Regional Center Performance Measures Workgroup
October 27, 2021

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Agenda
Regional Center Performance Measures Workgroup
October 27, 2021
2:00pm to 3:30 pm

Register: https://cal-dds.zoom.us/webinar/register/WN_TXHxhnieQuGeLvotpx-WbQ

1. **Welcome & Introductions**
2. **Recap of Last Meeting**
3. **Guiding Principles and Vision**
4. **Identification and Selection of Measures**
5. **Workgroup Timeline**
6. **Next Meeting & Schedule**
   - **November 17** @ 10:00 to 11:30am AND 2:00 to 4:00pm
   - **December 16** @ 2:00pm to 3:30pm
7. **Closing Comments**

CalHHS
California Health & Human Services Agency

Guiding Principles

Person Centered. Equity Focused. Data Driven.

Focus on Equity

We must be a leader in the fight for equity and strive to create programs that address persistent and systemic inequities. The COVID-19 pandemic showed us how so many people are far behind and that the distance to make up to achieve equity is driven by historical, deep seated structural factors of racism, sexism and other forms of discrimination. In order to create a state where all of us can have a chance to thrive based on our efforts and hard work, we cannot allow certain groups and individuals to be disadvantaged because of the color of their skin, gender identity, sexual orientation, age or disability. We will seek to lift all boats, but some boats need to be lifted more.

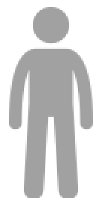
Actively Listen

We must be better and more active listeners. This will require us to take a step back and proactively listen to the individuals and communities we are serving to better understand their conditions and the things they yearn for. As a result, we will formulate better policies, programs and services that truly meet the needs of the individuals, families and communities we serve.

Use Data to Drive Action

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

See the Whole Person



We must always think about what each person needs to thrive, always considering the cultural, economic and social factors that impact people's lives. We will integrate shared opportunities to meet individual needs across departments – both within government and across our community partners. Our focus will be on the needs of the people we serve, not on the siloed structures of government and its programs.

Put the Person back in Person-Centered

We must re-engage individuals and their communities so that programs are informed and structured to meet the diverse and unique needs of each community and person. Too often, "person-centered" programs stopped being about people and became focused on satisfying a specific funding source or administrative process. We will refocus our programs on the people being served.

Cultivate a Culture of Innovation

We must courageously take new approaches to solve our most intractable problems. The relentless pursuit of innovation, applied thoughtfully, will catalyze our improvement efforts. We will also design programs and services across departments, including those outside CalHHS, in collaborative and partnership.

Deliver on Outcomes

We must ensure that the delivery of our programs and services yield concrete and meaningful results. We will focus our attention and energy on work which will directly improve the lives of all Californians. We will continuously evaluate and adapt our programs to better address our clients' unmet needs while furthering our goal of delivering positive outcomes.

Healthy California for All

We envision a *Healthy California for All* where every individual belongs to a strong and thriving community.

Where all our children can play and learn, and where we are confident that we have done all we can to pass to them a state they can lead into the future.

Where older and disabled Californians can live with purpose and dignity, and where they are supported and valued.

Where equity is not just a word or concept but *the* core value.

Where we constantly pursue social and racial justice by not only lifting all boats but especially those boats that need to be lifted more.

Where health care is affordable, accessible, equitable and high-quality so it drives toward improved health.

Where we prioritize prevention and the upstream factors that impact an individual's health and well-being.

Where we are committed to tackling the economic inequalities that force many Californians to live on the street.

Where necessities like housing and childcare are complimented by access to physical and behavioral health services.

Where we see the whole person and where programs and services address the social, cultural and linguistic needs of the individuals they serve.

Where climate threats collide with forward leaning health practices and policies that visibly turn the tide toward community resilience.

And where we see our diversity as a strength, and where we embrace a joint responsibility to take care of one another.

CalHHS
California Health & Human Services Agency

Strategic Priorities

Person Centered. Equity Focused. Data Driven.

