendation X...")
- Similar recommendations have been combined without changing their meaning
  - Example: Recommendations on conservatorship from Workgroups 1 and 2 will be under "People with I/DD Making Their Own Life Choices."

Process for Recommendations Created Outside of Workgroups

- At the last Committee meeting we received your input on recommendations related to:
  - Equity
  - Dental care
  - Emergency preparedness
  - Involvement in the criminal legal system
  - Child welfare
- We drafted recommendations about these topics using your feedback
- We also drafted a recommendation in support of Tribal communities
- All of these recommendations are available in the draft Master Plan that you received on March 12

Process for Identifying Recommendations for Discussion: Step 1

- The co-chairs identified 11 recommendations that may need more discussion during their meeting on 3/7
- We then conducted a "level of support" poll for each recommendation, with two choices:
  1. I support including this recommendation in the Master Plan as-is
  2. This recommendation needs additional discussion
- If a Committee Member chose option #2, they were asked to provide a reason for wanting more discussion

Process for Identifying Recommendations for Discussion: Step 2

- Today, we will review those 11 recommendations in order of least amount of support to most amount of support based on answers from the poll
- Our goal is to come to a consensus so that each recommendation can be included in the Master Plan. We will talk about what consensus means in a few minutes
- For the recommendations that need more discussion, there will be small breakout groups to discuss each one

Process for Discussing Remaining Recommendations: Step 3

- Each table will report out on their discussion presenting one of two options for each recommendation:
  - We can support this recommendation as-is
  - We have a suggestion to change this recommendation (changes may be made in real time)
- Our goal is to get all of the recommendations in the plan if possible!
- Individual Committee Members will then vote on recommendations once more after discussion and any agreed upon edits are made

What Does "Consensus" Mean?

- After all votes are counted, we will see if there is enough agreement to approve each recommendation and include it in the Master Plan

- Consensus means the Committee mostly agrees on something. It means most, if not all, of us share the same opinion or decision. In other words, we are "on the same page"

- Our hope is that today we can all come to a consensus and approve all recommendations for inclusion in the Master Plan

- If a recommendation does not get enough votes of approval, there will be one more opportunity for discussion on Friday, March 21. Our goals at this discussion is to find a way to address any concerns so the recommendation is included in the plan.

11 Recommendations for Discussion

- Choice in Service Coordinators
- Administrative Support Staffing
- Regional Center Boards
- Payment and Incentives
- Consistent and Clear SC Authority
- Person-Centered IPP
- Behavioral Health
- Improve the Self-Determination Program
- Consumer Choice to Leave the School System at Age 18
- Reduce Conservatorship for all People
- Updating Vendor Rates

Expand Choice in Service Coordinators

- Give clients the option to select a service coordinator from outside of their regional center from a qualified external organization or individual.
- The Lanterman Act already allows for certain individuals from outside of regional centers to serve in the role of service coordinator, with regional center approval.
- This recommendation amends the Act to give clients the choice to use an outside service coordinator as a standard option.
- This option would not require regional center approval.
- The position would be compensated and have set qualifications.

Administrative Support Staffing

- Service coordinators spend too much time on administrative tasks. They should focus on their relationships and providing services to the individuals and families.
- There should be a position type at regional centers to help service coordinators with administrative tasks. This staff would be assigned to support multiple service coordinators with processing paperwork.
- The support staff would also allow service coordinators to spend more time providing services.
- This role would also provide another opportunity for people interested in disability-related careers.

Support regional center governing boards to provide effective oversight of regional center and executive director performance (1/4)

DDS should work with regional centers to accomplish the following:

1. Recruiting and nominating members of the governing board
    - DDS should select members of the regional center board nominating committee that reflects the community.
    - The nominating committee should do broad outreach to find and recommend community members for the board to elect as new members.
    - Regional center directors, staff, and vendors should not help recruit or nominate people for the board. They can communicate broadly.
    - The Chair and Vice Chair of the regional center Consumer Advisory Committee should automatically serve on the board.

Support regional center governing boards to provide effective oversight of regional center and executive director performance (2/4)

2. Board training and support

   - DDS should conduct board member training, along with Disability Rights California and the State Council on Developmental Disabilities.
   - Members of the community should be able to attend the board training to learn about being on a board.
   - DDS should survey consumer and family board members about the support they need and provide that support using independent supporters.

