MASTER PLAN *for* Developmental Services

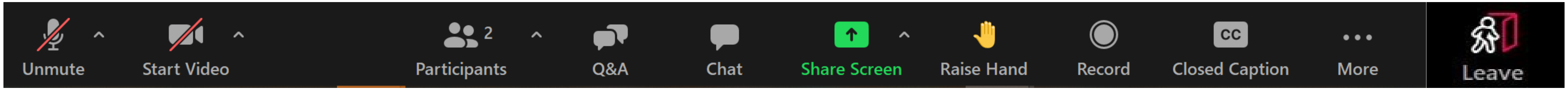
Workgroup 4 Meeting

November 21, 2024

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 on the **Master Plan web page**.
- Questions? Comments? Email DSMasterPlan@chhs.ca.gov

Zoom Instructions

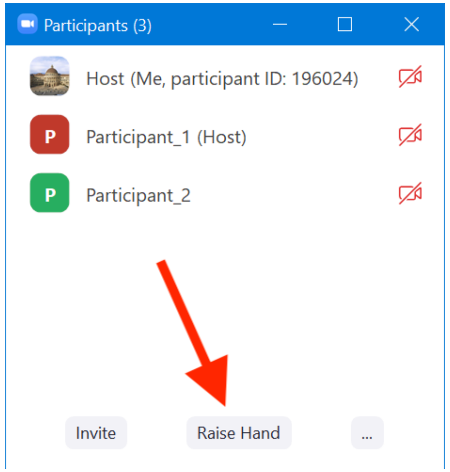


Committee members can unmute their mic when it's their turn to speak

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.

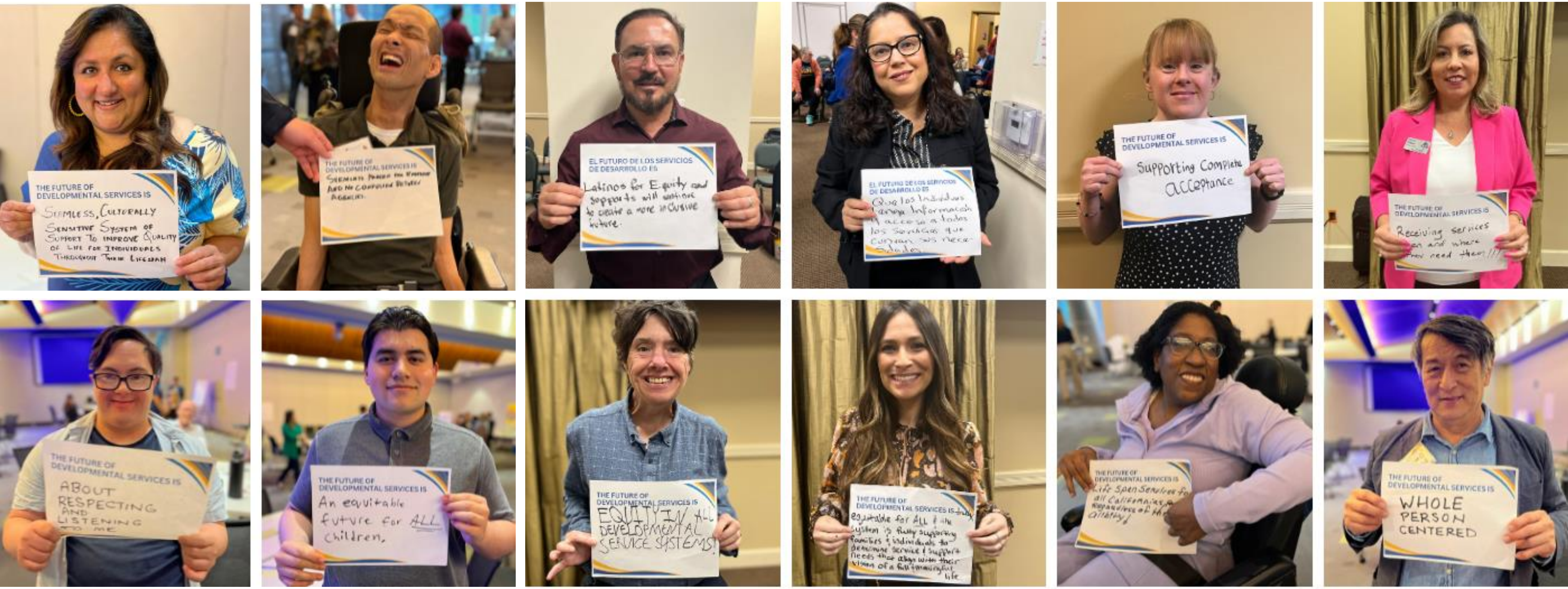
Raise your hand when you want to speak You may need to click on "Participants" and a new window will open where you can **"Raise Hand"**