Create an Equitable Pandemic Recovery

- Strengthen California's safety net programs to disrupt the inequities and disparities that fueled the pandemic in order to lift families out of poverty and create economic self-sufficiency.
- Work to achieve a California where race, ethnicity, gender identity, sexual orientation and other forms of social categorization no longer predict a person's or community's health and life outcomes.
- Build new and innovative paths to train and hire culturally competent workers to meet the full diversity of California's health and human services needs.
- Develop a 21st century public health system that builds on a core set of functions that are disease agnostic and support the work of local public health departments.

Build a Healthy California for All

- Ensure all Californians have meaningful and timely access to care by enhancing technological infrastructure, developing new and innovative workforce models and expanding care delivery capacity.
- Promote a whole person orientation to care that is focused on prevention and is delivered in a culturally and linguistically appropriate manner.
- Reduce the rate of growth in health care costs and increase public transparency of the quality of care and equity of health care delivery.
- Build climate resilient communities in which every Californian, regardless of origin or income, has access to high-quality, affordable health care.

Integrate Health and Human Services

- Build consensus on a common set of policies and procedures to govern the exchange of health and human services information among health and social services entities in order to improve health outcomes.
- Recognize and utilize Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, including the homeless, those with mental health conditions, children with complex medical conditions, those who are justice-involved and the growing aging population.
- Transform California's mental health and substance use disorder systems by increasing the availability of prevention and outpatient services and treatments, as well as stabilizing and expanding the overall number of community-based placements for individuals who require residential support on their path to greater self-reliance and independence.
- Address the upstream social determinants, including housing and food insecurity, which disproportionately impact communities of color, drive disease and worsen health and economic disparities.

Improve the Lives of the Most Vulnerable

- Reduce homelessness, especially chronic homelessness, by focusing on a "housing first" strategy and building up permanent supportive housing and the support services needed by those we house, including employment support, substance abuse treatment, and mental health treatment as a path out of poverty.
- Provide opportunities for Californians with intellectual and developmental disabilities, regardless of the severity of their disability, to prepare for and participate in competitive integrated employment.
- Move toward paying for outcomes in the developmental services system by implementing rate reforms and developing the capability to adequately track and measure outcomes at the regional center, service provider and consumer level.
- Expand diversion, re-entry and reintegration services so that anyone released from an incarcerated setting can reintegrate into the community seamlessly with access to health and social services.

Advance the Well-being of Children and Youth

- Transform California's behavioral health system into an innovative ecosystem where all children and youth age 25 and younger have access to a full continuum of services, in ways that are easily accessible and culturally appropriate for children, youth, and their families.
- Improve outcomes for children living in extreme poverty, in foster care and in juvenile justice system by addressing adverse childhood experiences, early childhood and education needs, and improving access to physical health, mental health and social services.
- Promote parental responsibility to enhance the well-being of children by providing child support services to establish parentage and collect child support.
- Ensure the health and well-being of children and youth with complex needs who receive services from multiple and at times fragmented public systems.
- Ensure fewer children encounter the juvenile justice system by building up the network of trauma informed, community-based, culturally appropriate interventions to support these young Californians before such encounters, and for those who have an encounter, to divert them early and often toward community-based interventions and away from institutional interventions.

Build an Age-Friendly State for All

- Mobilize state government, local communities, private organization and philanthropy to harness the state's innovative spirit, channel resources where they are needed most, and open new opportunities for working together to create inclusive, equitable communities for all Californians of all ages.
- Create more choices for home and community living as we age, including expanded service options, affordable and accessible housing models, health care partnerships with Medi-Cal and Medicare, and support for family and paid caregivers – with easier navigation and care coordination for diverse adults and families.
- Support healthy aging for all, by reducing health inequities and disparities across the lifespan, preventing and addressing isolation as we age, and expanding dementia awareness and geriatric care.
- Protect older and disabled adults from abuse, neglect, and exploitation both at home and in congregate facilities, while ending older adult homelessness and prevent poverty and hunger as we age.

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.

