

**Developmental Services (DS) Task Force
Service Access & Equity Workgroup Meeting
February 18, 2020**

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DS Task Force Guiding Principles

The Task Force expressed strong interest in capturing the principles that should be fundamentally included in every subject area and used as a goal or guide when considering changes to the community system. Also, it was recognized that some topics, such as the 2014 Centers for Medicare and Medicaid Services (CMS) regulations on Home and Community Based Services (HCBS), will necessarily have an impact on each area. Specifically, the overarching principles and topics for consideration under each subject area are:

1. The Lanterman Developmental Disabilities Services Act guarantees regional center services for the life of the consumer, thereby creating an entitlement program in California.
2. The core component of the service delivery system is a comprehensive person-centered Individual Program Plan (IPP), also referred to as a whole person or authentic IPP, which is carefully crafted and enables choice.
3. Consumers must be empowered to make choices and receive the services and supports they need to lead more independent and productive lives in the least restrictive environment appropriate for the individual. Consumers must be at the center of any problem analysis or solution, with the objective of providing services that people want. Emphasis should be placed on consumer choice, self-determination and consumer-directed services.
4. Ensuring consumer health and safety is critical, which includes protecting individuals from harm and abuse, and providing appropriate crisis intervention and response.
5. Services must be culturally and linguistically appropriate and responsive to the consumer and his or her family.
6. Any model of care or service must receive sufficient and stable funding to be successful in accomplishing its goal and be sustainable. The adequacy of resources is an issue that permeates all aspects of the service system.
7. The tenets of community integration and access reflected in the 2014 CMS regulations for HCBS must be incorporated throughout the service system, including but not limited to consumer choice; consumer independence; consumer rights to privacy, dignity and freedom from coercion and restraint; opportunities for integrated employment; and settings that meet consumer-specific provisions based on these principles.
8. There must be fiscal accountability, transparency and fiscal responsibility in the service system, including maximizing the use of federal funding.
9. An appropriate framework for monitoring and quality assurance should be built into services.
10. Technology should be utilized.
11. Developmental center resources (land, staff and buildings) should be leveraged or made available to benefit consumers in the community.
12. Flexibility should be incorporated into the system to address choice and special circumstances, such as allowing Health and Safety exemptions.



Adopt a Culture of Collaboration & Innovation

When possible, program design should be developed across departments, including those outside the Agency, implemented in a collaborative manner, and supported by our entire Agency. We will courageously try new approaches to solve our most intractable problems. The unceasing pursuit of innovation, applied thoughtfully, will catalyze our improvement efforts.

We must ensure that the delivery of our programs and services are centered on the needs of the people we serve. We therefore focus our attention and energy on work which will directly improve the lives of the people.



Focus on Outcomes & Value Generation



Use Data to Drive Action

While we have built good systems to amass data, we find ourselves data rich but information poor. We must better leverage our data to understand the conditions in our community, the impact of our current programs, and the opportunities to improve our service delivery. Actionable data can help us advance social and economic mobility and improve the health and well-being of children and families across California.

Somehow many “person-centered” programs stopped being about people and became focused on satisfying a specific funding source or administrative process. We must engage the people and their communities so that programs are structured to meet the diverse and unique needs of each community and constituent.



Put the Person back in Person-Centered



See the Whole Person

Regardless of which department is leading on a given issue, we should always be thinking about what each person needs comprehensively to thrive, and integrating opportunities to meet those needs – both within government and with our community partners.

Together we must work with counties, cities, and communities, as well as our public, private, faith, and educational partners to make California a healthy, vibrant, inclusive place to live, play, work, and learn.

Build a Healthy California for All

- ✓ Create a system in which every Californian, regardless of origin or income, has access to high quality, affordable health care coverage;
- ✓ Ensure all Californians have meaningful access to care by modernizing the health workforce and expanding care delivery capacity;
- ✓ Reduce the rate of growth of health care costs in California through implementing approaches such as bulk purchasing of prescriptions drugs, moving toward single-payer principles and other strategies that emerge out of the Healthy California for All Commission; and
- ✓ Promote a whole person orientation to care, including inclusive cultural, linguistic and accessibility competencies.



