

California Health and Human Services Agency
Department of Developmental Services



PLAN FOR CRISIS AND
OTHER SAFETY NET SERVICES
IN THE CALIFORNIA
DEVELOPMENTAL SERVICES SYSTEM



January 10, 2023

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY	1
II. INTRODUCTION & HISTORY	3
III. DEVELOPMENT OF THE 2023 SAFETY NET PLAN	6
IV. RECOMMENDATIONS	14
V. DATA.....	22
VI. NEW GOVERNOR’S BUDGET PROPOSALS FOR THE SAFETY NET	27
VII. STRATEGIC PLANNING PROCESS	30
VIII. CONCLUSION	34
ATTACHMENTS	35

Department of Developmental Services
1215 O Street, MS 9-90
Sacramento, CA 95814
1 (833) 421-0061 | TTY 711

<https://www.dds.ca.gov/services/crisis-safety-net-services>

I. EXECUTIVE SUMMARY

This Safety Net Plan update provides an overview of the significant progress made to implement system-wide changes and programmatic improvements to California's continuum of safety net services for individuals with intellectual and developmental disabilities (I/DD), as well as plans for addressing future needs in the community. Consultation with stakeholders and careful examination of service needs has shifted the focus of Safety Net supports from crisis services, initially necessitated by the closure of California's developmental centers (DCs), to prevention and de-escalation before there is a crisis or need to access highly restrictive settings.

The Department of Developmental Services (DDS or Department) is committed to delivering individualized, person-centered and culturally and linguistically appropriate services and supports for an increasingly diverse population. This is in addition to ensuring the use of positive behavior supports and applying the principles of trauma-informed care in the provision of safety net services to individuals with I/DD. The expansion of the safety net continuum outlined in this plan demonstrates the Department's commitment to providing dynamic and responsive supports through a range of services best able to meet the needs of a growing and diverse population. This includes services to adolescents and adults with complex needs--individuals who need a high level of support in their daily life for a combination of serious physical, behavioral, mental health, and social needs [Welfare and Institutions (W&I) Code section 4640.6(c)(6)(C)].

DDS is submitting this update to the Safety Net Plans of 2017 and 2020 to the Legislature pursuant to W&I Code section 4474.16. In compliance with Senate Bill (SB) 188 (Chapter 49, Statutes of 2022), this plan, developed in consultation with stakeholders, provides:

- An evaluation of the progress made in creating a safety net, including transition data and services or residences intended to facilitate transitions or diversions from institutions for mental diseases (IMDs), Canyon Springs (CS) Community Facility, the Secure Treatment Program at Porterville Developmental Center (PDC-STP), prisons or jails, or other restrictive settings.
- Areas for evaluation and recommendations from DDS' stakeholder community such as best practices for supporting individuals at risk of moving to restrictive settings, expanding or refining existing services or supports and developing new models for individuals whom private sector vendors cannot or will not serve.

- Data on the number of adolescents and adults with complex needs, statewide and by regional center (RC), the number of special incidents involving restraints, the number of RC-funded admissions to IMDs and admissions to CS Community Facility between January 1, 2020, and December 31, 2021.
- DDS' strategic planning process, including how the department identifies service gaps, and how the Department plans to address future safety net needs.
- A description of new proposals in the 2023 Governor's Budget related to California's developmental services safety net.

California's continuum of safety net services will continue to evolve as DDS continues to engage with individuals, family members, RCs, professionals, advocates, and other stakeholders to address the capacity of community safety net services, evaluate the effectiveness of existing service models, and identify additional strategies and supports that may be needed in the future.

II. INTRODUCTION & HISTORY

INTRODUCTION

With the 1969 enactment of the Lanterman Developmental Disabilities Services Act (Lanterman Act), the State of California accepted responsibility for the provision of services to support persons with developmental disabilities. W&I Code section 4501, further provides that:

"An array of services and supports should be established which is sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life and to support their integration into the mainstream of community life. To the maximum extent feasible, services and supports should be available throughout the state to prevent the dislocation of persons with developmental disabilities from their home communities."

In the more than 50 years since the Lanterman Act was enacted, trends in how services are provided to Californians with I/DD, including those with complex needs, have evolved to include a considerable increase in community-based services and supports, and reduced the State's reliance on institutional living arrangements and non-integrated services. Administrative actions, laws, and court cases that have contributed to this trend are detailed in [Attachment 1](#).

Safety net services are a continuum of services and supports serving individuals with complex medical, behavioral, and mental health support needs from an early age through adulthood. Safety net services also include preventative services and stabilization supports for individuals at risk of or experiencing acute crises, and transition and support services for individuals moving from highly restrictive settings, such as DCs, IMDs or the PDC-STP. The continuum of safety net services is represented visually in [Attachment 2](#).

SAFETY NET PLAN BACKGROUND

In May 2017, the Department submitted [the first Safety Net Plan](#) to the Legislature that described "how the Department will provide access to crisis services after the closure of a DC and how the State will maintain its role in providing residential services to those whom private sector vendors cannot or will not serve...".

In January 2020, in compliance with SB 81 (Chapter 28, Statutes of 2019), DDS submitted an update to the Legislature. The [2020 Safety Net Plan](#) examined the progress made to create a safety net, identified areas for further evaluation, and made other recommendations that were person-centered, community-based, and

trauma-informed. The 2020 Safety Net Plan considered new models of supports for individuals served and introduced the safety net continuum of care.

This updated plan (2023) continues to examine the safety net continuum of care and expands the focus from crisis services to emphasizing the priorities on prevention, de-escalation, and abuse awareness, as well as continued efforts to improve access and equity and respond to the system's changing needs, i.e., the supports needed for an aging I/DD population, aging caregivers, individuals diagnosed with Autism Spectrum Disorder (ASD), youth in foster care who have severe trauma, individuals affected by fetal alcohol syndrome (FAS), and other individuals with complex needs.

DEMOGRAPHIC TRENDS

The developmental services system has experienced significant changes in demographics since Fiscal Year (FY) 2018-19, as reported in the 2020 Safety Net Plan. Evaluating these changing trends improves planning for the development of future models of supports and capacity for specialty services. Summarized below are some of the significant demographic shifts. Additional details are in [Attachment 3](#).

Age: Over the last three FYs, individuals served age three to 10 have been the fastest growing population (15% increase), followed by those age 60 and older (13% increase), and then individuals age 18 to 21 (11% increase). The share of individuals served by RCs under age 22 has remained unchanged at 66%.

Race/Ethnicity: The largest growth occurred among individuals served with multiple ethnicities (23% increase) and other ethnicities (26% increase). The number of individuals who are reported as Asian and Hispanic/Latino increased at twice the rate of those who are reported as African American. White individuals are the only major ethnicity group whose share of the overall served population has not grown since FY 2018-19.

Primary Language: English remains the most commonly spoken language (77% of all individuals served), while Spanish is the second most commonly spoken primary language (19%). Individuals whose primary language is English represent the biggest growth over the last three FYs (10%); and of the four most common primary languages (English, Spanish, Chinese, Vietnamese), only Vietnamese saw a decline in the total number and percentage of the share over this period (2% less).

The Department assessed population characteristics from FY 2018-19 through FY 2021-22 and identified trends among the diagnostic categories served by RCs:

Intellectual Disability: From FY 2018-19 to 2021-22, the number of individuals age 22 and over diagnosed with an intellectual disability grew by 7%, while the number of children with an intellectual disability age three to 21 shrank by nearly 10%. Intellectual disability remains the system's largest diagnostic category, but there is a declining number of children diagnosed with an intellectual disability and continued growth in the number of children diagnosed with ASD.

ASD: ASD will become the largest diagnostic category within the next five years. The number of individuals diagnosed with autism grew by nearly one-third from FY 2018-19 through FY 2021-22. RCs now serve approximately 26,000 more individuals under age 22 with autism than in FY 2018-19, and over 75% of individuals served with autism are under age 22. However, the rate of growth was higher over this period for individuals aged 22 and older. The total autism population grew at four times the rate of the overall population.

Epilepsy, Cerebral Palsy, and 5th Category (individuals with conditions similar to intellectual disability or having similar treatment needs):

5th Category continues to grow as a diagnostic group, while the total number and percentage of individuals diagnosed with Epilepsy and Cerebral Palsy has declined. These three diagnostic groups each presently comprise about 8% of the total population.

III. DEVELOPMENT OF THE 2023 SAFETY NET PLAN

Since 2017, the development and expansion of the safety net has seen continued progress. Prior investments included the development and expansion of new models and services to support specialized populations that were identified through stakeholder engagement and data analyses. Details on the progress and status of all safety net services since 2017 can be reviewed in the safety net update tables, which provide information on completed models and services and supports as well as those still in development ([Attachment 4](#)).

Stakeholder meetings to inform this plan occurred between July 2020 and December 2022. The Developmental Services (DS) Task Force's Safety Net Workgroup, comprised of individuals throughout the state, including self-advocates, families, service providers, clinicians, advocates, and RCs, was the primary stakeholder group. DDS also held additional meetings with smaller, targeted focus groups specific to abuse awareness and prevention, youth and adolescents, cultural and linguistic improvements, older adults and aging caregivers, foster youth, self-advocates and RC representatives.

To meet the requirements of W&I Code section 4474.16(a)(2)(B), the stakeholders identified areas for evaluation and recommendations, which included, but was not limited to, best practices for supporting individuals at risk of moving to restrictive settings, expanding or refining existing services or models of support, and developing new models of supports for individuals whom private sector service providers cannot or will not serve.

STATUS REVIEW OF AREAS IDENTIFIED FOR EVALUATION

Participating stakeholders identified common themes and goals to guide the review of initiatives and shifted the focus from crisis services to prevention and other support services, with an emphasis on the following **specialized populations**:

- Aging Population of Individuals Served and Caregivers
- Children and Youth in the Child Welfare System (AB 2083)
- Individuals Served with ASD
- Individuals Served with Complex Support Needs
- Individuals served with FAS

In addition to the specialized populations identified above, stakeholders recommended the following **focus areas** for review:

- Prevention and Abuse Awareness
- Prevention Supports and Services

The following is DDS's review of the areas identified for evaluation that provided the information needed to develop the safety net plan's recommendations and budget proposals for the services and supports needed for Californians with I/DD, including those with complex needs.

AGING POPULATION OF INDIVIDUALS SERVED AND CAREGIVERS

In addition to DS Task Force workgroups, DDS participated in a variety of workgroups led by the Department of Aging which informed priorities and data elements for evaluation, such as:

- In January 2022, RCs served 8% more individuals with Down Syndrome than ten years earlier.
- Nearly 54,000 individuals served by RCs are age 42 or older. The majority live in their family homes and their parents are likely age 61 years or older. Those caregivers will face increasing limitations on the supports they can provide to their children.
- RCs serve 20,213 individuals with Down Syndrome, of whom 1,790 individuals (9%) are 51 or older and 9,612 (48%) are between the ages of 21 and 50. Individuals with Down Syndrome are at significantly elevated risk of developing dementia and Alzheimer's disease as they age and may show signs earlier than the general population¹.

CHILDREN AND YOUTH IN THE CHILD WELFARE SYSTEM (AB 2083)

AB 2083 requires state departments and local agencies including county child welfare, behavioral health, probation, RCs, and County Offices of Education to coordinate supports for youth in foster care and who have experienced trauma. The state department coordination includes participation on interdepartmental technical assistance calls. Prior to the Children and Youth System of Care (SOC) there were anecdotal concerns of delays in referral and assessment, but through this collaborative effort and targeted data review, delays are evident and having impacts for children, such as timeliness to services and longer-term stability. Over a third of children dually served (35%) first became eligible for Lanterman Act services at age six years and older, and almost 20% were found eligible after age ten.

As of November 2022:

- 12 SOC webinars have been conducted to provide guidance and technical assistance on the development of the Memorandums of Understanding (MOUs).

¹ Alzheimer's Association *Down syndrome and Alzheimer's disease - A topic in the Alzheimer's Association® series on understanding dementia*. (2021). Accessed December 16, 2022. <https://www.alz.org/media/documents/alzheimers-dementia-down-syndrome-ts.pdf>

- 57 counties completed MOU development and implementation of the MOU provisions continues.
- All 58 counties hold on-going Interagency Leadership Team (ILT) meetings to refine collaborative practices.
- Available data indicates that between April 1, 2021, and March 31, 2022, 105 child-specific technical assistance calls supported local agencies' work with youth in or at risk of foster care involvement to access services from multiple systems. Of these calls 25% were for youth served by a RC and an additional 7.6% had cases that were pending RC intake. Technical assistance calls continue and annual reporting of data will be provided per W&I Code section 16521.6(b)(5).
- The state Joint Resolution Team (JRT) developed and provided guidance and technical assistance to local system partners for tribal inclusion in local MOUs. Many ILTs are working in partnership with Tribal Communities to develop a process for consultation and inclusion.
- The 2019 Budget Act authorized funding for 15 Senior/Supervising Coordinator positions across 21 RCs to implement SOC efforts. While not all full-time positions, all 21 RCs have a designated Service Coordinator and participate in monthly meetings with the DDS System of Care Specialist.

INDIVIDUALS WITH ASD

The Department's review determined that the experiences of individuals with ASD are diverse and there is a changing makeup of the population – including a substantial increase in the number of children and adults diagnosed with ASD and rapid growth of the relatively smaller aging adult population – which contributes to the anticipated need for safety net services.

