

**DEVELOPMENTAL SERVICES TASK FORCE:  
STRENGTHENING THE COMMUNITY SYSTEM**

**Thursday, July 24, 2014 – 10:00 am to 4:00 pm**

**Sutter Center for Health Professions  
2700 Gateway Oaks Drive, Sacramento, CA 95833**

**MEETING SUMMARY**

**BACKGROUND**

Diana S. Dooley, Secretary of the California Health and Human Services Agency (CHHS), reconvened the Task Force that developed the Plan for the Future of Developmental Services in California (the Plan) issued January 13, 2014. During its previous work, the Task Force identified a number of community issues that were impacting the delivery of community services and their long-term sustainability. Recognizing that the community system issues were beyond the scope of its 2013 work, the Task Force included Recommendation 6 as part of the Plan, calling for another task force to be formed to address ways to make the community system stronger. Additionally, during the development of the Budget Act of 2014-15, the Legislature expressed specific interest in updating the core staffing formula for regional centers and the rate-setting methodologies for community-based services. In response, the Governor directed the CHHS to convene a task force to review both of these items and other community issues that were identified in the Plan.

On July 24, 2014, Secretary Dooley reconvened the original Task Force, made up of consumers, consumer advocates, regional centers, community service providers, organized labor, families of developmental center residents, members of the Legislature and the Department of Developmental Services (DDS). The Task Force had successfully come together, despite differences in experiences and perspectives, to produce a set of recommendations to chart a course for the future of the developmental centers in the Plan. This Task Force is uniquely positioned to build on this success by examining services in the community.

Secretary Dooley welcomed the meeting attendees including Task Force members and public participants, both in the room and on the telephone, as well as staff involved with supporting the work. After introductions, the Secretary identified the focus of the meeting to be Recommendation 6 from the Plan, indicating that the work of this group will be to first frame the agenda, how to go forward and what we want to achieve. The focus should be on building anew and not simply restoring what was. Further, the group will be identifying whether additional expertise is needed relevant to Recommendation 6.

Before getting into the agenda, Secretary Dooley also shared her concerns that the results of the resurvey at Sonoma Developmental Center are expected as soon as tomorrow (July 25, 2014) when an exit interview will be conducted. The Secretary shared that she was prepared for disappointing news given the delay in receiving the results. The State will continue to provide services in the most compassionate, responsible and efficient way possible, but she anticipates that challenges will continue.

John Doyle, Chief Deputy Director, DDS, provided a brief summary of the positive actions taken in the DDS budget this year. First, additional resources were provided to move forward with the Task Force recommendations in the Plan. Specifically, \$13 million in Community Placement Plan funds was re-appropriated from prior years. The funding will be used to develop the enhanced behavioral supports homes and the community crisis homes, and Regional Center staffing to support development efforts among other services. The development process will include stakeholder meetings in Southern, Central and Northern California tentatively scheduled to occur in late August and early September. DDS also received new General Fund money to develop acute crisis centers at both Sonoma and Fairview Developmental Centers.

Additionally, the Legislature, with Administration support, restored eligibility in the Early Start Program. DDS received \$7.9 million in General Fund to return Early Start to the pre-2009 level beginning January 1, 2015.

Secretary Dooley then laid out the process to be followed by the Task Force. The Task Force members were asked to identify their expectations and the major issues to be examined, what they need to know to address those issues, and what expertise and representation is needed to proceed. Once an inventory of issues is identified, they will be organized so that the Task Force can utilize a workgroup process, as they did in 2013. The workgroups will meet between Task Force meetings to work through the data that are needed to inform recommendations. The Secretary cautioned that the resulting recommendations will need to be supported by solid evidence and data so that they can be effectuated through the legislative process.

## **COMMUNITY ISSUES**

The meeting was opened to Task Force input and discussion, followed by public comment. Below is a high-level summary of the key points made by the meeting participants regarding the community.