Integrate Health and Human Services



- ✓ Enhance the accessibility and quality of California's mental health and substance use disorder systems as manifest by increasing the availability of community-based outpatient prevention and treatment service capacity and stabilizing and expanding the overall number of community-based placements, locked and unlocked, for individuals who require residential support on their road to greater independence;
- ✓ Integrate clinical, financial, and system structures among physical health, mental health, substance use disorder services, social services and developmental services to facilitate seamless care delivery; and
- ✓ Address upstream social determinants, including early childhood trauma, that drive disease and worsen health and economic disparities.

Improve the Lives of California's Most Vulnerable

- ✓ Reduce homelessness, especially chronic homelessness, by focusing on building up permanent supportive housing and the support services needed by those we house, including employment support as a path out of poverty;
- ✓ Expand diversion and re-entry services so that anyone released from an incarcerated setting has a service access plan and the main behavioral health treatment setting for those with serious mental illness stops being our jails by default;
- ✓ Improve outcomes for children living in extreme poverty and in foster care, including a focus on addressing adverse childhood experiences; and
- ✓ Address the needs of our growing aging population including issues such as care, support, housing and transportation for our most vulnerable seniors.



Section I. Background

In 2016, ABX2 1 (Chapter 3, Statutes of 2016) added Welfare and Institutions (W&I) Code section 4519.5(h), which appropriated \$11 million to the Department of Developmental Services (Department) to assist regional centers (RCs) in the implementation of strategies to reduce disparities in regional centers' purchase of services (POS). In Fiscal Year (FY) 2017/18, statute was amended to include Community Based Organizations (CBOs) as eligible applicants.

Since 2016, the Department has awarded three cycles of funding for projects to promote equity and reduce service disparities and is in the process of awarding its fourth cycle. Each year, the number of proposals and total requested amount has exceeded available funding:

FY 2016/17 to 2019/20 Disparity Fund Program Awards

Over the four years of the Disparity Funds Program, the \$44.0 million awarded as follows:

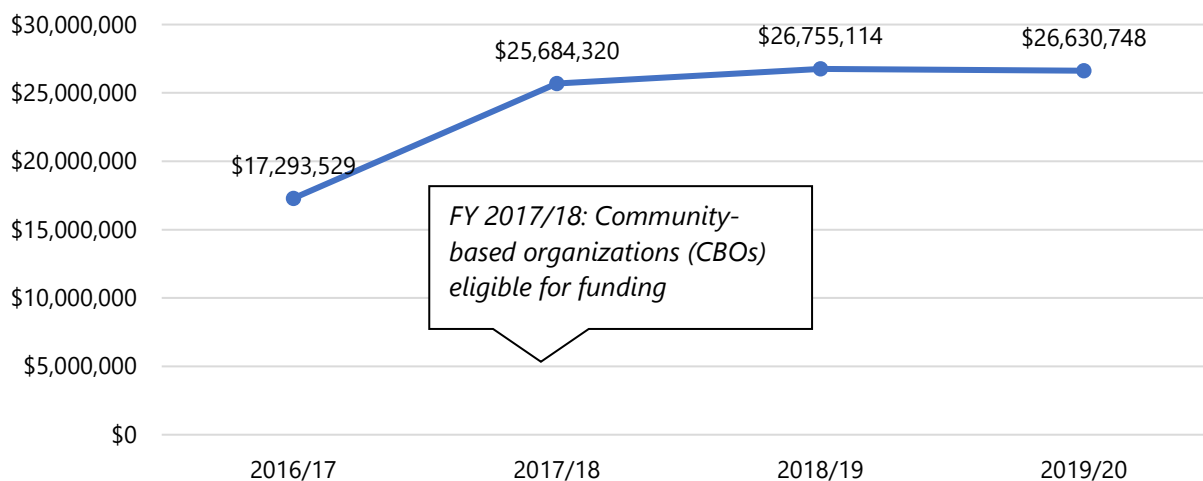
Table 1. Requested and Approved Projects over four years

| FY | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|----------------------------|--------------------------|---|--|--|
| Amount Requested | \$17.2 million requested | \$25.7 million requested | \$27.8 million requested | \$26.6 million requested |
| Number of Proposals | 130 proposals | 140 proposals | 108 proposals | 101 proposals |
| Number of Awards | 98 RC projects Awarded | 66 projects awarded (31 RC, 35 CBOs) | 70 projects awarded (31 RCs, 35 CBOs) | 55 projects awarded (19 RCs, 36 CBOs) |

Number of Proposals and Amounts Requested Across Previous FYs

Across the most recent three FYs when CBOs were eligible for funding, the requested amount has ranged between \$25 and \$27 million, and the number of proposals has ranged between 101 and 140.

