CalHHS
California Health & Human Services Agency

Master Plan for Developmental Services Committee Meeting #10 - Summary

Wednesday, January 8, 2025

9:00 a.m. - 3:30 p.m.

Virtual and In-Person at SNNLA F.A.M.E. Renaissance Building
1968 W Adams Blvd.
Los Angeles, CA

Attendance

Committee Members in Attendance

- Edith Arias
- Yvette Baptiste
- Sascha Bittner
- Shella Comin-DuMong
- Dora Contreras
- Lisa Cooley
- Brett Eisenberg
- Fernando Gomez
- Season Goodpasture
- Elizabeth Hassler
- Barry Jardini
- Mark Klaus
- Kelly Kulzer-Reyes
- Victor Lira
- Judy Mark
- Areva Martin
- Joyce McNair
- Mark Melanson
- Oscar Mercado
- Marty Omoto
- Joe Perales
- Eric Ramirez
- Norma Ramos
- Sara Speck

- Kavita Sreedhar
- Elena Tiffany
- Kecia Weller
- Amy Westling
- Tiffany Whiten
- Sylvia Yeh
- Brian Zotti

Facilitators and Presenters in Attendance
Catherine Blakemore, Karin Bloomer, Sandra Cross, Victor Duron, Jonah Frohlich, Katie Hornberger, Anna Lansky, Marlene Morales

Public in Attendance
Over 270 public attendees attended the meeting via Zoom video conference.

Pre-Meeting Presentation and Public Comment (Slides 4-15)

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 website.

Welcome (Slides 16-21)

Welcoming remarks, housekeeping, community agreements, and review of agenda were provided.

Next Steps for the Master Plan (Slides 21-22)

Victor reviewed the next steps for the Master Plan. The five workgroups are working on their final recommendations. The Master Plan team is reviewing committee, workgroup, and public comments to find any missing topics. The team is also reviewing recommendations to make sure that none of them say the same thing. This is also called "overlap." The Master Plan team is planning the remaining committee meetings and developing a process to complete the recommendations. In January and February, we will finish making recommendations, resolve overlaps and identify missing topics. We will review this with the committee. We will release the draft of the Master Plan in March.

Review of Public Engagements and Input (Slide 23)

Victor talked about the main ideas from recent community meetings. A document summarizing these community meetings is available online.

Workgroup Roundtable & Public Input Session Part 1 (Slides 24-34)

Committee members and the public joined breakout rooms (in person and on zoom) to provide input on workgroup recommendations. The summaries below summarize this feedback. During the first breakout session, committee members reviewed Workgroup 3 Priority 3.

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

Members discussed the goal (priority), problem statement, and draft recommendations. Workgroup 3 members used the universal goal and problem statement to help them brainstorm the following five recommendations.

1. **Study on Vacancy and Retention Rates (Slide 29):** California should conduct a study of vacancy, pay, and retention rates for Service Coordinators (SCs) at all Regional Centers (RCs). The results of this study should be used to create recommendations and requirements for RCs to support better recruitment and retention of SCs. This recommendation was informed by a focus group with service coordinators, who noted that all regional centers pay differently.
2. **Tiered Service Coordinator Development (Slide 30):** The SC role should be modeled into a tier system where the first year of work is focused on the most basic skills and gets more complex each year. This would help support SCs and the people they serve by helping new SCs get good at the basics and not feel overwhelmed and give the most complex work to the most experienced SCs.
3. **Administrative Support Staffing (Slide 31):** There should be a staffing position at RCs that assigned to support multiple SCs with processing paperwork. These could be less expensive staff or interns, and they would free up SCs to focus on building relationships with individuals and families and spending more time providing services.
4. **Update Staffing and Caseload Formula (Slide 32):** There should be an independent study of RC caseload sizes and staffing ratios. This independently conducted study would be used to update and modernize requirements for caseload sizes, caseload types, and staffing ratios for roles like SCs and client advocates assigned to RCs.
5. **Establish Consistent and Clear SC Authority (Slide 33):** DDS should establish and enforce clear and consistent rules about the decision-making authority of service coordinators. This would empower SCs to serve families, reduce delays in services, and streamline processes.

