

**Olmstead Advisory Committee Meeting  
July 19, 2017 Meeting Minutes**

Department of Rehabilitation  
721 Capitol Mall, Sacramento, California

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**Committee Members Present:**

Patricia Blaisdell  
Mareva Brown  
Susan DeMarois  
Barbara Hanna  
Michael Humphrey  
Marty Omoto  
Timothy Schwab  
Lisa Shiner  
Robert Taylor  
Greg Thompson (Phone)  
Janie Whiteford (Phone)  
Cuet Child  
Debra Thomson

**State Staff Present:**

Secretary Diana Dooley  
Samantha Lui (CHHS)  
Will Lightbourne (DSS)  
Jennifer Kent (DHCS)  
Joe Xavier (DOR)  
Lora Connolly (CDA)  
Brian Winfield (DDS)  
Nancy Bargmann (DDS)

**Agenda Item 1: Welcome and Introductions**

CA Health and Human Services Secretary, Diana Dooley thanked the Department of Rehabilitation Director, Joe Xavier, for hosting the meeting. Secretary Dooley also welcomed Kurt Child as new committee member replacing Deborah Doctor.

**Agenda Item 2: Updates from the Health and Human Services Agency**

Secretary Dooley noted that the Health and Human Services Agency (CHHSA) is tracking very closely the discussions in Washington D.C. regarding health and human services. CHHSA has had tremendous support from many as to the great value of the

Affordable Care Act (ACA); so much of the services provided to our populations comes from the Medicaid program and other federal financial participation.

This Administration is in the process of putting the last budget together, and we are looking to counsel the next Governor to maintain the gains made, as well as to continue to make progress. The current year budget includes approximately \$180 billion in total State and Federal spending and assumes at the end of this fiscal year about \$9.9 billion in total reserves. Approximately \$2.7 billion is dedicated to health programs and \$13 billion for human services. The budget reflects cautious spending given that the revenues are staying relatively flat and CA is in the longest period of sustained economic growth. The administration is excited to have the ability to preserve the core of the Coordinated Care Initiative (CCI) and move forward with Cal Medi-Connect. In general, in this budget and others we have tried to give clear message that it is our objective to protect the most vulnerable.

### **Agenda Item 3: Updates from Departments**

Department of Social Services (DSS) Director, Will Lightbourne reiterated that the State budget was able to maintain vital services. In Home Support Services (IHSS) is fully--funded both for anticipated caseload growth and for service needs and requirements. There was a lot of conversation regarding the impact on IHSS financing with the ending of CCI and its relationship to IHSS.

The trailer bill included Fair Labor Standards Act exemptions. For example, Exemption 1: related people who are living together and providing services to more than 1 recipient and possibly needing exemptions to the hours limits; Exemption 2: permits non-live in, non-relative exemptions and circumstances that would otherwise be unsolvable. These are both administrative exemptions. The plan is to combine the exemptions and make them part of statute. DSS will draft notification and letters/ review with stakeholders. DSS recognizes that for the counties to review exemption requests, there are automation changes required; it should be anticipated that DSS will process early responses to notification letters and then transfer the duties to the counties when infrastructure is established.

Director Lightbourne also discusses the electronic timesheet process in IHSS. DSS has been piloting online versions available to the provider and consumer, and so far, 100 percent of timesheets submitted have been processed and approved in the same day. DSS is working with counties to do a statewide incremental rollout. The electronic timesheet process will be optional.

Department of Rehabilitation (DOR) Director, Joe Xavier gave an update regarding the Independent Living Services Program, the current budget has \$705,000 base funding for three centers (Placerville, Modesto and Bakersfield). In current year, there are 133 requests for transition out of institution, of which 43 have been approved. DOR is in the process of evaluating proposals for the System Change Grant within the Independent

Living Network, which are re-competed every three years. The Traumatic Brain Injury program budget contains \$800,000 for seven sites to receive \$150,000 per year; the TBI program sunsets in 2019. DOR is also evaluating proposals for The Older Individuals who are Blind grants; three to four years ago, there was only one county participating, they have now received 20 applications for this grant.

Department of Aging (CDA) Director, Lora Connolly stated that CDA continues to watch conversations at federal level for Older Americans Act Program which is about 75 percent funded by the federal government; most programs are protected but the Health Insurance Counseling and Advocacy Program are slated for elimination. Every year, CDA does a 4-year plan to receive federal funding, they have submitted the plan and hope to have it approved by September 31<sup>st</sup> with the beginning of the new federal fiscal year. CDA had 4 major goal areas and 49 objectives, the goal areas are:

1. Continue to provide toll-free 800-lines that auto connect to the caller's local area crisis line, this has become more complicated as individuals move away from landlines;
2. Continue to support the development of Aging and Disability resource connections with the Department of Health Care Services (DHCS) and Department of Developmental Services;
3. Continue to encourage participation in Older Americans Act Programs, CDA wants to focus on area agencies that are doing an exceptional job, how can we cross share amongst the other area agencies;
4. CDA's 2 Medi-cal programs, MSSP and Home and Community Adult Programs, CDA will continue to work w/agency departments to implement home community based settings and provisions.

