



NOTICE/AGENDA

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STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
LEGISLATIVE AND PUBLIC POLICY COMMITTEE MEETING
POSTED AT: www.scdd.ca.gov

DATE: March 12, 2020

TIME: 10:30 AM – 4:00 PM

MEETING LOCATION:
SCDD HQ OFFICE
3831 North Freeway Blvd. #125
Sacramento, CA 95834

TELECONFERENCE LOCATION(S):
None.

COMMITTEE CHAIR: Julie Austin

Item 1. CALL TO ORDER

Item 2. ESTABLISH QUORUM

Item 3. WELCOME AND INTRODUCTIONS

Item 4. PUBLIC COMMENTS

This item is for members of the public only to provide comments and/or present information to the Committee on matters not on the agenda. Each person will be afforded up to three minutes to speak.

Item 5. APPROVAL OF JANUARY 2020 MINUTES 

Page 4

Item 6. FEDERAL LEGISLATIVE AND REGULATORY UPDATES

Page 8

Julie Austin, Committee Chair and Cindy Smith, SCDD

Item 7. STATE LEGISLATIVE AND REGULATORY UPDATES 

Page 20

Julie Austin, Committee Chair and Cindy Smith, SCDD

Bills for LPPC to discuss are listed below. Hyperlinks are provided so you can view the current bill and status. A summary chart showing a summary of the bill and status as of February 27, 2020 is included in the packet.

1) Introduced Bills**a. Sponsored/Co-Sponsored Bills**

Employment: [SB 1062](#), [SB 1063](#)

Housing: [SB 1118](#)

Health and Safety: [SB 1264](#)

b. Bills to Consider Taking a Position/Spot Bills

Employment: [AB 2328](#);

Housing: [AB 2295](#),

Education: [AB 1856](#), [AB 1914](#), [AB 2110](#), [AB 2420](#)

[AB 2670](#), [AB 3001](#),

Health & Safety: [AB 2512](#), [AB 2634](#), [AB 2654](#), [AB 2730](#)

[AB 3052](#), [SB 920](#)

Formal and Informal Supports: [AB 2024](#), [AB 2099](#),

[AB 2525](#), [AB 2664](#), [AB 2853](#), [AB 2859](#), [AB 2861](#),

[SB 1341](#)

2) Governor's Budget

Item 8. UPDATES AND STANDING AGENDA ITEMS

Page 80

- a. Council Meeting Summary
- b. DDS Taskforce and Workgroups
- c. Self-Determination Program
- d. CalABLE

Item 9. MEMBER UPDATES

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All

Item 10. FUTURE MEETING DATES

April 9th, August 20th

Item 11. ADJOURNMENT

Accessibility:

Pursuant to Government Code Sections 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in this meeting should contact (916) 263-7919. Requests must be received by 5 business days prior to the meeting.

Materials:

Meeting documents and presentations for an agenda item must be submitted to SCDD no later than 2 business days prior to the meeting.

All times indicated and the order of business are approximate and subject to change.

A call-in phone line will be available so that members of the public can call in and listen to this meeting, provided there are no unforeseen technical difficulties or other limitations. The meeting will not be cancelled if the call-in phone line is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location.

March 12, 2020

AGENDA ITEM 5.

ACTION ITEM

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Approval of January 2020 Minutes

Members will review and approve the September meeting minutes.

Action Recommended

Approve the January 16, 2020 minutes.

Attachment(s)

January 16, 2020 Meeting Minutes



DRAFT

**Legislative and Public Policy Committee
Meeting Minutes
January 16, 2020**

Attending Members

Diane Ambrose (FA)
Julie Austin (FA)
Jeana Eriksen (SA)
Connie Lapin (FA)
Maria Marquez (SA)
Kim Rothschild (FA)
Wesley Witherspoon (SA)

Members Absent

Julie Neward (FA)

Others Attending

Aaron Carruthers
Cindy Smith
Chris Arroyo
Karen Mulvany
Robin Maitino-Erben
Michelle Heid
Janelle Lewis

1. CALL TO ORDER

Committee Chair Julie Austin called the meeting to order at 10:45 AM.

2. ESTABLISH QUORUM

A quorum was established.

3. WELCOME/INTRODUCTIONS

Members and others in attendance introduced themselves.

4. PUBLIC COMMENTS

Karen Mulvany provided the public comment updates on the signed ADU legislation including SB 13, AB 68, AB 881. Ms. Mulvany also provided public comment on Final Joint Employment Status Rule, stating that there are important considerations the Council may want to consider, specifically those that could affect the Self-Determination Program.

Michelle Heid provided comment that requested future meetings offer two periods for public comment, one at the beginning of the meeting and one at the end of the meeting.

5. **APPROVAL OF THE SEPTEMBER 2019 MEETING MINUTES**

Members were presented with the draft meeting minutes.

It was moved/seconded (Witherspoon [SA]/Ambrose [FA]) and carried to adopt the September 6, 2019, meeting minutes as presented. Abstain: Marquez and Lapin (See page one for a record of members present.)

6. **PEOPLE WITH DISABILITIES IN THE NEWS**

Committee member Connie Lapin announced that the book In a Different Key, The Story of Autism, won a Pulitzer.

Members were also informed that the 2019 death of the special education student in El Dorado Hills has resulted in school staff being charged with felony manslaughter and the introduction of new restraint legislation.

7. **PURPOSE OF LPPC AND OVERVIEW OF LEGISLATIVE PROCESS**

Committee Chair Austin and Deputy Director Smith provided members with an overview of the Committee's purpose and went over the federal and state legislative processes.

8. **FEDERAL LEGISLATIVE AND REGULATORY UPDATES**

Committee Chair Austin and Deputy Director Smith provided a brief update on the latest federal legislative and regulatory issues which included the updates on the Public Charge Rule, HCBS and the potential change in definition to competitive integrated employment (CIE).

Deputy Director Smith also reported that the Council had signed onto a letter, along with dozens of other organizations nationwide, regarding the reopening of the WIOA regulations.

9. **STATE LEGISLATIVE UPDATE**

Deputy Director Smith provided an update stating that the deadline to introduce legislation is February 21st and that staff was in the process of looking for authors to introduce legislation in line with the identified Council priorities.

Deputy Director Smith further reported that the Council had submitted written public comments on the Career Technical Education workplan and signed onto the December 13th letter to Health and Human Services

Agency Secretary Mark Ghaly recommending a Senior and Disability Victimization component of the Master Plan for Aging.

Committee Chair Austin reported that she and Council Chair Maria Marquez had worked with staff over the holidays to streamline the Policy Priorities. Ms. Austin stated that the Council would be reviewing the document at the upcoming Council meeting.

10. UPDATES AND STANDING AGENDA ITEMS

A copy of the November Council summary was provided as an update for Council activities.

Committee members Diane Ambrose and Maria Marquez provided status updates on the DDS Taskforce, Fiscal Reform Workgroup and Transparency Workgroup activities and Public Member Karen Mulvany provided a status update on the Community Resource Workgroup's activities.

Committee Members Maria Marquez and Connie Lapin provided status updates on the Self-Determination Program. There were no updates on CalABLE.

11. MEMBER UPDATES

Members provided brief updates of local activities taking place in their areas.

12. FUTURE MEETING DATES

March 12th, April 9th, and August 20th.

13. ADJOURNMENT

Meeting adjourned at 3:04 PM.

March 12, 2020

**AGENDA ITEM 6.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Federal Legislative and Regulatory Updates

The goal of this agenda item is to provide an update on the latest federal legislative and regulatory issues including information on the Administration on Community Living's Office of Intellectual and Developmental Disabilities (OIDD) visit to California.

While providing updates on this item at the January meeting, members requested the following website addresses as policy resources on what is going on throughout the nation.

Team of Advocates for Special Kids (TASK):
<https://taskca.org/>

The Disability Law and Policy Newsletter:
<http://disability.law.uiowa.edu/lhpdc/publications/dnl.html>

Attachments

SCDD Comment Letter on WIOA State Plan
SCDD February 18th Press Release re: OIDD Listening Session in Chico
SCDD February 20th Press Release re: OIDD Listening Session in Inland Empire

Handout(s)

Could be additional handout(s) day of meeting.



February 3, 2020

Tim Rainey
Executive Director
California Workforce Development Board
800 Capitol Mall, Suite 1022
Sacramento, CA 95814

Sent via Email to: WIOAStatePlan@cwdb.ca.gov

Dear Director Rainey:

The State Council on Developmental Disabilities (SCDD) was created 50 years ago by Congress in the Developmental Disabilities Assistance and Bill of Rights Act (DD Act). The purpose of the Councils in every state and territory is to ensure that individuals with developmental disabilities and their families design and can access services and supports that “promote self-determination, independence, productivity, integration and inclusion” in community life. To implement this purpose in California, specific to employment, the Council has the following goal in its current state plan: The Council will work to ensure “Californians with I/DD and their families reflecting the diversity of the state will have increased information to obtain competitive integrated employment.” It is this purpose in the DD Act and Goal in the state plan that grounds the Council’s comments on the draft of the Unified Strategic Workforce Development Plan to implement the Workforce Innovation and Opportunity Act (WIOA) (P.L 113–128) (WIOA Plan).

The reauthorization of WIOA provided new opportunities to better align services and supports for students and adults with disabilities to ensure they can obtain or retain competitive integrated employment (CIE). When WIOA was drafted by Congress, Congress attempted to ensure that people with disabilities were more fully accounted for in all aspects of the state’s workforce system and to ensure they had equal opportunities for obtaining or retaining CIE. Effective and robust implementation of WIOA is an important and critical step to ensure students and adults with disabilities develop the skills needed to be employed in CIE, decrease poverty and move towards a life of economic self-sufficiency, independence and inclusion. SCDD commends the efforts of the California Workforce Development Board (CWDB) and Department of Rehabilitation (DOR) for their work to develop the WIOA Plan and is overall supportive of the general tenants of the Plan.



California has seen minimal growth in the labor force participation rate and employment rate for persons with disabilities despite continued economic growth. The American Community Survey (ACS) reports in 2017, only 8 percent of people with disabilities were actively looking for work compared to 18 percent of working-age people without disabilities. The ACS also reports that in 2017, the employment rate of working-aged people with disabilities in California was 36 percent compared to 75 percent of working-aged people without disabilities.¹ In 2018, 16 percent of people with developmental disabilities who receive services through the Regional Centers were working. These numbers demonstrate the critical need to ensure that people with disabilities are fully accounted for and included in all aspects of the WIOA Plan. Of significant concern and documented in the Plan is that individuals with developmental disabilities have lower performance outcomes compared to people with other types of disabilities (Title IV pg. 6) including that people with developmental disabilities earn the lowest hourly wage of all types of disabilities on DOR's caseload at 12.00 an hour (with a range of \$12.00 - \$22.49 an hour)(Title IV pgs. 87).

While Title IV of WIOA is specifically focused on people with disabilities, the Council recommends that the Strategic Plan Elements, Operational Plan Elements and Title I, fully integrate information and data on people with disabilities. The Council offers the following comments and recommendations on the WIOA Plan:

Strategic Plan Elements

- The Council recommends that the WIOA Plan use person-first language throughout each section of the WIOA Plan. While the majority of the WIOA Plan does use person- first language, the Council noticed the section on Californians with Disabilities (pg. 53) does not use person-first language and recommends it is updated. Similarly, the definition of disability in this section should be updated to reflect that the definition cited in it (as originating with by the U.S. Department of Housing and Urban Development) is the definition of disability in the Americans with Disabilities Act (ADA) (42 U.S.C. Sec. 12102) and is utilized across numerous federal and state agencies. Lastly, the Council recommends that the Californians with Disabilities section includes data regarding both the labor force participation rate and unemployment rate for people with disabilities compared to people without disabilities. To provide a slightly more comprehensive view, this data should at minimum be disaggregated by type of disability.
- The Council recommends that the summaries and tables in this section of the WIOA Plan more fully include data on people with disabilities including:



- The summary information for the Workforce Analysis: Demographics and Target Populations (pg. 46) includes no reference to people with disabilities. The Council recommends that the Table 11 on Demographics by Age (pg. 47) should include cross-tabulated data with people with disabilities because we know people acquire disabilities as they age.
- The National Center for Education Statistics reports that in 2015-2016 the adjusted 4-year cohort rate for all students in California was 93 percent, while the graduation rate for students with disabilities was 66 percent. In 2016-2017, 74 percent of white students with disabilities who exited high school graduated with a regular diploma compared to 64 percent of black students with disabilities and 70 percent of Hispanic students with disabilities. Given the data above, the Council recommends that the educational attainment information (pgs. 48-49) and Table 12 Demographic Characteristics by Education Attainment (pg. 50) include data on people with disabilities.
- The Annual Report on People with Disabilities, reports that in 2017 the poverty rate of working-age people with disabilities was nationally 30 percent compared to 13 percent of working-aged people without disabilities (pg. 82). Given the data above, the Council recommends that information about the income inequality for people with disabilities is included in the section stating the Need for High Road Workforce Development agenda (pgs. 66-67).

Operational Plan Elements

- Transportation options for people with disabilities to get to work continues to be one of the greatest challenges especially in rural areas. The Council recommends that the Labor Market Information System (pgs. 10-11) also collects data on the location of transportation options and types of transportation available relative to places of employment.

Title I

- To fully implement the Employment First Policy (AB 1041 (2013)), more nuanced data is needed to examine trends in CIE both longitudinally and/or based on geography, disability, race, ethnicity, or age. The Council sponsored two bills that were successfully signed into law: SB 433 (2017) (which was included in AB 1696) and SB 1274 (2018). Now the Department of Developmental Services



(DDS) can access wage data from the Employment Developmental Department (EDD) and benefits data utilization, CalWorks and CalFresh, from the Department of Social Services (DSS) for individuals with developmental disabilities receiving services from the Regional Centers. The Council is pleased to see that California is in the process of piloting a statewide effort to electronically share data to improve service delivery and alignment (pg. 7). The Council would recommend at some stage in the pilot that DDS is added as a participant in the data sharing to help in identifying individuals and streamlining services to individuals with developmental disabilities who may be receiving services from Regional Centers.

- Similarly, the Council is pleased to see that California has recently invested \$10 million dollars towards planning efforts for the creation of a statewide education system that will follow students from childhood through their employment. It is unclear in the WIOA Plan if this data workgroup includes people with expertise in special education and data collection, analysis and reporting related to the Individuals with Disabilities Education Act (33 U.S.C. Sec. 1400 et. seq.) The Council believes it is critical that all students regardless of whether they receive services in general education or special education are part of the data collection, analysis and reporting effort (pg. 39).
- As noted in the WIOA Plan, both the ADA and WIOA address requirements for programmatic and physical accessibility. The Council is pleased to see the response to address programmatic and physical accessibility (pgs. 44-46) of the One Stop Delivery System in the WIOA Plan. For individuals with developmental disabilities, access to programs funded by WIOA includes having information provided in plain language. It is unclear in the WIOA Plan whether the California Training Model and Regional Training Plans (pg. 45) include a module on working with individuals with developmental disabilities to ensure materials and presentations use plain language. The Council could possibly assist in meeting this need by developing information and materials or doing trainings to ensure this type of programmatic access for people with developmental disabilities by programs funded by WIOA. The Council also believes that a critical component of ensuring equal opportunity and nondiscrimination for persons with disabilities of the Compliance Monitoring Review Process (pg. 45) is onsite reviews to assess for and ensure compliance with physical and programmatic access requirements.

Title IV

- As noted above, the Council is very concerned that the triennial Comprehensive Needs Assessment (pg. 6) shows that individuals with developmental disabilities



have lower performance outcomes compared to people with other types of disabilities. The Council believes DOR should convene or use an existing workgroup such as the Blueprint workgroup and/or the Employment First Committee (pg. 49-50) to review the outcomes from the needs assessment, make recommendations on how to address the outcomes and then develop a plan to address the recommendations.

