Master Plan for Developmental Services Committee Meeting #12 - Summary
Wednesday, March 19, 2025
9:00 a.m. - 3:30 p.m.
Virtual and In-Person at CA Lotto
700 North 10th Street
Sacramento, CA 95811

Attendance

Committee Members in Attendance

- Edith Arias
- Yvette Baptiste
- Sascha Bittner
- Dora Contreras
- Lisa Cooley
- Shella Comin-Dumong
- Season Goodpasture
- Fernando Gomez
- Elizabeth Hassler
- Barry Jardini
- Mark Klaus
- Kelly Kulzer-Reyes
- Will Leiner
- Victor Lira
- Areva Martin
- Judy Mark
- 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
- Gloria Wong
- Sylvia Yeh
- Brian Zotti

Facilitators and Presenters in Attendance
Catherine Blakemore, Karin Bloomer, Victor Duron, Jonah Frohlich, Anna Lansky

Public in Attendance
Over 450 public attendees attended the meeting in-person and via Zoom video conference.

Welcome (Slides 4-6)
Welcoming remarks, housekeeping, community agreements, and review of agenda were provided.

Acknowledgements and What Comes Next (Slide 7)
Kim Johnson, California Health and Human Services Secretary, and Pete Cervinka, California Department of Developmental Services Director, spoke to the Committee and the public. Secretary Johnson acknowledged the important work that Committee and workgroup members did to create the Master Plan for Developmental Services. The Secretary emphasized the importance of the Master Plan and the inclusive process to create it. Certificates of appreciation were provided to the Committee members.

Director Cervinka invited a Committee member to the podium to thank project director Victor Duron for his leadership and efforts. Director Cervinka also spoke about the next steps for the Master Plan. These next steps include using the Master Plan to inform existing, new, and future work for the system. They also include convening the Committee twice a year to review progress made and hold each other accountable for implementation. The legislature will also require an annual report about implementation from the Department of Developmental Services (DDS).

How Recommendations Look in the Master Plan (Slide 8)
Victor Duron explained that the recommendations in the Master Plan may look different than when they were submitted by workgroups. He made clear that the intent and meaning of the recommendations did not change.

Some of the recommendations were extremely complex and technical. The Master Plan needed to be written so that everyone can understand it. Legislators reading the Master Plan should be able to follow it like a story. For these reasons recommendations were re-written into plain language. New language was also added to describe who is responsible for what. Recommendations that are related to one another were changed to indicate that they are related. Other recommendations that were similar to each other were combined.

Process for Recommendations Created Outside of Workgroups (Slide 9)

At the last Committee meeting in February the Committee was asked for input on recommendations about equity, dental care, emergency preparedness, the criminal legal system, and child welfare. Victor reviewed the process for creating recommendations about these topics, using Committee input. He reminded people that these recommendations were available in the draft Master Plan for review.

Process for Identifying Recommendations for Discussion (Slides 10-13)

Victor explained the process for identifying recommendations for discussion in this meeting. During their meeting on March 7th, the co-chairs identified 11 recommendations that may need more discussion in order to be finalized. The Committee members were asked to complete an online poll to show their level of support for each recommendation. There were two answer choices in this poll: "I support including this recommendation in the Master Plan as-is," or "This recommendation needs additional discussion."

If a Committee Member chose option #2, they were asked to provide a reason for wanting more discussion. Victor explained that today the Committee would review those 11 recommendations in order of least amount of support to most amount of support based on answers from the poll.

Victor reminded the Committee that the goal was to come to a consensus so that each recommendation can be included in the Master Plan. Consensus means the Committee mostly agrees on something. It means most Committee members share the same opinion or decision.

For the recommendations that needed more discussion, Committee members would break out into small groups (in person and virtual) to discuss them. Each breakout group's facilitator would report out on the discussion and present changes or support for the recommendation.