Chart 1. Overview of requested funding in previous FYs



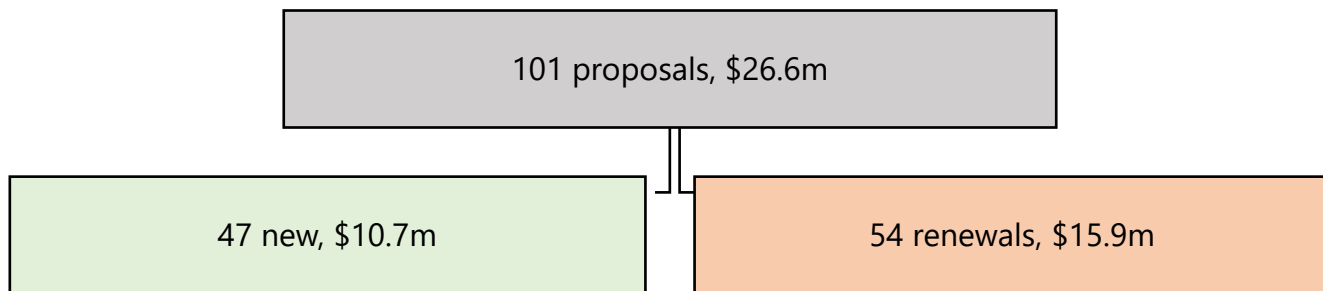
The number of proposals is less than in the previous two years (FY 2017/18 and FY 2018/19); however, the requested amount is comparable. DDS received 140 proposals in FY 2017/18, 106 in FY 2018/19, and 101 in FY 2019/20.

Section II. FY 2019/20 Overview

FY 2019/20 Grant Proposals: High-Level Summary for all Proposals Received

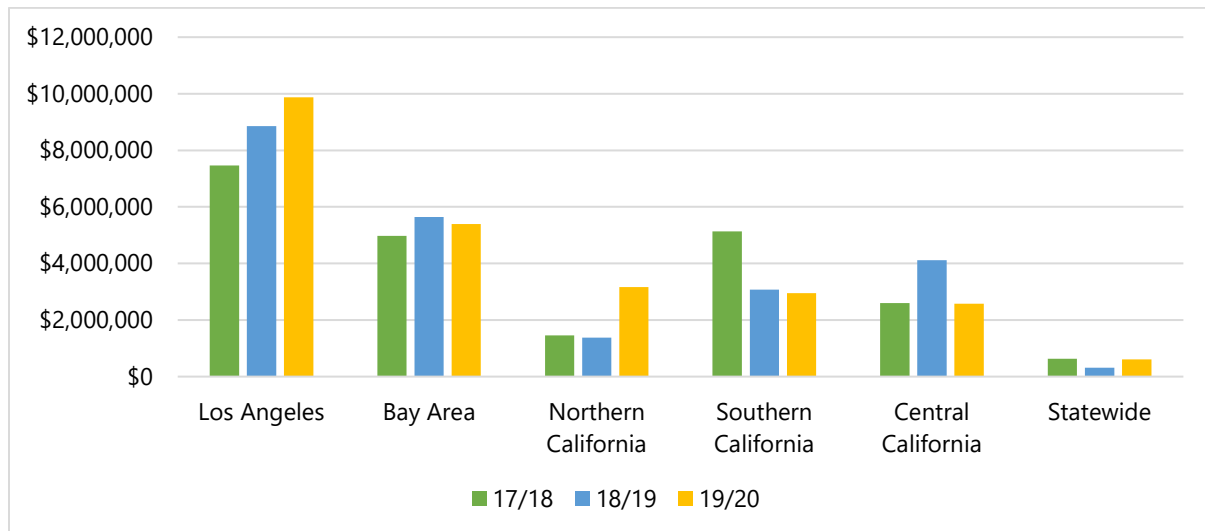
DDS received 101 proposals totaling \$26.6 million in requests. This amount includes \$10.7 million for 47 new project requests and \$15.9 million for 55 renewal requests (reapplications).

