

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

**Wednesday, February 15, 2017 – 10:00 a.m. to 2:00 p.m.**

**California Dept. of Health Care Services Annex Building  
1700 K Street – First Floor Conference Room  
Sacramento, CA 95814**

**WELCOME AND INTRODUCTIONS**

Diana S. Dooley, Secretary of the California Health and Human Services Agency (CHHS), welcomed everyone to the meeting and gave a special acknowledgment to Kecia Weller with the State Council on Developmental Disabilities on her return to the Task Force. Task Force members in the room and on the phone then introduced themselves.

Secretary Dooley turned the meeting over to Kris Kent, Assistant Secretary of CHHS who reviewed the agenda for the day and then asked the Department of Developmental Services (DDS or the Department) to provide budget and program updates.

**2017-2018 Budget Update**

The first update given was regarding the Governor's proposed budget for 2017-2018 by John Doyle, Chief Deputy Director of DDS. Doyle stated that when the Governor released the budget on January 10, 2017, he discussed concerns over the uncertainty of funding at the federal level, the economic expansion and a potential post-recession slowdown.

Despite federal uncertainties, DDS is projecting an increase in just the Community Services budget of \$359 million, which equates to a 5.9% increase over current year funding. The Community Services budget will see half a billion dollars increase between the 2016-2017 budget act, special session funding through ABX21 and the proposed funding for 2017-2018. The Community Services budget overall is up from 2015-2016 which shows a commitment to ensuring individuals in the community are getting services in a timely manner, as well as providing services to the individuals transitioning from the Developmental Centers (DC).

With the scheduled closures of the DCs, the proposed Developmental Centers budget is \$450 million, which is a decrease of \$80 million – equal to about a 15% decline – from the current year. The expectation is that by June 30, 2017, the population at the DCs will be around 490 individuals and by June 30, 2018, the population will be about 257 individuals.

Nancy Bargmann, Director of DDS then walked everyone through the proposed trailer bill language.

- **Clean-up Language to Assembly Bill 1606** – proposed language clarifies that DC staff who want to become a community service provider can continue to work for the state during the provider start-up period, but have to leave state service before the actual provision of services as a RC vendor begins.
- **Community Placement Plan (CPP) funding** – allows for CPP funds, which typically are earmarked for funding for individuals transitioning from a DC, to be used to develop additional community capacity.
- **Enhanced Behavioral Support Homes (EBSH) and Community Crisis Homes (CCH)** – gives the Department authority to develop these resources without federal participation.
- **Paid Internships** – allows individuals to still access public education services while participating in a paid internship.
- **ABX21 Rate Changes** – consistent with ABX21 funding, updates service rates set in statute.
- **Home and Community Based Services Compliance** – gives authority to the Department to issue policy directives in advance of emergency regulations.
- **Employment Outcomes** – allows regional centers to incorporate an additional evaluation within RC performance contracts to measure employment outcomes.

The questions and comments regarding the budget and trailer bill language were as follows:

- What will the new process for requesting CPP funding for the community look like? It should be kept at a local level and the ban on startup programs should be lifted.
- This CPP funding proposal is a great way to help rescue people who are in crisis in the community – try to simplify the process and make sure it's person-centered to address this issue in a targeted way
- For the paid internships, if someone goes into an internship and then goes into a job at 18 and they would then start transitioning into the adult world, would they have to go through the exceptions process to get services to maintain their employment?
- Regarding HCBS compliance, Title 22 also presents significant challenges in getting to compliance, both in residential and as day services transition out of their settings.
- With regards to the employment outcomes, it would be nice to see each regional center reporting how many more people are in competitive and integrated employment.

### **Self Determination Update**

Director Bargmann then introduced Jim Knight, Assistant Deputy Director, Office of Federal Programs and Fiscal Support for DDS to give an update on the implementation of the Self-Determination program.

Knight referenced Secretary Dooley's acknowledgement that this Task Force has been on a long road, and likened that to the Self-Determination program timeline. California is actively working to obtain federal approval for Self-Determination. The application for federal funding has been submitted and there are just a handful of questions left from the Centers for Medicare and Medicaid Services (CMS) that the Department is working to address. Some of the questions from CMS are in relation to: how the individual budget is set for people who are going into the program and how the cost of the financial management service provider factors in. The Self-Determination Advisory Group will have a call to go over the discussion with CMS, as well as the training plan, further input from the group and the timing of the rollout. The goal is to launch the program and get individuals enrolled on the "interested list" three to four months before the actual approvals from CMS, so there is no lag time once the Department has approval. The program is limited to 2,500 individuals the first three years then can expand to everyone after that time.

