



## **Master Plan for Developmental Services Committee Meeting #11 - Summary**

**Wednesday, February 12, 2025**

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

**Virtual and In-Person at Ed Roberts Campus  
3075 Adeline, Suite 105  
Berkeley, CA 94703**

### **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
- Will Leiner
- Victor Lira
- Judy Mark
- Joyce McNair
- Mark Melanson
- Oscar Mercado
- Marty Omoto
- Joe Perales
- Eric Ramirez
- Norma Ramos

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

### **Facilitators and Presenters in Attendance**

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

### **Public in Attendance**

Over 260 public attendees attended the meeting via Zoom video conference.

### **Pre-Meeting Presentation and Public Comment (Slides 4-13)**

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 at:

<https://www.chhs.ca.gov/home/master-plan-for-developmental-services/>.

### **Welcome (Slides 16-20)**

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

### **Review of Public Engagements and Input (Slide 21)**

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

[https://www.chhs.ca.gov/mpds\\_overview\\_community\\_engagements\\_20250212\\_0/](https://www.chhs.ca.gov/mpds_overview_community_engagements_20250212_0/)

### **Timeline and Process for Master Plan Completion (Slides 22-26)**

Project consultant, Jonah Frohlich, provided an overview of the remaining Master Plan for Developmental Services' project timeline and explained the next steps.

Throughout the month and early next month, workgroups will hold their final meetings and finalize their recommendations. Co-chairs and facilitators will meet on March 7th to discuss the final draft of the Master Plan before it is sent to the committee on March 12th. The Committee will discuss final items at the next

committee meeting on March 19th. The co-chairs and facilitators will meet one more time on March 21st, as needed, for a final review. The final draft will be completed by March 28th.

Jonah also explained that the committee members, co-chairs, and facilitators will have a chance to discuss and give feedback to each other on March 19<sup>th</sup>. Together, they will decide which recommendations need more discussion on March 21<sup>st</sup>.

Feedback from the Committee about this timeline included:

- Prioritization
  - Some committee members expressed a desire to prioritize recommendations between short-term and long-term goals
  - Some also requested developing cost considerations for recommendations
  - Some were concerned about the sheer volume of recommendations in the Master Plan
- Consensus/Including Recommendations in the Master Plan
  - Some Committee members were concerned that the committee might make decisions on 3/19 that the co-chairs might over-ride or significantly change on 3/21. It was clarified that co-chairs would only discuss recommendations on 3/21 that the full committee had not made a decision on.
  - Most agreed that a consensus vote was needed and that co-chairs would only make changes to those recommendations on which Committee members could not come to a consensus
  - Some Committee members suggested that equity leads should be included in the meeting on 3/21
- Timeline for the Administration
  - Many Committee members expressed a desire to better understand what happens after the Master Plan is sent to the legislature, including a timeline for implementation
  - Many Committee members also expressed that they would like to be included in implementation discussions after March
  - It was shared out with committee members that DDS and HHS leadership would provide more information on what comes next at the March committee meeting

### **Master Plan Outline (Slides 27-35)**

The Committee did not have time to review the slides related to the Master Plan outline, and members were asked to review and provide feedback after the meeting via email.

### ***Lunch***

### **Equity Recommendations and Additional Master Plan Topics Part 1 (Slides 37-42)**

The Committee reviewed recommendations related to equity. Equity has always been a grounding topic for the work they have been doing to develop the Master Plan. It is the grounding theme of the entire Master Plan. Equity will also be a separate section in the Master Plan. Recommendations related to equity that will be a part of the Master Plan listed on slides 38-42 were reviewed with the group.

Feedback from Committee members about these recommendations included:

- Chief Equity Officer
  - Many Committee members agreed that this role should report to CalHHS, and not DDS or the regional center
  - Others believed this role should not be just one person and should include a group or advisory board
  - The Chief Equity Officer must have a working knowledge of and experience in the I/DD system
  - There should not be 21 different ways of achieving equity
- Definition of Equity
  - The self-advocates on the Committee agreed that equity means making sure everyone gets the support they need, and that support may look different for each person. Fairness often means making sure resources go to those who need them most. Equity should also take into account where people live, their disabilities, and how easy or difficult it is to get services
  - One Committee member suggested following the targeted universalism framework
- Oversight
  - The self-advocates on the Committee recommended that there should be someone to go to with concerns. Some compared this person to an ombudsman—a person who listens to complaints and helps solve problems. It can be hard to make sure services are fair while also having the Regional Centers follow the same rules for everyone. They want clear rules that are fair, but they should be

flexible to meet each person's needs. Equity should include real actions such as anti-racism efforts to make sure everyone is treated fairly