### Discussion Themes

Throughout the discussion, themes that are important to the developmental disabilities services system were identified, including:

1. Protecting the spirit and intent of the Lanterman Developmental Disabilities Services Act (Lanterman Act);

2. Person-centered (“whole person”) planning using multidisciplinary teams with consumer and family participation, and the Individual Program Plan;
3. Comprehensive transition planning;
4. Ensuring a residential placement of last resort (that “can’t say no”), otherwise referred to as a “safety net” for individuals who have challenging service needs;
5. Supporting a stable and qualified workforce in the community;
6. Protecting individuals from harm and abuse;
7. Building transparency, accountability and fiscal responsibility into the system to ensure quality services and sustainability;
8. Creating a system of services that is flexible and reflects what people want. Emphasis should be placed on consumer employment.
9. Health and safety exemptions to provide needed flexibility;
10. Regulatory requirements and guidelines that are not unnecessarily restrictive or duplicative and focus on positive outcomes; and,
11. Self-Determination as a way to look at things differently, and allow choice and flexibility.

### Issues and Considerations

Specific issues affecting the delivery of services in the community and factors to be considered were identified by individual Task Force members for possible examination, as follows:

1. The core community issue is sustainability, or how does the system guarantee services in the future, with the key component being correct and appropriate rate-setting methodologies to encourage development, innovation and the longevity of services as a business.
2. Another key element of the system is affordable housing, which is closely associated with the cost of care/labor.
3. The work of the Task Force needs to be based on reality; recognizing that funding is rarely adequate and eligibility for services may not reach all who need it.

4. The issues should first be triaged for those that need to be addressed immediately, versus those that are longer-term. Time frames for the work should be established that consider priorities and the timing of the budget cycle.
5. When redesigning the community system, it should reflect new trends and federal modeling/encouragements indicated by recent Centers for Medicare and Medicaid Services (CMS) regulations. Consider the impacts of the CMS regulations and how we transition to the future. The impact of federal funding must be taken into account. Also consider long-range public policy.
6. Important to the examination of community issues is a services inventory, including services that have been impacted by rate reductions or freezes. There should be a correlation between funding and the services that are provided.
7. Resources are not unlimited. Priorities need to be established for preferred models of service for meeting peoples' needs, including those that provide a safety net. We need to understand where the gaps are now and in the future. We should encourage new development and innovation.
8. Look at system reductions over recent history (since 2009) and examine the impact in light of savings, and current and future requirements. Consider if they affected how we support people at home. Align our system changes with other systems' changes (e.g., In-Home Supportive Services as part of managed care).
9. As programs and services are redesigned, build in data collection, accountability, reporting (that is not intrusive for the consumer) and fiscal responsibility. Also, develop a funding structure for programs.
10. When examining the system, consider the changing composition of the population and the funding impacts, especially for serving individuals with autism. Consider needs that are still emerging and cultural competency.
11. Re-envision supports for all populations, and consider whether supports are adequate for families to care for consumers at home.
12. Examine the issue of equity in providing regional center services in light of the diverse populations served and geography. Also determine to what degree regional centers should be standardized.
13. Determine what the role of the State should be in the future of our system, and in providing services for individuals who are difficult to serve.

14. Define quality (less about ratios and more about staffing stability), and build quality and flexibility into our system.
15. Address gaps and funding for services in the primary areas of medical care, dental care and mental health services (especially psychiatry). Also, ensure proper medication protocols/management and durable medical equipment.
16. Consider creating a new fund for community development to support new service models.
17. Review regulations, licensing requirements, oversight mechanisms and regional center functions to be sure we are getting value. Improve the overall regulatory scheme to reduce duplication.
18. Ensure meaningful caseload ratios for regional center case management.
19. Utilize technology so that important information can be shared among the regional center, service providers and the State.
20. Improve the coordination of services at the local level, especially between regional centers and county mental health services for individuals with autism.
21. Consider using developmental center resources to support the community, as recommended in the Plan.

### **TASK FORCE REPRESENTATION**

In response to Secretary Dooley's request for suggestions as to possible changes and additions to the Task Force, and to augment the workgroups, the meeting participants identified the following representation and considerations:

1. Greater consumer representation from the community;
2. Independent family members and parents of consumers living in the community, including representation for school-age children and early intervention services;
3. Various service providers that represent currently non-represented services such as Intermediate Care Facilities, Community Care Facilities, Supported Living Services, Early Intervention and employment services. Also consider additional representation from regional center service provider groups;
4. Union representation from the community;

5. Involve other service partners in the discussions, such as the California Department of Education, the California Department of Rehabilitation, the California Department of Health Care Services, workforce investment boards and county mental health services;
6. As representatives are selected, consider the cultural and ethnic diversity of the group;
7. Consider including expertise in accessing medical and mental health services; and,
8. Consider adding Tony Sauer, former Director of the California Department of Rehabilitation, on employment issues.