Task Force members discussed a plain language presentation Westside Regional Center's local advisory committee is using that has been received well by families.

### **Home and Community Based (HCBS) Waiver Update**

Knight continued the discussion with an update regarding the HCBS regulations. These rules were implemented back in March of 2014, which put new requirements on settings or services that are provided through Medicaid and what the expectations are for the qualities of those settings. All states have to be in compliance by March of 2019.

One of the requirements of those new rules was that all states were to submit what is called a transition plan, which outlined to CMS what steps states were going to take to move to compliance by March of 2019, and an assessment of where they were at that point in time. This also includes changes to make, if any, and what steps to take to get into compliance. As of right now, only 22 states have had their transition plans approved by CMS and California is not one of those states. California submitted our transition plan on November 23, 2016 through the Department of Health Care Services. The transition plan not only involves the Department and regional center services but all the programs in California that use funding through Medicaid for home and community-based services.

Within the current year's budget, there is \$15 million in funding available for providers to request in order to move towards meeting the new federal regulations. Providers submitted proposals through the regional centers with their concepts, steps and a rough estimate of how much money it would cost. The Department received almost 900

proposal totaling about \$130 million, and after a few months of review, has narrowed down the list of which proposals to fund. The Department will notify the regional centers and providers which requests will be moving forward in the process. The next steps will be to enter into contract with the regional centers and the providers and receive more detail about what the money is going to be used for and expected outcomes.

Also in the budget this year was funding for regional centers to hire staff to help implement these new rules. The Department learned through the proposal process that there is still more information that people need, not only at the provider level but also people who receive services and their families. To help with this, the Department would like to meet with these new regional center staff members to create outreach plans in the local regional center areas to talk with families, providers, and people who receive services. Then the next steps will be to pilot the provider assessments to help identify where they are at in meeting the requirements and what needs to be done to meet them.

The HCBS Advisory Group has created a draft tool, a process and a form, for the provider assessment, so the advisory group will meet to discuss the rollout program and receive any feedback. The Person-Centered Planning Workgroup will also be reconvening after initially identifying some recommendations and clarifications to be made.

Comments and questions from Task Force members suggested that explaining person-centered planning, which is different from the Individual Program Plan, is critical so we can receive more buy-in for the concept with the new rules. There are concerns that since \$130 million was submitted for proposal that there will be many non-profits that will not be able to come into compliance since they do not have the funds to take the necessary steps and they need help. An additional \$15 million was added to the 2017-2018 budget to help meet community needs.

Questions were asked about reviewing the 900 proposals that were submitted, being able to review the approved requests once contracts are signed and questions regarding CMS's intent for "private home" and "intentional" community settings.

### **Rate Study Update**

Director Bargmann welcomed Doyle back to the microphone to update on the progress of the rate study this Task Force recommended pursuing.

Doyle was pleased to announce that the request for proposal (RFP) for the rate study was posted on the Department of General Services (DGS) website on February 9, 2017. Proposals are due April 3, 2017 and the other important dates are as follows:

- Written questions from any provider or vendor that has questions about the proposal, need to be submitted by March 1, 2017
- Responses back to those questions will be available by March 10, 2017

- The final date for submitting proposals is April 3, 2017
- The Department will review and score proposals on April 3, 2017
- Presentations by potential bidders will be held May 1 through May 5, 2017
- The contract will be awarded by June 2, 2017

One of the requirements of the winning bidder is to meet with the Task Force and Rate Study Workgroup to provide detail on their direction, to interact with everyone and get member's thoughts that will help inform some of the tasks they will be implementing.

The Department was not too prescriptive in guidance within the proposal because we want their input as to how best untangle our rate system. The proposal does include background on the rate history, our expectations of the contractor and some of the outcomes we expect. The RFP includes the specific statute that's required in ABX21, but then it also goes on to talk about some of the issues we know that are facing the system, including the new HCBS rules and the disparities issues that are impacting services.

Task Force members asked for additional time to schedule the meeting with the winning contractor since the issue is very important and everyone will want to attend.

### **Developmental Center Closures Update**

Director Bargmann provided the following information regarding the Developmental Centers and other state run facilities.

