

Summary of Suggested Edits to 2016-17 Approved Platform

The text below represents the text of what is in the approved 17-18 platform. Suggested edits are made using track changes.

ABOUT THE COUNCIL

~~Close to fifty years ago, t~~The ~~federal~~ Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) ~~establishe~~ds State Councils on Developmental Disabilities in each of the 56 states and territories to “promote self-determination, independence, productivity, integration, and inclusion in all aspects of community life” for people with intellectual and developmental disabilities (I/DD) and their families. The Lanterman Act establishes the California State Council on Developmental Disabilities (Council) to fulfill those ~~obligations~~rights through advocacy, capacity building, and systems change.

~~To that end, the Council develops and implements goals, objectives, and strategies designed to improve and enhance the availability and quality of services and supports.~~

The Council is comprised of 31 members appointed by the Governor, including individuals with disabilities and their families, and representatives from the DD Act partners (Disability Rights California, the 3 University Centers for Excellence in Developmental Disabilities), and state agencies.

~~In addition to the Council’s Sacramento headquarters, regional offices support individuals with I/DD and their families through activities such as advocacy training, monitoring, and public information. The Council strives to ensure that appropriate laws, regulations, and policies pertaining to the rights of individuals are observed and protected.~~

~~This document conveys the Council’s position on major policy issues that affect individuals with I/DD and their families.~~

To implement the rights in the DD Act, the Council develops and implements a five-year state plan that contains goals, objectives, and strategies designed to improve and enhance the availability and quality of services and supports. In addition to the Council’s Sacramento headquarters, regional offices support individuals with I/DD and their families through activities such as advocacy training, monitoring, and disseminating and collecting public information. The Council works with policymakers and other stakeholders to ensure policies pertaining to the

41 rights of individuals are protected and enhanced by ensuring people with
42 I/DD are able to experience equality of opportunity, full participation,
43 independent living, and economic self-sufficiency. These four pillars are
44 enshrined in the Americans with Disabilities Act of 1990.

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46 The Council believes that individuals with I/DD and their families must be
47 included and consulted in all aspects of the policy making process to
48 ensure their needs are adequately and appropriately addressed. The
49 Council works to address disparities in access, outcomes, and quality for all
50 services and supports.

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52 Disparities in services and supports can result in severe health, economic,
53 and quality of life consequences. Accordingly, services and supports must
54 be distributed equitably so that individual needs are met in a culturally
55 appropriate and linguistically competent manner, regardless of race,
56 ethnicity, or income.

57 58 59 **EQUITY**

60 ~~Disparities in services can result in severe health, economic, and quality of~~
61 ~~life consequences. Accordingly, services and supports must be distributed~~
62 ~~equitably so that individual needs are met in a culturally appropriate and~~
63 ~~linguistically competent manner, regardless of race, ethnicity, or income.~~

64 65 66 **PROMISE OF THE LANTERMAN ACT**

67 The Lanterman Act promises to honor the needs and choices of individuals
68 with I/DD by establishing an array of quality services throughout the state.
69 Services shall support people to live integrated, productive lives in their
70 ~~home communities, in the least restrictive environment.~~ Access to needed
71 services and supports must not be undermined through categorical service
72 elimination, service caps, means testing, or family cost participation fees
73 and other financial barriers. California must not impose artificial limitations,
74 delays or reductions in community-based services and supports that would
75 compromise the health and safety of persons with I/DD.

76 77 **SELF-DETERMINATION**

78 Individuals with I/DD and their families must be given the option to control
79 their service dollars and their services through Self-Determination. The
80 person with I/DD is in charge. With the support of those they choose and

81 trust, people with I/DD and their families are best suited to understand their
82 own unique needs, develop their own life goals, and construct those
83 services and supports most appropriate to reach their full potential. The
84 process begins with a Person Centered Plan (PCP). Self-Determination
85 gives individuals the tools and the basic human right to pursue life, liberty,
86 and happiness in the ways that they choose.