After the discussion, Committee members would be asked to vote once more on edited recommendations. If a recommendation did not receive enough votes of approval, the co-chairs would discuss more on March 21st.

Break

11 Recommendations for Discussion (Slides 14-41)

For each recommendation, Victor:

- Described the recommendation
- Described the level of support it received in the poll
- Shared themes from the comments provided in the poll

Break out groups then discussed recommendations based on the process described above.

During the meeting Committee members were able to discuss the following five recommendations:

1. Choice in Service Coordinators (Slide 15)

The recommendation is:

Let People Choose A Service Coordinator From Outside of Their Regional Center.

The State should update the Lanterman Act to create an option for any person served by a regional center to choose to have their services coordinated by a qualified organization or individual outside of their regional center. 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. Choosing a service coordinator from outside of the regional center should be an option for any person served by a regional center. This option should not require regional center approval. To support this option, rules and expectations should be developed that describe the qualifications of the organizations or individuals serving in the service coordination role. The role of service coordinators outside of the regional center would:

- Include all services that meet state and federal requirements for "targeted case management" (TCM). TCM is the way service coordination is paid for by Medi-Cal in California. Specifically:
    - Assessment.
    - Person-centered plan development.
    - Connection to services and resources.

    - Support choosing services and resources.
    - Support accessing services and resources.
    - Regular review of services (quarterlies, annuals, etc.)
    - Crisis assistance planning.
- Include assistance to expand the circles of support for people and families served.
- Be compensated.

- Many committee members felt that this recommendation required additional review. They talked about the regional centers' overarching responsibility to help individuals navigate and access services. They suggested that the system is complex and needs to be improved rather than overhauled. They also felt that there could be unintended consequences such as increased caseloads for service coordinators.

Committee members did not come to a consensus for this recommendation and voted for the co-chairs to discuss it further on March 21st.

Changes that Committee members suggested to amend this recommendation included:

- Ensuring DDS accountability and oversight of service coordinators
- Creating a mechanism for support of rural and language minority communities
- Changing the title from "service coordinator" to "service coordination"
- Considering a pilot of this program at some regional centers

2. Administrative Support Staffing (Slide 16)

The recommendation is:

DDS and regional centers should create a support staff position at regional centers. This staff would be assigned to support multiple service coordinators with processing paperwork. These support staff would allow service coordinators to focus on building relationships with people and families that they serve. The support staff would also allow service coordinators to spend more time providing services. The support staff role needs to account for mandated service coordinator duties. This role would also provide another opportunity for people interested in disability-related careers.

Committee members came to a consensus for this recommendation with these suggested changes.

Changes that Committee members suggested to amend this recommendation included:

- Conducting a study of best practices at regional centers that already have administrative support staff
- Conducting a review of all administrative requirements for service coordinators
- Conducting a focus group with service coordinators to determine what they need as support
- Appropriately training administrative support

Lunch

3. Regional Center Boards (Slides 17-20)

The recommendation is:

Support Regional Center Governing Boards for Oversight of Regional Center and Executive Director Performance.

DDS should work with regional centers to make sure regional center governing boards are supported. This will allow governing boards to provide effective and independent oversight of regional center and executive director performance. To strengthen governing boards, DDS should improve processes for:

- Recruiting and nominating members of the governing board.
    - Regional center board nominating committees should be selected by DDS.
        - They should be representative of the community served in the regional center catchment area.
    - The board nominating committee should solicit interest and nominations from the broader community through outreach.
        - The committee should interview board member candidates. Then the committee should make recommendations to the governing board for election.
    - The nominating process should also allow for an individual to be nominated "from the floor."
        - This means that a person could be nominated as a candidate for the board during a board meeting. This would require one board member to nominate the individual at the meeting and have a second board member also express support for this nomination.