- One of the barriers for individuals with disabilities in obtaining or retaining CIE is having to work with multiple state agencies and providers to get access to services and supports. As noted in the WIOA Plan, California has undertaken initiatives to reduce barriers (pg. 49-51) and continues to work on co-enrollment efforts, but the Council believes more is needed to reduce barriers to CIE.
 - As recognized in the WIOA Plan, to operationalize the Employment First Policy, the Departments of Education (CDE), DDS and DOR have adopted the Blueprint (pg. 49 and pg. 114) and have implemented the Blueprint at the local level through the development of Local Partnership Agreements (LPAs). The LPAs are being created to streamline services and supports needed for CIE between Regional Centers, DOR District Offices and local education agencies (LEAs) (pg. 47). The Council is pleased to see that the WIOA Plan recognizes the importance of LPAs and encouragement that the LPAs or other memorandums of agreement (MOUs) work to further clarify and define DOR District Office and LEAs responsibilities to students with disabilities (pg. 40 and pg. 114). This is a critical element to removing barriers to CIE. The Council recognizes that the LPAs are meant to local agreements, but the Council believes as the LPAs are developed and approved, that the Blueprint workgroup should conduct information and dissemination activities to all of the LPAs and other stakeholders to highlight promising and innovative practices in the LPAs (such as those described on pgs. 47-48), that could be replicated in other LPAs or statewide.
- The Council is pleased to see that the Procedures for Outreach and Identification of Students with Disabilities (pgs. 39-41) includes an evaluation of activities to measure transition outcomes including measuring longitudinal outcomes. Longitudinal data is critical to continuing to understand barriers to CIE for transition-aged students with disabilities (pg. 39). The Council encourages DOR and CDE to put together a stakeholder data evaluation workgroup with statisticians, program evaluation experts, program experts across agencies and



other stakeholders to determine how to develop a valid and reliable evaluation of the Outreach and Identification activities being coordinated at both the local and state level to encourage and support the seamless delivery of transition services (pgs. 39-40).

- The Regional Offices of the State Council conducted over 75 trainings and outreach events last federal fiscal year related to employment, and the Statewide Self-Advocacy Network is a project of the Council that is focused on connecting self-advocates, their communities and statewide organizations to increase leadership by persons with disabilities. The Council would be interested in exploring opportunities to join the Community of Practice (pg. 31) and exploring additional opportunities to best leverage resources by assisting in Outreach to families to make them aware of DOR services (pg. 33), partnering on the Regional Trainings to support families in the transition process (pg. 31) or having self-advocates appointed to or affiliated with Council assist with self-advocacy trainings (pg. 35).
- The Council is generally supportive of the three new priorities and the nine new goals included in the WIOA Plan by DOR to ensure vocational rehabilitation (VR) and the supported employment programs are aligned with WIOA (pgs. 4-5 and pgs. 105-106).
 - The Council is unclear how quality is to be measured and assessed in Priority 1 Goal 1 for purposes of evaluating an Individualized Plan for Employment (IPE). If not already available, the Council suggests that metrics are developed to define a quality IPE (pg. 4 and pg. 117).
 - In regards to Priority 1 Goal 2, the Council recommends that DOR examine what innovative approaches have worked in other locations and could be replicated in California (pg. 4 and pg. 118).
 - As stated above, the Council fully supports better data integration and systems alignment to achieve CIE and is pleased to see Priority 2 Goal 2 addresses this need (pg. 4 and pg. 120).
 - The Council is also pleased to see Priority 2 Goal 4 is focused on sustaining and enhancing the Blueprint goals by leveraging partnership opportunities with other partners in the developmental disability community including the Council (pg. 4 and pg. 120). The Council is interested in



exploring opportunities to becoming an extended Blueprint workgroup partner and recommends that opportunities to better align the activities of the Blueprint workgroup, the Employment First Committee and other stakeholder workgroups and Committees focused on employment/CIE are undertaken to best align and utilize existing resources.

- The Council is generally supportive of the State Rehabilitation Council recommendations regarding the WIOA Plan. In particular, the Council is supportive of the proposal to rebrand how people with disabilities who receive services are referred to by DOR. The Council is generally supportive of moving away from referring to people as consumers and instead referring to them as students, workers or job seekers (pg. 10).
- Given that DOR reports as part of the Statewide VR Assessment that 79 percent of the Priority 1 DOR consumers are individuals with developmental disabilities (pg. 77) and the outcomes experienced by this population discussed above, the Council recommends that the key informant interview next steps (pg. 80 and pg. 127) include interviews with organizations specifically focused on people with developmental disabilities, including the State Council on Developmental Disabilities, Department of Developmental Services, employment policy researchers with expertise regarding the barriers to employment for people with developmental disabilities and other stakeholders with expertise in working specifically with this population in California or nationally.

Thank you for considering the Council's comments on the draft WIOA Plan. The Council believes the robust implementation of WIOA provides critical opportunities for individuals with developmental disabilities to obtain or retain CIE. The Council is interested in exploring opportunities to collaborate with CWDB and DOR to remove barriers to CIE for individuals with developmental disabilities. If you have any questions or concerns, please contact our Deputy Director of Policy and Public Affairs, Cindy Smith at 916-799-8805 or cindy.smith@scdd.ca.gov.

Sincerely,

Maria Marquez, Chair



For Immediate Release
February 18, 2020

Office of Intellectual and Developmental Disabilities (OIDD) Kicks Off Its California Listening Session in Chico

Representatives of the California State Council on Developmental Disabilities (SCDD) and the federal Office of Intellectual and Developmental Disabilities (OIDD) met in Northern California today to start off OIDD's listening session series in California. This is OIDD's 15th listening session, and its goal is to hear about how people prepare for disasters and how they are recovering from the recent natural and man-made emergency events. OIDD representatives are meeting with people with disabilities, family members, and service providers to discuss what worked, what did not work, and what resources are still needed in times of emergencies.

The first stop of the listening session series in California was Chico. The OIDD representatives toured Paradise to observe the fire-impacted areas. The tour was led by Charles Nutt, a former SCDD Councilmember who lost his home due to the Paradise Fire.

At a town hall style event at the Chico Masonic Family Center, outreach tables were set up by local organizations and agencies including Far Northern Regional Center, Disability Rights California, and CAL FIRE Butte Unit. The regional focus of today's listening session was wildfires and public safety power shutoffs (PSPS), and the speakers at the afternoon event were:

Shelby Boston, Butte County Department of Employment and Social Services Director
Aaron Carruthers, SCDD Executive Director
Allison Cruz, OIDD Acting Director
Melissa Gruhler, Far Northern Regional Center Executive Director
Roger Hatton, Shasta County Far Northern Regional Center Board of Director Member
Bob Irvine, California Vocations Retired Director
Sarah May, SCDD North State Regional Manager
Vance Taylor, CalOES (Governor's Office of Emergency Services) Office of Access and Functional Needs Chief



The listening session in Chico included a facilitated conversation in which audience members answered questions about preparedness process, challenges, shelter, and mental health from OIDD Acting Director Allison Cruz and her team.

After collecting recommendations and stories from the audience, Cruz exclaimed, “My team and I are grateful for the warm welcome we received in Chico today. The challenges and best practices the participants shared with us will be extremely helpful as we provide these recommendations across federal partners and programs to inform their work in the Northern California region.”

The OIDD and SCDD representative meet briefly in Sacramento tomorrow morning to discuss the State Plan then head to San Bernardino to meet with Councilmembers representing the region.

###



For Immediate Release
February 20, 2020

Listening Session in Inland Empire Connects Community Members to State and Federal Representatives

SAN BERNARDINO - Community members including people with developmental disabilities and their family members gathered at San Bernardino Valley College last night to discuss how they have dealt with emergency situations including wildfires, and active shooters and what resources they need. This event was hosted by the Administration on Community Living's Office of Intellectual and Developmental Disabilities (OIDD) and the State Council on Developmental Disabilities (SCDD) to provide a forum where the federal representatives from the OIDD could collect stories and recommendations.

Prior to the listening session portion of the event, various government representatives and local leaders gave remarks, including:

Levi Bailey, Riverside County District Attorney's Office Supervising Investigator

Mona Bontty, CalOES Emergency Management Instructor

Beth Burt, Inland Empire Autism Society Executive Director

Aaron Carruthers, SCDD Executive Director

Kelli Catlett, Riverside County District Attorney's Office Chief Deputy District Attorney

Allison Cruz, OIDD Acting Director

Tamica Fouts-Rachal, SCDD San Bernardino Regional Manager

Esmerelda Vazquez, Assemblymember Eloise Gómez Reyes' District Representative

The OIDD representatives asked attendees to share their experience regarding emergency preparedness, evacuation, and immediate needs.

Many of the attendees spoke about their experiences responding to recent emergencies and suggested ideas and plans for better and improved preparedness. Some of the ideas discussed were ensuring that deaf and hard of hearing people are made aware of announcements, involving local media to spread the message of preparedness, and creating collaboration between local organizations. These ideas were later written down as recommendations for the OIDD to bring back to its federal

partners.



Councilmember Kara Ponton writes down her emergency preparedness recommendations.

###

March 12, 2020

AGENDA ITEM 7.

ACTION ITEM

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

State Legislative and Regulatory Updates

The goal of this agenda item is to go through the bills contained within the Legislative Bill Chart (Chart) and make recommendations to the Council at the March meeting.

The Chart contains bills that the Council is sponsoring/co-sponsoring and bills for the Committee to consider taking a position on.

To assist in guiding this discussion, staff has included Legislative Policy Platform and the 2020 Policy Priorities. Bills that are acted upon should reflect these previously approved documents. The Council approved a robust proactive agenda at the January meeting that includes taking positions on up to 10 bills in addition to the Council's sponsored bills.

Also, included in your packet are summaries of the Governor's Budget from CHHSA and DRC. This informational piece is included since budget hearings will begin in March.

Attachments

SCDD Policy Platform 2020
SCDD Policy Priorities 2020 (Revised)
Legislative Package 2020
Legislative Bill Chart as of February 26, 2020
CHHSA 2020-2021 Budget Summary
DRC 2020-21 Budget Summary

Handout(s)

Could be additional handout(s) day of meeting.



CALIFORNIA STATE COUNCIL ON DEVELOPMENTAL DISABILITIES



POLICY PLATFORM

ABOUT THE STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Close to fifty years ago, the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) established in federal statute, 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 through advocacy, capacity building and systems change. The Lanterman Act established the California State Council on Developmental Disabilities (Council) to fulfill those rights.

The Council is comprised of 31 members appointed by the Governor, including individuals with I/DD and their families, and representatives from the DD Act partners (Disability Rights California, the 3 University Centers for Excellence in Developmental Disabilities), and mandated state agencies that provide services and supports to people with I/DD.

To implement the rights in the DD Act, the Council develops and implements a five-year state plan that contains goals, objectives, strategies and outcomes 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 rights of individuals with I/DD are protected and enhanced by ensuring people with I/DD can experience equality of opportunity, full participation, independent living, and economic self-sufficiency. These four pillars are enshrined in the Americans with Disabilities Act of 1990 (ADA). The Council supports the full and robust implementation and enhancement of recent federal policies that enshrine the values of the ADA, such as the Workforce Innovation and Opportunities Act (WIOA), Home and Community-Based Services Setting Rule (HCBS), Every Student Succeeds Act (ESSA) and Achieving Better Life Experience (ABLE) Act.

The Council believes that individuals with I/DD and their families must be included and consulted in all aspects of the policy making process to ensure their needs are adequately and appropriately addressed. The Council works to address disparities in access, outcomes, and quality for all services and supports. The Council believes in ensuring transparency and accountability for state and federal programs providing services and supports to people with I/DD. Furthermore, the Council believes that complexities in the service delivery system must be reduced and that assistance in navigating services and supports should be provided to people with I/DD and their families. The State of California must ensure that funding is used to achieve positive outcomes for individuals with I/DD and their families.

Disparities in services and supports can result in severe health, economic, and quality of life consequences. Accordingly, services and supports must be distributed equitably so that individual needs are met in a culturally appropriate and linguistically competent manner, regardless of race, ethnicity, income, intellectual or physical ability, age, and geographic location. Information and materials shall be provided in plain language and/or alternative formats as requested.

PROMISE OF THE LANTERMAN ACT

The Lanterman Act promises to honor the needs and choices of individuals with I/DD by establishing an array of quality services throughout the state. Services shall support people to live inclusive lives in their communities. Access to needed services and supports must be inclusive and not be limited through, service caps, means testing, median rates, family cost participation fees or other financial barriers. California must not impose artificial limitations, delays or reductions in community-based services and supports that would compromise the health and safety of persons with I/DD.

SELF-DETERMINATION

Individuals with I/DD and their families must be given the option to select and direct their service dollars and their services through Self-Determination. The person with I/DD is in charge. With the support of those they choose and trust, people with I/DD and their families are empowered to develop their own unique needs, develop their own life goals, and construct those services and supports most appropriate to reach their full potential. The process begins with a Person Centered Plan (PCP) which details their unique needs, competencies, and aspirations. Self-Determination gives individuals with I/DD the tools and the basic human right to pursue life, liberty and happiness in the ways that they choose.

SELF-ADVOCACY

Individuals with I/DD must be in charge of their lives and be respected for the choices made. They must be provided the opportunity and support to be heard and be leaders in the service system and society including voting and other civic responsibilities. Self-advocates must have access to training, assistive technology, information and

materials in plain language and opportunities to participate in the policy making process.

EMPLOYMENT AND ECONOMIC SELF-SUFFICIENCY

Employment in the community, at least minimum wage or above, is known as competitive integrated employment (CIE). CIE is the priority outcome for working age individuals with I/DD regardless of the severity of their disability. CIE provides every person a chance to build relationships with co-workers, be a part of the community and contribute to the local economies. It reduces poverty and reliance on state support and leads to greater self-sufficiency. Employers must be prepared and supported to employ people with I/DD. The Council supports the full and robust implementation of California's Employment First Law. Pathways to CIE must be developed and supported for all people with I/DD regardless of severity of disability.

Transition planning should begin as early as possible. Policies and practices must set expectations for integrated employment, microenterprise training, self-employment, and promote collaboration between local agencies, state agencies, and remove barriers to CIE through access to information, benefits counseling, job training, inclusive postsecondary education, and appropriate provider rates that incentivize quality and inclusive employment outcomes. The Council supports the phasing out and elimination of subminimum wage and/or segregated employment for all individuals with I/DD.

TRANSPORTATION

Access to transportation is essential to the education, employment, healthcare and inclusion of individuals with disabilities. Timely accommodations must be available to persons with I/DD that are available to the public at-large. Mobility training must be a standard program among transportation providers to increase the use of available transportation and reduce reliance on costlier segregated systems. Barriers between geographic areas and transportation systems must be addressed so people with I/DD can travel as safely and easily as people without disabilities. Emerging transportation options must be available to persons with I/DD.

HEALTH CARE

Every person must have access to comprehensive, timely, quality, affordable health care, dental care, and wellness services, and access to plain language information and supports to make informed decisions about their health care. This requires informed consent, individualized, appropriate medication, treatments, and an adequate network of health professionals. It also includes people with multiple health care needs, those who require routine preventative care, mental and/or behavioral health treatment, dental care, durable medical equipment, and reproductive health needs. Service system complexities must not delay, reduce or deny access to services. Individuals must be reimbursed for insurance co-pays, co-insurance, and deductibles when their health insurance covers therapies that are on their Individual Program Plans (IPPs).

EDUCATION

Every student has the right to be safe in school and to receive a quality education with their peers that prepares them for post-secondary education and/or meaningful employment in the community. Schools must ensure robust implementation of the Individuals with Disabilities Education Act (IDEA), Every Student Succeeds Act (ESSA), and other federal and state laws and regulations, to ensure that students with I/DD receive a free appropriate public education (FAPE).

Students with disabilities must be educated alongside their peers without disabilities in the least restrictive environment. Parents must be provided information and training regarding how to access FAPE and LRE. Comprehensive transition planning must be considered part of the IEP process. School districts and other educational agencies must be held accountable for implementing the letter and the intent of all state and federal laws. Parents and students must have equal participation in the Individual Education Program (IEP) process, including the ability to give informed consent.

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

HOUSING

Statewide inclusive living options for individuals with I/DD must be increased and enhanced through access to housing and subsidies that are paired in a timely manner with needed supports and services. Community education and integration must be provided to reduce discrimination. Permanent, affordable, accessible, and sustained housing options must be continually developed to meet both current and future needs.

COMMUNITY PARTICIPATION

Individuals with I/DD must have access to and be fully supported to fully participate in their communities, with their peers without disabilities, through opportunities in all areas of community life including but not limited to education, employment, recreation, organizational affiliations, spiritual development, and civic responsibilities.