Support regional center governing boards to provide effective oversight of regional center and executive director performance (3/4)

3. Protecting board members and their families

   - DDS should create a policy that protects board members from retaliation. The policy would require DDS to review and approve any proposed service reductions for a board member who is a consumer or for a board member's family member.
   - DDS should establish a grievance procedure and someone to call when board members have concerns, complaints, or questions.
   - Board members should serve six-year terms and be required to step off the board for five years before being eligible to run for the board again. This would create more opportunity for community members to serve on the board.

Support regional center governing boards to provide effective oversight of regional center and executive director performance (4/4)

4. Other supports and protections

   - DDS should give boards guidance about setting regional center Executive Director compensation and reviewing contracts over $250,000.
   - Make sure regional centers are accountable to their contract with DDS and the State of California and not to outside organizations or trade associations.
   - Require boards to be notified of complaints with evidence against a service provider before the board takes up a vote to approve, renew, or deny that provider's contract. These complaints would include mistreatment, abuse, or negligent injury or death.

Payment and Incentives

DDS should pay developmental service providers and regional centers for great performance that improves outcomes.

- More funding should be provided to pay incentives for performance that goes above and beyond what is required by the job.
- Clear performance goals that consider disparities, equity and harder to serve populations should be set and should be known by regional centers and vendors. People served by the system should be involved in deciding what those goals should be.
- Penalties should be considered for poor performance, but they should not result in unintended consequences or money leaving the system.
- Think about ways to provide non-financial incentives for regional center employees.
- Create incentives so that vendor employees can be directly rewarded.
- Provider and regional center performance that is consistently poor, or when there is reported mistreatment, should be investigated.
- Regional center contracts should be updated to pay for high-quality outcomes.

Consistent and Clear Service Coordinator Authority

- DDS should get stakeholder input and make clear rules about what kinds of decisions regional center service coordinators can make and how those decisions are made.
- The goal of this recommendation is for service coordinators to be empowered to approve services more quickly and to reduce wait times for individuals and families.
- This would also help address conflicts of interest in their role to advocate for the people they serve versus the pressure they sometimes experience to limit which services can be authorized.

Use a person-centered approach to individual program planning

DDS should make service coordinators' approval authority clear and consistent across all regional centers to approve the IPP in collaboration with the client.

DDS should make sure regional centers:

- Have no secret committees: Make the "exceptions process" transparent and focused on finding a solution to meet clients' needs.
- Include the client and their circle of support in these meetings.
- Before issuing a Notice of Action (NOA) about service denial, meet with the client and their circle of support to find creative solutions.
- Resolve service decisions within five business days and begin services promptly.

Behavioral Health (1/7)

Develop a "System of Care" for People with I/DD and Behavioral Health Needs. A "System of Care" means that different service systems work together to provide all of the different services that a group of people need. Based on the principles of trauma informed care and the fact that individuals with I/DD can also have mental health conditions.

The "System of Care" will be informed by a "gap analysis" The state should conduct a gap analysis of behavioral health services that are available to individuals with I.DD.

- This means identifying gaps in: supports, services residential living arrangements.
- It should look at services provided by school-based mental health, community based behavioral health services, crisis and emergency services, residential services.
- It should look at the adequacy of the behavioral health workforce with a focus on those trained to provide services to people with I/DD

Behavioral Health (2/7)

The System of Care plan should include:

Memorandums of understanding (MOU) in all 58 counties. The MOU agreement should include different organizations that provide behavioral health services to people with I/DD, Regional centers, County behavioral health, Managed care plans, County Dept of Education

- The MOU work should be led by a team of leaders from the different organizations.
- The MOU should include information about the processes for
  - Screening, assessment and entry to behavioral health services.
  - Universal service planning.
  - Aligning and coordination of services.
  - Information and data sharing.
  - Financial management and cost sharing.
  - Resolving disagreements between organizations. dispute resolution.

Behavioral Health (3/7)

Make Sure There Are Enough Behavioral Health Providers for People with I/DD.
Build on the workforce efforts undertaken by California's Department of Health Care Access and Information (HCAI).

- Increase the number of professionals with training to serve individuals with I/DD and co-occurring behavioral health needs.
- Allow staff with an AA degree, BA/BS degree and unlicensed staff with a Master's Degree to deliver, with appropriate supervision, structured, evidence-based services.
- Expand the availability of HCAI internships at regional centers, UCEDD's and other programs. This could focus on rural and other underserved communities.
- Expand the pre-service and in-service training for behavioral health providers to include knowledge and skills to meet the needs of individuals with I/DD. Work with community colleges, state colleges and universities to develop career pathway.
- Consider loan repayment, scholarships, or student loan grants.