    - The Chair and Vice Chair of the regional CAC should automatically have seats on the governing board.
    - Regional center Executive Directors, staff, and vendors should be prohibited from any involvement in the recruitment or election of board members.
        - They can share information broadly about board membership, but they should not recruit and promote specific individuals.
- Providing effective board training and support.
    - DDS should provide board member training for all regional center governing boards. DDS should collaborate with the state's designated "protection and advocacy agency" and the State Council on Developmental Disabilities.
        - The training should be developed with community input, including individuals served and family members.
        - The training should include the importance of engaging and representing the voice of the community, not just the best interest of the regional center.
        - This training should be open to members of the community to attend who want to better understand the responsibilities of the board and how a board is managed.
            - This will help encourage community members to seek positions on the board. Board training should be provided annually.
    - DDS should ensure appropriate and adequate support for consumer and family board members by surveying members about their ability to meaningfully participate and understand the subjects and votes at board meetings and using the survey feedback to make improvements to the training and to ensure additional supports are provided.
    - Improve facilitation for consumers and family members who sit on regional center boards by using independent supporters, making the board members less reliant on staff.
- Protecting board members and their families.
    - DDS should establish an anti-retaliation policy to protect board members that includes a requirement for DDS to review and decide on a regional center's proposed reduction in services for a consumer board member or the family member of a board member.

    - DDS should establish a grievance procedure and phone number contact for board members who have concerns, complaints, or questions.
    - Governing 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.
- Other supports and protections.
    - DDS should establish guidelines for governing boards on regional center Executive Director compensation.
    - DDS should support boards in their review of contracts over $250,000 by developing an objective rating system or set of criteria to consider in their decision-making.
    - 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 sufficient 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.

Committee members did not come to a consensus for this recommendation and voted for the co-chairs to discuss it further on March 21st.

Changes that Committee members suggested to amend this recommendation included:

- Clarify that DDS should not be selecting the nominating committees
- Ensuring that the boards include community members
- Ensuring that community-based organizations help recruit community members to the board
- Training regional centers on their fiduciary obligations
- Ensuring that all board members are aware of existing complaint mechanisms
- Ensuring that regional centers broadly recruit people to participate on the board
- Creating a process for consistent board member training across all regional centers while ensuring flexibility to provide additional locally tailored trainings
- Training in multiple languages and formats

4. Payment and Incentives (Slide 21)

The recommendation is:

DDS should pay developmental service providers and regional centers for good performance that improves outcomes. This means that DDS should:

- Make sure there is funding to pay incentives for good performance that goes above and beyond what is required by the job. Performance should be rewarded if it great in all important areas. But it should not be rewarded if it is great in some areas and bad in others.
- Make sure there are goals for performance, accountability and outcomes measures used to pay incentives. Make sure it used in DDS initiatives like the Quality Incentive Program.
- Make sure individuals, families and other stakeholders are involved in deciding what goals should be and what good performance looks like.
- Make sure regional centers and service providers know what performance, accountability, and outcome measure goals they are expected to meet. Pay regional centers and providers incentives when they meet those goals.
- Think about having penalties for poor performance.
- Make sure incentives and penalties do not result in bad outcomes for people served. That also means making sure money does not leave the developmental services system.
- Develop incentives to make sure providers take good care of certain populations that may be harder to serve. These populations may include people with more complex needs, people in rural areas, and people with multiple disabilities. They may include other populations too.
- Create incentives for vendor so that their employees can be directly rewarded.
- Think about ways to provide non-financial incentives for regional center employees that align with the goals of the individuals served.
- Investigate providers and regional centers when performance is consistently poor or when there is reported mistreatment taking place. Update regional center contracts to pay for the right high-quality outcomes.
- Make sure all the data that is needed to identify high-quality outcomes can be collected and used for payment, research, and accountability.
    - An example of using incentives to encourage an outcome would the "Use Incentives to Encourage Renting to People with I/DD" recommendation.

Committee members did not come to a consensus for this recommendation and voted for the co-chairs to discuss it further on March 21st.

