



# Developmental Services (DS) Task Force & Workgroups

The Department of Developmental Services (DDS) wants a diverse group of stakeholders to be on the Developmental Services (DS) Task Force and the DS Workgroups. Members include consumers, families, advocates, regional centers, providers, labor and members of the Legislature. They are appointed by the DDS Director and the Health and Human Services Agency.

You do not need to be a member of the DS Task Force or a DS Workgroup to provide input. Public participation and comments are welcome at all full DS Task Force meetings.

The DS Task Force was started in July 2014. It was created as a result of the *Developmental Center (DC) Task Force's January 2014 Plan for the Future of Developmental Centers in California*<sup>1</sup>. The Task Force's purpose is to provide advice about a strong community service system.

For additional information, please contact Amy Wall at [Amy.Wall@dds.ca.gov](mailto:Amy.Wall@dds.ca.gov).

## Developmental Services (DS) Task Force

The purpose of the DS Task Force is to look at ways to strengthen community services for people with developmental disabilities.

DDS wants the DS Task Force to have diverse members including:

- individuals with developmental disabilities
- families with young children/adolescents
- service providers representing a wide variety of service models
- leaders with medical, mental health, dental and behavioral clinical expertise
- University Centers for Excellence in Developmental Disabilities

A list of current DS Task Force members can be found online at <https://www.dds.ca.gov/DSTaskForce/>.

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<sup>1</sup> The plan is available online at:

[https://www.dds.ca.gov/DSTaskForce/docs/DSTF\\_GI\\_PlanfortheFutureofDevelopmentalCenters.pdf](https://www.dds.ca.gov/DSTaskForce/docs/DSTF_GI_PlanfortheFutureofDevelopmentalCenters.pdf)

# Developmental Services (DS) Workgroups

To explore specific issues in detail, the DS Task Force may form workgroups. The DS Workgroups may include additional members as invited guests. DS Workgroup decisions are discussed at the full DS Task Force public meetings.

Prior DS Task Force Workgroups have looked at: rates, housing, employment, safety net services, regional center operations, and medical and dental needs.

Moving forward, you can apply to be a part of these DS Workgroups:

## Service Access & Equity Workgroup

This Workgroup will discuss creating a culturally and linguistically competent service system. The goal is to help the system better respond to beliefs, values, language, and choices of consumers and families. This group will review disparity projects and see if they achieved results and look at statewide efforts to improve access. The group will also help make data for community discussions easy to understand.

## Safety Net Workgroup

This Workgroup will talk about how to improve the safety net or crisis services. This group will provide advice about the updated Safety Net Plan due to the Legislature in January 2020. The group will also help monitor and evaluate the safety net services and new needs.

## System and Fiscal Reform Workgroup

This Workgroup will discuss system reforms to better serve consumers. It will also evaluate compliance with federal rules and discuss key consumer outcomes and measures. This group will also provide advice about rate study implementation.

## Oversight, Accountability and Transparency Workgroup

This Workgroup will look at how to improve quality assurance and regional center transparency. The group will make recommendations about outcomes that improve consumer health, safety and well-being.

## Community Resources Workgroup

This Workgroup will explore critical support services, including housing, employment, workforce development, health wellness, and technology to make sure California has a system that meets the needs of consumers and families.

# DS Task Force and DS Workgroup Member Roles, Expectations, and Responsibilities

## Time commitment:

- 1) DS Task Force members can expect 2-3 meetings a year. Each meeting will last about 6 hours. Meetings will require travel to different locations. Members will also need to review documents and make recommendations.
- 2) DS Workgroup members meet more often than the full DS Task Force. DS Workgroups may meet as much as one time a month for about 4 hours.

## DS Task Force and DS Workgroup members commit to:

- 1) Being an active participant
- 2) Respecting the opinions of other members. The goal is to build consensus.

## Selection Process for Members

To apply for the DS Task Force or a DS Workgroup, please submit an application to DDS. You can send the application by email or mail to:

- Email to: [DSTaskForce@dds.ca.gov](mailto:DSTaskForce@dds.ca.gov)
- Mail to: DS Task Force  
Attn: Amy Wall  
Department of Developmental Services  
1600 9<sup>th</sup> Street, Suite 240, MS 2-13  
Sacramento, CA 95814

You may apply for the DS Task Force alone, and/or one or more DS Workgroups. The number of DS Task Force and DS Workgroups members are limited. Not all applicants will be appointed. Individuals who are not selected may be considered for any vacancies as long as their applications are active. Applications will stay active for two years after they are received by DDS.

