

**Developmental Services (DS) Task Force  
December 17, 2021**

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**Developmental Services (DS) Task Force**  
**December 17, 2021**  
**10-11:30am and 12-1:30pm**  
**Via Zoom**  
**Register Here: [https://cal-  
dds.zoom.us/webinar/register/WN\\_ecT7zsZNQuO6EMnC8I9jWA](https://cal-<br/>dds.zoom.us/webinar/register/WN_ecT7zsZNQuO6EMnC8I9jWA)**

## **AGENDA**

- I. Welcome**
- II. DDS Updates**
- III. Break**
- IV. DSTF Purpose**
- V. Guiding Principles Discussion**
- VI. Closing Comments**

## 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.



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.

## Actively Listen

## 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.



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.

## See the Whole Person

## 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.

## 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 21<sup>st</sup> 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.

DEPARTMENT OF DEVELOPMENTAL SERVICES  
**2021-22 Budget Initiatives**  
SUMMARY

<b>1. Community Navigator Program</b>	Establish a community navigator program using family resource centers to help families connect with services. Funding in 2021-22 includes \$500,000 for an independent evaluation of the efforts to promote equity and reduce disparities.	\$5.3 M RC Ops
<b>2. Coordinated Family Support Services</b>	Pilot a new service options to improve and expand supports for individuals living at home with their family.	\$41.7 M
<b>3. DSP Bilingual Differential</b>	Provide a pay differential to direct service professionals (DSP) who can communicate with consumers in a language or medium other than English.	\$3.6 M POS increases to \$10.8 M by 2023-24
<b>4. DSP Workforce Training and Development</b>	Establish a training and certification program for direct service professionals (DSP) tied to wage differentials, to foster a more sustainable and professional workforce.	\$4.3 M RC Ops increases to \$75.0 M by 2023-24
<b>5. Early Start Outreach to Tribal Communities</b>	Conduct engagement and outreach with tribal communities to improve access and utilization of Early Start services.	\$0.5 M RC Ops
<b>6. Electronic Visit Verification (EVV) - Phase II</b>	Continue dedicated resources to support implementation of EVV. Providers of in-home personal care services must utilize EVV by January 2022 to record services provided.	\$11.4 M HQ
<b>7. Emergency Preparedness and Resources</b>	Establish dedicated regional center emergency coordinators for emergency planning, preparedness, response, and recovery activities. Provide education and outreach, power supplies and Go-Kits/Bags for individuals in high risk areas.	\$4.3 M RC Ops
<b>8. Employment Grants</b>	Increase pathways to competitive integrated employment and other employment opportunities for people with disabilities.	\$14.7 M RC Ops



<b>9. Enhanced Community Integration for Children and Adolescents</b>	Grant program to enable regional centers and local communities (i.e., local park and recreation departments) to leverage local resources and increase integrated and collaborative social recreational options.	\$12.5 M HQ
<b>10. Enhanced Service Coordination for Consumers with Low or No POS</b>	Enhanced service coordination for consumers with low or no purchase of service (POS) expenditures.	\$12.8 M RC Ops
<b>11. FY 2022-23 Enhanced Service Coordinator Ratios</b>	Reduce service coordinator ratios at the 21 regional centers linked to Regional Center Performance Measures.	Beginning FY 2022-23 ongoing \$87.5 M RC Ops
<b>12. Forensic Diversion Program</b>	Multifaceted forensic diversion program for individuals with IDD and who are actively involved in the criminal justice system.	\$3.2 M POS \$0.5 M RC Ops \$0.3 M HQ \$0.3 M SORCS
<b>13. Foster Youth Trauma Informed Services</b>	Ongoing implementation of AB 2083 for children and youths in foster care who have experienced severe trauma.	\$1.6 M RC Ops
<b>14. Group Homes for Children with Special Health Care Needs (GHCSHN)</b>	Establish GHCSHNs to provide 24-hour health care and intensive support services in home-like settings for up to five children each.	Existing resources
<b>15. Implicit Bias Training for Regional Centers</b>	Implicit Bias training to all regional center personnel, as well as contracted staff involved in intake and assessment and eligibility determinations.	\$7.0 M RC Ops
<b>16. Language Access and Cultural Competency Orientations and Translations</b>	Promote language access and cultural competency across the regional center system, through orientations and specialized group and family information sessions, culturally sensitive outreach efforts, and translation services.	\$16.7 M RC Ops
<b>17. Lanterman Act Provisional Eligibility Ages 3 and 4</b>	Establishes provisional eligibility for Lanterman Act services for three and four-year-olds who meet specified eligibility requirements.	\$16.2 M POS \$7.6 M RC Ops

<b>18. Modernize IT Systems</b>	One-time investment supports the initial planning process to update the regional center fiscal system and implement a statewide Consumer Electronic Records Management System.	\$7.5 M
<b>19. Paid Internship Program and Competitive Integrated Employment Program</b>	Modify paid internship program's fiscal caps and add specified incentive payments, including a temporary increase to milestone payments for competitive integrated employment.	Existing resources
<b>20. Provider Supplemental Rate Increases</b>	Remove the December 31, 2021 suspension of supplemental rate increases for specified services.	\$470.8 M POS
<b>21. Quality Improvement Pilot</b>	Establish a quality improvement pilot project tied to outcomes, for up to four services and with up to three regional centers.	\$12.5 M HQ
<b>22. Rate Adjustments and Quality Incentive Program</b>	Five-year process for rate adjustments and implementation of the rate models, consistent with the 2019 Rate Study, which shall include a quality incentive program, create an enhanced person-centered, and outcomes-based system by July 1, 2025.	\$127.1 M POS in 2021-22 increasing to \$2.0 B POS in 2025-26  \$12.6 M RC Ops ongoing \$6.3 M HQ ongoing
<b>23. Regional Center Performance Measures</b>	Convene a workgroup to make recommendations for the development of standard performance improvement indicators and benchmarks to incentivize high-quality regional center operations.	\$3.7 M RC Ops \$1.9 M HQ
<b>24. Repeal Uniform Holiday Schedule</b>	Repeal the prohibition on compensating certain vendors on specified holidays.	\$56.8 M POS
<b>25. Services for the Deaf Community</b>	Provide increased expertise at the department and all regional centers to support services, and improve access and equity, for consumers who are deaf.	\$2.4 M RC Ops \$0.2 M HQ

<b>26. Self-Determination Program</b>	<p>Establish the following to increase service access and equity, and reduce disparities:</p> <ul style="list-style-type: none"> <li>• An Office of the Self-Determination Program Ombudsperson within the department to provide information and assist regional center consumers and their families in understanding their rights under the SDP;</li> <li>• Participant Choice Specialists to provide timely transition to program participation and access to regional center staff; and</li> <li>• Enhanced Transition Support Services for individuals and their families who need greater assistance in transitioning to the SDP.</li> </ul>	<p>\$2.5 M POS  \$7.8 M RC Ops  \$1.3 M HQ</p>
<b>27. Social Recreation, Camp and Non-Medical Therapies</b>	<p>Restore previously suspended social recreation services, camp services, educational services, and nonmedical therapies, effective July 1, 2021.</p>	<p>\$29.4 M POS  increases to  \$57.0 M by 2023-24</p>
<b>28. Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Teams</b>	<p>Establish nine additional START teams to provide 24-hour crisis prevention and response services. With this addition, there are 15 START teams statewide.</p>	<p>\$6.4 M POS  \$10.2 M RC Ops</p>

# Self Determination Program Timeline (as of 12-16-21)