- o Committee members agreed that implicit bias can be hard to recognize. They also mentioned that parents may be labeled as "hard to deal with," which they believe leads to a reduction or delay in services for the children
- o Committee members believe the Master Plan should address structural bias as well as implicit bias
- Language Access
  - o The self-advocates on the Committee want people to receive information in both plain language and their preferred language so they can fully understand services and expectations. Plain language is important because people need to understand the information they receive. Equity means giving people the support they need to reach their goals. Plain language is part of making things fair. Equity means getting information in your own language, so you understand what is expected
  - o Interpretation services must be improved at fair hearings
  - o There must be a pathway for communication for those who are not able to communicate verbally
  - o Providers must be trained on using assistive technology
  - o The Master Plan should further define "language" and "access"
- Equitable Inclusion of People with I/DD
  - o The self-advocates on the Committee want stay involved in the future and be part of putting the Master Plan into action. They want real decision-making power-not just a seat at the table. Support facilitators help them feel more confident in speaking up and fully participating in discussions
  - o People with I/DD should be elevated into leadership positions
  - o People with I/DD should automatically get facilitation services if they participate on boards or committees. They should automatically get reasonable accommodations if they work for RCs instead of having to ask for that help
  - o There should be a hotline at each regional center to report board tokenism
  - o Businesses owned by those with I/DD should be hired by RCs
  - o Metrics should be created to track these measures and enhance accountability

- o A longer-term working group that is made principally of self-advocates and people supporting self-advocates in leadership positions should be created to promote equitable inclusion of people with I/DD
- Community Partnerships with Marginalized Communities
  - o The self-advocates on the Committee feel that emergency preparedness should be a part of outreach plans. This is especially true after the wildfires when people with developmental disabilities were left behind. Regional Centers should partner with trusted community-based organizations to ensure individuals with I/DD are not left behind during emergencies
  - o Regional centers should collaborate with CBOs, providers and local police and fire departments to ensure these officials understand how to work with the I/DD population

## **Break**

### **Equity Recommendations and Additional Master Plan Topics Part 2 (Slides 44-48)**

After the break, the Committee discussed topics that workgroups did not cover that should be included in the Master Plan. The topics are dental care, child welfare, involvement with the legal and criminal system, and emergency preparedness and response. The facilitators will write recommendations about these topics based on feedback from the Committee that included:

- Legal Involvement
  - o DDS should train people on how to prevent interaction with police. In a behavioral or mental health crisis
  - o DDS and regional centers should ensure that county social workers and the mental health system provide needed supports
  - o DDS should develop crisis plans to have trusted individuals intervene during crises
  - o DDS, in collaboration with the California carceral system and DHCS, should develop a model reentry program for people with I/DD. This would ensure people do not lose regional center services while incarcerated. This should also include better communication between jails and regional centers to ensure regional center services are maintained during transitions
  - o DDS should train judges in court systems on working with people with I/DD.

- o The state should create an “Alternatives to Incarceration” workgroup to include representatives from the I/DD community, especially those who have been incarcerated
  - o There should be a special forensic team at each regional center to help people in the legal system, especially youth. Some already have one and it could be a model for others (San Diego Regional Center)
  - o Jails and prisons should have interpreters to make it easier for people with disabilities to communicate
  - o Regional centers should check on people if they are in jail.
- Child Welfare
  - o Case management systems should be consistent to allow for seamless transfer of cases between regional centers
  - o DDS should provide robust parenting support for individuals with I/DD who have children
  - o There should be oversight of children with disabilities in the foster care system to prevent abuse
  - o The state policy should be supporting families to safely stay together. Poverty should not be a reason for family separation
  - o Programs and resources should be developed for individuals aging out of foster services to access affordable and accessible housing
  - o Foster parents and caregivers should receive clear information about regional centers and available services as soon as a youth enters the system. Regional center staff should attend foster care trainings to make sure that more people that provide care know of the support that is available
- Dental Care
  - o Services should be made accessible, including streamlining approval processes for hospital dentistry
  - o In-home dental care should be an option, especially for those without insurance
  - o The state must build a bigger system of providers, including relationships between managed care institutions and dentists
  - o DDS should provide desensitization clinics for dental services
  - o Increase awareness about the dental coordinator role. There needs to be information about available dental services
  - o Dentists need training on how to take care of people with developmental disabilities.
  - o Dentists should be paid fairly
  - o Dentures should be included as a medical necessity

- o Regional centers should help people get the care they need before it becomes an emergency.
- Emergency Preparedness
  - o Regional centers should function as triage centers in crises
  - o Regional centers should have open lines of communication with first responders, including flagging those who need direct assistance
  - o Local police, fire departments, and regional centers should create a task force to distinguish between emergency and disaster responses
  - o This taskforce should conduct drills to work through emergency response processes
  - o Families and individuals impacted by emergencies should advise this taskforce and train fire departments on interacting with people with I/DD
  - o Individual Program Plans (IPPs) should include emergency preparedness.
  - o Regional Centers should have a clear emergency response plan and make sure clients and families know what to do in different types of emergencies.
  - o Every Regional Center should have an emergency preparedness coordinator to make sure people get the information and help they need
  - o Regional Centers should share information with community organizations that have resources to help during emergencies
  - o Emergency plans should cover natural disasters, power outages, and personal emergencies like the death of a caregiver or parent
  - o People should identify natural supports (like neighbors or friends) who can help in an emergency

### **Public Comment (Slide 50)**

At the end of the meeting, Victor supported a 45-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 here: <https://www.chhs.ca.gov/home/master-plan-for-developmental-services/>.



**Meeting Materials:**

- Discussion PowerPoint and other meeting documents:  
<https://www.chhs.ca.gov/home/master-plan-for-developmental-services/>.