- A national study on families with a child on the autism spectrum found approximately 50% of youth with ASD may wander or leave unexpectedly (also called “eloping”), putting them at increased risk of injury².
- A study of children in Northern California found children with ASD are more likely to require mental health treatment than other children with special healthcare needs and typically developing children³. Adolescents and teens with ASD and unmet mental health services needs are less likely to participate in community activities and paid employment⁴.
- Currently, RCs serve approximately 161,000 individuals with ASD. The ASD caseload has grown by more than 150% over the last 10 years and 78% of

² Anderson C., Kiely Law J., Daniels A., et al. (2012). Occurrence and family impact of elopement in children with autism spectrum disorders. *Pediatrics* 130(5), 870-877. doi 10.1542/peds.2012-0762

³ Zerbo O., Qian Y., Ray T., et al. (2019). Health care service utilization and cost among adults with autism spectrum disorders in a U.S. integrated health care system. *Autism in Adulthood* 1(1). doi: [10.1089/aut.2018.0004](https://doi.org/10.1089/aut.2018.0004)

⁴ Rast J.E., Garfield T., Roux A., et al. (2021) *National Autism Indicators Report: Mental Health*. Philadelphia, PA: Life Course Outcomes Program, A.J. Drexel Autism Institute, Drexel University.

those with ASD are children under age 22. Soon, ASD will represent the majority share of individuals served by RCs.

- Individuals with ASD disproportionately use safety net services: ASD represents 46% of RCs' caseload, but approximately 60% of referrals made to Stabilization Training Assistance Reintegration (STAR) and Systemic, Therapeutic, Assessment, Resources and Treatment (START).
- Many clinicians do not feel qualified to assess or treat individuals with ASD (or I/DD in general) and mental health concerns.
- Youth with ASD are at heightened risk of having suicidal ideation and suicide attempts. Among youth aged six to 17 with ASD referred to START in California, 46% have experienced suicidality concerns.

INDIVIDUALS SERVED WITH COMPLEX SUPPORT NEEDS

Identifying and developing resources to support individuals has been and remains a priority. Supports for individuals continue to evolve based on complexity of needs as well as the growing population of individuals with I/DD. Together, building on prior efforts to introduce new models of service and increase capacity remains an ongoing and critical need.

The 2014 Budget Act authorized the development of the specialized models, Enhanced Behavioral Supports Homes (EBSH) and Community Crisis Homes (CCH). Current development of specialized models to support individuals with complex needs include 23 CCHs that have been completed and eight more CCHs in development, 71 completed EBSHs and 43 in development, five homes with delayed egress in combination with a secured perimeter (DESP) and two in development which are displayed in [Attachment 5](#). As a result of stakeholder input to support individuals through the closure of the State Developmental Centers, DDS developed state operated acute crisis STAR (Stabilization, Training, Assistance and Reintegration) homes. Five community homes are operating with two additional homes expected to be operational by late Spring 2023. Four of the seven homes will provide support and services for children and adolescents and the other three will support adults. These homes are located in Northern, Central and Southern California.

Over the last several years, there has been an increase in the number and complexity of referrals to the STAR services. As of November 2022, there were 38 active referrals to STAR, including 21 adults and 17 children/adolescents. Additionally, there is an increased number of individuals who previously transitioned out of STAR returning for further stabilization. This trend highlights the need for current resources while developing new resources to support individuals with highly complex needs.

Since September 28, 2018, pursuant to SB 175 (Chapter 884, Statutes of 2018), DDS has authority to accept court admissions of individuals experiencing an acute crisis

to a separate and distinct unit of the state-operated CS Community Facility, operating as a STAR unit (Desert STAR) to serve up to 10 individuals. Additionally, under W&I Code section 7505, up to five individuals experiencing an acute crisis and currently admitted to either an acute psychiatric hospital or an acute crisis facility, may be admitted to CS Community Facility. These judicial admissions may be made until June 30, 2023. Since September 2018, Desert STAR has served 28 individuals with complex mental health and behavioral support needs. Many of the individuals experienced multiple support needs or presented with more than one risk factors. Of those 28 individuals prior to admission:

- 100% of individuals were engaging in severe harm to others.
- 89% engaged in elopement that placed themselves at serious risk of harm to others.
- 86% involved restraints and emergency involuntary medication
- 83% exhibited severe self-injurious behaviors.
- 82% of individuals engaged in severe property destruction.
- 68% transferred from a locked psychiatric facility to Desert STAR.
- 39% had incidents that involved law enforcement.

Although specialized models like CCHs and state-operated STAR provide individuals experiencing an acute crisis with person-centered support and crisis stabilization on a time-limited basis, there remains a critical need for a “can’t say no” option for individuals whom private sector vendors cannot or will not serve.

As a result of limited appropriate resources, individuals have experienced admission to locked psychiatric facilities, medical hospitals, IMDs, or received services out-of-state. In FY 2021-22, 892 individuals had unplanned psychiatric hospital admissions, 329 individuals were referred to the Statewide Specialized Resource Services, 48 adults were admitted to an IMD, funded by a RC. As reported by the regional centers, in June 2022, 49 youth were receiving services out-of-state, not funded by a RC or county child welfare, and an additional 33 youth were at risk of being referred to out-of-state resources.

INDIVIDUALS WITH FETAL ALCOHOL SYNDROME (FAS)

Individuals with FAS disorders and FAS often experience mental health problems, sexually offending behavior, disrupted education (suspensions and expulsions), problems with employment and independent living, and involvement with law enforcement/criminal justice system. Early intensive intervention results in the best outcomes for individuals with FAS. In July 2022, the eligibility criteria for Early Start (the State’s early intervention program) were updated to specify FAS as an established risk condition. This expanded eligibility criteria for Early Start will increase awareness and identification of young children and lead to more access to services. Additionally, SB 1016 (Chapter 611, Statutes of 2022) was enacted and

requires the State Board of Education to entitle children with FAS disorders to special education services.

Stigma associated with maternal alcohol consumption results in underdiagnosis of FAS⁵ ⁶. Relatively few individuals served by RCs have a diagnosis of FAS. Although individuals with a diagnosis of FAS qualify for services under Early Start (ages 0 to 2) and may qualify for Lanterman Act services (at any age) under the Other/5th category, it is unclear whether these individuals are represented in other categories (such as I/DD) or have not been identified as eligible for services through the developmental services system.

The ever-changing population of individuals served, and their needs continues to expand requiring the Department and RCs to re-evaluate plans and to coordinate and improve services to support individuals to live the highest possible quality of life in their communities.

PREVENTION AND ABUSE AWARENESS

Individuals with I/DD are at greater risk of victimization, including incidents of abuse. The rate of violent victimization of individuals with a disability is nearly four times that of people without disabilities⁷.

Beginning in Spring of 2022, DDS held a series of stakeholder focus groups to discuss issues concerning abuse of individuals with I/DD and to bring recommendations forward to the DS Task Force Safety Net Workgroup on potential ways to raise awareness, reduce occurrence and enhance response. From these focus group discussions, stakeholders have made recommendations as noted below in [Section IV](#) Recommendations.

DDS receives approximately 200 reports of alleged abuse or neglect every month through the Special Incident Reporting (SIR) system. Compared to national statistics and studies, it is likely this is an underrepresentation of actual occurrence. Additionally, during focus group discussions, stakeholders shared personal experiences when they reported they were not believed or determined to be unreliable witnesses. For the purposes of this review, a five-year look is represented in *Figure 1* on the next page, reflecting allegations of abuse as reported through the SIR system to include the impact of reduced reporting during the Governor's declared State of Emergency (SOE) related to the COVID-19 Pandemic. The graph

⁵ Bell E., Andrew G., Di Pietro N., et al. (2016). It's a Shame! Stigma Against Fetal Alcohol Spectrum Disorder: Examining the Ethical Implications for Public Health Practices and Policies. *Public Health Ethics* 9(1), 65-77. Doi: 10.1093/phe/phv012

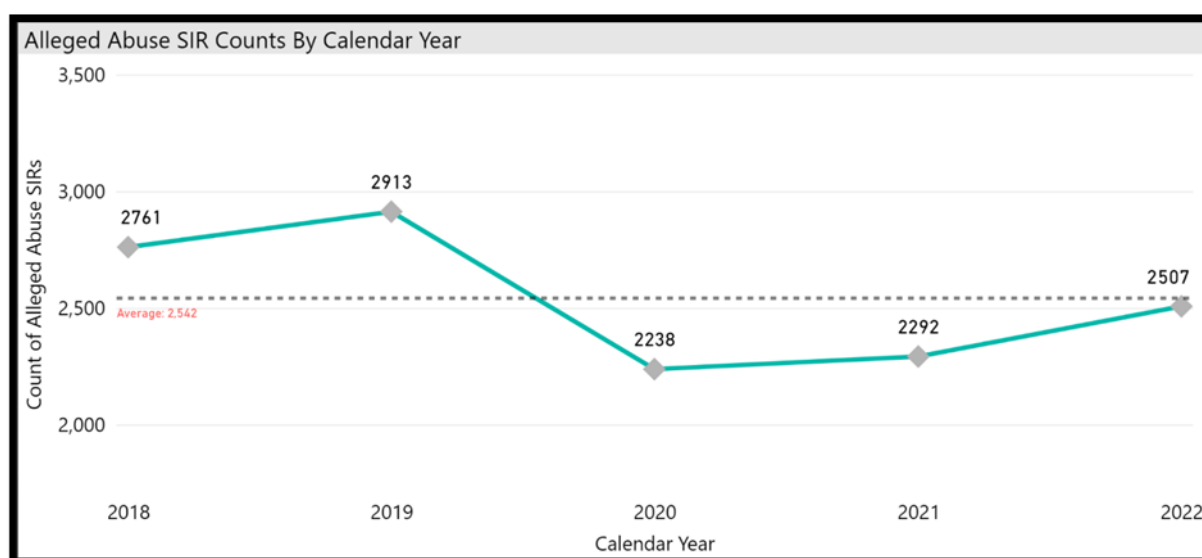
⁶ Choate P. & Badry D. (2019). Stigma as a dominant discourse in fetal alcohol spectrum disorder. *Advances in Dual Diagnosis* 12(1), 36-52. Doi: 10.1108/ADD-05-2018-0005

⁷ Harrell, Erika. "Crime Against Persons with Disabilities, 2009–2019 – Statistical Tables". U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Nov. 2021, <https://bjs.ojp.gov/content/pub/pdf/capd0919st.pdf>

reflects a slight increase in reporting (aligning with caseload growth) prior to the SOE and a decrease during SOE. As the SOE was lifting, a gradual increase of allegations of abuse is demonstrated. Further assessment is needed, but anecdotally, reporting is returning to normal trends with increased visits by family, service providers and regional center service coordinators. DDS will continue this review and trend monitoring.

As noted above, the allegations reported are likely underestimated as violent crimes against persons with disabilities, especially those with cognitive disabilities, is less likely to be reported to police than violence against persons without disabilities.

Figure 1



*Note: The 2022 data represents a partial year.

PREVENTATIVE SUPPORTS AND SERVICES

The state operated Crisis Assessment Stabilization Team (CAST) staffing allocation currently includes a half time (0.5) Psychologist, three-quarters time (0.75) Behavior Specialist I, one (1) full time (FT) Psychiatric Technician Instructor to provide in home training, one (1) FT Registered Nurse, and four (4) FT Psychiatric Technicians. Due to the current allocations of STAR and CAST, staff are shared between STAR homes and the CAST program to meet both program needs.

With the expansion of the START model since 2019, with 15 total START teams projected to be in operation by Spring 2023, there has been a focus on prevention and early intervention supports and services. Individuals receiving START services in the State have experienced reductions in inpatient psychiatric hospitalizations and mental or behavioral health visits to hospital emergency departments, with the vast majority maintaining residence in the community or family home.

SAFETY NET DEVELOPMENT MAP

In response to Safety Net Workgroup members requesting a visual representation of where services and supports are located throughout the state, DDS generated a Safety Net Development Map. The map includes the seven STAR Homes for acute crisis services, 31 CCHs, 11 RCs served by CAST, and 15 START Teams throughout California. The Safety Net Development Map is included as [Attachment 6](#).

IV. STAKEHOLDER RECOMMENDATIONS

Through the work of the stakeholder community as described in [Section III](#) above, a number of recommendations were collectively identified to continue the development of services and supports consistent with the principles and vision of the Lanterman Act and the California Health and Human Services Agency's (CalHHS) "[Guiding Principles](#)." Stakeholders reviewed and prioritized the following recommendations to expand and strengthen safety net services. Priority recommendations from stakeholders by focus area include:

Abuse Awareness and Prevention

To address stakeholders' concerns related to abuse, and prioritize awareness and prevention, DDS convened a stakeholder focus group to discuss issues concerning abuse of individuals with I/DD and to make recommendations to the DS Task Force Safety Net Workgroup. The following is a list of stakeholder recommendations.

- Apply principles of trauma-informed care and person-centered planning in initiatives to prevent and respond to incidents of abuse, including individualized education program (IEP) or IPP planning.
- Expand partnerships and training opportunities with entities in the abuse response system to improve prevention of and response to incidents of abuse, including designating staff at the RC to serve as liaisons to community partners and working with system partners to develop peer advocate and family circle of support programs.
- Explore resources for abuse response and assessment that are designed to support individuals with I/DD.
- Explore the development and/or revision of training materials, toolkits, and programs with information and instructions on preventing, identifying, and responding to incidents of abuse. Identify where the process for reporting incidents of abuse by individuals and families can be improved, including through the utilization of technology and, in collaboration with other entities in the abuse response system, to address fear of retaliation.

