

Developmental Services Task Force: Examination of Opportunities to Strengthen the Community-Based Services System

December 2017

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I. INTRODUCTION & BACKGROUND

This section provides pertinent background information and history leading to the work of this Task Force. Section II describes the focus and approach of the DS Task Force, as well as data and information considered, the guiding principles agreed upon by the DS Task Force and the Task Force's overall observations in each subject area the group chose to focus on. Section III presents the recommendations of the DS Task Force moving forward in each of the five subject areas ultimately pursued.

The Department of Developmental Services (the Department) is responsible for providing services for persons with developmental disabilities through two primary programs. In the first program, the Department contracts with 21 private non-profit organizations called regional centers (RCs) to develop, manage and coordinate services and resources for individuals determined to be eligible (consumers) for services under the Lanterman Developmental Disabilities Services Act (Lanterman Act). Service needs are determined through a person-centered approach involving the consumer, the RC, and the parents or other appropriate family members or legal representatives. In the second program, the Department directly operates three developmental centers (DCs) and one small community facility providing 24-hour residential care and clinical services. Again, a person-centered approach, that includes DC staff, is utilized to identify and meet service and treatment needs of the residents.

The beginning of the California Developmental Center (DC) system dates back to the 1850s, and provided the first residential alternative available to families of individuals with developmental disabilities who were unable to be cared for at home. In the 1960s, changes began that led to creation of community alternatives under the Lanterman Act, both in-home services and supports so that more individuals could be cared for at home, as well as facilities that provided community residential options. As the community system developed and the underlying philosophy of community integration gained prevalence in law and court cases, dependence on the DC system and other institutional settings declined. Ultimately, effective July 1, 2012, California placed a moratorium on admissions to state-operated DCs except in very limited circumstances (Assembly Bill 1472, Chapter 25, Statutes of 2012), accelerating the decline in the DC population and the closure of the DCs.

In May 2013, the Secretary of the California Health and Human Services Agency (CHHS), Diana S. Dooley, announced that she was establishing the "Task Force on the Future of Developmental Centers" (DC Task Force). She appointed a broad cross-section of members representing consumers, family members, regional centers, consumer advocates, community service providers, organized labor and the Legislature, with support provided by the Department. The primary purpose of the DC Task Force was to address the service needs of all DC residents and provide for the delivery of cost-effective, integrated, quality services for this population in the future.

The DC Task Force considered the special service needs of the residents and the services provided at the DCs, analyzed the services and supports that were available in

the community, and identified what additional services and supports may be needed in the community. The work of the DC Task Force culminated in six recommendations as presented on January 13, 2014, in the “Plan for the Future of Developmental Centers in California (the Plan).”

In the Plan, the DC Task Force recommended that the future role of the State should be to operate a limited number of smaller, safety-net crisis and residential services. Additionally, it was recommended that the State should continue serving individuals judicially committed to the Secure Treatment Program (STP) at Porterville DC for competency training and to the Canyon Springs Community Facility for the provision of transition services. The DC Task Force also recommended developing new and additional service components, including development of services for individuals with challenging behaviors, and exploring utilization of DC assets to provide health resource centers and community housing through public/private partnerships.

The Department is now at a critical point in history, transitioning to community-based, integrated services for all but a limited number of individuals. On October 1, 2015, the Department submitted to the Legislature a plan to close Sonoma DC by December 31, 2018. Subsequently on April 1, 2016, the Department released closure plans for Fairview DC and the General Treatment Area at Porterville DC by December 31, 2021. Porterville’s STP and the Canyon Springs Community Facility (CF) will remain open.

During its previous work, the DC 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 DC 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 identified in the Plan.