Chart 2. FY 2019/20 Proposals, by application type



The following charts provide an overview of the 101 proposals received by region, and project type.

Chart 3. Requested funding by region, three FYs (excludes projects serving multiple)



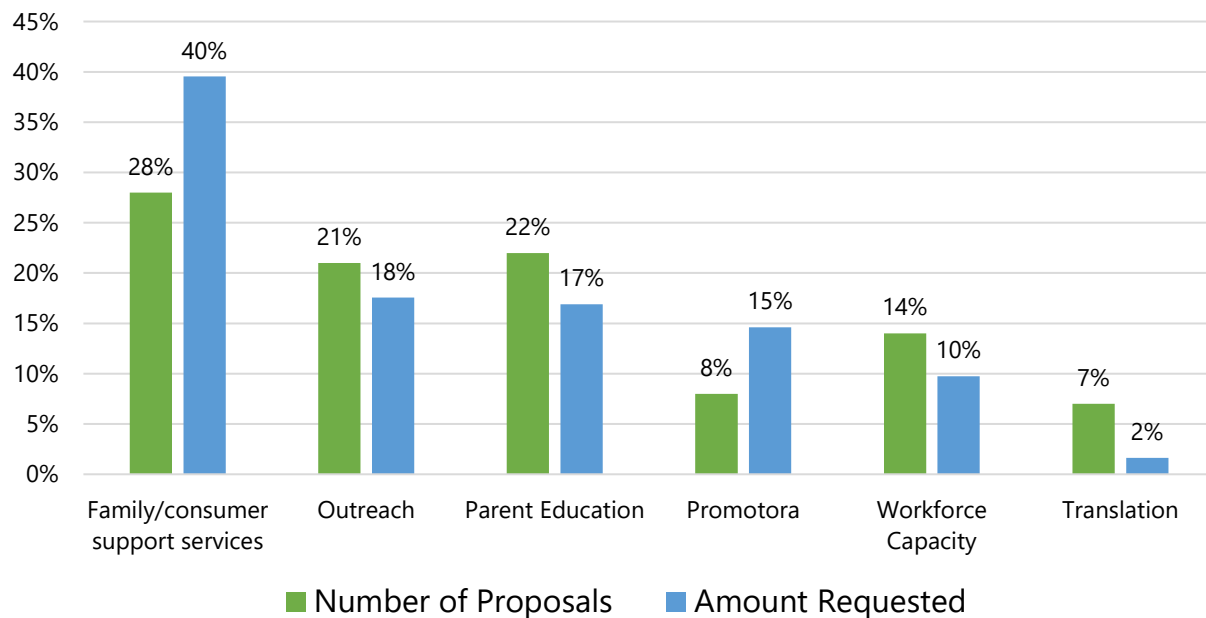
Project type.

The top three requested primary project types for FY 2019/20 are family/consumer support services, parent education, and outreach, based on the self-reported primary project type by the applicants.

Table 2. Project Types

| Type | Description | Number | Amount |
|---|--|---------------|---------------------|
| Family/Consumer Support Services | <i>Provide enhanced case management support, or similar, to consumers and their families.</i> | 28 | \$10,528,707 |
| Parent Education | <i>Increase family/consumer knowledge about a variety of topics relating to service access, the regional center system, advocacy, and developmental disabilities.</i> | 21 | \$4,497,541 |
| Outreach | <i>Increase community awareness and engagement through outreach activities.</i> | 22 | \$4,678,810 |
| Promotora | <i>Utilize community leaders/family members to provide individualized support (Promotora model) to assist other families with service access and build trust with the regional center.</i> | 8 | \$3,893,621 |
| Workforce Capacity | <i>Increase cultural and linguistic competency of regional center and/or provider staff.</i> | 14 | \$2,596,770 |
| Translation | <i>Reduce language barriers by providing translation and interpretation services.</i> | 8 | \$435,298 |
| Grand Total | | 101 | \$26,630,748 |