Aging Population of Individuals Served and Caregivers

Due to changing support needs of individuals and caregivers as they age, the coordinated implementation of the Master Plan for Aging, and increasing needs for local resource development, stakeholders recommended that DDS prioritize the following:

- Implement key initiatives, including:
 - DDS Aging Specialist (2022 Budget Act)

- Coordinated Family Support Services Pilot (Home and Community-Based Services Spending Plan)
- DDS to provide continued technical assistance in areas specific to individuals with I/DD and aging.
- DDS to support the Master Plan for Aging in the areas of housing, health, inclusion and equity, caregiving jobs, and affordable aging.

Autism Spectrum Disorder (ASD)

- Expand DDS expertise of neurodiverse populations and provide statewide analysis, track trends, and provide training.
- Explore respite options for individuals who have high intensity support needs (such as behavioral respite).
- Explore supported living options for individuals who have high intensity support needs.

The 2023 Governor's Budget proposal includes establishment of an Autism Services Branch at DDS.

Children and Youth in the Child Welfare System: AB 2083 Implementation

- Explore short-term inpatient and residential mental health treatment services for youth with I/DD and complex needs.
- Explore comprehensive approaches which may include residential education, therapy, and/or psychiatric services.
- Improve RC intake timelines for youth in foster care, or youth who are highly mobile.
- Increase the training and competencies for community providers to better support co-occurring mental health, I/DD, trauma, system navigation, and joint teaming. Youth stability and success has been observed when system partners wrap a comprehensive suite of services around a youth.
- Reduce access timelines and barriers to services for youth in foster care, e.g., reduce courtesy vendorization timelines and case transfers between RCs for youth in foster care or youth who are highly mobile.
- To build upon the work of the SOC, it is recommended to expand this effort at the local level and cross-training to system partners; tracking and monitoring complex cases; improve data, tracking and evaluation processes.

The 2023 Governor's Budget proposal includes a request for funding of 15 additional Senior Service Coordinator FT positions for RCs.

Crisis Services and Supports

- Develop innovative mobile crisis teams/vendors that are more accessible, more in-person vs phone contact, and can provide training and support for staff, families, and others.
- Expand crisis response to statewide disaster preparedness (earthquakes, fires) to mobilize resources. Expansion should include an I/DD specialist at evacuation locations.
- Expand service provider network to offer innovative crisis teams intended to maintain the individual's stability in their current home and in their community.

Culturally and Linguistically Diverse Communities Across the Developmental Services Landscape

- Require informed decision making for families to choose to have individual respite for siblings or when it is their preference a shared provider.
- Explore living options specific to the cultural and linguistic needs of individuals.
- Increase the availability of state and RC materials in different languages.
- Increase bi-lingual professionals to support/provide crisis management and increase bi-lingual workforce and professionals for out-of-home respite.
- Increase multi-cultural and multilingual training on Advanced Health Care Directives.

Individuals with Complex Support Needs

- Allow families to access the START model or crisis services without having to first contact the RC.
- Explore coordination with Department of Rehabilitation (DOR), to explore the availability of alternate "substitute" staff when scheduled staff are unavailable for work programs.
- Create options to support RCs' capacity to help connect individuals with mental health services and develop MOUs between the RC and mental health providers. Develop and strengthen existing providers, e.g., level 4i, specialized residential facilities (SRF). Add services that would not typically be provided in that level of service.
- Develop a state operated "can't say no" option for individuals who are highly complex and require enhanced clinical and staffing support. Increase access to employment opportunities/supports.
- No line/no-wrong-door/multiple ways for families to access services.
- Provide appropriate future person-centered planning and mental health and medical assessments.
- Increase options for children and adults that require settings that provide safety provisions to minimize reliance on IMDs and Acute Psychiatric Hospitals.

- Streamline safety net navigation, track resources and make information to culturally diverse and rural families accessible.
- Utilize EBSHs and CCHs.
- Evaluate current Supported Living Services (SLS) and capacity for supporting individuals with complex needs.

The 2023 Governor's Budget proposals include:

- a) The development of a Complex Needs Residential Program.*
- b) The conversion of two STAR homes from CCH to ICF.*

Individuals With Fetal Alcohol Syndrome (FAS)

- Continue to monitor data on FAS and participation in Early Start, provisional eligibility, and Lanterman Act services.
- Develop training for RCs and community providers and others to support early identification of FAS.
- Increase timeliness and participation in early intervention and lifespan services.

Knowledge Awareness through Education and Training

- Develop training and outreach materials to utilize across the state with health care professionals and RCs.
- Educate parents, first responders, Direct Service Professionals (DSPs), and educators on services and access to services for individuals with I/DD.
- Increase training for RCs and providers about the different systems that may support individuals with I/DD.

Partnerships and Collaboration with First Responders and Behavioral Health/Mental Health Professionals

- Assess where developmental services are included within State mental health initiatives and how information is shared with RCs.
- Develop joint response to crises with law enforcement, behavior specialists, and START teams.
- Ensure that 988 is informed and can respond effectively to the I/DD community.
- Increase collaboration and relationships between the community, RCs, vendors and first responders to prevent crises and maintain current levels of support.
- Increase the number of well-trained first responders who understand individuals with I/DD who have challenging behaviors and needs.
- Prevent 5150 transports, evaluations and holds; create a preventative or alternative system that is upstream to prevent reaching that point.

Prevention and De-escalation

- Explore direct support staff crisis response intervention training with a focus on trauma history and triggers.
- Identify and define crisis trends to inform policy and future trainings for direct service workers.
- Offer local system training that includes front line staff, law enforcement, Peace Officer Standards and Training (POST) academy, service coordinators, schools, families, vendors, doctors, and use of personalized crisis plans.
- RCs should assess availability and offer preventative services like Applied Behavioral Analysis (ABA).
- Training on trauma-informed care for direct service providers.

The 2023 Governor's Budget proposal includes the separation of CAST and STAR staffing allocations so that CAST is a stand-alone service.

Future Data Collection Recommendations

- Align Safety Net data with other Department quality incentives, service access, and equity work.
- Individuals residing in IMDs.
- Individuals who have significant medical support needs.
- Individuals with unstable housing.
- Individuals' ABA service access to include generic resources.
- Interactions with law enforcement and first responders.
- Medication usage.
- Occurrence of 5150 holds, statewide and by RC.
- Standardize data definition and reporting to improve data integrity.

OTHER INVESTMENTS ENHANCING SAFETY NET'S CONTINUUM OF SERVICES

Recent investments continue to expand the safety net and reinforce integration in communities. [Attachment 7](#) displays a summary and list of funded initiatives for FY 2021-22 and FY 2022-23. Although not exhaustive, the following highlights recent investments directly enhancing and expanding the continuum of safety net services:

DSP Workforce Training and Development

The DSP workforce is generally a low-wage workforce and experiences increasingly high turnover yet is the primary workforce delivering services to individuals with I/DD. Stakeholders have expressed support for learning more about the challenges in employment of DSPs to inform policy changes, design recruitment and retention efforts, and examine the impact of rate increases over time. To address challenges in recruiting and retaining DSPs, a Workforce Stability initiative includes up to two \$500 training stipends (plus additional funding for taxes and administration) for DSPs

and the implementation of a three-month training and internship program intended to establish a new entry point into DSP career paths.

Expanded Early Start Eligibility Criteria

Beginning on July 1, 2022, the eligibility criteria for early intervention services were expanded to support identification of children with qualifying signs of developmental delays. Statutory changes reduced the Early Start developmental delay qualification threshold from a 33% delay to a 25% delay in one of the specified areas of development; separated the communication delay domain into expressive and receptive language categories; and highlighted Fetal Alcohol Syndrome as an established risk condition for developmental delays. These changes are intended to engage families sooner with early intervention services. Following Early Start, and depending on subsequent assessments, some children may continue receiving services through Provisional Eligibility or Lanterman Act Services.

Coordinated Family Support Services

A pilot program for a new service option specifically designed for adults who choose to live in their family home. The program is tailored to the unique needs of the consumer and their family, provided in a manner that respects their language and culture, and primarily provided in a person's home and community.

Provisional Lanterman Act Eligibility, Ages 3 and 4

Beginning July 1, 2021, access to Lanterman Act services expanded by allowing a child who is three or four years of age to be provisionally eligible for Lanterman Act services under specified conditions.

Reduced Caseload Ratios

Enhanced service coordinator-to-consumer caseload ratios (1:40) were established for individuals with low and no POS to improve service access, benefitting individuals in underserved communities.

Services for the Deaf Community (Deaf Access Specialists)

Departmental and RC expertise will support the expansion of service resources for individuals who are Deaf and have I/DD, and communication assessments will be used in developing IPPs to improve services.

Service Access and Equity Grant Program

Ongoing funding as well as a one-time increase in funding is available for RCs and community-based organizations through the Service Access and Equity Grant Program, which focuses on supporting strategies to reduce disparities and increasing equity in RC services.

Community Navigators at Family Resource Centers (FRCs)

Implementation of a statewide navigator program to provide education on resources, advocacy, and mentorship to parents of individuals served by RCs and encourage development and expansion of culturally appropriate services. Funding includes resources for a one-time independent evaluation focused on improving the effectiveness of the Service Access and Equity Grant Program.

DSP Bilingual Staff Differentials

Provide a pay differential to DSPs for bilingual services to communicate with consumers in their preferred language or medium other than English.

Language Access and Cultural Competency Orientations and Translations

Promote language access and cultural competency across the RC system, through orientations and specialized group and family information sessions, culturally sensitive outreach efforts, and translation services.

Implicit Bias Training

Implicit Bias Training for all RC staff as well as contractors involved with intake, assessment, and eligibility determinations to enhance service access and equity in the developmental services system.

Early Start Outreach to Tribal Communities

Establish contracts to conduct engagement and outreach with tribal communities to increase and improve access and utilization of Early Start services for Native American families.

Appeals Reform

The 2022 budget trailer bill for developmental services (Chapter 49, Statutes of 2022) enacted comprehensive changes to the fair hearing process, now known as an "appeals process," largely to be effective March 1, 2023. The new appeals process includes options for an informal meeting, mediation, and a hearing, and establishes requirements governing those options, including proper notice, timeline, language, and procedural requirements, and the rights and duties of the parties.

Health and Safety Waiver Assistance

Provide specialized outreach and case management services for individuals who do not speak English to identify which individuals might have an unaddressed need for a health and safety waiver and assist with guiding service providers through the application process to meet those needs.

Special Incident Reporting

Special incidents are critical and unexpected events that happen to an individual and may signify possible health or safety concerns and/or the need for additional services and supports. The current regulations (California Code of Regulations, Title 17, sections 54327, 54321.1 and 54327.2) have not been updated since 2001.

Given the evolution of the service delivery system, changes to the population served in the intervening time, and the 2019 U.S. Office of Inspector General (OIG) report, whereby the OIG recommended that DDS improve oversight and response to reported critical incidents, the Department is engaging in a rulemaking process to revise the regulatory reporting requirements.

The Department will continue meeting and collaborating with stakeholders and system partners to provide ongoing evaluation of California's continuum of safety net services and providing opportunities for public input through the DS Task Force and Safety Net Workgroup.

V. DATA

In addition to collecting data related to demographics for assessing diverse and increasing specialized populations, as shown in Section II, DDS analyzed the following data to evaluate the progress made in creating the safety net, pursuant to W&I Code section 4474.16(b)(2)(A) and (C). Please note, in accordance with DDS Data De-Identification Guidelines, counts of one through 10 have been suppressed (indicated by an asterisk), as well as complementary cells, to prevent re-identification.

The following tables illustrate the data from FY 2019-20 and display the number of individuals who transitioned from IMDs ([Table 1](#)), CS Community Facility ([Table 2](#)), PDC-STP ([Table 3](#)), carceral settings such as jails or prisons, or other restrictive settings ([Table 4](#)), and to which setting type or living option (W&I Code section 4474.16(a)(2)(A)).

Table 1

**Number of Individuals Transitioned from IMDs to
Setting Type/Living Option**

Setting Type/Living Option	FY 19-20	FY 20-21	FY 21-22	All Years
Family Home Setting	13	12	12	37
Own Home – Independent & Supported	*	*	*	16
State Operated	*	0	0	*
County/City Jail (Short-Term)	0	*	0	*
Community Care Facility	12	22	16	50
SNF/NF Psychiatric	0	*	*	*
Psychiatric Setting	*	*	*	20
Acute General Hospital	*	*	*	*
Other	0	*	*	*
Total Transitions	39	47	50	136

Note: “Family Home Setting” includes the home of parent/family/guardian and family home agency. “Other” includes non-permanent housing and any other setting type.

Table 2

**Number of Individuals Transitioned from Canyon Springs to
Setting Type/Living Option**

Setting Type/Living Option	FY 19-20	FY 20-21	FY 21-22	Total
EBSH	*	*	*	15
Community Care Facility	*	*	*	11
SLS-Supported Living	0	*	0	*
Hospital/Sub-acute	*	*	0	*
SRF	0	*	0	*
Jail	*	*	*	*
Family Home Setting	0	0	*	*
DESP	0	0	*	*
Total Transitions	**	16	15	38

Note: "Family Home Setting" includes the home of parent/family/guardian.