II. DS TASK FORCE PROCESS AND DELIBERATIONS

On July 24, 2014, Secretary Dooley reconvened the DC Task Force as the Developmental Services Task Force (DS Task Force). Consistent with Recommendation 6 in the Plan and in response to Governor Brown’s message in the 2014-15 Budget Act, the DS Task Force was brought together to act as an advisory group and develop recommendations to strengthen the community system. The growing and aging population served, resource constraints, availability of community resources to meet the specialized needs of clients and past reductions to the community system were all factors to be examined by the DS Task Force. Specific issues to be examined included community rates, the impact of new state and federal laws and regulations and staffing levels at regional centers.

The DC Task Force produced a set of recommendations to chart a course for the future of the developmental centers. The DS Task Force was uniquely positioned to build on the work of the DC Task Force by examining services in the community and added five new members to the original twenty-one to add further expertise to the panel. The press releases detailing the full membership of the DS Task Force are included as Attachment I in this report.

The scope of the DS Task Force's work was broader than the work of the DC Task Force and did not have a prescribed timeline. Secretary Dooley directed the group to look at how to assess and thoughtfully plan for the community service needs of over 300,000 people receiving services under the Lanterman Act, while considering existing resource demands and limitations. DS Task Force members were urged to prioritize and sequence topics and areas, knowing that all areas of the system could not be addressed at once.

It was recognized early on that the work related to implementation of the new Home and Community-Based Services (HCBS) waiver regulations is important and should be integrated with and not distinct from the work of the DS Task Force, as it may govern some of the group's recommendations. The existing HCBS Advisory Group was determined to be the vehicle for the technical aspects of implementation, while the DS Task Force would focus on policy integration.

DS 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 was needed. Once an inventory of issues was identified, they were organized so the DS Task Force could utilize a workgroup process, as they did in 2013. The workgroups met between DS Task Force meetings to work through the data and craft recommendations to present to the full DS Task Force.

Secretary Dooley convened and chaired a total of seven DS Task Force meetings between July 24, 2014 and July 18, 2017. The meetings were open to the public, and public comments were received and recorded. To make best use of the members' time, workgroups comprised of DS Task Force members met between full DS Task Force meetings and, based on identified topics, developed information, materials, agenda items and recommendations for DS Task Force consideration. The DS Task Force identified a total of four workgroups to more closely examine subject areas of interest to the group. A total of 14 workgroup meetings were held between December 16, 2014, and May 9, 2017. Almost all of the DS Task Force members participated in one or more of the workgroup meetings and performed preparatory work outside of the scheduled meetings. Throughout the DS Task Force process, data and historical documents were provided by the Department, and workgroup participants shared important information from other sources. Additionally, public participants submitted materials to the DS Task Force. Materials used by the DS Task Force were provided to members electronically and were made available on the CHHS website at www.chhs.ca.gov. A list of all DS Task Force public and workgroup meeting dates is included as Attachment 2.

DS Task Force meetings also offered the opportunity for the Secretary and the Department to provide stakeholders with comprehensive updates and allowed for public comment on issues important to our system including Governor's Budget and May Revision Budget updates, DC closures, HCBS rules, Self-Determination Program, the status of overtime regulations, and managed care tax reform.

Packets of materials prepared for each of the seven DS Task Force meetings are included in Attachment 3.

The DS Task Force's early discussions focused on five subject areas, their scopes, level of urgency, additional data needs and the identification of overarching guiding principles to be considered when examining all of the subject areas. The five subject areas identified were:

1. Service Rates and the Rate-Setting Structure
2. Regional Center, Provider and Other Community Services
3. Employment and Higher Education Opportunities
4. Medical, Dental, Mental Health and Durable Medical Equipment
5. Housing

The topics for discussion within each of these five subject areas are detailed on pages four through seven of the *October 8, 2014 Meeting Summary* included in Attachment 4.