Use the "leave" icon at the far right of the Zoom toolbar to leave the webinar at the end of the meeting

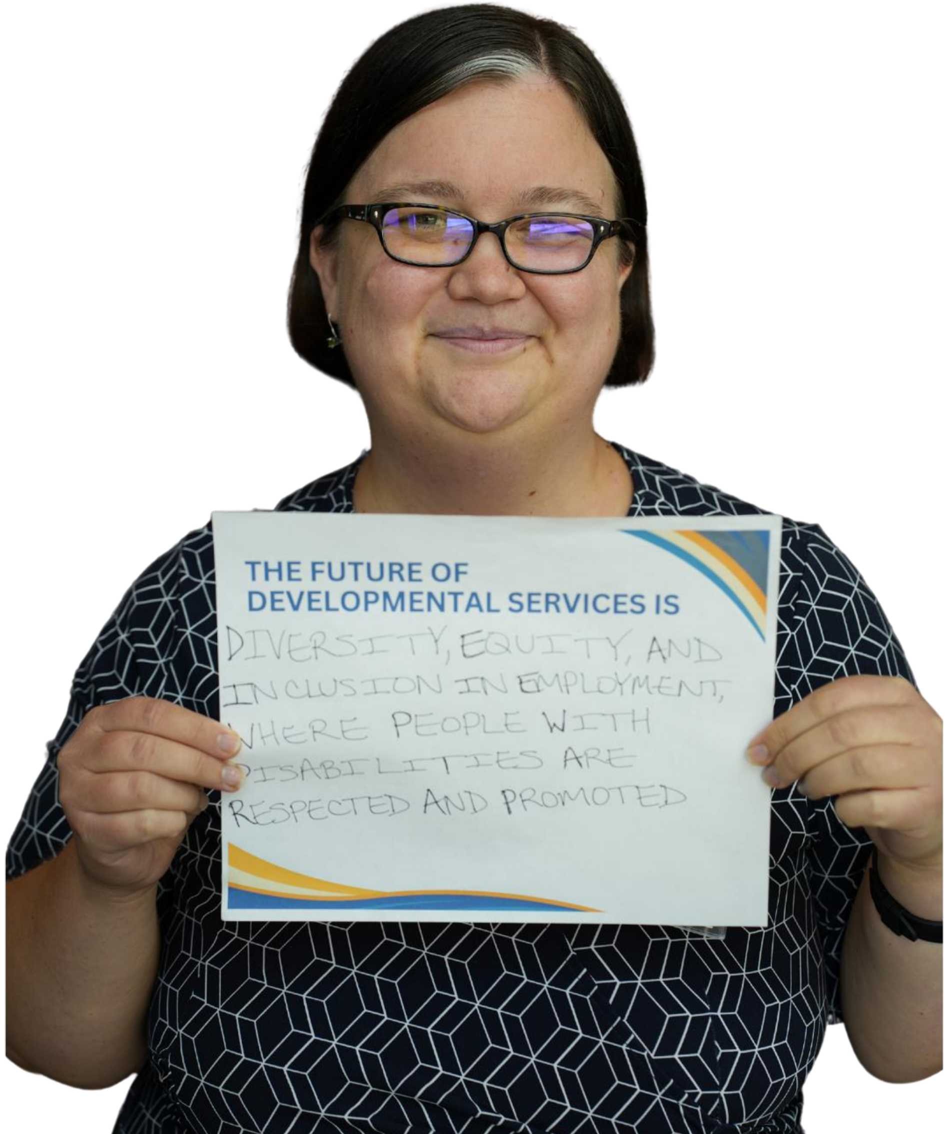
- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

Future of Developmental Services Campaign



Join in! #FutureofCalDDServices

Why join #FutureofCalDDServices?