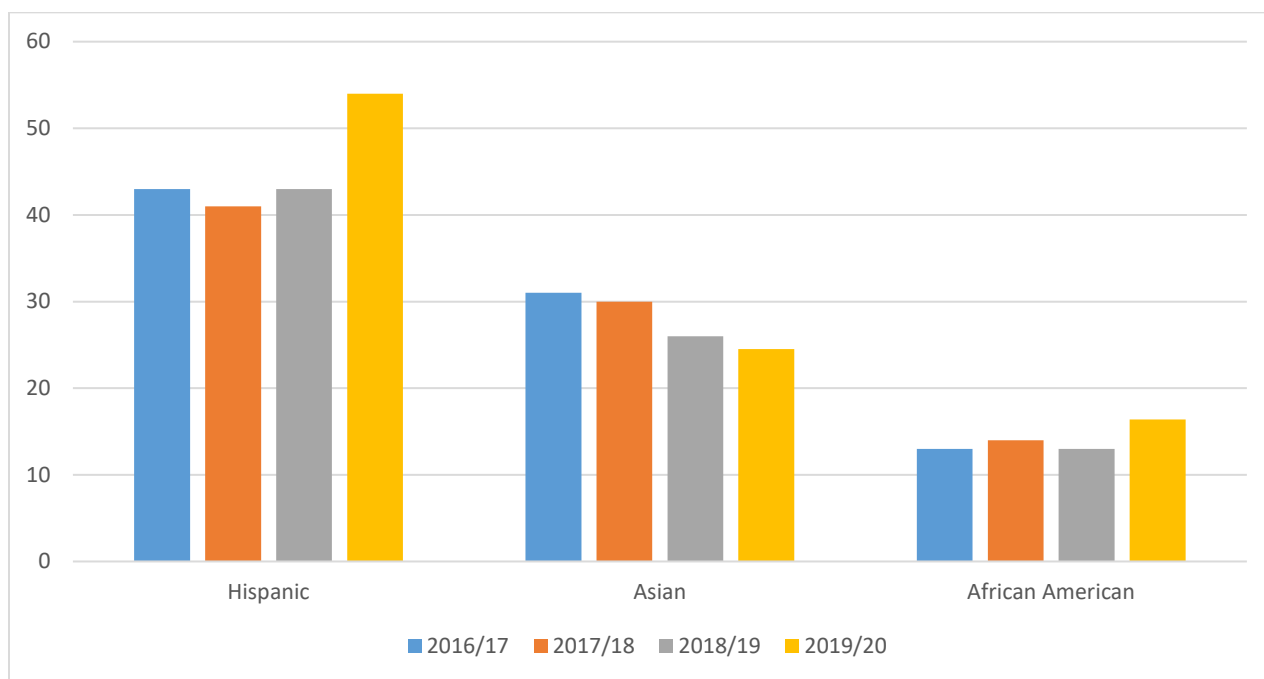
Chart 4. Project type share – number of total proposals compared to amount requested, FY 2019/20



Approved Projects

Chart 5. Projects by Target Population (Race/Ethnicity)

Across all four years, 45.4% of projects serve the Hispanic population, 22% serve the Asian population, and 14% serve the African American population.