Behavioral Health (4/7)

Change Behavioral Health Billing Practices. DHCS should change billing practices and rules to allow new behavioral health service delivery models to be billed across all funding sources. For example, allow billing for:

- Services provided by providers who would not usually be allowed to provide services, as long as they have appropriate supervision.
- Group therapy services.
- Behavioral health intervention services provided on the same day as a health care visit at Federally Qualified Health Care Centers (FQHC).
- Behavioral health services which are provided based on the symptoms a person is experiencing, even if they do not have a mental health diagnosis.
- Behavioral health services provided to parents or other primary caregivers of people with I/DD.

Behavioral Health (5/7)

Make Sure People with I/DD and Behavioral Health Needs Get Enhanced Care Management (ECM) and Enhanced Service Coordination. DDS and DHCS should develop and implement a state-wide approach to provide these.

- DHCS should make people with I/DD and co-occurring behavioral health needs a new population of focus for ECM. ECM provides a Lead Care Manager to services. This would help make sure that people get care coordination support.
- DDS and regional centers should include people with I/DD who are "at risk" of needing behavioral health or crisis services DDS and regional centers should also include placement in IMDs as a criteria for complex needs and lower caseload ratios.

Behavioral Health (6/7)

Support Families and Caregivers Who Support People with I/DD and Behavioral Health needs. DDS should clarify and expand the kinds of training, services and supports that are available Regional centers should provide training and services and support to families and caregivers Support should include:

- Individualized, person-centered strategies to de-escalate behavioral challenges
- Environmental modifications
- Timely access to additional supports

Make Sure Parents and Caregivers of People with I/DD Can Get Behavioral Health Support. DHCS, DDS, and regional centers should coordinate to make sure that parents and other family member caregivers of people with I/DD can access behavioral health services. These services should not limited to peer support services.

Behavioral Health (7/7)

Develop Person-Centered Crisis Care Plans. DDS should identify best practice recommendations for person-centered crisis care plans. Regional centers should develop person-centered crisis care plans for people with I/DD and their families and/or caregivers. These crisis care plans should include ways to use specific crisis services which are available through regional enters and system partners. The Crisis Care Plan should be included in the person's IPP.

Expand START Teams. DDS should continue to expand the availability of Systemic, Therapeutic, Assessment Resources and Treatment (START) teams to all regional centers. START teams provide services 24 hours a day. Expanding START services to all regional centers will make sure that prevention services are available.

Remove barriers to the Self-Determination Program (SDP). Make the SDP an option for everyone served by regional centers. (1/4)

1. DDS should break down barriers to participation in SDP.
    - Establish streamlined and consistent processes and procedures for the SDP.
    - Make sure participants have authority over their spending plans.
    - Standardize and simplify spending plans.
    - Make the Financial Management Service (FMS) responsible for any penalties or fines resulting from its failure to comply with state and federal labor requirements, such as timely pay.
    - Require budgets and spending plans to roll over until new authorizations have been completed and sent to the FMS, as an assurance of consumers' continuity in SDP participation.

Remove barriers to the Self-Determination Program (SDP). Make the SDP an option for everyone served by regional centers. (2/4)

CalHHS Master Plan for Developmental Services

2. DDS should reduce delays by setting specific timelines for these actions that are within regional centers' control:
   - Sending a consumer their purchase of service (POS) 12-month expenditure report.
   - Scheduling budget meetings.
   - Reaching out to a consumer to schedule a renewal budget meeting.
   - Reviewing the spending plan.
   - Sending the POS authorization to the Financial Management Service.

Remove Barriers to the Self-Determination Program (SDP). Make the SDP an option for everyone served by regional centers. (3/4)

3. DDS should make sure every regional center client receives unbiased information at every IPP meeting about the opportunity to participate in the SDP.
   - Offer SDP as a standard service model option to every client at every IPP meeting and whenever the client requests it.
   - Include information about SDP as a standard option in all materials.
   - Contract with an outside organization to develop and translate materials, improve SDP orientation, and train service coordinators about SDP.