This is another way for you to make your voice heard!

The Future of Developmental Services is being planned by Californians for Californians.

How to Join #FutureofCalDDServices

Cal HHS | MASTER PLAN for Developmental Services

1. Get the Campaign Form. (Scan the QR code and print)
   - If you don't have a printer, you can also use a blank sheet of paper.
2. Get a dark colored marker or Pen.
3. Write one thing on the paper that you would like to see happen for Developmental Services. **What do you think would make California's services better for everyone?**

bitly

How to Join #FutureofCalDDServices

4. Ask someone to take your photo or take a selfie of you holding the campaign form.
5. Sign a consent form at the QR code. This says it's ok for DDS to use your image online.
6. There are two ways to submit your photo and consent form to DDS.
    - Email your photo and consent form to **pio@dds.ca.gov**.
    - By Phone: Upload your photo and signed consent form on the DDS website.

Where will you see this campaign?

The photos will be shared by DDS on:

- The Master Plan website and the Department’s website
- DDS Social Media Accounts: Facebook, Instagram and X.

Find the photos with the hashtag: #FutureofCalDDServices

We can help you participate in this campaign! Email us at pio@dds.ca.gov

Agenda

1. Welcome and Introductions
2. Timeline for Developing Recommendations
3. Discuss Priority 2 Recommendations
4. Discuss Other Priority 1 and 2 Ideas
5. Discuss Potential Recommendations for Intake Processes
6. Discuss Next Steps and Upcoming Meetings
7. Public Comment

Timeline Reminder

MASTER PLAN *for* Developmental Services

August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	March 2025
Workgroup Kick-Off	Discuss Priority 1	Discuss Priority 1 Recs	Discuss Priority 2 Recs	Discuss Priorities 2 & 3 Recs	Discuss Priorities 2 & 3 Recs	Finalize workgroup recommendations
☑	☑	☑	★	→	→	→

★ ***Finalize Master Plan in Spring 2025***

Updates to Draft Recommendations

At the last workgroup meeting, we received many excellent comments about our draft recommendations.

- We made changes to recommendations based on your feedback and comments from others.
- You can see all of these changes in the workgroup #4 Teams folder
- We encourage workgroup members to look at these change and let us know if you have other suggestions or comments.

Priority #2

Enhance data and technology systems to improve equitable access to information. Use data and technology to help everyone more easily navigate the systems. Protect the privacy of individuals that receive services:

- Provide individual and family access to their information;
- Measure individual outcomes, system outcomes and performance;
- Make information available for research, analysis, evaluation, and to support accountability.

Priority #2: Plain Language

- Make it easy for everyone to get information they need and want
- Let people see their own information
- Keep personal information private
- Help people easily find their way through services
- Check if people are getting the services they need
- Make it easy to understand if the system is working well
- Share information for research and to check how things are going

Discuss Priority 2 Recommendation #1 – High Quality Data for Individuals, the Public and Research

High Quality Data for Individuals, the Public and Research (1/2)

Recommendation: Increase access to high-quality data for individuals, the public and researchers.

- People served should access their own data through a secure portal. This includes information from DDS, regional centers and other systems.
- The public should have access to more complete information on public websites.
- Researchers should be able to access data. Data should be protected to maintain privacy.

High Quality Data for Individuals, the Public and Research (2/2)

A system should be created that:

- Has a complete set of metrics that track generic resources, resources from regional centers, and other systems.
- Has metrics that include both experiences from people served by the systems, and "outcomes" such as whether personal goals are achieved.
- Includes data from DDS, Medi-Cal, Social Services and other agencies, systems and programs (e.g., CalFRESH).
- Is securely stored so that individual privacy is protected.

High Quality Data for Individuals, the Public and Research (Problem Statement Part 1)

Problem Statement:

- There is no agreement on which metrics should be tracked at an individual, vendor, RC or system levels.
- People served cannot easily access their own information.
- The public and researchers cannot access full data, limiting analysis and evaluation.
- More data is needed to support accountability.
- Data is needed to measure outcomes at the individual, regional center, DDS, and other system level.