California Department of Developmental Services
Disparity Funds Program

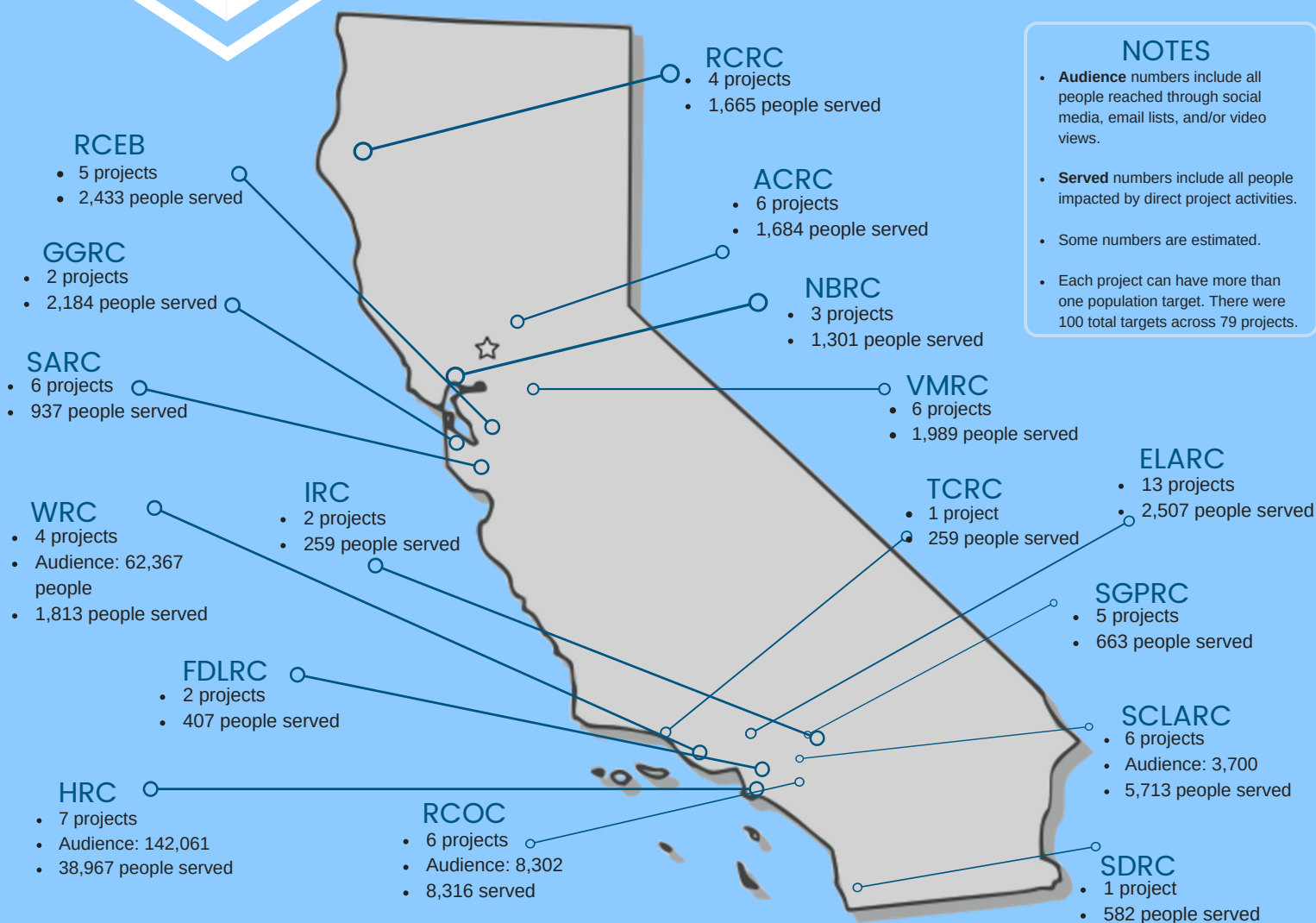
| | Hispanic | Asian | African American |
|---------|----------|-------|------------------|
| 2016/17 | 43% | 31% | 13% |
| 2017/18 | 41% | 30% | 14% |
| 2018/19 | 43% | 26% | 13% |
| 2019/20 | 54.5% | 24.5% | 16.4% |
| Average | 45.4% | 22.0% | 14% |