- Review Vision and Guiding Principles
- Creative and innovative thinking to identify potential measures
- Review measures used by federal and other LTSS HCBS programs
- Prioritize measures identified (Big Category)
- Workgroup review draft set of measures for selection consideration
- Confirm and apply selection criteria to draft set of potential measures
- DDS review measures and test against NQF Filter
- Identify benchmarks, meaningful comparisons and variations for Regional Centers
- Determine Incentives & methodology
- Review & finalize recommendations for measures and benchmarks
- Identify process for future evaluation of measures and incentive effectiveness
- Identify needs for training and education for all stakeholders

National Quality Forum
Measure Evaluation Criteria[1]

- **Importance to measure** this references the relative importance (from a little to a lot) of the measure in making big gains in how Regional Center services are available to people, or how Regional Centers make a difference in people's lives. Some "importance to measure" indictors are disparities in services, or large variations in output across the state. Questions which point to the importance to measure an item include how does this link to a specific goal of the organization/system, or a current area of primary focus? Are there high priorities in our system that this measure would help us understand? Is it something of great importance or meaningful to all stakeholders?

- **Reliability and Validity** Reliability refers to how well defined and precisely specified a measure is, so that it can be used *reliably* in many different places. Reliability also means that the measure can be consistently used or applied and it will represent the same thing in different places. Validity means the "scores" or results of the measure are correct and accurate. To assure validity, it's important that the data elements included in measures are fully and clearly defined, and accurately pinpoint the intended performance. Questions which point to measure reliability and validity include: How likely is it that this measure can be repeated in all 21 regional centers? Is the measure written so that it can be reported the same way in all 21 regional centers? Does the measure accurately represent the performance which it is intended to measure? Are you confident the measure is collected and reported the same way, everywhere it is reported? Can you feel confident the measure demonstrates what it is intended to demonstrate?

- **Useability and Use** These criteria refer to whether a measure will provide information to the agencies involved (Regional Centers and DDS), or to the public, that could be used to guide decision-making and quality-improvement efforts. Useability means the measure is already, or could be, used by Regional Centers or DDS for accountability or performance improvement, or both. The measure provides meaningful information that points towards actions which can lead to changes or improvements. Questions that point to the useability and use of a measure include: Does this measure have meaning? Is the measure designed in such a way that individual agencies can use it to drive actions for improvement or actions that will change outcomes? Is the measure related to accountability and public reporting for transparency? Is it measuring something the agency can take action on?

- **Feasibility** The degree to which the data is readily available or could be captured with relative ease. Data collection can be carried out with the above criteria (reliability, validity, useability) without undue burden on the system to collect new data. Feasibility includes a note that the strategy for collecting data can be carried out in the same way and relatively easily. Questions which point to measure feasibility include: does the level of effort equal or exceed the value of the information the measure provides? Does it require development of

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[1] National Quality Forum Measure Evaluation Criteria, accessed on October 14, 2021
https://www.qualityforum.org/Measuring_Performance/Submitting_Standards/Measure_Evaluation_Criteria.aspx

an entirely new data collection system/method, or is there data already in existence that can be used, or slightly altered without significant resource investment?)

- **Related and competing measures** For NQF, this refers to harmonization among the many measures approved by this forum, and assuring there are not contradictory nor duplicative measures endorsed. For Regional Center Performance Measures, we will want to assure there are no contradictory nor duplicative measures recommended.

An additional condition that is often referenced when establishing performance measures in quality incentive programs, although not formally included in the NQF criteria, is

- **Attribution** refers to whether or not individuals and their personal outcomes can be attributed to a specific Regional Center or provider, or if the presence of other circumstances has significant influence on the attainment of the outcome. It may be more than individuals and can extend to overall performance. Can the factors which contribute to the measure be ATTRIBUTED to the agency being held accountable to it? Does the agency being held accountable to this measure have complete control over the factors included in the measures, and therefore control over the efforts necessary to improve it?

  For the 2018 National Quality Forum White Paper on Attribution Models and challenges, please click here: https://www.qualityforum.org/Publications/2018/08/Improving_Attribution_Models_Final_Report.aspx

LEGISLATIVE COUNSEL BUREAU
STATE OF CALIFORNIA
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

State of California

WELFARE AND INSTITUTIONS CODE

Section 4620.5

4620.5. (a) Beginning as early as possible after July 1, 2021, but no later than September 1, 2021, the department shall convene a workgroup, which shall be composed of individuals described under subdivision (b), to make recommendations to the department for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.