TRANSITION TO ADULT LIFE

All services, including education, rehabilitation, independent or supported living and regional center services, must support students and adults to transition to competitive integrated employment, post-secondary education or other opportunities that will lead to meaningful employment in the community. Transition services must be considered at the earliest possible opportunity and across the lifespan. Adults with I/DD must have access to meaningful activities of their choice with the appropriate services and supports including aging adults.

SAFETY

All people have a right to be safe. Every person must be provided emergency preparedness training for all types of emergencies or disasters. Individuals with I/DD experience a much greater rate of victimization and a far lower rate of prosecution for crimes against them. The same level of due process protections must be provided to all people. Individuals with I/DD should be trained in personal safety, how to protect themselves against becoming victims of crime, and how their participation in identification and prosecution can make a difference. In addition, too many interactions between law enforcement and people with I/DD end in avoidable tragedy. Law enforcement personnel, first responders, emergency medical professionals and the judicial system must be trained in how to work with people with I/DD during the course of their duties, including those who are suspects, victims or witnesses of crimes. The Council opposes the use of all forms of seclusion and restraint.

QUALITY AND RATES FOR SERVICES AND SUPPORTS

Having access to and receiving quality services and supports is the cornerstone for people with I/DD to be safe, healthy, and to promote self-determination, interdependence, and inclusion. An adequate safety net must be in place to immediately and timely address medical, mental health, behavioral, residential, staffing, equipment, or other needs when those services or supports fail, are interrupted, are not available, or additional services and supports are necessary for urgent or immediate need.

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

The state must restore and provide ongoing monitoring of rates to adequately support the availability of quality services for people with I/DD. A planned and systematic approach to rate adjustments must prioritize and incentivize services and supports.

For more information, contact:

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POLICY PRIORITIES 2020

PROTECTING AND ENHANCING CIVIL RIGHTS

Every person with a developmental disability has the right to self-determination, equality of opportunity, full participation, independent living and economic self-sufficiency regardless of how significantly the person is impacted by their disability.

The Council will work to ensure civil rights are protected and enhanced. The Council will work to ensure the full and robust implementation of recent federal policies that enshrine the values of the Americans with Disabilities Act including but not limited to the Workforce Innovation and Opportunities Act, Home and Community-Based Services Settings Rule, Every Student Succeeds Act and Achieving Better Life Experience Act.

GUARANTEEING ACCESS TO EDUCATION AND EMPLOYMENT

Every student has the right to be safe in school and to receive a quality inclusive education with their peers that prepares them for post-secondary education and/or Competitive Integrated Employment (CIE). Every person with a developmental disability should have the opportunity to be employed in the community and receive at least minimum wage. CIE is the priority outcome for working age individuals with developmental disabilities regardless of the severity of their disability. Pathways to CIE must be developed and supported. Transition services must be considered at the earliest possible opportunity and across the lifespan. Policies and practices must promote collaboration and remove barriers to CIE through access to information, benefits counseling, job training, inclusive postsecondary education and appropriate provider rates that incentivize quality and inclusive employment outcomes. The Council supports the phasing out and elimination of subminimum wage and/or segregated employment.

The Council will work to ensure the full and robust implementation of the Individuals with Disabilities Education Act, Every Student Succeeds Act, and other federal and state policies to ensure that students with developmental disabilities receive a quality inclusive education.

The Council will work to ensure the full and robust implementation of the Workforce Innovation and Opportunity Act and California's Employment First Law. The Council will work to ensure that policies and practices improve opportunities for and incentivize CIE. The Council will work to create incentives and supports to all types of employers and contractors for hiring. The Council will work to make the State of California a model employer.

PROMOTING ACCESS TO QUALITY SUPPORTS IN THE COMMUNITY

Every person with a developmental disability should have access to and be fully supported to fully participate in their communities. Having access to and receiving quality services is the cornerstone for people with developmental disabilities to be safe, healthy and to promote self-determination and inclusion. Services and supports in the community require adequate wages for providers. The state must restore rates, and a planned and systematic approach to rate adjustments must prioritize and incentivize quality services. Disparities in access, outcomes, and quality for all services and supports must be addressed. Complexities in the service delivery systems must be reduced. Assistance in supports should be provided to individuals with developmental disabilities and their families.

The Council will work to continue to restore the Department of Developmental Services programs cut in 2009. The Council will work to make meaningful improvements to the service delivery system to reduce disparities, increase transparency and accountability and increase quality outcomes. The Council will support efforts to provide adequate wages to providers for inclusive and quality supports. The Council will work to ensure successful implementation of the Self-Determination Program.

ENSURING SAFETY IN THE COMMUNITY

Every person with a developmental disability must be safe. Every person must be provided emergency preparedness training. Law enforcement personnel, first responders, emergency medical professionals and the judicial system must be trained in how to work with people with developmental disabilities (including those who are suspects, victims or witnesses of crimes) during the course of their duties.

The Council will work to ensure people with developmental disabilities are safe, free from abuse and neglect and have access to services and supports in their communities during all types of disasters or emergencies.

IMPROVING HOUSING AND COMMUNITY LIVING

Every person with a developmental disability should have the opportunity to live in the community. Permanent, affordable, accessible and sustained housing options must be continually developed. Statewide inclusive living options for individuals with developmental disabilities must be increased and enhanced through access to housing and subsidies that are paired in a timely manner with needed services and supports.

The Council will work to implement the policy recommendations in the Statewide Strategic Framework for Housing. The Council will work to create a dedicated housing fund to support integrated community housing for people with developmental disabilities.

For more information, contact: Cindy Smith, Deputy Director for Policy and Public Affairs at cindy.smith@scdd.ca.gov | 916-263-7919



CALIFORNIA STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

LEGISLATIVE PACKAGE 2020

Introduction

The State Council on Developmental Disabilities (SCDD) is sponsoring or co-sponsoring the following bills during the 2020 California Legislative Session. The bill package consists of four pieces of legislation focused on SCDD's policy priority areas of Employment, Housing, and Health and Safety.

Sponsored and Co-Sponsored Legislation

Senate Bill 1062 (Durazo) (Co-Sponsored with Disability Rights California and Legal Aid at Work)

The Fair Labor Standards Act of 1938 allows for people with disabilities to be paid the subminimum wage. This bill establishes that the State of California will ensure that people with developmental disabilities working at a Department of Developmental Services program are paid at least minimum wage.

Senate Bill 1063 (Durazo) (Co-Sponsored with Disability Rights California and Legal Aid at Work)

Competitive Integrated Employment (CIE) is defined in the Workforce Innovation Opportunity Act (WIOA) and implementing regulations. This bill would conform state statute to the federal definition of CIE in the Employment First Policy and across agencies providing services to people with developmental disabilities.

Senate Bill 1118 (Caballero) (Co-Sponsored with The Kelsey)

The Multifamily Housing Program, the State's primary housing program, disincentivizes building funding for people with developmental disabilities which is contrary to the intentions of Senate Bill 3 (Beall) of 2017. This bill would include among the evaluative criteria whether the projects allocate 25% of units for individuals with disabilities who receive regional center services or in-home supportive services.

Senate Bill 1264 (Hurtado)

The State Council on Developmental Disabilities has the authority (Welfare & Institutions Code section 4541(a)) to appoint an "authorized representative" to assist people with developmental disabilities in expressing their desires and in making decisions and advocating their needs, preferences, and choices. This bill would ensure "authorized representative" is defined throughout the Lanterman Act to include those individuals appointed under Welfare & Institutions Code section 4541(a).

Number	Author	Bill Name	Summary	State Plan Goal	Notes
AB 2328	Garcia, C (D)	Civil service: Limited Examination and Appointment Program.	Current law requires the Department of Human Resources, when an appointing power seeks to fill a vacant position by using an employment list, to provide the appointing power with a certified list of the names and addresses of all eligible candidates, as specified. Current law requires the department to provide a single certified list of eligible candidates if more than one employment list or LEAP referral list exists, the department is required to combine the names and addresses of all eligible candidates. This bill would require, notwithstanding those provisions, that the department, upon request of the appointing power, provide the appointing power a LEAP referral list without combining that list with a parallel list. The bill would require the department to establish guidelines for provision of reasonable accommodation to applicants and employees with disabilities and to promulgate a model reasonable accommodation policy, as specified.	Employment	DRC Sponsored. Supported previous version of bill.
SB 1062	Durazo (D)	Developmental centers: sheltered workshops: minimum wage.	Current law authorizes the director of a developmental center to establish a sheltered workshop to provide residents with remunerative work performed, as specified, and requires funds from the center's sheltered workshop fund to be used for payment of remuneration to residents engaged in work at the workshop, among other things. This bill would prohibit the payment of remuneration to residents engaged in work at a developmental center shelter workshop from being less than the rate required under specified federal, state, or local minimum wage law, whichever is higher.	Employment, Co-Sponsored	Co-Sponsored
SB 1063	Durazo (D)	Developmental services: competitive integrated employment.	Current law requires the Superintendent of Public Instruction to establish the capacity to provide transition services to individuals with exceptional needs and requires those transition services to include, among other things, systematic and longitudinal vocational education curriculum that includes instructional strategies that will prepare pupils with severe disabilities to make a successful transition to supported employment and the community. This bill would instead require those instructional strategies to prepare pupils with severe disabilities to make a successful transition to competitive integrated employment or supported employment.	Employment, Co-Sponsored	Co-Sponsored

Number	Author	Bill Name	Summary	State Plan Goal	Notes
AB 2295	Quirk-Silva (D)	State real property: Fairview Developmental Center.	Would declare the intent of the Legislature to enact legislation relating to the development of the state real property known as the Fairview Developmental Center in the City of Costa Mesa, County of Orange.	Housing	Spot
SB 1118	Caballero (D)	Multifamily Housing Program.	Current law establishes the Multifamily Housing Program, pursuant to which the Department of Housing and Community Development provides loans to pay specified costs of housing projects that meet specified criteria. Current law requires the loans to be provided using a project selection process that, among other things, evaluates projects for funding based on weighted underwriting and evaluative criteria that give consideration to projects that meet certain criteria, including whether the project services households at the lowest income levels, as specified. This bill would include among the evaluative criteria whether the projects allocate 25% of units for individuals with disabilities who receive regional center services or in-home supportive services.	Housing, Co-Sponsored	Co-Sponsored
AB 1856	Frazier (D)	Pupils with exceptional needs: individualized education programs: emergency safety procedures.	Would require the individualized education program for a pupil with exceptional needs to include a description of the procedures in place to ensure the pupil's safety in an emergency, including any necessary accommodations. The bill would require a local educational agency, as defined, to create and maintain an Inclusive School Emergency Plan and would require that those safety procedures be included in the Inclusive School Emergency Plan for any pupil whose parent provides written consent in compliance with specified federal law. The bill would require a physical copy of the Inclusive School Emergency Plan to be kept at every schoolsite under the jurisdiction of the local educational agency and would require the Inclusive School Emergency Plan to be maintained and used in compliance with all applicable state and federal privacy laws.	Education	Hearing 3/18/2020 1:30 p.m. - State Capitol, Room 126

Number	Author	Bill Name	Summary	State Plan Goal	Notes
AB 1914	O'Donnell (D)	Special education: inclusive education.	Would establish the Supporting Inclusive Practices project, to be administered by the State Department of Education through the provision of grant funds, upon appropriation, to department-designated lead local educational agencies, as defined. The bill would require the project to have certain goals, including increasing opportunities for pupils with disabilities to meaningfully participate in general education. The bill would require the department, in awarding grant funds, to prioritize local educational agencies that are identified as not meeting specified standards pursuant to federal and state law. The bill would require a local educational agency that receives a grant to provide the department with specified data. The bill would require, on or before June 30 of each year until any and all funds appropriated for these purposes have been expended, the project to submit a report to the Superintendent of Public Instruction, as provided.	Education	Hearing 3/18/2020 1:30 p.m. - State Capitol, Room 126
AB 2110	Chu (D)	School safety: hate - and bias-related events.	Would require the State Department of Education, in consultation with the Department of Justice, relevant experts in the field, and civil rights groups, to create training materials and guidelines on how to prevent, recognize, and respond to hate- and bias-related events in schools, for use in the training of school administrators and staff. The bill would require these training materials and guidelines to be distributed to all schools that serve kindergarten or any of grades 1 to 12, inclusive, and to be included in a school's comprehensive school safety plan. To the extent the bill would impose new duties on school districts and county offices of education, the bill would impose a state-mandated local program.	Education	Hearing 3/18/2020 1:30 p.m. - State Capitol, Room 126
AB 2420	Rubio (D)	Special education: individualized education programs: transition services.	Current law requires, beginning not later than the first individualized education program to be in effect when a pupil with exceptional needs is 16 years of age, or younger if determined appropriate by the individualized education program team, and updated annually thereafter, the individualized education program to include appropriate measurable postsecondary goals and transition services, as defined, needed to assist the pupil in reaching those goals. Current law requires a local educational agency, to the extent appropriate, with the consent of the parents or the individual with exceptional needs who has reached the age of majority, to invite to an individualized education program team meeting a representative of any participating agency that is likely to be responsible for providing or paying for transition services. This bill would instead require an individualized	Education	

Number	Author	Bill Name	Summary	State Plan Goal	Notes
			education program to include measurable postsecondary goals and transition services beginning when an individual with exceptional needs is 6 years of age or in grade 1, whichever is applicable first, or sooner at the parent's request.		
AB 2670	Weber (D)	Pupil discipline: restraint and seclusion: reporting.	Current law requires a local educational agency that meets a specified federal definition to collect and, no later than 3 months after the end of a school year, report to the State Department of Education annually on the use of behavioral restraints and seclusion for pupils enrolled in or served by the local educational agency for all or part of the prior school year, as specified. This bill would require those local educational agencies to post that report on their internet websites annually. Because the bill would impose a new requirement on those local educational agencies, the bill would impose a state mandated local program.	Education	Supported previous related bills,
AB 3001	Bauer-Kahan (D)	School safety plans: training modules.	Current law requires the State Department of Education to develop and post on its internet website an online training module to assist all school staff, school administrators, parents, pupils, and community members in increasing their knowledge of the dynamics of bullying and cyberbullying. This bill would make a nonsubstantive change to that provision.	Education	Spot
AB 2512	Stone (D)	Death penalty: person with an intellectual disability.	Current law requires the court to order a hearing to determine whether the defendant has an intellectual disability upon the submission of a declaration by a qualified expert stating the expert's opinion that the defendant is a person with an intellectual disability. Current law defines "intellectual disability" for these purposes as a condition of significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before 18 years of age. This bill would change the definition of "intellectual disability" to include conditions that manifest before the end of the developmental period, as defined by clinical standards.	Health and Safety	
AB 2634	Lackey (R)	Developmental services: dental services.	Would, by December 31, 2021, require a contract between the State Department of Developmental Services and a regional center to require the regional center to have, or contract for, a full-time dental coordinator, or equivalent thereof, to serve consumers. The bill would require the department to establish uniform expectations and performance outcomes for the dental-coordinator position, and to fund this position at each regional center.	Health and Safety	

Number	Author	Bill Name	Summary	State Plan Goal	Notes
AB 2654	Cervantes (D)	Emergency services.	Would express the intent of the Legislature to enact legislation that would respond to the California State Auditor's Office's December 2019 report, entitled "California is Not Adequately Prepared to Protect its Most Vulnerable Residents from Natural Disasters," that discusses its audit of the Office of Emergency Services and specified counties for emergency preparedness and protection of vulnerable populations.	Health and Safety	Spot
AB 2730	Cervantes (D)	Paratransit providers.	Would express the intent of the Legislature to enact legislation that would establish memoranda of understanding and mutual aid agreements with paratransit providers to aid in the evacuation of the access and functional needs population in an emergency.	Health and Safety	Spot
AB 3052	Carrillo (D)	Forced or Involuntary Sterilization Compensation Program.	Would establish the Forced or Involuntary Sterilization Compensation Program, to be administered by the California Victim Compensation Board for the purpose of providing victim compensation to survivors of state-sponsored sterilization conducted pursuant to eugenics laws that existed in California between 1909 and 1979 and to survivors of coerced sterilizations of people in prisons after 1979. The bill would require the board, in consultation with community-based organizations, to conduct outreach to locate qualified recipients, as defined, disclose a coerced sterilization to that person if the person was sterilized while imprisoned, notify that person of the process to apply for victim compensation, and review and verify all applications for victim compensation, as specified.	Health and Safety	Supported previous version of bill
SB 920	Beall (D)	Persons with disabilities: terminology.	Current law, for various purposes, including prosecuting abuse and lewd and lascivious acts, among other things, defines the terms "dependent person" and "dependent adult." This bill would change those terms in selected statutes to "person with a disability" and "adult with a disability" and would state the intent of the Legislature that those terms be changed in the remaining code sections that use them as changes are made to the code in the future.	Health and Safety	
SB 1264	Hurtado (D)	Developmental services: authorized representative.	The Lanterman Developmental Disabilities Services Act establishes the State Council on Developmental Disabilities to, among other things, develop the California Developmental Disabilities State Plan and monitor and evaluate the implementation of the plan. Current law authorizes the state council to implement the state plan by specified conducting activities, including appointing an authorized representative for persons with developmental disabilities, as prescribed. This bill would define "authorized	Health and Safety, Sponsored	Sponsored