Disparity Funds Program

10/17/19

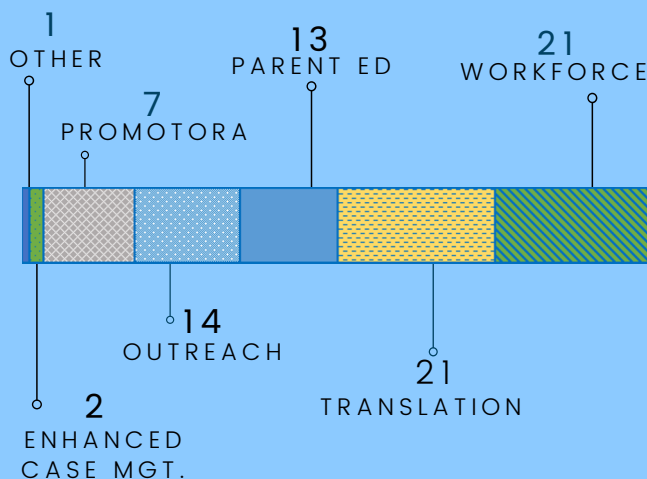
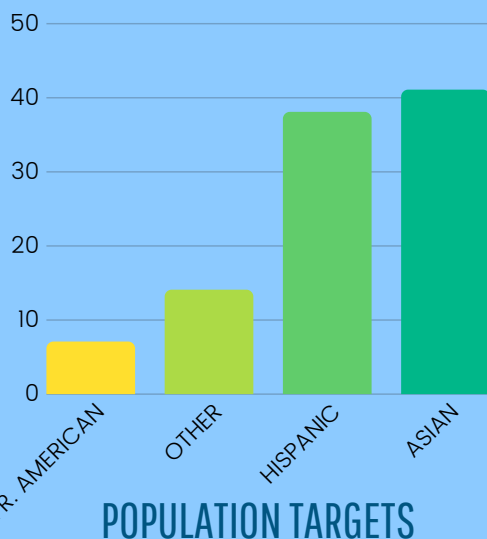
79 COMPLETED PROJECTS

Final Reports received by 8/30/19



NOTES

- Audience** numbers include all people reached through social media, email lists, and/or video views.
- Served** numbers include all people impacted by direct project activities.
- Some numbers are estimated.
- Each project can have more than one population target. There were 100 total targets across 79 projects.



16
LANGUAGES

AND

460 TRANSLATIONS
CONDUCTED

PROJECT OUTCOME HIGHLIGHTS

WORKFORCE

(Bilingual Staff)



97 FAMILIES

Served by new bilingual staff

SUCCESS STORIES

"Having Spanish translators helped her understand her son and she is very grateful for the program."

WORKFORCE

(Training)



133 WORKSHOPS
6,675 ATTENDEES
4,077 RC STAFF



DIFFERENT TOPICS
RELATED TO CULTURAL
SENSITIVITY

SUCCESS STORIES

"The training motivated me to improve the quality of my meetings and relationships with clients and their families."

TRANSLATION

16 
LANGUAGES

1,613 PEOPLE
USED NEW
TRANSLATION EQUIPMENT 

 35,303 COPIES
DISTRIBUTED

655 DOWNLOADED OR
POSTED ONLINE

SUCCESS  STORIES

"Families have consistently reported to us that they appreciate having this information available to them in their own written language."



OUTREACH

18,179 REACHED
140 EVENTS

Chinese, Filipino, Hispanic,
Native American, Korean,
Vietnamese

PARENT EDUCATION



PARENTS TRAINED
69 WORKSHOPS



USED OR VIEWED
MATERIALS ONLINE

Armenian, Cambodian, Cantonese, Japanese,
Korean, Mandarin, Spanish, Vietnamese

PROMOTORA



COMMUNITY
COLLABORATIONS

725 FAMILIES
RECEIVING INTENSIVE SUPPORT



113

PARENTS ATTENDING
SUPPORT GROUPS



SUCCESS STORIES

"It's amazing to ask for help and have someone respond without so much bureaucracy."

STATEWIDE HIGHLIGHTS

SCREENINGS



414 CHILDREN
SCREENED



238 KNOWN
REFERRALS TO RC

SERVICES



217 NEW
GENERIC SERVICES
ACCESSED (KNOWN)

149 NEW
REGIONAL SERVICES
ACCESSED (KNOWN)

SUPPORTS



136
FAMILIES RECEIVED IEP
SUPPORT

4

HISPANIC PARENT
GROUPS CREATED

214



PEOPLE RECEIVED PROTECTIVE
FACTOR OR BARRIER ANALYSIS

NUMBER OF PEOPLE SERVED (EXCLUDES ELECTRONIC OUTREACH)