Changes that Committee members suggested to amend this recommendation included:

- Ensuring incentives go to direct service providers
- Incentivizing individual outcomes as well as systems outcomes
- Conducting a study to understand what is working well with the current incentive programs and what should be changed
- Removing penalties that hurt providers
- Implementing better data collection systems to better understand current programs
- Compensating people who serve individuals with complex needs appropriately
- Defining "high quality outcomes"
- Allowing regional centers to keep unused dollars to reinvest in communities

5. Consistent and Clear SC Authority (Slide 22)

The recommendation is:

DDS should make clear rules about what kinds of decisions regional center service coordinators can make and how those decisions are made. Service coordinators should make sure that people they serve have the information and services that they need. Sometimes it is hard for them to do that because they may also be required to limit services that the regional center provides. This is called a "conflict of interest." Clear rules will make sure that service coordinators authorize services in consistent, fair ways. This would also help to make processes move more quickly and smoothly. This would also mean that people with I/DD and families would not have to wait as long for services. DDS should ask for input from people served by the system and people who work in the system when making these rules.

Committee members did not come to a consensus for this recommendation and voted for the co-chairs to discuss it further on March 21st.

Changes that Committee members suggested to amend this recommendation included:

- Combining this recommendation with recommendations about service authorization standards and person-centered Individual Program Plans (IPP)
- Clarifying increased authority for service coordinators to approve services but not deny them
- Standardizing interpretations of purchase of service guidelines
- Keeping IPPs updated
- Ensuring service coordinators do not feel that they must steer individuals to specific services because of these rules

The six recommendations that the Committee did not discuss are listed below. These recommendations achieved consensus levels of support in the pre-meeting survey:

6. Person-Centered IPP (Slide 23)

The recommendation is:

Use a Person-Centered Approach to Individual Program Planning.
DDS should make sure that the IPP process is person-centered and consistent across regional centers. For this to happen, DDS should:

- Give regional center service coordinators the authority to approve the IPP as part of a collaborative planning process with the person or family served.
    - Make sure that service coordinators' approval authority is clear and consistent across all regional centers.
- Make sure that regional centers:
    - Stop having service coordinators serve as "messengers" by sending information to managers, clinical teams, or committee that make decisions. This will make sure that decisions are made with the person served and the service coordinator in the room.
    - Update the "exceptions process." The exceptions process happens when a person's unique needs do not fit within the usual standards of getting services. The updated exceptions process should be more transparent and should work better for people served. More detail about these rules and expectations can be found in the Recommendation Background and Technical Information Addendum document on the CalHHS MPDS website.
    - Make it a practice to hold a meeting with people served and their circles of support to find creative solutions when a service is denied. This should happen before the regional center issues a Notice of Action. If a solution cannot be reached during the meeting, the

regional center should continue with service coordination efforts to connect the person served to generic services or some other solution.
    - Begin providing people served with access to services in a timely manner once a service approval agreement is reached.
    - Provide people served with verbal and written explanations of all service approvals and denials. These explanations should be provided in a timely manner and in plain language, so that people served can understand what is happening and why.

7. Behavioral Health (Slides 24-30)

This recommendation is lengthy. To view it in full, please refer to the meeting PowerPoint from slides 24-30.

8. Improve the Self-Determination Program (Slides 31-34)

The recommendation is:

Remove Barriers to the Self-Determination Program (SDP). Make the SDP an Option for Everyone Served by Regional Centers.

DDS should break down barriers to participation in the SDP. DDS should also make the SDP more consistent around the state. For this to happen, DDS should:

- Establish streamlined, consistent processes and procedures for the SDP.
- Hold regional centers accountable for:
    - Ensuring the five principles of SDP are being met for participants.
    - Making measurable improvements toward achieving equity in enrollment in the SDP (by race, ethnicity, geography, and regional center).
- Make sure that SDP participants have authority over their spending plans by clarifying that:
    - Regional centers only verify federal funding and generic resource requirements.
    - Regional centers still have all responsibilities related to:
        - Making sure that people's health and safety are protected.
        - Making sure that services in spending plans relate to the goals in individual program plans.
    - Services used to develop the individual budget are not tied to services listed in the spending plan.