87

88 **SELF-ADVOCACY**

89 Individuals with I/DD must be supported to exert maximum control over
90 their lives. They must be provided the opportunity and support to [assume](#)
91 [their right to be heard, and be](#) leadership in the service system and society,
92 including voting and other civic responsibilities. Self-Advocates must have
93 access to training, plain language materials, and policy making
94 opportunities.

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96

97 **EMPLOYMENT AND ECONOMIC SELF-SUFFICIENCY**

98 ~~Competitive Integrated Employment (CIE) gives people an opportunity to~~
99 ~~contribute and be valued. It gives them a~~ [Employment in the community, at](#)
100 [least minimum wage or above, is known as competitive integrated](#)
101 [employment \(CIE\). CIE provides every person a](#) chance to build
102 relationships with co-workers, be a part of their communities, and
103 contribute to the local economies. It reduces poverty and reliance on
104 state support and leads to greater self-sufficiency. The Council supports
105 the ~~initiatives of~~ [full and robust implementation of](#) the Workforce Investment
106 Opportunity Act (WIOA), Home and Community-Based Services [Setting](#)
107 [Rule](#) (HCBS), [Achieving Better Life Experience \(ABLE\) Act](#), and
108 California's Employment First [Law](#).

109

110 CIE is the priority outcome for working age individuals with I/DD, regardless
111 of the severity of their disability. Transition planning should begin as early
112 as possible. Policies and practices must set expectations for employment,
113 promote collaboration between [local agencies](#), state agencies, and remove
114 barriers to CIE through access to information, benefits counseling, job
115 training, inclusive postsecondary education, and appropriate provider rates
116 that incentivize quality employment outcomes. The Council supports the
117 phasing out and elimination of subminimum wage and/or segregated
118 employment for all individuals with I/DD.

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121 **TRANSPORTATION**

122 Access to transportation is essential to the education, employment, and
123 inclusion of individuals with disabilities. ~~Individuals with I/DD must be a part~~
124 ~~of transportation planning and policymaking to assure their needs and~~
125 ~~perspectives are heard and addressed.~~ Mobility training must be a standard
126 program among transportation providers to increase the use of available
127 transportation and reduce reliance on ~~more costly~~costlier segregated
128 systems. Barriers between geographic areas and transportation systems
129 must be ~~broken down~~addressed so people with I/DD can travel as safely
130 and easily as ~~anyone else~~people without disabilities.

131 **HEALTH CARE**

132 ~~California has an obligation to assure that individuals with I/DD have~~Every
133 person must have access to comprehensive, timely, quality, affordable
134 continuity of quality care, a full continuum of health care, dental care, and
135 wellness services, and access to plain language information and supports
136 to make informed decisions about their health care. ~~options.~~ ~~California has~~
137 ~~an obligation to support timely, efficient health and dental care for~~
138 ~~individuals with I/DD.~~ This ~~includes~~requires informed consent, prevention
139 of overmedicationindividualized, appropriate medication, and an adequate
140 network of health professionals. It also includes people with multiple health
141 care needs, those who require routine preventative care, mental and/or
142 behavioral health treatment, dental care, durable medical equipment, and
143 those with reproductive health issues. Service system complexities must be
144 reduced. Individuals must be reimbursed for insurance co-pays, co-
145 insurance, and deductibles when their health insurance covers therapies
146 that are on their Individual Program Plans (IPPs).
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148

149 **EDUCATION**

150 Every student has the right to be safe in school and to receive a quality
151 education with their peers that prepares them for post-secondary education
152 and/or meaningful employment in the community. Schools must ensure
153 robust implementation of the Individuals with Disabilities Education Act
154 (IDEA), Every Student Succeeds Act (ESSA), ~~as well and other as~~ state
155 laws and regulations, to ensure that~~provide~~ students with I/DD receive
156 a~~with~~ free appropriate public education (FAPE). ~~and prepare them for post-~~
157 ~~secondary education, employment, and living in their communities.~~
158

159 Students with disabilities will be educated alongside their non-disabled
160 peers in the least restrictive environment. Comprehensive transition

161 planning ~~should~~must be considered part of the IPP process. School
162 districts and other educational agencies ~~need to~~must be held accountable
163 for implementing the letter and the intent of all state and federal laws, ~~and~~
164 ~~P~~Parents and students must have equal participation in the Individual
165 Education Plan (IEP) process, including the ability to give informed
166 consent. Transparency is paramount.