Following are the Guiding Principles agreed upon by the members of the DS Task Force excerpted from the October 8, 2014, Meeting Summary:

Guiding Principles

The DS Task Force expressed strong interest in capturing the principles that should be fundamentally included in every subject area and used as a goal or guide when considering changes to the community system. Also, it was recognized that some topics, such as the 2014 Centers for Medicare and Medicaid Services (CMS) regulations on Home and Community-Based Services (HCBS), will necessarily have an impact on each area. Specifically, the overarching principles and topics for consideration under each subject area are:

1. The Lanterman Developmental Disabilities Services Act guarantees regional center services for the life of the consumer, thereby creating an entitlement program in California.
2. The core component of the service delivery system is a comprehensive person-centered Individual Program Plan (IPP), also referred to as a whole person or IPP, which is carefully crafted and enables choice.
3. Consumers must be empowered to make choices and receive the services and supports they need to lead more independent and productive lives in the

- least restrictive environment appropriate for the individual. Consumers must be at the center of any problem analysis or solution, with the objective of providing services that people want. Emphasis should be placed on consumer choice, self-determination and consumer-directed services.
4. Ensuring consumer health and safety is critical, which includes protecting individuals from harm and abuse, and providing appropriate crisis intervention and response.
 5. Services must be culturally and linguistically appropriate and responsive to the consumer and his or her family.
 6. Any model of care or service must receive sufficient and stable funding to be successful in accomplishing its goal and be sustainable. The adequacy of resources is an issue that permeates all aspects of the service system.
 7. The tenets of community integration and access reflected in the 2014 CMS regulations for HCBS must be incorporated throughout the service system, including but not limited to consumer choice; consumer independence; consumer rights to privacy, dignity and freedom from coercion and restraint; opportunities for integrated employment; and settings that meet consumer-specific provisions based on these principles.
 8. There must be fiscal accountability, transparency and fiscal responsibility in the service system, including maximizing the use of federal funding.
 9. An appropriate framework for monitoring and quality assurance should be built into services.
 10. Technology should be utilized.
 11. Developmental center resources (land, staff and buildings) should be leveraged or made available to benefit consumers in the community.
 12. Flexibility should be incorporated into the system to address choice and special circumstances, such as allowing timely Health and Safety exemptions.

Based on the five subject areas identified by the DS Task Force, four distinct workgroups were created to help move the work of the DS Task Force forward. It was noted that no single section of our system operates without influence from another, so there would be some overlap between workgroups. The first two workgroups addressed the priority work regarding “Rates” and “Regional Center Operations” and the next two, “Medical and Mental Health Services and Supports” and “Housing and Employment” were started once the Rates and Regional Center Operations discussions concluded. The Medical and Mental Health Services and Supports workgroup evolved into the “Community Supports and Safety Net Services” workgroup to address the larger system

needs that were identified in initial discussions of medical and mental health service needs.

As was done with the DC Task Force, the workgroups met every other month alternating between subjects so there was a meeting each month. Workgroups were open to all members of the DS Task Force and the workgroup discussions were led by Kristopher Kent, Assistant Secretary, CHHS. Each workgroup evaluated barriers, constraints, and gaps in services as well as definitions, general areas of focus, goals, guidelines and points of structural agreement to formulate recommendations specific to their topic area. The remainder of this section includes a general overview of the work of each workgroup and references the corresponding documentation included in Attachment 5.

RATES WORKGROUP

The Rates Workgroup was the first workgroup to meet. California's existing rate system is complex and has become more complex over time. The workgroup was asked to look at: If we could start fresh, what would an effective rate system look like? How would we improve it and make it sustainable? Lengthy discussions identified a host of issues and concerns, a call for more flexibility and suggestions for grouping rates into three areas: facility rates, rates for services and "other" to help simplify the system.

The need to engage a large, sophisticated rate study, based on the experiences shared by other states was discussed. It was acknowledged that looking at California's whole rate structure is an expansive undertaking that will take several years to complete. Recognizing the pressures the system is under, and the time required to complete a rate study, the workgroup recommended pursuing three tracks: Applying funds to the areas of greatest, immediate need; developing broad recommendations for the rate system; and recommending the Department pursue a comprehensive rate study.

