

REPORT TO THE LEGISLATURE ON TECHNOLOGY PILOT PROGRAM

California Department of Developmental Services
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SECTION 1: BACKGROUND

The Lanterman Developmental Disabilities Act establishes the State's responsibility to provide individuals with intellectual and developmental disabilities (I/DD) with services and supports that promote independence, productivity, and inclusion in community life. The Department of Developmental Services (Department) oversees a statewide system of services delivered through 21 regional centers serving nearly 500,000 individuals.

Pursuant to California's Welfare and Institutions Code (WIC) Section 4511.6, the Department established the Technology Pilot Program to evaluate the use of assistive technology and remote supports as a supplement or alternative to traditional in-person services. The pilot was intended to assess whether technology-based solutions can increase independence, improve access to services, including for individuals who are deaf or use languages other than English, and/or reduce reliance on one-to-one, in-person direct support when safe and appropriate.

This report summarizes program implementation, participant characteristics, outcomes, and evaluation findings to inform future policy decisions. This report should be reviewed in conjunction with the attached September 2025 report from Mathematica, an independent evaluator of the pilot.

SECTION 2: TECHNOLOGY PILOT PROGRAM

2:1 Program Implementation

The Technology Pilot Program was implemented through a partnership between the Department, Alta California Regional Center as the lead agency, and Regional Center of the East Bay, in collaboration with participating service providers. An independent evaluator was engaged to assess program outcomes.

A total of 29 participants voluntarily enrolled and received individualized assessments and technology supports. Participants completed individualized assessments to identify technologies aligned with their goals, support needs, and living environments.

Regional centers coordinated implementation and participant oversight, while service providers conducted assessments, installed devices and provided

ongoing service delivery and support. The Department approved funding to support pilot coordination and implementation oversight, including dedicated regional center coordination staff and technical assistance support.

This structure allowed an assessment of how assistive technology could be integrated into existing service delivery systems.

2:2 Demographics and Participation

The pilot included 29 participants with varied support needs. The small participant population was not fully representative of the broader regional center caseload.

Approximately 59 percent of participants were between ages 50 and 69, so the pilot included individuals with long-term and age-related support needs in addition to younger adults. Most participants identified English as their primary language (93 percent) and resided in urban areas (97 percent). Compared to the broader regional center population, the pilot included fewer individuals from non-English-speaking households and rural communities, indicating the need to consider broader outreach and accessibility efforts in future implementation. These demographic findings provided important context for evaluating pilot outcomes and identifying considerations for future statewide expansion.

Additional participant demographic information can be found in Mathematica's Evaluation Report.

2:3 Assistive Technology Devices

Participants received a total of 337 devices, averaging about 12 devices per participant. Devices were selected through individualized assessments conducted by providers in collaboration with participants.

Devices primarily included:

- Safety and monitoring tools (e.g., motion sensors, fall detection devices, automatic door locks, and smoke/carbon monoxide alert systems)
- Smart home and automation systems [e.g., voice-activated assistants (smart speakers), automated lighting, and programmable thermostats]
- Health and medication management supports (e.g., electronic medication dispensers, reminder systems, and health monitoring devices)
- Communication and personal devices (e.g., smartphones, tablets, video communication tools, and wearable devices)

Safety-related devices represented the largest category (42 percent). Some safety-related technologies included remote support and monitoring functions intended to supplement in-person services when appropriate. These technologies supported participants in managing emergencies, medication reminders, home access, and activities of daily living with greater independence.

2:4 Training and Support

Ongoing support and reinforcement were critical to successful technology utilization outcomes. Participants who received individualized, hands-on training demonstrated greater confidence and independence in using assistive technology.

Findings indicated that direct support professionals (DSP) and family member involvement were a key factor in successful outcomes. Their ongoing presence provided consistency, helped reinforce instructions, and allowed participants to receive immediate help with troubleshooting. Provider feedback indicated that DSP training varied across providers and was not consistently implemented for all staff supporting participants using assistive technology. Provider and participant feedback indicated that inconsistent DSP training, staff turnover, and varying levels of familiarity with technology affected participants' ability to consistently use and troubleshoot devices.

2:5 Barriers and Challenges

Technology Match and Appropriateness

While participants generally were involved in selecting devices (94 percent reported being given choices), participant and provider feedback identified recurring instances where devices required adjustments, replacement or additional customization due to complexity or usability concerns. These findings highlighted the importance of incorporating demonstrations and trial periods to select appropriate technology.

Training and Support Gaps

Approximately 91 percent of participants reported receiving device demonstrations, and 86 percent reported satisfaction with training. Survey results also showed that while 93 percent reported satisfaction with initial device setup and installation, fewer participants reported receiving ongoing support, indicating a gap between initial training and sustained use. Participant and provider feedback indicated that individuals who received limited follow-up support experienced greater difficulty using devices consistently.