Department of Developmental Services (DDS), Brian Winfield provided a current year budget update. DDS' 17/18 budget was approved at \$6.9 billion, and overall increase of 4.2percent over FY 16/17 budget. Regional centers and community services are allocated \$6.4 billion, Developmental Centers are allocated \$466 billion and \$61 million for DDS Headquarters. Of the \$6.9 billion the GF is \$4.2 billion representing a 4.8percent increase over last year. This is broken down into \$348 million for developmental centers, and \$35 million for Headquarters. There are 2 main increases in DDS' budget this year, the first has to do with the establishing the Community Safety Net, an increase of \$7.5 in GF and \$21.2 in total funds; the second is related to the removal of the CAP for in-home respite services, an increase of \$5.6 in GF and \$10.3 in total funds.

Department of Health Care Services (DHCS) Director, Jennifer Kent provided highlights on the \$105 billion DHCS budget. She noted that they had a successful budget negotiation regarding the distribution of the Prop. 56 Tabaco Tax. There is approximately \$550 million to be spent in 5 main areas: \$350 million physician services,

\$140 Dental, \$50 million women's health, \$27 million intermediate care facilities for persons with developmental disabilities (ICFDDs), \$4 million AIDS Waiver; modifications for supplemental payments are on the DHCS website and the actual state plan is expected to be submitted by the end of the month or early next month.

From organizational standpoint within DHCS: Long Term Care Division and Systems of Care Divisions will be collapsed into one Systems of Care Division – consolidation is targeted for August 14th.

DHCS in the past has shared an analysis they completed on the House proposal and Senate proposal at this point, DHCS is not planning on doing an analysis on the complete repeal of the ACA, also much of the changes are not on the table any more for now we're not continuing analysis work for now.

**Agenda Item 4: Discussion: In-Home Supportive Services Maintenance of Effort**

The Department of Social Services presented on the enacted components of the IHSS MOE. The budget includes \$400 million General Fund in 2017-18, \$330 million in 2018-19, \$200 million in 2019-20, and \$150 million in 2020-21 and ongoing, to offset a portion of IHSS costs incurred by the counties due to the discontinuation of the Coordinated Care Initiative, and also authorizes a portion of those costs to be offset by temporarily redirecting the Vehicle License Fee growth from the Health, County Medical Services Program, and Mental Health subaccounts to provide additional resources for IHSS to offset General Fund costs. The budget also includes maintenance-of-effort (MOE) structure rather than a 65-percent state/35-percent county share-of-cost structure. The General Fund will pay the difference between the MOE and the non-federal share of IHSS costs.

**Agenda Item 5: Discussion on Safety Net**

In 2012, there was Moratorium placed on placements into Developmental Services Centers; currently 531 individuals are being served at Sonoma, Fairview, and Porterville General Treatment, not including the secure treatment portion. The DDS Taskforce convened in 2014, to identify areas where services need to be strengthened. In January and February 2017, DDS held stakeholder meetings in Napa, Fresno and Costa Mesa to discuss how service system is doing, what the critical needs are, what services are missing or falling through, how to support individuals who have come from or are at or are at risk of going to Developmental Centers, and individuals who perhaps participate in IMDs. As result of the stakeholder process, there were common themes determined, a few being that services need to be flexible, culturally sensitive, and available statewide, the services provided are not necessarily meeting needs for crisis's in the community.

The state intends to continue to engage stakeholders though the process of development and into the future. The Budget Act includes \$21.2 million for the development of Safety Net, \$7.5 million are new funds, and the rest funds from

Community Placement Plan Funding. The first component is the acute crisis units at Fairview and Sonoma. DDS plans to be expand the services at those Developmental Centers. As the Developmental Services Centers close, the acute crisis centers will move into 2 homes in community in FY 17/18, a third home in FY 2018-19; there will also be 2 homes in Southern California that can serve as acute crisis units. The state will be using a housing development organization to purchase the homes and then the State will operate services. Along with expanding acute crisis services, DDS also plans to develop mobile acute crisis teams that operate out of the acute crisis units, one in Northern CA and one in Southern California. These teams will be able provide an expedited assessment process for individuals who may be in need acute crisis services.

Porterville houses individuals who have been found incompetent to stand trial in a secure treatment area, those individuals come in under Penal Code 1370.1; these individuals have 3 years to regain competency, if they are not able to regain competency or are found unable to regain competency, they covert to a civil commitment under W&I Code 6500 but they remain in the secure treatment area at Porterville. The main mission of the secure treatment area at Porterville is to bring people in and restore competency and move back into the court system. If that's is not achieved, Porterville has same mission as any other Developmental Center to provide appropriate treatment and or training so individuals can live in a less restrictive environment and move into the community. For an individual who has substance or alcohol addition, there is a step-down service for that individual to receive additional support and access to wraparound services. For individuals that need oversight by the court system, they will have the standard step-down program available ,as well as an intensive transition program that will provide specific support services and individual program plans that will be approved by the courts as they move on into a less restrictive environment.

There are also individuals who are/will be placed into and IMD, which is a locked/acute setting then released which is different from leaving a Developmental Center where they have the chance to spend time transitioning into a community setting. The plan is to develop four, four-bedroom homes, one in Northern California, one in Central California and two in Southern California to address this need. These homes will be modeled after the Community Crisis Home Model and services will be available while they are housed there as well as when they are transitioned out. The projected service date for these four homes is FY 18/19.

#### **Agenda Item 6: Legislation Watch List**

No items to report.

#### **Agenda Item 7: Next Steps and Closing Comments**

The meeting adjourned.