#### **Population:**

- The current population at all state run facilities, as of January 31, 2017, is 875 individuals
- 190 of those individuals currently reside at Fairview Developmental Center
- 335 of those individuals currently reside at Porterville Developmental Center with 208 individuals in the secure treatment area and 127 individuals in the general treatment area
- 300 of those individuals currently reside at Sonoma Developmental Center
- 46 of those individuals currently reside at Canyon Springs

#### **Transitions:**

- Since the announcement of the closure of May of 2015, 218 individuals have transitioned to the community as of January 31, 2017
- For this current year, we had a total of 199 individuals statewide that were projected to transition to the community
  - There are 23 individuals from Fairview that transitioned to the community as of January 31, 2017 with a total of 81 projected to transition; so, between now and June 30, 2017, there are 58 remaining individuals that will need to transition to the community

- There are 17 individuals from Porterville that transitioned to the community as of January 31, 2017 with a total of 34 projected to transition; so, between now and June 30, 2017, there are 17 remaining individuals that will need to transition to the community
- There are 32 individuals from Sonoma that transitioned to the community as of January 31, 2017 with a total of 84 projected to transition; so between now and June 30, 2017, there are 52 remaining individuals that will need to transition to the community.

Residential Development:

- 231 homes and settings are projected to be developed to support those transitioning from the DCs
- 98 are in very early stages of development – RFP process, negotiation with contracts with regional centers, etc.
- 133 have site control or are already licensed or vendored to provide services
- Supported Living Services are available but capacity is hard to track for SLS settings, as they can serve 1 to hundreds of people.

In addition to the transition activities and resource development, the Department has been working with the DC parent groups and hosting meetings at the DCs to provide information, connect families with community providers, describe what to expect from the transition process and give overviews of resources available in the community to serve individuals moving from a DC.

All homes identified for the closure of Sonoma DC are expected to be acquired by the end of March 2017.

The Department has entered into contract with H&W as an independent monitor at the DCs. H&W's role has been expanded from oversight of the units at the DCs under CMS agreements to also monitoring transition activity at all three DCs.

The development of medical and dental services has increased. Alta California Regional Center has a contract for the development of specialized dental services and staff training in partnership with a local Federally Qualified Health Clinic (FQHC) and North Bay Regional Center has a request for proposal to assist with the development of a FQHC to offer comprehensive services to support individuals transitioning to North Bay's catchment area.

Task Force members' discussion included: cost-prohibitive apartments and condominiums for SLS services in Sonoma; cumbersome exemption process for housing funding; the need to ensure extensive resources (including mental health) are in place in the community now; the huge gap between individuals projected to transition to the community versus those who actually transitioned; the need to take a slow,

deliberate, person-centered approach with placing very complex individuals; and the Department's attention to quality control and independent monitoring is appreciated.

## **Recommendations of the Community Supports and Safety Net Services**

### **Workgroup**

Kent then provided an overview of the Community Supports and Safety Net Services Workgroup along with the background on the document the workgroup developed.

This workgroup followed the general process of previous workgroups by focusing on a specific topic – Community Supports and Safety Net Services – identified by the full task force. The group looked at what was already in the community, what needs to be established to make sure there is a robust safety net for individuals that can help keep them in the settings they are already in – when possible – and if not, where can they go to get the support and help needed to get them back to where they were.

The group developed general definitions of “safety net” and “crisis” to help focus discussions, as well as creating a set of general principals. Discussions focused on three areas: pre-crisis, gaps in crisis services and gaps in fundamental services, resulting in specific recommendations for the Department to implement. The workgroups recommendations will help inform the Department's report on safety net services due to the Legislature in May 2017.

Director Bargmann then discussed the recent statewide stakeholder meetings on the safety net. Three different meetings were held in Napa on January 30, Fresno on February 3 and Costa Mesa on February 7. The meeting format replicated the 2014 new models of service stakeholder meetings that ultimately produced the EBSH and CCH recommendations.

Each meeting consisted of six to seven workgroups with representation from a variety of stakeholders including consumers, individuals who have transitioned from the DCs, family members who receive services through the regional center system, advocates, service providers, housing professionals, other departments and agencies, university staff and clinicians.

The goal was to look at the challenging service needs, recognizing there are needs in areas where the Department may not have the level of expertise available to get that input. The workgroups looked at a variety of topics and reported what is working well, what's not working well and offered recommendations. The Community Supports and Safety Net Services Workgroup document was used as reference for the overarching discussion. Common themes from these meetings were finalized and distributed to participants, posted on the DDS website and also helped inform the Department's May 2017 Safety Net report.

Today's discussion among Task Force members focused on wanting to see more specific action items, priorities and recommendations from the workgroup summary and

questions regarding next steps for the Department and for the Task Force. Kent followed up by saying the recommendations on the last page of the document are the first steps for the Department to start working on what the workgroup wants to achieve. Like the DC Task Force, the recommendations of the group are not explicit in how the Department should go about doing their work.