High Quality Data for Individuals, the Public and Research (Problem Statement Part 2)

Who is left behind?

- There hasn't been a robust stakeholder engagement process to identify equity measures and outcomes.
- Researchers and others don't have access to enough information to look at root causes of disparities.
- Researchers and others have not been able to measure the effectiveness of programs, including "equity grants" that are supposed to reduce disparities.

High Quality Data for Individuals, the Public and Research (Recommendation Part 1)

Recommendation:

1. Create a workgroup to review what data is available. The workgroup should develop a plan about what data is needed to improve accountability and access to services. The plan should include four "levels" of data about:
    1. Individuals and families
    2. Services and supports vendors and providers
    3. Regional centers
    4. DDS and other systems across the state

High Quality Data for Individuals, the Public and Research (Recommendation Part 2)

Recommendation:

2. Develop a guide describing how data should be collected, organized and made available for individuals and families, the public, and for research.
3. Describe the steps needed to collect and combine information from the health, education, regional center and other systems.
4. Describe steps needed to keep the data private, while making it available for individuals, the public, and researchers.
    - The public should <u>NEVER</u> have access to an individual's information.

Discuss Priority 2 Recommendation #2 – Equity Grants

Equity Grants

Recommendation: Strengthen the DDS Service Access and Equity Grant Program

- Assembly Bill X2-1 (2016) created the Disparity Funds Program.
- The program awards $11 million every year to Regional Centers and community-based organizations, with the goal of reducing disparities.
- The first grants were awarded in 2016.
- Georgetown University evaluated the grant program and published a report.

Equity Grants Problem Statements (1/2)

- The Georgetown report did a limited evaluation of the grant program.
- The Georgetown report identified problems with the structure of the grant program. For example, the report concluded that there is no consistent definition of equity or how to measure it.
- The grant criteria set by DDS have focused mainly on ways to help communities of color become more aware of or better navigate the regional center system as it exists today, instead of how to make the system work better for everyone.
- Some community-based organizations may do a good job, but do not have grant writing skills. They may not get the grants because of that.

Equity Grants Problem Statements (2/2)

Who is left behind?

- Low-income individuals and families
- Ethnic groups who speak limited English
- Diverse communities of color (e.g., Latino)
- People living in rural areas

Equity Grants Recommendations (1/2)

Recommendation: Strengthen the DDS Service Access and Equity Grant Program.

1. Develop a clear definition of equity can be used to refine the equity grant program and help identify and decide:
   - What types of projects should be funded.
   - What kinds of organizations should be funded.
   - What kinds of communities the equity grants should target.
2. Develop measures to identify successful grant programs that should be prioritized or expanded at other regional centers or to other target communities.

Equity Grants Recommendations (2/2)

Recommendation: Strengthen the DDS Service Access and Equity Grant Program.

3. Innovate approaches to the grant review process. Explore whether reviewers with direct experience in the community could participate in the review process.
4. Be more transparent about how equity funds are used, and the results of each grant.
5. Send surveys to people who receive services that were supported by the equity grants.
6. Re-evaluate the equity grant program once consistent measures of equity are developed and measured.

Discuss Other Priority 1 and Priority 2 Ideas

Idea: Require use of a single data system to manage service delivery

We still want to develop this recommendation focusing on:

- Updating laws to require all regional centers to use a single finance and case management system to manage service delivery.
- DDS building a plan, budget, and timeline to develop these systems.
- Developing portals to the case management system that individuals and families can use.
- Supporting online communities for individuals and families.
- Describing how PAVE could be integrated into the case management system.

Idea: Measure individual outcomes, system outcomes and performance (1/3

Problem: There is incomplete information about individual and system outcome measures and performance. Existing survey and measurement efforts like the National Core Indicators (NCI-IDD) should be leveraged, but more data is needed. Without this information:

- We cannot hold everyone accountable
- We don’t know which programs and services are working well
- We can’t address service disparities

Idea: Measure individual outcomes, system outcomes and performance (2/3)

What is the NCI-IDD?