Number	Author	Bill Name	Summary	State Plan Goal	Notes
			representative” for purposes of the act to mean an individual appointed by the state council pursuant to the above-mentioned authorization, except as otherwise provided, and would make conforming changes.		
AB 2024	Holden (D)	Developmental disabilities: provider rates.	Under current law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is responsible for providing various services and supports to persons with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Current law authorizes the department to contract with regional centers to provide these services and supports. Current law sets forth the department’s and the regional center’s authority to establish provider rates and prohibits certain provider rate increases. This bill would require certain provider rates to be increased by 3.33% for each \$1 increase in the state minimum wage, or by a prorated percentage for an increase that is not a whole number.	Formal and Informal Supports	
AB 2099	Calderon (D)	Regional center services: data compilation.	The Lanterman Developmental Disabilities Services Act requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Current law requires the department and the regional centers to annually collaborate to determine the most appropriate methods to collect and compile meaningful data in a uniform manner relating to the payment of copayments, coinsurance, and deductibles by each regional center. This bill would make a technical, nonsubstantive change to that provision.	Formal and Informal Supports	Spot
AB 2525	Carrillio (D)	Director of Developmental Services.	Current law establishes the State Department of Developmental Services and sets forth its powers and duties, including, but not limited to, the administration of state developmental centers and the administration and oversight of community programs providing services to consumers with developmental disabilities and their families. Current law requires the Governor, with the consent of the Senate, to appoint the Director of Developmental Services to be the head of the department. This bill would make technical, nonsubstantive changes to that provision.	Formal and Informal Supports	Spot

Number	Author	Bill Name	Summary	State Plan Goal	Notes
AB 2664	Diep (R)	Disability access: statutory damages: small businesses: certified access specialist's report: violations.	Current law provides that a business is not liable for minimum statutory damages in a construction-related accessibility claim, with respect to a violation noted in a report by a certified access specialist, if, among other requirements, the business has employed 50 or fewer employees on average over the past 3 years, or for the years it has been in existence if less than 3 years, and has corrected all of the construction-related violations in the structure or area inspected that are the basis of the claim within 120 days of the date of the inspection. This bill would revise the average number of employees for a business to qualify for this exemption from 50 to 100.	Formal and Informal Supports	Opposed previous version of bill
AB 2853	Frazier (D)	State Department of Developmental Services: state institutions.	Current law requires the State Department of Developmental Services to send to the Department of Veterans Affairs, whenever requested, a list of all persons who have been patients for 6 months or more in a state institution within the jurisdiction of the State Department of Developmental Services and who are known to have served in the Armed Forces of the United States. This bill would instead require that list to include all persons known to have served in the Armed Forces and who have been patients for 5 months or more in a state institution within the jurisdiction of the State Department of Developmental Services.	Formal and Informal Supports	
AB 2859	Frazier (D)	Regional centers: annual community placement plans.	Current law requires the State Department of Developmental Services to establish policies and procedures for the development of an annual community placement plan by regional centers, and requires the plan to provide dedicated funding for comprehensive assessments of developmental center residents, identified costs of moving individuals from developmental centers to the community, and deflection of individuals from developmental center admission. Current law requires the department to provide to the fiscal and appropriate policy committees of the Legislature, and to the contractor for regional center clients' rights advocacy services, annually on April 1, information on efforts to serve consumers with challenging service needs, as specified. This bill would instead require the department to provide that information to the fiscal and appropriate policy committees of the Legislature, and to the contractor for regional center clients' rights advocacy services, annually on April 5.	Formal and Informal Supports	

Number	Author	Bill Name	Summary	State Plan Goal	Notes
AB 2861	Frazier (D)	State Department of Developmental Services: supplemental budget information.	Current law requires the State Department of Developmental Services, on or before February 1 of each year, to report to the Legislature and post on its internet website supplemental budget information regarding each developmental center and each regional center, as specified. This bill would instead require the department to report and post that supplemental budget information on or before February 5 of each year.	Formal and Informal Supports	
SB 1341	Hurtado (D)	Developmental services: residential facility staff training.	Current law requires the State Department of Developmental Services to license and regulate residential facilities for individuals with developmental disabilities. Under current law, the department must offer for college credit, in conjunction with community colleges electing to participate, a uniform statewide training program for directors or licensees of residential facilities serving individuals with developmental disabilities. This bill requires the department to offer these training program courses in all threshold languages, as defined.	Formal and Informal Supports	

HEALTH AND HUMAN SERVICES

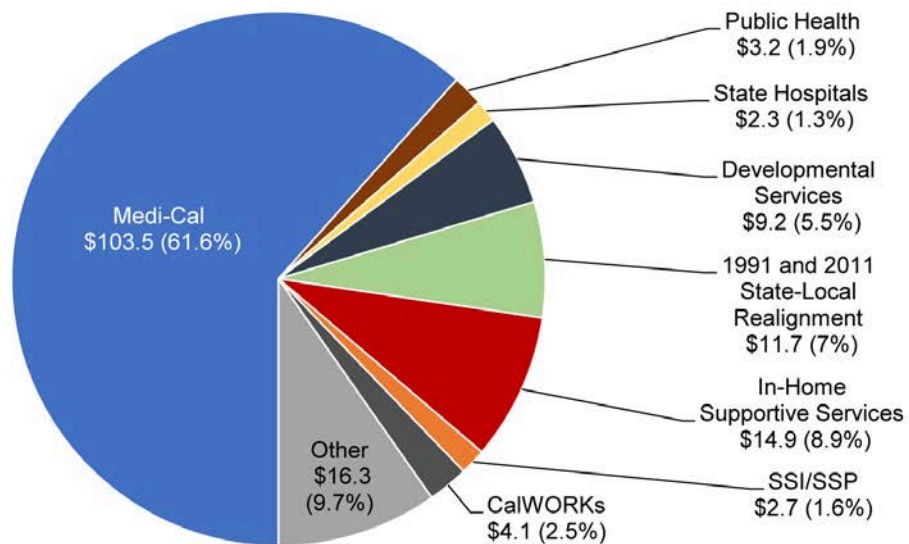
The Health and Human Services Agency oversees departments and state entities that provide health and social services to California's most vulnerable and at-risk residents. The Budget includes \$167.9 billion (\$47.4 billion General Fund and \$120.5 billion other funds) for all health and human services programs.

The Budget supports a healthy California for all through important investments that integrate health and human services, promote person-centered, data-driven public programs and services, and improve the lives of California's most vulnerable.

The 2019 Budget Act assumed the suspension of various health and human services investments effective December 31, 2021. These suspensions include, but are not limited to, Proposition 56 supplemental payment increases, reversing the 7-percent reduction in In-Home Supportive Services hours, and Developmental Services payment increases. The Budget proposes to continue the suspensions added by the 2019 Budget Act, but delay them by 18 months until July 1, 2023.

The Budget forecast assumes federal approval of the Managed Care Organization tax authorized in Chapter 348, Statutes of 2019 (AB 115) with revenue beginning to accrue in 2021-22.

Health and Human Services Proposed 2020-21 Funding^{1/}
All Funds
(Dollars in Billions)



^{1/} Totals \$167.9 billion for support, local assistance, and capital outlay. This figure includes reimbursements of \$15.7 billion, and excludes \$38.7 million in Proposition 98 funding in the Department of Developmental Services', Department of Social Services', and Department of Youth and Community Restoration's budgets and county funds that do not flow through the state budget.

Note: Numbers may not add due to rounding.

Major Health and Human Services Program Caseloads

	2019-20 Revised	2020-21 Estimate	Change
Medi-Cal	12,834,700	12,880,436	45,736
California Children's Services (CCS) ^{1/}	14,497	14,497	0
CalWORKs	363,095	358,090	-5,005
CalFresh	1,902,319	1,980,713	78,394
SSI/SSP (support for aged, blind, and disabled)	1,206,032	1,184,493	-21,539
Child Welfare Services ^{2/}	111,446	109,996	-1,450
Foster Care	41,530	41,530	0
Adoption Assistance	88,118	89,134	1,016
In-Home Supportive Services	561,283	586,390	25,107
Regional Centers	350,047	368,622	18,575
State Hospitals ^{3/}	6,690	6,761	71
Developmental Centers ^{4/}	297	322	25
Vocational Rehabilitation	23,567	23,567	0
Youth and Community Restoration Average Daily Population	773	862	89

^{1/} Represents unduplicated quarterly caseload in the CCS Program. Does not include Medi-Cal CCS clients.

^{2/} Represents Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement service areas on a monthly basis. Due to transfers between each service area, cases may be reflected in more than one service area.

^{3/} Represents the year-end population, includes JBCT. Beginning in 2017-18, reflects psychiatric programs shifted from State Hospitals to CDCR.

^{4/} Represents average in-center population as of January 31 each year.

MAKING HEALTH CARE AFFORDABLE

The 2019 Budget Act made significant investments to expand coverage and increase the affordability of health care by:

- Instituting a state individual mandate to stabilize the health insurance market;
- Augmenting premium assistance for Covered California enrollees, making California the first state in the nation to provide additional state premium assistance for the middle class;
- Extending Medi-Cal to income-eligible young adults regardless of immigration status;
- Expanding eligibility for no-cost Medi-Cal for persons aged 65 and older and persons with disabilities up to 138 percent of the federal poverty level;
- Restoring optional benefits and extending full-scope Medi-Cal coverage to new mothers with a maternal mental health diagnosis;
- Expanding preventative services with a specific focus on screening for adverse childhood experiences;
- Increasing Medi-Cal provider rates;
- Repaying loans for doctors and dentists who agree to serve Medi-Cal patients in under-resourced parts of the state; and
- Addressing the high costs of prescription drugs.

These investments provide more Californians with coverage and strengthen the overall health care system by encouraging individuals to use preventative and primary care services. Keeping people covered and healthy slows the growth of the average Californian's personal health care expenses.

This year, the Budget proposes additional investments to continue this momentum on affordability and coverage in California's health care system. Specifically, the Budget includes bold plans to address health care cost trends, strengthen California's public option, lower prescription drug prices for all Californians, and continue progress towards universal health care. These efforts will focus on returning cost savings to consumers and employers and will align with the efforts of the Healthy California for All Commission, which is charged with exploring policy solutions that drive toward a unified health care system that is universal, affordable, high-quality, and equitable for all.

Central to the success of making health care affordable are efforts to reduce administrative burdens and improve data interoperability. The Administration is committed to continuing to work with providers, health plans, and other stakeholders to make these improvements.

OFFICE OF HEALTH CARE AFFORDABILITY

Improving the affordability of private insurance will benefit millions of working Californians, and this endeavor must be accompanied by efforts to address underlying cost drivers. Given the size and complexity of California's health care system, the Administration will propose the establishment of the Office of Health Care Affordability in spring 2020.

This Office will be charged with increasing price and quality transparency, developing specific strategies and cost targets for the different sectors of the health care industry, and financial consequences for entities that fail to meet these targets. The ultimate goal is for savings to return to consumers who are directly impacted by increasing health care costs.

The Office will also create strategies to address hospital cost trends by region, with a particular focus on cost increases driven by delivery system consolidation. To improve health outcomes, the Office will also work to establish standards to advance evidence-based and value-based payments to physicians, physician groups, and hospitals, as well as to advance administrative simplification.

STRENGTHENING CALIFORNIA'S PUBLIC OPTION

Since its inception in 2014, Covered California has provided the state with a public option by engaging in extensive vetting and negotiation with health insurance companies on premiums, networks, benefit design, and quality. As a result, 99.5 percent of individual market consumers have a choice of plans and some of the lowest premium increases in the nation. The state will leverage both Covered California and Medi-Cal to build an even more robust public option in California. The Health and Human Services Agency will develop options to strengthen enrollment, affordability, and choice through Covered California, including opportunities to leverage the statewide network of existing public Medi-Cal managed care plans.

CONTINUING THE WORK TO REDUCE PRESCRIPTION DRUG COSTS

High prescription drug costs are a national problem that impacts all patients and drives up the cost of health care for everyone. Absent federal action to address these rising costs, the state will use its market power to secure better prices from pharmaceutical manufacturers for taxpayers, employers, and consumers.

In January 2019, Governor Newsom issued Executive Order N-01-19 to address increases in prescription drug costs, and the Department of Health Care Services began to transition pharmacy services from Medi-Cal managed care to a fee-for-service system. This transition will standardize the Medi-Cal pharmacy benefit statewide, improve the availability of pharmacy services with a pharmacy network that includes approximately 94 percent of the state's pharmacies, and strengthen California's ability to negotiate state supplemental drug rebates with drug manufacturers. The transition is estimated to result in hundreds of millions of dollars in annual General Fund savings by fiscal year 2022-23.

The Budget includes three proposals to reduce drug costs for taxpayers, employers, and consumers:

- **Medi-Cal Best Price**—Current law authorizes the Department of Health Care Services to negotiate state supplemental rebates based, in part, on the best prices that manufacturers provide to other purchasers within the United States. The Budget proposes to expand the Department's authority to consider the best prices offered by manufacturers internationally when conducting negotiations for state supplemental rebates.
- **Rebates for Non-Medi-Cal Drug Purchases**—Currently, the Department of Health Care Services receives federally mandated rebates and state-negotiated supplemental rebates from drug manufacturers for drugs purchased on behalf of Medi-Cal enrollees only. The Budget proposes to leverage the purchasing power of the Medi-Cal program to negotiate supplemental rebates on behalf of targeted populations outside the Medi-Cal program.
- **Increasing the State's Purchasing Program**—The Department of General Services will continue expanding partnerships with local pharmaceutical purchasers to solicit participation in, and troubleshoot barriers to, the state's pharmaceutical purchasing program.

In the spring of 2020, the Administration will propose two additional initiatives in this area:

- **Golden State Drug Pricing Schedule**—The Administration will propose to establish a single market for drug pricing within the state. This proposal would enable all purchasers—Medi-Cal, California Public Employees' Retirement System, Covered California, private insurers, self-insured employers, and others—to combine their purchasing power. Drug manufacturers would have to bid to sell their drugs—at a uniform price—in the California market. California would invoke a most-favored-nation clause in the manufacturer price bid, which would require manufacturers to offer prices at or below the price offered to any other state, nation, or global purchaser if they wish to sell their products in California.
- **Generic Contracting Program**—The Administration will negotiate partnerships to establish the state's own generic drug label. The state would contract with one or more generic drug manufacturers to manufacture certain generic drugs on behalf of the state and participating entities. This proposal will increase competition in the generic market, resulting in lower generic drug prices for all purchasers.

COMBATTING THE YOUTH VAPING EPIDEMIC

To address the rapidly increasing youth use of potent nicotine-based vaping products, the Budget proposes a new nicotine content-based E-cigarette tax. The vaping tax will begin on January 1, 2021, and will be \$2 for each 40 milligrams of nicotine in the product. The new tax will be in addition to all existing taxes on E-cigarettes, which are presently taxed as tobacco products under state law. Revenues from the new tax are expected to be \$32 million in 2020-21, and will be deposited into a new special fund to be used for administration, enforcement, youth prevention, and health care workforce programs.