Suggestions from committee members about changing these recommendations included:

- Establishing a standardized pay scale for SCs across the regional centers, considering the cost of living in different areas
- Making sure that any recommendations and changes are informed by best practices and data from other states
- Recommendations should consider similar services and be person-centered, which means making sure they work for real people in real situations
- Protecting SCs from retaliation for offering services and ensuring their evaluations include feedback from clients on the quality of services provided
- Revising the RC core staffing ratio formula and rate models
- Studying the different sizes of regional centers
- Defining "basic skills" in recommendation #2
- Instead of the tiering system mentioned in recommendation #2 and the administrative positions mentioned in recommendation #3, offering internships, apprenticeships, or shadowing opportunities as career ladders
- Using terminology other than "less expensive staff"
- Using social work interns as administrative staff
- Changing the state plan amendment related to SC qualifications and minimum requirements
- Improving training for SCs to make sure people get the services they need even if they do not use certain words, or "buzzwords," in their request
- Ensuring that changing SC roles would lead to improved client outcomes
- Distinguishing between voluntary and involuntary leaves in vacancy and retention data
- Changing policy so that all upper management at RCs must have previous experience as an SC or case manager
- Separating the SC role from RCs and instead employing SCs at other organizations

General feedback from committee members about these recommendations included:

- Broad agreement that higher pay and more funding for SCs is important
- Having a tiered system can make things harder when SCs leave or are out of the office because it becomes difficult to share case information and ensure coverage
    - It is not clear what the tiered system would be based on or what the definition of "basic skills" is
    - Recommendations #2 and #3 can be consolidated into one simplified recommendation

- Information about salaries, recruitment, and retention of service coordinators is easily accessible at each RC
- Some SCs are represented by unions and others are not. A union is an organized group of workers that was formed to protect their rights and negotiate with the people they work for. This means that it is difficult to make SC salaries the same.
- Too many people are required to review spending plans

Break

Workgroup Roundtable & Public Input Session Part 2 (Slides 36-40)

During the second session, committee members reviewed Workgroup 4 Priority 3.

Priority 3 is:
Strengthen DDS, regional center, vendor, and provider accountability for achieving equitable and person-centered outcomes. In other words, making sure DDS, regional centers, and vendors are responsible. That they provide the services they are supposed to. And that they give fair and person-centered results.

Committee members were asked to discuss accountability. Accountability means being responsible for something or having to explain your actions to someone. It is about promising to do something and taking responsibility for the results. Committee members discussed accountability measures that Workgroup 4 should focus on.

Workgroup 4 already has 3 draft recommendations about accountability:

1. The first is dealing with mistreatment, abuse, and neglect. This recommendation will include: (1) how to prevent harm; (2) how to increase transparency; and (3) dealing with and removing people and organizations from the I/DD system who have committed harm, abuse, or neglect of clients
2. The second recommendation focuses on the contracts DDS has with regional centers. For this recommendation, the workgroup needs to think about: (1) What requirements need to be in contracts; (2) how contracts and RCs are monitored; and (3) how those contracts are enforced.
3. The third recommendation focuses on payment and incentives. For this recommendation, the workgroup needs to think about how: (1) DDS rewards good outcomes; (2) consequences for poorer outcomes

Suggestions committee members gave about accountability measures included:

- Creating a registry of approved support providers and rating their performance based on clear criteria
- Standardizing incident reporting processes across all RCs to ensure consistency and proper follow-up
- Providing technical assistance to RCs that do not meet performance targets
- Providing financial rewards that are tied to achievable outcome targets
- Tracking utilization of generic services across the system to ensure that people are getting the services they need quickly
- Expanding accountability beyond DDS and RCs including FMS, schools, healthcare systems, and social services like foster care
- Developing functioning advocacy organizations to ensure broader accountability across the system
- Linking rewards or consequences to a client satisfaction survey
- Identifying retaliation and intimidation as a form of abuse. Retaliation is when the RC or SC treats a client poorly because of something the client did. Intimidation is threatening behavior.
- Identifying how bad actors (SC or others who end up doing damage by not doing their jobs appropriately) are prosecuted or removed from the system
- Improving education about the rights of individuals and families so that people know how to identify and address issues of abuse or neglect and improve their quality of life
- Ensuring service providers have proper licenses and certifications
- Creating and maintaining strong support systems to advocate for individuals who experience abuse or neglect
- Allowing portability, or movement of services along with clients, across RCs with DDS supervision to ensure people get the care they need without restrictions

Lunch

Workgroup Roundtable & Public Input Session Part 3 (Slides 42-56)

Workgroup 5 (Slides 42-48)

Committee members discussed Workgroup 5 Priority 3.