(b) The director shall appoint members to the stakeholder group and shall consider all of the following individuals to serve as members of that group:

(1) Individuals or consultants with expertise in developing performance indicators and incentive programs within developmental disability systems or community-based long-term services and supports systems.

(2) Consumers and families across different geographic regions of the state, who have diverse racial and ethnic backgrounds, diverse consumer age groups, and disabilities.

(3) Regional center representatives.

(4) Service providers.

(5) Representatives of other state agencies or entities with whom the department routinely collaborates for the coordination of services for people with developmental disabilities, and who additionally have expertise in setting or reporting indicators and benchmarks, including reporting to the federal Centers for Medicare and Medicaid Services.

(6) Representatives of California's University Centers for Excellence in Developmental Disabilities, the State Council on Developmental Disabilities, the protection and advocacy agency specified in Division 4.7 (commencing with Section 4900), and consumer and family advocacy groups.

(c) By January 10, 2022, as part of the Governor's Budget, the department shall provide a status update based on recommendations provided by the stakeholder workgroup, with an additional status update at the time of the Governor's May Revision. These recommendations may include all of the following:

(1) Priority areas for performance indicators and benchmarks, including, but not limited to, all of the following:

(A) Equity in service access and purchase of services.

(B) Consumer employment and associated metrics.

(C) Integration of consumers in the community.

(D) Person-centered planning.

(E) Compliance with federal home and community-based standards.

(F) Consumer and family experience and satisfaction.

(G) Innovation in service availability and delivery.

(2) Surveys or other measures to assess consumer and family experience, satisfaction, and recommendations, in addition the use of data available through the National Core Indicators.

(3) Benchmarks, and a method for establishing benchmarks, to create meaningful comparisons and understanding of variation in performance within and between regional centers.

(4) Measures under development or already implemented by federal funding agencies for long-term services and supports, home and community-based services, incentive payments, required reporting, and the efficient and effective implementation of performance improvement systems.

(5) Additional criteria for demonstrating performance improvement, including improvement beyond benchmarks.

(6) The methodology, structure, and types of incentives to be used, including, if appropriate, a payment schedule and implementation timeline, for incentive payments to regional centers to achieve or exceed performance benchmarks. This methodology and structure shall include how the department shall take into consideration variations among regional centers, expectations for regional center community engagement activities, and any significant demographic, including economic or other differences, impacting a regional center's performance and how the department might build the identified benchmarks into regional center performance contracts.

(7) A process, based on the input from regional centers and other stakeholders, the department shall use on at least an annual basis to evaluate the success of a quality improvement process, including any incentive payment program.

(Added by Stats. 2021, Ch. 76, Sec. 27. (AB 136) Effective July 16, 2021.)

California Department of Developmental Services (DDS)

COMMON ACRONYM LIST

A

AB – Assembly Bill
ACRC – Alta California Regional Center
ADA – Americans with Disabilities Act
AFH – Adult Family Home
ARCA – Association of Regional Center Agencies
ARFPSHN – Adult Residential Facility for Persons with Special Health Care Needs
ARM – Alternative Residential Model

B

BEP – Business Enterprise Program

C

CAC – Consumer Advisory Committee
CALHR – California Department of Human Resources
CALPERS - California Public Employees' Retirement System
CAPT – California Association of Psychiatric Technicians
CAST – Crisis Assessment Stabilization Team
CCF – Community Care Facility
CCH – Community Crisis Home
CCL – Community Care Licensing
CDE – California Department of Education
CDER – Client Development Evaluation Report
CDPH – California Department of Public Health
CDSS – California Department of Social Services
CF – Community Facility
CHHS/Agency – California Health and Human Services Agency
CIE – Competitive Integrated Employment
CLHF – Congregate Living Health Facility
CMF – Client Master File
CMS – Centers for Medicare and Medicaid Services
CPP – Community Placement Plan
CRDF – Community Resource Development Fund
CRDP – Community Resource Development Plan
CS – Canyon Springs
CSSP – Community State Staff Program
CVRC – Central Valley Regional Center