The Budget includes \$9.9 million and 10.5 positions for the Department of Tax and Fee Administration to administer the proposed tax and \$7 million for the California Highway Patrol to establish a task force in collaboration with the Department of Justice dedicated to combatting the underground market in vaping products. Similar to the implementation of Proposition 56, the Administration anticipates proposing a spending plan for the remainder of the revenues in the 2021-22 Governor's Budget. In addition to the tax, the Administration will support a statewide ban of all flavored nicotine products as of January 1, 2021.

MAKING PROGRESS IN THE FIGHT AGAINST OPIOIDS

In response to increasing rates of opioid overdose deaths, the California Department of Public Health convened the Statewide Opioid Safety Workgroup to coordinate activities of over 40 state agencies and community organizations. California is making progress in addressing the epidemic. Opioid prescriptions have dropped significantly, and Medi-Cal prescriptions for buprenorphine—one of the most effective treatment options for opioid use disorder—increased six-fold in the last five years. California’s opioid overdose death rate—one-third of the national average—is on a slower upward trend than the rest of the nation.

The Budget continues efforts to combat opioid overdose through better prevention, early intervention, and treatment to stabilize conditions before they become severe. Specifically, the Budget includes \$89.2 million in 2019-20 for the Medication Assisted Treatment Expansion Project, which has added over 650 access points across the health care and criminal justice systems. The Project’s Naloxone Distribution Program, which aims to reduce opioid overdose through the provision of naloxone, helped reverse over 8,000 opioid overdoses as of October 2019. The Budget also includes \$426 million (\$62.6 million General Fund) to support the Drug Medi-Cal Organized Delivery System, which provides expanded substance use disorder treatment for Medi-Cal beneficiaries.

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF EARLY CHILDHOOD DEVELOPMENT

The Budget proposes to establish the Department of Early Childhood Development under the Agency to promote a high-quality, affordable, and unified early childhood system that improves program integration and coordination. For additional information, see the Early Childhood chapter.

OFFICE OF THE SURGEON GENERAL

The Budget includes \$10 million one-time General Fund for the development of an adverse childhood experiences cross-sector training program that will be accredited by the Office of the Surgeon General, in addition to a statewide adverse childhood

experiences public awareness campaign. See the Early Childhood chapter for more information.

CENTER FOR DATA INSIGHTS AND INNOVATION

The Budget proposes to consolidate existing resources to establish a Center for Data Insights and Innovation within the Agency. The Center will focus on leveraging data to develop knowledge and insights to improve program delivery and drive system transformation across health and human services.

The Center will integrate the Office of Innovation, the Office of the Patient Advocate, and the Office of the Health Information Integrity to achieve the following outcomes: (1) improve the operational use and quality of integrated data for program planning, policy development, and rigorous research and evaluation; (2) increase the state's ability to create evidence-based programs and maximize federal reimbursements; (3) enhance the capacity of state staff to use linked data to inform policy and decision making; (4) increase collaboration between university-based researchers and state staff to translate data into knowledge; and (5) improve the rigor, transparency, and reproducibility of research with Agency data in order to create better services that generate more equitable outcomes for all Californians.

BEHAVIORAL HEALTH

The Administration is focused on improving outcomes for the state's behavioral health system through a number of initiatives that improve the integration and parity of behavioral health treatment with physical health. To further these efforts, the Administration is establishing the Behavioral Health Task Force at the Health and Human Services Agency. The Task Force will bring together relevant state departments, counties, consumers, health plans, providers, and other stakeholders. The Task Force will review existing policies and programs to improve the quality of care, and coordinate system transformation efforts to better prevent and respond to the impacts of mental illness and substance use disorders in California's communities.

As discussed later in this chapter, the Administration is proposing a new Medi-Cal Healthier California for All initiative to make Medi-Cal, including behavioral health benefits, a more consistent and seamless system.

Further, the Health and Human Services Agency and the Department of Managed Health Care will be working with health plans, providers, patient representatives, and

other parties to update and strengthen its enforcement of behavioral health parity laws and other health plan requirements. Enforcement efforts will focus on timely access to treatment, network adequacy, benefit design, and plan policies. The Administration will propose any updates to implement these efforts this spring.

PROPOSITION 63—MENTAL HEALTH SERVICES ACT

Proposition 63, also known as the Mental Health Services Act (MHSA), was approved by the voters in 2004 and imposes a 1-percent tax on personal income in excess of \$1 million. Revenue generated under the Act primarily supports county mental health services.

In 2018, audits determined there was insufficient action taken by the state to ensure that unspent MHSA funds were being recovered and reallocated under the statutory time frames. As a result, Chapter 328, Statutes of 2018 (SB 192) established a methodology for determining prudent county reserves of MHSA funds. Because of the change in methodology, it is estimated that counties currently have slightly more than \$500 million in local reserves, of which \$161 million must be shifted to mental health prevention and treatment services by June 30, 2020—a marked improvement from previous years.

The MHSA has become a foundational element of California's mental health system in the 15 years since Proposition 63 was enacted. However, communities behavioral health needs have evolved during that time and the Act should be updated to reflect this knowledge. Currently, MHSA funds cannot be used for substance use disorder treatment. The Act should be updated to better focus on people with mental illness who are also experiencing homelessness, who are involved in the criminal justice system, and for early intervention for youth. The Administration will submit a proposal in the spring regarding this proposed reform.

DEPARTMENT OF HEALTH CARE SERVICES

Medi-Cal, California's Medicaid program, is administered by the Department of Health Care Services. Medi-Cal is a public health care program that provides comprehensive health care services at no or low cost for low-income individuals. The federal government mandates basic services be included in the program, including: physician services; family nurse practitioner services; nursing facility services; hospital inpatient and outpatient services; laboratory and radiology services; family planning; and early and periodic screening, diagnosis, and treatment services for children. In addition to these

mandatory services, the state provides optional benefits such as outpatient drugs, dental services, home and community-based services, and medical equipment. The Department also operates the California Children's Services and the Primary and Rural Health programs, and oversees county-operated community mental health and substance use disorder programs.

The Medi-Cal budget is \$105.2 billion (\$23.6 billion General Fund) in 2019-20 and \$107.4 billion (\$26.4 billion General Fund) in 2020-21. The Budget assumes that caseload will decrease approximately 1.3 percent from 2018-19 to 2019-20 and increase approximately 0.4 percent from 2019-20 to 2020-21. Medi-Cal is projected to cover approximately 12.9 million Californians, approximately one-third of the state's population, in 2020-21.

Chapter 348, Statutes of 2019 (AB 115) establishes a three-and-a-half year Managed Care Organization (MCO) provider tax, effective July 1, 2019. The federal government is currently reviewing the state's proposed tax structure. The Budget reflects these revenues beginning in 2021-22.

MEDI-CAL HEALTHIER CALIFORNIA FOR ALL

Medi-Cal has significantly expanded and changed over the last ten years, in large part due to the federal Patient Protection and Affordable Care Act. Since implementing the Affordable Care Act, the Department has undertaken many initiatives and embarked on innovative demonstration projects to improve the beneficiary experience.

Today, some Medi-Cal enrollees may need to access six or more separate delivery systems, including managed care, fee-for-service, mental health, substance use disorder, dental, developmental, and/or In Home Supportive Services. The need for care coordination increases with greater system fragmentation, greater clinical complexity, and/or decreased patient capacity for coordinating their own care. To improve clinical outcomes and assist beneficiaries with navigating this complex system, the Department is seeking to better coordinate between and integrate these delivery systems.

To this end, the Department is launching a Medi-Cal Healthier California for All initiative (formerly known as CalAIM, or the California Advancing and Innovating Medi-Cal initiative), which builds upon the critical successes of waiver demonstration programs such as Whole Person Care, the Coordinated Care Initiative, Health Homes, and public hospital system delivery transformation. Medi-Cal Healthier California for All proposes to

provide a wider array of services and supports for patients with complex and high needs.

Medi-Cal Healthier California for All has three primary goals:

- Identify and manage member risk and need through whole person care approaches and addressing social determinants of health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

Transformation of the delivery system is necessary to improve outcomes for Medi-Cal beneficiaries as well as to achieve long-term cost avoidance. The reforms proposed through Medi-Cal Healthier California for All represent a comprehensive approach to achieving these goals. These changes will position the state to better connect individuals—including children and youth in foster care, individuals experiencing homelessness, individuals with substance use disorders, and individuals involved in the justice system—to the services they need. Attaining these goals will have significant impacts on an individual's health and quality of life, and through iterative system transformation, ultimately reduce the per-capita cost over time.

To implement the Medi-Cal Healthier California for All initiative effective January 1, 2021, the Budget includes \$695 million (\$348 million General Fund), growing to \$1.4 billion (\$695 million General Fund) in 2021-22 and 2022-23. This investment will provide for enhanced care management and in lieu of services, necessary infrastructure to expand whole person care approaches statewide, and build upon existing dental initiatives. Beginning in 2023-24, the Administration proposes to phase out infrastructure funding, resulting in ongoing cost of \$790 million (\$395 million General Fund). In addition, the Administration plans to submit a proposal in the spring for the state operations component of implementing the new Medi-Cal Healthier California for All initiative. The Budget includes a placeholder of \$40 million (\$20 million General Fund) for these costs.

In alignment with the Medi-Cal Healthier California for All initiative, the Budget includes \$45.1 million General Fund in 2020-21 and \$42 million General Fund in 2021-22 for the Department to implement a Behavioral Health Quality Improvement Program. This will provide funding to county-operated community mental health and substance use disorder systems to incentivize system changes and process improvements that will help counties prepare for opportunities through the Medi-Cal Healthier California for All

initiative. Improvements include enhanced data-sharing capability for care coordination and establishing the foundational elements of value-based payment such as data collection, performance measurement, and reporting. These core investments build off the \$70 million in the 2019 Budget Act to provide value-based provider payments for services and projects focused on behavioral health integration.

EXPANDING COVERAGE AND BENEFITS

Since the implementation of the Affordable Care Act, the percentage of Californians who are uninsured has dropped by more than half, to 7.2 percent. Last year, the state expanded eligibility for no-cost Medi-Cal for eligible persons age 65 and older and persons with disabilities up to 138 percent of the federal poverty level, and to otherwise eligible undocumented young adults through age 25. The 2019 Budget Act also restored optional benefits—including audiology and speech therapy services, podiatric services, optical lab and optician services, and incontinence cream/washes—and extended full-scope Medi-Cal coverage to new mothers with a maternal mental health diagnosis.

The Budget proposes to make additional progress towards universal coverage by expanding eligibility for full-scope Medi-Cal benefits to all persons aged 65 years and older, regardless of immigration status, no sooner than January 1, 2021. This proposal builds upon the children's Medi-Cal expansion under Chapter 18, Statutes of 2015 (SB 75), and the young adult Medi-Cal expansion under Chapter 67, Statutes of 2019 (SB 104).

The Budget includes \$80.5 million (\$64.2 million General Fund) for this expansion, including In-Home Supportive Services costs. It is anticipated that most undocumented persons aged 65 and older who will be eligible are already receiving federally required coverage for emergency care. This expansion will provide preventative care to an estimated 27,000 undocumented persons in the first year. Full implementation costs are projected to be approximately \$350 million (\$320 million General Fund) in 2022-23 and ongoing.

REFORMING NURSING FACILITY FINANCING

Currently, the state provides annual cost-based increases and quality incentive payments to nursing facilities, funded partially by a Quality Assurance Fee equivalent to 6 percent of facility revenues. The resulting revenue draws down additional federal funding.

The existing framework, authorized initially in 2004 and last extended in 2015, sunsets on July 31, 2020. The Budget proposes to reform the funding framework to move from a primarily cost-based methodology to one that better incentivizes value and quality. The intent of these reforms is to further enable nursing facilities to invest in quality patient care while assuring the long-term financial viability of these essential Medi-Cal providers.

Other Significant Adjustments:

- **2019-20 Budget**—The Budget includes decreased expenditures in the Medi-Cal program of approximately \$91.7 million General Fund compared to the 2019 Budget Act. The majority of the current year decrease results from lower-than expected managed care and fee-for-service costs, and one-time reconciliations for activity in several prior fiscal years.
- **Drug Rebate Fund Reserve**—The Budget allocates \$181 million to the Medi-Cal Drug Rebate Fund reserve. This reserve is intended to alleviate the General Fund impact related to drug rebate volatility.
- **Hearing Aids for Children**—The Budget proposes to create a state program to assist families with the cost of hearing aids and related services for children without health insurance coverage for hearing aids in households with incomes up to 600 percent of the federal poverty level.
- **Medi-Cal Rx (Pharmacy Carve-Out)**—The Budget includes savings of \$178.3 million (\$69.5 million General Fund) associated with the carve-out of the Medi-Cal pharmacy benefit from managed care to fee-for-service effective January 1, 2021.
- **Supplemental Payment Pool for Non-Hospital 340B Clinics**—The Budget proposes the creation of a new supplemental payment pool that would provide payments to non-hospital clinics for 340B pharmacy services. This proposal is linked to the Medi-Cal Rx initiative. The Budget includes \$52.5 million (\$26.3 million General Fund) for the program, assuming a January 1, 2021 implementation date.
- **County Administration**—The Budget includes an increase of \$67.7 million (\$23.7 million General Fund) for county eligibility determination activities based on growth in the California Consumer Price Index.

DEPARTMENT OF SOCIAL SERVICES

The Department of Social Services (DSS) serves, aids, and protects needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. The Department's major programs include CalWORKs, CalFresh, In-Home Supportive Services (IHSS), Supplemental Security Income/State Supplementary Payment (SSI/SSP), Child Welfare Services, Community Care Licensing, and Disability Determination. The Budget includes \$29.5 billion (\$11.7 billion General Fund) for DSS programs in 2020-21.

Consistent with core government functions being performed by public employees, counties administer core social services programs on behalf of the state. Funding to support the administration of these programs has been systematically reviewed and adjusted over the past decade to reflect program changes and increased costs. The Administration is committed to continuing to work with the counties and the County Welfare Directors Association to make further adjustments, as needed.

Significant Adjustments:

- **California Access to Housing and Services Fund**—The Budget provides \$750 million one-time General Fund to establish a new fund, with the goal of reducing street-based homelessness and increasing the number of stable housing units. See the Homelessness chapter for additional information.
- **CalFresh Application Assistance**—The Budget includes \$5 million General Fund annually to maintain the GetCalFresh.org website, a statewide online application assistance tool that provides a streamlined application experience and allows clients to apply on multiple platforms. The website will be maintained until a CalSAWS statewide portal becomes operational and offers the same level of client service and language access.
- **CalFresh Administration Budgeting Methodology**—The Budget holds CalFresh county administration funding in 2020-21 to the 2019-20 level, resulting in increased costs of \$26.9 million General Fund. The Administration will continue to work with representatives of counties and the County Welfare Directors Association of California to develop recommendations for a new budgeting methodology to determine the annual funding level necessary to support CalFresh administration, with the goal of proposing the new methodology in the May Revision.

- **Food Banks**—The Budget includes \$20 million one-time General Fund for existing Emergency Food Assistance Program providers and food banks to support increased food purchases to partially mitigate the loss of CalFresh benefits due to federal rule changes.
- **CalWORKs and CalFresh Program Improvement**—The Budget includes \$3 million (\$1.3 million General Fund) to support increased staffing resources at DSS for the CalWORKs and CalFresh programs to improve program outcomes, services, administration, and oversight.

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS

The CalWORKs program, California's version of the federal Temporary Assistance for Needy Families (TANF) program, provides temporary cash assistance to low-income families with children to meet basic needs. It also provides welfare-to-work services so that families may become self-sufficient. Eligibility requirements and benefit levels are established by the state. Counties have flexibility in program design, services, and funding to meet local needs.

Total TANF expenditures are \$8.3 billion (state, local, and federal funds) in 2020-21. The amount budgeted includes \$5.7 billion for CalWORKs program expenditures and \$2.6 billion in other programs. Other programs include expenditures for Child Care, Child Welfare Services, Foster Care, Department of Developmental Services programs, the Statewide Automated Welfare System, Work Incentive Nutritional Supplement, California Community Colleges Child Care and Education Services, Cal Grants, and the Department of Child Support Services. Average monthly CalWORKs caseload is estimated to be approximately 358,000 families in 2020-21, a 1.4-percent decrease from the revised 2019-20 projection. Due largely to an improving economy, caseload has decreased every year from a recent peak of 587,000 in 2010-11.