Workforce challenges

Provider feedback indicated that DSP training was not consistently provided across all participants, and in multiple cases DSPs were not trained on the specific devices used by the individuals they supported. High staff turnover and varying levels of familiarity with technology further affected consistency in implementation. These challenges limited the ability of some DSPs to provide effective reinforcement and troubleshooting support.

Device Reliability and Technical Support

Survey findings indicated that 27 percent of participants reported dissatisfaction or neutrality regarding the time required to receive devices, and participant feedback identified delays in troubleshooting and equipment replacement as a recurring issue. Additionally, qualitative feedback from participants and providers indicated that device malfunctions and connectivity issues occurred intermittently, particularly for safety-related technologies, which affected participant confidence and consistency of device use.

Addressing these barriers will be critical for the effective and scalable use of assistive technology in future implementation efforts.

2:6 Program Evaluation

Evaluation activities included participant surveys, interviews, and provider feedback. The evaluation found that assistive technology increased independence, improved access to services, and enhanced safety.

Key findings included:

- 88 percent of participants reported increased independence
- 88 percent reported feeling safer using assistive technology
- 81 percent reported that technology improved overall quality of life
- 94 percent reported being involved and given choices in selecting their devices

Participants reported increased ability to independently manage medication, communicate with others, complete household tasks, and maintain safety within their home. Despite implementation challenges identified during the pilot, participants generally reported positive experiences and increased confidence using assistive technology supports.

Participants demonstrated improved ability to complete daily activities independently. Technology improved access for individuals requiring communication accommodation, including participants who are deaf or use alternative communication methods.

Providers also reported that assistive technology reduced the need for routine prompting and monitoring for some participants, allowing staff to focus on individuals with higher support needs.

Outcomes varied based on training consistency, device reliability, and workforce readiness. DSP familiarity with technology was identified as a contributing factor to successful implementation.

2:7 Cost Evaluation

The evaluation compared technology-assisted services to traditional in-person supports over an 11-month period. Cost findings were based on 14 participants with complete cost data and should be interpreted within the context of the pilot's limited sample size.

To evaluate service utilization and cost impacts, the analysis focused primarily on claims data related to Supported Living Services (SLS) and Independent Living Services (ILS), which represented the primary in-person support services used by pilot participants prior to implementation of assistive technology supports.

Findings included:

- Technology-assisted services cost approximately 11-14 percent more during the initial implementation period
- Average monthly technology-related cost was approximately \$1,828 per participant
- Direct support costs decreased by approximately \$380 per participant per month over the short pilot period

The evaluation also identified reductions in serious incidents following implementation of assistive technology supports. Serious incidents decreased from 41 incidents in the 11 months prior to implementation, to 19 incidents in the 11 months after implementation, including reductions in medication-related errors.

While initial implementation costs were higher, findings suggested the potential for long-term cost offsets associated with increased independence and reduced reliance on certain in-person supports. Additional evaluation would be necessary to assess long-term cost impacts at a larger scale.

SECTION 3: CONCLUSION

The Technology Pilot Program demonstrated that assistive technology increased independence, improved safety, and expanded access to services.

Outcomes were influenced by training consistency, device reliability, and workforce readiness and stability. These findings will inform future policy and program development related to technology-assisted services within California's developmental services system.

Considerations for Statewide Expansion

The Technology Pilot Program provided valuable lessons for how use of technology-assisted services could be expanded.

1. Access for All Communities

Most participants in the pilot spoke English and lived in urban areas. Future implementation efforts would require expanded accessibility, focus on expanding access for non-English-speaking communities, including people who use ASL, and for people living in rural areas where technology access may be limited.

2. Thoughtful Transition Planning

If in-person support hours are reduced, transitions involving reductions in in-person support would require individualized planning and safety considerations. Each person's goals, comfort level, and safety should guide these decisions. Backup systems, like on-call staff and emergency response options, are essential so that everyone continues to receive the right support.

3. Scaling and Sustainability

Expanding assistive technology would require ongoing planning, infrastructure, training, and technical assistance. Service providers will need training, technical assistance, and opportunities to learn from the pilot's successes. Providers also may need to coordinate services for more clients using both in-person and remote support.

The Technology Pilot Program demonstrated that assistive technology can enhance independence, increase safety, and support privacy for individuals with I/DD. It also showed promise for reducing workforce pressures and lowering long-term costs once systems are in place.

QUESTIONS?

Contact: Legislation & Public Affairs Division

Email: Legislation@dds.ca.gov