    - Purchase of service (POS) standards for traditional regional center service coordination should not be applied to services in the SDP spending plan.
- Standardize and simplify spending plans by:
    - Only requiring participants to assign expenses to three budget categories.
    - Allowing estimation of costs.
    - Not requiring names of providers to be listed.
- Make sure the Financial Management Service (FMS) responsible for any penalties or fines that result from 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. This will make sure that people served can continue to participate in the SDP.
- Reduce delays related to accessing the SDP that are within regional center control by setting explicit timelines for:
    - Sending a consumer their POS 12-month expenditure report.
    - Scheduling budget meetings.
    - Reaching out to schedule a renewal budget meeting with a person served.
    - Reviewing the spending plan.
    - Sending the POS authorization to the FMS.
- Make sure every person served by a regional center receives unbiased information at every IPP meeting about the opportunity to participate in the SDP.
    - Require regional centers to offer SDP as a standard service model option in every IPP meeting and whenever a person requests it.
    - Require regional centers to include information about SDP as a standard option in all collateral and marketing materials.
    - Contract with an outside organization to:
        - Develop consistent informational materials about the SDP in plain language. These materials should also be translated into languages spoken by people served by the regional center.
        - Improve the SDP orientation.
            - For example, by providing multiple shorter online trainings, available when people need them.
        - Train all service coordinators on the SDP.
- Have a goal of significantly increasing participation in SDP by:

- Developing a pilot project in multiple regional centers to provide additional supports for enrollment in SDP for communities that are underrepresented. For example:
  - Latinos.
  - African Americans.
  - Consumers with low or no purchase of services.
- Requiring regional centers to conduct proactive outreach to individuals from these communities and offering comprehensive training on the SDP, intensive supports from independent facilitators and FMSs, and faster onboarding from the regional centers.
- Evaluating the pilot project to assess whether more individuals were able to enroll, their satisfaction and outcomes once people enter the SDP, and whether streamlined processes were used.

9. Consumer Choice to Leave the School System at Age 18 (Slide 35)

The recommendation is:

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.

While many students with I/DD may be happy to stay in their school for a transition program until age 22, this is not true for everyone. Some people find school stressful or disrespectful. Young adults with I/DD should be able to exit school at age 18 just like young adults without disabilities can.

10. Reduce Conservatorship for all People (Slides 35-40)

This recommendation is lengthy. To view it in full, please refer to the PowerPoint on slides 35-40. A link to the PowerPoint is provided at the end of this document

11. Updating Vendor Rates (Slide 41)

The recommendation is:

The state should update the way it determines how much to pay vendors and direct support professionals (DSPs). This is known as the vendor rate model. The goal of an updated vendor rate model is to have a rate that allows competitive pay for DSPs and covers the costs administering services.

The state should also conduct a study to understand the wages and the required skills and qualifications for other types of jobs that DSPs sometimes apply for. This study should also examine rates needed to make sure there are enough providers in rural communities, to adequately support group services, and for serving individuals with high-support needs.

The state should include an assessment of how vendors use rate increases, including how much money from increased rates goes to paying DSPs. DDS should use the results of these studies to make sure that the vendor rate model is paying DSPs a competitive wage and provide more flexible ways for providers to obtain rate exceptions when needed. After this update is complete, the State should make a commitment to periodically update the vendor rate model to make sure that it continues paying competitive wages in the future.

Public Comment (Slide 47)

In the middle and at the end of the meeting, Pete Cervinka and Victor Duron supported one-hour public comment periods. Public comment at this meeting was longer than the usual 30-minute period to accommodate the large number 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/.