Table 3

**Number of Individuals Transitioned from PDC-STP to
Setting Type/Living Option**

Setting Type/Living Option	FY 19-20	FY 20-21	FY 21-22	Total
Community Care Facility	14	30	16	60
Family Home Setting	*	*	*	14
EBSH	*	*	*	12
SLS-Supported Living	*	*	*	11
Other	*	*	*	*
CCH	0	*	*	*
Hospital/Sub-acute	*	0	0	*
State Hospital (DMH)	*	0	0	*
State Prison	0	*	0	*
Mental Health Facility	0	*	0	*
RCFE	0	0	*	*
Total Transitions	62	96	113	271

Note: "Family Home Setting" includes the home of parent/family/guardian and family home agency.

Table 4

**Number of Individuals Transitioned from Jail to
Setting Type/Living Option**

Setting Type/Living Option	FY 19-20	FY 20-21	FY 21-22	All Years
Out-of-State	*	0	0	*
Family Home Setting	59	35	34	128
Own Home – Independent & Supported	29	28	30	87
State Operated	28	50	30	108
Community Care Facility	48	33	26	107
SNF/NF Nursing	*	0	0	*
Psychiatric Setting	11	12	*	33
Rehabilitation center	*	*	*	*
Other	34	18	28	80
Total Transitions	212	179	159	550

Note: "Family Home Setting" includes the home of parent/family/guardian, family home agency (under FHA B adults), and foster home and foster family agency. "Other" includes non-permanent housing and any other setting type.

DDS data between January 1, 2020, and December 31, 2021, showed 96 admissions to IMDs funded by RCs and 18 admissions to CS Community Facility. Additionally, [Table 5](#) shows the number of adolescents and adults with complex needs, [Table 6](#) shows statewide and by RC, and [Table 7](#) shows the number of special incidents involving restraints during that same time period [W&I Code section 4474.16(a)(2)(C)].

Table 5

Adolescents and Adults Served with Complex Needs

Age Range	CY 2020	CY 2021
Under Age 18	536	677
Age 18 and Over	1,849	2,077
Total Statewide	2,385	2,754

Note: Individuals counted only once, no matter how many safety net settings they may have used.

Table 6
Individuals with Complex Needs Served Statewide and
by RCs between
January 1, 2020, and December 31, 2021

RC	CY 2020	CY 2021
ACRC	89	148
CVRC	59	65
ELARC	154	168
FDLRC	31	25
FNRC	146	177
GGRC	38	109
HRC	26	87
IRC	163	147
KRC	34	28
NBRC	173	176
NLACRC	214	212
RCEB	101	164
RCOC	46	56
RCRC	86	88
SARC	273	263
SCLARC	153	209
SDRC	240	235
SGPRC	129	122
TCRC	17	28
VMRC	163	149
WRC	50	98
Total Statewide	2,385	2,754

DDS collects and analyzes special incident reports (SIRs) daily. Approximately 625 SIRs were received each week, totaling just over 32,500 for calendar year 2021 (12,100 COVID-related, and 20,500 non-COVID). These reports are expected to increase as caseload grows and with the Department's plan to conduct a rulemaking to propose amendments revising the Title 17 incident reporting requirements. This data is used to identify incident trends and monitor mitigation activities and are published semi-annually and annually on the DDS website, <https://www.dds.ca.gov/transparency/facts-stats/restraint-data/>.

There were 253 SIRs reported under the category of reasonably suspected physical and/or chemical restraint (Alleged Physical/Chemical Restraint) between January 1, 2020, and December 31, 2021.

Table 7
Number of Special Incidences Involving Restraint between
January 1, 2020, and December 31, 2021

Resident Type Code Description	Alleged Physical/Chemical Restraint SIR Count
CCF (1-3 beds)	*
CCF (4-6 beds)	117
CCF (7-15 beds)	*
CCF (RCFE)	*
Community Treatment Facility	*
Family Home (Adults) FHA	*
Foster Home (Children) Licensed	*
Home of parent/family/guardian	51
ICF/DD, DD-H, or DD-N	*
Independent living	*
Other	14
Out-of-state	*
Psychiatric treatment center	*
SNF/NF Nursing	*
Supported Living	36
Total	253

VI. NEW GOVERNOR'S BUDGET PROPOSALS FOR THE SAFETY NET

After collaboration with stakeholders in evaluating the Safety Net Plan, the Department is proposing expanding or refining existing service models as well as developing new models of supports for individuals whom private sector vendors cannot or will not serve. The proposal will align with the Department's person-centered practices in identifying individualized services and supports; meeting the needs of a changing population (e.g., non-DC residents with complex needs, growing caseload of younger individuals and adults with ASD); ensuring culturally competent services and supports for an increasingly diverse population; and applying the principles of trauma-informed care in the provision of safety net services. The continuum of safety net services which includes the proposals from the 2023-24 Governor's Budget are summarized below and are represented visually in [Attachment 8](#).

A. CAN'T SAY NO OPTION: STATE-OPERATED COMPLEX NEEDS RESIDENTIAL PROGRAM

There were 2,754 adolescents and adults identified statewide with complex needs in 2021. A new model of service for individuals with high intensity needs with co-occurring I/DD and mental health diagnoses would reduce the number of individuals served in restrictive settings (such as locked psychiatric facilities, IMDs, medical facilities and out of state facilities) and will assist in meeting the growing need for acute crisis services, as well as reducing reliance on CS Community Facility.

Proposal: DDS proposes to develop a residential program in the community (three five-bed ICFs with a maximum stay of 18 months) for high intensity needs, adolescents/adults with complex, co-occurring I/DD and mental health diagnoses. This new residential program will focus on serving individuals with severe aggression, tendencies for property destruction and leaving unexpectedly. The complex needs residential program will be designed as an enhanced STAR model with an increased focus on mental health services, partnerships with local mental health resources to provide strong mental health and psychiatric supports, and a partnership with DDS' Office of Protective Services. This proposal would be an alternative service option for Desert STAR as admission is only allowable through June 30, 2023 [W&I Code section 7505(a)(4)]. Recognizing the timeline to develop this initiative, the proposal includes amendments to extend the authority for Desert STAR operations during development.

B. STAR STAFFING AND CONVERSION TO ICF LICENSURE

Based on past experience, DDS has determined there is a need to adjust the STAR staffing model to better support the level of service provided to incorporate components of the ICF model. The STAR homes that change license from CCH to ICF will seek federal Centers for Medicare and Medicaid Services certification within six months of opening.

Proposal: The Department requests ongoing staffing resources, including 41 positions, to convert two of its seven STAR homes, which are currently licensed as Adult Residential Facilities through the Department of Social Services, to ICFs licensed through the Department of Public Health.

C. CAST STAFFING AND REVISION TO TEAM COMPOSITION

CAST services are state-operated mobile crisis services, providing partnerships, assessments, training and support to individuals continuing to experience crises after RCs have exhausted all other available crisis services in their catchment areas – and for those who are at risk of having to move to more restrictive settings. When originally created, the CAST teams were integrated with the STAR model, with some positions being split fractionally between STAR and CAST.

Proposal: Establish a standalone CAST team in response to the increased need for crisis support. This proposal includes converting the fractional positions to full time equivalent and revising the team composition based on the experiences of the existing three CAST teams. The staffing composition aligns with best practice models used by other nationally recognized crisis programs. This request is made to support the existing three CAST teams statewide.

D. RC SUPPORTS FOR TRAUMA-INFORMED SERVICES FOR FOSTER YOUTH

The implementation of AB 2083 and AB 153 has been essential to establish a system of care to support children in foster care. To continue the necessary support for the Interagency Leadership Teams activities, interagency placement committees' activities and tracking, monitoring, and coordinating services for youth in foster care with complex needs, increased RC staffing is necessary.

Proposal: The Department is requesting ongoing funding to provide 15 additional RC specialists statewide who will focus on the requirements related to youth in foster care with complex needs and multi-system involvement.

E. ESTABLISH AN AUTISM SERVICES BRANCH AT DDS

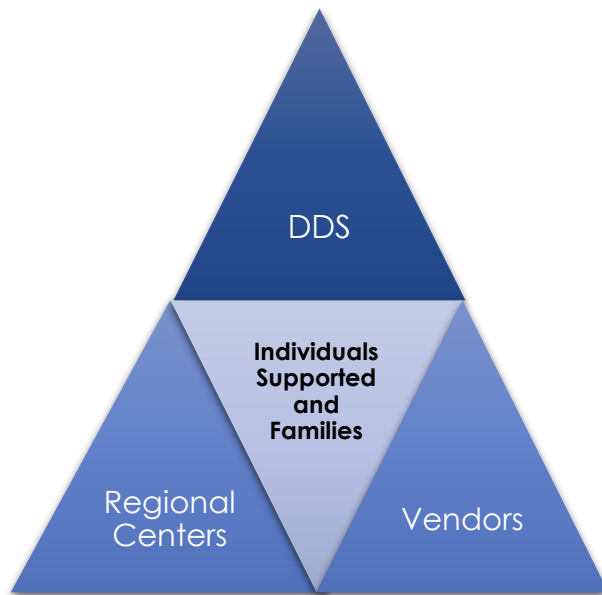
Continued growth of the ASD population, with the majority currently under age 22, points to the need for increased safety net continuum capacity in the future. Individuals with ASD have distinct challenges in social interaction and communication, as well as restricted and repetitive behaviors, which set them apart from individuals with other developmental disabilities. In addition, individuals with ASD often experience severe sensory reactivity and significant behavioral health challenges. These characteristics present unique challenges to accessing traditional RC services and put these individuals at disproportionate risk for requiring safety net services.

Proposal: The Department is requesting six permanent positions to establish an Autism Services Branch within the Office of Statewide Clinical Services to support statewide policy and program development and address the needs of the growing population of individuals with ASD.

VII. STRATEGIC PLANNING PROCESS

APPROACH TO STRATEGIC PLANNING

DDS intends to utilize an expanded strategic planning process in 2023, to include the safety net continuum of care across all age groups, diagnoses, and cultural and ethnic populations.



DDS views the statewide developmental services as a fully interconnected collaborative system, with separate, though interrelated parts, operating within a dynamic environment that is continuously shifting, changing, growing and adapting. Focus groups will bring together representatives of the full system to identify the needs of each population group to be prioritized.

The approach will begin with the DDS vision: *People with intellectual and developmental disabilities experience **respect** for their culture and language preferences, their choices, beliefs,*

*values, needs, and goals, from a **person-centered** service system made up of a network of community agencies that provide **high quality, outcome-based** and **equitable services**.*

DDS' strategic planning, as it pertains to the safety net, will identify priorities and set goals for gap analysis which will inform resource allocation decisions and establish measurements of progress and outcomes.

DDS aims to continue transformational efforts to move from current service models to a person-centered safety net for the future. The strategic planning process will prioritize diverse voices and perspectives and include:

1. Identify Service Gaps and Needs
2. Perform an Environmental Review
3. Set Prioritized Goals
4. Strategies and Action Plans

Identify Service Gaps and Needs

Identifying needs or gaps in services will continue in the system Strategic Plan through several activities to include stakeholder engagement and data analysis. Direct public input will be sought from individuals who receive services, their family members and additional community members through community meetings and during stakeholder meetings, including special focus groups. Input and recommendations will be the foundation to identify data review that may be reported through multiple avenues. Trends and patterns will be used to both assist with development of the focus group discussions and to confirm areas of need. Analysis of existing and newly identified data trends will be supported by DDS research staff and where feasible the RC. Lastly, data trends and patterns will be summarized and will include, but not be limited to, the following existing sources as well as any new available information:

- Access to RC services sorted by age, diagnosis, race, ethnicity and language, to include intake timelines.
- Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN), Community Crisis Homes (CCH) and EBSH referral and discharge data.
- Competitive employment participation.
- Participation in Self Determination Program (SDP) and timeliness of transition to SDP.
- Purchase of Service (POS) and Low or No POS Data sorted by age, diagnosis, race, ethnicity and language.
- RC Community Plans and Performance Objectives data as reported through the Performance Contracting Process. (W&I Code section 4629)
- State operated services and STAR home referrals, intake, and discharge data.
- Vendor capacity, including the capacity of the workforce and competency areas of specialized services (behavior supports, positive behavior support specialists, expertise in mental health and psychiatric services for people with I/DD).

Analysis of trends and patterns and identification of consistent gaps across similar RCs will also be used to identify statewide needs. The identification of needs will assure evaluation of areas in which preventative supports can reduce the need for crisis services and provide alternative support to individuals and families before more complex supports become necessary. Particular attention will be paid to understanding varying needs in access to services across diverse cultural and ethnic communities and variation in needs based on the age of the individual and the age of their caregivers.

As noted in Section III, stakeholder engagement was critical to the development of this updated report and the identification of prioritized populations for inclusion in

safety net planning. As DDS further engages in strategic planning, efforts to identify continued and future needs will include, but not limited to, individuals who:

- Are adults with I/DD who are aging and experiencing age-related conditions such as dementia or Alzheimer's disease, and people who live with aging caregivers who are at risk of developing age-related conditions that will require additional supports for the caregiver.
- Are children and teenagers who have experienced Adverse Childhood Experiences (ACEs) resulting in trauma, particularly those who are supported through foster care programs.
- Are deemed by the Department as not able to be safely served within a state operated setting or community crisis home.
- Currently live in state operated settings or IMDs and those at risk of moving to an institutional level of care.
- Have I/DD and co-occurring behavioral, mental health or complex medical needs, including people who experience multiple restraints in a given year or who have had a history of trauma including abuse and neglect.
- Have involvement with law enforcement and arrests resulting in incarceration or those who have a history of violent crimes and will be transitioning back to community-based living within a year.
- Represent the diversity of the community, to include race/ethnicity, language, diagnosis and age.