Priority 3 is:
Create new and expand 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.

Ideas committee members had about Priority 3 included:

- Incorporating assistive technology and smart home solutions to promote independence and reduce reliance on paid staff
  - Providing training for this technology
  - Providing Internet access for those who do not have it
- Expanding affordable and accessible housing options including Accessory Dwelling Units (ADU), housing subsidies, and leveraging existing resources for better housing access for people with I/DD
- Funding the use of rideshares and self-driving vehicles to increase accessibility and independence
- Providing comprehensive digital literacy training and privacy protection measures to ensure safe use of technology by individuals with I/DD
- Ensuring public spaces and events are inclusive and welcoming to people with I/DD
- Collecting feedback from self-advocates and families to inform service improvements
- Improving DDS rates to increase staff and reduce staffing ratios in day programs
- Increasing access to wheelchair providers and repair staff for Medicare members
- Providing more opportunities for different types of therapies to be virtual
- Adding a section in the IPP form about types of technologies that people use
- Adding a section in the IPP form about housing needs
- Enabling people with I/DD and their families to purchase homes through deferred payment programs and deferred taxes
- Improving access to Alzheimer's services and programs for people with I/DD
- Acknowledging that the needs of individuals with I/DD are comparable to those of individuals without I/DD during childhood, but they become different during adulthood, and align again in older adulthood
- Considering eliminating Intermediate Care Facilities (ICF)
- Recognizing that providing housing for 6 months is not sufficient for people with I/DD
- Learning from The Kelsey's model of mixed-ability, mixed-income housing in San Jose
- Changing federal waivers so that assistive technology is federally billable like in Missouri and Ohio
- Improving transportation options to day programs
- Ensuring that all RCs pay upfront rather than reimbursing parents for community programs such as sports
- Helping to define what "community" means for each individual and creating connections to those communities
- Improving and increasing services created for tribal populations

    - Ensuring tribal leaders have knowledge of these services
- Addressing mental health challenges for people with I/DD
- Improving social recreation programs for aging adults
- Removing the 12-week cap for coordinated family supports
- Eliminating outdated day program group outings such as trips to the mall

<u>Workgroup 1 (Slides 49-56)</u>
Committee members discussed a draft recommendation for Priority 2 and a draft recommendation for Priority 3.

Priority 2 is: Make sure that anyone who is eligible for services learns about, understands, and gets individualized and timely services - regardless of their age, language access, race, ethnicity, location, or other characteristics.

The draft recommendation from Priority 2 that the committee members discussed is:

Strengthen trusted referral pathways to regional center services by:

a. Developing peer mentoring programs within cultures (including disability cultures), so individuals can get support from others with similar experiences.
b. Providing peer support specialist training to individuals with disabilities (in the community and clients) to support clients.
c. Conducting more effective outreach and training to professionals who interact with families so they can help identify intellectual and developmental disabilities for individuals as early in life as possible – and refer them to regional centers.
    - These professionals include pediatricians and other health providers, school administrators and teachers, community organizations, hospitals, and social workers.
d. Providing informational materials in multiple languages and formats for these professionals to distribute at their offices, local health clinics, schools, early Head Start programs, and community centers.

Ideas committee members had about this recommendation included:

- Using the Promotoras pathway for information dissemination
- Educating street outreach workers and mobile health workers to identify people as recipients or potential recipients of RC services
- Building capacity for intake and a trusted referral process
- Making sure that people with co-occurring conditions do not get stuck between systems
- Standardizing access to respite across RCs
- Providing advocacy and cultural skills workshops to SCs
- Individualizing referrals because all people are different

- Including peers who have co-occurring conditions in peer mentoring
- Making sure that generic services provided are also covered under potential future insurance providers
- Providing training in languages other than English
- Including institutions that people trust such as churches and temples
- Including peer mentors from the same cultural background or community they serve

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

The draft recommendation from Priority 3 that the committee members discussed is:

Give clients direct access to decision-makers in the development of their individual program plan (IPP) and in other service decisions.