Based on the Rates Workgroup's recommendations, the Department reached out to the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to obtain their expertise on what types of qualities and skill sets the Department should seek in a contractor. NASDDDS advised that the contractor should be able to demonstrate strong analytical and actuarial skills; familiarity with the regional center system and California's unique service delivery system; extensive knowledge of the HCBS regulations, the Fair Labor Standards Act overtime regulations, and potential impacts of those regulations on rates. Given the intricacies of our system, it was suggested that the rate study would likely take about three years to complete.

Assembly Bill (AB) X2 1 (Chapter 3, Statutes of 2016 Second Extraordinary Session), made changes to Section 4519.8 of the Welfare and Institutions (W & I) Code and required the Department to provide a rate study to the Legislature by March 1, 2019, that addresses several specific items including: an examination of any proposed rate structures for their effect on the number of service providers; a look at the fiscal impacts of alternate rate methodologies and how different rate methodologies can incentivize

outcomes for consumers; and consider consolidating the significant number of service codes in our system today.

A request for proposal (RFP) for the rate study was posted on the Department of General Services (DGS) website on February 9, 2017. Proposals were due April 3, 2017, and the contract was awarded to Burns & Associates, Inc. on June 2, 2017. Under the provisions of the contract, Burns & Associates is required to meet with the DS Task Force and Rate Study Workgroup to provide detail on their direction, to interact with members and get their input to help inform the work of the contractors.

A document titled "*Rates Workgroup Discussion Items and Points of Consensus*" summarizes the guiding principles, constraints, questions and points of structural agreement developed by this workgroup and is included in Attachment 5.

REGIONAL CENTER OPERATIONS (RC OPERATIONS) WORKGROUP

The RC Operations Workgroup looked at the types of issues creating problems for regional center operations and budgets. Areas of focus were the core staffing formula and case management ratios. The Association of Regional Center Agencies (ARCA) was invited to join the workgroup discussion as subject matter experts and indicated their willingness to share their ongoing analysis of these areas and provide further input to the group.

A document titled "*Regional Center Workgroup Points of Consensus*," included in Attachment 5, summarizes the goal and recommendations of the RC Operations Workgroup.

COMMUNITY SUPPORTS AND SAFETY NET

The Community Supports and Safety Net Workgroup carefully reviewed existing community support services and discussed what additional options or services were needed to assure that an array of enhanced services and supports for individuals are accessible and timely, particularly when other services and supports fail or are no longer sufficient to sustain a person's health and safety. The group also discussed the importance of preventing a crisis from occurring, to include ways to maintain individuals in their homes, and developing models of support to prevent an individual from becoming involved in the criminal justice system or needing a more restrictive level of care. The group developed general definitions of "safety net" and "crisis" to help focus discussions, and created a set of general principles. Discussions focused on three areas: pre-crisis, crisis services and fundamental services, resulting in recommendations to the Department.

The safety net concepts discussed by the DS Task Force, and shared by stakeholders, included: flexibility; enhanced services and options to meet individual needs, from youth to seniors; quality assurance; trusted and trained staff; availability of services throughout the state; prevention of behavior escalation; utilizing the least restrictive

interventions; cross-education with other systems, including law enforcement and first responders; and supporting people in their homes as a priority. The DS Task Force also identified a need for greater residential options and stability for individuals with significant service needs; additional crisis facilities and services throughout the state; start-up funds for safety net services; increased state oversight of safety net services; a residential setting that cannot refuse to serve a consumer; enhanced managed care and medical, dental, psychiatric, and behavioral services; and additional intensive supports for individuals in transition from one setting to another.

A document titled “*Community Supports and Safety Net Services Summary*,” included in Attachment 5, contains the general definition of “Safety Net” and “Crisis” as determined by the workgroup as well as the general principles, areas of focus and policy recommendations, gaps in fundamental services and crisis services, and recommendations for the Department.

