

DC Task Force Recommendations and Follow-Up

As of June 4, 2015

In implementing recommendations made by the Health and Human Services Agency Task Force on the Future of Developmental Center (DC Task Force) in their January 13, 2014, “Plan for the Future of Developmental Centers in California” report, the Department of Developmental Services (DDS) held a series of three, 2-day stakeholder meetings that took place in Fresno, Los Angeles and Sacramento in the fall of 2014. Each workgroup included a diverse group of stakeholders made up of consumers, family members, organizations representing consumers and consumer advocates, regional centers, clinical representatives, legislative members, employees and providers.

Each meeting was structured the same way to allow workgroups to consider the five DC Task Force topics included in the 2014-15 Budget: Acute Crisis Units at Sonoma and Fairview Developmental Centers; Community State Staff Program Expansion; Developmental Center Resident Transition Planning, and New Models of Care - Enhanced Behavioral Supports Homes and Community Crisis Homes.

A 20-page document titled, “Consolidated Comments from DC Task Force Implementation Workgroups,” was completed to summarize the comments from all three stakeholder workgroup meetings regarding the five topics as well as public comments that were collected through September 30, 2014. This document was distributed to meeting participants as well as posted on the DDS website.

Since the stakeholder meetings concluded, DDS is continuing to engage stakeholders, develop regulations specific to the recommendations and identify additional ways to meet the needs of DC residents in the community through the Community Placement Plan (CPP) process and funding.

Below is a table summarizing activities in each of the 6 DC Task Force Recommendation areas.

Recommendation 1	Update
<ul style="list-style-type: none"> • More community style homes/facilities should be developed to serve individuals with enduring and complex medical needs using existing models of care. 	<ul style="list-style-type: none"> • 10 Adult Residential Facilities for Persons with Special Healthcare Needs (ARFPSHN) home projects were approved in 2014-15 and 7 are currently expected in 2015-16. We anticipate RCs will develop, consistent with individual comprehensive assessments, additional ARFPSHNs.
Recommendation 2	Update
<ul style="list-style-type: none"> • For individuals with challenging behaviors and support needs, the State should operate at least two acute crisis facilities (like the program at Fairview DC), and small transitional facilities. • The State should develop a new “Senate Bill (SB) 962 like” model that would provide a higher level of behavioral services. • Funding should be made available so that regional centers can expand mobile crisis response teams, crisis hotlines, day programs, short-term crisis homes, new-model behavioral homes, and supported living services for those transitioning to their own homes. 	<ul style="list-style-type: none"> • Incorporating stakeholder input, the Acute Crisis Units at SDC and FDC were developed, and are now open. SDC’s unit has 2 residents and FDC’s has 2. • Enhanced Behavioral Supports Homes (EBSHs) and Community Crisis Homes (CCHs) were established as new models of community residential services as part of the 2014-15 Budget. • 6 EBSH projects were approved by DDS through the 2014-15 CPP and an additional 6 EBSH projects are slated for approval in 2015-16. Stakeholder input informed the development of EBSH draft regulations, which are projected for release in summer 2015. • Additional residential models and non-residential service projects were approved for development,

	<p>based on stakeholder input, in the 2014-15 CPPs. These projects include Crisis Teams, 2 Transition Homes, Service Provider Training and Clinical Supports. Additional funding for these services specific to SDC closure have been proposed in the May Revision of the Governor’s 2015-16 Budget.</p>
Recommendation 3	Update
<ul style="list-style-type: none"> For individuals who have been involved in the criminal justice system, the State should continue to operate the Porterville DC-STP and the transitional program at Canyon Springs Community Facility (Canyon Springs). Alternatives to the Porterville DC-STP should also be explored. 	<ul style="list-style-type: none"> The State plans to continue operating the Secure Treatment Program (STP) at PDC and the transitional program at Canyon Springs. The May Revision proposes to expand the number of STP beds to 211 in 2015-16. DDS continues working to establish secure perimeter/delayed egress homes to meet this need in the community.
Recommendation 4	Update
<ul style="list-style-type: none"> The development of a workable health resource center model should be explored, to address the complex health needs of DC residents who transition to community homes. 	<ul style="list-style-type: none"> With the statewide expansion of the Community State Staff Program (CSSP), DDS is looking for opportunities to staff clinics or health resource centers with the expert, specialized staff who work in the DCs. Additionally, DDS will be examining the viability of developing health resources on DC property.
Recommendation 5	Update
<ul style="list-style-type: none"> The State should enter into public/private partnerships to provide integrated community services on existing State lands, where appropriate. Also, consideration should be given to repurposing existing buildings on DC property for developing service models identified in Recommendations 1-4. 	<ul style="list-style-type: none"> DDS is working with CalPoly Pomona to ensure the ability to use some of Lanterman for housing projects to benefit people with developmental disabilities as the property transitions to the state university system. DDS will continue to engage stakeholders and review potential options for repurposing existing structures on DC land. DDS, working with DGS, is proposing language as part of the May Revision that will allow the former Shannon’s Mountain project to move forward.
Recommendation 6	Update
<ul style="list-style-type: none"> Another task force should be convened to address how to make the community system stronger. 	<ul style="list-style-type: none"> The Developmental Centers Task Force was repurposed, renamed the Developmental Services Task Force (DS Task Force) and convened in July 2014. The DS Task Force identified several areas of concern and prioritized “Rates” and “Regional Center Operations” for workgroup meetings to identify potential solutions/relief measures.