Perform an Environmental Review

The environmental review of the developmental services field will consist of assessment of current practices at the local, state and national levels. To the extent information is available, the review will include an assessment of RC and vendor capacity to innovate and either grow or adapt to meet new needs and address the gaps identified; an external assessment of workforce competency and capacity; DDS' internal resources and expertise to provide the technical assistance and guidance necessary to support community-based system growth. The review will include research of best practices in current home and community-based service delivery for people with I/DD through interviews with national leaders in the I/DD field.

Members of DDS' Executive Team have carried out interviews with subject matter experts from state agencies in New York and Pennsylvania on services for people needing services in secure treatment facilities and people with complex co-occurring disorders. Additional expertise has been gathered through national service provider agencies known for their successful support of people with complex behavioral needs and with staff from the University of Minnesota Institute for Community Integration Residential Information System Project (RISP). Additional best practices in person-centered supports will be researched through the University of Missouri/Kansas Charting the LifeCourse Project, The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) and the National

Association of State Directors of Developmental Disabilities Services (NASDDDS) Co-Occurring Disorders project.

The environmental review will focus on:

- Developing a comprehensive summary of the California developmental services system's current capacity.
- Describing best practices and promising innovations in supporting people with I/DD who are in crisis or in need of complex behavioral and/or medical support across the lifespan.

Goal Setting

Goals will be established by integrating relevant information and data from the identification of needs and the concurrent environmental review. Goal areas will take into consideration the populations with the highest levels of need identified through high frequency of referrals, the geographic distribution of needs identified through lack of capacity, and projections of need based on age, diagnosis, ethnicity and language and emerging trends in the data reported. Additional prioritization will be assigned to best practices and the development of innovative service models with demonstrated success in other states, or the expansion of innovative service models already utilized in limited locations across California.

Strategies and Action Plan

DDS will establish cross-functional teams consisting of individuals with applicable technical and clinical knowledge from DDS, RCs, vendors, and self-advocates and families to review status of implementation of safety net priorities identified in the safety net plan. These teams will review current practices and initiatives and make recommendations for strategies to address barriers to implementation and additional initiatives to address gaps in services. Recommendations will help inform action plans, that may include steps needed to: (1) develop service models; (2) expand knowledge, skill or expertise; (3) policy or procedure adaptations at the state or RC level; (4) clinical resource identification; (5) changes to artifacts (forms, documents, assessment tools) or technology; (6) communications needed; and (7) a method to track progress and outcomes.

Establish Annual Review Process

The DDS Leadership Team will establish a routine review process to track measures of progress in each goal area. The review will determine success in meeting identified needs, newly emerging needs and the success of the actions taken across all regions in California. Where success does not meet expectations, refinements and revisions to our action plans will occur. Evaluation will include review of implementation and success factors indicating increased access to prevention and crisis response services across cultural and ethnic populations, across age categories and DDS will explore a community of practice for safety net services to foster ongoing learning and expansion of service delivery.

VIII. CONCLUSION

Prior, current, and proposed investments will expand and reinforce the safety net continuum's ability to respond to the needs of individuals served by RCs already living in the community, or who are transitioning from more restrictive settings. The recommendations included in this report provide opportunities to move forward and support the preventative, responsive and flexible milieu of California's safety net continuum of services

The DS Task Force and Safety Net Workgroup will continue to discuss current trends, needs, and potential strategies for individuals receiving RC services, particularly children and adolescents who have I/DD and co-occurring psychiatric diagnoses.

In support of these efforts, the Department will continue working with RCs to expand investments for prevention and crisis services and develop additional resources to strengthen services in local communities. Finally, the Department will continue to keep the community and the Legislature informed of these efforts and the progress made through regularly scheduled Safety Net Workgroup meetings, legislative staff briefings, e-newsletters, and the Department's web pages specific to the Safety Net (<https://www.dds.ca.gov/services/crisis-safety-net-services>) and the Developmental Services Task Force (<https://www.dds.ca.gov/initiatives/ds-task-force>).

ATTACHMENTS

[**ATTACHMENT 1**](#) – Historical Administrative Actions, Laws and Court Cases

[**ATTACHMENT 2**](#) – Safety Net Continuum of Care

[**ATTACHMENT 3**](#) – Demographics and Population Data

[**ATTACHMENT 4**](#) – Safety Net Project Status Table

[**ATTACHMENT 5**](#) – Completed Development Types by Regional Centers

[**ATTACHMENT 6**](#) – Safety Net Development Map

[**ATTACHMENT 7**](#) – DDS 2021-22 and 2022-23 Summaries of Budget Initiatives

[**ATTACHMENT 8**](#) – Safety Net Continuum of Care (includes Governor's Budget Proposals)

[**ATTACHMENT 9**](#) – Abbreviations List (Acronyms)

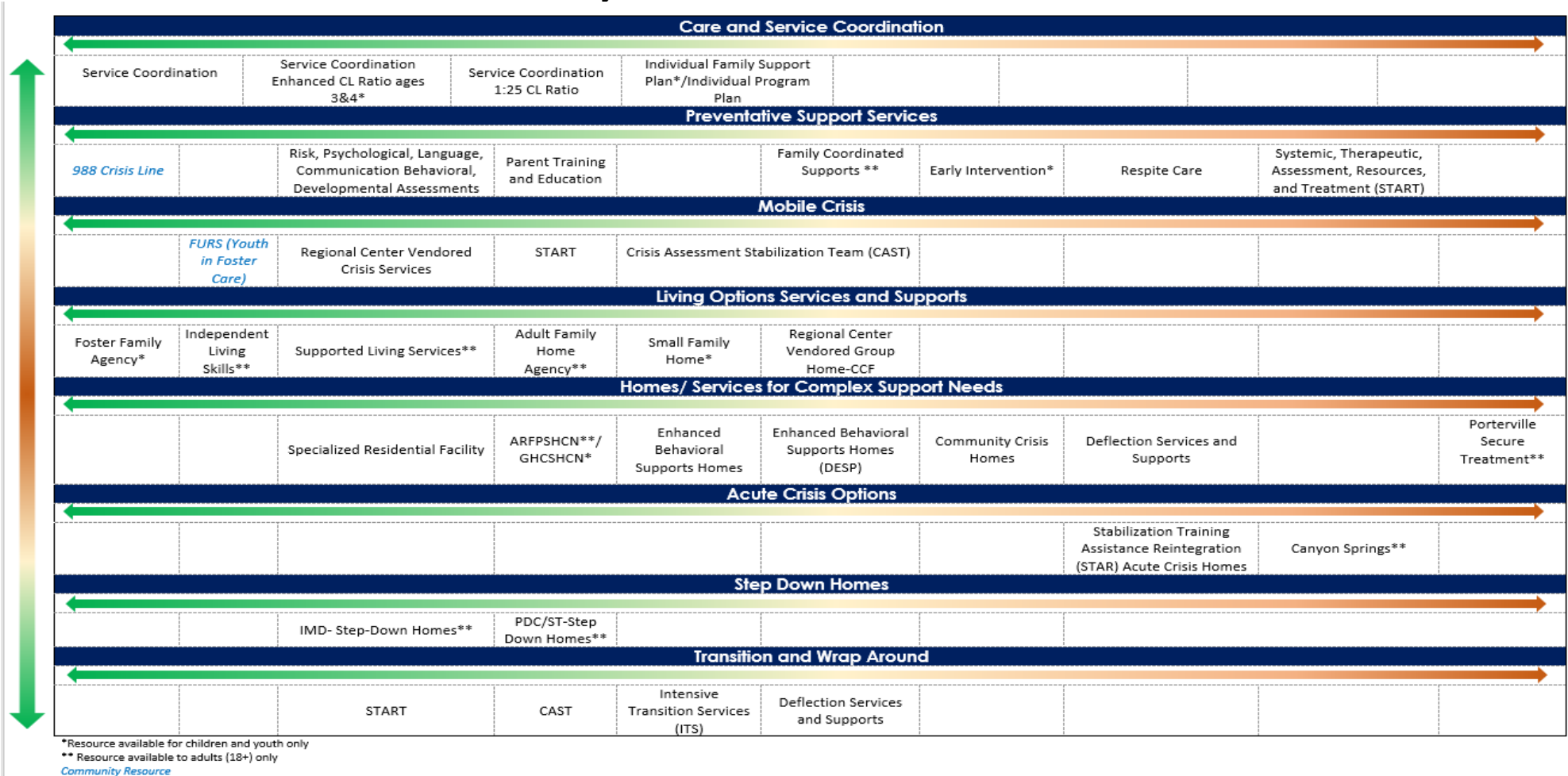
Attachment 1

Administrative Actions, Laws and Court Cases

- *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384 – The Lanterman Act created an “entitlement” to services enabling each person with developmental disabilities to live a more independent and productive life in the community.
- Americans with Disabilities Act (ADA), 42 U.S.C. § 12100 et seq. – Landmark 1990 civil rights legislation prohibiting discrimination based on disability, including in the provision of government programs and services.
- *Coffelt v. Department of Developmental Services* (1990) – Class action lawsuit alleging unnecessary institutionalization of DC residents determined by their planning teams to be capable of living in the community but remained institutionalized only because there were not enough community resources to meet their needs resulted in a settlement of over 2,000 DC residents moving to the community.
- *Olmstead v. L.C.* (1999) 527 U.S. 581 – The U.S. Supreme Court held that unnecessary institutionalization of people with disabilities who can live in the community constitutes unlawful discrimination based on disability under the ADA.
- Assembly Bill (AB) 1472 (Chapter 25, Statutes of 2012) – 2012-13 budget trailer bill legislation that, among other things, placed a moratorium on DC admissions, with only limited exceptions for individuals involved with the criminal justice system or in acute crisis.
- Self-Determination Program – In 2013, the Legislature authorized the statewide Self-Determination Program (SB 468, Chapter 683, Statutes of 2013).
- Home and Community-Based Services (HCBS) Programs – In 2014, the federal Centers for Medicare and Medicaid Services (CMS) published final regulations affecting specified programs and services funded through Medicaid (including Section 1915i waiver programs). The regulations recognize that many individuals at risk of being placed in medical facilities can be supported in their homes and communities.
- Developmental Center Closures – Pursuant to the 2015 May Revision to the Governor's Budget, the Department submitted to the Legislature closure plans for the then-three remaining DCs—Sonoma DC, Fairview DC, and the Porterville DC General Treatment Area (GTA).

- Community Resource Development Plan (CRDP) – The Department’s Community Placement Plan (CPP) was developed to provide funding to enhance the capacity of the community service delivery system to support individuals moving into the community from more restrictive, institutional settings and for individuals at risk of institutionalization. (AB 107, Chapter 18, Statutes of 2017).
- AB 2083 (Cooley, Chapter 815, Statutes of 2018) – was enacted to develop a coordinated, timely, and trauma-informed system-of-care approach for foster children and youth, including individuals with developmental disabilities, who have experienced severe trauma by addressing systemic barriers to the traditional provision of interagency services. (See Section V.D., *infra*.)

Safety Net Services Continuum of Care



A visual representation of the safety net's continuum of care displays the array of services and supports that are provided for in the community to ensure individuals with co-occurring behavioral, mental health, and medical needs are identified in childhood and adolescence and that a range of safety net supports and specialized services are in place to provide a continuum of care throughout their lifespan. The safety net system recognizes that individuals with co-occurring behavioral and mental health conditions often receive supports from multiple agencies, including mental health, special education, psychiatric, and mobile crisis services.

Attachment 3

**Demographic Changes in the RC System,
FY 2008-09 to FY 2021-22**

Program Metric	FY 2008-09	FY 2018-19	FY 2021-22		Growth, 2008-09 to 2018-19	Growth, 2018-19 to 2021-22
Number of Individuals Served						
On January 1	237,000	347,000	388,000		46.4%	11.8%
FY Total Served	298,180	425,434	459,313		42.7%	8.0%
By Age Group*						
Under 3 Years of Age	62,242	91,497	90,583		47.0%	-1.0%
Age 3 to 10 Years	68,567	99,017	113,610		44.4%	14.7%
Age 11 to 17 Years	41,666	58,664	64,102		40.8%	9.3%
Age 18 to 21 Years	21,971	30,665	33,977		39.6%	10.8%
Age 22 to 31 Years	36,015	58,852	63,914		63.4%	8.6%
Age 32 to 59 Years	58,627	69,591	73,774		18.7%	6.0%
Age 60 Years and Older	8,780	17,148	19,353		95.3%	12.9%
By Race/Ethnicity*						
African-American	27,497	34,936	36,297		27.1%	3.9%
Asian	23,785	37,711	41,015		58.5%	8.8%
Hispanic/Latino	105,903	169,933	184,583		60.5%	8.6%
Multiple Races/Ethnicities	4,146	13,231	16,265		219.1%	22.9%
Other	27,338	46,482	58,727		70.0%	26.3%
White	109,511	123,141	122,426		12.4%	-0.6%
By Primary Language*						
Chinese	2,452	3,804	3,884		55.1%	2.1%
English	228,195	323,228	355,121		41.6%	9.9%
Spanish	56,936	84,348	86,023		48.1%	2.0%
Vietnamese	2,639	3,556	3,493		34.7%	-1.8%
Other	7,646	10,498	10,792		37.3%	2.8%
Number of Individuals Served in Developmental Centers						
	2,330	349	344		-85.0%	-1.4%

* Data is for the population served over an entire fiscal year.

Sources: DDS enacted budget, DDS analysis of Client Master File, DDS Fact Book, and Quarterly Characteristics Reports as of September 2022.