### **DATA INQUIRIES AND ANALYSES**

Throughout the discussion, the Task Force identified various data interests and lines of inquiry and analysis for the work ahead, as follows:

1. Evaluate data for onsite (developmental center) crisis services versus jails for 2013;
2. Undertake an unmet-needs assessment, including what services are being requested the most;
3. Review the system reductions. Determine what the impact was and whether anything compels their restoration. Consider them in light of federal requirements;
4. If possible, compile data on abuse in the community, being careful that it is not intrusive for consumers;
5. Look at current and projected populations (trend data since approximately 2008) to identify future service needs;
6. Use data from the National Core Indicators (NCI) surveys, the Client Development Evaluation Reports (CDER) and other sources of information to assess the value, quality and equity of services;
7. Review closure processes to identify successes in the community;
8. Identify incremental housing needs based on aging consumers and parents;

9. Look at what regional centers are required to do today, what has changed over time, and evaluate the need to adjust the core staffing formula;
10. Identify creative regional center efforts to promote health and safety and encourage best practices;
11. Look at sustainability of the investments that have been made in program development;
12. Look at transition data for individuals between the ages of 18 and 25 and the impact on services, especially employment issues. Evaluate how individuals with autism are transitioning to adulthood;
13. Consider geographical impacts on services;
14. Evaluate the effectiveness of Special Incident Reporting on health and safety;
15. Consider the regional center comprehensive assessments and what they tell us about service needs;
16. To the degree possible, consider cost of service data from other states;
17. Develop a syllabus, or library of information for the Task Force to access. Include:
  - Waivers
  - NCI data
  - A glossary of terms
  - Explanation of funding and rates
  - The ways our system is regulated
  - The core staffing formula
  - The Association of Regional Center Agencies' reports on Regional Center Operations and Program Funding
18. Look at the services funded by the Mental Health Services Act (MHSA) grants for regional centers and determine their results;
19. Compile data on individuals with challenging service needs by regional center;
20. Compile data on the cost of living across the State as well as housing costs to inform "sustainability;"
21. Look at the impact of existing and future minimum wage levels;

22. Consider the survey of families that is being conducted at Sonoma Developmental Center. It should be available for the Task Force in September 2014;
23. Identify the prior residence of individuals who are being served at the Canyon Springs Community Facility;
24. Analyze median rates and how many providers are below them today versus when median rates were first implemented;
25. Look at the impact of the reduction in days for day programs;
26. Consider the cost of starting up new/replacement services and how they can be funded/reimbursed;
27. Look at data dealing with the tapering of medications in Supported Living Services;
28. Assess the success of different housing settings/approaches that have recently been developed;
29. Look at the impact of the new federal rules, particularly on Self-Determination;
30. Compare the cost of services in California to other states;
31. Look at consumers who are 50 years or older and still living with their families. Consider how to co-support the consumers and their parents in the future;
32. Look at vacancy rates for the residential resources we have;
33. Evaluate how well we are serving different ethnic communities;
34. Compile demographic data for individuals being served (previously done for the Purchase of Service Study);
35. Compile an inventory of service changes within CHHS (e.g., the universal assessment tool, and the Multi-Purpose Senior Services Program);
36. Evaluate the accountability and the quality assurance measures put in place for the coordinated care initiative;
37. Evaluate higher education opportunities and how those might be achieved (e.g., the Way Finders Program); and,

38. Look at the issue of benefits management and the risk of losing services for those who are employed.

#### **NEXT STEPS**

Secretary Dooley indicated that the Task Force will proceed as a “rolling process” with no pre-set end date. The next step will be to summarize the meeting and share it with the Task Force. The Task Force will help organize the approach to be taken and the workgroups will begin their work. The Secretary supported the triage approach. We will be using an incremental process that will inform CHHS as we move forward.

The next Task Force meeting will tentatively be scheduled for early October 2014.