HOUSING & EMPLOYMENT WORKGROUP

Though both housing and employment are critical issues for the individuals the developmental services system serves, the complexities of each subject area led this workgroup to separate the subjects and focus on one issue at a time, resulting in workgroup meetings specific to housing or employment.

The housing discussion explored how to increase person-centered housing opportunities for individuals with developmental disabilities. The group worked to define housing needs, both immediate (including crisis) and longer-term. As the consumer population ages and demographics change, housing needs will continue to evolve.

Also examined by the group was the use of Community Placement Plan (CPP) funding for community resources. The workgroup discussed ways to enable regional centers to target their housing needs more effectively, incentives to retain and increase capacity in homes within the developmental services system, the benefits of accessible housing/universal design, and licensing rules that potentially inadvertently limit housing options for consumers. The workgroup recommended increasing specialized housing expertise at the Department and the regional centers, further exploring multi-family housing options, and accessing existing federal, state and local community housing resources and subsidies.

A document titled “*DS Task Force Housing Workgroup Summary Document*” (in Attachment 5) reviews the general guidelines, barriers, gaps and recommendations specific to housing identified by the workgroup.

The Employment discussion started with examining the barriers to employment and considering services that may improve employment outcomes for consumers. The group transitioned into defining an ideal, person-centered environment for employment. The workgroup heard from experts in the field and reviewed the “*California Competitive*

*Integrated Employment (CIE): Blueprint for Change.*¹ The blueprint represents a multi-year effort between the Department of Developmental Services, Department of Rehabilitation and Department of Education, with input from Disability Rights California, to develop a blueprint for coordination resulting in increased opportunities for competitive and integrated employment for individuals with developmental disabilities.

The group created policy recommendations based on maximizing competitive, integrated employment, supporting the efforts contained in the CIE blueprint and recommending that the three departments continue to work to align their policies in the blueprint process as well as utilize the blueprint structure to implement policy recommendations as appropriate.

A document in Attachment 5, titled “*Employment Workgroup Summary*,” summarizes the general guidelines, barriers and constraints, and general areas of focus, as identified by the workgroup.

III. DS TASK FORCE RECOMMENDATIONS

Each workgroup developed recommendations that were presented to the full DS Task Force for finalization during the DS Task Force’s public meetings. This section details the recommendations of each workgroup, as well as the attached handouts summarizing each workgroup’s findings. In line with the Guiding Principles developed by the DS Task Force, there are common themes throughout the recommendations, in addition to recommendations specific to each subject area. If subsequent action has been taken on the workgroups’ recommendations, it has been noted.

RECOMMENDATIONS OF THE RATES WORKGROUP

The Rates Workgroup recommended pursuing three tracks:

- Applying funds to the areas of greatest, immediate need
- Developing broad policy recommendations for the rate structure
- DDS pursue a comprehensive rate study informed by the policy recommendations of the DS Task Force

The comprehensive, statewide rate study is in process and is required to be submitted to the Legislature by March 1, 2019.

Several rate changes to address areas of significant need have been implemented since the Rates Workgroup identified the need to pursue targeted enhancements. In FY 2014-15, rates increased, if necessary, for all services with rates established by the Department (excluding supported employment providers) and negotiated rates due to an increase in the statewide minimum wage. In FY 2015-16, community based day

¹ Available online at: [http://www.chhs.ca.gov/Pages/Competitive-Integrated-Employment-\(CIE\).aspx](http://www.chhs.ca.gov/Pages/Competitive-Integrated-Employment-(CIE).aspx)

programs, in-home respite agencies, work activity programs, vendors with negotiated rates and ARM rates benefitted from a sick leave rate increase. There was an additional 5.82% rate increase due to Fair Labor Standards Act (FLSA) changes in overtime exemptions for in-home respite agencies, supported living services providers and personal assistance providers, and in January 2016, rates increased again, if necessary due to an increase in the statewide minimum wage.