**Growth in Lanterman Individuals by Diagnosis and Age,
FY 2008-09 to FY 2021-22**

Diagnosis by Age	FY 2018-19		FY 2021-22		Growth, 2018-19 to 2021-22
	Number	Age Group as Share of Total	Number	Age Group as Share of Total	
Intellectual Disability					
Age 3 to 21 Years	63,040	35.7%	56,914	31.9%	-9.7%
Age 22 Years and Older	113,560	64.3%	121,679	68.1%	7.1%
Total	176,600	100.0%	178,593	100.0%	1.1%
Autism					
Age 3 to 21 Years	96,526	80.5%	122,487	77.1%	26.9%
Age 22 Years and Older	23,453	19.5%	36,439	22.9%	55.4%
Total	119,979	100.0%	158,926	100.0%	32.5%
Epilepsy					
Age 3 to 21 Years	11,165	27.6%	9,369	23.7%	-16.1%
Age 22 Years and Older	29,354	72.4%	30,138	76.3%	2.7%
Total	40,519	100.0%	39,507	100.0%	-2.5%
Cerebral Palsy					
Age 3 to 21 Years	12,649	33.9%	10,410	28.6%	-17.7%
Age 22 Years and Older	24,618	66.1%	25,942	71.4%	5.4%
Total	37,267	100.0%	36,352	100.0%	-2.5%
5th Category					
Age 3 to 21 Years	15,101	48.2%	18,938	50.7%	25.4%
Age 22 Years and Older	16,199	51.8%	18,447	49.3%	13.9%
Total	31,300	100.0%	37,385	100.0%	19.4%

Note: Data is for the population age three and older served at any time during the fiscal year. (Few individuals served under age three have a diagnosis.) Individuals served may have more than one diagnosis.

Safety Net Project Status Table

**November 2022
Safety Net Project Status**

DEPARTMENT OF DEVELOPMENTAL SERVICES

November 2022

Safety Net Project Status

Type of Service: <i>Services will be developed through person centered planning, with a focus on cultural competence, positive behavior supports and trauma-informed care</i>	Location	Capacity	Status/Comments
Acute Crisis Services – North STAR 1) One- five bed state-operated CCH for adults <i>Actual service date: April 2019</i> 2) One five-bed state-operated CCH for adolescents <i>Actual service date: November 2021</i> 3) One four-bed state-operated CCH for children <i>Projected service date: Spring 2023</i>	Northern California in Vacaville	Total = 14	General: <ul style="list-style-type: none"> • RCEB is the lead RC • Brilliant Corners is the HDO Details: <ol style="list-style-type: none"> 1) North STAR 1 providing services as of April 2019 2) North STAR 2 providing services as of November 2021 3) North STAR 3 was lost in the August 2020 fires Construction began March 28, 2022 Projected completion service date of March 2023
Acute Crisis Services – South STAR 1) One five-bed state-operated CCH for adolescents <i>Actual service date: March 2022</i> 2) One five-bed state-operated CCH for adults <i>Actual service date: March 2022</i>	Southern California in Costa Mesa (Mark Lane)	Total = 10	General: <ul style="list-style-type: none"> • South STAR 1 (Mark Lane 1) will serve adolescents • South STAR 2 (Mark Lane 2) will serve adults Details: Both homes licensed and began providing services as of March 2022

Page 43 of 66

Type of Service: <i>Services will be developed through person centered planning, with a focus on cultural competence, positive behavior supports and trauma-informed care</i>	Location	Capacity	Status/Comments
CCHs for Children/Adolescents Five four-bed vendor-operated CCHs <i>ACRC Service date: October 2021</i> <i>VMRC Service Date: July 2022</i> <i>WRC Service Date: March 2022</i> <i>SDRC Projected Services Date: Fall 2022</i> <i>RCEB Projected Service Date: Fall 2022</i>	Northern California in RCEB, ACRC and VMRC areas and in Southern California in SDRC and WRC area	Total = 20	General: <ul style="list-style-type: none"> The Budget Act 2019 provided authority to develop CCHs for children/adolescents Funding was approved for the development of three regional statewide CCHs for children with co-occurring mental health needs Two additional CCHs were approved through CPP/CRDP fund proposals Details: <ul style="list-style-type: none"> SDRC and RCEB are in the process of final program design reviews with DDS and pre-licensing
Community Development for Children/Adolescents who are Dually Served Two four-bed vendor-operated CCHs <i>Projected Service Date: RCEB Fall 2022 SDRC Winter 2023</i> Two four-bed vendor-operated EBSHs <i>Projected Service Date: Fall 2022</i>	RCEB and SDRC	Total = 16	General: <ul style="list-style-type: none"> RCEB and SDRC received approval and CRDP Funding, to individually develop comprehensive residential services for children with complex needs who have multi-agency involvement Each RC will develop one CCH and one EBSH for children who are dually served Details: <ul style="list-style-type: none"> RCEB CCH program design in review with DDS SDRC CCH has secured property and provider SDRC and RCEB EBSHs are in process of final program design review with DDS and pre-licensing

Type of Service: <i>Services will be developed through person centered planning, with a focus on cultural competence, positive behavior supports and trauma-informed care</i>	Location	Capacity	Status/Comments
<p>PDC-STP – Step Down Homes support individuals transitioning to the community from PDC STP who need intensive supports and services prior to transitioning to their “forever” home</p> <p>1) One four-bed vendor-operated CCH with delayed egress for adults <i>Actual service date: March 2022</i></p> <p>2) One four-bed vendor-operated CCH with delayed egress for adults <i>Actual Service Date: July 2022</i></p> <p>3) One four-bed vendor-operated CCH with delayed egress for adults <i>Actual Service Date: July 2022</i></p>	<p>Central California in CVRC area</p>	<p>Total = 12</p>	<p>General:</p> <ul style="list-style-type: none"> • CVRC is facilitating development • Brilliant Corners is the HDO • MARS Group is the provider for all three homes <p>Details:</p> <ul style="list-style-type: none"> • First home began providing services end of March 2022 • Second and third home vendored and licensed 7/12/22 • Referrals being reviewed for all three homes

Type of Service: <i>Services will be developed through person centered planning, with a focus on cultural competence, positive behavior supports and trauma-informed care</i>	Location	Capacity	Status/Comments
<p>PDC-STP – Intensive Individualized Transition Support Services (IITS) support individuals before, during and after transition from the STP to a community home that has been identified by and for the individual</p> <p>Services will provide pre-transition risk assessment, assistance with in-depth person-centered planning, environmental assessments of the community home, and consultation and/or direct services before, during and after transition to residential providers for intensive forensic, behavioral, and psychiatric support</p> <p><i>Service Start Date YAI: January 2022</i></p>	<p>Statewide</p>	<p>Total =35</p>	<p>General:</p> <ul style="list-style-type: none"> Liberty Healthcare started providing services in November 2018 The Liberty Healthcare contract with DDS ended November 30, 2021 CVRC awarded RFP to YAI to continue services <p>Details:</p> <ul style="list-style-type: none"> YAI contract competed as of January 2022 with CVRC, program is fully staffed and is providing services

Type of Service: <i>Services will be developed through person centered planning, with a focus on cultural competence, positive behavior supports and trauma-informed care</i>	Location	Capacity	Status/Comments
<p>IMD Step-Down Homes support individuals transitioning to the community from IMDs who need more intensive supports and services prior to transitioning to their permanent home</p> <p>1) One four-bed vendor-operated CCH, with delayed egress, in ACRC area</p> <p><i>Service Start Date: May 2019</i></p> <p>2) One four-bed vendor-operated CCH in ACRC area</p> <p><i>Projected Service Date: Fall 2022</i></p> <p>3) One four-bed vendor-operated CCH, with delayed egress, in SG/PRC area</p> <p><i>Service Start Date: July 2020</i></p> <p>4) One four-bed vendor-operated CCH, with delayed egress, in SG/PRC area</p> <p><i>Service Start Date: July 2020</i></p>	<p>Northern California in ACRC and FNRC areas</p> <p>Southern California in SGPRC area</p>	<p>Total = 16</p>	<p>General:</p> <ul style="list-style-type: none"> • Brilliant Corners is the housing developer <p>Details:</p> <ol style="list-style-type: none"> 1) First home (ACRC) – Telecare is providing services to individuals 2) Second home (ACRC) – Home will now be in ACRC catchment area Telecare has been selected as the provider, home is pending licensing and certification 3) Third home (SG/PRC) – Provider is People’s Care and is now serving individuals 4) Fourth home (SG/PRC) – Provider is People’s Care and is now serving individuals

Type of Service: <i>Services will be developed through person centered planning, with a focus on cultural competence, positive behavior supports and trauma-informed care</i>	Location	Capacity	Status/Comments
<p>IMD Intensive Individualized Transition Services support individuals before, during and after transition from an IMD to a community home that has been identified by and for the individual or to provide services to those at risk of being placed in an IMD</p> <p>Services include: pre-transition risk assessment, assistance with in-depth person-centered planning, environmental assessments of the community home, and consultation before, during and after the transition to residential providers for intensive behavioral and psychiatric supports</p> <p><i>Service Start Date: October 2018</i></p>	<p>Statewide with Regional offices in Northern California in ACRC area and Southern California in SG/PRC area</p>	<p>Total = up to 25</p>	<p>General:</p> <ul style="list-style-type: none"> • Merakey was selected as the statewide service provider <p>Details:</p> <p>1) Northern and Southern CA Merakey has 18 active cases</p>

Type of Service: <i>Services will be developed through person centered planning, with a focus on cultural competence, positive behavior supports and trauma-informed care</i>	Location	Status/Comments
<p>START Model provides crisis prevention and response services for individuals with intellectual/developmental disabilities and complex behavioral health needs</p> <p>Services include: consultation and education, community partnerships, crisis planning and response, therapeutic coaching and cross system linkages to connecting providers with mental health, first responders, hospital and psychiatric staff, etc.</p> <p>SDRC and SARC piloted the first two START teams in 2019 Four additional START teams were approved through CPP/CRDP in FY19/20 fund proposals. Nine additional START teams approved through Budget Act 2021</p> <p>Nine START teams are in operation: ACRC, CVRC, SARC, RCEB, SDRC, WRC, SCLARC, VMRC and GGRC</p> <p>Six START teams in development: RCRC, TCRC, ELARC, HRC and FDLRC and are projected to provide services by December 31, 2022</p>	<p>Statewide in 15 RCs</p>	<p>Details:</p> <ul style="list-style-type: none"> • 928 total individuals served with 488 actively receiving services • ACRC START Team - Provider is Turning Point They began providing services in January 2021 • SARC START Team - Provider is YAI They began providing services in October 2019 • RCEB START Team - Provider is YAI They began providing services in December 2020 • SDRC START Team - Provider is Exodus They began providing services in November 2019 • WRC START Team - Provider is Exodus They began providing services in November 2020 • SCLARC START Team - Provider is Stephanie Young Consultants and began providing services in January 2022 • CVRC START Team- Provider is YAI They began providing services in June 2022 • VMRC START Team- Provider is YAI They began providing services in September 2022 • GGRC START Team- Provider is YAI They began providing services in October 2022

COMMUNITY PLACEMENT PLAN
COMPLETED & IN PROGRESS DEVELOPMENT BY REGIONAL CENTERS (EBSH, CCH, DESP)
July 1, 2005 - November 30, 2022

REGIONAL CENTER	COMPLETED ENHANCED BEHAVIORAL SUPPORTS HOME (EBSH)	IN PROGRESS ENHANCED BEHAVIORAL SUPPORTS HOME (EBSH)	COMPLETED COMMUNITY CRISIS HOME (CCH)	IN PROGRESS COMMUNITY CRISIS HOME (CCH)	COMPLETED SRF DELAYED EGRESS WITH SECURED PERIMETER (DESP)	IN PROGRESS SRF DELAYED EGRESS WITH SECURED PERIMETER (DESP)
ACRC	5	4	5	1	0	0
CVRC	2	4	5	2	2	2
ELARC	1	4	0	1	0	0
FDLRC	0	1	0	0	0	0
FNRC	0	1	1	0	0	0
GGRC	2	3	1	0	0	0
HRC	0	2	0	0	0	0
IRC	8	1	1	0	0	0
KRC	4	1	1	0	0	0
NBRC	10	3	2	0	0	0
NLACRC	3	0	0	0	0	0
RCEB	4	2	3	3	0	0
RCOC	1	2	2	0	0	0
RCRC	0	2	0	0	0	0
SARC	6	2	1	0	0	0
SCLARC	2	3	0	0	0	0
SDRC	6	7	0	3	0	0
SGPRC	6	0	2	0	3	0
TCRC	2	0	0	0	0	0
VMRC	3	1	1	0	0	0
WRC	6	0	3	0	0	0
TOTAL	71	43	28	10	5	2