This means:

a. Giving service coordinators the authority to approve the IPP as part of a collaborative planning process with the individual.
b. Service coordinators are <u>not</u> relaying information to a manager and/or clinical team or committee that makes decisions without the individual in the room.
c. Service coordinators' approval authority is made clear and consistent across all regional centers.
d. Clients are provided clear verbal and written explanations of all service approvals and denials within a short, specified timeframe.

Ideas committee members had about this recommendation included:

- Creating a framework for IPPs to make it clear why a decision was made
- Having the individual for whom the IPP is being created present in the room during its creation
- Updating the appeals process
- Training law enforcement
- Partnering with community organizations and peers for advocacy support
- Adding the wording "demystification of appeals process" into part c
- Making it easier for service coordinators to make decisions to avoid having to use the exceptions process
- Adding housing to the IPP template
- Addressing limitations to services in rural areas

Workgroup Roundtable & Public Input Session Part 4 (Slides 58-64)

Committee members discussed Big Ideas for Workgroup 2 Priority 3.

Priority 3 is:
Create inclusive communities where people with I/DD and their families belong and the have the resources to thrive.

Big ideas that Workgroup 2 has already thought of for Priority 3 include:

1. Increased Access to benefits and services to meet basic needs
    a. Increase the State Supplemental Payment (SSP) so all SSI recipients are above the federal poverty level. Continue to adjust the SSP with an annual COLA.
    b. Develop or expand local resource guides to help people meet their basic needs. For example, provide information about food and housing resources. This should include how to get help to access these resources. This means helping the individual contact the resource rather than just a phone number.
    c. Address disability barriers to accessing resources in other systems. For example, improving transportation.
2. Increase access to inclusive community services
    a. Increase opportunities for people with I/DD to participate in local community programs, services, and activities.
        i. Increase participation in community activities people choose. These include:
            1. Local government funded recreation services or classes. It can also include use of state or local parks. It should help people learn about free resources.
            2. Private businesses that offer community resources. For example, art or theater classes.
            3. Activities that enrich people's lives. For example, religious services, cultural activities.
    b. Increase support for people with I/DD to participate in local community programs, services, and activities. This includes:
        i. Expanding and monitor the use of participant directed services and reimbursement models to pay for non-vendored community services.
        ii. Make sure individuals have the support they need to fully participate in community services.
        iii. Provide training and take steps to eliminate discrimination in community services.
        iv. Improve transportation services. Provide transportation, when needed, to support participation.
3. Increase civic participation
    a. Support civic participation. This means people with I/DD participate in their community and community decision-making. Provide support so people can participate in activities they choose.

    i. Increase local volunteer and internship opportunities. Expand local options and remove barriers.
    ii. Educate local government officials how people with IDD can join advisory boards, committee, and commissions.
    iii. Educate people about voting rights. Provide voter registration support.
    iv. Talk about civic participation in planning meetings. Use person-centered planning meetings to explore interests and remove barriers.

Committee members shared additional big ideas about Priority 3, including:

- Developing resource guides that connect all 12 agencies and leveraging AI to automate and update them
- Training community-based organizations on better including and supporting people with I/DD
- Improving the respite care worker workforce
- Providing grants to recreational organizations and facilities that are inclusive and supportive of people with I/DD
- Hiring support staff to help facilitate relationships with neighbors and communities
- Training job coaches on working with people with I/DD
- Including a discussion of civic participation in person centered planning
- Considering civic participation as a form of self-advocacy
- Addressing transportation and adequate restroom facility challenges to civic participation
- Providing funding and support mechanisms for non-vendored vocational or educational services
- Categorizing healthcare and dental care as a basic need for state supplemental payments for SSDI
- Establishing a whistleblower hotline to avoid tokenism of people with I/DD
- Appointing people with I/DD to state advisory boards
- Funding adaptive recreation services and classes by local governments
- Creating flexible recreational activities for seniors
- Removing location barriers and expanding opportunities for online and in-person participation

Public Comment (Slide 66)

At the end of the meeting, Victor supported a 60-minute public comment period. Public comment at this meeting was longer than the usual 30-minute period to accommodate the volume of speakers who joined to share comments. A summary of public comments is included in the Public Comment summary document which is available with other meeting documents on the Master Plan website.

Meeting Materials:

- Discussion PowerPoint and other meeting documents are available on the Master Plan website.