In FY 2016-17, rates were increased again, with the exception of supported employment providers, due to minimum wage increase for vendors with 26 or more employees. Rates also increased in several areas due to ABX2 1 including:

- Direct service staff and administrative expenses increased by various percentages, applied to all services with rates established by the Department and rates set through negotiation between the regional center and the provider.
- An additional increase of 5% for all Supported Living, Independent Living, Respite and Transportation services. This increase did not apply to those services for which rates are determined by the State Department of Health Care Services, are usual and customary, or where rates are set by the State Department of Developmental Services (such as rates for in-home respite agencies, community-based day programs and many residential facilities).
- Supported Employment Rates increased due to administrative and direct service staff increases to bring the hourly rate to \$36.57.
- Updated the Alternative Residential Model (ARM) rate schedule for five or more beds. Established ARM rate schedule for facilities vendored to serve four or fewer consumers.

RECOMMENDATIONS OF REGIONAL CENTER OPERATIONS WORKGROUP

The RC Operations Workgroup identified their goal as: “Efficient, responsive, culturally competent, high quality person-centered planning and service coordination with streamlined, sustainable funding and organization that allows for necessary local flexibility, quality assurance and resource development.” Their recommendations are as follows:

- Funding should remain based on caseload ratio
- The core staffing formula should be revised by the Department of Developmental Services and the Association of Regional Center Agencies (ARCA) working together with stakeholders, with a focus on person centered planning, salary issues and streamlining

- There should be the flexibility to have a lower caseload for specialized populations such as Developmental Center movers, Early Start, and those involved in the criminal justice system, as well as flexibility for moments of crisis
- There should be a mechanism for periodic review and adjustment of caseload ratios
- Explore minimum qualifications for Service Coordinators and salaries to retain expertise and quality employees
- The duties of the Service Coordinators should be examined to see if some duties could be shared in a team approach or taken over by general staff
- Technology should be evaluated to see where it might improve services and create efficiencies
- Other systems of care should be examined to see if aspects could be beneficial to the Regional Center (RC) system
- Need to streamline paperwork and operations
- Need to work on transition points to other systems of care, perhaps by having a liaison at the RC
- There are serious concerns about the interpretation of the requirement for most cost effective services
- There should be some measure of consumer satisfaction
- There should be an examination of whether positive outcomes could be tied to extra funding
- Audits should help prevent issues
- Measure what matters most to the consumers and/or family
- Re-evaluate reportable data and documentation to ensure that it is capturing meaningful information
- Focus on quality improvement systems that look forward rather than quality assurance that look backwards.

RECOMMENDATIONS OF COMMUNITY SERVICES AND SAFETY NET WORKGROUP

Recommendations for the California Department of Developmental Services (DDS):

- The department should evaluate where there are service gaps in crisis and “wrap-around” services throughout the state
- The department should evaluate opportunities for increased training and coordination
- The department should evaluate its current oversight and work with stakeholders on refining and enhancing this oversight to ensure a quality statewide safety net
- DDS should incorporate these principles and recommendations in to their legislative report on safety net services

The workgroup’s recommendations helped inform the Department’s “*Plan For Crisis And Other Safety Net Services In The California Developmental Services System,*” submitted to the Legislature on May 13, 2017², as well as a series of three stakeholder meetings held statewide in early 2017 to discuss safety net services that are referenced in the May 2017 report. This effort led to the inclusion of additional resources in the 2017 Budget Act for expanded services for individuals with developmental disabilities, including the expansion of mobile acute crisis teams, intensive support services, and the development of transition support services and acute crisis homes.