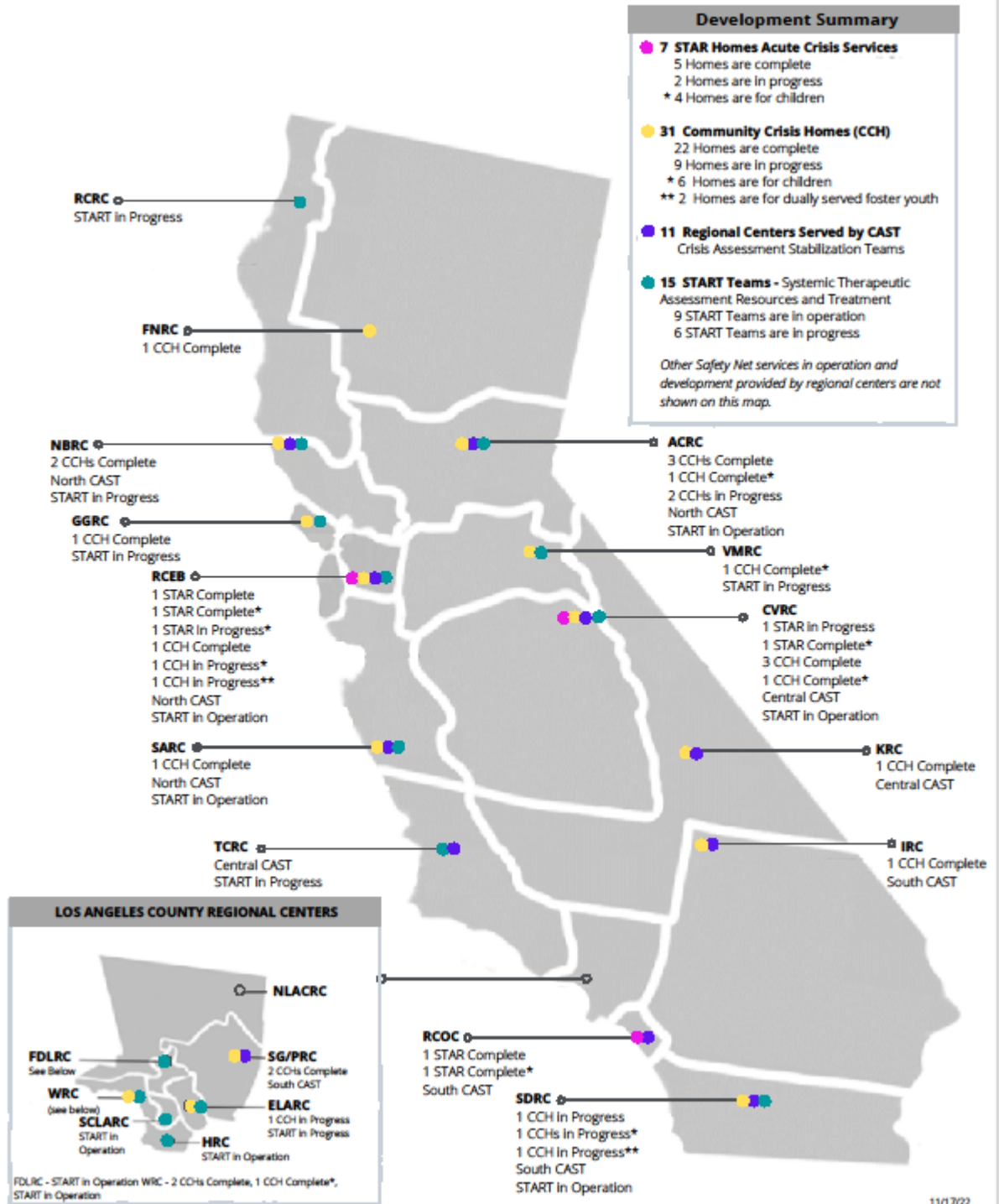
NOTE:

(5) EBSH DESP are included in
the total count

(6) EBSH DESP are included in
the total count

(2) CCH DESP are included in the
total count

SAFETY NET DEVELOPMENT IN OPERATION



DEPARTMENT OF DEVELOPMENTAL SERVICES
2021-22 and 2022-23 Budget Initiatives

SUMMARY

**Addressed in 2023 Safety Net Plan as items considered
as supports for the safety net continuum.*

DEPARTMENT OF DEVELOPMENTAL SERVICES
2021-22 Budget Initiatives
SUMMARY

1. Community Navigator Program*	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.
2. Coordinated Family Support Services*	Pilot a new service option to improve and expand supports for individuals living at home with their families.
3. DSP Bilingual Differential	Provide a pay differential to direct service professionals (DSP) who can communicate with consumers in a language or medium other than English.
4. DSP Workforce Training and Development*	Establish a training and certification program for direct service professionals (DSP) tied to wage differentials, to foster a more sustainable and professional workforce.
5. Early Start Outreach to Tribal Communities*	Conduct engagement and outreach with tribal communities to improve access and utilization of Early Start services.
6. Electronic Visit Verification (EVV) - Phase II	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.
7. Emergency Preparedness and Resources	Establish dedicated RC 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.
8. Employment Grants	Increase pathways to competitive integrated employment and other employment opportunities for people with disabilities.
9. Enhanced Community Integration for Children and Adolescents	Grant program to enable RCs and local communities (i.e., local park and recreation departments) to leverage local resources and increase integrated and collaborative social recreational options.

PLAN FOR CRISIS AND OTHER SAFETY NET SERVICES
IN THE CALIFORNIA DEVELOPMENTAL SERVICES SYSTEM

10. Enhanced Service Coordination for Consumers with Low or No POS*	Enhanced service coordination for consumers with low or no purchase of service (POS) expenditures.
11. FY 2022-23 Investment in Reducing Service Coordinator Ratios*	Reduce service coordinator ratios at the 21 RCs linked to RC Performance Measures.
12. Forensic Diversion Program	Multifaceted forensic diversion program for individuals with I/DD and who are actively involved in the criminal justice system.
13. Foster Youth Trauma Informed Services	Ongoing implementation of AB 2083 for children and youths in foster care who have experienced severe trauma.
14. Group Homes for Children with Special Health Care Needs (GHCSHN)	Establish GHCSHNs to provide 24-hour health care and intensive support services in home-like settings for up to five children each.
15. Implicit Bias Training for RCs*	Implicit Bias training to all RC personnel, as well as contracted staff involved in intake and assessment and eligibility determinations.
16. Language Access and Cultural Competency Orientations and Translations*	Promote language access and cultural competency across the RC system, through orientations and specialized group and family information sessions, culturally sensitive outreach efforts, and translation services.
17. Lanterman Act Provisional Eligibility Ages 3 and 4*	Establishes provisional eligibility for Lanterman Act services for three and four-year-olds who meet specified eligibility requirements.
18. Modernize IT Systems	One-time investment supports the initial planning process to update the RC fiscal system and implement a statewide Consumer Electronic Records Management System.
19. Paid Internship Program and Competitive Integrated Employment Program	Modify paid internship program's fiscal caps and add specified incentive payments, including a temporary increase to milestone payments for competitive integrated employment.

PLAN FOR CRISIS AND OTHER SAFETY NET SERVICES
IN THE CALIFORNIA DEVELOPMENTAL SERVICES SYSTEM

20. Provider Supplemental Rate Increases	Remove the December 31, 2021 suspension of supplemental rate increases for specified services.
21. Quality Improvement Pilot	Establish a quality improvement pilot project tied to outcomes, for up to four services and with up to three RCs.
22. Rate Adjustments and Quality Incentive Program	Multi-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.
23. RC Performance Measures	Convene a workgroup to make recommendations for the development of standard performance improvement indicators and benchmarks to incentivize high-quality RC operations.
24. Repeal Uniform Holiday Schedule	Repeal the prohibition on compensating certain vendors on specified holidays.
25. Services for the Deaf Community*	Provide increased expertise at the department and all RCs to support services, and improve access and equity, for consumers who are deaf.
26. Self-Determination Program	<p>Establish the following to increase service access and equity, and reduce disparities:</p> <ul style="list-style-type: none"> • An Office of the Self-Determination Program Ombudsperson within the department to provide information and assist RC consumers and their families in understanding their rights under the SDP; • Participant Choice Specialists to provide timely transition to program participation and access to RC staff; and • Enhanced Transition Support Services for individuals and their families who need greater assistance in transitioning to the SDP.
27. Social Recreation, Camp and Non-Medical Therapies	Restore previously suspended social recreation services, camp services, educational services, and nonmedical therapies, effective July 1, 2021.
28. Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Teams	Establish nine additional START teams to provide 24-hour crisis prevention and response services. With this addition, there are 15 START teams statewide.

- | | |
|---|--|
| 30. American Rescue Plan Act (ARPA) for Part C | Multiple investments to improve the Early Start experience, data collection, and outcomes including: <ul style="list-style-type: none">• Family wellness pilot program• Develop culturally and linguistically sensitive services• Outreach and education to underserved populations• Technology to improve access to the Early Start program• Increase technical assistance and monitoring• Initiatives in collaboration with the Department of Education |
|---|--|
-

DEPARTMENT OF DEVELOPMENTAL SERVICES
2022-23 Budget Initiatives
SUMMARY

- | | |
|--|--|
| 1. Communications Assessments for Consumers Who Are Deaf* | One-time funding to complete communications assessments for individuals who are deaf or hard of hearing to improve services. Funding includes \$700,000 to contract with an individual or entity to advise the Department on the most appropriate assessment tools and services. |
| 2. Resources to Support Individuals Who are Deaf* | Funding to support regional center interpretation services. |
| 3. Directive Authority for HCBS and Coordinated Family Support Services | The Department may issue administrative program directives for Home and Community-Based Services and Coordinated Family Support Services to assure compliance with federal regulations and implement the new service until the time regulations are adopted. |
| 4. Division of Community Assistance and Resolutions* | Establish the Division of Community Assistance and Resolutions to improve the complaint and appeal process for individuals and their families. Initiatives include: 1) Fair Hearing/Appeal Reform; 2) Establish an Ombudsperson Office; 3) Divide Risk Management and Quality Assurance into two separate offices. |
-

PLAN FOR CRISIS AND OTHER SAFETY NET SERVICES
IN THE CALIFORNIA DEVELOPMENTAL SERVICES SYSTEM

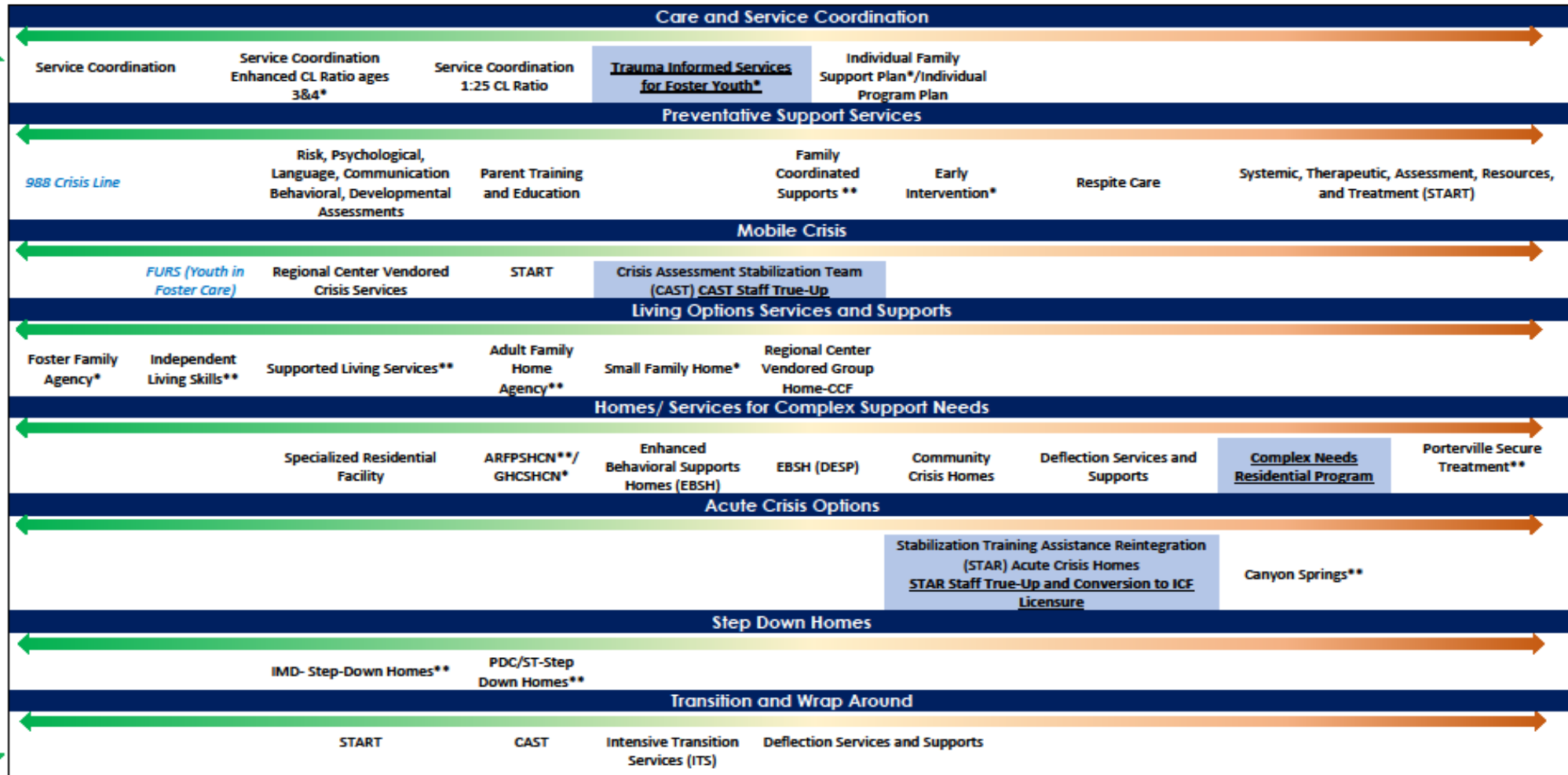
5. Early Start Eligibility*	Funding to support regional center operations and provide purchase of service resources to support revised statutory eligibility provisions for early intervention services, including: lowering the eligibility threshold from 33% to 25%; separating communication delays to two distinct categories (expressive and/or receptive language); and highlighting Fetal Alcohol Syndrome as a risk factor for developmental delays.
6. Early Start – Part C to B Transitions	Funding to reduce caseload ratios for children birth through age five, provide technical support for service coordinators, and promote inclusive preschool options. Additionally, funding for six headquarters positions to enhance oversight and outcomes of services for children and their families.
7. Extend Alternative Services, Amend Tailored Day Services, and Eliminate Half Day Billing	Based on lessons learned during the COVID-19 Pandemic, the 2022 developmental services trailer bill extended the use of Alternative Nonresidential Services until December 31, 2022, broadened access to tailored day services, and eliminated the half-day billing policy. Funding reflects the elimination of the half-day billing policy for service providers.
8. Extend Suspension of Family Cost Participation Program	The Family Cost Participation Program and the Annual Family Program Fee Program assessments and collections were suspended during the public health emergency. Statutory changes continue the suspensions through June 30, 2023. DDS will collaborate with stakeholders to promote administrative efficiency and program compliance.
9. Financial Management Services for the SDP	Funding to move payments for Financial Management Services for Self-Determination Program (SDP) participants outside of individual budgets.
10. Research and Data Enhancements	To enhance data collection, analysis, sharing and reporting as well as enable sufficient technical infrastructure support for new and continuing program initiatives that emphasize person-centered outcomes and equitable access and services within the developmental services system, funding supports 19 positions.
11. Service Access and Equity Grant Program*	An additional \$11.0 million one-time funding and 4 headquarters positions to increase funding available in the Service Access and Equity Grant Program and support ongoing workload associated with monitoring existing and future grant applications and awards.