167 **SECLUSION AND RESTRAINT IN SCHOOLS**

169 Teachers, school leaders, paraprofessionals and other school-based
170 professionals must be trained to use valid, positive, and proactive
171 practices, such as individualized school-wide positive behavior
172 interventions and supports, with fidelity. The needs of the student must not
173 impact the child's placement in the least restrictive environment. The
174 Council opposes the use of all forms of seclusion and restraint, ~~techniques.~~

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177 **HOUSING**

178 ~~People with I/DD must be involved in policy and decision making related to~~
179 ~~housing.~~ Community integrated living options for individuals with I/DD must
180 be increased and enhanced through access to housing subsidy programs
181 and community education and integration to reduce discrimination.
182 Permanent, affordable, accessible, and sustained housing options must be
183 continually developed to meet both current and future needs.

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186 **COMMUNITY PARTICIPATION**

187 Individuals with I/DD must have access to and be fully supported to fully
188 participate in their communities, with their ~~non-disabled~~ peers without
189 disabilities, through opportunities in such as all areas of community life
190 including education, employment, recreation, organizational affiliations,
191 spiritual development, and civic responsibilities.

192

193 **TRANSITION TO ADULT LIFE**

194 All services, including education, rehabilitation, and regional center
195 services, must support students to transition to competitive integrated
196 employment, ~~or~~ post-secondary educational opportunities or other
197 opportunities that will lead to meaningful employment in the community.
198 Transition services must be considered at the earliest possible opportunity

199 and across the lifespan. Adults with I/DD must have access to meaningful
200 activities of their choice with the appropriate services and supports.

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202 **HEALTH AND SAFETY**

203 All people have a right to be safe. People with I/DD need emergency
204 preparedness training. Individuals with I/DD experience a much greater
205 rate of victimization and a far lower rate of prosecution for crimes against
206 them. The same level of due process protections must be provided to all
207 people. Individuals with I/DD should be trained in personal safety, how to
208 protect themselves against becoming victims of crime, and how their
209 participation in identification and prosecution can make a difference. In
210 addition, too many interactions between law enforcement and people with
211 I/DD end in avoidable tragedy. Law enforcement personnel, first
212 responders, and the judicial system must be trained in how to work with
213 people with I/DD ~~who they interact with~~ during the course of their duties,
214 including those who are suspects, victims or witnesses of crimes.

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216 **QUALITY AND RATES FOR SERVICES AND SUPPORTS**

217 Having access to and receiving quality services and supports is the
218 cornerstone for people with I/DD to being safe, healthy, and promoting self-
219 determination, independence, and inclusion in all aspects of community life.

220 The State of California must ensure that funding is used to achieve positive
221 outcomes for individuals with I/DD and their families. An adequate safety
222 net must be in place to address medical, psychiatric, behavioral,
223 residential, staffing, equipment, or other needs when those services or
224 supports fail, are interrupted, are not available, or additional services and
225 supports are necessary for urgent or immediate need.

226

227 The state must streamline burdensome and duplicative regulations and
228 processes that do not lead to positive outcomes for people with I/DD and
229 their families. Quality and timely assessment and oversight must be
230 provided by the state; it must measure what matters, be administered in a
231 culturally competent manner, and the results made public and used to
232 improve the system of services and supports.

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234 The state must restore rates to adequately support the availability of quality
235 services for people with all disabilities. A planned and systematic approach
236 to rate adjustments must prioritize and incentivize services and supports.

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RATES FOR SERVICES

~~A planned and systematic approach to rate adjustments must prioritize and incentivize services and supports that best promote self-determination, independence, employment, and inclusion in all aspects of community life.~~