D

DC – Developmental Center
DC Task Force - Health & Human Services Agency Task Force on the Future of DCs
DDS – Department of Developmental Services
DE/SP – Delayed Egress/Secured Perimeter
DGS – Department of General Services
DHCS – Department of Health Care Services
DOF – Department of Finance
DOR – Department of Rehabilitation
DS – Developmental Services
DRC – Disability Rights California
DSH – Department of State Hospitals
DSTF/DS Task Force – Developmental Services Task Force

E

EBSH – Enhanced Behavioral Supports Home
EDD – Employment Development Department
ELARC – East Los Angeles Regional Center
EOR – Employer of Record

F

FAQ – Frequently Asked Questions
FDC – Fairview Developmental Center
FDLRC – Frank D. Lanterman Regional Center
FFA – Foster Family Agency
FHA – Family Home Agency
FMS – Financial Management Service
FNRC – Far Northern Regional Center
FRC – Family Resource Centers
FTA – Family Teaching Home
FY – Fiscal Year

G

GGRC – Golden Gate Regional Center
GF – General Fund
GTA – General Treatment Area

H

HCBS – Home and Community-Based Services
HDO – Housing Development Organization
HRC – Harbor Regional Center

I

ICF – Intermediate Care Facility
ICF/DD – Intermediate Care Facility/Developmentally Disabled
ICF/DD-CN – Intermediate Care Facility/Developmentally Disabled-Continuous Nursing
ICF/DD-H – Intermediate Care Facility/Developmentally Disabled-Habilitative
ICF/DD-N – Intermediate Care Facility/Developmentally Disabled-Nursing
I/DD – Intellectual and Developmental Disability
IDT – Interdisciplinary Teams
IEP – Individualized Education Program
IHCP – Individual Health Care Plan
IHSS – In-Home Supportive Services
IHTP – Individualized Health Transition Plan
ILS – Independent Living Skills
IMD – Institution for Mental Disease
IPP – Individual Program Plan
IRC – Inland Regional Center

J

JRT – Joint Interagency Resolution Team

K

KRC – Kern Regional Center

L

Lanterman Act – Lanterman Developmental Disabilities Services Act
Lanterman DC – Lanterman Developmental Center
LEAP – Limited Examination and Appointment Program

M

MOU – Memorandum of Understanding

N

NBRC – North Bay Regional Center
NCI – National Core Indicators
NF – Nursing Facility
NLACRC – North Los Angeles County Regional Center

O

OAT – Oversight, Accountability and Transparency Workgroup

P

PA – Personal Assistance
PDC – Porterville Developmental Center
PDC GTA – Porterville Developmental Center General Treatment Area
PDC STP – Porterville Developmental Center Secure Treatment Program
PDS – Participant-Directed Services
PIP – Paid Internship Program
POS – Purchase of Services
PPE – Personal Protective Equipment
PRP – Porterville Regional Project

Q

QMAG – Quality Management Advisory Group
QMS – Quality Management System

R

RC – Regional Center
RCEB – Regional Center of the East Bay
RCFE – Residential Care Facility for the Elderly
RCOC – Regional Center of Orange County
RFP – Request for Proposal
RRDP/Regional Project – Regional Resource Development Project

S

SARC – San Andreas Regional Center
SB – Senate Bill
SCDD – State Council on Developmental Disabilities
SCLARC – South Central Los Angeles Regional Center
SDC – Sonoma Developmental Center
SDP – Self-Determination Program
SDRC – San Diego Regional Center
SEIU – Service Employees International Union
SG/PRC – San Gabriel/Pomona Regional Center
SIR – Special Incident Report
SLS – Supported Living Services
SNF – Skilled Nursing Facility
SRF – Specialized Residential Facility
SSM – Staff Services Manager
START – Systemic Therapeutic Assessment Resources and Treatment
STAR – Stabilization, Training, Assistance and Reintegration
STP – Secure Treatment Program

T

TBL – Trailer Bill Language
TCRC – Tri-Counties Regional Center
TRM – Transition Review Meeting

U

UCEDD – University Centers for Excellence in Developmental Disabilities

V

VMRC – Valley Mountain Regional Center

W

W&I Code – Welfare and Institutions Code
WRC – Westside Regional Center

X

Y

Z