RECOMMENDATIONS OF HOUSING & EMPLOYMENT WORKGROUP

Housing Policy Recommendations:

- Use the Achieving a Better Life Experience (ABLE) Act to the extent possible
- Examine if the Federal Section 811 Supportive Housing for Persons with Disabilities program criteria could be modified to make it more accessible/user friendly for our population
- There should be planning for the aging population, including the development of specialized models
- Develop more mobile crisis teams
- The department should look at changing supported living rules to be more clearly defined and to allow for greater flexibility
- The department should look at ways to maximize the funding from other programs, including local programs
- The department should evaluate what incentives could be developed to maintain and/or increase capacity by keeping homes in the system

² Available online at: <http://www.dds.ca.gov/Budget/Docs/20170513-PlanCrisis-OtherSafetyNetServices.pdf>

- The department should evaluate ways to make funding more flexible
- Maximize the “buy it once” model
- Maintain funding of CPP and allow for more flexibility in how it is used
- The department should have some funding to help if an individual has a housing emergency
- The department should evaluate the effectiveness of new and existing models of housing and supports currently under development to see if an additional model is needed for individuals with a dual diagnosis
- Home modifications and accessible housing/universal design are additional ways to better serve the individuals in our system that have housing needs
- The Department will continue to evaluate housing needs

AB 107 (Chapter 18, Statutes of 2017) requires the Department to establish procedures, guidelines and regular reporting to expand the use of community placement plan funds to include community resource development that addresses the need for services and supports of consumers living in the community.

Employment Policy Recommendations:

- The overall goal of the state should be to maximize participation in Competitive Integrated Employment (CIE).
- The DS Task Force supports the efforts contained in the CIE Blueprint and recommends that the three departments continue to work to align their policies through the Blueprint processes, as well as utilize the Blueprint structure to implement these policy recommendations as appropriate.
- There must be a focus on comprehensive, person-centered transition planning to transition consumers from sheltered workshops, with coordinated plans between departments and funding for helping this transition
- There should be the ability for local pilot projects centered around employment
- The department should also work toward developing integrated options for those who working is not a good option
- The department should review existing laws and regulations to ensure they are supportive of employment and allow for flexibility where appropriate

- The department should develop measures for quality assurance and improvement for employment services
- The department should develop strategies for employer outreach and education
- The department should also consider pilot programs focused on underserved communities
- There should be improved communication to consumers and families about the options for employment, including how employment might interact with other benefits a consumer may have

IV. NEXT STEPS

The DS Task Force has evolved considerably since their first meeting in July of 2014 and has become an extremely valuable body where a broad mix of experience can inform future policy.

The time stakeholders have invested in the different task forces, workgroups and advisory groups is critical and has brought us to where we are today. As a result, and in response to the feedback and dialogue that started back in 2013 with the DC Task Force, a number of new models of service have been designed, are being developed and have started to provide services for individuals with developmental disabilities. While there is more work to be done, it is important to recognize everyone's efforts have already resulted in considerable positive changes within our system.

The DS Task Force has gathered facts, shared opinions, analyzed information and developed many thoughtful recommendations in five primary subject areas. The rate study suggested by the DS Task Force is moving forward and safety net services are being enhanced statewide, based on the groundwork laid by this group. Regional center operations improvements are underway and Community Placement Plan funding has been expanded to allow more flexibility to regional centers developing community resources, as suggested by the Task Force. ABX2 1 (Chapter 3, Statutes of 2016 Second Extraordinary Session) has enhanced employment outcomes by providing funds for paid internships for individuals with developmental disabilities, as well as enhancing placement fees for providers who are able to successfully place individuals in CIE.

As the DS Task Force transitions to more of an advisory group role, we will continue to work together to keep moving the recommendations outlined in this report forward, further realizing positive changes that will benefit all those served under the Lanterman Act.

V. ATTACHMENTS

- 1) Press Releases Detailing DS Task Force Membership
- 2) Chronology of DS Task Force & Workgroup Meetings
- 3) DS Task Force Public Meeting Materials
- 4) DS Task Force Public Meeting Summaries
- 5) DS Task Force Workgroup Summaries