Other Significant Adjustments:

- **CalWORKs Grant Increase**—As referenced in the Early Childhood chapter, the Budget reflects a 3.1-percent increase to CalWORKs Maximum Aid Payment levels, effective October 1, 2020, which is estimated to cost \$73.6 million in 2020-21 and \$98.1 million in 2021-22. These increased grant costs are funded entirely by the Child Poverty and Family Supplemental Support Subaccounts of the Local Revenue Fund.

- **County Indigent Health Savings**—The Budget reflects \$589.8 million in projected county indigent health savings in 2020-21 to offset General Fund costs in the CalWORKs program, a decrease of \$13.1 million from 2019-20. This decrease is more than offset by additional indigent health net savings of \$301.3 million available from 2017-18.

IN-HOME SUPPORTIVE SERVICES

The IHSS program provides domestic and related services such as housework, transportation, and personal care services to eligible low-income aged, blind, and disabled persons. These services are provided to assist individuals to remain safely in their homes and prevent more costly institutionalization. The Budget includes \$14.9 billion (\$5.2 billion General Fund) for the IHSS program in 2020-21, a 16-percent increase in General Fund costs over the revised 2019-20 level. Average monthly caseload in this program is estimated to be 586,000 recipients in 2020-21, a 4.5-percent increase from the revised 2019-20 projection.

Other Significant Adjustments:

- **Minimum Wage**—The Budget reflects \$1.1 billion (\$523.8 million General Fund) to support planned minimum wage increases of \$13 per hour on January 1, 2020 and \$14 per hour on January 1, 2021.
- **Full-Scope Medi-Cal Expansion for Undocumented Persons Aged 65 and Over**—The Budget includes \$5.9 million General Fund in 2020-21, growing to \$119.5 million General Fund in 2021-22, to support increased IHSS costs associated with the proposed expansion of full-scope Medi-Cal coverage for undocumented persons 65 years of age or older, beginning January 1, 2021. See the Department of Health Care Services section for more information.
- **Training for County Social Workers and Managers**—The Budget includes \$3.7 million (\$1.9 million General Fund) in 2020-21 and \$240,000 (\$120,000 General Fund) ongoing to support additional training for county social workers and managers in conducting needs assessments for IHSS recipients to promote consistency across all counties with respect to program requirements.

SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP)

The federal SSI program provides a monthly cash benefit to eligible aged, blind, and disabled persons who meet the program's income and resource requirements. In California, the SSI payment is augmented with an SSP grant. These cash grants assist recipients with basic needs and living expenses. The federal Social Security Administration administers the SSI/SSP program, making eligibility determinations, computing grants, and issuing combined monthly checks to recipients. The state-only Cash Assistance Program for Immigrants (CAPI) provides monthly cash benefits to aged, blind, and disabled legal noncitizens who are ineligible for SSI/SSP due solely to their immigration status.

The Budget includes \$2.66 billion General Fund in 2020-21 for the SSI/SSP program. This represents a 1.6-percent decrease from the revised 2019-20 budget. The average monthly caseload in this program is estimated to be 1.18 million recipients in 2020-21, a 1.8-percent decrease from the 2019-20 projection. The SSI/SSP caseload consists of 69.4 percent disabled persons, 29.3 percent aged, and 1.4 percent blind.

Effective January 2020, the maximum SSI/SSP grant levels are \$943 per month for individuals and \$1,583 per month for couples. The projected growth in the Consumer Price Index is 1.7 percent for 2021. As a result, the maximum SSI/SSP monthly grant levels will increase by approximately \$13 and \$20 for individuals and couples, respectively, effective January 2021. CAPI benefits are equivalent to SSI/SSP benefits.

The 2019 Budget Act included \$25 million General Fund ongoing to assist homeless, disabled individuals applying for SSI/SSP benefits.

CHILDREN'S PROGRAMS

Child Welfare Services include family support and maltreatment prevention services, child protective services, foster care services, and adoptions. California's child welfare system provides a continuum of services to children who are either at risk of or have suffered abuse and neglect. Program success is measured in terms of improving the safety, permanence, and well-being of children and families served. The Budget includes \$598.9 million General Fund in 2020-21 for services to children and families in these programs, an increase of \$38.9 million General Fund, or 6.9 percent, over the 2019 Budget Act. When federal and 1991 and 2011 Realignment funds are included, total funding for children's programs is over \$6.4 billion in 2020-21.

In 2017, California began implementation of the Continuum of Care Reform (CCR), as enacted in Chapter 772, Statutes of 2015 (AB 403). The reforms emphasize home-based family care, improved service delivery, and increased the role of children and families in assessment and case planning. The reforms also provide for greater coordination of child welfare and mental health services. The Budget includes \$548.6 million (\$373 million General Fund) to continue implementation of CCR.

Since CCR efforts began, the number of California youth in congregate care settings has fallen from 5,500 to roughly 3,500 today, a decline of nearly 40 percent. Counties are accelerating approvals of home-based family care settings for children, and the number of resource families, intensive services foster care, and therapeutic foster care settings is increasing, as is the licensed capacity of short-term residential therapeutic programs.

Other Significant Adjustments:

- **Child Welfare Workforce Development**—The Budget includes \$11 million (\$5.6 million General Fund) to establish an additional child welfare social workers regional training academy in northern California (bringing the statewide total to five academies), increase ongoing training for social workers and supervisors, assess training effectiveness, and modernize how social worker training is monitored and used to inform workforce development planning.
- **California Automated Response and Engagement System**—The Budget includes \$54.4 million (\$27.2 million General Fund) to reflect updated project cost estimates, an increase of \$14.2 million General Fund compared to the 2019 Budget Act.

IMMIGRATION SERVICES

The Department of Social Services funds qualified nonprofit organizations to provide immigration services to immigrants who reside in California via the unaccompanied undocumented minors and Immigration Services Funding programs. The Budget continues to include \$65 million General Fund in 2020-21 and ongoing for immigration services.

In November 2019, \$5 million appropriated in the 2018 Budget Act was made available for Deferred Action for Childhood Arrivals (DACA) Legal Services. This funding, provided to qualified contractors, supports legal services, application-filing fees, and education and outreach services for individuals needing to renew their DACA immigration status. The Administration continues to monitor litigation regarding the DACA program.

Other Significant Adjustments:

- **California Newcomer Education and Well-Being Project**—The Budget includes \$15 million one-time Proposition 98 General Fund for the California Newcomer Education and Well-Being Project (CalNEW). CalNEW was established in 2017-18 to assist school districts in improving refugee and unaccompanied undocumented minors students' well-being, English-language proficiency, and academic performance. The funding, which is available over three years, will also provide school-based supports to immigrant families to address harms caused by the federal “public charge” rule.
- **Immigration Legal Services on Community College Campuses**—As referenced in the Higher Education chapter, the Budget includes \$10 million ongoing Proposition 98 General Fund for California Community College campuses to support the provision of immigration legal services.
- **Social Entrepreneurs for Economic Development Initiative**—The Budget includes \$10 million one-time General Fund for the California Workforce Development Board to launch the Social Entrepreneurs for Economic Development Initiative to provide micro-grants and entrepreneurial training to immigrants.
- **Dreamer Resource Liaisons**—As referenced in the Higher Education chapter, the Budget includes an increase of \$5.8 million ongoing Proposition 98 General Fund to fund Dreamer Resource Liaisons and student support services, including those related to career pathways and economic mobility, for immigrant students on community colleges, pursuant to Chapter 788, Statutes of 2019 (AB 1645).

DEPARTMENT OF DEVELOPMENTAL SERVICES

The Department of Developmental Services (DDS) provides individuals with developmental disabilities a variety of services that allow them to live and work independently or in supported environments. California is the only state that provides services to individuals with developmental disabilities as an entitlement. The Budget includes \$9.2 billion (\$5.7 billion General Fund) and estimates that approximately 369,000 individuals will receive developmental services by the end of 2020-21.

REFORMING THE FINANCING OF DEVELOPMENTAL SERVICES

The Budget proposes additional investments in developmental services and establishes a Developmental Services Performance Incentive Program. During the past ten years,

the composition of regional center consumers has significantly changed. Today's consumers have more significant behavioral and healthcare needs, and have shifted in age and ethnicity. Specifically, behavioral health needs have grown by 48 percent, while those with an autism spectrum diagnosis have grown by 177 percent.

DDS, in collaboration with the Developmental Services Task Force and other stakeholders, will make recommendations on how to reform the financing and streamlining of the developmental services delivery system to improve the quality of services delivered. This requires establishing a system that prioritizes outcomes, innovation, and value, which is driven by a funding structure that provides transparency, oversight, and accountability.

DEVELOPMENTAL SERVICES PERFORMANCE INCENTIVE PROGRAM

The Budget includes \$78 million (\$60 million General Fund) to establish a Performance Incentive Program for Developmental Services administered through the Regional Center system. The program will provide incentive payments to Regional Centers to increase the quality of services and addressing disparities while improving data collection to demonstrate value. The Performance Incentive Program is intended to align with each Regional Center's performance contract, but will require Regional Centers to meet an advanced tier of performance measures to receive additional payments.

The goals of the program are: (1) focusing on a quality system that values personal outcome goals for people, such as an improved life or meaningful activities; (2) developing service options to better meet the needs of individuals and families in a person-centered way; (3) promoting the most integrated community settings; and (4) increasing the number of individuals who are competitively employed.

STATE-OPERATED FACILITIES

In 2015, the state announced the planned closure of the three remaining developmental centers: Sonoma, Fairview, and the general treatment area of Porterville. The last residents at Fairview and the Porterville general treatment area are transitioning to the community in January 2020. The Department will continue operating the secure treatment program at Porterville, the Canyon Springs community facility, and state-operated acute crisis facilities in Northern, Central, and Southern California, with an estimated population of 322 by June 30, 2021. To reduce the number of individuals with developmental disabilities found incompetent to stand trial (IST) and

awaiting placement, the Budget includes \$8.9 million General Fund for the temporary activation of one 20-bed unit in the Porterville secure treatment program. The additional unit will sunset June 30, 2024, as more integrated community resources are developed.

COMMUNITY SERVICES

With the developmental center closures, the Department continues to strengthen its focus on community services and the safety net. The Budget includes \$7.5 million General Fund to develop five enhanced behavioral support homes with secure perimeters aimed at providing long-term IST placement, which would become operational in 2021-22, and \$1.1 million General Fund for post-placement follow-up activities with residents transitioning from the remaining developmental centers into the community.

Other Significant Adjustments:

- **Supplemental Rate Increases for Additional Service Codes**—The Budget includes \$18 million (\$10.8 million General Fund) in 2020-21 and \$35.9 million (\$21.6 million General Fund) in 2021-22 to provide supplemental rate increases for Early Start Specialized Therapeutic Services, Infant Development and Independent Living services, consistent with the supplemental rate increases included in the 2019 Budget Act.
- **Enhanced Caseload Ratios for Young Children**—The Budget includes \$16.5 million (\$11.2 million General Fund) to establish a reduced regional center service coordinator caseload ratio for consumers who are under the age of five years.
- **Systemic, Therapeutic, Assessment, Resources and Treatment Training**—The Budget includes \$4.5 million (\$2.6 million General Fund) to provide training on person-centered, trauma-informed, and evidence-based support services for individuals with co-occurring developmental disabilities and mental health needs.
- **Warm Shutdown of Fairview Developmental Center**—The Budget includes \$11.9 million General Fund to extend the warm shutdown period at Fairview Developmental Center through 2020-21 until a site assessment is completed to inform the disposition of the property.

DEPARTMENT OF STATE HOSPITALS

The Department of State Hospitals (DSH) administers the state mental health hospital system, the Forensic Conditional Release Program, the Sex Offender Commitment Program, and the evaluation and treatment of judicially and civilly committed patients. The Budget includes \$2.2 billion (\$2 billion General Fund) in 2020-21 for support of the Department. The patient population is expected to reach 6,761 by the end of 2020-21, including patients receiving competency treatment in jail-based settings.

DIVERSION OF THE INCOMPETENT TO STAND TRIAL POPULATION

The Department continues to experience a growing number of incompetent to stand trial (IST) commitments—who are referred from trial courts—awaiting admission to the state hospital system. The number of ISTs pending placement into the state hospital system was approximately 800 individuals in December 2019.

To help address this need, the Budget includes \$24.6 million General Fund in 2020-21 to implement a Community Care Collaborative Pilot Program. This initiative will establish a six-year pilot program in three counties that provides incentives to treat and serve individuals deemed IST in the community. The total costs of the pilot program over six years is estimated to be \$364.2 million General Fund. This pilot program will primarily target development of community-based treatment options for individuals deemed IST and increase local investments in strategies to reduce the rate of arrests, rearrests, and cycling in and out of institutions for this population.

The Budget also includes \$8.9 million General Fund in 2020-21 and \$11.2 million General Fund annually thereafter to expand the Jail-Based Competency Treatment program to eight additional counties. This expansion is estimated to increase capacity by up to 63 beds in 2020-21. These efforts are intended to reduce the pending placement time and the waitlist for ISTs referred to DSH treatment programs.

IMPROVING IN-PATIENT CARE AND OUTCOMES

In 2013, the Department initiated a Clinical Staffing Study to develop a data-driven approach to standardize staffing at the five state hospitals. Through the Mission-Based Review process, the Department of Finance and State Hospitals completed an evaluation of the Hospital Forensic Departments and 24-Hour Care Nursing Services, and resources for both were included in the 2019 Budget Act. The Budget includes

\$39.9 million and 127.2 positions based on the evaluation of the two remaining components of the Clinical Staffing Study: Treatment Planning and Delivery and Protective Services.

- **Treatment Planning and Delivery**—The Budget includes \$32 million General Fund and 80.9 positions for the first year of a five-year phase-in to standardize clinician-to-patient ratios, significantly increasing the number of treatment teams and primary care physicians in the state hospitals. This will improve patient outcomes, result in shorter lengths of stay, and reduce patient violence and staff injuries. This proposal also funds two important initiatives: the implementation of trauma-informed care and the development of a comprehensive discharge planning program.
- **Protective Services**—The Budget includes \$7.9 million General Fund and 46.3 positions to support most protective services functions at Napa State Hospital and outside custody and executive leadership system-wide. This will reduce overtime hours and provide additional officers in housing units, which will improve security for patients and staff. The methodology developed for Napa is intended to serve as a model for the standardization at the other state hospitals.

INFRASTRUCTURE

The Budget also includes several investments in the state hospital system infrastructure. The Budget includes \$10.5 million General Fund beginning in 2020-21 and annually thereafter through fiscal year 2026-27, to mitigate ligature risks across the four hospitals accredited by The Joint Commission (TJC). This project is necessary to meet standards for acute psychiatric hospitals required by the federal Centers for Medicaid and Medicare Services, and to maintain TJC accreditation. In addition, the Budget includes \$49.3 million for critical replacements of roofs that have exceeded the useful life expectancy at the state hospitals. The proposal will provide for two roof replacement projects at Metropolitan State Hospital, four at Napa State Hospital, and one at Patton State Hospital.

DEPARTMENT OF YOUTH AND COMMUNITY RESTORATION

The 2019 Budget Act included resources to transition the Division of Juvenile Justice from the Department of Corrections and Rehabilitation to the Health and Human Services Agency as an independent department, effective July 1, 2020. The Budget includes

additional resources to establish the Division of Juvenile Justice as the Department of Youth and Community Restoration and support the administrative functions necessary to operate independently. The new department will consist of 1,415.9 positions and \$289.7 million (\$260.8 million General Fund) in 2020-21 and \$295.6 million (\$266.8 million General Fund) in 2021-22 and annually thereafter. The proposed funding level reflects the establishment of a new training academy, and continues funding for therapeutic communities (\$8 million General Fund ongoing).

This transition aligns with the rehabilitative mission and core values of the Agency by providing trauma-informed and developmentally appropriate services to youth in California's state juvenile justice system. This transition will improve the state's ability to provide youth in the juvenile justice system with the services necessary to return safely to the community and become responsible and successful adults.

In addition, the 2019 Budget Act included \$2 million for the Division of Juvenile Justice to partner with California Volunteers to assist current and recent Division of Juvenile Justice-committed youths in petitioning for honorable discharge designations by pairing those youth with credible messenger AmeriCorps volunteers who themselves had previous experience with the criminal justice system. The Division and California Volunteers have entered into an interagency agreement and are in the process of awarding a grant to an entity that will advertise the program and hire navigators to assist youth in seeking honorable discharge designations.

DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health is charged with protecting and promoting the health and well-being of the people of California. The Budget includes \$3.2 billion (\$211.7 million General Fund) in 2020-21 for the Department.

CALIFORNIA COGNITIVE CARE COORDINATION INITIATIVE

The Budget includes \$3.6 million one-time General Fund to establish a coordination and training initiative through the Alzheimer's Disease Centers to develop a "train the trainer" program that will help family caregivers navigate the complexities of the disease. The new initiative will support caregivers by bridging the gap between the medical system and social services in order to treat the multiple and complicated dimensions of Alzheimer's Disease. The initiative aligns closely with work underway by the Governor's Alzheimer's Disease Preparedness and Prevention Task Force.

LICENSING AND CERTIFICATION

The Department of Public Health regulates many types of health care facilities and entities in the state. To meet mandated state licensing and certification workload, improve care, and better protect the safety of patients, the Budget proposes an additional \$32.9 million Licensing and Certification Program Fund and 92 positions for 2020-21. This augmentation will increase by \$24.5 million in fiscal year 2021-22 and \$5.4 million in fiscal year 2022-23, supporting an additional 76.6 positions and the continued phase-in of resources for the Department's contract with Los Angeles County. These resources will allow the Department to complete licensure and re-licensure workload and the timely investigation of complaints to mitigate any future backlogs. In addition, the Budget proposes \$3 million from the Internal Departmental Quality Improvement Account to implement quality improvement projects and provide enhanced provider and program support within the Licensing and Certification Program. These resources will allow the Licensing and Certification Program to expand its capacity to better respond to stakeholders and future efforts to streamline and standardize practices.

2011 REALIGNMENT FUNDING

To provide services more efficiently and effectively, 2011 Realignment shifted responsibility and dedicated funding for public safety services to local governments. In addition, community mental health programs previously funded in 1991 Realignment are now funded primarily by revenue dedicated for 2011 Realignment.

The programs and funding for 2011 Realignment are funded through two sources: a state special fund sales tax rate of 1.0625 percent totaling \$7.8 billion, and \$749 million in Vehicle License Fees. These funds are deposited into the Local Revenue Fund 2011 for allocation to the counties and are constitutionally guaranteed for the purposes of 2011 Realignment.

2011 Realignment Estimate¹ - at 2020-21 Governor's Budget

	2018-19	2018-19 Growth	2019-20	2019-20 Growth	2020-21	2020-21 Growth
Law Enforcement Services	\$2,560.7		\$2,633.8		\$2,757.2	
Trial Court Security Subaccount	559.7	7.3	567.0	12.3	579.3	11.2
Enhancing Law Enforcement Activities Subaccount ²	489.9	221.3	489.9	257.4	489.9	259.1
Community Corrections Subaccount	1,311.2	54.8	1,366.0	92.6	1,458.6	83.6
District Attorney and Public Defender Subaccount	37.9	3.7	41.6	6.2	47.7	5.6
Juvenile Justice Subaccount	162.0	7.3	169.3	12.3	181.7	11.2
Youthful Offender Block Grant Special Account	(153.1)	(6.9)	(160.0)	(11.6)	(171.7)	(10.6)
Juvenile Reentry Grant Special Account	(8.9)	(0.4)	(9.3)	(0.7)	(10.0)	(0.6)
Growth, Law Enforcement Services		294.4		380.8		370.7
Mental Health³	1,120.6	6.8	1,120.6	11.4	1,120.6	10.4
Support Services	3,756.7		3,885.6		4,103.4	
Protective Services Subaccount	2,336.2	61.0	2,397.2	103.2	2,500.4	93.2
Behavioral Health Subaccount	1,420.5	67.8	1,488.4	114.7	1,603.0	103.5
Women and Children's Residential Treatment Services	(5.1)	-	(5.1)	-	(5.1)	-
Growth, Support Services		135.6		229.3		207.1
Account Total and Growth	\$7,868.0		\$8,250.1		\$8,559.0	
Revenue						
1.0625% Sales Tax	7,156.8		7,498.1		7,800.6	
General Fund Backfill ⁴	-	-	4.7	-	9.4	
Motor Vehicle License Fee	711.2		747.3		749.0	
Revenue Total	\$7,868.0		\$8,250.1		\$8,559.0	

This chart reflects estimates of the 2011 Realignment subaccount and growth allocations based on current revenue forecasts and in accordance with the formulas outlined in Chapter 40, Statutes of 2012 (SB 1020).

¹ Dollars in millions.

² Base Allocation is capped at \$489.9 million. Growth does not add to the base.

³ Base Allocation is capped at \$1,120.6 million. Growth does not add to the base.

⁴ General Fund backfill pursuant to Revenue and Taxation Code sections 6363.9 and 6363.10.

Other Health and Human Services Adjustments:

- **Child Support Payments**—The Budget proposes to increase the amount of child support payments passed through to CalWORKs families, effective January 1, 2022, from the current \$50 to \$100 for a family with one child and \$200 for a family with two or more children (see the Early Childhood chapter for more information). The Budget also proposes statutory changes to forgive child support payment arrearages or past due amounts that are determined to be uncollectible, beginning January 1, 2022.
- **Increased Support for Local Child Support Agencies**—The Budget includes an increase of \$56 million (\$19.1 million General Fund) for Local Child Support Agency administrative costs. See the Early Childhood chapter for more information.

Summary of The Governor's Proposed 2020-21 Budget Impacting Persons with Disabilities

Governor Newsom released his 2020-21 proposed budget on January 10, 2020 (<http://ebudget.ca.gov/budget/2020-21/#/BudgetSummary>). This budget proposes \$222.2 billion in spending. The Governor notes that the budget was developed in an ongoing strong economy and a projected \$5.6 billion surplus. Thus, the budget increases state reserves and the rainy day fund, pays down some of the unfunded pension liabilities, and addresses two major issues facing the state: climate change impacts and homelessness. Additionally, it continues to focus on the Governor's priorities started in the 2019 budget including: early childhood, K-12 and special education, criminal justice reform, health care affordability and expansion and behavioral health.

Overall the proposed budget includes important and innovative solutions for disability services, primarily in the areas of health care expansions and affordability, behavioral health, increased developmental services funding, and housing and homelessness. There are, however, some disappointments. The Governor did not propose to restore the past Supplemental Security Income/State Supplemental Program reduction and COLA. The sunset of the IHSS reduction restoration remains although the sunset date was extended to July 2023, and the proposed budget does not include funding for mental health peer support specialists. We look forward to engaging with the Governor and legislature as this proposed budget moves forward in the legislative process.

The following are some of the key items in the budget impacting persons with disabilities and the programs that assist them.

Alzheimer's Disease

The proposed budget includes \$3.6 million one-time General Fund (GF) to establish a coordination and training initiative through the Alzheimer's Disease Centers to develop a "train the trainer" program that will help family caregivers navigate the complexities of the disease. The new initiative will support caregivers by bridging the gap between the medical system and social services in order to treat the multiple and complicated dimensions of Alzheimer's.

CalABLE

The proposed budget includes a GF loan of \$500,000 and an appropriation of \$1,190,000 to provide for administrative costs and continued implementation of the CalABLE program to fund staff, external consultants, overhead costs and support marketing and post-launch program outreach to increase awareness and participation.

Department of Developmental Services (DDS)

The Department's proposed budget includes \$9.2 billion (\$5.7 billion GF) and estimates that approximately 369,000 individuals will receive developmental services by the end of 2020-21. The proposed budget includes:

Developmental Service Performance Incentive Program

\$78 million (\$60 million GF) to establish a Performance Incentive Program for Developmental Services. The incentives for the program will be based on each Regional Center's performance contract. The goals of the program are: (1) focusing on a quality system that values personal outcome goals for people, such as an improved life or meaningful activities; (2) developing service options to better meet the needs of individuals and families in a person-centered way; (3) promoting the most integrated community settings; and (4) increasing the number of individuals who are competitively employed.

Financing of Developmental Services Reform

The proposed budget notes that DDS, in collaboration with the Developmental Services Task Force and other stakeholders, will make recommendations on how to reform the financing and streamlining of the developmental services delivery system to improve the quality of services delivered. This requires establishing a system that prioritizes outcomes, innovation, and value; which is

driven by a funding structure that provides transparency, oversight, and accountability.

State-Operated Facilities

- \$11.9 million and 54.0 positions to extend the warm-shutdown period at Fairview Developmental Center through June 30, 2021 while the Department of General Services completes a site assessment to inform the disposition of the property.
- \$8.9 million GF, 72.3 positions, and trailer bill language temporarily increasing the WIC §7502.5 statutory capacity for the Secured Treatment Program (STP) at Porterville by 20 beds from 211 to 231 beds. The Department seeks to temporarily expand the STP by one Intermediate Care Facility (ICF) Unit of 20-beds. The 20-bed expansion is proposed through June 30, 2024; the STP bed capacity would return to 211 by July 1, 2024. The number of residents in the STP participating in the Incompetent to Stand Trial program combined with residents committed under WIC §6500 has resulted in maximum capacity at the STP resulting in jail wait times for individuals charged with a felony. The temporary expansion of the STP will reduce the number of individuals with developmental disabilities found incompetent to stand trial and awaiting placement in the Porterville STP.

Community Services

Additional Safety Net Services

- \$7.5 million GF to develop five Enhanced Behavioral Support Homes (ESBH) with secure perimeters which would become operational in 2022-23 and \$5.4 million GF beginning in 2022-23 to operate the homes. Current law limits the number of EBSHs that can be developed with delayed egress and secured perimeters (EBSH) to six homes during the EBSH pilot phase which ends January 1, 2021, and limits the Department's authority to certify these homes to one per year. Additionally, the Department is proposing trailer bill language to amend existing statute to raise the cap from six to 11 homes and remove the restriction for the number of homes that can be certified per year.
- \$4.5 million (\$2.6 million GF) one-time to provide START services to 4 additional regional centers. START services will help maintain individuals in their current residential arrangement and prevent admissions into the more restrictive settings, such as

CCHs, IMDs, and out-of-state services through the provision of 24-hour crisis services and planning, and by providing training to families, direct support staff and partners.

- \$4.5 million one-time GF augmentation for the development of three new community crisis homes for children for time-limited short-term crisis stabilization. Regulations regarding the implementation of the homes will be done with stakeholder input.

Additional Supplemental Rate Increases

- \$18 million (\$10.8 million GF) in 2020-21 and \$35.9 million (\$21.6 million GF) in 2021-22 to provide up to an 8.2 percent supplemental rate increases for Early Start Specialized Therapeutic Services, Infant Development and Independent Living services, consistent with the supplemental rate increases included in the 2019 Budget Act. Funding for the 2019 Budget Act rate increases and the proposed 2020-21 provider supplemental rate increases will sunset on June 30, 2023.

Caseload Adjustments

- \$16.5 million (\$11.2 million GF) to establish a reduced regional center service coordinator caseload ratio of 1:45 for consumers who are under the age of five years.
- \$3.8 million in time-limited funding continues from the 2019 budget for specialized caseload ratios of 1:25 for individuals with the most complex needs who live in or at risk of placement in restrictive living arrangements.

Other Community Services Enhancements

- Current law requires monthly monitoring of individuals living in Adult Residential Facilities for Persons with Specialized Healthcare Needs, Enhanced Behavioral Supports Homes and Community Crisis Homes. Currently funds for this monitoring is part of the Community Placement Plan funds. Given the number of specialized homes, the proposed budget will fund the required monitoring in the regional centers operations budget. This will ensure that CPP/CRDP funds can be used to develop new living arrangements.

Department of State Hospitals (DSH)

The Department's proposed budget is \$2.3 billion for 2020-21, an increase of \$231.8 million (+11%) from the 2019 Budget Act. It includes 169.7 proposed new positions in the budget year. The proposed budget also includes:

- \$64.2 million GF and 250.2 positions, phased in across a five-year period, to support the workload of providing psychiatric and medical care treatment to patients committed to DSH. This phase-in includes 80.9 permanent full-time positions and \$32.0 million in fiscal year (FY) 2020-21; an additional 69.0 permanent full-time positions and \$37.7 million in FY 2021-22; 48.7 permanent full-time positions and \$49.7 million in FY 2022-23; 30.0 permanent full-time positions and \$57.5 million in FY 2023-24 and the remaining 21.6 permanent full-time positions and \$64.2 million in FY 2024-25.
- \$6.3 million GF and 6.0 positions, of which \$4.1 million are one-time costs to build and implement a Statewide Integrated Health Care Provider Network, \$1.41 million are ongoing per-claim costs for processing claims, maintaining the provider network and the prior authorization tool and \$800,000 are ongoing costs for staffing.
- \$7.9 million GF and 46.3 positions in fiscal year (FY) 2020-21, an additional \$13.4 million GF in FY 2021-22 and 47.8 permanent full-time positions and on-going \$12.0 million GF in FY 2022-23 to implement the first phase of a staffing standard to support protective services functions at DSH.

Diversity in State Employment

The proposed budget summary notes that in September 2019, the Governor convened Secretaries, Undersecretaries, Directors and Chief Deputy Directors for a forum to reflect and learn about ways to create a more inclusive, respectful, and equitable workplace. The state will use these recommendations to shape a bold vision to make the state workforce more inclusive and diverse. This will entail core reforms to how the state recruits, onboards, develops, manages, and retains talent. A more diverse and inclusive workforce will make the state an "employer of choice." One of the task forces includes improving the employment of people with disabilities in state civil service.

Early Childhood

Department of Early Childhood Development

The proposed budget includes establishing the Department of Early Childhood Development under the California Health and Human Services Agency effective July 1, 2021, to improve program integration for programs serving young children. The new department will partner with the Department of Education, which will continue to administer the State Preschool Program.

Child Care

- \$8.5 million GF to establish a transition team at CHHS and will support staffing at the Department of Human Resources, CHHS, and the Department of Social Services to carry out child care collective bargaining activities pursuant to Chapter 385, Statutes of 2019 (AB 378).
- \$53.8 million to support over 3,000 new CalWORKs child care slots.
- \$50 million ongoing funding from the Cannabis Fund to support over 3,000 general child care slots previously funded with GF, and an additional \$10.3 million Cannabis Fund for an increase of 621 slots.

Universal Preschool

\$31.9 million in 2020-21 and \$127 million ongoing non-Proposition 98 GF to support an additional 10,000 State Preschool slots at non-local educational agencies beginning April 1, 2021.

Paid Family Leave

The proposed budget extends the duration of paid family leave from six weeks to eight weeks effective July 1, 2020.

Reducing Childhood Poverty

\$18 million, effective January 1, 2022, to increase the current \$50 pass through of child support payments to CalWORKs families to \$100-\$200, depending on family size. This change is anticipated to result in an additional \$34 million annually passed through to approximately 160,000 CalWORKs families.

Education

Pre-K

- \$75 million for expansion grants to facilities to construct or modify preschool facilities to serve students with exceptional needs or severe disabilities.

K-12

- \$3 billion increase in Proposition 98 funding.
- \$300 million in one-time funds allocated for grants to LEAs supporting community school models. Community schools provide coordinated student wrap-around services including mental health screening and early intervention efforts, increased enrollment of pupils on Medi-Cal, professional development training focused on behavioral health, trauma-informed care and social-emotional learning.
- \$300 million allocated to the lowest performing districts for opportunity learning grants.

Special Education

The budget proposes a three-phase, multi-year process to improve special education finance, services and student outcomes that include:

- A new special education base formula that uses a three-year rolling average of local educational agency ADA (but still allocated to SELPAs) and includes a 15 percent increase in the Proposition 98 GF contribution to the base formula funding over the amount provided in the 2019 Budget Act. Most local educational agencies will see an increase in base funding.
- \$250 million ongoing Proposition 98 GF based on the number of children ages 3 to 5 years with exceptional needs served.
- \$500,000 one-time Proposition 98 GF for a study of the current SELPA governance and accountability structure, and \$600,000 one-time Proposition 98 GF for two workgroups to study improved accountability for special education service delivery and student outcomes.
- \$4 million one-time Proposition 98 GF for dyslexia research, training, and a statewide conference. Nearly 800,000 California students are diagnosed with a learning disability that qualifies

them for special education services, with the majority of these students diagnosed with either speech and language delays or specific learning disabilities, including dyslexia.