DS Task Force and DS Workgroup members will not receive monetary compensation.

DS Task Force and DS Workgroup members term is three (3) years from the date they are appointed. Members can be re-appointed. Current members who want to continue in their DS Task Force or DS Workgroup position, need to reapply when their term expires. If current members want to change DS Workgroups, a new application must be submitted.

# Application for the Developmental Services (DS) Task Force & Workgroups

If you need help with this application, or have any questions, please email [DSTaskForce@dds.ca.gov](mailto:DSTaskForce@dds.ca.gov) or call 916-654-1946.

First & Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Pronouns:  He/His  She/Her  They/Their  Other: \_\_\_\_\_

Occupation/employer (if applicable): \_\_\_\_\_

Work Address (if applicable): \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Which categories describe you? Select all boxes that apply:**

- American Indian or Alaska Native
- Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian)
- Black or African-American
- Pacific Islander (Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander)
- White
- Hispanic/Latino (Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino)
- Other Not Listed: \_\_\_\_\_
- Don't Know
- Prefer Not to Answer

**My preferred language is:** \_\_\_\_\_

**Relationship to the Developmental Service System? Please check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Self Advocate/Consumer                     | <input type="checkbox"/> Service Provider             |
| <input type="checkbox"/> Parent                                     | <input type="checkbox"/> Advocacy Organization        |
| <input type="checkbox"/> Sibling                                    | <input type="checkbox"/> State Department or Agency   |
| <input type="checkbox"/> Other Family Member                        | <input type="checkbox"/> Union Member/Representative  |
| <input type="checkbox"/> Conservator                                | <input type="checkbox"/> Regional Center Board Member |
| <input type="checkbox"/> Regional Center Representative or Employee | <input type="checkbox"/> Other : _____                |

**Age of person using regional center services (if applicable):** (drop down)

**Regional center (if applicable):** (drop down)

**If you are a Service Provider, what type of services does your organization provide?:**

- |  |  |
|--|--|
| <input type="checkbox"/> Day Programming         | <input type="checkbox"/> Respite                             |
| <input type="checkbox"/> Employment              | <input type="checkbox"/> Transportation                      |
| <input type="checkbox"/> Residential – ARFPSHN   | <input type="checkbox"/> SLS/ILS                             |
| <input type="checkbox"/> Residential EBSH        | <input type="checkbox"/> Early Start                         |
| <input type="checkbox"/> Residential – CCH       | <input type="checkbox"/> Crisis Services                     |
| <input type="checkbox"/> Residential SRF         | <input type="checkbox"/> Financial Management Services (FMS) |
| <input type="checkbox"/> Residential Other _____ |  |

Please put a "1" next to the group you want to join. If there's more than one group you are interested in, please number them in the order of importance, starting with 1 as the most important:  
(See descriptions above on Page 2 for more information about each group)

\_\_\_ DS Task Force

\_\_\_ Safety Net Workgroup

\_\_\_ System & Fiscal Reform Workgroup

\_\_\_ Community Resources Workgroup

\_\_\_ Service Access and Equity Workgroup

\_\_\_ Oversight, Accountability and  
Transparency Workgroup

**Issue/Interest Areas**

How will you help the group(s) you are interested in? (300 character limit)

Please share a few sentences on any life, career, volunteer, or training experiences/expertise you have that would help the DS Task Force or the DS Workgroups: (500 character limit)

What other issues are you interested in having the DS Workgroups look at? (250 character limit)

**Please share the names and contact information for two people who can be references for your application:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please attach one or more of the following (check which one(s) are attached):**

Biography     Resume     Curriculum Vitae     I don't have one of these

**Do you need any accommodations to participate in meetings?** (Examples: Communication: sign language, communication device, voice amplifier, someone familiar with your communication style, interpreter/translators; Accessibility: transportation, space considerations) **Please explain the accommodations or arrangements you need:** \_\_\_\_\_

**What meeting location is easiest for you to get to?**