12. Subminimum Wage Phaseout and New Service Model Alternative to Work Activity Programs	Funding for a three-year pilot of a service model focused on career readiness for consumers exiting Work Activity Programs (WAP) or secondary education and one headquarters position to participate in the state efforts to phase out subminimum wage work performed by individuals with intellectual and developmental disabilities.
13. Workforce Stability	\$185.3 million one-time funding and 7 headquarter positions ongoing to support efforts to address current and emerging workforce challenges among workers who provide direct services and regional center consumer service coordinators. Includes training stipends, internship program, tuition reimbursement program, and technology.

Attachment 8

DDS Continuum of Safety Net Services

November 2022



*Resource available for children and youth only
** Resource available to adults (18+) only
Community Resource
Proposed FY23/24 Safety Net Investments

LIST OF ACRONYMS

AAA: Area Agency on Aging (CDA)
AAC: Augmentative and alternative communication
AB: Assembly Bill **see commonly referenced bills at end of list*
AB 2083 (Cooley, Chapter 815, Statutes of 2018): Children and Youth System of Care (foster youth trauma-informed system of care)
ABA: Applied Behavior Analysis
ACRC: Alta California Regional Center
ADL: Activities of daily living
AGPA: Associate Governmental Program Analyst (CalHR job classification)
AL: Annual leave
APS: Adult Protective Services
ARCA: Association of Regional Center Agencies
ARF: Adult residential facility
ARFPSHN: Adult residential facility for persons with special health care needs
ARM: Alternative Residential Model (system of levels of care for CCFs)
ARPA: American Rescue Plan Act of 2021 (federal COVID-19 recovery funding)
ASD: Autism Spectrum Disorder
ASL: American Sign Language
ATO: Administrative time off
BCaBA: Board Certified Assistant Behavior Analyst
BCBA: Board Certified Behavior Analyst
BCC: Budget Change Concept
BCP: Budget Change Proposal
BHT: Behavioral health treatment
BUCP: Business Use Case Proposal
C2C: College to Career
CalHHS: California Health and Human Services Agency
CalHR: California Department of Human Resources
CAC: Consumer or Client Advisory Committee
CACI: Child Abuse Central Index
CAPTAIN: California Autism Professional Training and Information Network
CASA: Court Appointed Special Advocate
CAST: Crisis Assessment Stabilization Team (DDS state-operated crisis team)
CBHDA: County Behavioral Health Directors Association of California
CBO: Community-based organization
CCF: Community care facility (including service levels 1-3 and level 4 a-i)
CCH: Community Crisis Home
CCL: Community Care Licensing (Division at CDSS)
CCR: California Code of Regulations
CDA: California Department of Aging

CDCAN: California Disability Community Action Network
CDE: California Department of Education
CDER: Client Developmental Evaluation Report
CDPH: California Department of Public Health
CDSS: California Department of Social Services
CEA: Career Executive Assignment (CalHR job classification)
CERMS: Consumer Electronic Records Management System
CFT: Child and Family Team (DSS)
CHA: California Hospital Association
CIE: Competitive Integrated Employment
CMF: Client Master File
CMS: Centers for Medicare and Medicaid Services
CP: Cerebral Palsy
CPP: Community Placement Plan
CPS: Child Protective Services
CRA: Clients' Rights Advocate
CRDP: Community Resource Development Plan
CS: Canyon Springs
CSA: California State Auditor
CSB: Clinical Services Branch (DDS)
CSEC: Commercial Sexual Exploitation of Children
CTP: Comprehensive Transition and Postsecondary Program (approved by US Department of Education)
CVRC: Central Valley Regional Center
CWDA: Child Welfare Directors Association of California
CWS: Child welfare services
CY: Calendar year
CYBHI: Children and Youth Behavioral Health Initiative
DC: Developmental Center
DD: Developmental disability
DDS: Department of Developmental Services
DE/SP: Delayed Egress/Secure Perimeter
DGS: Department of General Services
DHCS: Department of Healthcare Services
DME: Durable medical equipment
DMHC: Department of Managed Health Care
DOF: Department of Finance
DOR: Department of Rehabilitation
DRC: Disability Rights California
DS Taskforce: Developmental Services Task Force
DSH: Department of State Hospitals
DSM-5: Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders
DSP: Direct service professional
DSS: Department of Social Services
DVU: Disability Voices United

EBSH: Enhanced Behavioral Supports Home
ED: Emergency Department
EDD: Employment Development Department
EI: Early Intervention
EIP: Early intervention program
ELARC: Eastern Los Angeles Regional Center
EMSA: California Emergency Medical Services Authority
EP: Epilepsy
EPSDT: Early Periodic Screening and Diagnostic Treatment
ES: Early Start
EVV: Electronic Visit Verification
FAPE: Free appropriate public education
FAS: Fetal Alcohol Syndrome
FBA: Functional behavioral assessment
FDC: Fairview Developmental Center
FDLRC: Frank D. Lanterman Regional Center
FFA: Foster Family Agency
FFB: Fiscal Forecasting Branch (DDS)
FFPSA: Family First Prevention Services Act
FHA: Family Home Agency
FMS: Financial Management Services
FNRC: Far Northern Regional Center
FQHC: Federally Qualified Health Center
FRC: Family Resource Center
FT: Full time
FURS: Family Urgent Response System (24/7 phone line and mobile crisis for foster youth)
FY: Fiscal year
GER: General Event Report (state operated)
GF: General Fund (state funding)
GGRC: Golden Gate Regional Center
GH: Group home (for children)
GHCSHN: Group homes for children with special health care needs
HASC: Hospital Association of Southern California
HC: Holiday credit
HCAI: Department of Health Care Access & Information (formerly OSHPD)
HCBS: Medicaid Home and Community-Based Services waiver
HIPAA: Health Insurance Portability and Accountability Act
HQ: DDS Headquarters
HRC: Harbor Regional Center
HRI: Highly restrictive intervention
H&S: Health & Safety waiver (rate adjustment)
HSP: Habilitation Services Program
ICC: Interagency Coordinating Council (Early Start)
ICF: Intermediate Care Facilities

ICF/DD-H: Intermediate Care Facility-Developmentally Disabled-Habilitative
ICF/DD-N: Intermediate Care Facility-Developmentally Disabled-Nursing
ICF/DD-CNC: Intermediate Care Facility-Developmentally Disabled-Continuous Nursing Care
ICF/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities
ICWA: Indian Child Welfare Act
ID: Intellectual Disability
IDEA: The Individuals with Disabilities Education Act
IDD or I/DD: Intellectual and Developmental Disabilities
IDD: Intellectual Developmental Disorder (DSM-5-TR diagnostic term for ID)
IEEEP: Inclusive Early Education Expansion Program (CDE)
IEP: Individualized Education Program
IFSP: Individual Family Service Plan
IHSS: In-Home Supportive Services
IITS: Intensive Individualized Transitional Services
ILS: Independent Living Services
ILP: Independent Living Program (foster youth)
IMD: Institution for Mental Disease
IPP: Individual Program Plan
IRC: Inland Regional Center
ITO: Holiday informal time off
ITP: Individual Transition Plan
ITS: Intensive Transition Services
JRT: Joint Resolution Team
KRC: Kern Regional Center
LAO: Legislative Analyst's Office
LEA: Local Education Area
LMFT: Licensed Marriage and Family Therapist
LOI: Letter of Intent
LRE: Least restrictive environment (CDE/IDEA)
LVN: Licensed Vocational Nurse
MHSA: Mental Health Services Act
MOU: Memorandum of Understanding
NASDDDS: National Association of State Directors of Developmental Disabilities Services
NBRC: North Bay Regional Center
NCI: National Core Indicators
NOA: Notice of Action
NREFM: Non-Relative Extended Family Member
NLACRC: North Los Angeles County Regional Center
NPS: Nonpublic, nonsectarian school
OA: Office of Administrative Hearings
OCD: Office of Community Development (DDS)
OCO: Office of Community Operations (DDS)
OCRA: Office of Clients' Rights Advocacy

OPS: Office of Protective Services (DDS)
OSCS: Office of Statewide Clinical Services (DDS)
OSEP: Office of Special Education Programs (US Department of Education)
OSG: California Office of the Surgeon General
OT: Occupational therapy
OT: Office Tech
OTA: Office of Tribal Affairs
PD: Personal Day or Personal holiday
PDC-STP: Porterville Developmental Center Secure Treatment Program
PDC: Porterville Developmental Center
PDD: Professional Development Days
PDD or PDD-NOS: Pervasive Developmental Disorder (-Not Otherwise Specified)
PEN: Penal Code
PHI: Protected health information
PHN: Public Health Nurse
POS: Purchase of service
PT: Part time
PT: Physical therapy
PT: Psychiatric Technician
PTA: Psychiatric Technician Assistant
PTM: Planning team meeting
PY: Personnel-years (position)
QA: Quality Assurance
QBMP: Qualified Behavior Modification Professional
QI: Qualified Individual
RBT: Registered Behavior Technician
RC: Regional center
RCEB: Regional Center of the East Bay
RCFE: Residential Care Facility for the Elderly
RCOC: Regional Center of Orange County
RCRC: Redwood Coast Regional Center
RFI: Request for information
RFP: Request for Proposals
RN: Registered Nurse
SAE: Service Access and Equity
SANDIS: San Diego Information System (Data entry/case management system for RCs)
SARC: San Andreas Regional Center
SAS: Statistical Analysis Software
SB: Senate bill **see commonly referenced bills at end of list*
SC: Service coordinator
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
SE: Supported Employment
SELPA: Special Education Local Plan Areas
SEP: Supported Employment Program
SGPRC: San Gabriel/Pomona Regional Center
SIR: Special Incident Report
SLP: Speech-language pathologist
SLS: Supported Living Services
SNF: Skilled nursing facility
SOF: State Operated Facilities
SPA: State Plan Amendment (update/change to state plan-CMS)
SRF: Specialized Residential Facility
SSA: Social Security Administration
SSDI: Social Security Disability Income
SSI: Supplemental Security Income
SSP: Supplemental Security Income State Supplemental Payment
STAR: Stabilization Training Assistance Reintegration (State-operated acute crisis home)
START: Systemic, Therapeutic, Assessment, Resources and Treatment model
STP: Secure Treatment Program
STRTP: Short-Term Residential Therapeutic Program
TA: Technical assistance
TAY: Transition Age Youth
TBL: Trailer Bill language
TCM: Targeted Case Management
TCRC: Tri-Counties Regional Center
TPs: Talking points
TPSID: Transition and Postsecondary Programs for Students with Intellectual Disabilities
UC: University of California
UCI: Unique client identifier
UCEDD: University Centers for Excellence in Developmental Disabilities
UFS: Uniform Fiscal System (RC fiscal accounting system)
UPK: Universal PreKindergarten (CDE)
UTK: Universal Transitional Kindergarten (CDE)
VMRC: Valley Mountain Regional Center
VR: Vocational Rehabilitation
WAP: Work Activity Program
WAR: Week Ahead Report
W&I or WIC: Welfare and Institutions Code
WIC: Women, Infants and Children program
WRC: Westside Regional Center

290 (PEN) or 290 registrant: registered sex offender

988: mental health crisis phone line number, suicide prevention hotline

4418 or 4418.7 Assessment (W&I): comprehensive admissions assessment for STAR

5150 (W&I): involuntarily 72-hour psychiatric hospitalization for adults

5585 (W&I): involuntarily 72-hour psychiatric hospitalization for minors

6500 (W&I): civil commitment court order to DDS (incompetent to stand trial,
required for admission to PDC-STP)

AB 2083 (Cooley, Chapter 815, Statutes of 2018): Children and Youth System of Care
(foster youth trauma-informed system of care)