Remove barriers to the Self-Determination Program (SDP). Make the SDP an option for everyone served by regional centers. (4/4)

CalHHS Master Plan for Developmental Services

4. Have a goal to significantly increase participation in the SDP.
    - Develop a pilot project in multiple regional centers to provide additional supports for enrollment in SDP for communities that are underrepresented in the SDP.
    - Require regional centers to conduct proactive outreach, comprehensive SDP training, intensive supports from independent facilitators and Financial Management Services, and faster onboarding from the regional centers.
    - Evaluate the pilot project to assess whether this resulted in increased enrollment, higher satisfaction and better outcomes, and whether streamlined processes were used.

Give young adults with I/DD the choice to leave school at age 18.

- The State should amend the Lanterman Act so that people with I/DD who are 18 or older can choose to leave the school system without formally graduating.
- These individuals should not be required to remain in public school transition programs until the age of 22.
- Instead, they should have the option to leave the school system with access to developmental services between the ages of 18 and 22.
- The law used to offer this choice before State Budget cuts in 2009.

Use supported decision-making more. Have fewer conservatorships. (1/5)

1. Continue to invest in statewide resources for Supported Decision-Making.
   - Secure ongoing state funding for the Supported Decision-Making Technical Assistance Program (SDM-TAP).
2. Create systemwide values about alternatives to conservatorship.
   - Develop values about alternatives to conservatorship and using conservatorships only as a last resort and for the shortest period of time.
   - Create leadership opportunities and mentorship programs so people who use supported decision-making can share their experience and help others.

Use supported decision-making more. Have fewer conservatorships. (2/5)

3. Make sure people with I/DD and their families can access information and training to use Supported Decision-Making.

   - Develop information and training for people with IDD and their family members about: how people with IDD can make decisions, why conservatorship is not the only option and information about alternatives to conservatorship, including supported decision-making and other alternatives to conservatorship.
   - Regional centers should discuss this information during each IPP meeting for transition-aged youth.

Use supported decision-making more. Have fewer conservatorships. (3/5)

4. Train school systems and other key stakeholders about Supported Decision-Making and limiting conservatorships.

   - The California Department of Education (CDE) should work with DDS to develop the same guidance as #2 – with a special focus on supporting an individual's decisions at IEP meetings.
   - CDE and local school districts should provide staff training about the guidance. Plain language information about this guidance should be provided to transition-aged youth with IDD and their family members at each IEP meeting.
   - DDS and regional centers should also provide this information and training to judges, court staff and other professionals, including health care professionals.

Use supported decision-making more. Have fewer conservatorships. (4/5)

5. Provide more state guidance and training of regional centers to reduce conservatorships.
    - DDS should provide more guidance, tools and training about how regional centers can reduce conservatorships with a focus on transition-aged youth and older adults
    - Provide clear direction about how to assess decision-making capacity and tools that all regional centers will use to report this information to the court. Require court reports for all types of conservatorship, including probate conservatorships.

Use supported decision-making more. Have fewer conservatorships. (5/5)

6. Create a plan to remove all DDS court-appointed conservatorships of regional center clients.
   - DDS should make a plan to remove all of its court-appointed conservatorships and turn down future conservatorship nominations from regional centers and the courts.
   - Use the many options available if an adult is in need of SDM.
7. Measure progress on reducing conservatorships.
   - DDS should continue to collect data about the numbers of people with I/DD who are conserved, demographic data about these people, and the type of conservatorship and relevant dates for conservatorship review. DDS should also assess how much SDM reduces conservatorships.

Updating Vendor Rates

California should conduct a study and use the results to update its vendor rate model. The study should include:

- The true costs of paying competitive wages and administering services
- Wages and qualifications of other jobs that direct service staff apply for
- How much of the vendor rates go to pay for staff wages and benefits
- Rates needed to serve all communities, including rural areas and people with higher support needs

DDS should use these studies to update vendor rates and provide more flexible rate exceptions when needed. DDS should also commit to regularly reevaluating vendor rates to make sure they stay competitive in the future.

Review and Vote on Recommendations, Part 1

LUNCH

Review and Vote on Recommendations, Part 2

BREAK

Review and Vote on Recommendations, Part 3

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 here. (email to: DSMasterPlan@chhs.ca.gov)
- We can't help you with your services (or your family member's services) during public comment. If you need help, please contact the independent Ombudsperson's Office at: Ombudsperson@dds.ca.gov or call: 877-658-9731.

Thank you all for your hard work and dedication to creating the Master Plan for Developmental Services!