- Future phases will include finalizing the funding formula, implementing reforms and improving specialized services.

Higher Education

University of California

\$217.7 million to support a five percent GF increase in base resources for UC campuses.

California State University

\$6 million one-time funds to expand degree and certificate completion programs via the Extended and Continuing Education programs, with a focus on online programs.

California Community Colleges

- \$11.4 million to establish and support food pantries on CCC campuses.
- \$10 million one-time funds allocated to implement the zero-cost degree program using open educational resources.

Services for Blind Students

\$500,000 ongoing GF to support services provided by the Braille Institute of America in Los Angeles.

Emergency Preparedness and Response

- The proposed budget notes the Administration is proposing a \$4.75 billion climate resilience bond for the November 2020 ballot to support investments over the next five years to reduce specific climate risks across California through long-term investment in natural and built infrastructure, especially in the state's most climate-vulnerable communities. The bond is structured based on climate risks, and approximately 80 percent of the funds are allocated to address immediate, near-term risks (floods, drought and wildfires), while the remaining funds lay the groundwork for addressing long-term climate risk (sea level rise and extreme heat). If approved by the voters in November 2020, will provide \$4.75 billion for resilience

investments that reduce climate risks in the following areas: water, fire, extreme heat and sea level rise. It also invests in local resilience centers to provide capacity and technical assistance at the community level.

- The proposed budget includes \$50 million one-time GF to support additional preparedness measures that bolster community resiliency. Building on the state's power-resiliency investments, these measures will support critical services still vulnerable to power outage events, including schools, county election offices and food storage reserves. This proposal will support a matching grant program to help local governments prepare for, respond to, and mitigate the impacts of power outages.

Electronic Visit Verification

The proposed budget includes \$5.1 million GF in the Department of Developmental Services' budget for federal penalties in anticipation of not meeting the January 1, 2021 federal deadline on Home Health Care Services implementation of Electronic Visit Verification (EVV) system. EVV is a telephone and computer-based system that electronically verifies in home service visits.

Equal Access Fund

There is no increase in the proposed budget for the Equal Access Fund, which provides funding for legal aid programs, including Disability Rights California. It also does not include an extension of the one-time \$20 million for eviction defense and other purposes relating to homelessness that was included in the 2019-20 budget. However, it does note that the administration will be seeking input from stakeholders to provide ongoing legal assistance to California renters and homeowners in housing related matters.

Food Banks

The Budget includes \$20 million one-time GF for existing Emergency Food Assistance Program providers and food banks to support increased food purchases to partially mitigate the loss of CalFresh benefits due to federal rule changes.

Homelessness and Housing

The proposed budget includes:

- \$750 million one-time GF to create the California Access to Housing and Services Fund that will be administered by the Department of Social Services with the goal of reducing street-based homelessness and increasing the number of stable housing units. The Fund will flow through performance-based contracts between the state and regional administrators and will be subject to a 10 percent administrative cap. Regional administrators will provide short and long-term rental subsidies, make small and medium-sized contributions to encourage development of new units in exchange for a rental credit, and stabilize board and care facilities by funding capital projects and/or operating subsidies.
- Continues the efforts in the 2019 budget focusing on the previously allocated \$1.75 billion to increase housing production and the announced \$4.5 billion of private dollars, primarily from large technology corporations to support new affordable housing.
- See the mental health section below for the behavioral health proposals.

Incompetent to Stand Trial

The proposed budget includes:

- \$24.6 million for 2020-21 for a Community Care Collaborative Pilot Program which will establish a six-year pilot program in three counties that provides incentives to treat and serve individuals determined to be IST in the community rather than in state institutions. The total costs of the pilot program over six years is estimated to be \$364.2 million GF. This pilot program will primarily target development of community-based treatment options for individuals deemed IST and increase local investments in strategies to reduce the rate of arrests, rearrests and cycling in and out of institutions for this population.
- \$8.9 million GF in 2020-21 and \$11.2 million GF annually thereafter to expand the Jail-Based Competency Treatment program to eight additional counties intended to reduce the pending placement time and the waitlist for ISTs referred to DSH treatment programs. This expansion is estimated to increase capacity by up to 63 beds in 2020-21.

- \$2.0 million in FY 2020-21 and ongoing to support a total of 8.0 contracted positions to implement four IST-off ramp programs, like the existing program in Los Angeles County, in the following four regions: Bay Area, Northern California, Central California and Southern California. These programs would deploy 2 forensically trained psychologists in contracted positions to each region to monitor felony IST defendants for restoration of competency while incarcerated in a jail pending placement to a DSH IST treatment program.

In-Home Supportive Services (IHSS)

The proposed budget includes \$14.9 billion (\$5.2 billion GF) for the IHSS program in 2020-21, a 16 percent increase in GF costs over the revised 2019-20 level. Additional proposals include:

- \$1.1 billion (\$523.8 million GF) to support planned minimum wage increases of \$13 per hour on January 1, 2020 and \$14 per hour on January 1, 2021.
- \$5.9 million GF in 2020-21, growing to \$119.5 million GF in 2021-22, to support increased IHSS costs associated with the proposed expansion of full scope Medi-Cal coverage for undocumented persons 65 years of age or older, beginning January 1, 2021.
- \$3.7 million (\$1.9 million GF) in 2020-21 and \$240,000 (\$120,000 GF) ongoing to support additional training for county social workers and managers in conducting needs assessments for IHSS recipients to promote consistency across all counties with respect to program requirements.
- Delaying the suspension of the 7-percent reduction in In-Home Supportive Service hours by 18 months until July 1, 2023.

Medi-Cal/Health

The Governor's proposed budget builds on significant investments in 2019 to expand coverage and increase affordability. Health remains a key priority for the Governor in the 2020-21 budget.

Medi-Cal

The proposed Medi-Cal Budget is \$107.4 billion (\$26.4 billion GF). Medi-Cal enrollment is estimated at 12.9 million Californians, approximately one-third of the state's population, in 2021-22. Proposed expansions include:

- *Medi-Cal Healthier California for All*: \$695 million (\$348 million GF) to implement the Medi-Cal Healthier California for All, effective January 2021 (formerly known as CalAim). This investment will provide for enhanced care management and in lieu of services, necessary infrastructure to expand whole person care approaches statewide, and build upon existing dental initiatives. The Budget includes a placeholder of \$40 million (\$20 million GF) for the state operations component of implementing the new Medi-Cal Healthier California for All Initiative.
- *Full-scope Medi-Cal benefits to all persons aged 65 years and older, regardless of immigration status*: \$80.5 million (\$64.2 million GF) to expand eligibility for full-scope Medi-Cal benefits to all persons aged 65 years and older, regardless of immigration status, effective January 1, 2021. The expansion is also included in the In-Home Supportive Services costs.

Hearing Aid Coverage for Children

\$10 million GF to create a new non-Medi-Cal program to cover hearing aids and related services for children under 18 years of age who are at or below 600% of the federal poverty level and who do not have other health insurance coverage for these services, effective no sooner than July 1, 2021.

Office of Health Care Affordability

The proposed budget includes establishing the Office of Health Care Affordability in spring 2020. The Office will be charged with increasing price and quality transparency, developing specific strategies and cost targets for the different sectors of the health care industry, and financial consequences for entities that fail to meet these targets.

Prescription Drug Costs

The proposed budget includes savings of \$178.3 million (\$69.5 million GF) following the transition of the Medi-Cal pharmacy benefit to the FFS delivery system effective January 1, 2021.

Other pharmaceutical proposals include:

- Expanding the Department's authority to consider the best prices offered by manufacturers internationally when conducting negotiations for state supplemental rebates and leveraging the purchasing power of the Medi-Cal program to negotiate

supplemental rebates on behalf of targeted populations outside the Medi-Cal program.

- Establishing a single market for drug pricing within the state, enabling all purchasers-Medi-Cal, California Public Employees' Retirement System, Covered California, private insurers, self-insured employers and others-to combine their purchasing power.
- Negotiating partnerships to establish the state's own generic drug label, resulting in greater competition in the generic market and lower generic drug prices for all purchasers.

Mental Health

The proposed budget continues to prioritize mental health, and particularly for homeless persons or those at risk of homelessness. These proposals include:

- *The California Access to Housing and Services Fund*: \$750 million one-time GF to establish the fund with the goal of reducing street-based homelessness and increasing the number of stable housing units. See Homelessness section above for additional information.
- *Mental Health Services Act (Prop 63)*: Changes to the Act to be presented in the spring to "update" and better focus on people with mental illness who are also experiencing homelessness, who are involved in the criminal justice system, and early intervention for youth.
- *Lanterman-Petris-Short Act (LPS)*: Although the proposed budget does not include a proposal on LPS changes, the Governor mentioned in his budget release press conference that he is working on the details for proposals for changing LPS.
- *Establishing the Behavioral Health Task Force*: Creates the Task Force in the Health and Human Services Agency to bring together relevant state departments, counties, consumers, health plans, providers, and other stakeholders to review existing policies and programs to improve the quality of care, and coordinate system transformation efforts to better prevent and respond to the impacts of mental illness and substance use disorders in California's communities.
- *Mental Health Parity*: The proposed budget does not include any new proposed legislation to strengthen parity in delivering mental health services. The proposed budget does state, however, that

- the administration intends to improve outcomes for the state's behavioral health system through a number of initiatives that improve the integration and parity of behavioral health treatment with physical health including strengthening the enforcement of existing laws and health plan requirements such as timely access to treatment, network adequacy, benefit design and plan policies. He will propose additional details in the spring.
- *Peer Support Certification Program*: The budget does not include any funding for the creation of a peer support certification program. The Governor vetoed SB 10 (Beall) last year which would have created a certification program. He noted in his vetoed message that the proposal should be considered in the budget process.
 - *Behavioral Health Quality Improvement Program*: Proposes \$45.1 million GF in 2020-21 and \$42 million GF in 2021-22 for the Department of Health Care Services to implement the program through the Medi-Cal Healthier California for All initiative. This will provide funding to county-operated community mental health and substance use disorder systems to incentivize system changes and process improvements that will help counties prepare for opportunities. Improvements include enhanced data-sharing capability for care coordination and establishing the foundational elements of value-based payment such as data collection, performance measurement and reporting.
 - *Medi-Cal Healthier California for All*: See the additional description in the Health section above.

Public Safety

Local Public Safety

The proposed budget includes:

- Strengthening the state's oversight of county jails by designating the Board of State and Community Corrections to more actively engage counties regarding deficiencies identified as part of its jail inspection process and more frequent inspections. The budget proposal does not contain funding for the enhanced role or specify details.
- \$60 million GF annually for three years and \$30 million GF in 2023-24, to supervise and provide probation services for

misdemeanants, with the aim of improving public safety by reducing recidivism of these individuals.

California Department of Corrections and Rehabilitation

The proposed budget includes:

- \$6.2 million GF in 2020-21, and \$10.1 million ongoing, to establish Youth Offender Rehabilitative Communities. These are programs that house offenders under the age of 26 together at select adult institutions in campus-style environments conducive to positive behavioral programming.
- \$26.9 million GF in 2020-21, eventually declining to \$18 million ongoing to provide increased access to modern technology for inmates participating in academic and vocational training to address this gap and better prepare inmates for reentry.
- \$4.6 million ongoing GF to add an additional visitation day at nine institutions.
- \$3.8 million one-time GF to retrofit 64 intake suicide prevention cells across the state to provide a safer environment for inmates entering segregated housing.
- \$5.9 million GF in 2020-21, increasing to \$8.4 million ongoing GF by 2024-25, to support expansion of tele psychiatry, which uses secure videoconferencing to increase inmate access to mental health care services.
- \$97.5 million to construct a licensed 50-Bed Mental Health Crisis Facility (MHCF) to provide housing, treatment, and office space to allow for inmate-patients in a crisis mental health state, or requiring other levels of licensed mental health care to be treated at the California Institution for Men (CIM).
- \$6.2 million GF and 19.5 positions in 2020-21, and \$10.1 million and 23.5 positions in 2021-22 and ongoing to develop and operationalize focused Youth Offender Program (YOP) rehabilitative communities to cluster youth offenders together at select adult institutions in campus style environments conducive to positive behavioral programming. These communities will identify and connect youth offenders to rehabilitative and educational resources targeted to their specific needs, including trauma-informed treatment and peer mentoring.

- \$4.6 million GF beginning in 2020-21 to expand to an additional day of visiting for nine institutions: six adult male institutions and three adult female institutions.

Juvenile Justice

The 2019 Budget Act included resources to begin the transition of the Division of Juvenile Justice from CDCR to the new Department of Youth and Community Restoration, within the California Health and Human Services Agency, effective July 1, 2020. The Budget transfers \$264.3 million (including \$258.9 million GF) and 1,303.9 positions from CDCR to reflect the transition of the Division of Juvenile Justice to the Department of Youth and Community Restoration (see the Health and Human Services chapter for additional information). This transition is intended to align with the rehabilitative mission and core values of the Agency by providing trauma-informed and developmentally appropriate services to youth in California's state juvenile justice system.

Supplemental Security Income/State Supplemental Program

The proposed budget does not include any increase in the State Supplemental Program for SSI recipients either for a restoration of a COLA in the budget year or a restoration of the reductions made in 2009. The budget does recognize that there is a projected growth in the Consumer Price Index of 1.7 percent for 2021 which will result in an increase in the SSI grant of \$13 and \$20 for individuals and couples, respectively.

March 12, 2020

**AGENDA ITEM 8.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Updates and Standing Agenda Items

The goal of this agenda item is for Committee members to provide updates on the following items and be updated on the actions of the Council.

- a. Council Meeting Summary
- b. DDS Taskforce and Workgroup
- c. Self-Determination Program
- d. CalABLE

Attachment(s)

January Council Summary

Handout(s)

Could be additional handout(s) day of meeting.



Ensure that Californians with developmental disabilities are guaranteed the same full and equal opportunities for life, liberty, and the pursuit of happiness as all Americans.

January 28, 2020 State Council Meeting Summary

SIGNIFICANT ITEMS

- On January 28, 2020, the Council kicked off its first meeting of the year at the Hilton Arden Hotel in Sacramento. Councilmembers heard from several panelists in anticipation of a collaborative start to the new year. Members also held a moment of silence to honor Liz McKenney, the first person to pilot the Self-Determination Program.
- Councilmember Brian Winfield of the Department of Developmental Services presented the Council with [highlights from the 2020-2021 Governor's proposed budget](#). Notable items included an increase in funds for regional center operations and an increase in the general fund to account for the higher minimum wage which took effect on January 1, 2020.
- Members engaged in robust discussion about the proposed 2020 Council legislative policy priorities. They voted to modify and adopt the 2020 policy goals to include education as a legislative priority along with housing, employment and safety.
- Staff members from the California Foundation for Independent Living Centers (CFILC) presented the fundamentals of the 2020 Census to the Council. They discussed the importance of participating in the Census and showed Councilmembers different ways that they can do so when it begins in March.
- Executive Director Carruthers presented updates on housing legislation with Micaela Connery, founder and CEO of [The Kelsey](#), an

organization that advocates for housing that is inclusive for people with and without disabilities. Ms. Connery discussed ways that the Council can become more involved in the housing process and will continue to partner with SCDD in the future.

- Members also heard a presentation from Councilmember Joseph Rodrigues, state long term care ombudsman with the California Department of Aging. Councilmember Rodrigues shared important information on the Master Plan on Aging and took questions from the Council.
- Two Self-Advocate members of the Council, Rosie Ryan of the North State Region and Wesley Witherspoon representing California at-large, along with SCDD staff members, attended the Assembly Select hearing that afternoon to testify on behalf of the IDD community.

SUMMARY OF COUNCIL ACTIONS

The Council:

- Approved the November 2019 Council meeting minutes
- Adopted the 2020 SCDD Policy Priorities and Platform with amendments

FUTURE MEETING DATE

- March 17, 2020 at the Doubletree Hotel, 2001 Point West Way, Sacramento, CA 95815

March 12, 2020

**AGENDA ITEM 9.
INFORMATIONAL ITEM**

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES – LPPC

Member Updates

The goal of this agenda item is to allow Committee members time to provide local updates from their community on policy related issues not included in the agenda.

Attachment(s)

None.