- National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD) was established in 1997.
- NCI-IDD gathers standard performance and outcome measures to track performance over time, compare results across states, and establish national benchmarks.
- Data generated by NCI-IDD is the largest collection of information on the outcomes of public IDD systems in the world.
- NCI-IDD has data from 48 states, Washington D.C. and 21 regional centers in California.
- More information about NCI-IDD can be found on this online flyer.

Idea: Measure individual outcomes, system outcomes and performance (3/3)

How would this recommendation improve things:

- A more complete set of measures will help everyone understand what is working well and what isn't. It can help us make better funding decisions. It can also help hold organizations accountable. And it will help us link payments to outcomes.
- The approach should include surveys from individuals. The approach should make sure that all people can provide data or respond to surveys regardless of what kind of technology they have access to.

Idea: Standardized Intake Processes (1/2)

- DDS is standardizing intake processes for Early Start and Lanterman populations.
- This work is part of the requirements from SB-138.
- DDS is supporting community engagement sessions to get additional input and share more details about the work.
- DDS is interested in workgroup #4 ideas about how the intake process can be standardized and work better.

Idea: Standardized Intake Processes (2/2)

Proposal: Develop a recommendation about the intake process that can help answer these questions:

- During the first contact a family has with a Regional Center, what is most important to the individual and family?
- What is most challenging during this first contact?
- Which parts of the intake and evaluation assessment feels most burdensome? What feels most effective?
- What questions should be asked while going through the intake process?
- How can DDS educate the community on details of eligibility determination assessments that are required by both Early Start and Lanterman Act?

Next Steps for Workgroup 4

- Workgroup volunteers will draft recommendations based on the ideas we discussed during today’s meeting.
- We will review these recommendations at the next meeting on December 18.
- We will send out a survey to gather ideas for Priority 3 this week.
- Ideas from the survey will be reviewed at the December 18 meeting.

Upcoming Workgroup Meetings

- **Wednesday December 18th**, 1pm - 4pm
- **Wednesday January 29th**, 1pm - 4pm
- **Wednesday March 5th:** 1pm - 4pm

Public Comment

Public comment period will be limited to no more than 30 minutes.

If you want to make public comment regarding the topics of this meeting, please raise your hand and we will call on you in the order shown in Zoom.

At 2 minutes you will be asked to complete your thought to ensure everyone who wants to has a chance to speak.

Please let us know if you need additional time as a disability related accommodation to make your comment.

If you prefer to send comments in writing, email them to DSMasterPlan@chhs.ca.gov, or post them in the Zoom Q&A.

Thank you!

We look forward to seeing you at the next **Master Plan Committee** meeting.

Wednesday, December 11, 2024
10:00 a.m. – 3:30 p.m.
Location: Virtual

For more information visit the **Master Plan website**.

Email us your input at: DSMasterPlan@chhs.ca.gov

Appendix

Priority #1

"Ensure the system has a consistent, equitable, and transparent interpretation of regional centers' responsibilities by establishing a common set of statewide regional center standards, services, and rates that are accessible and fair to all of individuals, using clear, simple and inclusive language that is understandable to all of our diverse communities."

Priority #1

Priority #1: Plain Language

"Make sure all regional centers follow the same rules. They should offer the same services and say what they pay for the services they give. We want everything to be clear and fair, and to use language everyone can understand."

Priority #2

"Enhance data and technology systems to ensure equitable access to information and help everyone more easily navigate the systems while safeguarding the privacy of individuals that receive services:

- Provide individual and family access to their information;
- Measure individual outcomes, system outcomes and performance;
- Publish information so that it can be used for research, analysis, evaluation, and to support accountability."

Priority #2

Priority #2: Plain Language

- Make it easy for everyone to get information they need and want
- Let people see their own information
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- Make it easy to understand if the system is working well.
- Share information for research and to check how things are going

Priority #3

"Strengthen DDS, regional center, vendor and provider accountability for achieving equitable and person-centered outcomes."

Priority #3

Priority #3: Plain Language

Make sure DDS, regional centers, vendors are responsible. They need to provide the services they are supposed to. They need to give fair and person-centered results.