Suggestions were made to reword the first recommendation for clarity. The Department will have to prioritize what work is going to be done first, which recommendation can be rolled out when, and how the recommendations fit together with everything else that's going on within the Department and the general budgetary process. Everything the workgroup produced will be reflected in the May 2017 Safety Net report and tie into budget revisions, as well as a final DS Task Force report which will be similar to the previous DC Task Force report in providing overarching policy direction to the Department and the Administration.

Secretary Dooley added her reaction to the conversation by mentioning how useful these conversations, cooperation and collaborations have been. In the past, there was a consensus of the priorities of the Task Force and the Administration has been able to implement many of those recommendations. This safety net document reads like a wish list – an ideal state that the process of community engagement has resulted in and what else would need to be added. The Administration will not be able to do everything that is on this list, but it will inform various legislative and budget proposals from one year to the next.

Additional comments regarding this workgroup from the Task Force members included how far we have come, keeping the assessment process local, streamlining processes, using programs that are already in place to prevent further costs down the line and looking at successful programs and process like the University Centers for Excellence in Developmental Disabilities.

### **Public Comments (Morning)**

Before breaking for lunch, Secretary Dooley opened the microphone for public comment. The comments echoed the Task Force discussion and also included the following observations/concerns:

- the need for adequate funding system wide
- families/clients enrolled in self-determination should not have to pay for their financial manager from their SDP budget
- the need for trained staff and the high turnover rate
- low IHHS rates and wages
- SLS and lack of affordable housing
- the need for mental health and medical crisis services
- hopefulness after participating in the safety net stakeholder meetings
- proper intervention prior to a crisis



- a request to have the rate study RFP in a more prominent/easily accessible place on the DDS website
- the lack of time spent on the rate study issue as compared to other issues
- the need for more legislative initiatives that would provide some kind of financing options specifically for people with developmental disabilities
- develop a safety net where there are layers of nets, so if one is broken or tears, there could still be support because there will be another safety net

### **Recommendations of the Employment Workgroup**

After the lunch break, Kent provided an overview of the Employment Workgroup, their focus and background on the document the workgroup developed.

The Employment Workgroup's focus started with examining the barriers to employment, constraints and gaps in services. Then, the group transitioned into defining an ideal, person-centered environment for employment. From there, the group created policy recommendations. First, the overall goal of the state should be to maximize participation and competitive, integrated employment. The second was that the DS Task Force supports the efforts contained in the CIE blueprint and recommends that the three departments (Department of Developmental Services, Department of Rehabilitation and Department of Education) continue to work to align their policies in the blueprint process as well as utilize the blueprint structure to implement policy recommendations as appropriate.

The CIE blueprint is an effort between the three departments for the last two years to develop a blueprint for competitive and integrated employment for individuals with developmental disabilities. The blueprint was out for public comment, but the workgroup is revising based on those comments and will have a final version out in the next few months. The focus is on what the departments can do with their coordination and policy initiatives to move towards the goal of competitive and integrative employment.

Comments from the Task Force members included:

- the need for employer education about individuals with I/DD
- the need for alternatives for those who don't want to or can't transfer from a sheltered workshop to CIE
- ensure meaningful (to the individual) employment opportunities, clarify what employment means individuals
- ensure we can pay for individuals who are enrolled in the paid internship program
- make the CIE process easy and streamlined
- ensure the blueprint is directive enough to translate at the local level to produce outcomes that move systems forward
- concern that group support employment is sort of an unknown status, especially with the Department of Rehabilitation which is limiting how people can access services

- address the HCBS “compliance” vs. “transition” issue to see if more providers are in need of funding
- address concerns about benefits and employment so to not lose SSI benefits

### **Public Comments (Afternoon)**

Before ending the day, Secretary Dooley opened the floor for additional Task Force and/or public comments. Responses included asking for adequate time to get dates of meetings on the calendar; sheltered workshops do work for some individuals with physical limitations, but are not for everyone; the vast amount of quality information in the rate study RFP about the history of the system; urging capacity building and creating an infrastructure for training in regards to CIE.

### **Next Steps**

Kent indicated the goal is to have a two or three more workgroup meetings on housing and then wrap the process up by the end of the fiscal year. From there, a report will be drafted in a similar manner as the DC Task Force, so the group can then transition into more of an advisory group as recommendations in all areas the Task Force has focused on moves forward.